

Tower Hamlets Health and Wellbeing Board

Agenda

Monday, 23 September 2024 at 5.00 p.m.
Council Chamber - Town Hall, Whitechapel

Members:

Chair: Councillor Gulam Kibria Choudhury

Vice Chair: Dr Neil Ashman

Councillor Suluk Ahmed, LBTH Member
Councillor Kabir Ahmed, Cabinet Member for Housing Management and Performance
Councillor Maium Talukdar, Cabinet Member for Education & Childrens Services
Councillor Abdul Wahid, (Cabinet Member for Equalities and Social Inclusion)
Georgia Chimbani, (Corporate Director, Health and Adult Social Care)
Dr Somen Banerjee, Acting Corporate Director Adult Social Care
Steve Reddy, Corporate Director of Children Services
Matthew Adrien, Service Director at Healthwatch Tower Hamlets

Stakeholders (non-voting)

Dr Ian Basnett (Public Health Director, Barts Health NHS Trust), Councillor Amy Lee (Non-Executive Largest Opposition Group Councillor), Amy Gibbs (Chair of Tower Hamlets Together), Vicky Scott (Chief Executive Officer THCVS), Charlotte Pomery (Representative from North-East London NHS Integrated Care Board), Kosru Uddin (Tower Hamlets Housing Forum) and Councillor Bellal Uddin (Chair of the Health Scrutiny Sub-Committee)

Substitutes: Councillor Iqbal Hossain and Councillor Mohammad Chowdhury

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

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A Guide to the Health and Wellbeing Board

The Health and Social Care Act 2012 created a statutory Health and Wellbeing Board (HWBB) in every Upper-Tier Local Authority in England, effective from April 2013. The HWBB is a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government.

The intention of the HWBB is to steer, advise and lead approaches that improve the health and wellbeing of the population of Tower Hamlets. It will seek to do this by encouraging joint work across different services and organisations in the Borough, and by promoting greater integration of health and social care system, as well as services that can help to address the wider determinants of health. In addition, the Board provides democratic oversight and accountability of the local Health & Care Partnership and Tower Hamlets Together (THT).

The HWBB sets out its plans for improving the health of local population through a statutory Health & Wellbeing Strategy. In the current strategy (2021-2025), the HWBB sets out its key improvement principles for the local system as well as its ambitions for local residents

The quorum of the Board in the Terms of Reference is a quarter of the membership.

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.

London Borough of Tower Hamlets

Tower Hamlets Health and Wellbeing Board

Monday, 23 September 2024

5.00 p.m.

1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1.2 Minutes of the Previous Meeting and Matters Arising (Pages 7 - 12)

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on. Also to consider matters arising.

1.3 Declarations of Disclosable Pecuniary Interests (Pages 13 - 16)

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

2. ITEMS FOR CONSIDERATION BY THE BOARD

2.1 Children's Mental Health (To Follow)

2.2 SEND Progress update (Local Offer) (Pages 17 - 104)

2.3 NEL Maternity & Neonatal Demand & Capacity (Pages 105 - 162)

2.4 VAWG Strategy 2024-29 (Pages 163 - 386)

2.5 Better Care Fund (BCF) 2023-25 Review (Pages 387 - 398)

2.6 CQC Inspection Readiness (Pages 399 - 424)

2.7 Tower Hamlets Health and Wellbeing Board and the Tower Hamlets Together - proposal for future arrangements (To Follow)

3. ANY OTHER BUSINESS

To consider any other business the Chair considers to be urgent.



Next Meeting of the Tower Hamlets Health and Wellbeing Board

Tuesday, 10 December 2024 at 5.00 p.m. to be held in Council Chamber - Town Hall,
Whitechapel



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Tower Hamlets Town Hall
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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.00 P.M. ON MONDAY, 10 JUNE 2024

COUNCIL CHAMBER - TOWN HALL, WHITECHAPEL

Members Present in Person:

Councillor Gulam Kibria Choudhury	Cabinet Member for Adults, Health and Wellbeing
Councillor Suluk Ahmed	LBTH Member
Councillor Maium Talukdar	Cabinet Member for Education & Childrens Services
Councillor Abdul Wahid	(Cabinet Member for Equalities and Social Inclusion)
Dr Somen Banerjee	Acting Corporate Director Adult Social Care
Matthew Adrien	Service Director at Healthwatch Tower Hamlets
Councillor Amy Lee	Non-Executive Largest Opposition Group Councillor
Vicky Scott	Chief Executive Officer THCVS
Charlotte Pomery	Representative from North-East London NHS Integrated Care Board
Kosru Uddin	Tower Hamlets Housing Forum

Members In Attendance Virtually:

Steve Reddy	Corporate Director of Children Services
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Apologies:

Dr Neil Ashman	Chief Executive of The Royal London and Mile End hospitals
Councillor Kabir Ahmed	(Cabinet Member for Regeneration, Inclusive Development and Housebuilding)
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Councillor Bellal Uddin	Scrutiny Lead for Adults and Health Services

Officers Present in Person:

Warwick Tomsett	Joint Director, Integrated Commissioning
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1. STANDING ITEMS OF BUSINESS

1.1 Welcome, Introductions and Apologies for Absence

Apologies were received from Neil Ashman, Charlotte Pomery and Councillors Kabir Ahmed and Bellal Uddin.

1.2 Declarations of Disclosable Pecuniary Interests

There were no declarations made.

1.3 Minutes of the Previous Meeting and Matters Arising

RESOLVED:

1. That the minutes of the Board meeting held 16 April 2024 are approved as a correct record and signed by the Chair.

2. ITEMS FOR CONSIDERATION

2.1 Sexual and Reproductive health strategy 2024-2029

The Board noted and agreed the reasons for urgency as set out in the report.

Sukhjot Sanghera, Public Health programme lead and Liam Crosby, Associate Director of Public health introduced the report that introduced the North East London (NEL) Sexual and Reproductive Health Strategy 2024- 2029, summarised why it was important to have a joint strategy across NEL and set out the approach for developing and implementing the strategy. Somen Banerjee, Acting Director for Adult Social Care, explained that Tower Hamlets faced some of the greatest sexual and reproductive health (SRH) challenges including high rates of Sexually Transmitted Infections (STIs), low use of suitable contraception. The joint NEL wide sexual and reproductive health strategy for 2024-2029 would aim to respond to those challenges and would provide an opportunity to set out a new vision for working collaboratively to respond to the challenges and improve the delivery of SRH services.

Sukhjot and Liam briefly summarised the strategy's four key priorities:

1. healthy fulfilling relationships
2. good reproductive health across the life course
3. high quality and innovative STI testing and treatment
4. moving towards zero HIV transmission.

Further to questions and discussion from the Board, Sukhjot and Liam

- Explained how LBTH representation had been secured for focus groups and surveys
- Explained how core issues and problems with existing service had been identified and had informed the strategy. In particular, the experience of covid had led to an increase in remote consultations and a reduction in walk-in services.
- Summarised plans to tackle stigma and culturally sensitive issues, including amongst BAME and Muslim communities. There had been an increased emphasis on co-production and 'myth busting'.
- Provided an overview of engagement with faith groups in producing the strategy

- Explained the advantages and limitations of the available data which underpinned the strategy.
- Described how the Council could best play its part to ensure success of the strategy. Officers stressed the importance of Council networks, especially in addressing stigma and incorrect information. Learning disability service was highlighted as a Council services with risk of poor sexual health.
- Explained how the strategy planned to engage with hard to reach individuals and the most vulnerable groups, including those in hostels, homeless and asylum seekers.
- Described the current engagement with housing providers. It was noted that housing providers Some providers could help access hard to reach groups.
- Explained how performance would be evaluated and reviewed to ensure continuous improvement.

RESOLVED that the Health and Wellbeing Board:

1. Noted the content of the strategy and approve the joint NEL sexual and reproductive health strategy as set out in Appendix 1 to the report.
2. Noted the content of the year 1 NEL and Tower Hamlets actions to be implemented as set out in Appendix 2 to the report.
3. Noted the content of the year 1 Tower Hamlets actions to be implemented as set out in Appendix 3 to the report.

2.2 Updated SEND Improvement

Steve Reddy, Corporate Director Children's Services, provided the Board with a presentation to provide an update on the SEND system, including progress, demand & risk issues, as we prepare for inspection. The presentation covered Progress made against the Written Statement of Action (WSoA)

- Current challenges, including a sustained rise in demand for care plans and impacts on timeliness of assessments & caseloads
- What difference are SEND services making for parents and young people
- Preparation for inspection, including fortnightly meetings of an inspection preparation group with representation from Health, Education & Social Care services.
- Key strategic workstreams, including the new SEND & Inclusion Strategy.

Steve explained one of the key questions for the Board was how can we strengthen our partnership approach and whether there were additional opportunities to link with existing work to strengthen multi-agency approaches?

Further to questions from the Board, Steve

- Explained how young persons fed-into evaluation work of existing SEND services.
- The advantages and challenges of the existing SEND data set in designing new approaches. Steve explained additional investment in a dedicated resource for data analysis is hoped for. Such an approach would enable the service to design culturally specific and tailored services.

The Chair welcomed the presentation and looked forward to the Council delivering on the improvement steps as outlined.

RESOLVED that the presentation is noted.

2.3 Serious Violence Strategy

The Board noted and agreed the reasons for urgency as set out in the report.

Leo Hutchinson, Strategy & Policy Manager, introduced the report that outlined the new Serious Violence Duty that came into effect in 2023. The duty required police, councils and local services (known as duty holders) to work together to share information and target interventions to prevent and reduce serious violence.

Leo then introduced the first Draft Serious Violence and Exploitation Strategic Plan. He explained the plan had been formulated using the findings from the Serious Violence needs assessment, recommendations, engagement with professionals and wider consultation with local residents.

Further to questions from the Board, Leo

- Provided detail on the preparation of the action plan underlying the Strategy
- Explained how schools and representatives of young persons and education institutions had been included in the preparation and design of the strategy.

Further to responses from officers, the Board made a number of comments, including:

- Some members expressed disappointment at the conviction rate for crimes related to VAWG. Opportunities had been missed and the statistics represented failings by the Met Police.
- Some members felt the plan could say more about the role of the voluntary sector. It was felt the VCS could play an important role in capacity building.
- Similar, some members indicated the strategy should involve the social housing sector. Providers had unique insight into the impact of serious violence on residents.
- The Board noted the linkages between this strategy and the Council's VAWG Strategy.

RESOLVED that the Board:

1. Notes the draft Serious Violence and Exploitation Strategy Plan
2. Notes the work associated with the Serious Violence Duty will be managed and monitored by the Community Safety Partnership but should be addressed widely across multiple statutory boards (i.e. Health and Wellbeing Board, Safeguarding Adults Board, Safeguarding Children's Partnership).

2.4 Tower Hamlets BCF 2023/24 Year End Template

The Chair informed the Board that due to staff sickness a report had not been submitted to accompany this item, but would be brought to the next meeting of the Board.

RESOLVED to receive a report on Tower Hamlets BCF 2023/24 Year End Template at the September 2024 meeting of the Board.

2.5 ADPH Annual Health Report 2023

The Board noted and agreed the reasons for urgency as set out in the report.

Somen Banerjee, Acting Corporate Director Adult Social Care introduced the report that provided a comprehensive overview of the trends in health and drivers of health in the borough to inform priorities to maintain and improve health in Tower Hamlets and address health inequalities. Somen then provided a brief presentation covering the trends, providing commentary on each, including.

- Life expectancy in Tower Hamlets is lower than London.
- The Tower Hamlets population is projected to age faster than London by 2040.
- Tower Hamlets has the highest population churn in London.
- Tower Hamlets has amongst the highest levels of child poverty in the UK
- Tower Hamlets has second highest levels of overcrowding in London.
- Tower Hamlets residents are more affected by poor air quality than London.
- Early access to maternity care is much lower in Tower Hamlets than London and England
- There are significant ethnicity variations in levels of diagnosed mental health.
- Hospital admissions for alcohol for males is the highest in London.
- Tower Hamlets has amongst the highest levels of adults in treatment for substance misuse.

Somen summarised the key challenges for the Health and Wellbeing Board in response to the data findings as recognition of how different the Tower

Hamlets population is and to reflect on how this translates into the health and care system and how partners work together to address inequalities.

Further to questions from the Board, Somen

- Explained that the hospital admissions for alcohol reflected persons resident in LBTH, not just those admitted to LBTH hospitals.

Further to questions, Board members made the following observations:

- Data quality and collection is critical to ensure the Council can reach those most in need, to help design of services to and to tackle inequality. It was noted that service data often did not match the level of detail or granularity of the public health report, which presented a challenge for the Board.
- The data on hospital admissions for alcohol was particularly troubling given the demographics of the borough.
- It was difficult to understand why early access to maternity care is much lower in Tower Hamlets. More research would be needed to draw useful conclusions from this data.
- Using the ONS 'Healthy Life Expectancy' metric could help further highlight health disparities.
- Inadequate funding for VCS organisations assisting women and girls may drive some of the gender disparities in health.

RESOLVED that the Board

1. Noted the high-level findings of the presentation.

3. ANY OTHER BUSINESS

The meeting ended at 7.00 p.m.

Chair, Councillor Gulam Kibria Choudhury
Tower Hamlets Health and Wellbeing Board

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.


Further Advice contact: Linda Walker, Interim Director, Legal and Monitoring Officer, Tel: 0207 364 4348.

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	<p>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.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>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—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
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	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(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.</p>

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>23rd September 2024</p>	
<p>Report of: Steve Reddy (Corporate Director of Children’s Services)</p>	<p>Classification:</p> <p>Unrestricted</p>
<p>Report Title: SEND Improvement Board Annual Report 2023 / 24</p>	

Originating Officer(s)	Linsey Bell (SEND Improvement Manager)
Wards affected	All wards

Executive Summary

This report provides an overview of the progress and impact of SEND improvement work during 2023/24. The report shows how NHS Northeast London and the Council have been working together with other partners across the local area to deliver on priorities set out in the SEND Strategy and SEND Improvement Plan.

The report includes input from children and young people and parent and carer representatives.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the contents of the SEND Improvement Board Annual Report 2023 / 24.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

<p>1. Resources to support health and wellbeing should go to those who most need it</p>
<p>Approved Mayoral growth bids include £1,121k for SEN Transport and £604k for additional caseworkers in the SEN and Preparing for Adulthood Teams. In addition, the NHS has committed £740k over the past year.</p>

<p>2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme</p>
<p>The new SEND and Inclusion strategy has been informed by a programme of consultation with young people, families and professionals, including in person discussions with the Our Time Forum, online surveys and an in-person workshop attended by 50 people.</p> <p>Our SEND Young Person and Parent Ambassador scheme is well-established and expanding. Between October 2023 and March 2024 Parent Ambassadors attended 17 events, including school coffee mornings, reaching 356 parents.</p>
<p>3. Being treated equally, respectfully and without discrimination should be the norm when using services</p>
<p>Membership of the Co-Production Charter Working Group includes young people from the Our Time Forum and a broad subset of parents of children with varying needs. A draft charter will be consulted upon across education, health, & social care.</p>
<p>4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them</p>
<p>A Social Communication Difference Navigation model has been developed to support families through the process of referral to the ASD waiting list and diagnosis, clarifying the support available along the way.</p> <p>Consultation was carried out with 102 families, who provided input on the proposed model, highlighting the support they consider most important.</p>
<p>5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing</p>
<p>A multi-agency research project exploring the prevalence of Autism Spectrum Disorder (ASD) amongst Somali children enabled researchers to hear first-hand from parents and carers of families living with ASD about their lived experience. Well-attended engagement events highlighted existing barriers and themes,</p> <p>Partners are working together to establish how to reduce barriers encountered by the Somali Community when accessing services, including how to make universal services more accessible.</p>

6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.

Phoenix School launched the Autism Specialist Classroom pilot in September 2023, working with 20 mainstream schools. The project is supported by London Borough of Tower Hamlets, Bart's Health, NHS North-East London and Tower Hamlets Schools. This specialist outreach will upskill our school workforce and support children and young people to remain in mainstream provision.

1. REASONS FOR THE DECISIONS

1.1. Not applicable.

2. ALTERNATIVE OPTIONS

2.1. Not applicable.

3. DETAILS OF THE REPORT

3.1. The Tower Hamlets SEND Improvement Board (SIB) Annual Report provides an overview of key achievements in 2023/24 and priorities for improvement in 2024/25 as well as work to address areas of significant weakness as identified by Ofsted and the Care Quality Commission (CQC).

3.2. The report features an introduction from the Chair and Vice Chair of the SIB, as well as reflections on the year from the Chair of the Independent Parent and Carer Forum and the Chair of the 'Our Time' Young Person's Forum. Contextual and performance data is also included.

3.3. The report is organised around the five priorities of the SEND Strategy (2020-24), with sections devoted to summarising the difference made on the ground for young people and their families, including examples of *You Said We Did* actions. The report also includes case studies setting out where good practice and collaborative working has made a difference to young people with SEND and their parents.

3.4. Areas of significant progress during 2023/24 include:

- Development of SEND and Inclusion Strategy 2024-2029, informed by consultation with children, families and professionals. We will launch the strategy in 2024.
- Secured Mayoral growth bids including £1,121k for SEN transport and £604k for additional caseworkers in the SEN and Preparing for Adulthood Teams, with £740k committed by the NHS.
- Our Delivering Better Value grant application was submitted in December 2023 and approved in February 2024.

- Average EHCP timeliness for 2023 was 48%.
- Recruited a new full-time Designated Social Care Officer to support improvement of quality and frequency of social care input, strengthening links between social care, health and education.
- Set up a joint Neurovariance Diagnostic Review Group. This group is responsible for overseeing improvements in neurovariance diagnostic pathways.
- Developed a new 3–5-year-old treatment offer with up to four parent coaching sessions a week. Invited families with children on the Autism Diagnostic Waiting list to parent coaching sessions.
- Undertaken our SEND Sufficiency Review. Established a secondary school age Autism resource base and a two-year Autism Pilot with Phoenix Special School involving 20 mainstream schools.
- Initiated development of a co-produced Inclusion Framework. The framework will provide guidance, training and whole school approached to strengthen schools' universal and SEN Support offer before a statutory assessment is considered.

3.5. The annual report also sets out areas for further improvement in 2024/25:

- Launch and implement our new SEND and Inclusion Strategy.
- Address shortfalls identified by the SEND Sufficiency Review. We will establish up to six specialist Additionally Resourced Provisions within the 2024/25 academic year.
- Roll out the Inclusion Framework to all schools by the end of the Summer Term 2024.
- Initiate Delivering Better Value workstreams.
- Launch our SEND Co-Production Charter.
- Continue to prioritise EHCP timeliness and quality. Sustain EHCP timeliness above national levels and ensure it continues to improve.
- The new Neurovariance Diagnostic Review Group will develop a business case for funding and an updated pathway to address this pressure by Summer 2024. It will also develop communication materials.
- Continue to develop our integrated therapies model for early years and school age children.
- Work with Bart's Health to develop standards for speech and language therapy provided in schools in the borough.

4. EQUALITIES IMPLICATIONS

- 4.1.** The SEND improvement work is directly concerned with equalities and by driving improvement work will improve outcomes for children and young people with Special Educational Needs and Disabilities.

5. OTHER STATUTORY IMPLICATIONS

- 5.1.** There are no other specific statutory implications.

6. COMMENTS OF THE CHIEF FINANCE OFFICER (comments below received as per Cabinet cover report; Cabinet meeting dated 24 July 2024)

6.1. There are no direct financial implications to this report.

7. COMMENTS OF LEGAL SERVICES (comments below received as per Cabinet cover report; Cabinet meeting dated 24 July 2024)

7.1. Part 3 of the Children and Families Act 2014 sets out the duties and responsibilities of local authorities in relation to children and young people with special educational needs and disabilities in their areas.

7.2. In particular, section 27 requires a local authority to keep under review the educational provision and social care provision made in its area for children and young people who have a disability or special educational needs, or for such children and young people outside its area where it has a responsibility for them.

7.3. The Public Sector Equality Duty requires local authorities to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and people who do not.

7.4. The matters referred to in this report demonstrate the Council's efforts to comply with the above legislation.

Linked Reports, Appendices and Background Documents

Linked Report

- SEND Annual Report 2023-24

Appendices

- None

Local Government Act, 1972 Section 100D (As amended)

List of "Background Papers" used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents:

Linsey Bell (SEND Improvement Manager, Children's Services)

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<p style="text-align: center;">Non-Executive Report of the: Health and Wellbeing Board</p> <p style="text-align: center;">23rd September 2024</p>	
<p>Report of: Steve Reddy, Interim Corporate Director of Children’s Services</p>	<p>Classification: Unrestricted</p>
<p>Report Title: Special Educational Needs, Disabilities and Inclusion Strategy: 2024-2029</p>	

<p>Originating Officer(s)</p>	<p>Lisa Fraser, Director of Education</p>
<p>Wards affected</p>	<p>All wards</p>

Executive Summary

The Special Educational Needs, Disabilities and Inclusion Strategy 2024 – 2029 sets how the partnership, led by the SEND Improvement Board, will secure the improvements needed so that we deliver the right support at the right time for children and young people with SEND and their families in Tower Hamlets.

Recommendations:

The Health and Wellbeing Board is recommended to approve the Special Educational Needs, Disabilities and Inclusion Strategy 2024-2029.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

<p>1. Resources to support health and wellbeing should go to those who most need it</p>
<ul style="list-style-type: none"> Children and young people with SEND are amongst those in Tower Hamlets who need support in order to thrive. The draft strategy describes the steps the partnership will take to ensure the most effective use of resources so that children and young people with a range of needs and backgrounds receive timely, appropriate and high quality support at the earliest opportunity.

2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
<ul style="list-style-type: none"> Priority 6 is focused on connection and inclusion : A borough that welcomes and celebrates children and young people with SEND and supports them to thrive.
3. Being treated equally, respectfully and without discrimination should be the norm when using services
<ul style="list-style-type: none"> Priority 1 includes a cross-cutting focus on equality which will be developed as part of the consultation process. Priority 6 includes a commitment to a coordinated workforce plan to enhance appropriate skills and capacity for all professionals across the SEND partnership. Skills and capacity include equal and respectful treatment for all children and young people with SEND and their families.
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
<ul style="list-style-type: none"> Priority 2 focuses on user-friendly services in response to calls from professionals, families and young people for clear, accessible information on the SEND system and services.
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
<p>The Let's Talk SEND Ambassadors group have been involved in development of the strategy, and we have also drawn on previous engagement with parents, carers, children and young people, and professionals.</p> <p>The new SEND co-production charter is included as a commitment within Priority 2 and will help to embed co-production across SEND services.</p>
6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.
<p>This is a partnership strategy and includes commitments from services beyond the SEND system which have a key role to play in improving the lives of children and young people with SEND.</p>

1 **REASONS FOR THE DECISIONS**

- 1.1 The current SEND Strategy (2020 – 2024) is set to expire shortly. A new strategy has been developed to ensure a clear vision and priorities for the partnership, aiming to deliver sustained improvements in support for children and young people with SEND and their families.

2 **ALTERNATIVE OPTIONS**

- 2.1 The current SEND Strategy (2020 – 2024) could be allowed to lapse. However, as part of the SEND area inspection anticipated in 2024, the partnership is expected to demonstrate shared outcomes that leaders will collectively work to achieve for all children and young people with SEND, as well as how partners will collaborate to attain these outcomes. An agreed-upon strategy is a crucial element in this process.
- 2.2 While the option of extending the current SEND Strategy (2020 – 2024) with a very light-touch refresh exists, it was initially considered at the beginning of the strategy development process and subsequently rejected. The prior strategy was formulated before several key developments: the Covid pandemic, the 2021 SEND Area Inspection, rapid increases in the number of children and young people with SEND, and the launch of the national government's SEND and Alternative Provision reform programme. Consequently, the decision was made that a new strategy is necessary.

3 DETAILS OF THE REPORT

- 3.1 The partnership's new Special Educational Needs, Disabilities and Inclusion Strategy describes the steps we will take as a partnership to realise our vision of Tower Hamlets as a child-friendly borough, where children and young people of all abilities and from all backgrounds thrive, are listened to, achieve their best, and have opportunities. The strategy – to be delivered by the SEND Improvement Board – sets out six priorities that we believe will provide the appropriate support at the right time for children and young people with special educational needs and disabilities, as well as their families.
- 3.2 The strategy is a live document. Each year, we will agree a partnership-wide programme delivery plan. This will allow the partnership to focus on specific areas to ensure concrete progress can be made. Over the next five years, we are likely to see shifts in the national policy environment, local evolution of the needs of children and young people with SEND, as well as the outcome of external inspections and reviews. The delivery plan will reflect this changing context.

Policy context

- 3.3 The duties of local authorities, health bodies, schools, and colleagues to provide for children and young people with special educational needs are set out in the Children and Families Act 2014 and described in greater detail in the 2015 Statutory Special educational needs and disability code of practice: 0 to 25 years.
- 3.4 The Government's SEND and Alternative Provision Green Paper was published in 2022 and echoed the widely held view that the 2014 reforms failed to achieve the goal of improving provision for children with SEND. In March 2023, the Government set out an improvement plan addressing national standards, preparation for adulthood, accountability, and financial sustainability. A clear timeframe for legislation has not been established yet.

The incoming Labour government has pledged to improve inclusivity in mainstream schools and ensure schools co-operate with councils on SEND inclusion, but has not committed to implementing the Green paper reforms and has made no commitments on alternative provision.

- 3.5 This strategy sets out how the partnership will work at pace to deliver our statutory responsibilities. At the same time, we set out the ways that we will work together and with families to build confidence in the SEND system, to provide earlier support, to improve the sustainability of the SEND system, and to ensure wider opportunities in our borough are inclusive for children and young people with SEND.

Local context: children and young people with SEND in Tower Hamlets

- 3.6 In common with other areas, Tower Hamlets has seen an increase in children and young people with SEND needs since the Children and Families Act 2014.

There have been substantial increases in the number of children and young people with SEND needs receiving support.

- Between 2015/16 and 2023/24, the total number of children and young people aged 0 to 24 years resident in Tower Hamlets with EHC plans increased from 2066 to 4463. Some of this increase resulted from 20-25 year olds becoming eligible for EHC plans for the first time through the 2014 reforms. However, there were steady increases across all age groups with the exception of pre-school children. (Source: [Statements of special educational needs \(SEN\) and education, health and care \(EHC\) plans, gov.uk](#))
- Between 2015/16 and 2023/24, pupils in state-funded schools in Tower Hamlets, pupils with an EHC plan increased from 1850 to 3251 (from 4% to 6.8% of all pupils) and pupils with SEN support roughly stable – changing from 5870 to 5778 (12.6% to 12.4% of all pupils). (Source: [Special educational needs in England](#))

In the two years since the Covid pandemic, there has been a particularly steep growth in new requests for EHCP assessments. In the academic year 2023, there were 892 initial requests for an EHC plan, compared to 387 in 2021. Much of the increase has been for assessments for young children, for Autistic Spectrum Disorder, and for Speech and Language assessments, with assessment referrals for Attention Deficit Hyperactivity Disorder also growing.

- 3.7 The most common primary SEND needs amongst pupils in Tower Hamlets schools receiving SEN support are speech, language and communication needs and social, emotional and mental health needs. Amongst children with EHC plans in Tower Hamlets schools, Autistic Spectrum Disorder is the most common primary need, followed by Speech Language and Communications needs. Many children with SEND have multiple needs which are not reflected in the 'primary needs' data.

- 3.8 Projections developed as part of the borough's SEND Sufficiency Review (2023) point to a likely growth in the number of EHCPs up until 2030. The three main areas of need are likely to be Speech Language and Communication; Autism; and Social, Emotional and Mental Health. This increase in need, combined with a declining school-age population will mean that children with SEND will make up a growing proportion of the school-aged cohort.

Local context: the partnership's support for children and young people with SEND

- 3.9 Improving the timeliness and quality of the support that children and young people with SEND and their families receive is a priority for the partnership. The previous SEND Strategy (2020–24) had 5 priorities:
- Leading SEND
 - Early identification and assessment.
 - Commissioning effective services to respond to local needs
 - Good quality education provision for all children
 - Supporting successful transitions and promoting independence.
- 3.10 There are many strengths in education support for children and young people with SEND in Tower Hamlets. 96.7% of pupils attend schools rated Good or Outstanding, with 3 out of 5 Special Schools rated outstanding. Attainment for children with EHCPs or SEN support exceed the national average at Key Stage 1, Key Stage 2 and GCSE levels. Rates of absence, exclusions, and suspensions for children with SEND are also better than average. More than 9 in 10 children with SEND are educated in mainstream schools, and a lower percentage of them are in long term alternative provision in Tower Hamlets than nationally. Our recent SEND sufficiency review (2023) has identified priorities for expansion of specialist provision – now and in the future – to meet the educational needs of children with SEND in the borough.
- 3.11 In 2021, a SEND Local Area Inspection by Ofsted and the CQC found that leaders had a good understanding of what worked well and what does not. It noted improvements in SEND provision but identified significant weaknesses. These are the focus of the current SEND Improvement Plan, underpinned by a Written Statement of Action to address the quality and oversight of EHC plans and annual reviews; lengthy waiting times for ASD assessment and diagnosis; fragmented speech and language therapy; and weaknesses in communication between area leaders and parents. Progress has been supported with additional investment: an extra £1.1 million in council funding and £870,000 from the NHS. Further resources have been earmarked in the council's new Medium Term Financial Strategy for SEND Services, SEN Transport, and the Mayor has additionally agreed to invest an additional £900,000 in support and vocational education for 18 to 25 year-olds and young adults with SEND as they transition to adulthood.
- 3.12 In 2023, a Local Government Association SEND Peer Challenge assisted the partnership to take stock of progress. The challenge recognised the commitment across the partnership to drive better outcomes for children and young people with SEND. It highlighted the need to continue to improve the timeliness and quality of Education, Health and Care Plans and Annual

Reviews, improve information sharing, and to develop a common and widely understood graduated response for children with different needs across the partnership, supported by a clear, concise strategy and strong governance through the SEND Improvement Board.

- 3.13 Alongside our commitment to improvement, the partnership has been exploring how to sustain high quality SEND support whilst the High Needs Block allocation (funding to support costs of pupils with additional education needs, across mainstream and special schools as well as the associated support costs) fails to keep up with growing levels of need. Through its participation in the Delivering Better Value Programme, Tower Hamlets will provide an improvement programme designed to meet children's needs earlier, bringing together multi-disciplinary teams to support children with SEND in mainstream education settings, and to rationalise financial top-up bandings and what support children should expect to receive at each level. The implementation of the SEND Sufficiency Review recommendations will also contribute to financial sustainability, by increasing the number of children who have their educational needs met in local state-funded schools, reducing the number of higher cost independent and out-of-borough placements.

SEND and Inclusion Strategy development process.

- 3.14 The starting point for the strategy is the Tower Hamlets Partnership Plan 'A Tower Hamlets for All', supported by the Accelerate! Children and Families Partnership Strategy (2024-2029) They include the partnership's ambition that Tower Hamlets should become:

A child-friendly borough where children and young people from all backgrounds thrive, are listened to, achieve their best, and have opportunities.

- 3.15 Young people, families and partners have requested a concise SEND strategy which clearly sets out the main things the partnership will do to support children and young people with SEND and their families. Although the strategy document itself is short, it is underpinned by engagement with stakeholders and residents, and survey and analytical work conducted for the SEND Sufficiency Review and Delivering Better Value Programme.
- 3.16 The strategy was initially developed in through consultation process with young people, families, and professionals, including:
- discussions with leaders from different partners at the SEND Improvement Board in November 2023 and February 2024
 - an in-person discussion with the Our Time all ability youth forum to find out about the issues that matter most to young people with SEND (November 2023)
 - online surveys with partner representatives and Special Educational Needs Coordinators in schools (November to December 2023)
 - an online workshop to map initial challenges and issues (November 2023)
 - an in-person workshop attended by 50 people to which partners, parents and young people, schools, health and voluntary and community sector

professionals were invited, with a focus on developing practical strategy actions (January 2024)

- analysis of recent consultation and engagement conducted as part of the Delivering Better Value in SEND programme – including survey responses from more than 100 parents and carers (2023 – 24)
- Feedback from families attending Let's Talk SEND events.

3.17 Annex 2 provides a detailed overview of the consultation process and issues arising. The strategy (including easy read versions) was available on the Let's Talk platform for comment for six weeks between May and June 2024, and a survey was extensively publicised through social media, information channels for parents and carers of children with SEND, and community and faith networks. There were 42 survey responses, and discussions and engagement events were held with around 190 people present. Attention was given to ensuring that a diverse range of residents were able to take part, including parents and carers from British Bangladeshi and Somali backgrounds.

3.18 As a result of feedback, the strategy has been significantly strengthened in a number of ways to provide more clarity on :

- How the strategy will be delivered and the role of the SEND partnership, including clearer linkages with the early help partnership
- Shared outcomes for children and young people with SEND
- Specific commitments relating to alternative provision and to children and young people with SEND who are known to children's social care, youth justice and probation
- Performance measures: we have used measures where there is existing, reliable data – typically data in the public domain. Where possible we have added additional measures. This will be complemented by the development of an annual survey of children and young people, and by operational monitoring of strategy delivery.

3.19 The strategy has six priorities:

- Priority 1 - Timely, effective, and well-coordinated support for children and young people with SEND - focuses on delivering continued improvements in the support provided for children and young people with SEND and their families in a context of increasing need for support.
- Priority 2 - User-friendly services for children and young people with SEND and their families - reflects feedback from families and professionals that services are hard to navigate, and not sufficiently designed with children and families' needs in mind.
- Priority 3 - Early identification and support for the under-fives - is part of our broader commitment to early identification and support. Providing early evidence-based support without delay can support children's development, avoid problems escalating and in some cases will mean that statutory assessment and plans are not required.
- Priority 4 - A great education and support for every school-age child with SEND – includes wide-ranging commitments to ensure that more children's needs can be met within mainstream schools, whilst

expanding supply of local specialist placements within the state-funded sector for children who need them.

- Priority 5 - Opportunities and support for young adults with SEND – includes the development of more education, training, and employment opportunities for young adults.
- Priority 6 - A borough that welcomes and celebrates children and young people with SEND and supports them to thrive – responds to calls from children and young people with SEND to make Tower Hamlets a genuinely accessible and inclusive borough, with opportunities for friendship, enjoyment, and activity for young people of all abilities.

4 EQUALITIES IMPLICATIONS

4.1 An equality impact assessment is attached as Annex 3, and builds on the draft EqIA presented with the draft strategy. It finds that successful implementation will help to reduce inequalities (particularly those based on disability) and improve cohesion and inclusion.

4.2 The EqIA identifies possible barriers to identification of SEND and access to services for girls and minoritised communities. These will be explored in greater depth in the upcoming JSNA and will be addressed through the strategy's comprehensive approach to improve identification and assessment, access to services and information about services for children and young people with SEND and their families.

4.3 The EqIA makes three main recommendations which have been reflected in the strategy document:

- Complete a SEND JSNA and agree and implement recommendations
- Ensure coproduction activities are representatives of different members of the community
- Improve minoritised communities' access to services: including implementing the agreed recommendations from the ASD in Somali children project, and reflecting detailed issues raised in the strategy consultation in the delivery plans.

5 OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

- 5.2 There are no further statutory implications to highlight in this section that are not covered within the main body of the report.
- 5.3 The main body of this report has identified the following statutory implications:
- A SEND local area inspection is expected, in which the partnership must demonstrate shared outcomes to work towards for all children and young people with SEND,
 - Compliance with the duties outlined in the Children and Families Act 2014 and 2015 Statutory special educational needs and disability code of practice: 0 to 25 years.

6 COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1 The financial context for the SEND strategy is determined by funding provided by the government through the High Needs Block within the Dedicated School Grant (DSG). This is a ring-fenced grant provided by the DfE to fund all education provision. This report is a noting report and does not seek any approvals. If the strategy is to realise its aims, there may be financial implications. However, these must be managed within available resources and will be subject to consultation with Schools Forum.

7 COMMENTS OF LEGAL SERVICES

- 7.1 Section 27 of the Children and Families Act 2014 requires local authorities to keep under review the educational provision, training provision and social care provision made for children and young people for whom the local authority is responsible who have special educational needs or a disability.
- 7.2 Section 30 of the Children and Families Act 2014 requires local authorities to publish information about the local offer for children and young people in their area who have special educational needs or a disability.
- 7.3 Statutory guidance, SEND and disability code of practice 0-25 (2015) sets out the requirements on local authorities relating to children and young people with a disability.
- 7.4 The matters set out in this report demonstrate the Council's compliance with the above requirements.

Linked Reports, Appendices and Background Documents

Linked Report

- SEND Sufficiency Review 2023, included as part of [Planning for School Places 2024/25 Review and Recommendations](#)

Appendices

- Appendix A: SEND and Inclusion Strategy 2024 – 29
- Appendix B: Consultation Report
- Appendix C: SEND and Inclusion Strategy: Equality Impact Assessment

**Background Documents – Local Authorities (Executive Arrangements)
(Access to Information) (England) Regulations 2012.**

- NONE

Officer contact details for documents:

Tina Sode, Head of Special Educational Needs

Rebecca Williams, Strategy and Policy Officer



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Tower Hamlets

SEND Improvement Board

Annual Report 2023 / 24

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Introductions from the Chairs

Welcome to the Tower Hamlets SEND Improvement Board Annual Report 2023-24. This report outlines the progress that has been made in delivering improvement across the SEND system in the borough during the last year and sets out priorities for 2024-25. The report is organised around the five priorities of the SEND Strategy (2020-24).

Since our inspection in 2021 we are pleased to report that good progress has been made across all areas identified for improvement and this had been recognised by the DfE and NHS England as part of our regular monitoring meetings. Many actions are now embedded as business as usual, including the popular Let's Talk SEND engagement events, which continue to attract a wide breadth of parents and carers with children at different stages in their SEND journeys.

We know that increased demand continues to put pressure on the SEND System, including our schools – our school population has the highest percentage of EHCPs in England at 6.8%. This means that assessment and support are sometimes not put in place quickly enough for our children and young people with SEND. We recognise that more work is needed to improve EHCP quality and timeliness at pace, as well as a clearer multi-agency offer for children, young people and their families.

During the past year we have benefitted from an intensive period of external scrutiny, co-analysis and peer support, including an LGA SEND Peer Challenge; peer support from Islington Council; and involvement in the Delivering Better Value (DBV) Programme. We have used this learning to develop our draft SEND and Inclusion Strategy. This has been informed by a programme of consultation with young people, families and professionals - they want a concise SEND strategy which clearly sets out what the partnership will do to drive improvement and we are committed to delivering this in partnership with children, young people and their families.

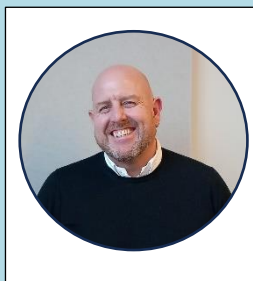
Introductions from the Chairs

Parents, carers, and professionals have told us they want a clear route to earlier support, and more knowledge of what is available at each stage. We recognise the need to pull together the positive work happening across the Local Area into a multi-disciplinary offer, which would allow us to identify SEND and target our support offers earlier. In addition, we are prioritising development of an Inclusion Framework to provide guidance, training and whole school approaches to strengthen schools' universal and SEN Support offer before a statutory assessment is considered.

A raft of recently approved Mayoral growth bids also demonstrate political commitment to continuous improvement and include £1,121k for SEN Transport and £604k for additional caseworkers in the SEN and Preparing for Adulthood Teams. In addition, the NHS has committed £740k over the past year.

We have taken steps to reform the membership and structure of the SEND Improvement Board to sharpen the strategic focus of the group, improve its ability to drive the new strategy and to hold to all stakeholders to account for delivery.

We look forward to continuing to work with you on our journey to excellence.



Steve Reddy

**Chair of Tower Hamlets
SEND Improvement Board.
Corporate Director of
Childrens Services.**



**Warwick Tomsett,
Deputy Chair of
Tower Hamlets
SEND Improvement Board.
Joint Director of Integrated
Commissioning.**

Introductions from the Chairs



Over the past year the [Our Time All Abilities Youth Forum](#) has:

- Worked with the Youth Service on developing inclusive SEND provision.
- Consulted with the team working with the team redeveloping St George's Leisure Centre to ensure it is SEND family friendly.
- Presented at the London SEND Summit. This was well received by senior London Managers who plan to consult Our Time about setting up similar forums in their areas.
- Become a Certified Interest Group Ltd by guarantee to attract external funding.
- Our Time report increased use of social media, noting that more people are engaging with their posts; followers on Instagram have increased from 79 to 215 since this time last year. A recent Linked In post on the Youth Matters Conference in Birmingham was viewed 320 times.
- Shaped the new SEND strategy and participated in the SEND Hackathon
- Presented at a Let's Talk SEND event at Brady Arts Centre
- Presented at Every Chance for Every Child Forum
- Promoted Our Time at Your Voice Matters Birmingham Conference



Priorities for 24/25

- We will continue to increase our social media presence
- We are working together on films to spread SEND Awareness and to promote Our Time during the summer holiday
- We are doing continuous work to update the Local Offer Young People's Zone
- We will continue to meet with Youth Service managers to look at improving access for young people with SEND



Sornnaly Hossain, Our Time Forum Chair, Young Person Ambassador and member of the SEND Improvement Board



[Tower Hamlets Independent SEND Parents' Forum](#)

The forum has had a great year, which has included a range of different outreach events, these have included 10 summer events, school fairs, a Let's Talk SEND Forum Fun Day and a mini-Autism roadshow.

Themed workshops have also been delivered, covering puberty, Epilepsy, behaviours and dressing skills. As a result, we are delighted to report that our membership has increased from 85 to 245 members across 2023.

The forum has worked with Langdon Park on an Autism in school project. This included taking thirteen parents to the National Autism Show, which inspired them to create their own local road show.

The forum has helped to shape the new SEND & Inclusion Strategy flagging areas of current challenge, including:

- The need for a clear offer for CYP with SEND; some parents are unsure where to look for information
- Communication around eligibility and availability of Short Breaks provision
- School readiness, including toilet training
- Inconsistency across schools regarding SEND provision
- Long waits for statutory and specialist assessment

Parents have welcomed the chance to speak with the EHCP team throughout the summer at different events and although there is still some way to go parents feel hopeful that changes are happening.

The School Nursing Team School nursing team also had a visible presence at events throughout the summer and parents valued the helpful health and school advice provided.

Parents recognise that SEND is becoming more the norm and that there are some really good programmes running, including a sensory after school clubs and disability sports at Poplar Baths; we need to replicate what is working well across other areas of the borough.

Priorities for 24/25

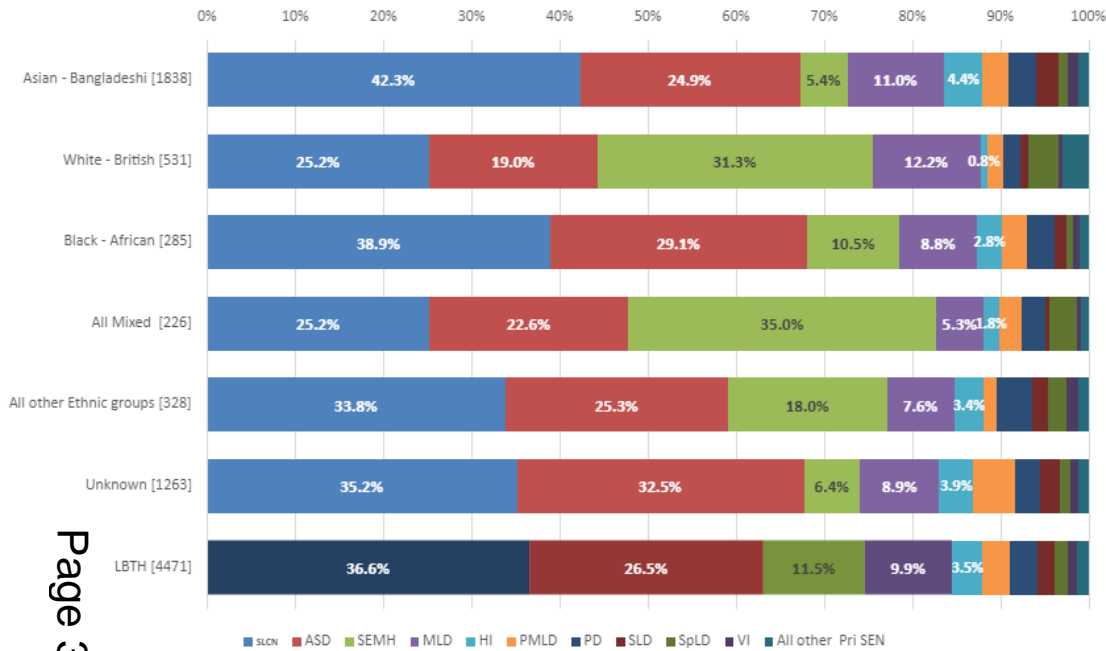
- Early years
- Early intervention
- Complex needs
- Post 16
- Downs syndrome & cerebral palsy peer to peer support

Samantha Gager
Chair of the Tower Hamlets
Independent SEND Parents'
Forum
Member of the SEND
Improvement Board



Tower Hamlets Contextual Picture

Broad Ethnic Breakdown by EHCP Primary Needs (April 2024)



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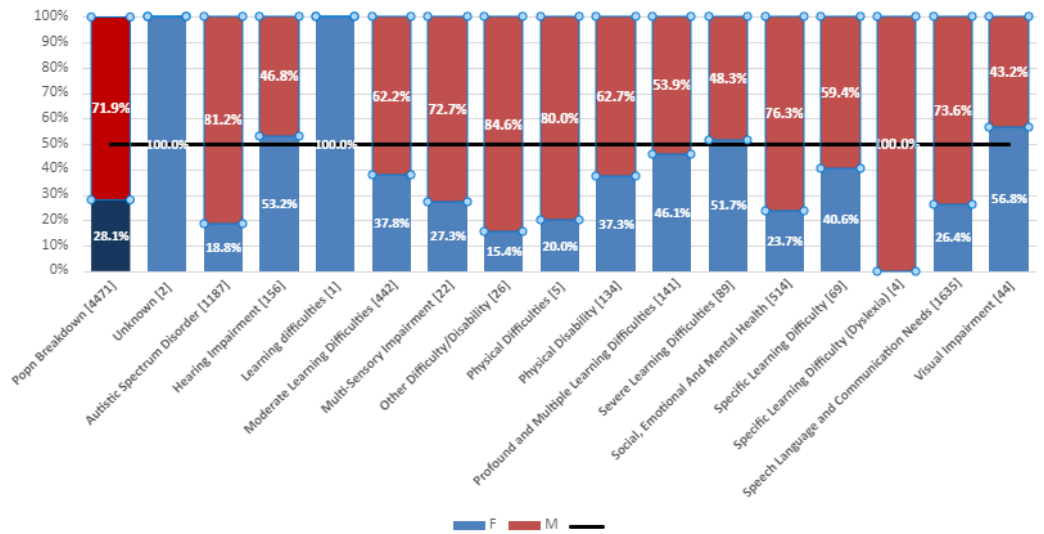
- The majority of our EHCP cohort are aged between 5 and 19, but some cohorts are out of step with national figures: 29.2% are aged 11-15, which is below the national average (36.4%), whilst 12.4% are aged 20-25, twice the national figure (6.2%).

ASD – Autistic spectrum disorder	HI - Hearing impairment		MLD - Moderate learning difficulty	MSI - Multi-sensory impairment	NSA - SEN support but no specialist assessment of need
PD - Physical disability	PMLD - Profound & multiple learning difficulty		SEMH - Social, emotional and mental health	SLCN - Speech, language & communication needs	SLD - Severe learning difficulty
VI - Vision impairment					

The percentage of our school population with an EHCP is 6.8% - the highest in England (June 2024)

- This figure increased from 5.9% in 2023 and exceeds the national average of 4.8% and London average of 4.9%.
- Pupils requiring SEN Support sits at 12.4%, below the national average of 13.6%.
- In May 2024 we had 4659 Active EHCPs.
- For our EHCP cohort the most prevalent primary need groups are SLCN and Autism; these two areas of need account for almost two-thirds of EHCPs in the Local Area.
- Boys are more likely to have an EHCP (28% female vs 72% male); this is in line with national figures.

EHCP Gender breakdown by Primary Needs (April 2024)





The LGA SEND Peer Challenge was commissioned to provide an external view on the effectiveness of the strategic response and quality of practice. The review took place from 3rd – 6th October 2023.

We are committed to working together to respond to the recommendations highlighted by the review, outlined below.

Review the size and remit of the SEND Improvement Board to ensure that it is more strategic.

Board membership has been revised and a new governance structure is being developed in line with the new SEND and Inclusion Strategy to enable more strategic oversight of improvement priorities.

Co-produce a concise, revised SEND Strategy.

A draft Strategy has been co-developed with young people, families and professionals and published for public consultation during May and June 2024.

Devise a way to test the impact of the progress on the Written Statement of Action against outcomes for children and young people.

We constantly strive to improve how we listen to children and young people. Feedback is gathered in a variety of ways and provides indications of where outcomes have improved. You Said We Did reporting is one way we can evidence how service improvements have been made in response to feedback. Examples are included throughout this report.

Improve information sharing between partners and with all stakeholders

This remains an area of continuous improvement and includes building upon our Local Offer, Let's Talk SEND events and Let's Talk SEND termly bulletins.

At pace, develop a common understanding, and implement a universal offer for early years settings, schools and colleges

We are prioritising development of an Inclusion Framework to provide guidance, training and whole school approaches to strengthen schools' universal and SEN Support offer before a statutory assessment is considered.

Continue the programme to improve the quality and timeliness of EHC plans

This remains an area of continuous improvement; average EHCP timeliness for 2023 was 48%.

Priority One: Leading SEND

Key achievements in 2023/24

The SEND Improvement Board has supported the draft SEND Strategy which will be approved and launched in 2024.

The strategy has been informed by a programme of consultation with young people, families and professionals, including in person discussions with the Our Time Forum, online surveys and an in-person workshop attended by 50 people.

Our Delivering Better Value grant submission was developed in response to extensive engagement with parents, carers, professionals, and young people on what needs to be done to improve the SEND system. The submission was approved in February 2024.

Our SEND Young Person and Parent Ambassador scheme is well-established and expanding. We now have five Young People Ambassadors and 14 Parent Ambassadors working in the community.

Between October 2023 and March 2024 Parent Ambassadors attended 17 events, including school coffee mornings, reaching 356 parents.

The Local Offer is continuously improved through coproduction with young people and parents. We have improved ease of navigation and created a Young Person's Zone following feedback from parents and in co-production with young people.

A raft of recently approved Mayoral growth bids demonstrate political commitment to continuous improvement and include £1,121k for SEN Transport and £604k for additional caseworkers in the SEN and Preparing for Adulthood Teams.

Tower Hamlets & City of London Youth Justice Service (YJS) is working towards a SEND Quality Lead status, with Child First Commendation. Assessors were impressed with the offers for children, including Break the Cycle, YJS Nurse, Educational Psychology, SEND youth justice champion, collaboration with LEAP, and child voice.

Membership of the Co-Production Charter Working Group includes young people from the Our Time Forum and a broad subset of parents of children with varying needs. A draft charter will be consulted upon across education, health, & social care.

SEND Parents Forum were consulted about the redevelopment of St George's Leisure Centre and identified barriers to inclusion. All facilities at the new centre have been designed to be fully accessible.



A Family Hubs SEND awareness campaign (pictured above) was launched following feedback received from parents and carers as part of the Early Help Strategy consultation process.

Eight young people attended a SEND hackathon as part of the new Youth Service engagement programme. Attendees gave their views on shaping a new and inclusive Young Tower Hamlets Youth Service. Adjustments were made to the in-person Sunday workshop, including additional assistance for varying levels of need and accommodation of carers.

What difference is it making for young people and their families?

YOU SAID

Celebrate young people with SEND so young people have role models

There is a need for youth sessions for children and young people with mild to moderate SEND

WE DID

Mayoral funding will establish mentoring for young people with SEND. Young adults who have successfully transitioned can mentor those currently going through the process.

Established weekly sessions at Haileybury Youth Centre. These sessions aim to support SEND young people with their development, including physical, social and emotional skills and raise their self-esteem, self-confidence and independence. There are a range of activities available including sports, fitness studio, homework club, health, wellbeing and employability.

In response to feedback that travelling to Haileybury was a barrier to attendance, a youth session has also been set up at George Green's School on the Isle of Dogs.

Other feedback received

Our Time Forum feedback on the youth sessions for SEND

We are very grateful to Young Tower Hamlets for making these special arrangements for young people with SEND so that they can feel more included and are able to participate in a further range of activities across Tower Hamlets as a whole.

What next?

Priorities for improvement in 2024/25

Following our successful Delivering Better Value grant application, we will initiate strategic delivery of programmes and recruitment to improve the SEND system. These will be focused on:

- Improving our SEND early identification and intervention system, including a new Participation and Co-production Officer role.
- Completion and implementation of our Inclusion Framework at both universal and SEN Support levels, along with associated quality assurance, training and support for schools,
- A review of banding arrangements,

We are committed to engaging a wide range of residents as part of our SEND and Inclusion Strategy consultation. Once finalised, the new strategy will be launched and implemented in 2024/25.

The SEND Joint Strategic Needs Assessment (JSNA) will be completed in 2024/25.

We will launch our SEND Co-production Charter, developed with young people and parents. This will strengthen understanding of successful co-production, including how to consider the specific needs of children and young people with SEND.

A review of the SEN Service will be carried out to ensure that the operational structure is efficient and has good quality assurance practice in place.

Our SEND improvement work will continue to focus and respond to the lived experience of children, young people, and their families. We will achieve this by the public re-launch of the Local Offer website and development of a One Minute Guide on independent travel training in response to feedback from the Parent Care Forum.

Priority Two: Early Identification and Assessment

Key achievements in 2023 / 24

In 2023 the percentage of EHCPs issued within 20 weeks was 48%, compared with a national average of 50% (SEN2 return). Demand remains high, with a 174% growth in new EHCPs issued since 2020.

Since January 2024 allocation of work between caseworkers in the SEN Service has changed, split between Annual Review and Casework Teams to improve performance and quality.

Feedback from the DfE and evidence from audited EHCPs identified the voice of the child as the most significant area for improvement. Supported by continuous training, development, and monitoring on plan writing, EHC Coordinators are now more confident in holding co-production meetings, where capturing child voice is prioritised.

There are well developed systems for early identification of needs in Early Education and Childcare (EEC). The EEC Inclusion Team provide a comprehensive and well-received package of advice, inclusion training and workshops to support settings in further developing inclusive practice.

We launched our Family Hub programme, with hubs in launched in the Southeast and Southwest Locality of the borough. Tower Hamlets Council is one of the first 75 local authorities to pilot the government's Family Hubs model.

Our Family Hubs approach has an explicit focus upon SEND. We consulted with parents to identify gaps in provision and will provide services to meet those gaps from 2024/25.

Work to understand the impact of the revised EHCP template and co-production process for parents continues. Since the summer term satisfaction surveys have been provided with each final plan issued, embedded as a QR code.

Although the uptake has been initially slow, the feedback that has been received is very positive, with individual Coordinators receiving specific praise for their positive communications and attention to detail.

A new full-time Designated Social Care Officer (DSCO) has been recruited to support improvement of quality and frequency of social care input, strengthening links between social care, health and education.

We have taken steps to prioritise the ceasing of plans, where appropriate, including expanding the capacity of our dedicated Preparing for Adulthood Team. This will add five additional full-time posts to the team and the increased resource has already identified 60 cases which are in the process of being ceased.

A successful £616k Start for Life bid has initiated a workforce pilot which will explore screening for Social Communication Difference at 12 months old, to enable even earlier intervention. This would include interventions such as support and coaching for parents.

What difference is it making for young people and their families?

YOU SAID

Waits for EHCP assessment are too long

Parents highlighted gaps in the Family Hubs SEND support offer

WE DID

The Mayor has approved £604k in funding for additional caseworkers in the SEN and Preparing for Adulthood Teams

We will deliver the following sessions from 2024:

- A dads' stay and play session at the Isle of Dogs Family Hub on Saturdays,
- Sensory Play sessions for 5-11 year olds at the Isle of Dogs Family Hub,

Parent feedback from satisfaction surveys on the revised EHCP template:

The communication was very regular and effective. The updates enabled us to plan and support the child's needs.

The SEND coordinator was extremely professional and always willing to listen.

Impact

- 95%+ of decisions to assess to Panel and a decision made within four weeks.
- All 248 final EHCPs for phase transfer due on 15 February 2024 were issued on time.

Priority Two: Early Identification and Assessment

What next?

Priorities for improvement in 2024/25

We will continue to improve EHCP timeliness as a priority. Additional funding for caseworkers will reduce active caseloads enabling more timely assessment and improved quality of content. A planned review of the SEN Service will ensure that the structure is efficient, with suitable and sustainable operational capacity.

The timeliness of Annual Reviews remains a priority. Throughout 2024/25 we will:

- Continue to develop our monthly reporting capability via our data system which will ensure Annual Reviews can be tracked electronically and will be subject to the same quality assurance process once amended as new EHCPs.
- EHC coordinators to continue contacting schools at the beginning of every half term to prompt for due Annual Review dates.

We are focused on continuous improvement. We will ensure we have the right staff with the right skills by:

- Holding further training for coordinators on co-production with a focus on ensuring the child or young person's direct views are obtained and meaningfully included in the review of the draft EHCP.
- The newly recruited Designated Social Care Officer will work strategically to improve links between social care, health and education specifically around social care engagement and quality of input into EHCPs.

Priority Three: Commissioning Effective Services to Respond to Local Need

Key achievements in 2023/24

A Social Communication Difference Navigation model has been developed to support families through the process of referral to the ASD waiting list and diagnosis, clarifying the support available along the way.

102 families were consulted and inputted into the proposed model, raising what support is most important to them.

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We have engaged with a Queen Mary University led project to review the barriers to accessing services in the Somali community. A workshop was held in October and partners are engaging with how to make universal services more accessible.

A Joint Neurovariance Diagnostic Review Group has been set up. This group is responsible for overseeing improvements in neurovariance diagnostic pathways including autism, learning disability and ADHD.

We have developed a new 3-5 Treatment offer with four Parent Coaching sessions a week. Up to 10 families attend per session.

Therapists are also supporting the Children and Family Centre offer as part of the provision.

We are exceeding ASD Assessment Service discharge targets, but high numbers of referrals continue to put pressure on waiting times and caseload figures; on average, 50-60 referrals are accepted per month, compared to 20 per month pre-Covid. Non-recurrent funding has been approved to extend Bart's Capacity and the London Autism Clinic, with additional recruitment to address the need for more paediatric capacity, which has helped to manage the additional demand.

The Social Communication Navigation Lead (SEND Specialist Health Visitor) is leading on the implementation of Social Communication Stay and Play in Children and Family Centres which will be a drop-in group session supported by specialists for children with suspected autism. The focus of the group is to provide initial support and signpost families to the wider support offer.

The Stephen Hawking Stay and Play session has been launched. The session is for pre-school children with PMLD providing interim support while families wait on Early Years, school placements and/or EHCP assessment. This is supported by staff in the Early Help and Therapy Services and jointly commissioned by Health and Education. The group has received positive feedback from parents and professionals.

Priority Three: Commissioning Effective Services to Respond to Local Need

What difference is it making for young people and their families?

YOU SAID

Families wanted more support whilst waiting on the Autism Diagnostic waiting list

Parents said waiting times for speech and language therapy assessment were too long

WE DID

Invited families with children on the Autism Diagnostic waiting list to parent coaching sessions as part of our 3-5 Treatment Offer.

We have also recruited a SEND Specialist Health Visitor to lead on sessions for children with suspected autism and signpost families to the wider support offer.

Average waiting time for under-fives Speech & Language Therapy (SLT) assessment - reduced significantly from a high of 35 weeks (Oct 2022) to 10 weeks.

Impact

- Parent Coaching has received 90% positive feedback from families who would recommend it to others.
- Bart's Health delivered 'Feedback February' on its Therapies Services and saw 80% of families reporting their experience as Very Good or Good.
- 92% of individual therapy outcomes achieved or partially achieved.

Other feedback received

Parent of a child receiving SLT

I liked the way they dealt with the children's condition with respect and understanding.

What next?

Priorities for improvement in 2024/25

Average waiting times for autism diagnosis remain high at 88 weeks, with local pressures also reflected at a national level. The new Neurovariance Diagnostic Review Group will develop a business case for longer term funding and an updated pathway to address this pressure by Summer 2024.

We will continue to prioritise support for families on the waiting list in 2024/25, to ensure that families are well informed about the assessment process and support available while they wait.

We have made good progress on our integrated therapies model for early years and school age children and will continue to develop our offer to strengthen early intervention support available to families. Over the next year, we will roll out:

- Social Communication Stay and Play sessions by the summer term.
- A Sylheti workshop and develop a tailored offer to provide autism support for Bengali families.
- Improvement of the Children and Family Centre offer, including the mobilisation of Educational Psychology Sessions to support social communication and mobilise Early Talk Boost in Early Years Settings.

We will support schools to help pupils develop communication skills by trialling a digital Speech and Language Therapy platform with some schools in the summer term. We will roll this out to all primary schools by the beginning of autumn term.

Priority Four: Good Quality Education Provision for All Children

Key achievements in 2023/24

Phoenix School launched the Autism Specialist Classroom pilot in September 2023, working with 20 mainstream schools. The project is supported by London Borough of Tower Hamlets, Bart's Health, NHS North-East London and Tower Hamlets Schools. This specialist outreach will upskill our school workforce and support children and young people to remain in mainstream provision.

We are the first place in the country where every primary and secondary school pupil receives a free school meal. The funding is part of the council's effort to improve the life chances of all young people in the borough, including children and young people with SEND.

The SEND Sufficiency Review has been undertaken. The review identified a significant shortfall in specialist provision and placements.

The review identified that our largest areas of need are Speech, Language and Communication; Autism; and Social Emotional and Mental Health.

Planning is underway to address these shortfalls. We have already initiated the following provision:

- A secondary school age Autism resource base
- A two-year Autism Pilot with Phoenix Special School

Work is underway to develop an Inclusion Framework co-produced with schools, children and young people, parents and key stakeholders across education, health, and social care, with support from the Council for Disabled Children (CDC).

The framework will provide guidance, training and whole school approaches to strengthen schools' universal and SEN Support offer before a statutory assessment is considered.

The Mayor's Education Maintenance Allowance (EMA) and University Bursary (UB) schemes were introduced in 2023 to support students from low-income households. Twenty SEN learners benefitted from these grants across 2023-24

What difference is it making for young people and their families?

YOU SAID

Some parents not always aware that their child(ren) are receiving SEND support

Some parents of children with Autism told us they want their children to remain in mainstream settings, but there is a lack of available places

WE DID

A new Delivering Better Value funded Participation and Co-production Officer will take the lead working with parents and carers, to ensure that information on provision at universal and SEND support is known and understood.

The Phoenix pilot has been initiated:
Outreach support from specialist schools to support mainstream schools with children and young people with SEND is particularly successful and is an effective use of joint resources. A good example being the outreach work by The Phoenix School which is highly valued. (LGA Peer review)

What next?

Priorities for improvement in 2024/25

Our SEND Sufficiency Review identified a significant shortfall in specialist provision and placements, with a shortfall of up to 260 places within the next ten years. We will:

- Pilot a programme of specialist Additionally Resourced Provisions. These will take the form of SEN Units (specialist provision attached to mainstream schools). We will establish up to six specialist Additionally Resourced Provisions within the 2024/25 academic year, benefitting up to 150 pupils.
- Develop a new Autism resource base at a primary school increasing access to mainstream provision for up to 12 pupils with Autism by September 2026.

We will roll the Inclusion Framework out to all schools in 2024, complemented by a training programme to support auditing of inclusive practice and identification of areas for development. Once embedded, the framework will provide clarity for parents and carers on what support to expect from schools before statutory assessment is considered.

The Mayor's Education Maintenance Allowance (EMA) and University Bursary (UB) schemes have been extended and are set to benefit up to 2050 students in 2024/25. The Mayor has approved an extra £750k to increase the EMA award from £400 to £600 and extend this to up to 1,250 students across 2024/25. In addition, a total of £1.2m will extend the UB award from 400 to 800 students.

Priority Five: Supporting successful transitions and supporting independence

Key achievements in 2023 / 24

The Transitions Board continues to oversee transitions and support.

The board has driven work to improve the transition pathways for children and young people with EHCPs from Children's Social Care to Adult Social Care.

A Transitions Booklet and 'TUBE' Map document have been co-developed between health, education and social care to inform young people's awareness of the support available in the Local Area as they progress into adulthood.

A Quality Assurance audit of young people transitioning to Adult Social Care has been undertaken and highlighted timeliness and joint working as areas for improvement.

We know there is more to do to improve the process of transition for young people with SEND. There are plans to develop and enhance our support offer, including exploration of a peer mentorship program and training and mentorship events.

Embedding Let's Talk SEND events themed around transitions. A recent presentation from Young Workpath was particularly successful in terms of raising awareness of what is available. Most families attending had been unaware that their children would be offered careers advice from Year 9 onwards.

We have amended the Annual Review template to incorporate a dedicated transitions section (for age 14+) to support young people in preparing for adulthood. Anecdotal feedback has been very positive from families and an audit is planned to test whether this is embedding and being consistently used.

The Central London Careers Hub, and the Prince's Trust joined to deliver the 2023 'Let's Work' event which was attended by over 300 young people and 30 employers. Many young people had interviews for entry level jobs and/or offers of work experience as a result.

Priority Five: Supporting successful transitions and supporting independence

What difference is it making for young people and their families?

YOU SAID

Young people need more pathways into employment

Parents told us there is a need to teach more life skills and more support is needed for young people to develop independence

WE DID

The council has developed a programme of in-house apprenticeships and internships

We have made travel training more readily available by employing three additional Travel Trainers to reduce the time on the waiting list.

More pupils have been able to access the travel training programme at a faster rate to provide the confidence required to travel safely and independently to and from their place of education.

Other feedback received

At the Let's Talk SEND event on transitions, a young person spoke about his successful journey to employment via the council's internship programme. Parents fed back that it was useful to hear the positive impact of these initiatives as it helped them understand the scope of future opportunities for their children.

An Our Time ambassador commented on the personal impact of travel training:

Travel training helped. Otherwise, I wouldn't have been able to go to work when I was 16. My parents didn't want me to travel to college in Hackney, but I was determined, and I could go to the college because of travel training.

Priority Five: Supporting successful transitions and supporting independence

What next?

Priorities for improvement in 2024/25

We know there is more to do to improve the experiences of transition for young people with SEND.

A Transitions Protocol has been developed in response to the outcome of a multi-agency transitions audit. The protocol will be launched to staff by the end of summer term 2024 with the aim of improving multi-agency working and ensuring consistency across service areas. The Transitions Protocol will strengthen the following areas identified as priorities by the Transitions Board:

- Timeliness of communication, assessment and support.
- Joint working.

We will explore a transitions improvement programme, including additional capacity to provide comprehensive support across Education, Health and Care – with a specific focus on the ‘cliff edge’ transition stages.

We will conduct an audit of EHCPs to assess whether the transitions section of the Annual Review is being used effectively to capture preparing for adulthood discussions.

Case Study



Background

A young person aged 16 on bail support known to the Youth Justice Service with an Education, Health, and Care Plan (EHCP).

The young person relied on taxis provided to attend school due to his specific needs. However, due to his bail conditions necessitating residence in Hackney, there arose a complication with his transportation arrangements.

Support provided

During a routine home visit, the young person's Case Manager learned that the provision of taxis had been discontinued, posing a significant barrier to his school attendance. As a year 11 student preparing for his GCSEs, this became a pressing concern.

The Education Officer (EO) contacted the Special Educational Needs and Disabilities (SEND) representative to clarify the situation. It was determined that the transport department had not been informed of the young person's change of address, leading to the disruption in services.

The SEND representative promptly liaised with the transport department, highlighting the urgency and impact of the situation.

Outcome

As a result of the multi-agency communication facilitated by the EO and the SEND representative, the issue was swiftly resolved. Taxis were reinstated, ensuring the young person's continued access to transportation, and enabling him to attend school without interruption.

Case Study



Background

A young person who is severely sight impaired. They use a long cane and access work through braille. The young person started college and wanted to become more independent, particularly as it was their aspiration to go to university at the end of their course.

Support provided

The young person received regular support from the Habilitation Specialist to develop cane skills and to learn the route to college.

The young person accesses learning through a laptop and Brailenote Touch Plus. The Qualified Teacher of the Vision Impaired Team (QTVI) provided training to college staff on visual impairment awareness, modification of resources, tactile graphics machine and the use of Brailenote. A large Braille embossed was also installed in the Sensory Hub at the college.

Specific visual impairment resources were provided in the lunch club to promote inclusion and to improve confidence and social skills, with games such as Braille UNO, Braille Scrabble and activities such as boxing.

Outcomes

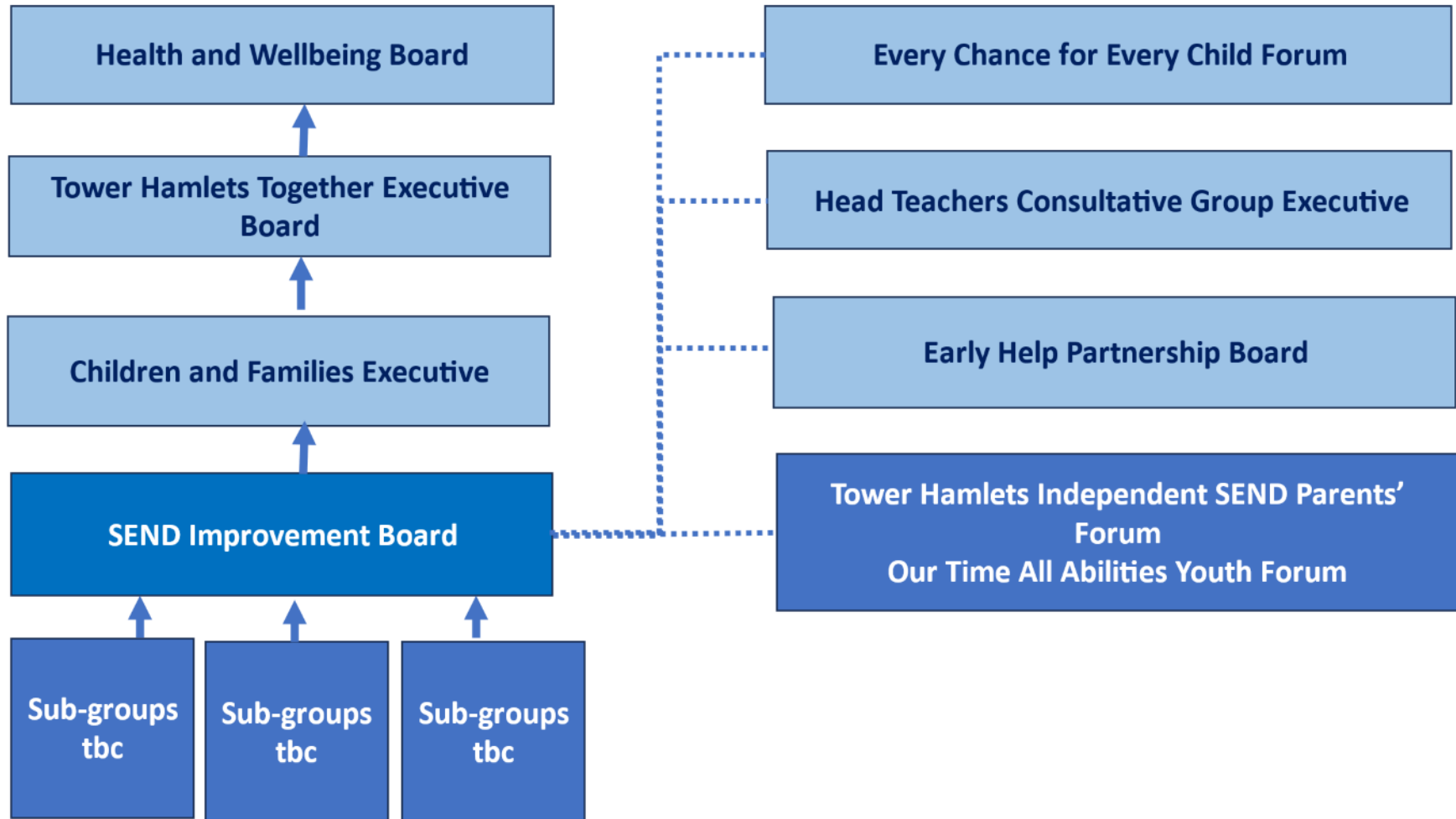
The young person has become a confident traveller.

The young person has improved their Braille skills and has achieved their objective of gaining a Level 3 qualification.

The young person was offered a place at Queen Mary University.

Appendix One: SEND Governance Structure

SEND governance and accountability



Appendix Two: Performance

48%

of EHCPs issued in 20 weeks in 2023

50% national average
65.7% statistical neighbour average.
(January 2024, SEN2 return)

53.6%

of children with EHCPs are educated within mainstream settings

43.3% national average
(January 2024, SEN2 Return)

88 weeks

Average Autism diagnostic waiting time– reduced from 98 weeks (May 2023). Tower Hamlets is performing above the national average.

57% SEN Support

24% EHCP

Year 1 phonics outcomes for pupils with SEND are better than National

(2023, DfE Explore Statistics)

97.5%

of all pupils attend schools judged Good or Outstanding by Ofsted

(April 2024, Ofsted)

91.8% attendance for secondary pupils with EHCPs (outperforms national: 83.1%)

90% attendance for primary pupils with EHCPs (in line with national: 89.5%)

(2022/23 academic year
DfE Explore Statistics)

10 weeks

Average waiting time for under-fives Speech & Language Therapy (SLT) assessment - reduced significantly from a high of 35 weeks (Oct 2022)

GLOSSARY

ASD	Autism Spectrum Disorder
BASS	Behaviour and Attendance Support Service
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CLA	Children Looked After
CLDS	Community Learning Disability Service
CSC	Children’s Social Care
CWD	Children with Disabilities
DfE	Department for Education
EHCNA	Education, Health and Care Needs Assessment
EHCP	Education, Health and Care Plan
EY	Early Years
FNP	Family Nurse Partnership
HVS	Health Visiting Service
IEYS	Integrated Early Years’ Service
LA	Local Authority
NEET	Not in Education, Employment or Training
PMLD	Profound and Multiple Learning Difficulties
SEMH	Social, Emotional and Mental Health (SEMH)
SEN	Special Educational Need
SENco	Special Educational Need Co-ordinator
SEND	Special Educational Needs and Disabilities
SENDIASS	SEND Information, Advice and Support Service
SLD	Severe Learning Difficulties
SHWS	School Health & Well-being Service
SLS	Support for Learning Service

Tower Hamlets Special Educational Needs, Disabilities and Inclusion Strategy

2024–29



A message from the Tower Hamlets Special Educational Needs, Disabilities and Inclusion partnership

Welcome to our partnership SEND and Inclusion strategy for Tower Hamlets. This strategy is all about making sure that our children and young adults with special educational needs, disabilities and additional needs are able to thrive and fulfil their potential. Over the past few months, we have listened to what parents, young people and professionals have to say about our SEND services in Tower Hamlets and worked with them to develop our six strategy priorities.

As leaders, we are determined to work together to deliver for children and young people with SEND and their families. There is a lot to celebrate in Tower Hamlets. The love and care of families and the dedication of our professionals is at the heart of our strategy. However, we must do better. Our priorities are ambitious, and we will translate them into action with annual delivery plans. There are many pressures on our SEND and alternative provision, and we acknowledge that the pace of implementation will need to reflect the available budget and the capacity of our workforce. We are committed to making progress and our SEND Improvement Board will report annually to the Health and Wellbeing Board.

Signed:



Lutfur Rahman, Executive Mayor of Tower Hamlets

Councillor Maium Talukdar, Deputy Mayor of Tower Hamlets,
Cabinet member for Education, Youth and Lifelong Learning

Steve Halsey, Chief Executive, LB Tower Hamlets

Steve Reddy, Corporate Director, Children's Services, LB Tower Hamlets
and Chair of the SEND Improvement Board

Samantha Gager, Chair, Independent SEND Forum Tower Hamlets

Sornnaly Hossain, Our Time All Ability Youth Forum

Zina Etheridge, Chief Executive, NHS North East London

Lorraine Sunduza OBE, Chief Executive Officer, East London Foundation Trust

Veronica Armson,
Executive Headteacher Phoenix School, Chair of Special Schools
Consultative Group

Danny Lye, Chair of Secondary Heads Consultative

Shoshannah Thompson, Chair of Primary Heads Consultative

Gerry McDonald, Principal of Tower Hamlets College

Dr Neil Ashdown, Chief Executive of Royal London and Mile End, Bart's
Health NHS Trust and Chair of Tower Hamlets Together

A message from Lutfur Rahman, Executive Mayor of Tower Hamlets

We want Tower Hamlets to be a place where every child fulfils their potential.

I am privileged to be the Mayor for all residents in Tower Hamlets. We all want the best for our children and young people with special educational needs and disabilities. We are committed to working together as a partnership to deliver this strategy and the right support for our children and young people with special educational needs and disabilities, and their families.

Lutfur Rahman, Executive Mayor of Tower Hamlets



Tower Hamlets Special Educational Needs, Disabilities and Inclusion Strategy: 2024–29

As a Children and Families Partnership we want Tower Hamlets to be:

A child-friendly borough where children and young people from all backgrounds thrive, are listened to, achieve their best, and have opportunities. (Accelerate! The Tower Hamlets Children and Families Partnership Strategy 2024-2029)

We are so proud of our children and young people with special educational needs and disabilities (SEND). As a partnership, we are committed to championing equality and co-production. We are determined that our vision of a child-friendly borough is inclusive, where the focus is on meeting children's needs, and children of all abilities are welcome, and are nurtured to fulfil their potential.

As a partnership, we have agreed seven outcomes that we all want to see for children and young people with SEND in Tower Hamlets:



To achieve these outcomes, our SEND and Inclusion Strategy sets out six priorities for 2024 – 29 that we believe will deliver the right support at the right time for children and young people with special educational needs and disabilities and their families. It applies to children and young people with SEND living in Tower Hamlets aged 0 to 25 years, including those who have an Education, Health and Care Plan and those receiving SEND support, and also to our children who are educated in alternative provision settings

These priorities were developed in discussion with young people, parents, carers and the professionals who make up our SEND Local Area workforce. They told us that there is lots to celebrate. We have great schools in Tower Hamlets and pupils with SEND achieve well. The young Our Time Ambassadors are passionate advocates for the rights of young people with SEND. Working together, we have made progress in meeting statutory requirements for assessments, Education, Health and Care Plans, and annual reviews. Families and professionals strive to do the best for children and young people, and there is a wealth of expertise and professionals who have worked in Tower Hamlets for many years.

But we don't always get things right for children and young people with SEND. Our overriding priority is delivering the right support at the right time, working closely with children and young people, and those that know them best – their families. We will focus on providing early support so that children can fulfil their potential. We have also listened to what young people have told us and included a focus on the things that make for a good childhood : fun with friends, and inclusive play, sport, leisure and youth services.

At the same time, this strategy looks to the future. As a partnership we need to make sure we have the right services, staff and funding for the next ten years. The number of children and young people needing SEND support has been rising in Tower Hamlets and beyond. Through early support and the right education placements in local schools and colleges, our strategy sets out how we intend to meet this growing need with high quality and financially sustainable services for our children and young people with SEND.

Support for SEND in Tower Hamlets is on a five year improvement journey. The pace and direction of change will need to respond to the availability of resources and national direction on SEND. However we are absolutely committed to the improvement journey for children and young people with SEND and will work with them, their families and professionals across Tower Hamlets as we collectively respond to change.

Inclusion is everyone's business. Our SEND Improvement Board brings together young people and family representatives in partnership with local decision makers from education, health and children's services. The Board is accountable to the Tower Hamlets' Health and Wellbeing Board. It will lead delivery of our SEND strategy and work with other organisations to make sure Tower Hamlets is an inclusive and child-friendly borough for every child and young person.

Children and young people with special educational needs, disabilities and additional needs in Tower Hamlets

There are 4,463 0–25 year-olds living in Tower Hamlets who have an Education, Health and Care Plan, up from 2,842 in 2019 – a rise of 57% over five years. Of these children and young people:

- **72%** are male and **28%** are female.
- **43%** are from an Asian background – including **40%** from a Bangladesh background; **8%** are from a Black background; **6%** from a Mixed ethnic background; **14%** from a White background; **2%** from another ethnic group; and **28%** from an unknown background.
- The most frequent primary needs are **speech, language and communications** (1550), **autistic spectrum disorder** (1172), **social emotional and mental health** (504), and **moderate learning difficulty** (447). However, it is widely recognised that many children and young people have a range of different needs.
- **54%** are being educated in a mainstream school; **21%** in a special school; **17%** are in further education; **1%** are in alternative provision; **4%** are not in education, employment or training; and the rest are in other settings, including apprenticeships, home education, and so on.

(January 2024 data. Source: [Education, health and care plans: England 2024](#))

In Tower Hamlets schools:

- Nearly **1 in 5 pupils** (19.2%) have SEND: **6.8% of pupils** have an Education, Health and Care Plan and a further **12.4% of pupils** are receiving SEND support.
- The number of pupils in Tower Hamlets schools with an EHCP grew by **around 75%** between 2015/16 and 2023/24: from **1850 to 3251** pupils.
- There are **262 pupils** on local authority funded alternative provision placements, **42 pupils** in school arranged alternative provision, and **96 pupils** in a state-funded alternative provision school (London East Alternative Provision).

(January 2024 data. Source: [Special educational needs in England, 2023/24](#))

Developing the strategy

The strategy development was led on behalf of the partnership by the Tower Hamlets SEND Improvement Board. It was informed by an extensive evidence base including a robust self-evaluation of the SEND partnership's strengths and challenges, the findings of our LGA SEND Peer Challenge in 2023, a SEND survey for parents as part of our Family Hubs development, and evidence gathered as part of the Delivering Better Value programme design including case review analysis and a survey of more than 100 parents.



Strategy priorities were developed in late 2023 and early 2024 through initial discussions with young people, online engagement sessions with professionals, and surveys with SENCOs and parents. These were followed by an in-person multi-stakeholder workshop to which more than 50 people were invited including parents/carers, young people health, education, local authority and voluntary and community sector representatives, where participants prioritised strategy objectives.

The strategy was further developed in response to consultation feedback in summer 2024 from residents, schools and health professionals, and the Children and Education Scrutiny sub-committee. Full details can be found in our consultation report.

Priority 1

Timely, effective and well-coordinated support for children and young people with SEND

What we want to see

1. Strong leadership and governance, positive relationships and clear communications which build confidence and drive improvements for children with SEND and their families.
2. A whole system approach to delivering the right care, in the right place at the right time for early years, school-age children and young people through graduated pathways which everyone understands.
3. A range of provision available which is available to meet children's and young people's needs as they emerge, including for children in care and children in the justice system.
4. High quality case management and comprehensive management reports that are used by all partners to improve performance and make strategic decisions.
5. Statutory timelines met for all children and young people who need assessments, EHC Plans and annual reviews, with improvements in quality and the voice of the child reflected as appropriate throughout.



What will we do together?

1. Reform the SEND Improvement Board to provide strategic and focused leadership.
2. Co-produce a shared understanding of a graduated response and inclusion across the local partnership. This will inform the universal offer, targeting of additional support, strategic commissioning and a consistent approach to growing needs.
3. Improve joint working between health, education and social care to achieve more strategic and efficient commissioning and a greater focus on prevention.
4. Develop and implement a proactive SEND and Alternative Provision Improvement Communications plan to build parental confidence and ensure that families and professionals feel part of our improvement journey.
5. Through the new Designated Social Care Officer, deliver and implement high quality social care input into early intervention strategies, needs assessments and EHC plans.
6. Develop a rigorous SEN quality assurance framework to support high quality interventions and EHC plans.
7. Invest an added £400,000 to deliver high quality Education, Health and Care Plans for children who need them within statutory timeframes, with a co-production meeting as part of every EHC plan and amendments at each Key Stage and during education transitions.
8. Improve our case management system through a 'hosted' system and an online SEN module which can be accessed by the SEN Service, parents and carers, and selected professionals in the Local Area.
9. Improve the SEND Management Information Report to inform decision-making, with performance measures across the partnership, benchmarked to assess progress
10. Use data from health visitor reviews and section 23 notifications to develop an understanding of emerging need and plan for future service provision.
11. Conduct a SEND Joint Strategic Needs Assessment and use insights together with management information data to identify, understand and address inequalities in identification and support.

Priority 2

User-friendly services for children and young people with SEND and their families

What we want to see

1. Everything from individual support to the strategic ambition for Tower Hamlets is shaped by the voices and views of children and young people with SEND and parents and carers.
2. Families and young people from all backgrounds can find out what they can expect from services and how the SEND system works, particularly at important moments for them.
3. Services and the professionals that work in them have a good understanding of the support on offer, the role of different organisations, frameworks and timelines.
4. The number of times families and young people have to repeat information to different professionals and services is reduced.

What will we do together?

1. Launch and roll-out our SEND Co-production Charter, and review annually with professionals, parents and young people to ensure that meaningful coproduction at strategic and individual level is happening and involves those from diverse backgrounds.
2. Introduce a new SEND 'front door' so that families can access information about available support for children .
3. Provide clear and consistent messages on SEND across all information platforms for families, developing our SEND Local Offer so that it is accessible and supported by increased engagement, use of new technologies, and regular 'Let's Talk SEND' events.
4. Increase the impact of the independent Tower Hamlets and City SEND Information, Advice and Support Service through work with Family Hubs to ensure staff working directly with families have information about SEND services.
5. Develop support for 16 – 25-year-olds as laid out within the Minimum Standards for Information Advice and Support Services
6. Learning from current initiatives, develop proposals for health passports for children and young people with SEND.
7. Gather annual feedback from children and young people with SEND about their lives, experiences and aspirations.

Priority 3

Early identification and support for the under-fives

What we want to see

1. Children's needs identified earlier and more consistently across different needs and characteristics.
2. Evidence-based support for young children so that needs do not escalate while they wait for an assessment
3. Parents and carers of babies and infants with SEN supported and empowered by a confident, skilled workforce and through peer support, including before birth.
4. Fewer families feel they need to undertake lengthy statutory assessment procedures to secure the support their child needs.

What will we do together?

1. Develop and sustain a SEND Early Intervention approach and front door model, building on Family Hubs and bringing together different services in multi-disciplinary teams to meet children's needs as early as possible, through a graduated approach and increased use of group based interventions.
2. Develop and roll-out early identification and support programmes for infants as part of our Start for Life programme including a universal 12 month review, and a programme of parent-led therapy to support social, communication and language development in infants displaying early signs of autism.
3. Collaborate across our Early Help partnership to identify and contact families of young children who may have additional needs but are not regularly accessing services for under-fives.
4. Adapt and extend the Inclusion Framework, self-assessment tool and training to early years education settings.
5. Co-produce and implement a programme of speech and language therapy for 2 to 5 year-olds.
6. Development of pathways, skills development and communication for parents and professionals for supporting children, to include children with social communication needs as well as other areas of development.

Priority 4

Effective education and support for school-age children with SEND and additional needs

What we want to see

1. Expanding Tower Hamlets' successful inclusion model so that as many children as with SEND as possible are educated in a local mainstream school.
2. Education in state-funded settings for children who need specialist placements and an extended local alternative provision offer.
3. Well planned and supported transitions when children start primary, secondary and post-secondary education.
4. Reductions in absences, suspensions and exclusions for pupils with SEND and additional needs
5. Reductions in the number of children with SEND and additional needs entering the criminal justice system.
6. Effective planning for the long term so that current and future needs for specialist placements can be met through high quality provision in state-funded schools and alternative provision





What will we do together?

1. Implement an Inclusion Framework and self-assessment tool to support inclusion for children with SEND in mainstream primary and secondary schools for whole class and SEN support levels, supported by technology where appropriate.
2. Introduce a more consistent and transparent approach to top-up funding and expected levels of support in mainstream schools and alternative provision.
3. Introduce and pilot specialist Additionally Resourced Provision attached to mainstream schools in key areas where there is a shortfall in specialist placements..
4. Continued work to develop and deliver a pipeline of appropriate support and placements for children and young people with more complex needs.
5. Support and learn from programmes such as the Phoenix Specialist Classrooms project where expertise in the borough is shared to benefit children and professionals.
6. Introduce an integrated therapies package for children in school, delivering a core offer with quality-assurance and monitoring.
7. Work together to deliver holistic and evidence-based interventions and advice to support attendance and reduce suspensions and exclusions for pupils with SEND, including delivery of effective outreach from special schools and alternative provisions.

Priority 5

Opportunities and support for young adults with SEND and additional needs



What we want to see

1. Planning for adulthood starting at age 14 for young people with SEND.
2. More local education places at young people aged 16 and over with SEND.
3. More options for vocational learning or part-time alternative provision for young people with SEND
4. Timely and well-planned transitions for our young people who will need support from adult social care and health services including our children in care and care leavers.
5. Support for life skills such as travel training, welfare entitlements and wellbeing for young adults.



What will we do together?

1. Increase in-borough places available to young people over the age of 16 years, especially in Autism, SEMH and Profound and Multiple Learning Difficulties.
2. Review the offer in sixth forms to ensure inclusivity for young people working below level 2.
3. Extend the Inclusion Framework and self-assessment tool to 16+ education and college settings.
4. Invest an additional £900,000 in support and vocational education for 18 to 25 year-olds and young adults with SEND as they transition to adulthood.
5. Implement the Transitions Protocol and pathways for young people with EHCPs who will transition from support from Children's Social Care to Adult Social Care and adult health services, with oversight by the Transitions Board, and learning from regular quality assurance audits.
6. Conduct and implement the recommendations from a Preparing for Adulthood Audit with key stakeholders.
7. Develop a wider range of support options for young people with EHCPs who do not receive support from Children's Social Care.
8. Develop and implement a three-year action plan for supported internships and apprenticeships to meet the demand from young people with SEND for pathways to employment.
9. Strengthen the offer for children with EHCPs who are within the youth justice or probation service so they receive the support, care and education they need, whether they are in a community or a secure setting.

Priority 6

Children and young people with SEND and neurodiversity are valued, celebrated and supported to thrive

What we want to see

1. Children and young people with SEND are visible and celebrated in Tower Hamlets
2. A SEND workforce that promotes inclusion and has appropriate skills to enable children and young people with SEND to meet their potential.
3. Children and young people with SEND and their families feel connected with friends, peers and the wider community.
4. Children and young people have fun and improve their wellbeing by taking part in play, youth, leisure, and holiday activities.
5. Children and young people with SEND feel safe and supported.



What will we do together?

1. Support for the Our Time SEND Ambassadors forum, Independent SEND Parent Carer Forum, and Parent SEND Ambassadors, and establish wider forums to hear the voices of all children and young people with additional needs to advocate for inclusion at a local, regional, and national level.
2. Recognise and celebrate our children and young people with SEND and additional needs.
3. Agree a coordinated workforce development plan to enhance appropriate skills and capacity for all professionals across the SEND partnership.
4. Consider how best to meet the needs of children and young people who may have undiagnosed SEND and use other local services.
5. Work with partners to meet the needs of children and young people with SEND as part of the borough's Child Healthy Weight Programme.
6. Co-produce and implement an inclusive play programme which covers infrastructure, play sessions and communications.
7. Ensure a minimum of 50% of new play equipment in park upgrades is accessible.
8. Co-design and deliver an inclusive Young Tower Hamlets service which is open to all abilities, offers dedicated sessions for young people with SEND and additional needs, supported by well-trained staff.
9. Improve accessibility through environmental improvements, workforce development and more inclusive and holistic offer for people with disabilities, as part of bringing leisure services under council management.
10. Increase the number and range of free and low cost holiday activities that are accessible for children and young people with SEND and additional needs.
11. Ensure the needs and experiences of children and young people with SEND and additional needs are addressed in the Tower Hamlets Safeguarding Children Partnership's work programme around keeping children safe.

How we will deliver the strategy together

All organisations in the partnership are determined to deliver improvements for families and children and young people with SEND and additional needs. There is much to do, and the pace of implementation will need to reflect the available budget and the capacity of our workforce.

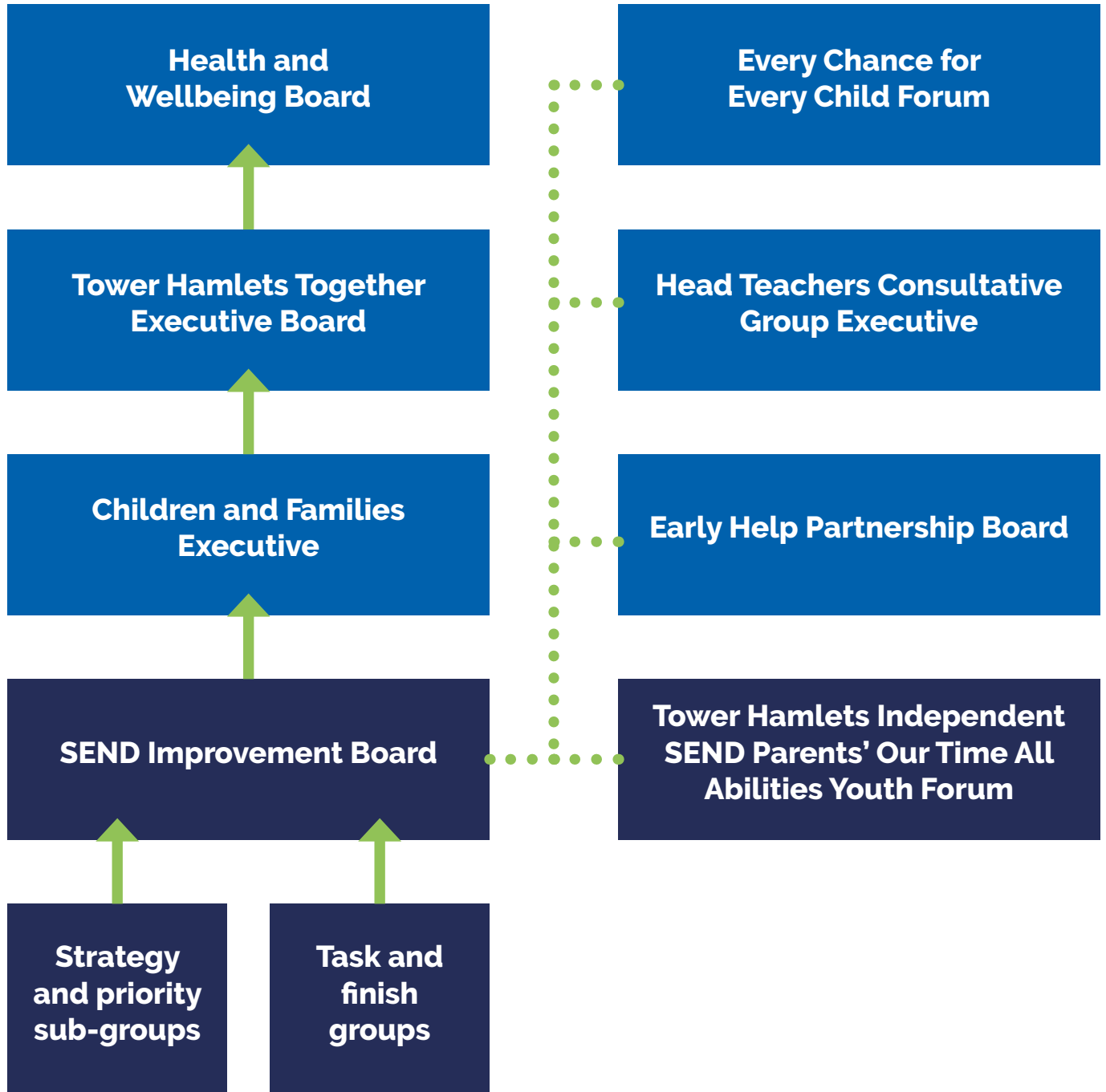
Each year, the partnership will agree a delivery plan with clear, timebound and achievable actions for different organisations. While multi-agency working is important across the SEND system, we will be mindful of the need for focused coordination in key development areas with the greatest potential for positive impact.

Each priority area will be taken forward by a sub-group of the SEND Improvement Board. Where needed, task and finish groups will be assigned to complete focused actions in a short time.

Our annual delivery planning process will allow the SEND Improvement Board to keep our priorities up to date. The partnership will need to adapt to meet emerging local needs, to reflect feedback from the strategy consultation and identified inequalities, to deliver new SEND and Alternative Provision policy requirements, to build on innovation and insight, and to implement recommendations from inspections and external reviews. We are a learning partnership that will adapt as change occurs and we will let our community know about these changes and consult with them as we go through change.

The annual report of the SEND Improvement Board will report on progress and the strategy performance measures.

The SEND Partnership



How we will measure change

We will measure progress on outcomes by working to develop a survey to understand how children and young people feel about their lives and to assess progress against our shared outcomes for children and young people with SEND.

Performance measures for the strategy priorities have been selected because data is collected routinely. These will be supported by operational monitoring of delivery plans, and supplemented by feedback and surveys at regular Let's Talk SEND events and focused engagement to understand children and young people's experiences.



How we will measure change

	Priority	Measures
1	Timely, effective and well-coordinated support for children and young people with SEND	<ul style="list-style-type: none"> • % EHC plans completed within 20 week timeframe (excluding exceptions) annually • Appeal rate to the SEND Tribunal • Number and time on waiting lists for ASD assessments. • Children and young people assessed by CAMHS within 5 weeks. • Therapy Referrals (all therapies excl. CAMHS): average waiting time after referral (weeks) • Number children on learning disability register that have received an annual health check. • Outcomes of quality assurance of EHC plans • Families and professionals' knowledge/feedback on outcomes achieved
2	Services that are user-friendly for children and young people with SEND and their families	<ul style="list-style-type: none"> • Findings from annual feedback survey from children, young people and parents • Surveys conducted at Let's Talk SEND events • Percent young people and parents who rate the Local Offer as good or excellent.
3	Early identification and support for the under-fives	<ul style="list-style-type: none"> • % children with SEN with good level of development at EYFS
4	A great education and support for every school-age child with SEND	<ul style="list-style-type: none"> • % of children and young people with EHCPs being educated in Tower Hamlets. • % children and young people on SEN support requiring alternative or specialist provision receiving education in Tower Hamlets • % of children and young people with SEN support and EHCPs who are excluded, subject to fixed term suspension or on a reduced timetable. • Absence and persistent absence rates for children and young people with SEN Support/EHCPs • Academic progress and attainment for children and young people with SEN support and EHCPs
5	Opportunities and support for young adults with SEND	<ul style="list-style-type: none"> • Audit against Transitions protocol • % young adults with EHCPs receiving education in Tower Hamlets • % of 16 – 17 year olds with an EHCP and on SEND support who are not in education, training or employment • Transition for children with SEND into the probation service
6	A borough that welcomes and celebrates children and young people with SEND	<ul style="list-style-type: none"> • Annual Feedback from children and young people with SEND. • Number of children and young people with SEND accessing young Tower Hamlets services.

For more information or to get in touch:

Tower Hamlets and City SEND Information, Advice and Support Service
www.towerhamletsandcitysendiass.com/pages/home/information-and-advice

Tower Hamlets Independent SEND Parents Forum
www.thsendforum.co.uk

Our Time Youth Forum
www.localoffertowerhamlets.co.uk/organisations/23749-our-time-youth-forum

Children and Adolescent Mental Health Service
www.elft.nhs.uk/camhs/where-we-work/camhs-tower-hamlets

Tower Hamlets Local Offer
www.localoffertowerhamlets.co.uk/pages/local-offer/send/send



SEND and Inclusion Strategy consultation report

Introduction

This report describes the engagement and consultation undertaken and responses received on the draft Special Educational Needs, Disabilities and Inclusion Strategy 2024-2029.

The draft strategy was developed on behalf of the Tower Hamlets SEND Improvement Board: a partnership between the London Borough of Tower Hamlets, schools representatives, Barts Health NHS Trust, North East London Integrated Care Board, East London NHS Foundation Trust, the SEND Parents forum, and the Our Time Young People's Forum.

The draft strategy was co-produced and informed by a range of consultation and feedback from children and young people, parents, front line staff and partners.

As a result of the feedback received during the consultation on the draft strategy, changes were made to the strategy, including :

- A section has been added on how the strategy will be delivered and the role of the SEND partnership, including clearer linkages with the early help partnership
- Shared outcomes for children and young people with SEND have been added to the strategy
- Specific commitments were added to the strategy relating to alternative provision and to children and young people with SEND who are known to children's social care, youth justice and probation
- More performance measures added: we have used measures where there is existing, reliable data – typically data in the public domain. Where possible we have added additional measures. This will be complemented by the development of an annual survey of children and young people, and by operational monitoring of strategy delivery
- Young people and parents' feedback, including on culturally sensitive SEND pathways and access the services for different communities, will be embedded in delivery planning of the strategy.

Early engagement in the strategy development

The six priorities within the draft strategy were shaped by a range of engagement activities and insight including :

- Discussion with partners at the SEND Improvement Board in November 2023 and February 2024
- an in-person discussion with the Our Time all ability youth forum to find out about the issues that matter most to young people with SEND (November 2023)
- online surveys with partner representatives and Special Educational Needs Coordinators in schools (November to December 2023)
- an online workshop with professionals to map initial challenges and issues (November 2023)
- an in-person workshop attended by 50 people to which partners, parents and young people were invited as well as education, health and voluntary sector professionals, with a focus on developing practical strategy actions (January 2024)

- analysis of recent consultation and engagement conducted as part of the Delivering Better Value in SEND programme – including survey responses from more than 100 parents and carers (2023 – 24)
- Feedback from families attending Let’s Talk SEND events.

Consultation

The draft strategy was published for public consultation on 1 May. The consultation period ran for six weeks, from 1 May to 12 June.

Our consultation approach used a digital survey and a series of engagement events to get a combination of qualitative and quantitative feedback and reach a wider audience. We also received a separate written response from Primary Schools Heads.

Furthermore, the Tower Hamlets’ Children and Education Scrutiny Sub-Committee discussed the draft strategy at their meeting on 9 May. Elected members raised questions about the overrepresentation of boys, Asian, Bangladeshi and Black students, and the underrepresentation of girls on EHCPs. Members also questioned how harder-to-reach communities would be reached by the consultation.

Survey

We launched an online survey on Tower Hamlets Council’s engagement site Let’s Talk Tower Hamlets on 1 May. The survey includes a combination of Likert scale and open-text questions to get quantitative and qualitative feedback. There was no word limit to the open text responses, allowing respondents to provide lengthy feedback. The questions were designed to be accessible and suitable for both professionals and members of the community. An easy read and Widgit version of the strategy were made available online .

We promoted the survey very widely via a range of channels and forums to reach a wide audience, including to children and young people, parents, voluntary/community/faith groups, education professionals and healthcare professionals. The latter part of the survey fell within the pre-election period, meaning it was difficult to promote the survey to residents. Table 1 shows the list of channels that we promoted the survey through.

Table 1

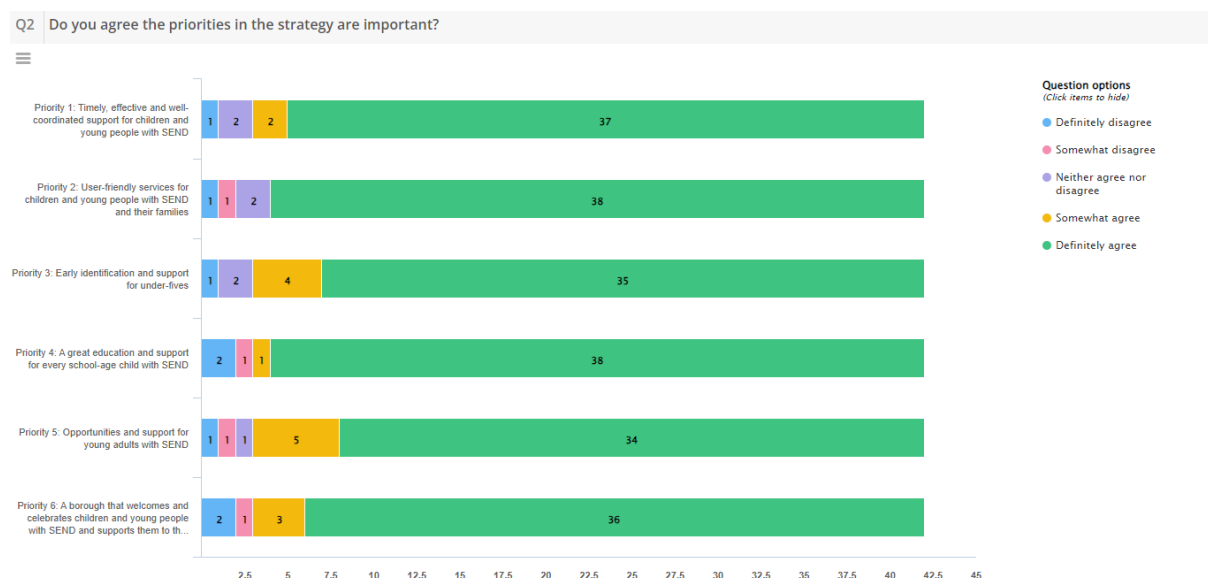
Channels	
Council social media	Children and young people’s community voluntary sector
Parent and Family Service newsletter	Community voluntary sector
Head Teachers’ Bulletin	Interfaith forum
Let’s Talk SEND supplement	Our Time Youth Forum mailing list and social media
Parents’ Forum website and Whatsapp group	Let’s Work young people’s event
On screens in children’s centres	Members’ bulletin
Tower Hamlets SEND Information, Advice and Support Service website and mailing list	Community equality networks
SEND Improvement Board mailing list	Whatsapp Somali Autism support group
SENCO mailing list	Children and young people’s community voluntary sector

We received 42 survey responses. 18 education professionals, 15 parents, 6 healthcare professionals, 2 voluntary/community/faith organisation, and 1 social care professional responded to the survey.

Respondents were invited to submit equalities monitoring data. In response to the question 'How would you best describe your ethnic group?' 13 selected White British, 3 Other White, 1 Mixed White and Asian, 2 Asian/Asian British Bangladeshi, and 1 selected 'Any other background'. In response to the question 'What best describes your gender' 17 selected 'Woman' and 3 selected 'Man'.

Survey responses

The vast majority of respondents definitely agreed with each of the six priorities in the draft strategy:



The survey also asked 3 open-text questions. To analyse the responses, we coded the answers under each question. Key themes under each question have been pulled out below.

Question 3: 'Please explain why you agree or disagree with the priorities'

Response themes:

- Respondents largely agreed with the priorities and the vision that the draft strategy was putting forward.
- Over a quarter of responses explicitly referenced early intervention as an important priority. For example, *'I agree with all the statements above especially early support for under 5's as the current system has a massive gap in which a child and their families has access to support'* (parent).
- Professionals highlighted instances of unclear language and jargon used in the draft strategy (see Table 3 for a list of language challenged throughout the consultation process).
- One comment noted that, *'Priority 5 as expressed includes nothing about amount or quality of opportunities and support, so in effect is already achieved – some opportunities and support exist now'* (healthcare professional)
- Parents highlighted the importance of developing inclusive environments for their children and agreed with the importance of 'user friendly services'. For example, *'It is important that we adapt and work around people with send rather than expecting them to fit in and adapt to what's called normal.'* (parent)
- One response commented that the strategy does not cater for multi-ethnic communities and another commented that the process of applying for EHCPs could be easier for families where English is not their first language. A full EqlA has been developed for the SEND Strategy. It will identify any impacts on the protected characteristics and mitigate any potential negative impacts.

- One comment from an educational professional asked why recent discussions about “Ordinarily Available Provision” were not reflected: this is because ordinarily available provision is an element of the Inclusion Framework, which is part of the strategy.

Question 4: ‘What impact do you think the strategy will have on you, your child, or children and young people you work with?’

Response themes:

- Some concerns were raised about the ambitious scope of the strategy and how it would be delivered. Issues raised include how the strategy will be funded, the capacity of schools, the availability of services, and the ability/capacity of the children’s workforce to deliver the strategy. For example, *‘I think the strategy’s aims are good but it is dependent on receiving sufficient funding for children with SEN in schools and provisions’* (educational professional).
- A range of professionals and parents thought that the strategy would have a positive impact on children and young people if the measures were better defined (see Appendix A for a list of comments raised on the measures throughout the consultation).
- Several parents felt that the strategy will have a positive impact on their children if more information is available about what support is available and how to get help. For example, one parent commented that the strategy *‘will open up more resources and guidance to what’s available’*.
- Some educational professionals commented that whilst early intervention is important, there are challenges around recruitment of Speech and Language Therapists and the capacity of the SEND workforce to implement the vision set out in the strategy.

Question 5: ‘Do you have any other comments on the strategy?’

Response themes:

- Parents agreed with the priority on providing opportunities for young adults with SEND, sharing concerns about the lack of support available for their children when they leave school.
- Professionals highlighted the importance of creating inclusive environments, particularly in early years settings. One respondent suggested that children are being categorised as SEND when what they need is day-to-day support.
- Several respondents highlighted the importance of working in partnership to deliver the strategy, for example *‘It is a good strategy and needs more support from mainstream partners and teams to be truly impactful.’* (social care professional)
- Respondents questioned the timescales for delivery and who will lead the work.
- One response highlighted the importance of, and the challenges of, truly listening to the experiences of children and young people: *‘Getting feedback from children and young people is admirable, but there is no detail about how this will be achieved in a way that ensures everyone has an equitable opportunity to be heard – including those with communication needs.’* (healthcare professional).
- One response from a healthcare professional asked if the strategy could include a reference to the increase in ADHD referrals and awareness.

Engagement events

We attended 13 events, both in-person and online, attended by over 190 people including educational professionals, health professionals, young people, parents, and community organisations. We organised events with parents, including events with Somali and Bangladeshi parents, and used translators where necessary.

Written responses from the primary school heads consultative and others are also reflected below.

Senior staff from Tower Hamlets' Education Directorate attended all the meetings and answered questions about the strategy and plans for delivery.

Table 2

Engagement events
School Organisation Strategy Group 30 April
SENCO conference 9 May
Children and Education Scrutiny Sub-Committee 9 May
Every Chance for Every Child Forum 14 May
Special Heads Consultative 15 May
School Workforce Trade Union Forum 16 May
Our Time Forum 18 May
Primary Heads consultation 20 May with a written submission
Somali families community consultation 30 May
Health stakeholders consultation 12 June
Early Help Partnership Board 13 June
Women's Inclusive Team community consultation 13 June
Bangladeshi parent consultation 26 June
Shifa Health and Social Care discussion 1 July
Discussion with Partnership Care 3 July

Issues raised throughout engagement events:

Throughout the engagement events, some concerns were raised about how the strategy would be delivered. Some participants suggested prioritising one or two areas so all partners can work toward the same goals, and others suggested laying out a clear delivery plan with timescales so partners know what they are being expected to deliver. Some suggested that the strategy needed to be clearer on governance and accountability and how impact will be measured.

A second theme raised in discussions was the level of detail included in the draft measures. It was suggested that the strategy needed to include an outcome framework for children and young people with SEND, to support effective measurement. Educational professionals highlighted that there were not many measures for SENCOs and schools to work towards and that it was not clear what schools would be asked to deliver. Attendees also asked how the measures will be monitored over the five years. Appendix A provides a summary of specific comments received on the measures.

Educational professionals raised concerns about the capacity of schools to deliver the strategy, noting that *'welcoming and celebrating children and young people is challenging when EHCPs are inappropriate and/or out of date'* and referenced the challenges schools are facing in accessing services and the capacity of services. Educational professionals also noted that having locally based caseworkers available means that they have a better understanding of the needs of young people and the settings.

Specific gaps were identified by a wide range of professionals. Gaps identified include alternative provision, Ordinarily Available Provision, the workforce, children's social care, youth justice, and health. Furthermore, young people highlighted that they wanted to see emotional wellbeing and medication included in the strategy.

Professionals across the Tower Hamlets Partnership supported the importance of 'well-coordinated' support across the partnership. Some respondents felt that the introduction to the strategy should make our shared commitment to partnership clearer. Professionals raised concerns about how partnership working will be implemented in practice. Education professionals raised concerns about how work will be quality assured and held accountable. Healthcare professionals highlighted the importance of joint commissioning to lead well-coordinated work. Some education leaders asked about representation on strategic SEND groups.

Healthcare professionals raised a number of specific issues, including the need to address children with highly complex needs, and the importance of consistent messaging between services.

Healthcare professionals also suggested that the strategy should make specific reference to neurodiversity inclusion, supporting under 5s to access nursery placements, and include wording on 'empowering parents' to support their children. One healthcare professional noted their support for *'empowering parents to be able to have the resources themselves be able to support their children without feeling that it has to be a specialist or things have been done to them or for them rather than doing it themselves'*. Parent feedback reinforced this, expressing that they want to have access to information, training and resources to better support their children.

Young people highlighted the importance of co-production throughout the SEND service. Specific suggestions included recruiting young people with SEND as volunteers to help improve the Local Offer, holding termly Let's Talk SEND events to improve engagement, and co-producing leisure services with young people with SEND.

In engagement events with parents, parents highlighted that access to user-friendly services was a priority. Many parents did not know what the Local Offer was or had not heard of events targeted at parents such as Let's Talk SEND events. Access to information was particularly important to non-English speakers who highlighted that it was difficult to access information and services. For example, *'when my daughter was diagnosed in 2015, I had never heard that term [autism] before, it took a full year to understand this is a lifelong disability. So many parents are not integrated into the community, they don't know what's happening'* (parent at the Women's Inclusive Team event).

Community organisations further emphasised the importance of including culturally sensitive support under the priority of user-friendly services. Different organisations working with Bangladeshi and Somali communities highlighted the importance of independent advocates and parent liaison officers in building parents' confidence and understanding of the SEND system and supporting the relationships between parents and schools.

Parents agreed with the strategy's focus on timeliness. Parents also shared a range of experiences, emphasising the importance of the professionalism of staff and quality of services received across the SEND system.

Parents also highlighted the importance of Priority 5: Opportunities and support for young adults with SEND, noting that there is limited provision for over 18s. Educational professionals also noted concerns about the availability of provision for over 18s. Young

people also noted the importance of well-planned transitions into adulthood, including travel training, cooking, group therapy, and ongoing mental health treatment. For example, young people commented that it was important that they know their *'own rights and entitlements'* (Our Time Youth Forum).

Furthermore, parents shared feedback that they felt many children's centres and leisure and playpark facilities are not inclusive environments for their children. For example, one parent commented that *'the word inclusive is just being used'* (parent at the Women's Inclusive Team event). Somali parents also highlighted the importance of SEND inclusive environments that are also culturally inclusive, such as swimming sessions. Parents also highlighted that many youth activities provided by Tower Hamlets were only suitable for higher functioning children and young people with SEND. Specific issues highlighted included the need for fencing and gates in playground areas.

We also received feedback on the accuracy and clarity of wording in the draft strategy. Please see list of wording highlighted as unclear throughout the consultation in Table 3 below. In particular, education professionals provided conflicting opinions on the wording 'a great education'. 'An effective education' was suggested as alternative wording.

Table 3

Unclear wording/jargon highlighted in consultation
'Strong' leadership
'High quality case management'
'Proactive SEND Improvement Communications plan'
'Great education'
'Co-production meeting'
'Hosted system'
'Online SEN module'
'User friendly'
'Tower Hamlets Families Partnership'
'Children and Families Executive'


Appendix A – Comments received on the measures

Priority	Measure	Comments
1	Timely, effective and well-coordinated support for children and young people with SEND	Children and young people assessed by CAMHS within 5 weeks <i>Is a 5 week wait realistic? Insufficient measures of quality</i>
2	Services that are user-friendly for children and young people with SEND and their families	Percent young people and parents who rate the Local Offer as good or excellent. <i>'It's too infrequent to reply on an annual survey to know if the Local Offer is well-thought of and user friendly, there needs to be a more proactive approach, e.g. mystery shopper or focus groups that can help to shape a useful service'</i>
3	Early identification and support for the under-fives	<i>Priority 3 lacks comprehensive measures.</i>
4	A great education and support for every school-age child with SEND	% of children and young people with EHCPs being educated in Tower Hamlets. % of children and young people with SEN support and EHCPs who are excluded, subject to fixed term exclusion or on a reduced timetable. <i>Do we want the percentages to be high or low?</i>
5	Opportunities and support for young adults with SEND	% young adults with EHCPs receiving education in Tower Hamlets <i>Add a measure for employment. Measures are too limited</i>
6	A borough that welcomes and celebrates children and young people with SEND	Children and young people with SEND at a healthy weight. <i>Healthy weight should not be something to 'celebrate', it should be a baseline. Unless weight is added to Annual Reviews, how will this be measured?</i>

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Section 1: Introduction

Name of proposal
For the purpose of this document, 'proposal' refers to a policy, function, strategy or project
Special Educational Needs, Disabilities and Inclusion Strategy 2024 – 29
Service area and Directorate responsible
SEND service, Children's Services Directorate
Name of completing officer
Rebecca Williams
Approved by (Corporate Director / Divisional Director/ Head of Service)
Tina Sode
Date of approval
08/07/2024

Conclusion	Current decision rating (see Appendix A)
<p>Successful implementation of the strategy will have a positive impact – helping to reduce inequalities (particularly those based on disability) and improve cohesion and inclusion.</p> <p>The EqIA identifies possible barriers to identification of SEND and access to services for girls and minoritised communities (ethnic and low-income). The priorities within the strategy lay out a comprehensive vision for how partners will work together to improve identification of SEND, access to services, and information about services. A key theme in this strategy is listening to the voices of and co-production with children, young people and parents. This will help ensure that services meet the needs of children and young people throughout the community.</p>	

The Equality Act 2010 places a ‘General Duty’ on all public bodies to have ‘due regard’ to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between those with ‘protected characteristics’ and those without them
- Foster good relations between those with ‘protected characteristics’ and those without them

This Equality Impact Analysis provides evidence for meeting the Council’s commitment to equality and the responsibilities outlined above. For more information about the Council’s commitment to equality, please visit the council’s [website](#).

Section 2: General information about the proposal

Describe the proposal including the relevance of proposal to the general equality duties and protected characteristics under the Equality Act 2010

The SEND and Inclusion Strategy is a partnership strategy for 2024 – 29, led by the SEND Improvement Board.

The strategy sets out the partnership plans to improve support for children and young people with SEND and their families, and how it will work to improve inclusion for children and young people with SEND in activities and opportunities in the borough and support them to thrive.

There are three areas where the strategy has the potential to advance equality:

1. Advancing equality of opportunity for disabled children and young people

As a significant proportion of children and young people with Special Educational Needs and Disabilities will meet the definition of disabled under the Equality Act, the objectives of the strategy are relevant to the general equality duties. The strategy aims to advance equality of opportunity for children and young people with SEND and foster good relations between them and their peers.

2. Identifying and reducing inequalities in the identification of children and young people with different SEND needs.

Boys are generally more likely than girls to be identified as having SEND, and the ethnic background of children with different SEND needs can differ from that of the child population of Tower Hamlets as a whole. The strategy and following Joint Strategic Needs Assessment offer an opportunity to understand whether children with some protected characteristics are less likely to have their needs identified.

3. Identifying any barriers to effective support and positive outcomes for children and young people with SEND

The strategy offers an opportunity to understand how effective SEND support is in improving outcomes for children with different backgrounds and to address barriers to effective support.

Section 3: Evidence (consideration of data and information)

What evidence do we have which may help us think about the impacts or likely impacts on residents, service users and wider community?

Borough evidence:

- [Special educational needs in England: January 2024](#)
- [Education, health and care plans: England 2024](#)
- [Tower Hamlets Borough Equality Assessment 2024-2026](#)
- [Tower Hamlets Borough Profile 2024](#)
- ASD in Somali Children Research Project Report
- SEND and Inclusion Strategy public consultation (2024)
- [Census 2021](#)

National evidence:

- [Special educational needs and their links to poverty \(2016\)](#)

The Special educational needs in England data and Educational, health and care plans (EHCP) data provides quality evidence of SEND in Tower Hamlets across age, gender, ethnicity, and type of needs. The data allows us to benchmark Tower Hamlets against national trends. Note, the Special educational needs in England data is based on data collected in the Tower Hamlets School Census and includes children who are educated in Tower Hamlets but live outside of the borough. It captures pupils on SEN Support and EHCPs. The EHCP data only includes children and young people aged 0 – 25 years with an EHCP maintained by Tower Hamlets.

This Equality Impact Analysis (EqIA) considers a range of other data. It uses qualitative evidence from the SEND and Inclusion Strategy public consultation, including a public survey and series of engagement events. The experiences and views of a wide range of parents, community organisations and professionals have therefore been considered. The EqIA also considers findings within the ASD in Somali Children Research Project Report, based on consultation with Somali parents in Tower Hamlets.

Section 4: Assessing the impacts on different groups and service delivery

Groups	Positive	Negative	Neutral	Considering the above information and evidence, describe the impact this proposal will have on the following groups?									
Protected													
Age (All age groups) Page 96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>The strategy applies to children and young people aged 0 – 25 years, reflecting the Children and Families Act 2014.</i></p> <p>The strategy addresses the needs of different age groups of children with SEND. The majority of our EHCP cohort are aged between 5 and 19. 29.2% of our EHCP cohort are aged between 11-15, which is below the national average of 36.4%. 12.4% are aged 20-25 which is twice the national figure.</p> <p>Three priorities within the strategy specifically address the needs of different age groups: focus on different age groups: under-fives, school-age children, and young adults with SEND. This strategy recognises the different needs of each age groups and tailors support and pathways to meet these needs.</p>									
Disability (Physical, learning difficulties, mental health and medical conditions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>By improving the timeliness and effectiveness of support for children and young people with SEND, and supporting inclusion in local communities and activities, the strategy will support equality for young residents with SEND and neurodiversity.</i></p> <p>Tower Hamlets has 4,463 children with an EHCP (June 2024). The percentage of our school population with an EHCP is 6.8%, the highest in England. The national average is 4.8%. Pupils requiring SEN Support sits at 12.4%, below the national average of 13.6%.</p> <table border="1"> <thead> <tr> <th>Primary type of need</th> <th>Number of pupils with an EHCP</th> <th>% pupils on EHCP</th> </tr> </thead> <tbody> <tr> <td>Speech, Language and Communications needs</td> <td>1550</td> <td>34.7%</td> </tr> <tr> <td>Autistic Spectrum Disorder</td> <td>1172</td> <td>26.3%</td> </tr> </tbody> </table>	Primary type of need	Number of pupils with an EHCP	% pupils on EHCP	Speech, Language and Communications needs	1550	34.7%	Autistic Spectrum Disorder	1172	26.3%
Primary type of need	Number of pupils with an EHCP	% pupils on EHCP											
Speech, Language and Communications needs	1550	34.7%											
Autistic Spectrum Disorder	1172	26.3%											



Social, Emotional and Mental Health	504	11.3%
Moderate Learning Difficulty	447	10.0%
Hearing Impairment	153	3.4%
Profound & Multiple Learning Difficulty	143	3.2%
Physical Disability	140	3.1%
Severe Learning Difficulty	90	2.0%
Specific Learning Difficulty	73	1.6%
Visual Impairment	47	1.1%
Other Difficulty/Disability	41	0.9%
Multi- Sensory Impairment	20	0.4%

(Education, health and care plans: England 2024)

For our EHCP cohort the most prevalent primary need groups are Speech, Language and Communication Needs (SLCN) and Autism. These areas of need account for almost two-thirds of EHCPs in the Local Area. Providing specific support for Autism and SCLN are priorities within the strategy, including early identification and diagnosis, implementing a speech and language therapy programme for 2 – 5 year olds, and the development of pathways for parents to support children will social and communication needs.

Whilst SCLN and Autism make up for almost two-thirds of EHCPs in Tower Hamlets, the strategy aims to meet the wide range of needs of our children and young people with SEND. For example, we recognise that children with physical disabilities and sensory impairment might represent a small number of EHCPs, but that these conditions may have lifelong impacts and have significant resource need. The strategy makes a specific commitment to deliver more support and placements for children with more complex needs, and for Tower Hamlets to be a ‘neurodiversity friendly’ borough.

Furthermore, at the time of writing the strategy, the SEND Joint Strategic Needs Assessment (JSNA) is underway. The JSNA will further explore support for ADHD.

Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><i>Boys and girls have different rates of SEND. Further analysis is required to understand gender inequalities in the identification of SEND.</i></p> <p>Boys are much more likely to be identified as having SEND than girls. Of those aged 0 - 25 on EHCPs, 72% are male and 28% are female. This is in line with the national trend. Of children and young</p>
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<p>Page 6</p>				<p>people with SEND (EHCPs and SEN support), 65% are male and 35% are female. This is in line with the national trend.</p> <p>Males are particularly overrepresented in EHCPs for Autism as the primary category of need. Of those with Autism as a primary need, 82% are male and 18% are female. The overrepresentation of males with Autism is even more pronounced in Tower Hamlets than nationally. Nationally, of those with Autism as a primary need, 77.9% are male and 22.1% are female. Underdiagnosis of Autism in girls has been widely documented as the expressions of symptoms may differ to boys and girls may be socialised to mask their challenges more so than boys.</p> <p>The underdiagnosis of Autism in girls is even more significant for certain ethnic groups. For example, 16.9% of Bangladeshi pupils with EHCPs for Autism are girls, and 11.1% of 'Any other black background' pupils are girls.</p> <p>The JSNA will examine potential inequalities linked to gender and ethnicity in the identification of SEND. The strategy commits to using the JSNA to understand and address inequalities in identification and support.</p>						
<p>Gender reassignment</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input checked="" type="checkbox"/></p>	<p>Insufficient information to draw conclusions. However, the strategy has a strong focus on building the voice and wishes of children and young person into all plans and support.</p>						
<p>Marriage and civil partnership</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input checked="" type="checkbox"/></p>	<p>Discrimination based on marriage and civil partnership status not relevant to this strategy.</p>						
<p>Religion or philosophical belief</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input checked="" type="checkbox"/></p>	<p><i>The strategy's focus on inclusion and co-production will support the partnership to meet the needs of children and young people with SEND in a culturally inclusive way</i></p> <p>Information about religion or belief is not captured within the SEND data. Census data shows that the majority of 0 – 24 year olds in Tower Hamlets are Muslim:</p> <table border="1" data-bbox="808 1316 1603 1385"> <thead> <tr> <th>Religion (10 categories)</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Muslim</td> <td>57696</td> <td>57.5%</td> </tr> </tbody> </table>	Religion (10 categories)	Number	Percentage	Muslim	57696	57.5%
Religion (10 categories)	Number	Percentage								
Muslim	57696	57.5%								

No religion	18050	18.0%
Christian	15463	15.4%
Not answered	6575	6.6%
Hindu	1354	1.3%
Buddhist	428	0.4%
Other religion	324	0.3%
Sikh	245	0.2%
Jewish	224	0.2%
Does not apply	0	0.0%

(2021 ONS Census)

Throughout the SEND Strategy consultation parents raised the importance of environments that are not only inclusive for children and young people with SEND, but are also inclusive of different faiths and cultures. For example, Muslim mothers highlighted the challenges of not being able to attend mixed swimming lessons with their children with SEND.

The strategy has a clear focus on inclusion and supports links between the SEND service, Public Health and the insourced leisure service. The strategy commits to co-production and to improve inclusivity as part of bringing leisure services under council management which will ensure the needs of the community are met.

Race

Different ethnic groups receive different rates of support for SEND and varying prevalence of different needs. The strategy's focus on understanding the needs of individual children and communities, and co-production of services, will ensure that the strategy addresses a wide range of needs.

Ethnicity	All pupils	EHCP	SEN Support	No SEN
Asian (%)	66.2	62.9	56.6	67.9
Black (%)	9.4	9.2	9.2	9.1
Mixed (%)	8.1	8.1	11.3	7.5
Other (%)	3	2.1	3	3.1
Unknown (%)	0.8	1	0.7	0.8

White (%)	12.5	14.1	19.1	11.5
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(Special educational needs in England: January 2024)

White British children are overrepresented in both the EHCP and SEN support cohorts. Whilst White British children make up 7.7% of all pupils in Tower Hamlets schools, they make up 10.7% of students on EHCPs and 14.3% students on SEN Support. Mixed children are overrepresented in SEN support cohorts, making up 8.1% of all pupils and 11.3% SEN support. The JSNA will further explore the overrepresentation of White British children with SEND.

Of our EHCP cohort, Somali pupils are overrepresented in receiving EHCPs for ASD. 33% of Somali pupils on an EHCP have ASD as their primary need, whereas 25% of all pupils on an EHCP have ASD as their primary need. The ASD in Somali Children Research Project has highlighted that Somali parents felt racism meant that their child's needs were being dismissed as behavioural issues.

Bangladeshi pupils are underrepresented in SEN support for ASD, representing 62.4% of the pupil population, and representing 48.7% of pupils receiving SEN support for ASD.

Consultation with parents, including Somali and Bangladeshi parents, highlighted specific barriers to accessing services including understanding of terminology, access to services, understanding within the community, and access to culturally sensitive pathways. The strategy's focus on user-friendly services and early identification will support all children and young people with SEND and their parents to access services. The strategy's focus on co-production and engagement will ensure that the delivery of the strategy is informed by the needs of the community.

Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insufficient information to draw conclusions. However, the strategy has a strong focus on building the voice and wishes of children and young person into all plans and support.
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Discrimination based on pregnancy and maternity not relevant to this strategy.
People with Care Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Strategy includes commitments to strengthen joint working between social care and SEND services and to strengthen transition pathways for young people with EHCPs who will transition from Children's Social Care to Adult Social Care, which will enhance and coordinate support for children and young people who we look after or are care experienced.

Other																			
Socio-economic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p><i>Using free school meals as an indicator, children with SEND are more likely to be from low-income families. The strategy prioritises early identification and user-friendly services which national research has recommended to improve access for children from low-income families to SEND support.</i></p> <p>Children and young people with SEND who attend Tower Hamlets schools are more likely to be eligible for free school meals. 53.2% of children with an EHCP are eligible for free school meals compared with 37.5% of children who do not have SEN support.</p> <table border="1" data-bbox="808 536 1809 703"> <thead> <tr> <th>Eligibility for free school meals</th> <th>Total</th> <th>EHC plans</th> <th>SEN Support</th> <th>No SEN</th> </tr> </thead> <tbody> <tr> <td>Eligible for free school meals (%)</td> <td>40.1</td> <td>53.2</td> <td>49.2</td> <td>37.5</td> </tr> <tr> <td>Not eligible for free school meals (%)</td> <td>59.9</td> <td>46.8</td> <td>50.8</td> <td>62.5</td> </tr> </tbody> </table> <p><i>(Special educational needs in England: January 2024)</i></p> <p><u>Research</u> has documented the link between SEND and poverty, including the outcomes children gain as part of their education, their wellbeing as children, their access to support for their needs, and their chances of finding well-paid work as an adult. This research also highlights that pupils from low-income families are more likely to be identified as having SEND, but at the same time are less likely to receive support or effective interventions that might help to address their needs.</p> <p>Whilst the strategy aims to improve the outcomes of all children and young people with SEND, the focus on user-friendly services, early intervention and transitions supports research recommendations for improving access to SEND support for children from low-income families.</p>	Eligibility for free school meals	Total	EHC plans	SEN Support	No SEN	Eligible for free school meals (%)	40.1	53.2	49.2	37.5	Not eligible for free school meals (%)	59.9	46.8	50.8	62.5
Eligibility for free school meals	Total	EHC plans	SEN Support	No SEN															
Eligible for free school meals (%)	40.1	53.2	49.2	37.5															
Not eligible for free school meals (%)	59.9	46.8	50.8	62.5															
Parents/Carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>The strategy has a focus on support for and continued engagement with parents.</i></p> <p>The strategy takes into account the views of parents of children and young people with SEND. In the public consultation, parents expressed that they would like more access to training and resources to better support their children, more accessible play and leisure facilities, and access to support such as Let's Talk SEND events. The strategy has a clear focus on user-friendly services, inclusion, empowering parents to support their children, support for parents, and ongoing co-production and engagement with parents.</p>															

<p>People with different Gender Identities e.g. Gender fluid, Non-Binary etc</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Insufficient information to draw conclusions. However, strong focus on building the voice and wishes of children and young person into all plans and support.</p> <p>The JSNA might explore barriers that children and young people with SEND may face in understanding their gender and sexual identity, accessing support to understand their identity, and sexual health services.</p>
<p>Any other groups</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DRAFT

Section 5: Impact analysis and action plan





Recommendation	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Update on progress
Do further analysis of the over and underrepresentation of girls and minoritised communities in SEND cohorts	Complete a SEND Joint Strategic Needs Assessment and agree recommendations.	September 2024	Phoebe Kalungi	
Ensure engagement and co-production of services with young people and parents is representative of the community	Monitor equalities information for engagement and co-production activities.	Annually	Tina Sode	
Improve minoritised communities' access to services	Implement agreed recommendations from ASD in Somali Children Project.	Annually	Tina Sode	
Improve minoritised communities' access to services	Reflect parent feedback from the SEND Strategy public consultation in the delivery plans.	October 2024	Tina Sode	


Section 6: Monitoring

<p>What monitoring processes have been put in place to check the delivery of the above action plan and impact on equality groups?</p>
<p>The action plan will be delivered through the strategy's annual delivery plan to ensure that equalities actions are embedded in strategy delivery.</p> <p>The delivery plan will be monitored and reviewed on an annual basis.</p>

Appendix A

EIA decision rating

Decision	Action	Risk
<p>As a result of performing the EIA, it is evident that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a Protected Characteristic under the Equality Act and appropriate mitigations cannot be put in place to mitigate against negative impact. It is recommended that this proposal be suspended until further work is undertaken.</p>	<p>Suspend – Further Work Required</p>	<p>Red</p> 
<p>As a result of performing the EIA, it is evident that there is a risk that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, there is a genuine determining reason that could legitimise or justify the use of this policy.</p>	<p>Further (specialist) advice should be taken</p>	<p>Red Amber</p> 
<p>As a result of performing the EIA, it is evident that there is a risk that a disproportionately negatively impact (as described above) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, this risk may be removed or reduced by implementing the actions detailed within the <i>Impact analysis and action plan</i> section of this document.</p>	<p>Proceed pending agreement of mitigating action</p>	<p>Amber</p> 
<p>As a result of performing this analysis, the policy or activity does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>Proceed</p>	<p>Green</p> 

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>23rd September 2024</p>	
<p>Report of: North East London Maternity & Neonatal Services</p>	<p>Classification:</p> <p>Unrestricted</p>
<p>Report Title: NEL Maternity and Neonatal Demand & Capacity Case for Change</p>	

Originating Officer(s)	Diane Jones Chief Nursing Officer, NEL ICB
Wards affected	All wards

Executive Summary

NEL ICB has been working with stakeholders to gain greater in-depth understanding how maternity and neonatal services in North East London can meet the changing needs of women (pregnant people) and their babies in developing future services. The Demand and Capacity programme of work includes meeting the needs of local people providing maternity and neonatal care that is safe, high quality and accessible. This work is being supported and led by clinicians and system leadership, working together across health and care organisations in an open transparent and collaborative way to develop this programme. NEL ICB (working with key stakeholders) have considered information from families, NHS staff and community representatives, reviewed service data, and looked at areas such as population growth, inequalities and health needs. [Case for Change](#) found that in North East London we have a growing population, more complicated pregnancies and births, more babies needing medical care when they are born, and health inequalities that impact pregnancies, births and babies.

Recommendations:

The Health and Wellbeing Board is recommended to:
 It is recommended that the Board review the case for change and the approach NEL ICB is taking to engage with stakeholders. This includes an extensive public engagement, titled: Best Start in Life Shaping Future Maternity and Neonatal Services in North East London which concludes end of September 2024.

1. REASONS FOR THE DECISIONS

NEL ICB have shared this information with HWWB chairs, at the same time as launching public and stakeholder engagement on the case for change. NEL ICB would like to provide the HWWB board to jointly discuss findings and the next steps, giving the Board the opportunity to ask further questions

To support the need for NEL ICB to make changes for maternity and neonatal services ensuring that services are safe, high quality and accessible for all.

To considering the opportunities currently identified for future maternity and neonatal services in NEL. Based on best practice and strategic (national) guidance. This includes Three Year Delivery Plan, Better Births, Ockenden Reports, the Neonatal Critical care review and BAPM Standards

2. ALTERNATIVE OPTIONS

N/A

3. DETAILS OF THE REPORT

The Demand and Capacity Programme commissioned in 2024 is the starting point for exploring how maternity and neonatal services in North East London can meet the changing needs of women and babies and will inform how services in NEL in the future will meet the needs of local people through provision that is safe, high quality and accessible.

The first stage of this work has involved understanding the current state. This is through collating and analysing data to understand current activity and look at future demand projections, as well as synthesis of existing work done to date in NEL and national guidance, and stakeholder engagement. These findings have been brought together into a case for change which identifies opportunities for the future.

The second stage of the work was to co-design best practice care models for maternity and neonatal services, considering the opportunities identified in the case for change, national guidance and best practice examples. These care models were developed with clinicians and wider stakeholders and are intended as a starting point for future work

4. EQUALITIES IMPLICATIONS

5. NEL LMNS Equality and Equity Strategy (2022)
Maternity Choice Report (2023).
NEL LMNS Equality and Equity Framework (2024)
NEL ICB 2024/25 Priorities and Operational Plan: to maintain our collective focus on the overall quality and safety particularly maternity and neonatal services, and reduce inequalities in line with the

Delivery of the Core20PLUS5 approach

6. OTHER STATUTORY IMPLICATIONS

- To improve outcomes in population health and healthcare
- To tackle inequalities in outcomes, experience and access
- To enhance productivity and value for money
- To support broader social and economic development
- Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment

7. COMMENTS OF THE CHIEF FINANCE OFFICER

Funding for the project is supported by NEL LMNS SDF Funding

8. COMMENTS OF LEGAL SERVICES

N/A

Linked Reports, Appendices and Background Documents

Linked Report

- Three-year Delivery Plan for Maternity and Neonatal services (2003)
- <https://www.england.nhs.uk/publication/three-year-delivery-plan-for-maternity-and-neonatal-services/>

Appendices

- Appendix 1 Maternity & Neonatal Case for Change (2024)
- Appendix 2 Maternity Choice Report (2023)
- Appendix 3 NEL LMNS Equality and Equity Strategy (2022)

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- These must be sent to Democratic Services with the report
- State NONE if none.

Officer contact details for documents:

Diane Jones

Chief Nursing Officer, NEL ICB

diane.jones11@nhs.net



NEL maternity and neonatal demand & capacity

Summary document

This document is a summary of the work that has been carried out as part of the maternity and neonatal demand and capacity programme

This piece of work is the starting point for exploring **how maternity and neonatal services in North East London can meet the changing needs of women and babies** and will inform how services in NEL in the future will meet the needs of local people through provision that is safe, high quality and accessible.

The first stage of this work has involved **understanding the current state**. This is through **collating and analysing data** to understand current activity and look at future demand projections, as well as **synthesis of existing work** done to date in NEL and national guidance, and **stakeholder engagement**. These findings have been brought together into a **case for change which identifies opportunities for the future**.

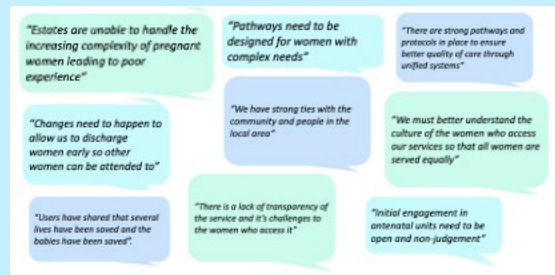
The second stage of the work was to **co-design best practice care models** for maternity and neonatal services, considering the opportunities identified in the case for change, national guidance and best practice examples. These care models were **developed with clinicians and wider stakeholders** and are intended as a starting point for future work

The high-level care models set out areas for further, data driven, exploration to develop more detailed care models that are deliverable, sustainable, make the best use of system assets, and deliver on the opportunities identified in the case for change.

The case for change themes were developed through the engagement with stakeholders, desktop review and analysis and modelling

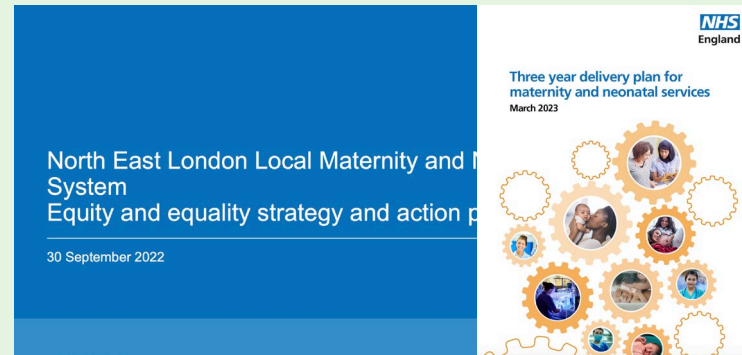
Stakeholder engagement

- Conducted 1:1 or small group interviews with over 50 stakeholders from across the system including service user representatives, Trusts, ICB, LMNS, ODN, LAS and Local authority colleagues
- Gathered views on current strengths of services, challenges and opportunities for the future



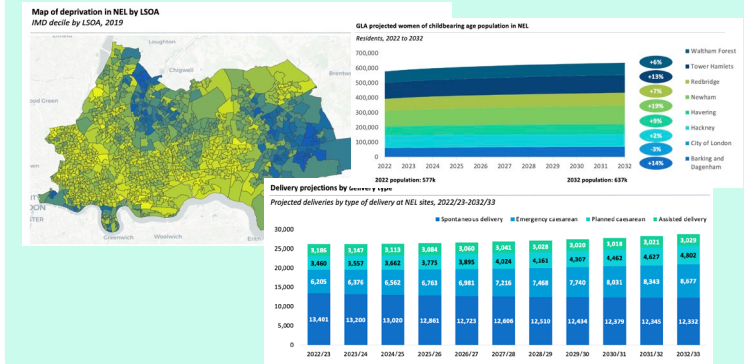
Desktop review

- Reviewed local NEL strategy, planning and work completed to date around maternity and neonatal services
- Reviewed service user feedback including from Healthwatch and CQC
- Reviewed national guidance and best practice documentation



Analysis and modelling

- Developed demand and capacity modelling to understand the projected future position in a 'do nothing' scenario
- Conducted further analysis including workforce, activity in and outflows and activity profiles by site



There is an opportunity to ensure maternity demand and capacity are matched across NEL, and to strengthen pathways and models of care to remove unwarranted variation

Matching demand and capacity across the system



- **Population growth** in NEL will outweigh a declining birth rate, which means that the NHS will need to support **more births** over the next 10 years
- Pregnancies and births are also **increasingly complex**, meaning **more resources are required for each birth**
- There is a need to **ensure capacity is matched to the needs of birthing people** in NEL

Strengthening antenatal and postnatal care pathways



- A high proportion of pregnant people in NEL have **other health conditions and may experience complex social factors** which mean their pregnancies are not low risk
- There are opportunities to **improve early booking** and **ensure effective communication**
- In addition to strengthening antenatal pathways, improving **pre-conception healthcare and prevention** is key
- **Postnatal care pathways** are a key element to contribute to improving health and care outcomes for families

Addressing variation in quality, access and experience



- **Service offer, pathways and processes are not consistent**, meaning pregnant people with similar needs have a different experience depending on where they choose to give birth
- There are opportunities to **ensure best practice is followed** (eg. around induction of labour)
- Service users report opportunities to improve access and their experience of care

Reducing health inequalities



- There are **stark and persistent inequalities in outcomes** for people from different population groups, for example, babies born to Black and Asian women are more likely to have a **low birth weight** and these women are **more likely to have a stillbirth** than White women
- Women in NEL are **more likely to book pregnancies later**, particularly **pregnant people from global majority communities**, which has implications for antenatal care and outcomes

There are opportunities for neonatal services to ensure care is delivered in the most appropriate setting, which will improve quality and safety

Delivering neonatal care in the appropriate setting



Page 113

- It is important that neonatal care is provided in the most appropriate setting to ensure the highest possible quality of care is provided to each baby
- High occupancy levels in neonatal units increases quality and safety risks for babies; repatriating babies to LNUs from NICUs can free up vital capacity to care for the sickest babies
- Currently, **NEL neonatal units are experiencing high occupancy levels**, particularly at Royal London, and particularly in intensive care and high dependency
- There are opportunities both to **facilitate in-utero transfers** so babies are born in the appropriate care setting for their needs, as well as to ensure **repatriation of babies to their local unit** when they are well enough

Enhancing transitional care and care at home for neonatal services



- There is an **opportunity to improve transitional care across all neonatal units in NEL** to support improved discharge processes whilst maintaining contact between mother and baby, avoiding separation
- Transitional care supports the bond between the baby and their mother whilst maintaining support from midwives and neonatal nurses, which facilitates mothers being able to pick up issues more readily post discharge
- Developing the **neonatal outreach service** in NEL provides an opportunity to readily discharge babies and their families that require support which could be provided at home
- **Strong transitional care and outreach teams provide a better experience** for babies and their families whilst contributing to freeing up capacity on the neonatal unit at NEL hospitals

Stakeholders have described significant opportunities to ensure workforce models optimise the use of resources and prioritise staff wellbeing

Making the most effective use of staff resource



- There are **significant pressures on staff** across the system in both maternity and neonatal services with high **vacancy rates** and staff shortages being the cause of most escalations
- Alongside vacancies, **increasing acuity puts additional pressure on staff**, but the workforce model and model of care have not changed
- There is an opportunity to **optimise the future workforce model** to make best use of staff resources, ensuring **resourcing is aligned with case mix** and enabling staff to operate at the top of their skills and competencies
- There is also a need for **innovative approaches** to support recruitment in these areas

Improving staff wellbeing



- Stakeholders praise staff working in maternity and neonatal services as **hard-working, resilient and working together to provide safe care** in a challenging environment
- However, staff are feeling the pressure of the situation, increasing the **risk of burnout**
- NHS staff surveys show **reductions in staff morale and sense of wellbeing** in staff, particularly for midwives in NEL trusts
- Focusing on staff wellbeing is important for **their experience**, the ability to **retain and recruit** staff, as well as improving the **quality of care and experience for their patients**

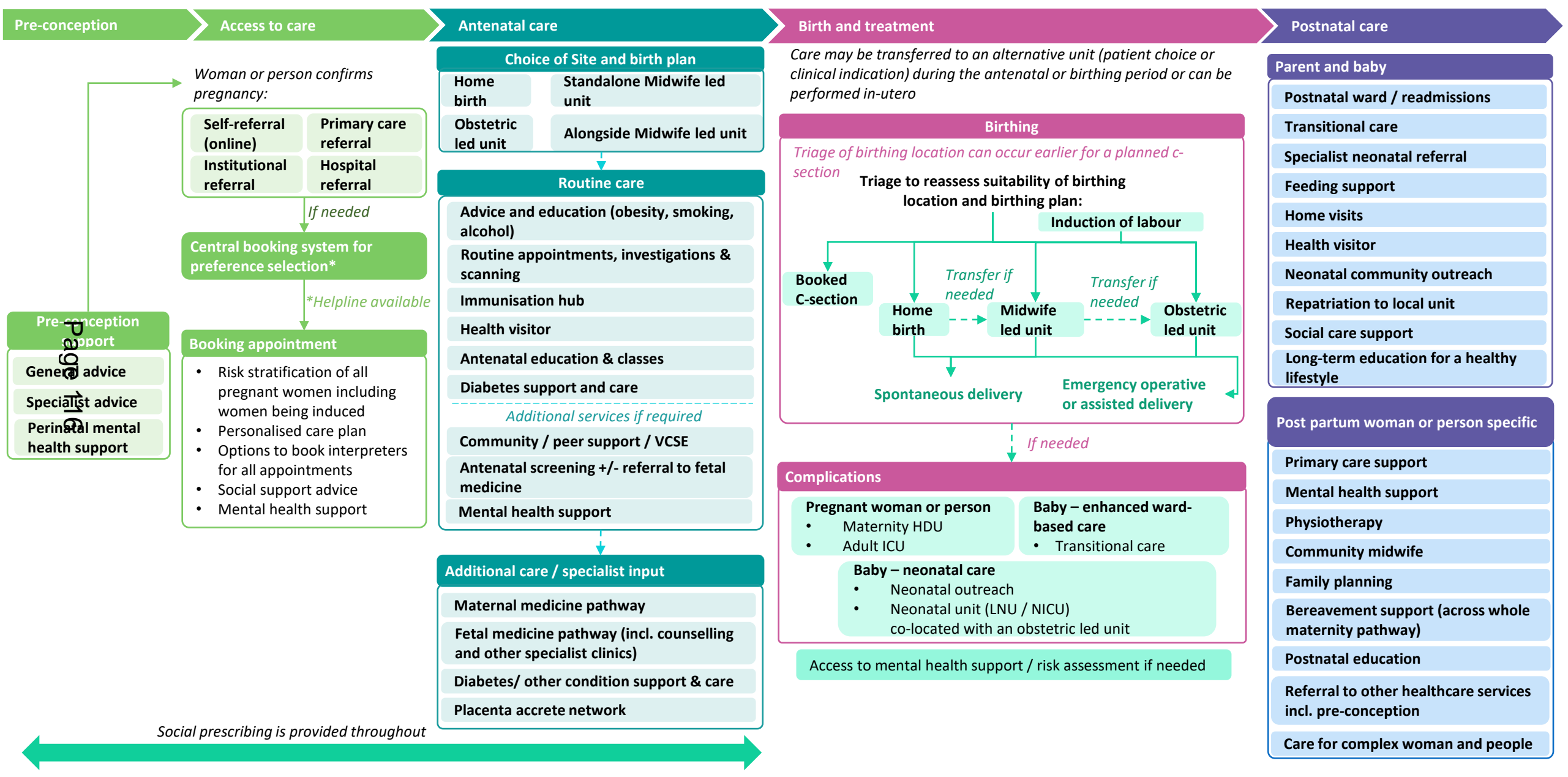
The care models were developed based on a combination of national guidance, best practice and stakeholder engagement

- The case for change identified opportunities for improvement in maternity and neonatal services
- These opportunities provided a basis to understand what the future provision of maternity and neonatal services should be min NEL to best meet the needs of the population that they serve
- Considering the opportunities identified, initial drafts of future clinical models for maternity and neonatal services in NEL were developed based on best practice examples and national guidance including Better Births, Ockenden Report, the Neonatal Critical care review and BAPM Standards
- The care models were then shared and co-designed with clinicians and stakeholders in a workshop setting
- The current care models require further iteration with stakeholders in the next phase of work, so they can act as the basis for determining how services should be organized in the future and address all aspects of the case for change, including improving staff wellbeing

Maternity care pathway summary

This is a draft best practice model of care and represents how care could be delivered in the future and does not reflect the current care pathway

DRAFT WORK IN PROGRESS



The maternity care model is split into four key phases with details around each to be iterated further (1/2)

Pre-conception and access to care

- Personalised pre-conception care for women or people considering pregnancy is key to support people to be in the best health before a pregnancy and increases the chances of conception, reduces the risks associated with a pregnancy, for example reducing the chances of a miscarriage or stillbirth, and optimise outcomes for the mother and the baby.
- These services should be community-based and delivered through proactive outreach, public health, social prescribing and the VCSE.
- Identification of people who should be signposted to pre-conception support services should be informed by risk stratification including demographic to target support to those who are most at risk of poor outcomes.
- Once someone identifies that they are pregnant, they can either self-refer to maternity services, or access maternity care via their primary care practitioner.
- There is an opportunity to provide a more streamlined approach to accessing care through a centralised booking system, providing a single point of access to book a first midwife appointment.

Antenatal care

- It is important that during the antenatal phase, care focuses on checking the health of the baby and pregnant woman or person, providing accessible information to support a healthy pregnancy and discussing the options and choices for care.
- It is important that previous birth experiences and baby loss are considered and targeted support provided as required. Additionally safeguarding and advocacy must be a core part of antenatal care pathways, as well as interpreting services for those who need them.
- The risk profile of pregnant women and people is increasing because of increasing complexity so access to specialist care and support must be optimised so that capacity matches demand.
- Multi professional working is key in understanding the right unit for a pregnant woman or person to book into for their delivery, particularly for those with co-morbidities.
- There must also be collaborative working across organisations including with public health, the VCSE and primary care, so that there is additional support for vulnerable women.

The maternity care model is split into four key phases with details around each to be iterated further (2/2)

Birth and treatment

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- A pregnant women and people will be supported to make an informed choice as to where and how to give birth through the antenatal phase and this could be at home, in a midwifery led unit, or in an obstetric led unit.
- The profile of births in NEL has changed with the projected case-mix suggesting a greater share of more complex deliveries through planned and emergency caesarean deliveries and shift away from spontaneous, lower risk deliveries.
- Pregnant women and people need to be able to choose a place of birth that is best suited to their individual needs
- To provide the full range of choice, NEL would like to provide a standalone midwifery led unit as an option if feasible, but it is important that these units are sustainable and have sufficient staff to deliver high quality, safe care
- There is an opportunity to leverage learning from other hospital care pathways, such as inpatient elective care to optimise efficiency and use of resources for planned procedures. There is an appetite for further exploration of a hub for planned caesarean sections, for those whose medical needs are not highly complex.

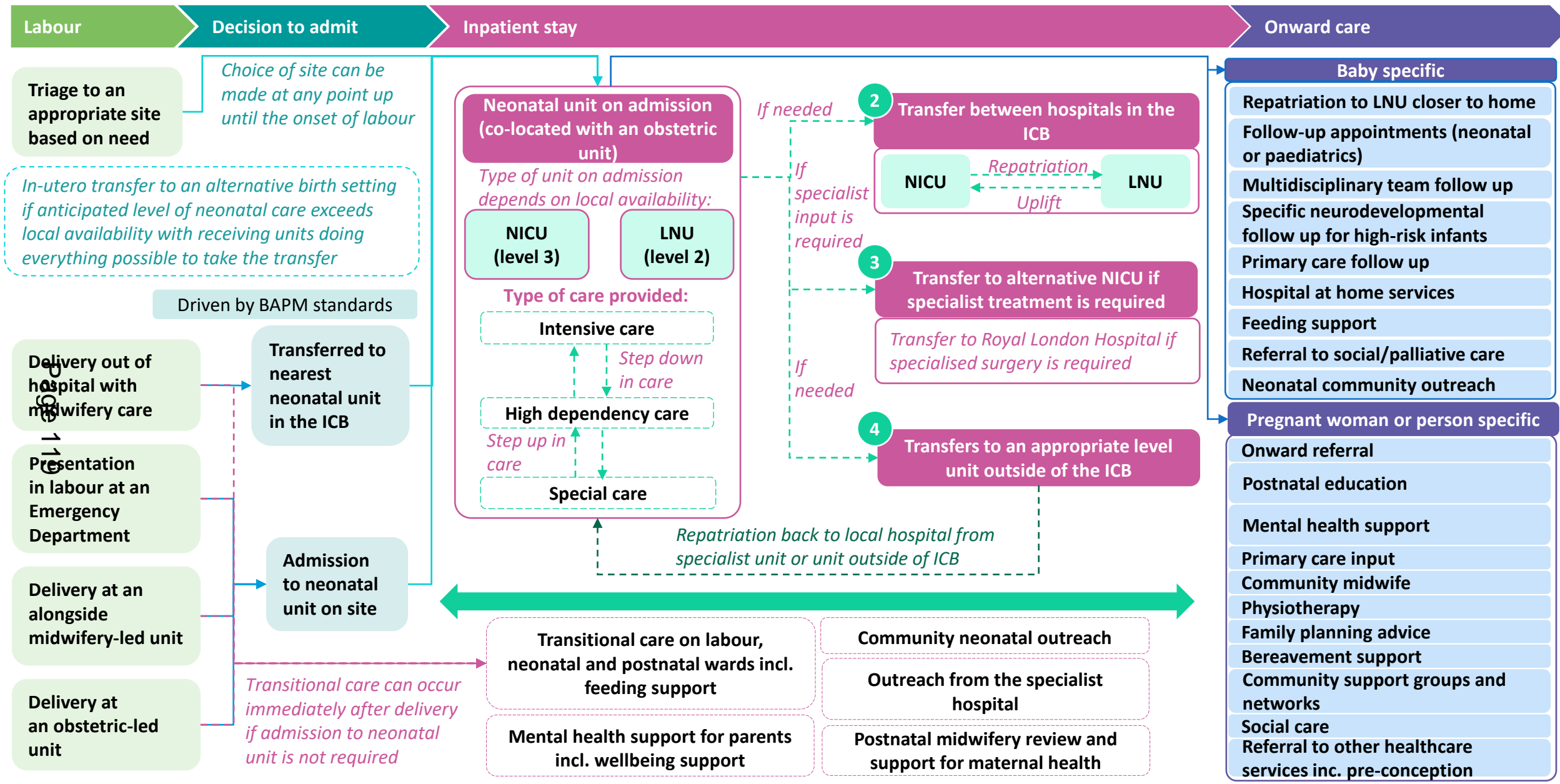
Postnatal care

- High-quality postnatal care ensures that the mother and baby are recovering well and can have a significant impact on the life chances and wellbeing of the women or person, baby and family.
- Postnatal care can be provided to both the parent and baby or care that is specific to the post-partum woman or person and can range from routine care received following all births through to specialised care for the most complex women.
- Primary and community-based care will play a key role in providing equitable, high quality postnatal care for parents and their babies.
- Having postnatal pathways and services locally available to all residents makes it easier to navigate following delivery NEL sites and ensures that all women receive care in a fair and equitable manner.
- Currently it is mainly proactive women from affluent communities that make use of postnatal services so it is crucial that all women and people are made aware of the information and services that are available to them following their birth.

Neonatal care pathway summary

This is a draft best practice model of care and represents how care could be delivered in the future and does not reflect the current care pathway

DRAFT WORK IN PROGRESS



The neonatal care model has three phases and will be subject to iteration in the next phase of work (1/2)

Labour and decision to admit

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- To ensure care is delivered in the most appropriate setting, pregnant women and people would be advised to deliver at a unit where the level of neonatal support available is in line with their baby's anticipated needs.
- Babies that are expected to be at the highest risk of needing support from intensive care will deliver in an obstetric unit with a co-located NICU (level 3), aligned to the BAPM standards.
- Babies can be transferred in-utero transfer to an appropriate birth setting would ideally be undertaken to prevent mother and baby separation when there are unexpected complications which require an uplift in care
- Coordination across units in NEL could include establishing neonatal units as a single bed base for neonatal care which would be centrally managed and would enable collaboration between sites to manage flow
- Neonatal transfer and transport services with sufficient capacity to meet demands are critical to support this

Inpatient stay

- All neonatal inpatient care in NEL would continue to be delivered at either an LNU or a NICU; inpatient capacity at both levels needs to be aligned to demand
- The future care model should clearly define the catchment population for NEL and aim for all babies within that catchment area to be able to receive care within the system
- Capacity also needs to be sufficient to meet the needs of babies from other systems needing NICU care
- If a baby requires an uplift in care, they may require a transfer to another unit within or outside the ICS, or to a specialist hospital. A transfer for an uplift in care would typically result in a move from an LNU to a NICU.
- If a baby has been transferred for an uplift in neonatal care, they will be repatriated back to their closest LNU at the earliest opportunity where it is safe to do so. Enhancing repatriation processes ensures that the baby and parents can be as close to their family and support network as possible.
- The proposed care model would have a set of objective criteria for repatriating babies back to their local neonatal unit from the NICUs in NEL, utilising the neonatal ODN repatriation guidelines.

The neonatal care model has three phases and will be subject to iteration in the next phase of work (2/2)

- An enhanced, properly funded Neonatal Transitional Care service will facilitate the smooth transition of care from a hospital setting back into the home setting following discharge.
- Transitional care will allow mothers and babies to be cared for together away from the neonatal unit, freeing up crucial capacity to allow for babies to be cared for in the most appropriate setting.
- Following discharge, babies and their families would have access to a range of onward care support services.
- A key aspect of the onward care will be the neonatal outreach service which will be operational 7 days a week and will provide care for these service users in the community setting and at home.
- Stakeholders expressed a desire to explore the opportunity to expand hospital at home services to include neonatal care to provide care away from the hospital setting where feasible.
- The future care model will have clear guidance on the step from neonatal to paediatric care across NEL to ensure that high quality, safe care continues for service users.

There are key enablers for the effectiveness of the proposed care models (1/2)

Culture of collaboration

- Developing a culture of collaboration across the ICS is a key condition for the future success as the draft care models are reliant on organisations in NEL working together to provide care that is centred around the service user.
- It is crucial that all stakeholders deliver maternity and neonatal care as **one system** with individual organisations working as collaborative parts within the overall system, and service users experience a seamless set of services

Communications and engagement

- Clear and consistent communication across NEL is key to developing trusted relationships between organisations.
- Engaging with other hospitals breaks down existing siloes and creates teams that want to work together which positively contributes to the development of a culture of collaboration.
- It is important that communication is enhanced across all parts of the maternity and neonatal pathway

Digital and information systems

- Currently not all units are linked together, with some units still using paper records which limits the effectiveness of the care model.
- An interoperable connected system would improve the way in which the organisations within NEL can work together by accessing data in a readily manner whilst facilitating transfers and network working.

Technology

- Enhancing the provision of technology across services in NEL is crucial in ensuring that care can be delivered effectively and productively in a capacity constrained system where demand is projected to increase.
- The population has changed since these services were first designed and technology is key in making best use of the current configuration of space within the units in NEL.

There are key enablers for the effectiveness of the proposed care models (2/2)

Workforce strategy

- Developing a workforce strategy in NEL is crucial to the future success of the proposed care model to ensure that staff resource is being most effectively whilst considering their overall well-being.
- Looking after the workforce in maternity and neonatal services is key for the future success of the care model as will encourage staff buy in whilst improving retention and recruitment.
- Staff should feel heard regarding their ways of working preferences with consideration of their preferred work-life balance where possible through flexible working patterns with careful consideration.

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Estates and resources

- The proposed draft care models require estates and resources to be aligned to the pathways that have been developed to ensure the success of the care model in the future.
- This may require a degree of flexibility within how estates are configured to ensure that there is sufficient space and resources available to meet the proposed pathway changes.
- The current estates were not built for the world that we have now and as such it is important to map the future requirements of the proposed care model to what the estates are currently to understand any gaps in consideration of potential capital constraints.

The next phase of work will include engaging on the case for change and further iterating the draft care models

Next steps

- Broader engagement on the case for change is now required with services users, patients, clinical staff working at all stages of the care pathway and partner organisations
- This engagement will refine the work and ensure it describes a future for maternity and neonatal services that aligns with the needs and wants of all stakeholders.
- Development of the more detailed care models will run in parallel with the engagement to develop a detailed description of what care will look like in the future, and what services are then required and where to deliver this. The work will be clinically led with multi-professional input and engagement, and take a data driven approach to develop deliverable, sustainable service models.
- Once this has taken place each partner organisation will need to align behind the care model, and commit to developing the plans for its delivery, recognising some aspects of this will rest with single organisations and some will require broader collaboration

Maternity Choices Survey

December 2022 - February 2023

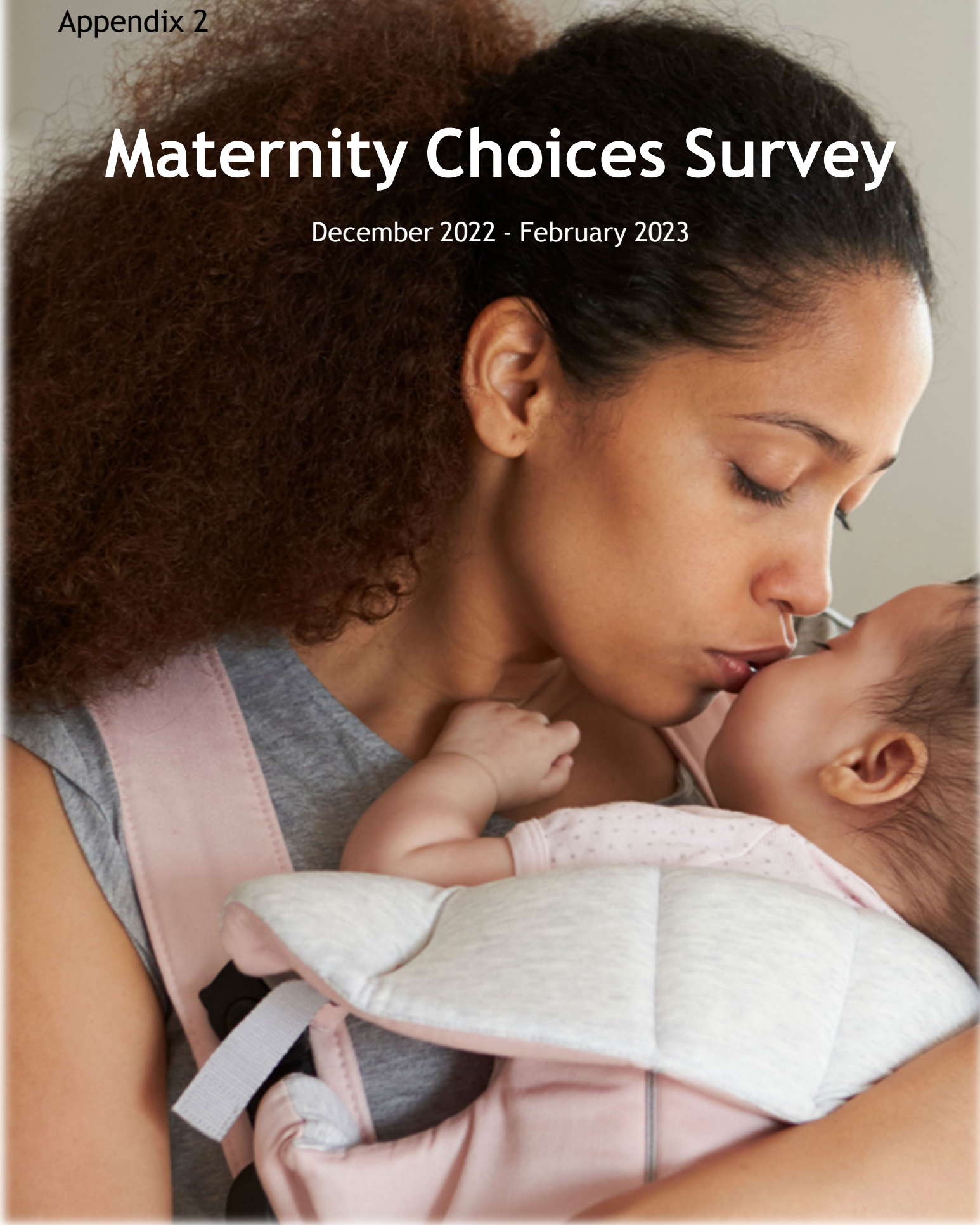


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Executive Summary

This project was additionally commissioned by North East London Local Maternity and Neonatal Service following the development of the [Maternity Equity and Equality Action plan 2022](#). Themes developed from this extensive engagement had a focus on global majority community views and led to a request for insight from NEL Healthwatch into:

- the demand for and nature of culturally sensitive Maternity care provision within NEL
- the reasons for choice of Maternity Unit to evidence any contributing factors

Methodology

We heard from 403 Maternity service users across North East London through a live survey link between December 2022 and February 2023. Additionally, a one-week snapshot engagement across Maternity Units and community antenatal clinics took place in February 2023 where teams of researchers and volunteers were able to engage with Maternity service users directly.

Findings

We are still seeing an ongoing division in maternity experience relating to health inequality. Due to sensitive questioning, we can deliver a closer identification of particular communities facing intersectional disadvantage:

- referral by GP seems to lead to a lower level of choice and co-production experienced by Maternity service users than self-referral mechanisms
- Service users from Black African, Turkish, Pakistani and Eastern European communities are less likely to experience choice of maternity unit
- Fluency in English is a well-known marker of inequality, and we see this here.
- Being a single parent, although now less stigmatised, remains a marker of inequality
- Respondents of Black ethnicities experience a double barrier to maternity care because they are more likely to value cultural symmetry but less likely to experience this.
- Polish and Pakistani respondents were less likely to report having access to professionals who speak their language.
- Antenatal classes have suffered a pandemic impact. They are no longer widely available free at the point of access, and this might negatively impact service users facing inequality.
- Antenatal provision is at times perceived to be rushed and lacking engagement from Maternity Health professionals.

Recommendations

- Creating greater awareness of the nature of health inequality across North East London.
- Further research into GP referral structures
- Further research into self-referral choice mechanisms.
- Management of capacity issues within antenatal provision.
- Clear information about antenatal waiting times and the impact of delayed arrival.

- Training for staff in engagement and empathy (and trauma informed care, particularly for previous baby loss as with the previous equity and equality recommendations)
- Cultural sensitivity training for Maternity staff caring for service users from Black, Polish and Pakistani communities
- Interpreting services for any service user with less than conversational English
- Improved parking facilities where a car is the main mode of transport.

The Maternity Report 2022-23, with analysis by Borough and Maternity Unit, give further information on these findings.

Introduction

The North East London Local Maternity and Neonatal System (NEL LMNS) is a partnership of organisations, women and their families working together to deliver improvements in maternity services in north east London. NEL LMNS is part of the North East London Health and Care Partnership, the Integrated Care System (ICS) for north east London¹.

Healthwatch organisations are the health and social care champions for people living and working in local communities. We listen to the experiences of people who use GPs and hospitals, dentists, pharmacies, care homes or other support services. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

Background

Last year, Healthwatch from north east London supported NEL LMNS to engage with pregnant people mainly from global majority² communities to support the development of an equity and equality strategy³, aimed at ensuring all babies born and cared for in any north east London maternity unit has the best possible start in life.

The project aims were driven by the context of maternity experience in north east London. The boroughs involved were Hackney, Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking and Dagenham and Havering.

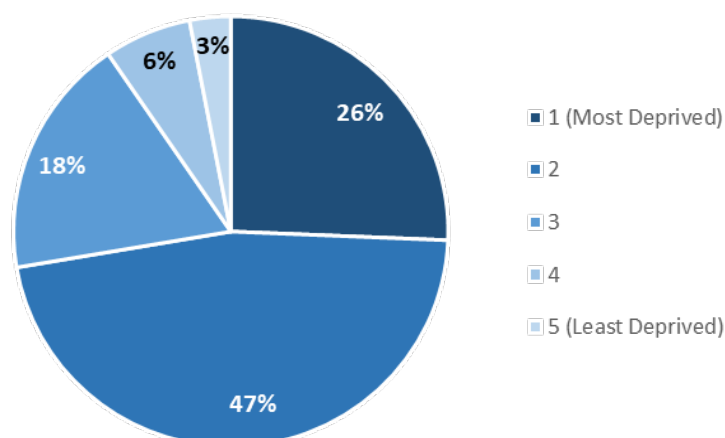
North East London has the highest birth rate in the UK and a prediction of growth in population to 270,000 in the next 20 years. As the most diverse ICS in the country, with 53% of the population identifying as Black, Asian or from a global majority, compared to 11% across England overall.

73% of babies born in NEL in 2020/21 are from two of the most deprived quintiles:

¹ <https://www.northeastlondonhcp.nhs.uk/aboutus/north-east-london-integrated-care-system.htm>

² <https://dictionary.cambridge.org/dictionary/english/global-majority>

³ North East London Local Maternity and Neonatal System [Equity and Equality Strategy and Action Plan Summary Report 9th December 2022](#)



In response to the initial report’s findings, a new project was commissioned to understand what influences an individual’s choice to use specific maternity services.

To reflect the NEL landscape, the Healthwatch Equity and Equality 2022 project delivered insight from Maternity service users’ experience over the previous four years, with a particular focus on ethnic minority community views. The key themes led to action plans which can be viewed in the [Equity and Equality strategy](#).

Following the publication of the strategy, the LMNS further requested insight from NEL Healthwatch into:

- the demand for and nature of culturally sensitive Maternity care provision within NEL
- the reasons for choice of Maternity Unit to evidence any dominant drivers

Research objectives

To gather the experiences of people who are currently receiving pre-natal support across north east London, and those immediately after birth (within the last month).

Methodology

The survey was live from December 2022 until February 2023 and received 403 completed submissions. The focus was on antenatal experience and one-month post-birth, to enable access to service users’ recent reflections on choice of maternity unit and issues of cultural sensitivity.

The survey was disseminated widely using national platforms such as Mumsnet and the Baby Buddy app, local community networks from each Healthwatch and Hospital communications teams. An appendix of sharing sites is contained in this report.

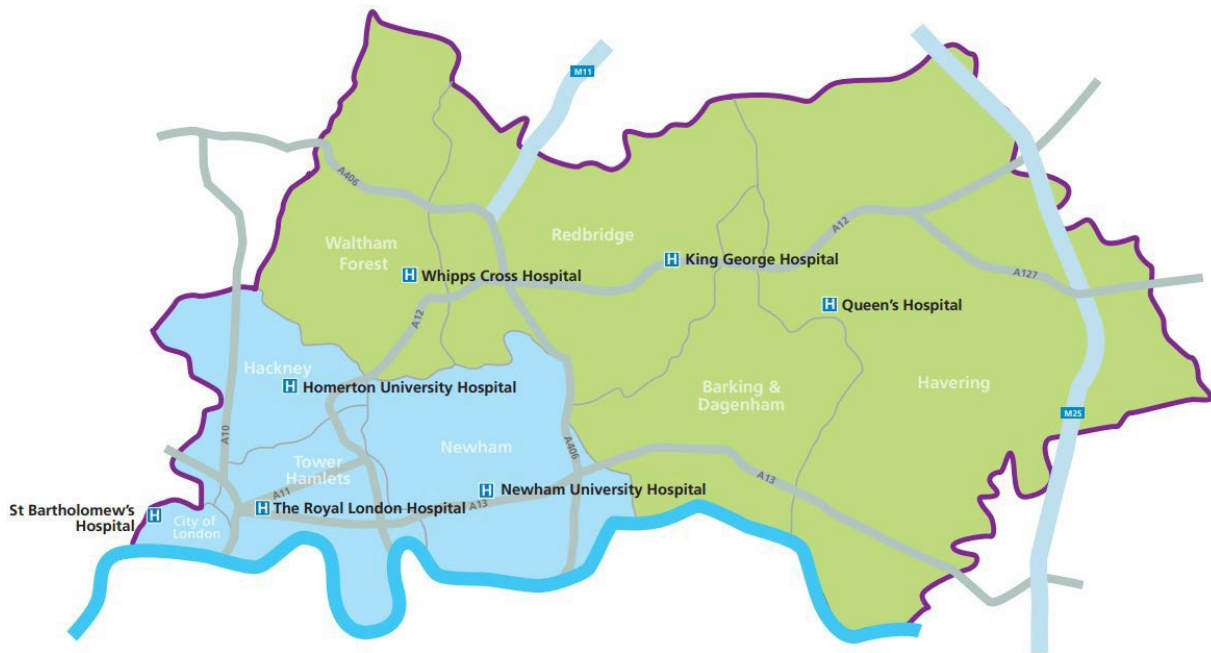
In-person engagement and surveys were completed in the week of 6-10 February with

visits conducted at each NEL maternity unit, along with antenatal clinics either within hospitals or in a variety of community locations such as children’s centres. The in-person sites are also listed in the appendix.

Titled ‘Maternity Choices Week’, this engagement was created and supported by all NEL Healthwatch, and benefitted from strong and wide co-operation with our NHS Midwifery colleagues, from Patient Experience teams, clinicians, and directors of Maternity Units. We were also assisted by Maternity Voices Partnerships with interpreting help.

Additional context was gained from a focus group of researchers who undertook the engagement in a debrief setting immediately post Maternity Choices week. These themes are summarised in the following high-level findings and are also used throughout to add a broader frame of reference.

Following the high-level summary, data is presented (within a separate appendices) by borough and by maternity unit to reflect the current LMNS area:

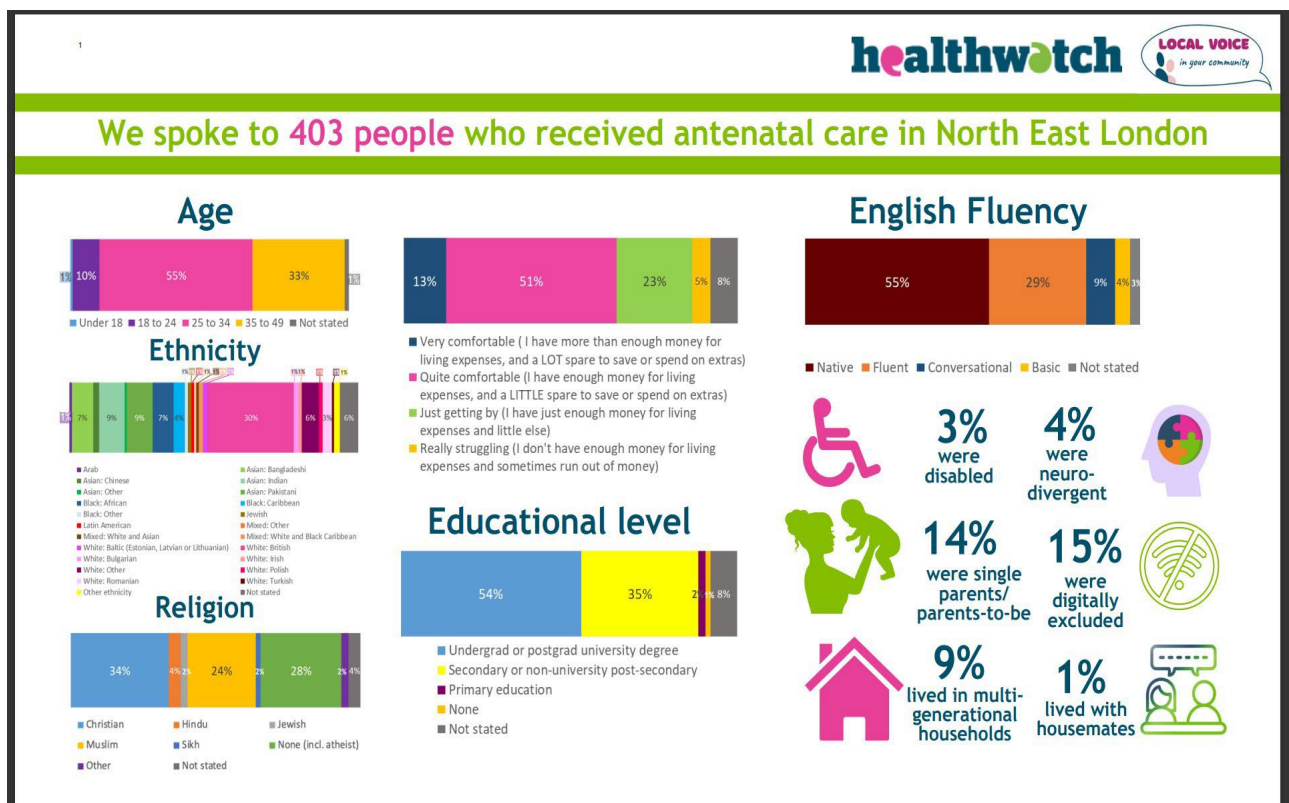


The survey was analysed by our Healthwatch data insights team, with the benefit of the Community Insights System⁴. This resource was developed to gather searchable, interactive, and current service user feedback from health and social care across NEL with the benefit of historical context.

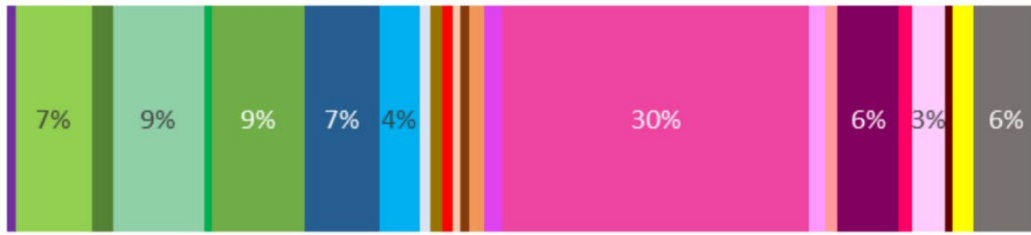
⁴ <https://intranet.northeastlondon.icb.nhs.uk/news/community-insights-system-helping-us-understand-local-peoples-experience-of-health-and-care-services/>

Focused findings

Our survey reflects the multiple diversities of North East London, which is useful for being able to interpret and make recommendations from the data. For example, our survey respondents were diverse in ethnicity, with 30% being White British and evenly distributed across religious affiliation. Financially we had a slightly higher than expected range of respondents who were ‘quite comfortable.’ A similarly high proportion of respondents at 54% were educated to undergraduate level or above:

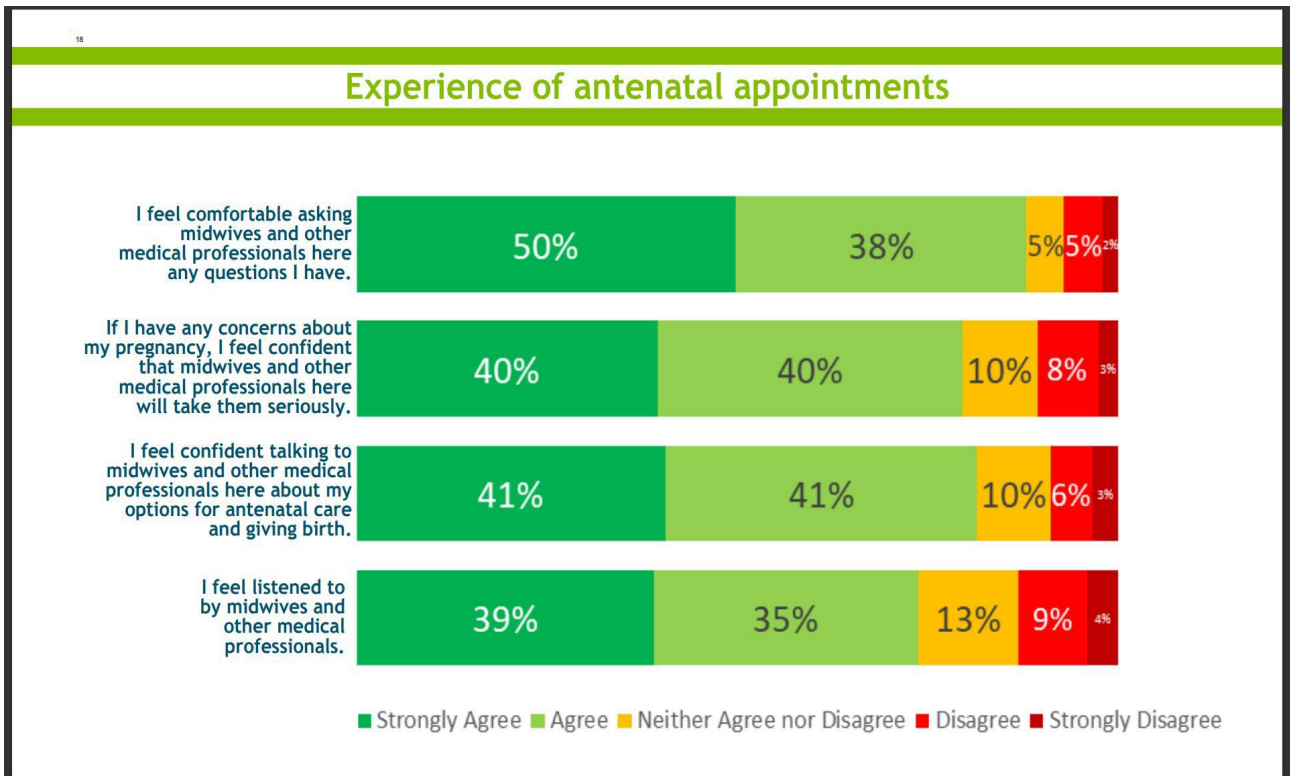


A deeper dive into the ethnicity of survey respondents shows more of the diversity and richness of the data set:



- Arab
- Asian: Chinese
- Asian: Other
- Black: African
- Black: Other
- Latin American
- Mixed: White and Asian
- White: Baltic (Estonian, Latvian or Lithuanian)
- White: Bulgarian
- White: Other
- White: Romanian
- Other ethnicity
- Asian: Bangladeshi
- Asian: Indian
- Asian: Pakistani
- Black: Caribbean
- Jewish
- Mixed: Other
- Mixed: White and Black Caribbean
- White: British
- White: Irish
- White: Polish
- White: Turkish
- Not stated

Most respondents had positive feedback on their antenatal experience and felt listened to by midwives; however, inequalities correlating with ethnicity, social class and disability may be affecting a small but distinct population of NEL Maternity service users:



Experience of antenatal appointments

Who was LESS likely to feel listened to?

- Aged under 25
- White ethnicities other than White British, particularly Polish and Romanian
- Single mothers-to-be.
- Disabled
- Primary education only
- Not fluent in English
- Digitally excluded

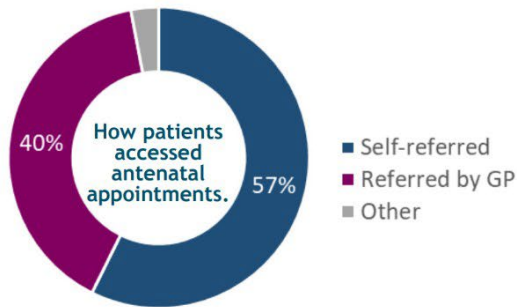


Although a large majority of service users were fluent in English, 9% identified with conversational English and 4% as basic. A notable 15% were digitally excluded, which given the following findings on referral pathways, might be extremely relevant when identifying access barriers to choice in maternity care.

Choice of Maternity Unit

There was a polemic in the data between those referred to a Maternity Unit for antenatal appointments by their GP and those by self-referral pathways. A further insight into health inequality is gained from studying these pathways:

Choosing appointments



73% of all patients

40% of GP referrals

94% of self referrals

said they had a choice about where to have antenatal appointments.

More likely to be referred by GP:

- Ethnic minorities, especially Black African, Turkish and Eastern European.
- Not fluent in English.

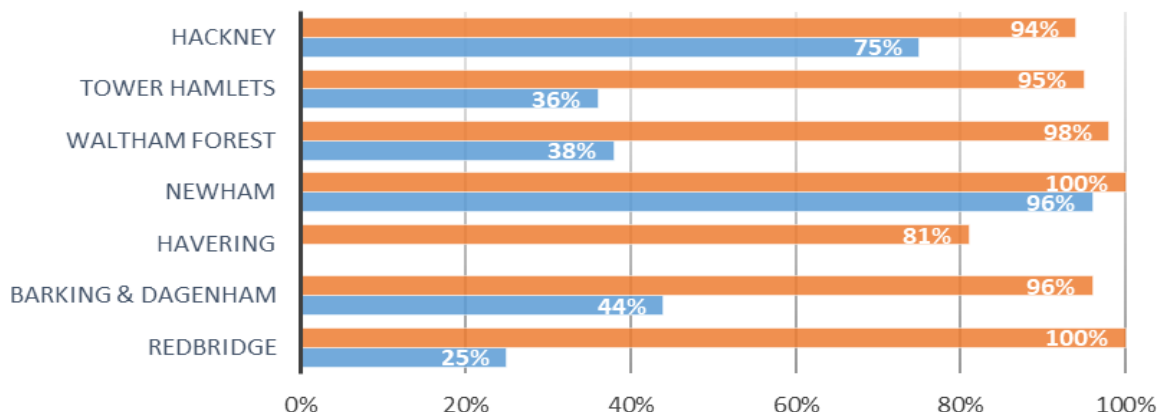
More likely to report not having a choice:

- Ethnic minorities, especially Pakistani and Eastern European.
- Single mothers-to-be.
- Not fluent in English.

Whilst many service users self-referred to antenatal appointments (57%), those referred by their GP (43%), experienced less choice. The level of choice differed by a wide margin, with 40% of those referred by a GP identifying the availability of choice, compared to 94% of service users who self-referred.

This polarization appears to reflect issues of inequality, due to linked data showing the ethnicity and social background of service users more likely to be referred by a GP. A lack of fluency in English, belonging to a global majority community and being a single parent were also strong determinants of the availability of choice. It is worth noting that there was some difference in findings across the Boroughs for this finding:

% AWARE OF CHOICE VIA REFERRAL



	REDBRIDGE	BARKING & DAGENHAM	HAVERING	NEWHAM	WALTHAM FOREST	TOWER HAMLETS	HACKNEY
SELF	100%	96%	81%	100%	98%	95%	94%
GP	25%	44%	0%	96%	38%	36%	75%

It may be possible to interpret that service users who require greater assistance in navigating access to maternity services then face an additional barrier to co-production in the early weeks of their Maternity journey.

Newham had a very high level of choice identified by service users referred by their GP, whereas in Redbridge and Havering these figures were much lower. The reasons for these variations across NEL in primary care practice could be worthy of further exploration.

The following data extracts show service users encountered barriers to choice when accessing maternity care through their GP. Additionally, and not visible from the survey data, was a theme of service user experience of the self-referral process itself being variable.

A feature of this is not hearing back from the referral process and needing to chase the referral. In some instances, the self-referral process also limits choice and gives a direct referral.

Service users who felt they did not have much choice were more likely to have additional health needs, such as high-risk pregnancies or long-term conditions. Those who lived a long way from antenatal facilities and those who may struggle to access information were also more likely to feel they did not have a choice:

16

Choosing appointments

What local people are saying:

GPs do not always give patients a choice regarding where to be referred; and may refuse to refer outside of their catchment area. Some patients were aware that they can self-refer to units other than the one where their GP would refer them, but some were not.

" My GP referred me to Queen's or King George, both are difficult to get to. Whipps is my closest hospital. I looked up online and I saw that I could self refer so that's what I did. My GP didn't tell me that I had a choice I asked for Whipps Cross and they said they couldn't- not catchment area. "

My GP wouldn't refer me to whipps cross and I had to go to Queens. It is way too difficult journey for me, bus, tube train and I was worried about travelling all that way with my two year old son. But my neighbour told me I could refer myself and I done that. It was my GP's job to give me option.

I didn't realise that I had any choice my GP told me to ring Whipps Cross and ask for an appointment, I just thought I had to go to the closest hospital to my home.

In some cases, the GPs made no referrals at all

My local GP did not make the referral instead sent me a form which I had to digitally fill in on PDF and email to antenatal outpatients. This is shocking that pregnant women have to book their own referral and blood tests online. RLH did my first booking appoint at 11 weeks pregnancy. I am utterly disappointed . "

In some cases, even when going through a self-referral process, mothers to be report being assigned to a certain unit for appointments rather than being given a choice.

I feel like the referral process was fine but they could have told me there were options available other than the hospital I was referred to.

I didn't feel I had a choice. Once I self referred, I was told where my appointments would be. a smooth and fast labour, birth and recovery. "

Choosing appointments

What local people are saying:

Experience of the self-referral process is variable.

"Simple process, fill in the form and get an appointment."

Referral process wasn't clear. I initially contacted my GP but my GP told me to self-refer. I self-referred to Royal London but haven't heard back so had to chase the referral."

I initially referred myself to Royal London Hospital (my local service) but I didn't even receive an acknowledgement of the referral. When I phoned to check my referral had been received, the person on the phone was quite abrupt with me. That and comparing CQC ratings made me decide to go for Homerton instead. I received an acknowledgment of my referral and a reference number from Homerton immediately, which was reassuring.

Some patients felt that, in practice, they didn't have much choice. This is particularly the case for those with additional health needs, such as high-risk pregnancies or long-term conditions, those living too far away from most antenatal facilities and those who may struggle to access information.

I didn't have any choice as soon as I had gestational diabetes I was part of the team at Queen's. They were fantastic, to be fair, however I was quite sad to not be seen by my local midwife anymore since she knew me better. I was concerned about something a few weeks before I gave birth and in the end contacted the local midwife. I wish I'd have contacted her sooner as it would have saved a few months of worry. The diabetic team were amazing but it would have been nice to have the choice to see both if possible.

Would have been good to see where all of the centres were - there were some much easier to get to"

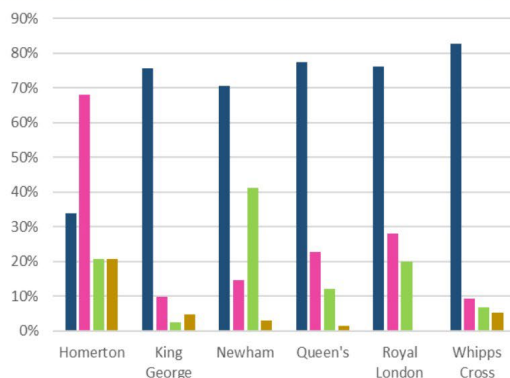
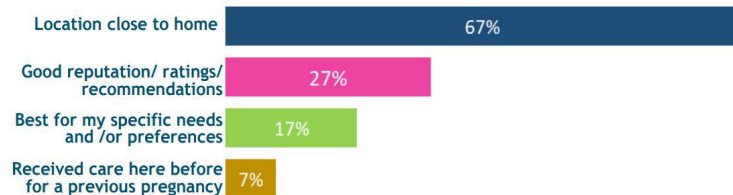
I would have gone to another hospital if I was given the choice. I hear so many negative comments about Whipps Cross maternity, but I have no real choice but to come here as I live close by and have 3 other children at home. "

"It was my local centre and I wasn't aware that I could choose to have the appointments elsewhere "

For most service users who self-referred to antenatal care, the predominant reason for choice of respondents was a location close to home (67%). A good reputation for the maternity unit was the next most common driver of choice for just over a quarter of respondents, followed by a specific needs reason (17%) and previous experience (7%). Respondents could make multiple choices for this question:

Choosing appointments

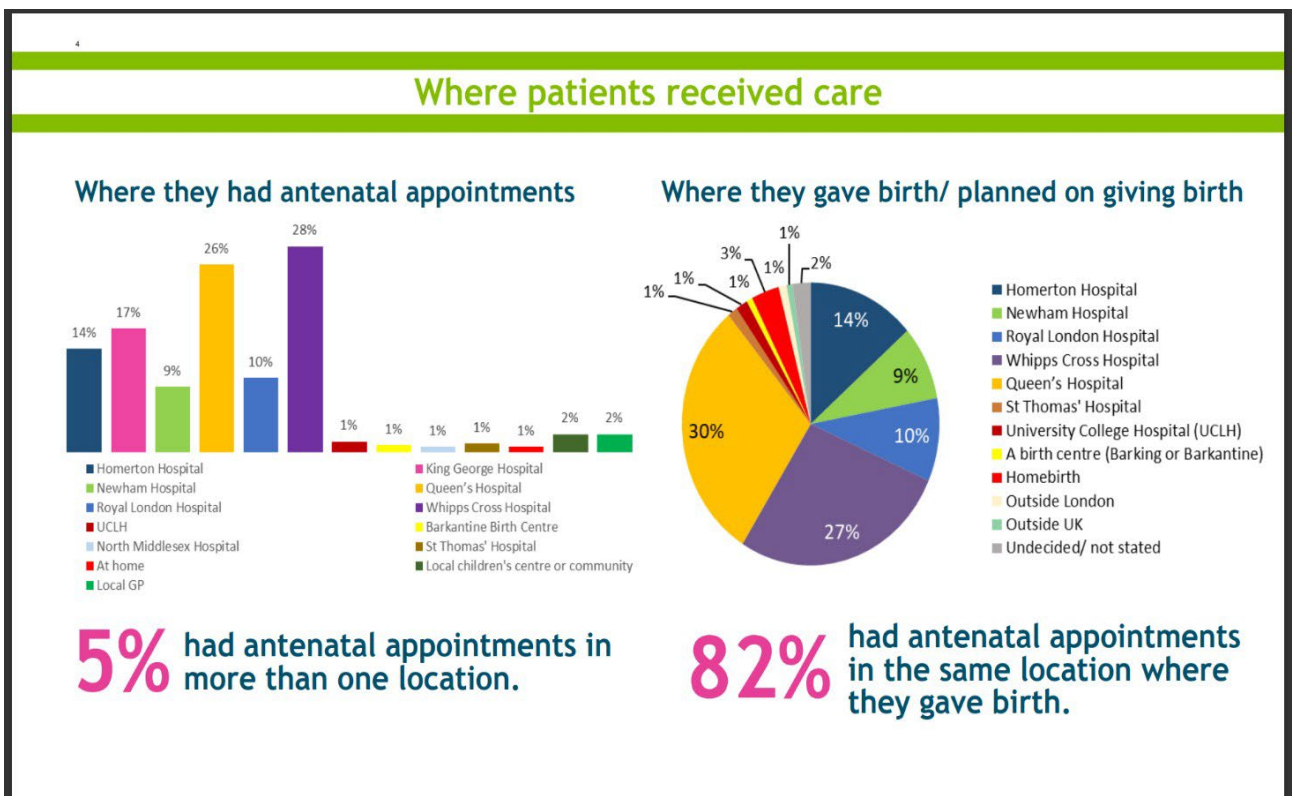
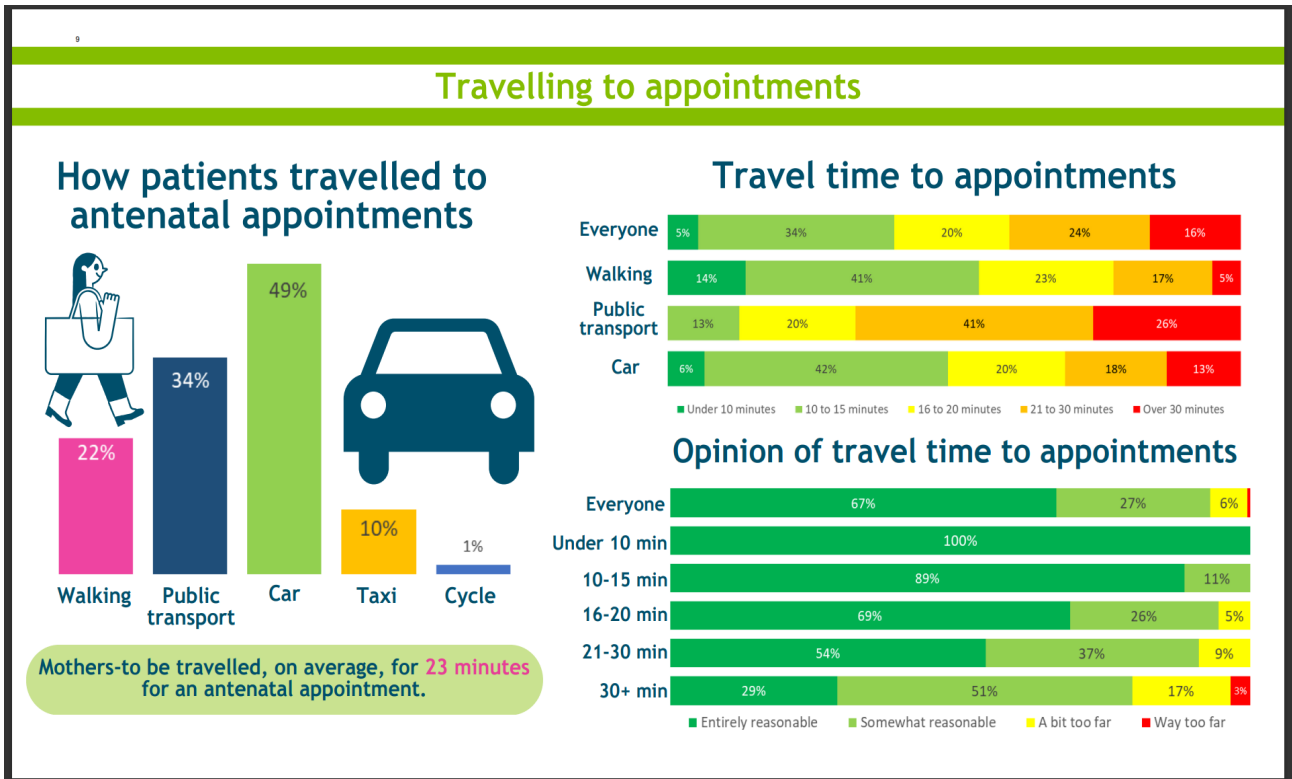
Reasons for choosing this location for antenatal appointments (patients who DID have a choice)



Travelling to appointments

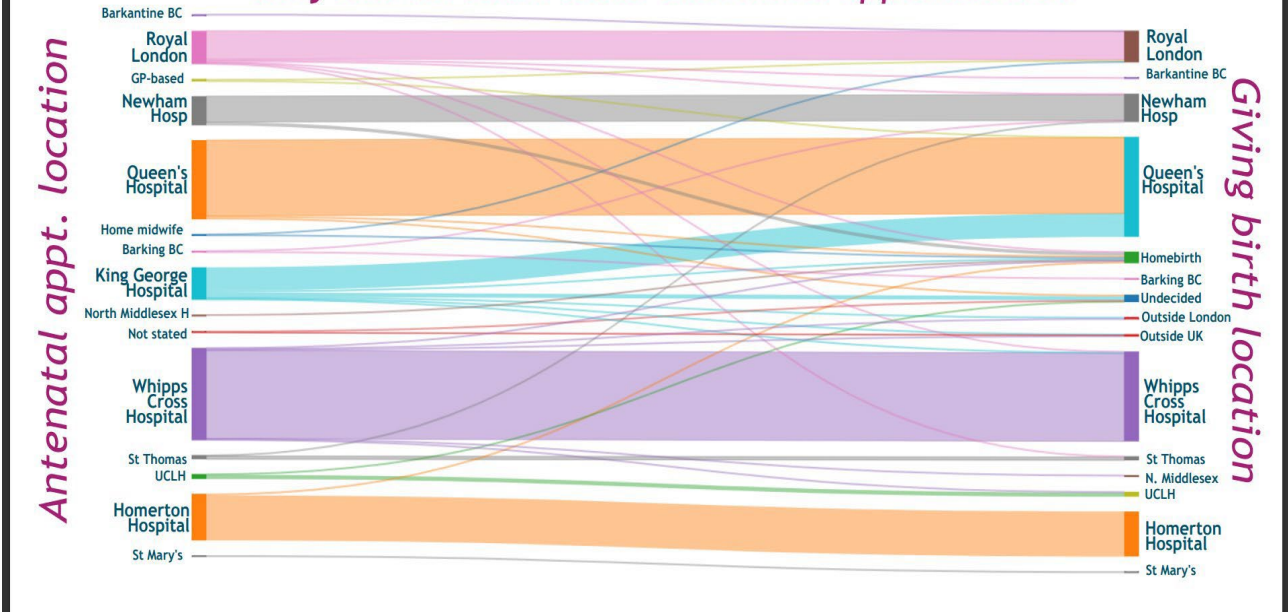
The related findings about travel to appointments reveal a picture of uniformly accessible Maternity care with most travel times under 30 minutes and the average being 23 minutes.

Most respondents had antenatal appointments in a hospital-based location with over 80% being in the hospital where they gave or intended to give birth:



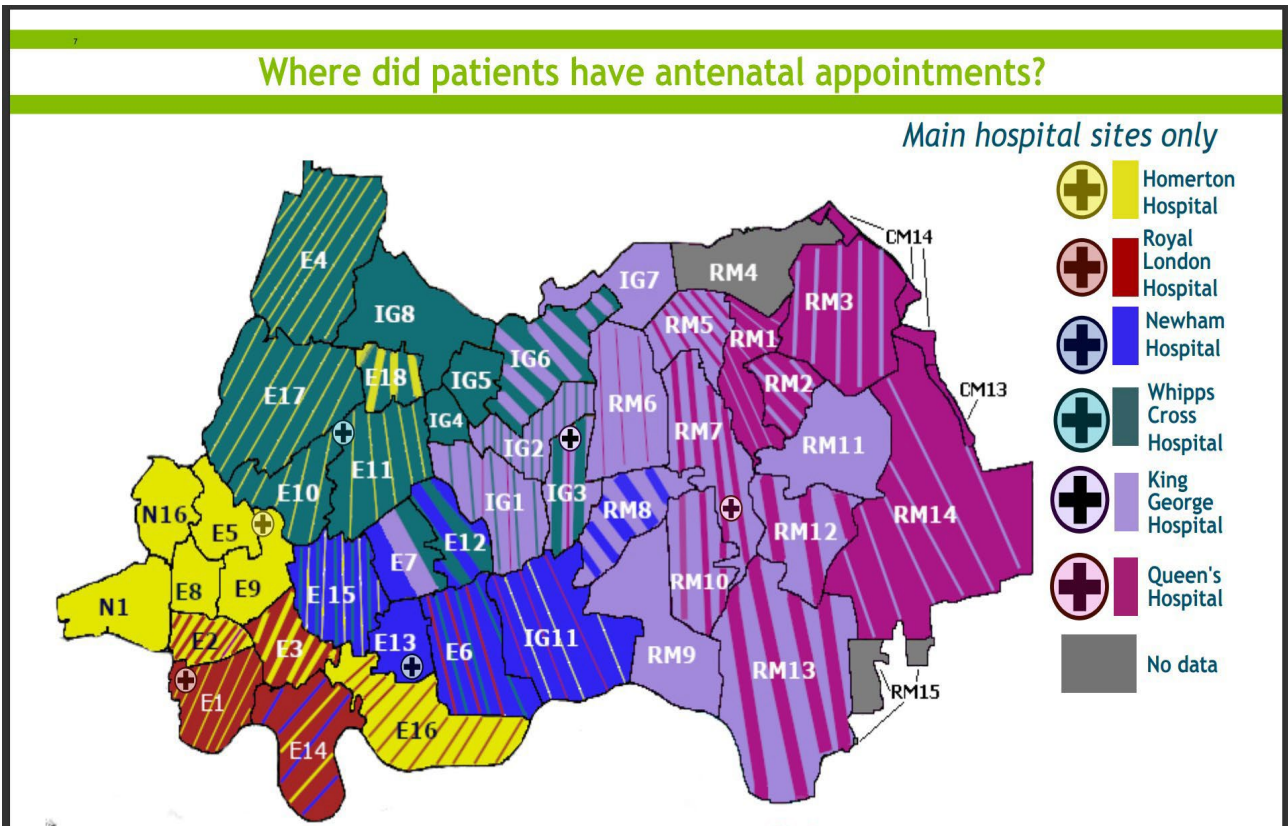
Where did patients give birth or intended to?

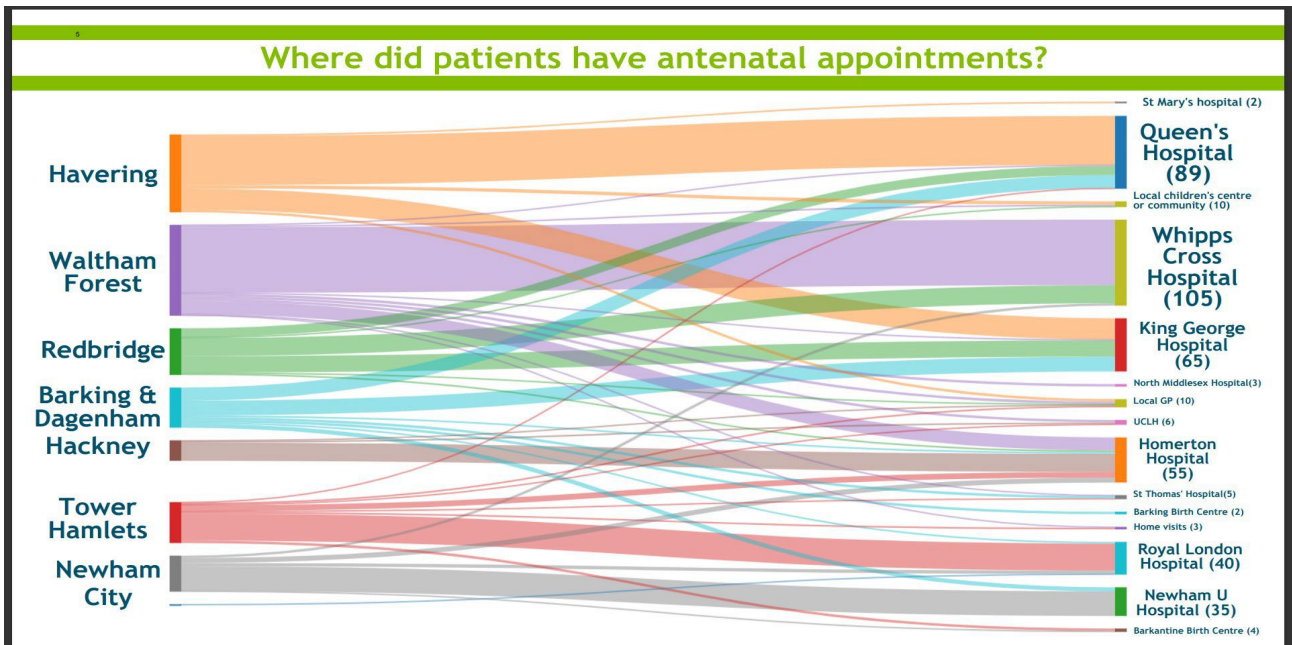
82% of respondents gave birth in a location where they had at least some antenatal appointments



The issue of travel did not therefore appear to be a barrier to accessing Maternity care. The following data display shows where patients had antenatal appointments according to Borough. It is noticeable that Queen's Hospital has a much larger referral area than other Maternity Units:

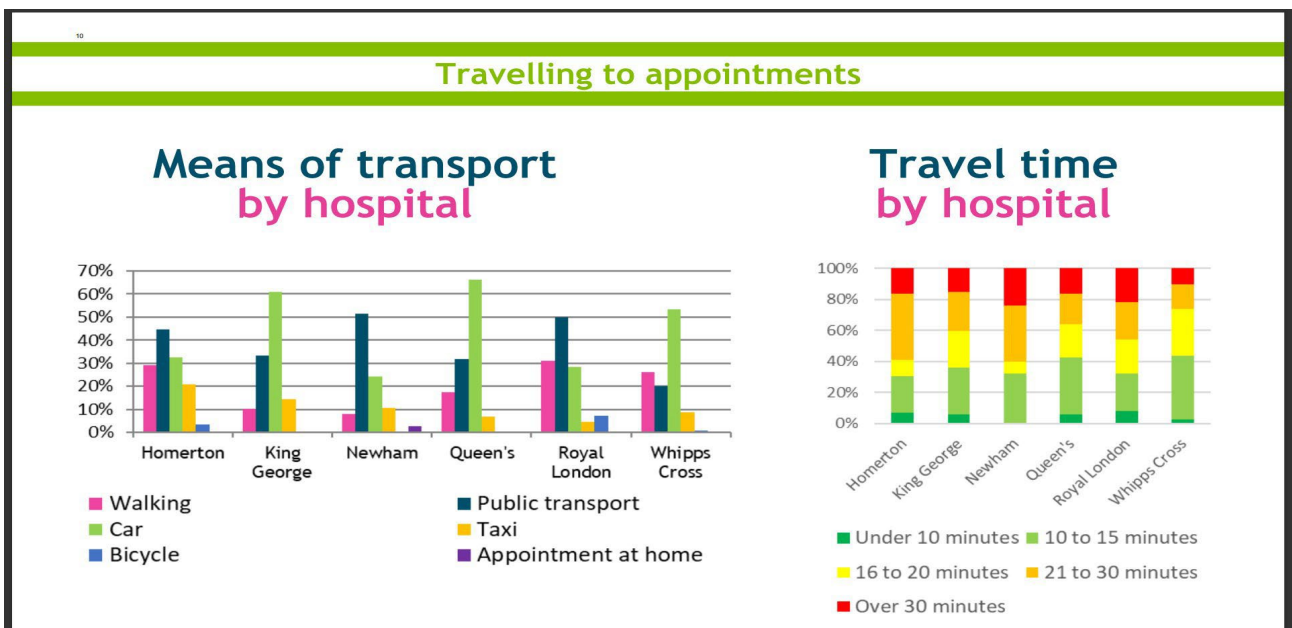
Where did patients have antenatal appointments?





Many service users (49%) travelled to appointments by car, although data from our researchers' focus group indicated a strong complexity arising from parking difficulties. This also fed into concerns about missing appointments when a late margin was exceeded, and service users were turned away. Clinics have different policies about acceptable delay and our recommendation would be that this should be made clearly visible in appointment information.

Other methods of travel stated were public transport (34%), walking (22%), and using a taxi (10%). People accessing King George Hospital, Queens Hospital and Whipps Cross had the highest car use. Focus group feedback expressed a clear difficulty identified with parking particularly at Queen's Hospital. Our recommendation would be that this is an access barrier for Maternity service users, particularly those who might be in the last trimester of pregnancy and possibly accompanied by other children:



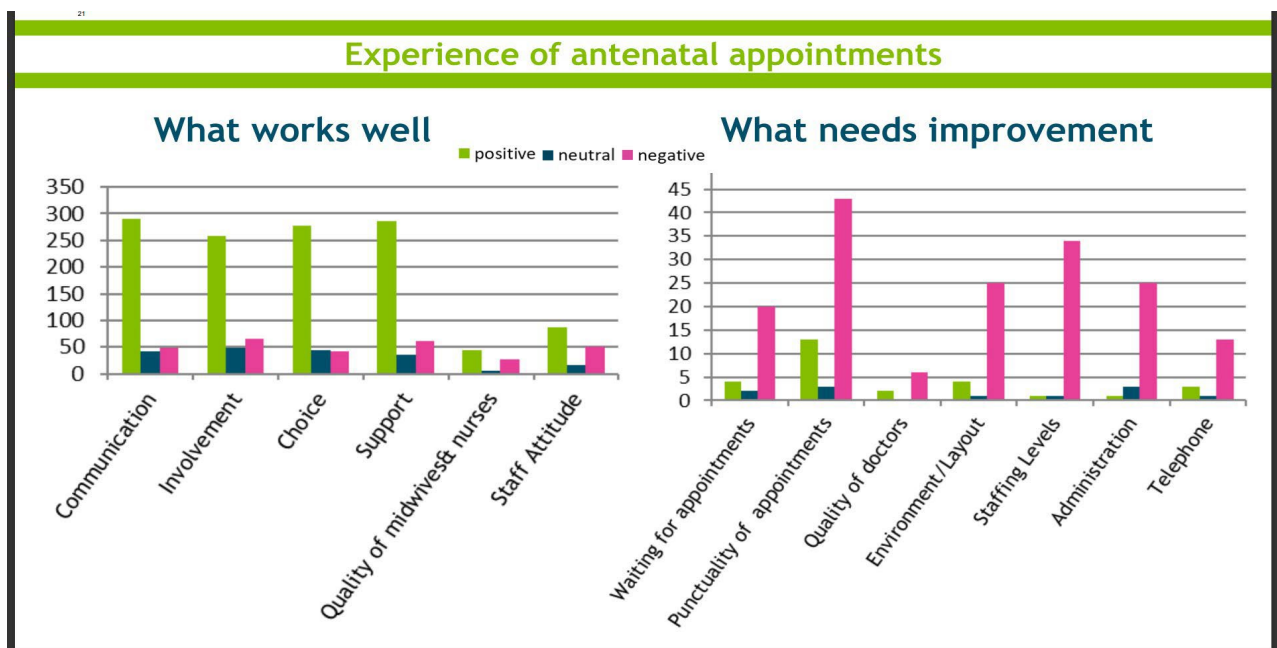
Public transport appeared to be more effective in the inner London boroughs and might raise the possibility of exploring dedicated bus routes in the outer London Boroughs in future planning.

Nature of antenatal clinic provision

There was a noticeable theme about antenatal clinics that differed to maternity unit feedback, with service users expressing concern that maternity staff did not have the time to engage with their questions and requests.

Antenatal appointments were consistently identified as running late with service users spending a long time in waiting rooms. A small number of service users reported that the waiting rooms were uncomfortable and unfriendly.

Additionally, administrative staff were reported to occasionally be unresponsive to the concerns of service users.

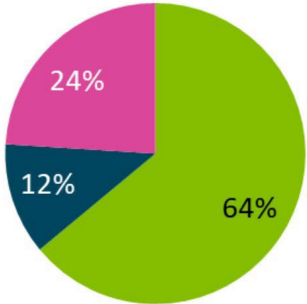


There were some differences between Hospitals on this finding, with King George Hospital having the highest level of positive feedback and the Royal London at the lowest:

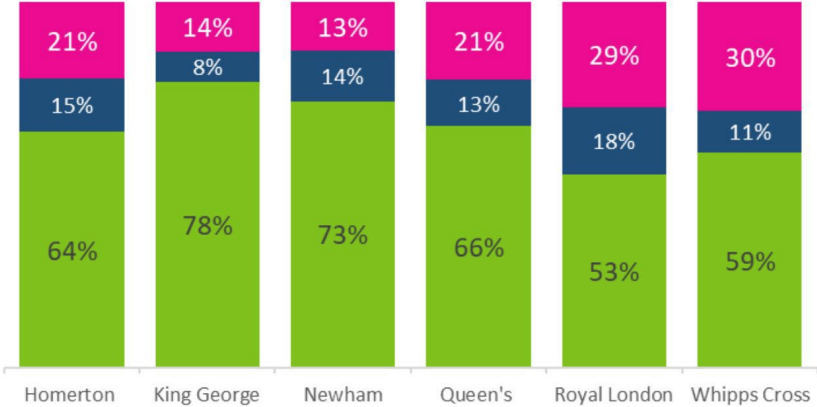
Experience of antenatal appointments

Feedback on maternity services

Overall feedback



- positive
- neutral
- negative

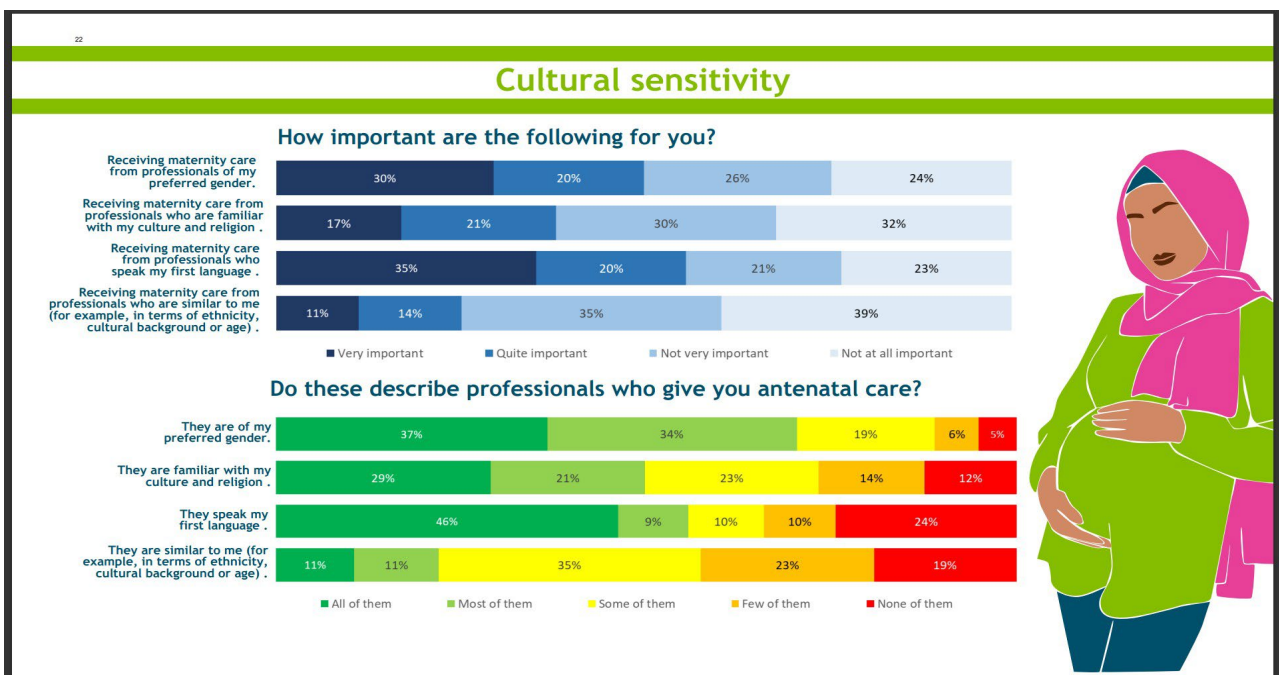


Our focus group of researchers identified the way in which antenatal clinic provision operates as a first port of call particularly for complex pregnancies and for those with unresolved grief from previous baby loss.

A lack of engagement at this point would therefore be an access barrier to Maternity service users, particularly those from our identified communities who already encounter a lack of choice and difficulty in negotiating the structures of care provision.

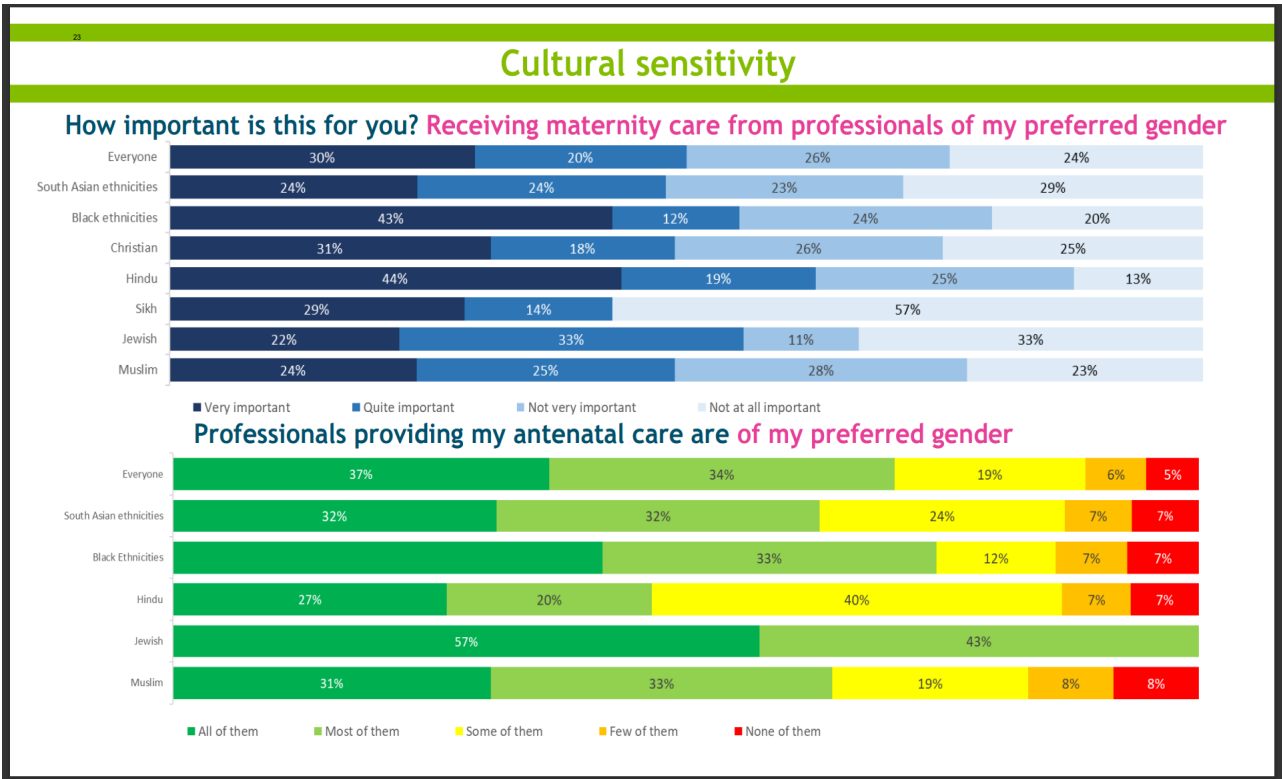
Cultural Sensitivity

There was another polemic in the data we gathered relating to cultural sensitivity. For some communities, the gender of their Maternity Health Professional and provision of culturally sensitive maternity care was very important. For other communities, this was less important.

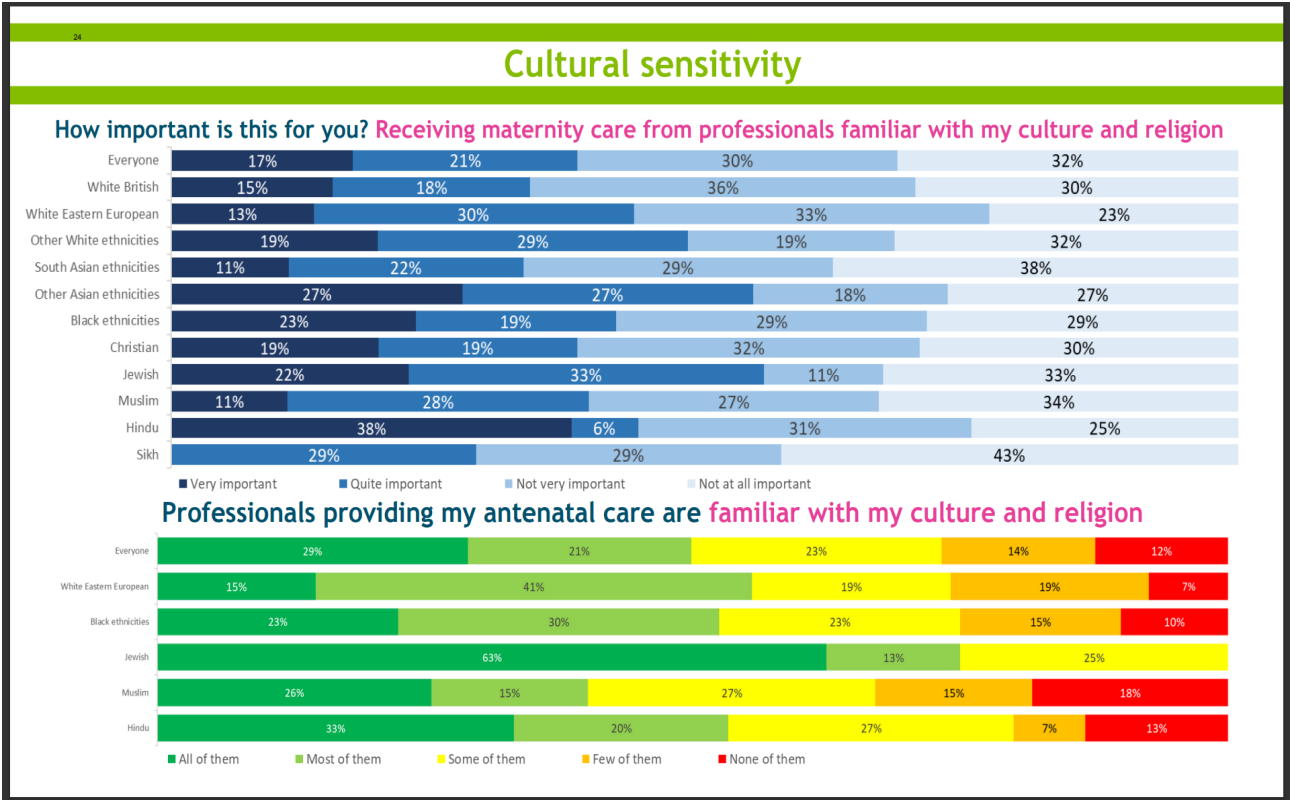


English fluency was a strong source of difference in the importance of access to healthcare professionals who speak the service users’ own language.

This data allows us to draw careful inferences about the maternity care needs of particular communities who would otherwise face a significant barrier to engagement and co-production.



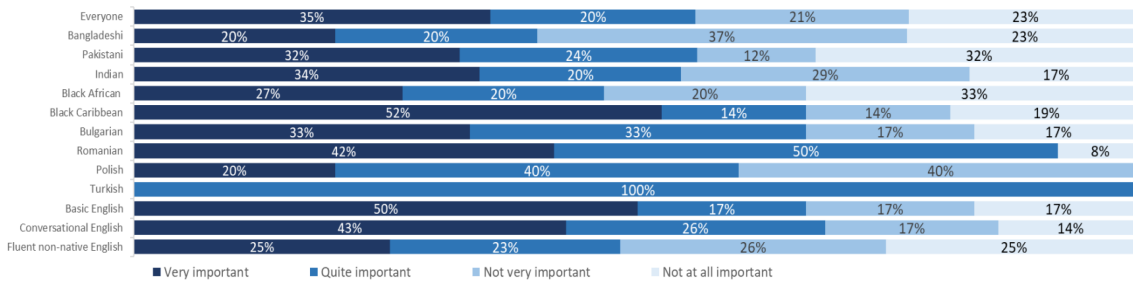
Service users from White Eastern European communities were more likely to say that it is important for them to receive antenatal care from professionals familiar with their culture. Service users from South Asian communities perceived this as less important.



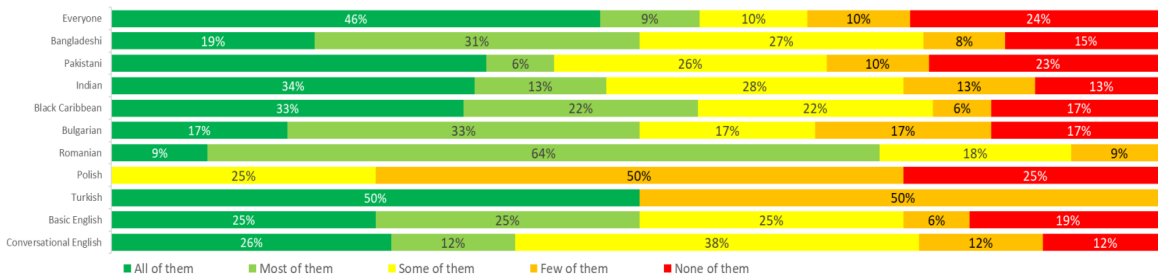
Access to Maternity healthcare professionals who speak their first language was important for those with basic and conversational English, but less so for fluent non-native speakers. Polish and Pakistani respondents were less likely to report having access to professionals who speak their language.

Cultural sensitivity

How important is this for you? Receiving maternity care from professionals who speak my first language



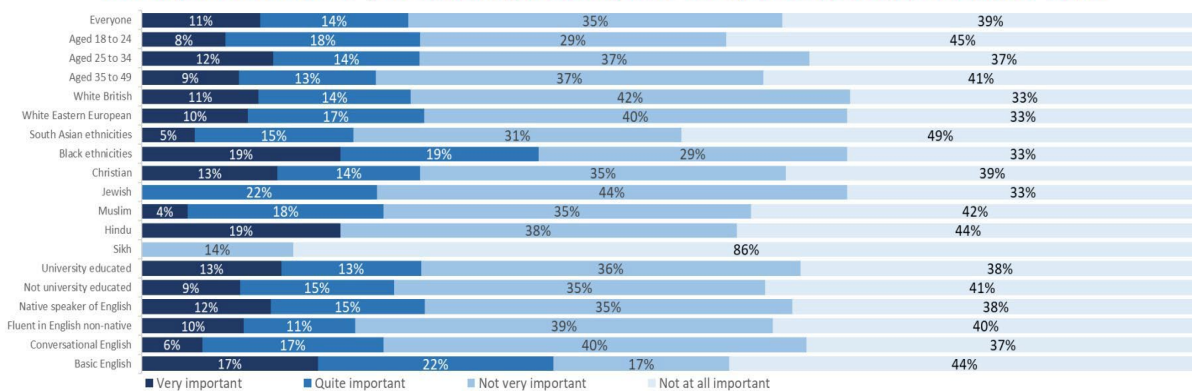
Professionals providing my antenatal care speak my first language



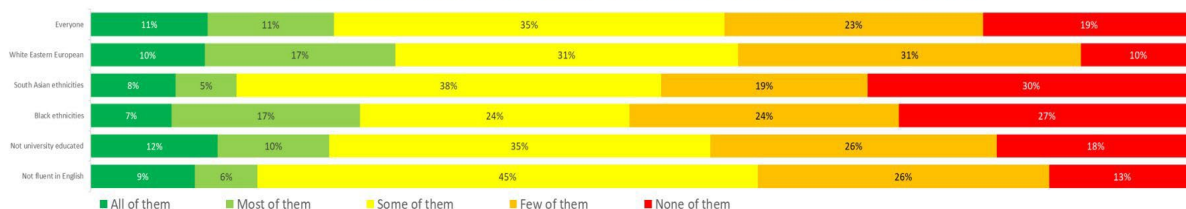
Respondents of Black ethnicities were more likely to say it is important for them to be looked after by professionals who are similar to them in terms of age and cultural background. They were also less likely to say that those currently providing them with antenatal care are similar to them.

Cultural sensitivity

How important is this for you? Receiving maternity care from professionals who are similar to me

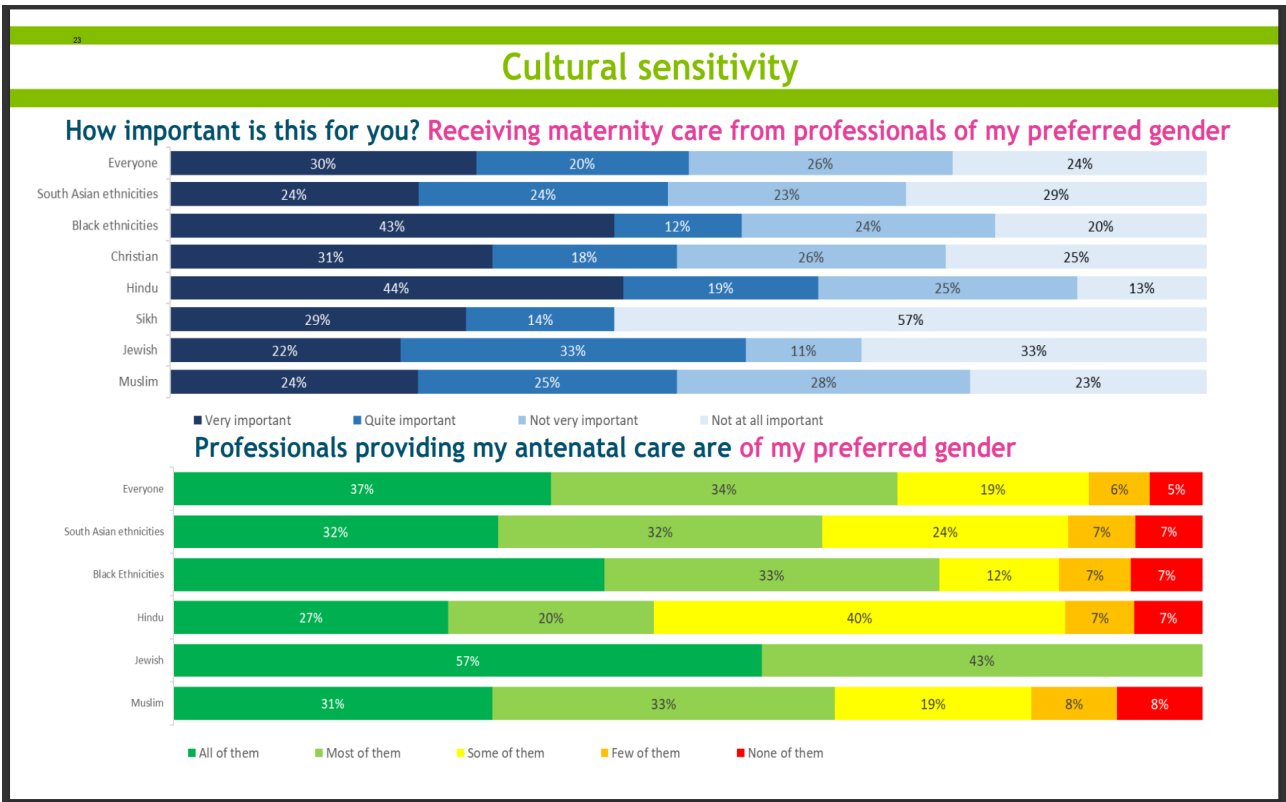


Professionals providing my antenatal care are similar to me



Respondents who are Hindu were found to regard the gender of health professionals more important than other communities but were also found to be less represented.

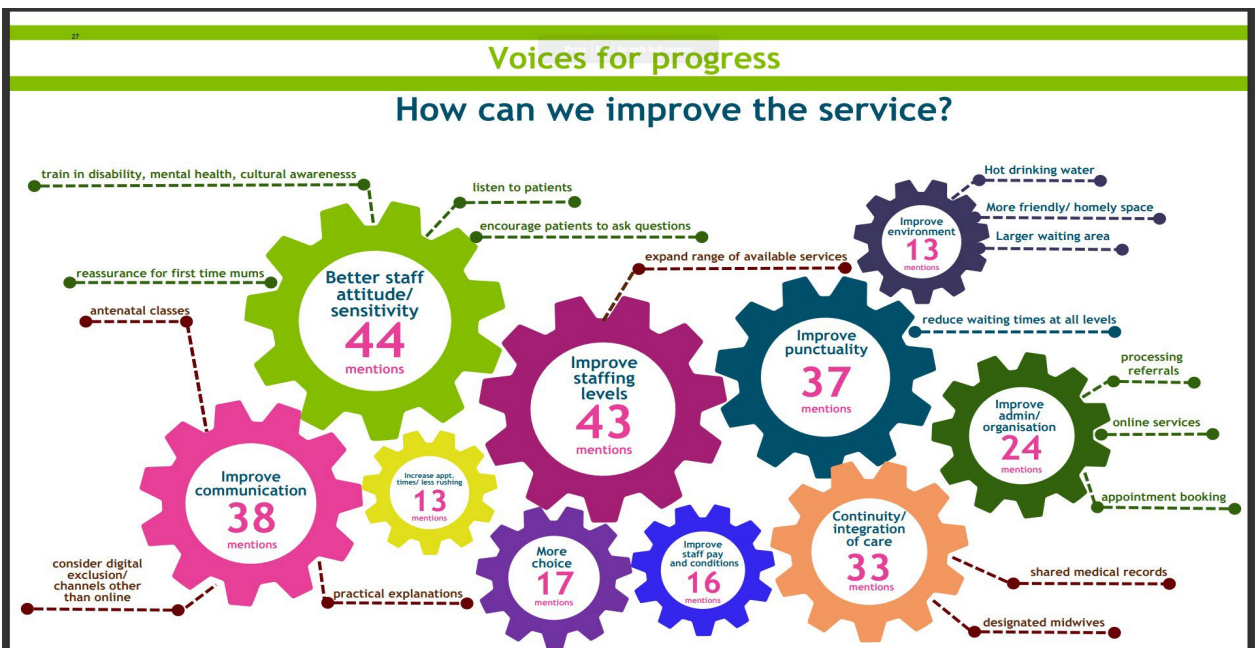
Those that identify as Sikh were the least concerned with gender, double that of other communities stating that they did not find this important at all.



Communication, staff attitude and informed care

Quotes from the free text data illustrate revealed high levels of concern about staff attitude and sensitivity, communication, and improving staffing levels and punctuality.

Care of service users who have experienced previous baby loss was a frequent point of concern, and the already established [NEL LMNS Equity and Equality strategy](#) for trauma informed care to be established across the Maternity Units is further underlined by this finding.



Voices for progress

What mothers-to-be are saying: Focus on staff attitude and sensitivity

I recommend a whole new staff or new staff training. They need to learn how to better respect women and their partners.

Less judgement and personal opinions given as part of the care. Whilst I did not have any huge issues to deal with there was the odd comment that was made throughout my care that was judgement based. Also would appreciate medical professionals reading birth plan after admission given I spent time writing it as part of midwife appt

With a better, friendly and professional staff in the reception of the hospital

More training around women with pregnancies after previous losses, to have more empathy

Some doctors need further training on empathy

A more friendly environment

To be careful about comments that are unkind and judgemental.

Focus group researchers' feedback

- Service users frequently unaware they had a choice of Maternity Unit
- Choices were more likely related to geographical proximity.
- Antenatal clinics are at times subject to waiting time pressure, but Maternity Units have more positive feedback.
- Free antenatal classes are not readily available across NEL.
- Available antenatal classes are too expensive for most people, costing upwards of £250.
- Absence of Antenatal classes has had a negative effect on confidence.
- Appointments need to be flexible due to traffic and parking issues.
- Cultural sensitivity responses were polarised.
- Home birthing experiences were extremely positive due to more person-centred care (**10 recorded**)
- Parking is an issue at some hospitals most notably at Queens and King George respectively.
- Several service users mentioned a care differential between the first and second/third trimesters. Complex health conditions were at times perceived to be less important when diagnosed in the first trimester. Some service users felt that they were only taken seriously when their pregnancy was considered viable. Issues of gestational diabetes and high blood pressure were mentioned in relation to this differential.

Conclusions and recommendations

We are still seeing an ongoing division in maternity experience relating to health inequality. Due to more sensitive questioning, we can deliver a closer identification of particular communities facing intersectional disadvantage.

Our findings indicate that referral by GP or self-referral correlates to the level of choice and co-production experienced by Maternity service users. Fluency in English is a well-known marker of inequality, and we see this here.

Being a single parent, although now less stigmatised, remains a marker of inequality. Service users from Black African, Turkish, Pakistani and Eastern European communities are less likely to experience choice of maternity unit.

Respondents of Black ethnicities experience a double barrier to maternity care because they are more likely to value cultural symmetry but less likely to experience this. A report published on 18th April 2023 by the House of Commons Women and Equalities Committee on Black Maternal Health highlights the continued effects of health inequalities for Black service users, with a death rate in 2022 at 3.7 times higher than that for White service users.⁵ The reports also highlights the impact of severe or multiple disadvantage. Recommendations include a maternity workforce that is properly equipped to understand and recognise the significant disparities that exist, and to use that knowledge to deliver personalised, effective and respectful care.

Polish and Pakistani respondents were less likely to report having access to professionals who speak their language.

Antenatal classes have suffered a pandemic impact. They are no longer widely available free at the point of access, and this might negatively impact service users facing inequality.

Antenatal provision is at times perceived to be rushed and lacking engagement from Maternity Health professionals.

The issues of kindness and empathy were clearly resonant with our previous work on equity and equality, and current action plans are in place to address these areas. Care of service users who have experienced previous baby loss was a regular feature and the already established [NEL LMNS Equity and Equality action plan](#) for trauma informed care to be established across the Maternity Units is further underlined by this finding.

⁵ <https://committees.parliament.uk/publications/38989/documents/191706/default/>

Recommendations

- Creating greater awareness of the nature of health inequality across North East London.
- Further research into GP referral structures.
- Further research into self-referral choice mechanisms.
- Management of capacity issues within antenatal provision.
- Clear information about antenatal waiting times and the impact of delayed arrival.
- Training for staff in engagement and empathy (and trauma informed care, particularly for previous baby loss as with the previous equity and equality recommendations).
- Cultural sensitivity training for Maternity staff caring for service users from Black, Polish and Pakistani communities.
- Interpreting services for any service user with less than conversational English.
- Improved parking facilities where a car is the main mode of transport.

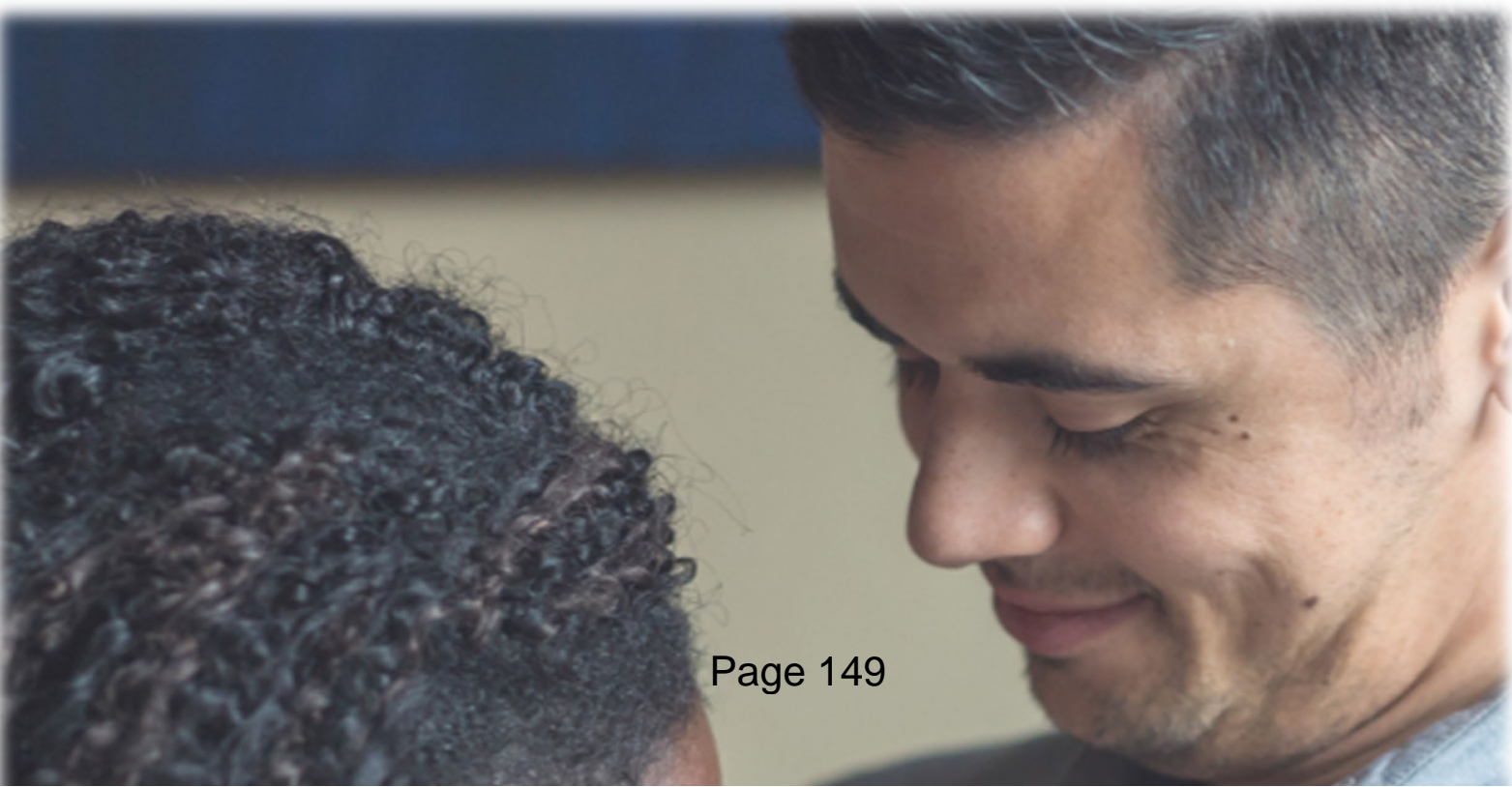
Acknowledgments

We are extremely grateful for the contributions and insights made by service users who gave their time to speak to our researchers. Many identified that they wanted to contribute to improving maternity experience in North East London and to have the opportunity to thank staff teams who had cared for them well.

We also appreciate the assistance received from Maternity Units, Patient Experience Midwives, and Maternity Voices Partnerships who facilitated and supported our engagement, including support with community languages and guided our colleagues to service users who had already agreed to be part of the engagement. This was invaluable insight and provision for our research teams.

Healthwatch Redbridge was the lead research team for this project, and you would be welcome to contact us on info@healthwatchredbridge.co.uk or on 0208 553 1236

We are also indebted to our Community Insights System data team, and the Lead Officer Raluca Enescu, for analysing the datasets with multiple axes in considerable detail to allow us to make inferences for this report.



Maternity equity and equality

NHS North East London Local Maternity and Neonatal System

July 2022

Equity for mothers and babies

Equity means that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes.

For this, maternity and neonatal services need to respond to each person's unique health and social situation – with increasing support as health inequalities increase – so that care is safe and personal for all. This will help ensure that England is the safest place to be pregnant, give birth and start parenthood.

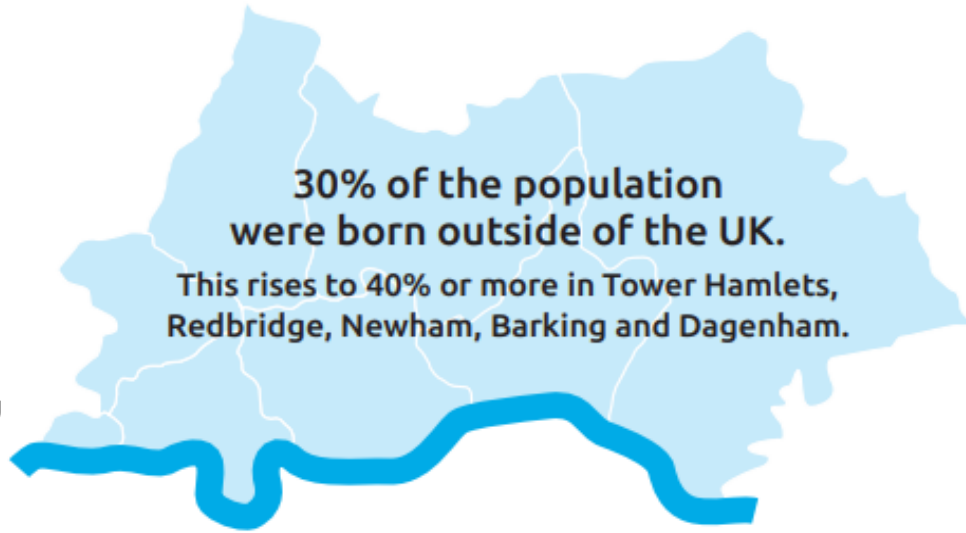
Equity and Equality Needs Assessment process

The Equity and Equality needs assessment has been conducted in direct response to the NHS 2021/22 priorities and operational planning guidance. Supplementing the Local Maternity Transformation plans developed in 2017, following a two-step process:



The population of north east London is **2.02 million**

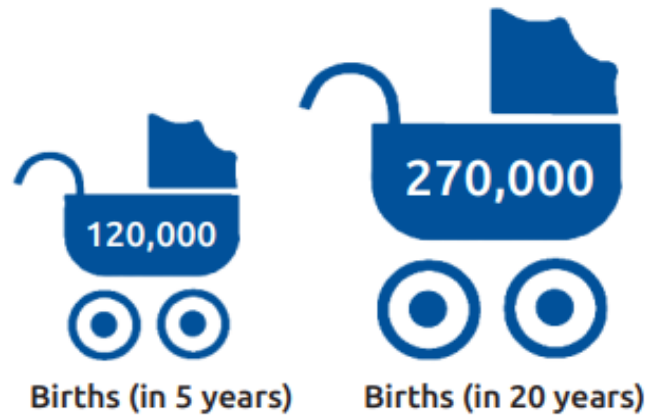
Our residents belong to a number of different faiths including Christianity, Hinduism, Judaism, Islam and Sikhism



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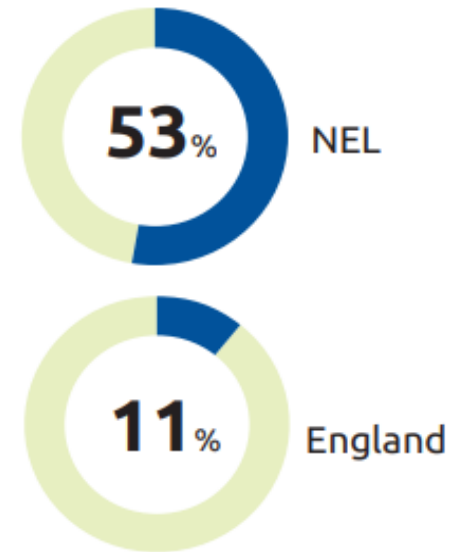
We have the **highest** birth rate in the UK...

with population expected to grow by 120,000 in the next five years and by 270,000 in the next 20 years. This is equivalent to adding another place the size of Waltham Forest, Havering or Hackney.



Our diversity is our strength

We are the most diverse ICS in the country with over half (53%) of NEL's population identifying as **Black, Asian** or from an **ethnic minority** compared with 11% across England overall.

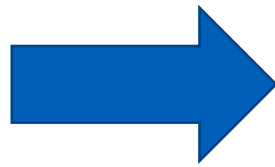


With the exception of Havering and City and Hackney, all NEL Places have predominantly non-white populations.

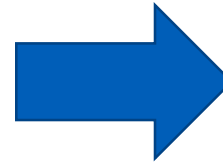
Newham is the most ethnically diverse locally and within England with white ethnic groups making up 25% of the population.

This diversity means that the effects of any inequalities are amplified as they impact more people

There were 25,950 babies born in NEL in 2020/21



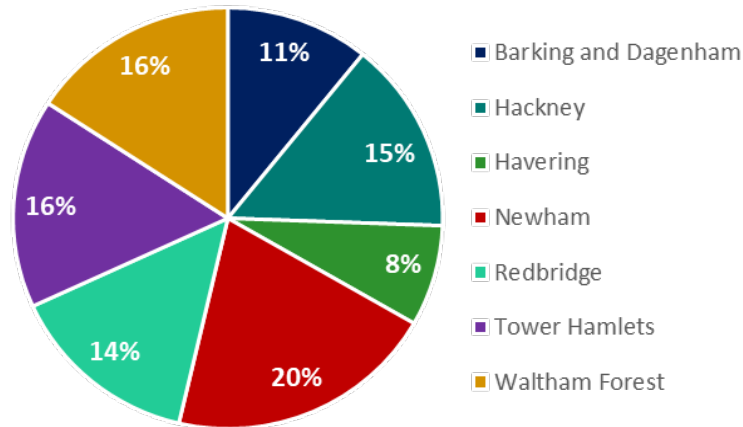
58% of those babies were born to Black, Asian, Mixed and Other ethnicity women



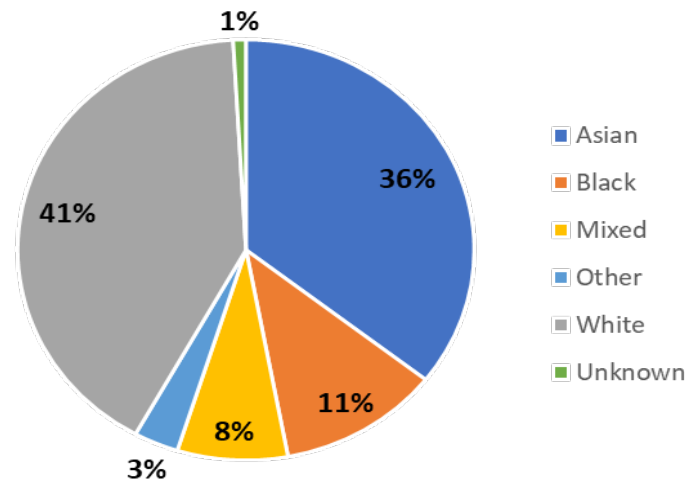
72% of those babies were born to women in two most deprived quintiles

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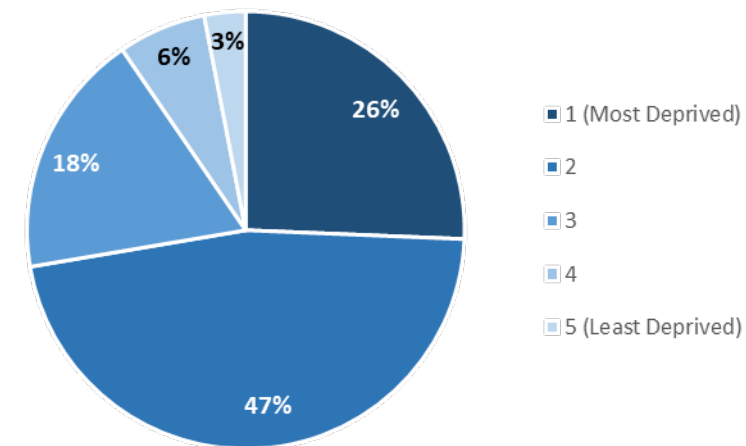
% of babies born by borough in 2020/21



% of babies born by ethnicity in NEL (2020/21)



% of babies born by deprivation quintile in NEL (2020/21)



*Source: Hospital Episode Statistics (HES)

Key findings from data analysis (1)

1. The stillbirths among babies born to Black and Asian women are concentrated in 3 boroughs – Hackney, Newham and Waltham Forest - with rates markedly higher than for babies born to White women
2. Babies born to Black and Asian women are more likely to have had a neonatal admission than those born to White women
3. Babies born to Black and Asian women are also nearly twice as likely to have a low birth weight than those born to White women
4. Black women are more likely to have attended A&E during their pregnancy and within 6 months of delivery than White women
5. Women in Black, Mixed and Other groups tend to present to healthcare 2 weeks later into their pregnancy than White women

Key findings from data analysis (2)

6. Black pregnant women are almost twice as likely to be obese than White women
7. Asian pregnant women are more than 3 times - and Black women more than two times -likely to have diabetes than White women
8. Black pregnant women tend to have higher rates of hypertension than White women
9. Black pregnant women are more likely to be out of employment compared with all other ethnicities

Key findings from our analysis – Borough level (1)

- Overall stillbirth rate of 3.4 in 1000 and one of the 3 boroughs in which stillbirths to Black and Asian women are concentrated
- Babies born to Asian (10%) and Black (11%) women twice as likely as babies to White women (5%) to have a low birth weight.
- Black women (16%) **twice as likely** than White women (8%) to have had an unplanned C-section
- Black and Mixed women tend to present to healthcare services c.4 weeks later into their pregnancy than White women.
- Black, Asian and Mixed women more likely than White women to have attended A&E or been admitted to hospital with 6 months of delivery than White women
- Black and Mixed women are two times more likely than White women to be obese and Black women twice as likely to have hypertension

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- Overall still birth rate of 3 in 1000 It was one of the 3 boroughs in which stillbirths to Black and Asian women are concentrated
- Babies born to Black (14%) and Asian (15%) women nearly three times as likely than those to White women (5%) to have a low birth weight
- Babies born to Black women (20%) twice as likely to be admitted to neonatal care than those to White women (**10%**)
- More than half of women admitted to hospital during pregnancy with rates much higher among Black (65%) than White (50%) women
- Highest average rate of planned C-section across NEL (26%) with rates much higher for Black (37%) and Asian (30%) women than for White (22%)



- Overall stillbirth rate of 1 in 1000 and lowest in NEL
- Has the highest average rate across NEL of women having an unplanned C-section (24%) with rates for Black (32%) and Asian (28%) women are markedly higher than for White women (22%)
- Black women tend to present to healthcare services c.4 weeks later into their pregnancy than White women.
- Black women (11%) more than twice as likely as White women (5%) to have hypertension
- Asian women (25%) more than twice as likely as White women (10%) to have diabetes

- It has one of the highest rates of stillbirths across NEL at almost 5 in every 1000 births and one of the 3 boroughs in which stillbirths to Black and Asian women are concentrated.
- Highest rates in NEL of stillbirths among Black, Asian and Other ethnicity women (**6.5 per 1000** among Asian women, **9 per 1000** among Black women, and **12.7 per 1000** among Other ethnicities)
- It has the **highest average proportion** of women giving birth to babies with **low birth weight** in NEL (c.1 in 10)
- Black and Mixed women tend to present to healthcare services more than 4 weeks later into their pregnancy than White women.
- Has among the largest disparities between Black and White women in attending A&E during pregnancy (and the largest average rate across NEL overall). Also has one of the largest disparities between Black, Asian and White women in diabetes prevalence

Key findings from our analysis – Borough level (2)

- Overall stillbirth rate of 2.5 in 1000
- Babies born to Asian (37%) and Black (34%) women much more likely those born to White women to be admitted to neonatal care (25%)
- Black women are twice as likely and Asian women are three times more likely to have diabetes than White women.
- Black women (9%) are three times more likely than White women (3%) to have hypertension
- Black women (35%) are much more likely to be obese than White women (10%)

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- Overall stillbirth rate of 2.2 in 1000
- Second highest average rate across NEL of babies admitted to neonatal care (40%)
- Black women twice as likely than White women to have attended A&E and been admitted to hospital within 6 months of delivery
- Second highest average rate across NEL of women having an unplanned C-section (23%) with rates higher among Black (29%) and Mixed (29%) women compared with White women (21%)
- Mixed ethnicity women tend to present to healthcare services c.4 weeks later into their pregnancy than White women.
- Highest average prevalence rate of obesity (27%) across NEL with rates for Mixed (45%) and Black (35%) women markedly higher than among White women (25%)
- Prevalence of hypertension twice as high among Black and Mixed women compared with White women

- Highest overall stillbirth rate in NEL at 6.2 in 1000 and is based mainly by stillbirths to White women and those Unknown ethnicity – who have a very high 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%)
- It has one of the largest difference in rates between Black (42%) and Mixed (40%) women compared with White (26%) women attending A&E during pregnancy
- It is has the **highest** average rate across NEL of women attending A&E with 6 weeks as well as 6 months after delivery (7% and 10%)
- It has the highest average rate across NEL of diabetes prevalence (21%) and **has one of** the largest differences in rates between Asian (28%) and Black (19%) women compared with White women (7%)

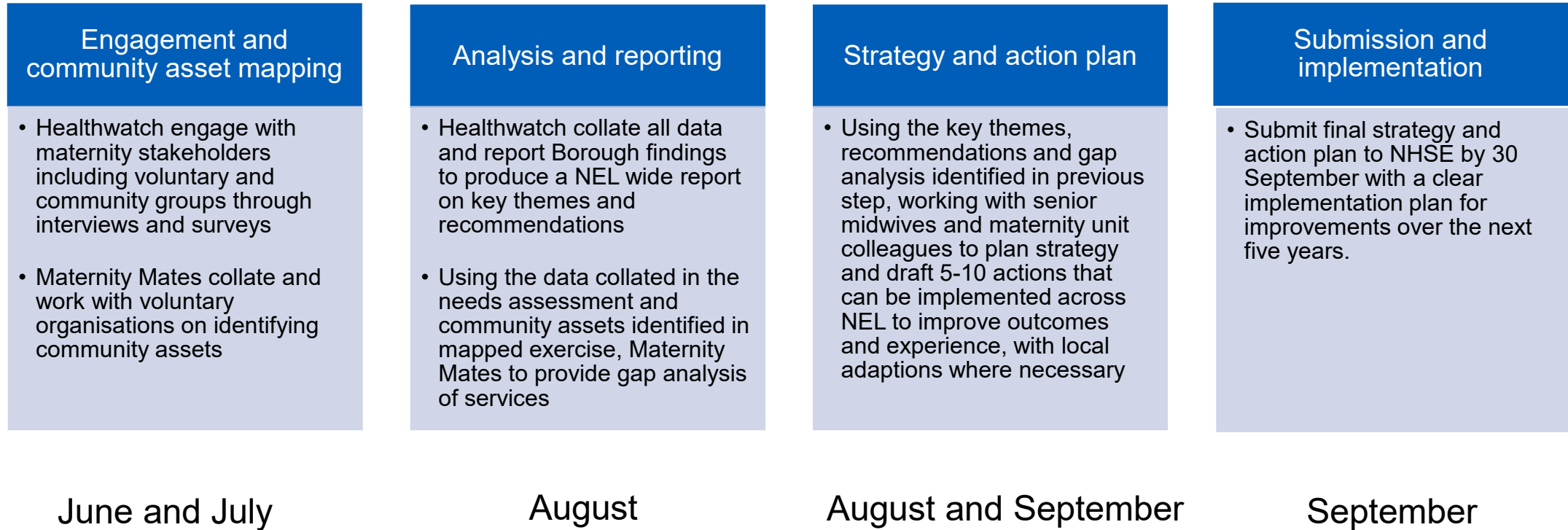
Community asset mapping with Maternity Mates

- Mapping organisations and services that might support women during pregnancy
- Co-ordinating with organisations and key partners, e.g. social prescribers, to share resources where possible.
- Using the insights to enhance and streamline the community assets mapping:
 - Boroughs
 - Type of support provided e.g. DV, immigration, cultural/language, refuges, children's centres
 - Contact details (where possible)
- Identify gaps in borough provision of community assets and recommendations as part of the strategy


Co-production with Healthwatch

- Using existing insights and intelligence from Community Insight System, identifying support needs and staff attitude are key themes of maternal experience
- Utilise strong relationships with community and voluntary organisations, including Maternity Voices Partnership, to promote this work and reach communities that are 'seldom heard'.
- Customise approach to engagement in order to facilitate preferred methods, to include enter and view approach, one-to-one interviews and online surveys.

Timeline



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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>23rd September 2024</p>	
<p>Report of: Simon Baxter, Corporate Director, Communities Ann Corbett, Director of Community Safety Simon Smith, Head of Community Safety</p>	<p>Classification: Unrestricted</p>
<p>Report Title: VAWG and Womens' Safety Strategy</p>	

Originating Officer(s)	Adam Price, Strategy and Policy Lead HASC, Tower Hamlets Council
Wards affected	All wards

Executive Summary

This item is for Health and Wellbeing Board to note Tower Hamlet’s VAWG and Women’s Safety Strategy and appendices ahead of this work completing the final stages of sign-off internally within Tower Hamlets Council, and for discussion thereof.

Recommendations:

That the Health & Wellbeing Board discuss their ownership, responsibility and contribution to this strategy as particular emphasis is placed on strengthening systems leadership to ensure preventing “VAWG is everyone’s business”.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

<p>1. Resources to support health and wellbeing should go to those who most need it</p>
<p>VAWG services are need-led, and having experienced forms of VAWG is likely to significantly affect the health and wellbeing of victims and survivors.</p>

2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
The VAWG needs assessment process involved a great deal of engagement with those affected by VAWG crimes to seek their views and help shape our approach, and the results of this have been included within the needs assessment and strategy.
3. Being treated equally, respectfully and without discrimination should be the norm when using services
4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
The VAWG needs assessment process involved a great deal of engagement with those affected by VAWG crimes to seek their views and help shape our approach, and the results of this have been included within the needs assessment and strategy. This work will inform service development, and services themselves are committed to seeking the views of and involving experts by experience and those using services wherever possible and practicable.
6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.

1. REASONS FOR THE DECISIONS

1.1. N/A – No decision required.

2. ALTERNATIVE OPTIONS

2.1. N/A – No decision required.

3. DETAILS OF THE REPORT

- 3.1. This new Strategy has been informed by the detailed Public Health VAWG Needs Assessment carried out in 2023 which was published in January 2024. This document sets out the evidence of local need, makes recommendations for interventions and has been informed by consultation with over 370 residents and 120 professionals via surveys, face to face and focus groups. It is also supported by the Mayor's Advisor for Women and Equalities.
- 3.2. The Strategy document has been developed through workshops with a wide range of residents, those with lived experience and other stakeholders. Experts by experience have participated in the process and contributed in particular to the development of the equalities implications and the Equalities Impact Assessment process. This was delivered in collaboration with the Cornerstone Project.
- 3.3. Tower Hamlets is a young, diverse borough, with almost half of our residents between the ages of 20yrs and 39yrs, made up of a diverse population including the largest Bangladeshi population in the country.
- 3.4. We know that younger women, women with disabilities and Black, Asian and Minority ethnic women are more likely to experience gender-based violence and face added barriers in accessing support.
- 3.5. This is reflected in the fact that Tower Hamlets has the fourth highest rate of domestic abuse offences per 1,000 population in London in 2022-2023, and the second highest in North East London, after LB Barking and Dagenham, for the period 2019-2023 (Mayors Office Policing & Crime Report 2023).
- 3.6. In 2023-24, the Met Police received 4519 domestic abuse reports from LBTH residents. Tower Hamlets partnership features in the top five London boroughs for reported domestic abuse offences to police in terms of raw numbers. Five domestic homicides took place between 2019 and 2023 and have been reviewed in line with the legislation to understand learning across the system.
- 3.7. Significant work and achievements to tackle VAWG have been delivered under the previous strategy between 2019-2024. This has included:
 - Delivering 577 training and community outreach activities to raise awareness and tackle misogyny. Training 9817 professionals in a range of topics including coercive control, adult family violence, economic abuse, intimate partner violence, domestic abuse awareness, and good practice for housing professionals.
 - Mainstreaming and raising awareness of VAWG and misogyny through the training and development of 220 VAWG champions
 - Commissioning and providing specialist support for victims of VAWG. Tower Hamlets Independent Domestic Violence Advocate (IDVA)

Provision received 6382 referrals during this period, with a 96% satisfaction rate and 93% of victims feeling safer post support. This offer is developed and includes culturally appropriate services such as Somali specific casework and a dedicated Sylheti speaking IDVA

- 3.8. Additional achievements and work during this period is set out in Appendix 5.
- 3.9. The new strategy for 2024-2029 aims to broaden the scope and the approach to all forms of gender-based violence. The new Strategy will now encompass the work that the Council is undertaking beyond the criminal justice and community safety VAWG service. This Strategy takes into consideration the findings from the recent groundbreaking Tower Hamlets gender-inclusive design report and its recommendations, the council's Equalities Action Plan, and there is a need to be flexible to ensure it is fully aligned with work that will arise from new and developing initiatives such as the Tower Hamlets Women's Commission.
- 3.10. Several significant ambitious developments are taking place during the lifetime of the new strategy. As highlighted below:
- Our newly created Women's Commission will be undertaking work to increase our understanding of the lived experience of women in Tower Hamlets. We will take forward their recommendations for ensuring greater participation within the borough and the Commission will lead on bold new initiatives related to the needs of all women locally
 - We will deliver the Mayor's new flagship Women's Centre that will provide outreach programmes, workshops, and create a safe space for women in Tower Hamlets
 - Our services will feed into and take forward actions from the forthcoming new Trans Needs Assessment to better understand and address gendered violence in the borough in relation to our trans community.
 - Experts by experience - we will involve women's groups and networks more closely in the commissioning of services
 - We will put in place additional tools including a toolkit and advisory hub to support professionals in working with perpetrators and address the training needs they have identified.
 - Systemic change - professionals and practitioners across the organisation will understand the links between VAWG, serious youth violence, contextual harm, and modern slavery and will provide a safe, consistent and supportive response
- 3.11. Within the new strategy, particular emphasis is placed on:
- Strengthening systems leadership – "VAWG is everyone's business" and it will be crucial to ensure system change, responsibility and accountability and ownership from all stakeholders and services involved.
 - An intersectional approach – recognising the way that different characteristics can compound vulnerabilities and ensuring that our offer addresses the specific or specialist needs that people will have

as a result. We will work to identify intersecting inequalities for those experiencing multiple disadvantages. And to ensure services address the connections between VAWG, discrimination, housing need substance use, mental ill-health and safeguarding.

3.12. The work within the strategy falls within three overarching priorities:

- 1) Prevention and Safety;
- 2) Supporting Victims and Survivors; and
- 3) Responding to Perpetrators.

3.13. Within each of these priorities we have identified key areas of focus where we will build on the significant good work done under the former strategy to improve on what is already in place, based on the evolving evidence of need with expert input from stakeholders, experts by experience, residents and professionals.

3.14. The strategy will be supported by a detailed action plan, which is in development in collaboration with the VAWG Steering Group, as well as the Mayor's Advisor for Women and Equalities, the council's VAWG Service and other key stakeholders. The Tower Hamlets Women's Commission commenced in June 2024. The Commission has been approached as part of this developmental strategy work. The Commission will provide a steer on the degree to which it will be involved in and/or inform the development of this detailed action plan to support the new strategy.

3.15. The Strategy will be delivered within current budgets and the existing resourcing envelope.

4. EQUALITIES IMPLICATIONS

4.1. Equalities impact analysis was supported by a range of residents and members of local voluntary and community organisations, who between them covered a wide variety of different equalities characteristics, through the Cornerstone Project coordinated by Tower Hamlets CVS.

4.2. An Equalities Impact Screening Tool is provided at the end of this document and an Equalities Impact Assessment is provided in Appendix 2. In addressing support for victims and survivors the partnership recognises the importance of understanding the factors affecting each individual's journey and considering how questions of intersectionality can compound difficulties through discrimination, disability or disadvantage.

5. OTHER STATUTORY IMPLICATIONS

5.1. Effective partnership working and community engagement is an important way for councils to deliver their best value duty. Guidance on best value

standards is clear that “Authorities should have a clear understanding of and focus on the benefits that can be gained by effective collaborative working with local partners and community engagement in order to achieve its strategic objectives and key outcomes for local people”. This strategy supports the delivery of the Best Value duty via work with residents and partners to understand VAWG in the borough and tackle associated harms.

- 5.2. Since 2011, there have been 14 Domestic Homicide Reviews commissioned totalling approximately £130,000. This does not include the wider cost implications to service providers such as Social Care, schools, criminal justice agencies and health providers involved in managing the support provided to victims. The estimated cost to public services for a victim of domestic abuse is £34,015 and £58,860 for a victim of rape. Furthermore, the human cost of the physical and emotional impact of abuse significantly outweighs any immediate financial cost. Hence earlier intervention, prevention and safeguarding work is key to ensuring best value for money and a more invest to save approach has been adopted.
- 5.3. VAWG services play an important role in safeguarding residents in the borough and managing the risks faced from gender-based violence.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

- 6.1. The delivery of the Strategy is supported by funding provided from MOPAC (£140k), Public Health grant (£476k) and a £70k recharge for the Sanctuary scheme from the HRA. This funding is ring fenced for use on delivering these projects contained within the Strategy.
- 6.2. The Violence against Women & Girl’s (VAWG) service has a net budget of £0.494m, comprising gross expenditure totalling £1.237m for staffing and the provision of funding to third party service providers, offset by income of £0.743m in the form of grants and recharges from internal service users.
- 6.3. Any spend requirements above these budgeted levels will require MTFS growth as part of the budget setting process.

7. COMMENTS OF LEGAL SERVICES

- 7.1. Refreshing the VAWG strategy complies with a number of the Council’s key safeguarding duties. The Care Act 2014 sets out the council’s duties to safeguard adults who are experiencing or at risk of abuse or neglect. The Act also sets out the council’s duties to ensure the provision of preventative services, promote wellbeing when carrying out any of their care and support functions (this includes protection from abuse and neglect), cooperate with relevant partners and provide information about services available in the area that can prevent abuse and support.

7.2. The Children Act 1989 provides the legislative framework relating to the council's duty to protect children from abuse and neglect and to promote the welfare of all children and young people in their area. The Children Act 2004 places duties on a council to ensure its functions are discharged having regard to the need to safeguard and promote the welfare of children and to cooperate with other agencies to promote the well-being of children.

7.3. Section 149 of the Equality Act 2010 requires the authority, in the exercise of its functions, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the 2010 Act, to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not, and to foster good relations between those who share a relevant protected characteristic and those who do not. The relevant protected characteristics are age; disability gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. The duty must be complied with at the time that the decision under consideration, but it is not a duty to achieve a particular result.

7.4. Section 17(1) of the Crime and Disorder Act 1998 requires an authority, in the exercise of its functions, to have due regard to the likely effect of those functions on and the need to do all that it reasonably can to prevent: crime and disorder; the misuse of drugs, alcohol and other substances; re-offending; serious violence. With respect to serious violence, s.17(1A) imposes a duty on the Council to do all it reasonably can to prevent people from becoming involved in serious violence and to reduce instances of serious violence. The duty applies with respect to the local authority's area.

Linked Reports, Appendices and Background Documents

Appendices

- See accompanying documentation

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VAWG and Women's Safety Strategy 2024-2029

Summary version



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Foreword

The epidemic of violence against women and girls exists in all communities and sadly Tower Hamlets is no exception. Upon being elected Mayor in 2022, I made tackling the issue a top priority. Already, we have taken significant steps towards making the borough a safer place for women and girls – from organising successful digital women's safety walks, to bringing forward the development of a brand-new Women's Resource Centre. Our new strategy was developed through months of detailed consultation with women from across the borough.

I want to thank officers and stakeholders who put so much effort into ensuring this document accurately reflects the complex and ever-evolving needs of our residents. I am proud to note that we were able to more than double the consultation sample from our last needs assessment, as well as conduct a number of specialised focus groups with some of our most under-served and marginalised communities.

I'd also like to thank our partners in the NHS and police, who have worked with us to address the appalling rates of gender-based violence in this borough over recent years. Thanks to these partners, Tower Hamlets has managed to secure the highest rate of rape convictions in London, provide trauma-informed support to hundreds of domestic abuse victims a year, and provide pathways to safety for victims of exploitation who would otherwise fall through the cracks. While these early successes are laudable, we still have a long way to go.

Tower Hamlets continues to rank highly in domestic and sexual violence statistics – a blight on our wonderful borough and its communities.

Remedying this situation will require comprehensive and long-term engagement. It will require hard work from all sectors of society; from the Council and from our partners. Fortunately, I believe we have the commitment and cooperation required to face this challenge. More than this, I believe we have put together a strategy that is truly groundbreaking in the way it places the safety and promotion of women and girls at the heart of all aspects of our council services, as well as spotlights the unique needs of the most marginalised women. It also centres the need to bring about wider cultural change around misogyny in our society.

In the coming years, I look forward to seeing this strategy unfold, helping to transform this borough into one where no woman – regardless of ethnicity, class, religion, or sexual orientation – has to feel unsafe in the streets or in their home.

Lutfur Rahman
Executive Mayor of Tower Hamlets



Introduction

Our vision of a safe Tower Hamlets

As a worldwide issue of epidemic proportions that has a significant impact on the lives of our residents, Violence against Women and Girls (VAWG) is recognised at all levels as a council-wide priority.

Data suggests that 1 in 3 women in the United Kingdom will be victims of gender-based violence at some point in their life. For this council that is fundamentally unacceptable, and it is a top priority to ensure that no more women in Tower Hamlets be victimized in this way. We are committed to making serious investments in protecting women's safety. We are looking at a variety of new support services, enforcement initiatives, and targeted engagement projects to ensure that all Tower Hamlets residents can walk through our streets and sleep in their homes without fear of suffering gender-based violence. We must also look at changing cultures that lead to gender based violence, providing specialized support to our most marginalized residents, and putting a stop once and for all to Violence Against Women and Girls.

This strategy sets out the role we can all play in tackling VAWG as part of a coordinated community response, building on the sector-leading and award-winning work that has been happening within our borough since the launch of our first VAWG strategy in 2012.

What is VAWG?

VAWG covers a range of unacceptable and deeply distressing crimes, including rape and other sexual offences, stalking and harassment, domestic abuse, modern slavery, so-called 'honour'-based abuse (including female genital mutilation, forced marriage and 'honour' killings) and image-based sexual abuse, among others.

VAWG is a term used to refer to a range of crimes which disproportionately affect women and girls. In common with others who are working to tackle violence and abuse and support those affected, we use the term 'VAWG' to ensure that we do not lose sight of those who are most affected. However, we recognise that people of any sex or gender can experience violence or abuse of this nature and the consequences affect everyone in our community.










Safety in public spaces

For the first time this strategy will include a broader focus on women's safety in public spaces, considering how our streets, parks and public spaces affect women and girls and what improvements need to be made to make the borough feel inclusive, welcoming and safe. This strategy will also encompass work to address behaviours such as sexual harassment, catcalling, and the treatment of women in the nighttime economy through our Don't Cross the Line campaign, gender-inclusive design action plan, women's safety walks and making use of resources such as local enforcement officers and CCTV.

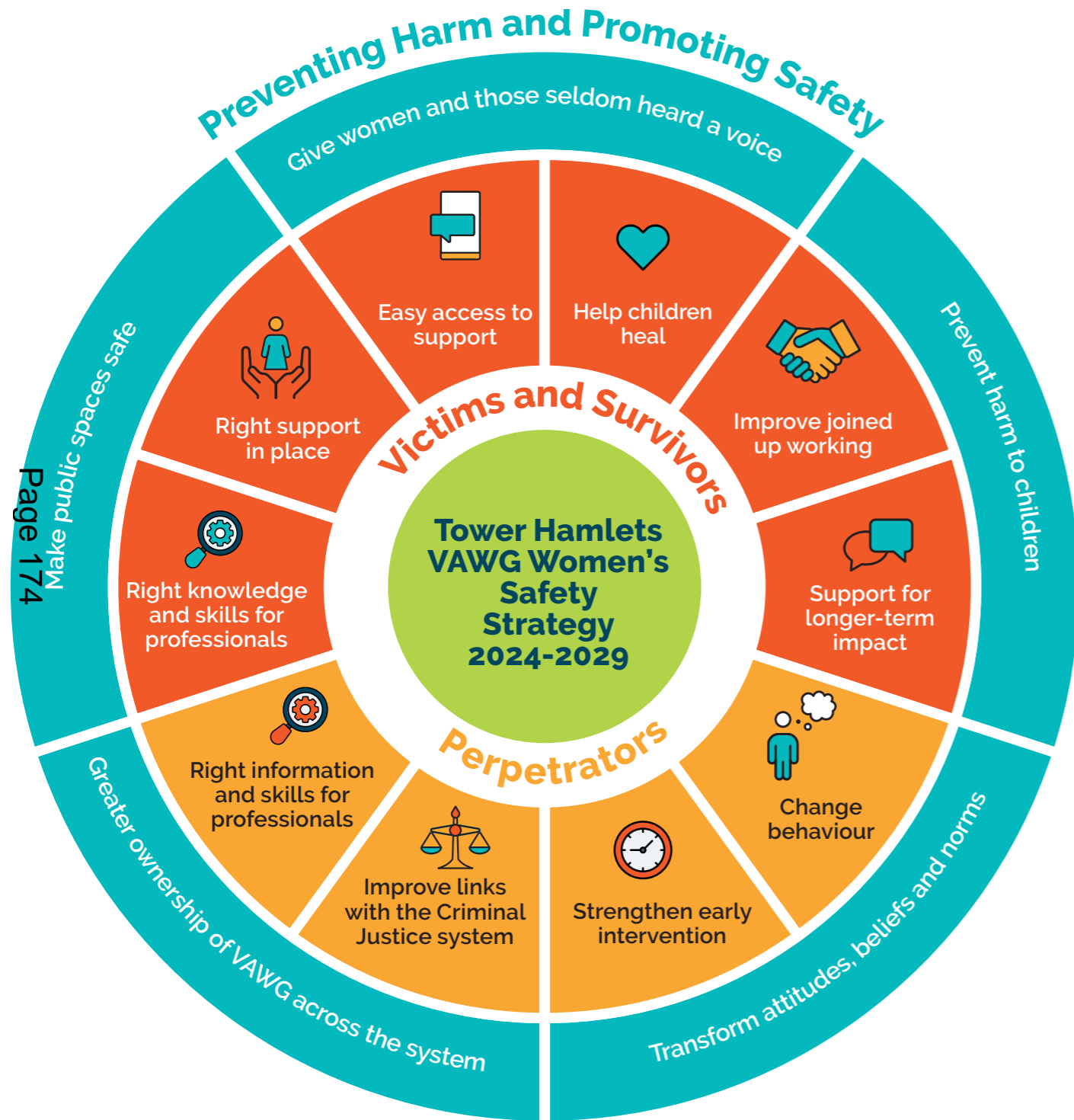
Intersectionality

It is also important to recognise that different forms of disadvantage are compounded by certain protected characteristics (e.g. race, faith, age) and by combinations of them. For example, the barriers faced by a young, black transgender woman may differ from those experienced as an elderly, Asian cisgender man. We seek throughout this strategy to apply an intersectional lens to VAWG and understand the additional vulnerabilities faced by some of the members of our community.

Why do we need a VAWG and women's safety strategy in Tower Hamlets?

<p>Tower Hamlets is the youngest borough in the Country and prevalence of domestic abuse nationally is highest amongst young adults</p> 	<p>Women in the borough are less likely to be employed than in the rest of Britain, with a 63% employment rate (compared to 74% in Britain in 2023). Financial dependence can be a significant vulnerability factor to VAWG</p> 	<p>4,519 domestic abuse offences reported by the Police in 2023-24</p> 
<p>In 2023, 490 domestic abuse cases were investigated and resolved</p> 	<p>5 domestic homicides have taken place since 2019</p> 	<p>83% of female residents surveyed in 2023 experienced stranger catcalling which made them feel unsafe</p> 
<p>577 cases of online abuse reported in 2023. The research suggests that many cases go unreported</p> 	<p>Police data shows 33 known survivors of modern slavery between February to August 2023</p> 	<p>821 sexual offences reported to Police in 2023-4</p> 

What are we doing to tackle VAWG and public safety?



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Our priorities

We have three overarching priorities that capture the wide range of work we will be doing around gender abuse and public safety. These are:

Preventing Harm and Promoting Safety



Supporting Victims and Survivors



Responding to Perpetrators



More about our approach and the actions we'll be taking is provided on the following pages and in the action plan to be published which will sit under this strategy document.

Our principles



VAWG is everyone's business



Recognise intersectional vulnerabilities



Take a public health approach



Being trauma informed



Involve people in decisions that concern them

What is our approach?

Preventing Harm and Promoting Safety

"We will prevent violence and abuse through early intervention and education"



WHAT WE HAVE ACHIEVED SO FAR	WHAT WE WILL DELIVER	HOW WILL WE KNOW WE'RE MAKING A DIFFERENCE
<ul style="list-style-type: none"> 577 training and outreach activities training 9817 people in a range of topics (including coercive control, adult family violence, economic abuse, intimate partner violence, domestic abuse awareness) 275 VAWG Champions have been trained and over 2,000 staff have been trained to be trauma informed along with pilot projects to apply trauma informed practice in real-world settings such as hostels, employment services and maternity services. Female Genital Mutilation (FGM) education sessions delivered to over 955 residents and 483 FGM survivors supported 	<ul style="list-style-type: none"> Deliver a package of VAWG awareness training with bespoke programmes tailored to individual services, enabling professionals to spot the signs of abuse and respond safely, regardless of their working environment Deliver a tailored programme of public-facing campaigns and culturally relevant communications, which raise awareness of abuse in all its forms and educate on how to get support from local and national services driven by data to focus on specific locations and populations Embed gender-inclusive design principles to parks and public spaces and empower local women and girls to feel ownership of those spaces Make reporting of anti-social behaviour that makes women feel unsafe quicker and easier Work with the local community and partners to build respectful shared cultures on streets and public spaces Develop a toolkit for primary and secondary schools to strengthen their delivery of healthy relationships education as part of the RSE curriculum, including to give them the confidence and skills to discuss issues of VAWG and domestic abuse. Expand and strengthen the male allyship programme to support a more appropriate culture and behaviour that is healthy and empowers women. 	<ul style="list-style-type: none"> Professionals who encounter VAWG report that they understand what to look out for and how to direct residents to services Greater awareness of VAWG services (and website) and support available amongst local community and professionals Community groups are more confident to report abuse; and demonstrate increased trust in VAWG services Increased number of VAWG champions in the community who are confident and better equipped to spot the signs of abuse and respond safely. Greater resource of educational programmes and campaigns based on better understanding of wider determinants, risk factors and signs of VAWG More schools and teachers engaged with VAWG training and supporting local campaigns Higher footfall and organised activities in parks and open spaces for women and girls More men taking part in allyship programmes and campaigns that support a healthier attitude towards women and girls.

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Support Victims and Survivors

"We will provide support that keeps individuals and their families safe from harm"



WHAT WE HAVE ACHIEVED SO FAR	WHAT WE WILL DELIVER	HOW WILL WE KNOW WE'RE MAKING A DIFFERENCE
<ul style="list-style-type: none"> Tower Hamlets Independent Domestic Violence Advocate (IDVA) Provision received 6382 referrals with a 96% satisfaction rate and 93% feeling safer post support and includes culturally appropriate services such as Somali specific caseworkers and a dedicated Sylheti speaking IDVA Tower Hamlets provide accommodation support via the Sanctuary Scheme project, which provides free, tailored security for the homes and conducted 333 installations so they can remain in the borough 2673 highest risk cases were discussed at multi-agency risk assessment conferences (MARACs) ensuring a coordinated multi-agency response to safeguard victims and survivors. An increase in VAWG reporting has been reflected in referrals to MARAC, driven in part by the pandemic, but also accompanying efforts to increase reporting in the borough 	<ul style="list-style-type: none"> Achieve DAHA accreditation within our housing services Continue to commission a community-based specialist VAWG service. Support will be provided across all strands of VAWG Deliver a brand-new women's centre that will provide outreach programmes, workshops, and create a safe space for women in Tower Hamlets, including a Domestic Abuse one-stop-shop Use victims and survivors' voices as well as women's networks to shape our approach and services, including seldom heard groups in this space such as the LGBT+ community. Ensure that women involved in prostitution and hidden sexual exploitation do not fall through the cracks Work in partnership across health and community services to ensure that victims and survivors facing additional barriers to accessing help, such as those identifying as LGBT+, can get the support they need Develop tools and a checklist for ASC staff and other professionals to support clear pathways and strengthen the approach in which victims and survivors are supported and feel safe. Trauma-informed approaches are embedded across agencies in Tower Hamlets working with individuals and families affected by abuse. 	<ul style="list-style-type: none"> Tower Hamlets residents know where to go to get help if they are experiencing violence and abuse, at the earliest opportunity Family, friends, and communities can recognise abuse in all its forms, and more residents report knowing how to direct victims and survivors to support Children and young people in Tower Hamlets receive appropriate education on safe and healthy relationships and understand that violence and abuse is not normal or accepted Victims and survivors have timely access to integrated VAWG services that take a whole-person approach in meeting their needs Increase the provision of refuge, safe spaces, and resources available to support victims and survivors Through improving commissioned services, enable high-quality services that meet the cultural needs of residents from diverse groups Partners take ownership for the elements of the pathways within their areas and ensure there are suitable arrangements in place Professionals working in agencies across Tower Hamlets have a shared understanding of criterion, provision, and processes in relation to VAWG Victims and survivors have access to evidence-based programmes to support recovery following abuse, including for children who witness or experience VAWG.

Responding to Perpetrators

"Holding perpetrators to account whilst providing opportunity for change and support"



WHAT WE HAVE ACHIEVED SO FAR	WHAT WE WILL DELIVER	HOW WILL WE KNOW WE'RE MAKING A DIFFERENCE
<p>● Tower Hamlets were one of the first boroughs to set up a Specialist Domestic Abuse Court (SDAC) over 15 years ago which included of a domestic abuse Best Practice Framework Plan to help those who experienced domestic abuse to access the criminal justice system, improve experiences of the court process, and increase the proportion of successful outcomes such as satisfaction rates, witness attrition rates and prosecution rates. The conviction rate at SDAC in Tower Hamlets was 71% in 2022-23.</p> <p>Unfortunately, as of April 2024, the SDAC no longer exists due to resourcing challenges within the Criminal Justice System agencies post-Covid.</p> <p>● Launched two new perpetrator programmes, the Culturally Integrated Family Approach (CIFA) Programme and the Positive Change Service (for a total of three in-borough perpetrator programmes). Provision is available for those who are not parents as well as specialist streams for female perpetrators and same sex intimate partners, and uses a culturally sensitive, integrated, whole family approach.</p>	<p>● Limit perpetrator's ability to abuse and victimise by increasing the use of protection orders, including Domestic Violence Protection Orders, FGM Protection Orders and Forced Marriage Protection Orders.</p> <p>● Establish an advisory hub for staff to discuss their cases with specialist practitioners to provide them with the skills and confidence to work with perpetrators</p> <p>● Develop a toolkit for non-specialist staff focusing on engaging and working with fathers and partners, including in substance misuse and homelessness services</p> <p>● The use of tenancy enforcement tools, such as injunctions, breaches, and orders, to remove the perpetrator from the victim's home, and create safety using Domestic Abuse Housing Alliance (DAHA) accreditation principles</p>	<p>● Victims and survivors are satisfied with the support they receive</p> <p>● Perpetrators know that their behaviour is unacceptable and will not be tolerated by their community.</p> <p>● Perpetrators are engaged with programmes that are effective at changing their behaviour and preventing further harm to others.</p> <p>● Victims and survivors receive independent support from commissioned services whilst they navigate the Criminal Justice System when reporting VAWG.</p> <p>● Where appropriate and safe to do so, ensure parents who are perpetrators of intimate partner violence or abuse are considered within child safeguarding processes and decision-making</p> <p>● Everyone's rights are respected and upheld throughout the management of VAWG cases.</p> <p>● The council works through its partnership arrangements to ensure that residents feedback is taken into account to improve the experience of victims and survivors seeking justice.</p> <p>● Support higher rates off prosecution of VAWG perpetrators by utilising intelligence to cross reference domestic abuse offences with other violent offences.</p>

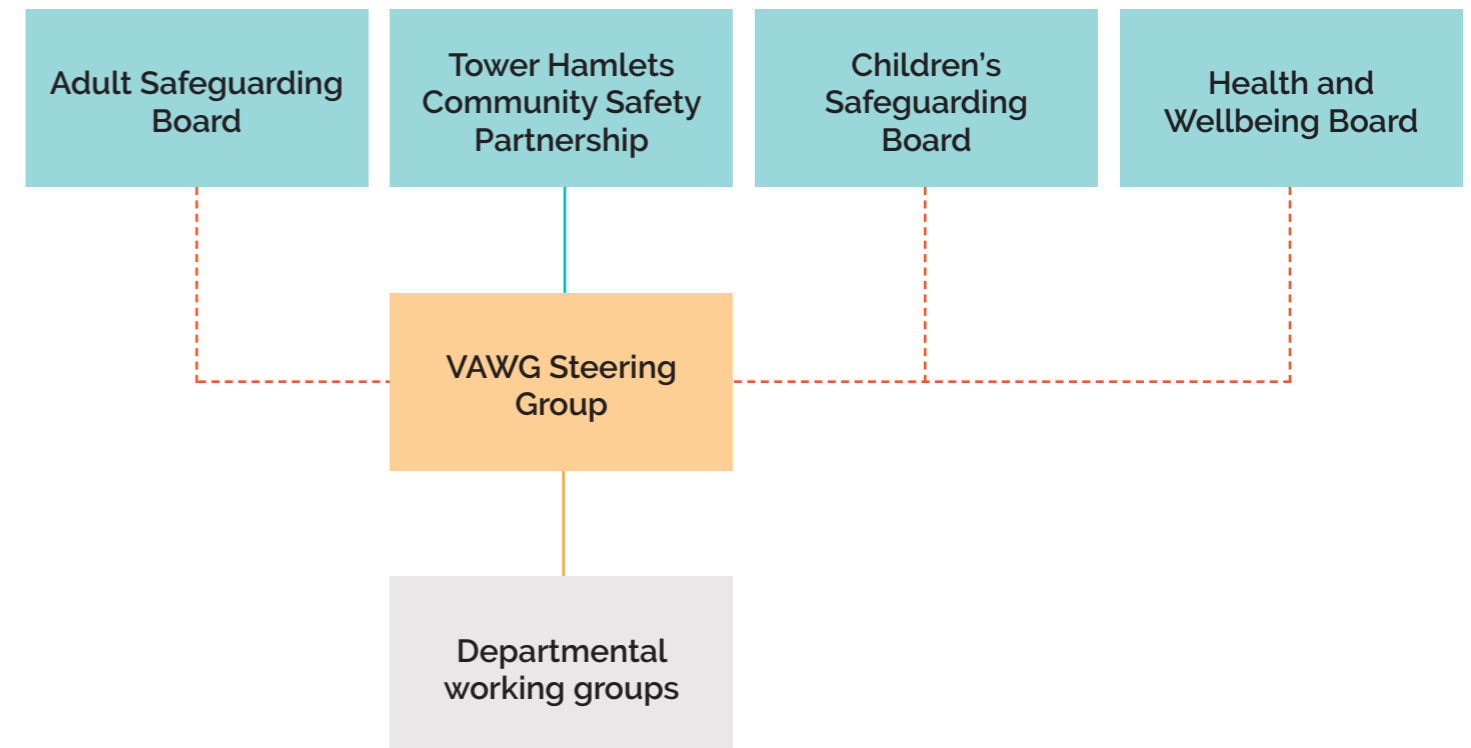
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Who is responsible for delivering our strategy?


The delivery of most parts of the VAWG and Women's Safety Strategy will be overseen by the Tower Hamlets VAWG Steering Group, the Community Safety Partnership (CSP) and other key Tower Hamlets governance boards as outlined and illustrated in the diagram below. Working in partnership with public sector and voluntary and community sector stakeholders, the VAWG Steering Group aims to prevent VAWG in Tower Hamlets and reduce the emotional and physical harm it causes to individuals and to the community.

The VAWG Steering Group is responsible for developing the detailed action plan for the majority of elements of this strategy and will report to the CSP on progress quarterly. This action plan will be published as an appendix of the VAWG strategy available on our website or as a future update to this document. The action plan will be a dynamic, live document that will be managed by the group throughout the life of the strategy.

Where there are actions managed elsewhere, for example those arising from our Gender Inclusive Design Review or the Tower Hamlets Women's Commission which will be managed under the Local Plan, Corporate Equalities Board and the associated governance arrangements. However, they will also provide updates on progress to the VAWG steering group as part of regular reporting to align the work we're doing in those areas and ensure that the group has a view of activity across the whole system.



Where to find more information and access support

 In an emergency you should always call **999**. If you are in danger and unable to talk on the phone, call **999**, and then press **55**. This will transfer your call to the relevant police force who will assist you without having to speak.

 For additional advice and support services on all VAWG areas, please see the Tower Hamlets VAWG [Service Directory](#) on our website. Specialist VAWG support is available via the Service Directory for:

[Disabled people](#)

[Male victims and survivors](#)


[Those from ethnic minorities](#)

[LGBT+ people](#)


[FGM, forced marriage and "honour" based abuse](#)

[Children and young people](#)

For domestic abuse support contact Solace. They provide a free and confidential support for women and men in Tower Hamlets affected by abuse.

 **020 3795 5064**
Open: Monday – Friday 9am-5pm

For access to 24/7 Rape and Sexual Abuse Support line:

 **0808 500 2222**

or start an online chat by going to

 247abusesupport.org.uk
where you can find more information.

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Equality Impact Analysis Template

Section 1: Introduction

Name of proposal
For the purpose of this document, 'proposal' refers to a policy, function, strategy or project
VAWG and Women's Safety Strategy
Service area and Directorate responsible
Cross Council, including Community Safety, Children's Social Care, Adult Social Care, Public Realm, Public Health, Licensing and Leisure Services. The sponsor for this project is the Community Safety Director, supported by HASC SPI service.
Name of completing officer
Adam Price, Strategy and Policy Lead
Approved by (Corporate Director / Divisional Director/ Head of Service)
Divisional Director, Community Safety - Ann Corbett
Date of approval
29052024

Where a proposal is being taken to a committee, please append the completed EIA(s) to the cover report.

Conclusion – To be completed at the end of the Equality Impact Analysis process

This summary will provide an update on the findings of the EIA and what the outcome is. *For example, based on the findings of the EIA, the proposal was rejected as the negative impact on a particular group was disproportionate and the appropriate actions cannot be undertaken to mitigate risk. Or, based on the EIA, the proposal was amended, and alternative steps taken.*

The focus of this is to analyse the impacts of the proposal on residents, service users and the wider community that are likely to be affected by the proposal. If the proposed change also has an impact on staff, the committee covering report should provide an overview of the likely equality impact for staff, residents and service users and the range of mitigating measures proposed.

Conclusion	Current decision rating (see Appendix A)
Proceed pending agreement of mitigating action	Amber 

The Equality Act 2010 places a ‘General Duty’ on all public bodies to have ‘due regard’ to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between those with ‘protected characteristics’ and those without them
- Foster good relations between those with ‘protected characteristics’ and those without them

This Equality Impact Analysis provides evidence for meeting the Council’s commitment to equality and the responsibilities outlined above. For more information about the Council’s commitment to equality, please visit the Council’s [website](#).

Section 2: General information about the proposal

Describe the proposal including the relevance of proposal to the general equality duties and protected characteristics under the Equality Act 2010

The Violence Against Women and Girls (VAWG) and Women’s Safety strategy 2024-2029 sets out our approach to tackling gender-based violence in the borough, from street harassment such as catcalling through to domestic abuse and the wide range of VAWG crimes that the council seeks to address in partnership through prevention, community education, support for victims and

survivors, and responding to perpetrators. It sets out the direction of the council's efforts in this area for the life of the strategy, highlights what's new about the environment in which we work and the approach we will be taking, and clarifies our understanding of the complex range of issues surrounding gender-based violence.

Section 3: Evidence (consideration of data and information)

What evidence do we have which may help us think about the impacts or likely impacts on residents, service users and wider community?

The strategy is informed by a thorough needs assessment conducted by an analyst within the Public Health division. It includes detailed research and analysis of local data as well as qualitative research through surveys and focus groups. This consultation involved over 370 residents of Tower Hamlets and more than 120 professionals working in the borough in and around VAWG in 2023.

The 2021 census data also provides us with an estimate of the prevalence of some protected characteristics across Tower Hamlets.

Research and recommendations from the Tower Hamlets Gender Inclusive Design report from May 2024 has also been used to inform the strategy.

We have also referred to data from commissioned providers who support people with domestic abuse for the period 2023-24 which, as the largest commissioned VAWG service, can help us understand who uses our services.

This analysis was conducted with the help of residents representing a range of protected characteristics through the Cornerstone Project, supported by Tower Hamlets CVS, which aims to produce a best practice guide to equality impact assessment. This includes representatives from the Expanded Learning Opportunities Program, GALOP, Tower Hamlets Inter-faith forum, Praxis, and women's Groups such as Somali organisations and Women's Aid.

Section 4: Assessing the impacts on different groups and service delivery

Groups	Positive	Negative	Neutral	Considering the above information and evidence, describe the impact this proposal will have on the following groups?
Protected				
Age (All age groups)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Young adults are among those most at risk of being victims of domestic abuse. According to our data for 2023-24, 85% of referrals to our commissioned domestic abuse service for domestic abuse were for people between the ages 16-45 years.</p> <p>Other forms of VAWG such as Female Genital Mutilation (FGM) and harassment disproportionately affect younger women and girls. Decisions taken about</p>



			<p>VAWG services within the scope of the strategy therefore have the potential to have a disproportionate impact on these groups.</p> <p>In addition to this, there are specific forms of abuse within VAWG that have a particular impact on older members of the population. For example, familial abuse involving elderly relatives or abuse of those with dementia.</p> <p>Broader issues of women's safety around access and use of public space affect different age groups differently – younger people surveyed as part of our gender inclusive design work were more likely to report that fear of victim blaming shaped their decisions about walking in the city.</p> <p>While specific projects will be accompanied by their</p>
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				own equality impact analysis to consider the associated implications in more detail, it is intended that the work we undertake on this during the life of the strategy to provide appropriate services for specialist need and embedding gender-based design will improve the experiences of these groups in accessing support or in making use of public space in the borough.
Disability (Physical, learning difficulties, mental health and medical conditions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Evidence shows that disabled women and girls have an increased risk of violence and abuse compared those who are not disabled and typically experience abuse for a longer time before accessing support (SafeLives, 2017).</p> <p>The percentage of disabled people reporting sexual offences is lower than we</p>



			<p>would expect – around 20% of residents report having a disability compared to 5.6% of those who reported sexual offences to police in Tower Hamlets between 2021-23.</p> <p>This lower than expected rate of reporting suggests the potential for increased accessibility of awareness, educational and outreach work to have a significant positive impact on disabled residents, which this strategy aims to do. While ~25% of those accessing our IDVA service reported having a disability, this is a service where we might expect to see a greater number of those with additional intersectional vulnerabilities and it is difficult to draw informed conclusions on whether we have sufficiently addressed barriers to access for different types of disabilities. This is particularly true given the</p>
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			<p>extremely wide range of access needs faced by different people with various disabilities – being wheelchair accessible does not make a premises more accessible to the deaf community, for example.</p> <p>It is therefore anticipated that work within the strategy that considers specific barriers to access for different groups and training for professionals to help address this will also have a positive impact on disabled people affected by the VAWG and Women’s Safety Strategy.</p> <p>Some forms of disability such as autism or learning disabilities may also be relevant to improving our approach to working with perpetrators where these disabilities have an impact on forms of VAWG or misogynistic behaviours and where effective</p>
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				intervention to prevent recurrence of these behaviours requires a different approach as a result.
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Violence against women and girls is recognised as a highly gendered form of violence that is to a large extent committed by men against women. Women are at greater risk of these forms of violence and men are overwhelmingly the perpetrators. All of our services in this area will therefore disproportionately have an impact on women.</p> <p>One in three of reported cases of domestic abuse in Tower Hamlets involve a male victim. However, those accessing our commissioned domestic abuse service in 2023-24 are almost entirely female (95%). This suggests a high level of unmet need in</p>

				the male population of the borough and the need to address access for male victims and survivors as part of work to improve access within this strategy.
Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Domestic abuse services in the borough see extremely few transgenders and non-binary individuals. Since this population group is known to be at significantly greater risk of gender-based violence, there are concerns that the low reporting and access to services in the borough reflects distrust in public institutions rather than low prevalence.</p> <p>Understanding the particular needs of this group has been highlighted within the strategy as an area requiring additional work to understand and address boroughs and</p>

				<p>increase access to services.</p> <p>Data quality regarding gender reassignment tends to be poor across services and research; improvements to the quality and consistency of data will support better insight on this area. However, there is known good practice to apply in services regarding inclusion and access among trans and non-binary people, regardless of data quality.</p>
Marriage and civil partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>For those in an abusive relationship, marriage or civil partnership can be a complicating factor, throwing up additional barriers to leaving that relationship. This could be due to questions around finances, the ownership of the home, entitlement to housing support, child custody, legal migration</p>



			<p>status and no recourse to public funds among other things.</p> <p>Additionally, in conjunction with religious considerations (also referenced below), attitudes and beliefs about a person's responsibility to stay and accept abusive behaviours may be influenced by what religious cultural practices say about the duties of married people in particular. We recognise the role that faith leaders have in challenging misogyny and abuse.</p> <p>As part of work included within this strategy we intend to do more work with cultural and faith groups and religious representatives to ensure that the messages residents receive do not negatively impact on their situation, as well as ensuring that the advice</p>
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				and support that victims and survivors receive enables them to navigate financial and legal complexities thrown up by marriage or civil partnership.
Religion or philosophical belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	According to people who access domestic abuse service (2023-24) around 55% are Muslim and 14% identify as Christians. Tower Hamlets has one of the largest Muslim populations in England. Religion or belief and how they are interpreted within certain cultures can play a significant role with respect to attitudes in relation to women, trans or non-binary individuals at risk of gender-based violence and misogyny. Some communities across a wide range of religions may hold views about the role of women and the subordination of their lives to those of men.



			<p>Additionally, cultural practices involving violence against women and girls may be mistakenly considered or labelled by residents or professionals as religious practice, for example in the case of Female Genital Mutilation (FGM) or other forms of honour-based violence. Our Sister Circle FGM programme preliminary report suggests that those who are engaging with service are approx. 85% Muslim and 15% Christian.</p> <p>As set out in the section on marriage above, religious and cultural mores against divorce or on the role of women can be complicating factors that lead to additional barriers for those experiencing abuse.</p> <p>Victims or survivors may face accessibility barriers in relation to religion,</p>
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			<p>whether in terms of availability in relation to religious observance, the desire for gender-segregated services, or other needs.</p> <p>As mentioned above, work with cultural and faith groups and religious representatives is intended to address some of these elements and champion the positive actions that religious institutions can take to address male violence.</p> <p>It is also worth noting that we have seen from nationally reported cases of the grooming of young Asian women by extremists that the work of Prevent and similar initiatives can have significant implications with respect to violence against women and girls. Getting the council's partnership working right in relation to this sensitive area also has</p>
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				the potential to affect the experiences of young women in this respect.
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>As an extremely diverse borough with significant Somali and Bangladeshi populations, any decision that affects Tower Hamlets residents is likely to have a significant impact in relation to this protected characteristic. In relation to VAWG, this can be in relation to cultural barriers that affect access, the mistrust of VAWG, legal and criminal justice services among some ethnic communities. It may also arise to a degree in relation to how a focus on larger communities might obscure the needs of smaller population groups.</p> <p>Over half of all those accessing our commissioned domestic abuse service are from</p>



				<p>Asian ethnicities (2023-24, 54%), of which the Bangladeshi community made up approx. 48%. White British made up 19% of those using the service. In keeping with our Tower Hamlets Partnership Plan's call to action, to be a fair, inclusive and an anti-racist borough, this strategy highlights the importance of addressing individuals' needs relating to race or associated cultural factors and not taking a one-size-fits-all approach. This aims to build on work such as the Haawa Project during the last strategy that provided tailored support to predominantly (~80%) Somali women as well as a selection of other ethnicities. The commissioned support service provider will work with a third sector organisation specialising in working with Black and Asian minority ethnic groups.</p>
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			<p>The domestic abuse service recognises language barriers and provided translation support to 30% of clients. These additional barriers if not addressed can make communities less likely to access service and more vulnerable to violence and abuse.</p> <p>Any approach that is affected by migration status is also likely to have a disproportionate impact on race, due to the demographic make-up of migrants. Where those suffering abuse have No Recourse to Public Funds (NRPF), this can be a significant factor in the services they receive or individuals may even have their migration status used against them as a threat by perpetrators.</p> <p>The VAWG service recognises the importance</p>
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				of managing these particular complexities and work planned during the life of this strategy aims to improve our offer and the experience of victims and survivors with NRPF.
Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>93% of domestic abuse service users in 2023-24 are recorded as heterosexual, while 7% of recorded users are unknown or declined to answer.</p> <p>However, the 2021 census data which showed Tower Hamlets has a higher percentage of those who identify as lesbian, gay or bisexual than England and Wales as a whole – 7.2% compared with 3.1%. As with other elements of the LGBTQ+ community, we see underreporting and a distrust of institutions in relation to VAWG crimes such as domestic abuse. Combined with a higher</p>



				<p>level of risk and no way to know whether those who chose not to declare their sexual orientation are from these groups, this presents as an area of significant unmet need.</p> <p>This strategy sets out to improve our understanding of the particular cultural needs faced by particular groups in relation to sexual orientation, such as those who are gay, lesbian and bisexual, the barriers they face, their service needs and the best way to engage with these communities.</p>
Pregnancy and maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>It is recognised that abuse and coercion often starts or becomes worse when pregnancy becomes known. It can increase vulnerability to certain kinds of VAWG and maternity has a number of implications for access to services in terms of the</p>



			<p>ability to travel far with a baby as well as factors such as potential health complications. Similar to marriage, it can be associated with additional concerns around financial dependence that can be a barrier.</p> <p>Tower Hamlets does not commission specific services for women who are pregnant or recent mothers as part of our work on VAWG, but it is anticipated that their needs will be included within the work to identify barriers to access and ensure that specific access needs, including those in relation to intersectional vulnerabilities, are met. For example, Barts Health and GP Care Group train midwives to support women and identify FGM within midwifery Services.</p> <p>Our VAWG work will involve building stronger</p>
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				links with services that work with residents during pregnancy and maternity period such as antenatal services, infant feeding, or health visiting.
Experience of Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The 2021 Domestic Abuse Act recognised abusive behaviour between 16-17 year olds as domestic abuse as well as recognising children who witness or experience domestic abuse as victims and survivors. Children under the age of 18 years old are considered victims of domestic abuse if they see, hear or experience the effects of domestic abuse and are related or under the care of either the victim or perpetrator of abuse. As those with experience of care are more likely to have experience of domestic abuse prior to being in care, and the power dynamics or lack of alternatives available to

				<p>those in case can be a barrier to addressing abuse, this has a particular impact on that population group.</p> <p>This expansion of the definition of domestic abuse is something that will be addressed during the strategy and the council intends to adjust its service offer for children in response to this change.</p>
Other				
Socio-economic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Socio-economic deprivation is strongly linked with homelessness, where we saw almost 10% of cases linked to domestic abuse between 2018-2023. Consideration of housing pathways within this strategy is intended to support those in this situation and improve joined-up working between VAWG services and services such as housing or our tackling poverty team.</p>

<p>Parents/Carers</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>VAWG training offer is available to parents and carers in Tower Hamlets. Many parents and carers have undergone VAWG champions training and are linked in with safeguarding processes including Multi Agency Support Teams (MAST) and Multi-Agency Risk Assessment Conference (MARAC).</p> <p>However, as discussed above under Pregnancy and Maternity, parents with small children may face additional barriers in relation to accessing services. Their needs will be included within the work to identify barriers to access and ensure that specific access needs, including those in relation to intersectional vulnerabilities, are met.</p>
<p>People with different Gender Identities e.g.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Gender fluid, Non-Binary etc</p>				<p>We know that non-binary people, gender non-conforming people, and people with diverse sexualities can be targeted for forms of gender-based violence based on their sexuality, gender identity and/or gender expression.</p> <p>The exploration of barriers faced by LGBTQ+ communities as part of the strategy will require recognising the sometimes-particular needs that these individuals will have in relation to gender-based violence.</p>
<p>Any other groups</p>	<p><input checked="" type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Migrant survivors - Migrant victims and survivors of domestic abuse face some of the most significant barriers to accessing support simply because of their immigration status. 'Immigration abuse' is a tactic used by abusers as a form of coercive control.</p>

				<p>See the section on NRPF in relation to race, above.</p> <p>Intersectional groups - We recognise that whilst each protected characteristic has barriers, vulnerabilities can be compounded further for intersectional groups too i.e. someone who is not only Asian but also gay.</p>
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Section 5: Impact analysis and action plan

Recommendation	Key activity	Progress milestones including target dates for either completion or progress	Officer responsible	Update on progress
VAWG Steering Group to agree regular cycle of reporting on demographics of service use, that includes consideration any necessary response and incorporating these into their action plan/s, and to update their Terms of Reference accordingly.	Update ToR	By September 2024	Simon Smith	
Revision of data collection across partnership to capture information which would adequately inform equalities impact assessment and support service improvements and adaptations.	Review Data collection and establish key metrics for delivery of outcomes	Ongoing	Simon Smith	
VAWG services and commissioned providers to identify	Target interventions for specific under represented	By January 2025	Simon Smith	

<p>underrepresented groups and agree/implement mitigating actions to respond.</p>	<p>groups in terms of service take up (somali community, older victims/ male victims/ LGBT victims).</p>			
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Section 6: Monitoring

What monitoring processes have been put in place to check the delivery of the above action plan and impact on equality groups?

Work is planned with the VAWG Steering Group to develop their action plan and the requirements above will be included within it.

Appendix A

EIA decision rating

Decision	Action	Risk
<p>As a result of performing the EIA, it is evident that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a Protected Characteristic under the Equality Act and appropriate mitigations cannot be put in place to mitigate against negative impact. It is recommended that this proposal be suspended until further work is undertaken.</p>	<p>Suspend – Further Work Required</p>	<p>Red</p> 
<p>As a result of performing the EIA, it is evident that there is a risk that a disproportionately negative impact (direct, indirect, unintentional or otherwise) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, there is a genuine determining reason that could legitimise or justify the use of this policy.</p>	<p>Further (specialist) advice should be taken</p>	<p>Red Amber</p> 
<p>As a result of performing the EIA, it is evident that there is a risk that a disproportionately negatively impact (as described above) exists to one or more of the nine groups of people who share a protected characteristic under the Equality Act 2010. However, this risk may be removed or reduced by implementing the actions detailed within the <i>Impact analysis and action plan</i> section of this document.</p>	<p>Proceed pending agreement of mitigating action</p>	<p>Amber</p> 

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Needs Assessment about Violence Against Women and Girls in Tower Hamlets 2023

22 December 2023

Prepared by: Angela Burns, Public Health Programme Manager, Tower Hamlets Council

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Executive Summary

Introduction

The purpose of this Needs Assessment is to provide an updated view of need in relation to violence against women and girls (VAWG) in 2023 and provide recommendations for planning and commissioning of interventions to prevent and reduce violence against women and girls and its impact in Tower Hamlets.

VAWG is considered a complex public health issue with risk and protective factors. This framing supports consideration of the root causes of violence through the lens of wider determinants of health like social norms, financial security, housing, and the built environment. It will then enable Tower Hamlets Council to consider interventions on at different levels of prevention, from reducing the likelihood of violence, access to support and safety and reduction of the long-term impacts on wellbeing and health on victims and survivors.

VAWG includes a range of crimes which disproportionately affect women and girls (although different genders can experience these crimes) – these include domestic abuse, rape and other sexual offences, stalking, harassment, ‘honour’-based abuse (female genital mutilation, forced marriage, and ‘honour’ killings), digital abuse (e.g., ‘revenge porn’, ‘upskirting’), among others. Experiencing violence has negative effects on physical, mental, sexual and reproductive health as well as wider determinants of health like social isolation and economic insecurity.

National and Regional Context

There are national and regional policies and strategies in place that can help inform the definitions and expectations of Tower Hamlets’ actions towards preventing and responding to VAWG locally. National legislation includes the Domestic Abuse Act 2021, Sexual Offences Act, Female Genital Mutilation Act 2003 and Modern Slavery Act 2015. Additionally, there is a national Tackling VAWG Strategy which launched 2021, with ambitions to increase support for victims and survivors; increase the number of perpetrators brought to justice; increase reporting to the police; increase victim engagement with the police and wider public service response and reduce the prevalence of violence against women and girls.

The London Mayor’s Office for Policing and Crime has a VAWG strategy for 2022-2025 with similar priorities to the national strategy and a significant focus on partnership working with London stakeholders including partners from the VAWG sector, local authorities, police, the crown prosecution service, probation, HM Courts and Tribunals Service (HMCTS) and new commitments from the health sector.

Promising approaches for prevention and response to VAWG

Chapter 4 of this needs assessment summarises some of the existing guidance available for planning for prevention and reduction of VAWG at a local level, including:

- approaches for prevention, women’s safety and education;
- support for victims of VAWG;
- services directed towards perpetrators;
- addressing risks to health and security;
- ensuring approaches address inequalities and social exclusion and
- trauma-informed approaches.

Local risks factors and patterns of violence

Chapter 5 of this needs assessment includes information about the local population of Tower Hamlets, including risk factors for violence, as well as the occurrence of violence at a

population level. National and London-level data are included where there is limited local information. Below are some of the key findings from this chapter:

- Residents and professionals think that VAWG in Tower Hamlets is influenced by wider social issues like poverty and housing, lack of education and awareness, and cultural and social norms for different genders (misogyny and toxic masculinity).
- Some risk factors for experiencing different forms of VAWG as well as experiencing barriers to seeking support are common in Tower Hamlets (financial and housing insecurity, disability, LBGTQ+, specific ethnicities at risk of honour-based abuse and FGM).
- Male residents are more likely to feel very safe in the borough than female residents both during the day and night.
- Different forms of VAWG are frequently reported by Tower Hamlets residents, with some of the highest rates of reported domestic abuse, sexual violence, and online abuse in London.
- Although most victims were female, there were also male victims and victims of other genders, especially in modern slavery offences and in one-third of domestic abuse cases.
- Young adults make up the highest proportion of victims, although other age groups are also represented; young people aged 17 or under have one of the highest victimisation rates for sexual offences.
- Online safety is also a growing concern across London, with reports of abuse through online methods increasing each year. The majority of recorded victims were female.
- Women also shared different forms of 'lower level' violence/abuse they experienced in Tower Hamlets, including catcalling, invading personal space, unwanted contact in public spaces and social settings.
- Experiencing VAWG impacts residents in a range of ways including increasing risk of homelessness, poor mental health, and poor physical health including physical injuries and sexual health.

Achievements and Areas for Further Improvement in Tower Hamlets

In Chapter 8, there is a summary of the main achievements and areas for improvement across various areas of prevention and response to VAWG. Below are some of these findings. Further explanations of these summaries are described in Chapter 6, regarding local implementation, and Chapter 7, regarding local perspectives of residents and professionals.

Awareness and attitudes

- Tower Hamlets Council have implemented many training and outreach activities with professionals and residents, including VAWG Champions, campaigns with local businesses, and information for schools.
- Residents report limited awareness about local services and pathways among residents.
- Residents considered male residents, faith groups, and schools to be the most influential for influencing attitudes and increasing awareness.
- Although many professionals have participated in training about VAWG, 21% had not been aware of any training opportunities and over 10% reported not having enough time to participate.

Levels of resident engagement and involvement

- Only 8% of residents responding to the VAWG survey had previously involved in planning, designing, or reviewing action to prevention or address VAWG in Tower Hamlets.
- About half of professionals feel 'quite/extremely' confident in involving victims in planning and delivery.
- Tower Hamlets Women's Network has enabled involvement and empowerment among female residents since 2021, including the Gender Inclusive Design research project which applied online and in-person methods of gathering insight from female residents about their views.

Access to support

- When seeking support after experiencing VAWG, most residents say they would first speak to a friend or family member, followed by the police. Some residents also report that speaking to their GP has been helpful for seeking help with VAWG.
- Residents and professionals identified many barriers to seeking support such as lack of information about services, trust, awareness about abuse, and different fears.
- There are high numbers of groups who are more likely to experience barriers to support in Tower Hamlets (people with limited English proficiency, LGBTQ+ people, disabled people).

Support services for victims

- Tower Hamlets has a range of specialist services available for people who experience different forms of VAWG which are accessed by hundreds of residents, especially women.
- While just over half of professionals report feeling 'quite/extremely confident' in signposting or referring to support, nearly half of professionals have not participated in training and many didn't know about services aside from domestic abuse and sexual violence.
- Residents have varying views about services, with police, council housing and social care frequently viewed as 'not very helpful'.

Responding to perpetrators

- Perpetrators of domestic abuse and sexual violence are most often men. Perpetrators of honour-based abuse including FGM are less well recorded.
- Sanction and detection rates are low (9% for domestic abuse and 10% for sexual offences).
- Over one-third of professionals reported being 'not at all confident' on working with perpetrators
- Until recently, the main perpetrator service was available only to people with children, with few completions among perpetrators.
- Specialist Domestic Abuse Court was previously in place but is no longer operational.

Multi-agency and system response

- Over 500 of cases are discussed at MARACs each year to identify actions for safety planning, with a repeat victimisation rate between 15-18%.
- Domestic Homicide Reviews have offered multi-agency learnings and recommendations for organisations to take forward regarding training, policy, information sharing and processes.
- There are partnership groups for improving the support for women in contact with the criminal justice system and victims of modern day slavery.

- Professionals across Tower Hamlets organisations and services have participated in training about trauma-informed approaches, but implementation varies.

Recommendations

This needs assessment provides recommendations for future planning from 2024 in Chapter 9. The recommendations include actions towards preventing violence and increasing community safety; improving support for victims; holding perpetrators to account as well as cross-cutting recommendations to be applied across all areas of action related to VAWG in the borough. These actions relate to the local authority, criminal justice system, NHS organisations, voluntary sector organisations and the wider community.

Chapter 1 Purpose and Scope

The purpose of this Needs Assessment is to provide an overarching view of need in relation to violence against women and girls (VAWG) and provide recommendations for planning and commissioning of interventions to address violence against women and girls in Tower Hamlets. The Tower Hamlets Strategic Plan 2023-2026 includes an ambition that ‘residents, workers and visitors of all backgrounds feel safe and welcome in Tower Hamlets’ with several objectives relevant to VAWG prevention and response including a specific objective, ‘Tackle violence against women and girls and support victims’. The current VAWG strategy comes to an end in 2024, so this will help inform the development of a new strategy for 2024 to 2029.

VAWG includes a range of crimes which disproportionately affect women and girls (although different genders can experience these crimes) – these include domestic abuse, rape and other sexual offences, stalking, harassment, ‘honour’-based abuse (female genital mutilation, forced marriage, and ‘honour’ killings), digital abuse (e.g., ‘revenge porn’, ‘upskirting’), among others.

This needs assessment will seek to answer the following questions:

1. What is the national and regional context of VAWG in terms of legislation and policy?
2. What is considered good practice for the prevention and response to VAWG and women’s safety at a local level?
3. What are the relevant demographic considerations for designing and delivering action on VAWG in Tower Hamlets?
4. How frequently do different forms violence against women and girls occur in Tower Hamlets, London and England?
5. What are the patterns in violence experienced by subgroups of women and girls?
6. What is the impact of violence on women and girls’ lives?
7. What do residents, including survivors and victims, and professionals in Tower Hamlets say is needed to prevent and reduce the impact of VAWG and/or improve women and girls’ safety?
8. What has been implemented since the start of the current strategy in 2019?
9. What are residents, including survivors and victims, and professionals in Tower Hamlets knowledge and views about what is currently in place?
10. What should be incorporated into future planning to reduce VAWG and its impacts?

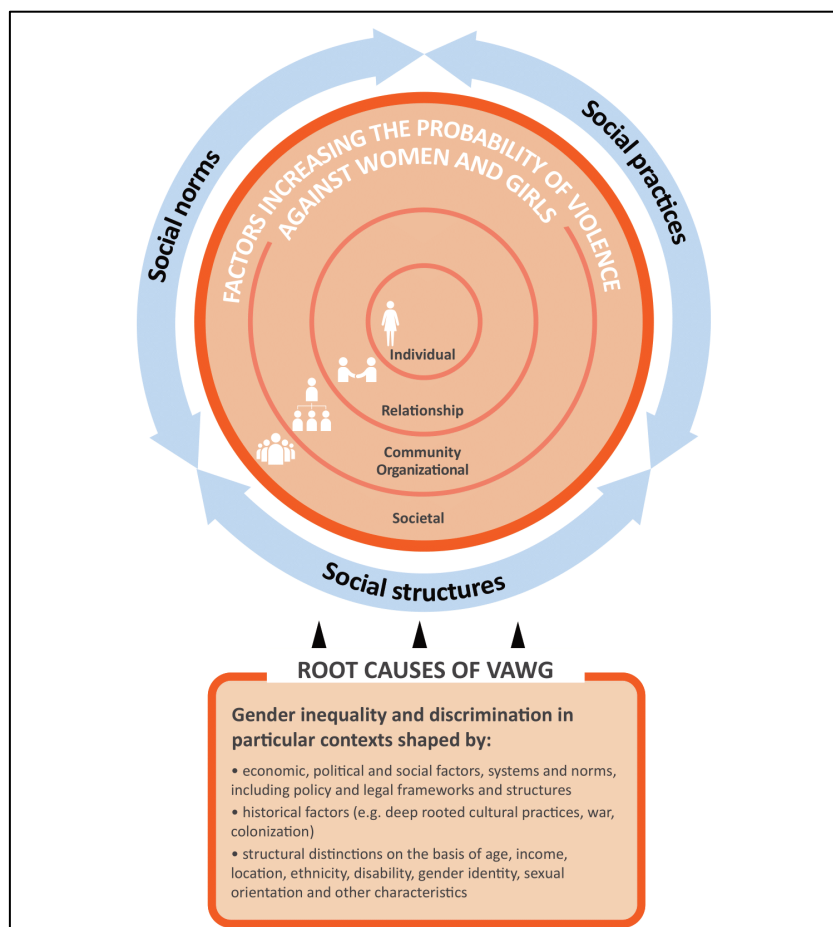
VAWG is influenced by misogyny (prejudice against women) and it can also lead to further inequalities in health and wellbeing experienced by women. To understand the local needs around prevention and reduction of VAWG, it is essential to consider multiple dimensions of inequality that can compound risks and increase barriers to support. It is also important to consider that different factors can overlap to influence the ways different people experience violence or can access help or support.

Alongside this needs assessment, there is a Serious Violence Duty Needs Assessment (SVD NA), which has been developed in 2023 to enable local authorities and local services to work together and plan to prevent serious violence (this includes information about domestic abuse, sexual violence, and any violence and exploitation affecting young people under the age of 25).

Chapter 2 Background

According to UN Women, VAWG is related to gender-based discrimination, social norms that accept violence, and gender stereotypes that continue cycles of violence. Using a socio-ecological model to consider the drivers of VAWG enables a broader understanding of the factors that intersect at the individual, interpersonal, community and societal levels to increase or decrease the likelihood of violence (as depicted in Figure 1)¹. This lens helps identify a broad set of opportunities to intervene and reduce VAWG. We should consider how each level influences the other when designing interventions (for instance, how wider societal and community factors influence family and partner relationships).

Figure 1: Understanding violence against women¹



Experiencing violence and abuse often have traumatic and long-lasting effects on victims, survivors and loved ones – including physical and mental health, damage to self-esteem and confidence, isolation, homelessness and reduced economic prospects. These result in negative impacts in wider society, including social and economic costs.

Given its negative consequences on health and wellbeing, VAWG is considered a major public health issue globally and in the UK. To address VAWG using a public health approach, it is necessary to define and understand the issue and levels of need including risk and protective factors before going on to identify appropriate interventions to deliver. This framing

¹ UN Women, UNFPA, WHO, UNDP, OHCHR, UNESCO, & ILO (2015). A Framework to Underpin Action to Prevent Violence against Women. UN Women. Retrieved from: <https://www.unwomen.org/en/digital-library/publications/2015/11/prevention-framework>

supports consideration of the root causes of violence through the lens of wider determinants of health (e.g., factors such as gender norms, financial security, housing, and the built environment). It will then enable Tower Hamlets Council to consider interventions for different levels of prevention, from reducing the likelihood of violence, access to support and safety and reduction of the long-term impacts on wellbeing and health on victims and survivors.

Chapter 3 Policy and Legislative Context

There are national and regional policies and strategies that can inform local action around VAWG:

National

Domestic Abuse Act 2021: In 2021, the Domestic Abuse Act was signed into law, providing a statutory definition of domestic abuse which includes any of the following behaviours between two people are aged 16 years or older personally connected to each other, regardless of if it is a single incident or a course or recurring²:

- physical or sexual abuse.
- violent or threatening behaviour.
- controlling or coercive behaviour.
- economic abuse; and/or
- psychological, emotional or other abuse.

Children under the age of 18 years old are also considered victims of domestic abuse if they see, hear or experience the effects of domestic abuse and are related or under the care of either the victim or perpetrator of abuse. However, the law does not pertain to behaviour between two children under the age of 16 years old (e.g., young people in a romantic relationship).

This law also places a duty on local authorities to provide accommodation-based support to victims of domestic abuse and their children in refuges and other safe accommodation. All eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance. In addition, the law ensures that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.

Beyond these specific implications, the Domestic Abuse Act 2021 also places a general duty on local authorities to take all reasonable steps to prevent domestic abuse and support survivors through different policies and services.

Sexual Offences Act 2003: The Sexual Offences Act 2003 sets out provision about sexual offences, prevention and protection of children from harm³. It provides definitions for different sexual offences including rape, assault, child sexual exploitation, trafficking, prostitution, abuse of positions of trust, and voyeurism. Additionally, the Act also sets out a definition of consent as well as criteria for offences where consent is not required to be proved (e.g., specific sexual offences against children under specific ages as well as sexual offences against persons with a mental disorder in particular circumstances).

² Domestic Abuse Act 2021, c. 17. Retrieved from: <https://www.legislation.gov.uk/ukpga/2021/17/enacted>

³ Sexual Offences Act 2003, c. 42. Retrieved from: <https://www.legislation.gov.uk/ukpga/2003/42/contents>

Female Genital Mutilation Act 2003: This Act defines female genital mutilation (FGM) as a criminal offence and that FGM includes the excision, infibulation or other mutilation of part of or all of a girl's labia majora, labia minora or clitoris. The Act also established a duty to notify police of FGM for people working in regulated professions (e.g., healthcare professionals, teachers)⁴.

The FGM Act 2003 sets out a duty for local authorities to take all reasonable steps to prevent FGM, including raising awareness and working with communities to challenge attitudes. Additionally, local authorities have a duty to provide support to victims of FGM, including practical health, access to specialist services and provision of emotional support.

Modern Slavery Act 2015: This Act sets out definitions for modern slavery and exploitation, penalties, prevention orders and requirements for the protection of victims⁵.

Violence Against Women and Girls Strategy: In 2021, the Government launched the Tackling Violence Against Women and Girls Strategy⁶, replacing the previous strategy that ran from 2016-2020⁷. The strategy document explains that the term VAWG refers to acts of violence or abuse known to disproportionately affect women and girls but says that the strategy refers to all victims of any of these offences (rape and other sexual offences, domestic abuse, stalking, 'honour'-based abuse, and online offences). This strategy has the following ambitions:

1. To increase support for victims and survivors
2. To increase the number of perpetrators brought to justice
3. To increase reporting to the police
4. To increase victim engagement with the police and wider public service response
5. To reduce the prevalence of violence against women and girls

The strategy notes that a cross-system approach with coordinated and cohesive response between organisations is necessary to reduce VAWG, improve support and increase the number of perpetrators brought to justice. The Home Office invested £43 million towards tackling VAWG, including perpetrator interventions, Domestic Homicide Review improvements, and specific funding for addressing forced marriage.

The Strategy also sets out several actions towards these ambitions including:

- **Prioritising prevention**
 - Compulsory relationship education in all primary schools and relationship and sex education in all secondary schools
 - Updated guidance for school and college staff for managing reports of sexual violence and harassment as well as identification and response to all forms of abuse and neglect including peer-on-peer abuse
 - Investment in the safer public spaces including streets and transportation

⁴ Female Genital Mutilation Act 2003, c. 31. Retrieved from:

<https://www.legislation.gov.uk/ukpga/2003/31/contents>

⁵ Modern Slavery Act 2015, c. 30. Retrieved from:

<https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

⁶ Home Office (2021). *Tackling Violence Against Women and Girls Strategy*. Retrieved from:

<https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

⁷ Home Office (2021). *Strategy to end violence against women and girls: 2016 to 2020*. Retrieved from:

https://assets.publishing.service.gov.uk/media/5a7f56b6e5274a2e8ab4b936/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF

- An Online Safety Bill introducing new measures for prevention of harmful online content and safeguards for children and vulnerable adults
- National public information campaign targeting perpetrators and harmful misogynistic attitudes in wider society
- Resourcing for community advocates to engage on the topic of 'honour'-based abuse, forced marriage and female genital mutilation.
- **Supporting victims**
 - Investment in community-based sexual violence and domestic abuse support services including specialist organisations that support people from different ethnic backgrounds, LGBT and disabled victims
 - Increasing investment in Independent Sexual and Domestic Violence Advisers
 - Clinics which support victims and survivors of FGM
 - Increase in funding for revenge porn helpline
- **Pursuing perpetrators**
 - Additional funding for police capacity with the aim of improving response and investigation
 - Funding evidence-based perpetrator programmes for a range of offence types including intimate partner violence, sexual offending, and serious violence
 - Campaigning and legislation against street harassment
 - Preventing offending from escalating amongst repeat perpetrators
 - Addressing 'sex for rent' and exploitation and bringing forward a Tackling Modern Slavery Strategy
- **Strengthening the system**
 - Funding for projects that aim to improve the lives of disadvantaged women and girls
 - Funding to enhance multi-agency working and information sharing
 - Sharing best practice in policing to improve the response to VAWG
 - Provide a resource pack for local authorities and other partners on forced marriage
 - Resource allocation from Department of Health and Social Care to provide necessary support services for survivors of sexual violence and domestic abuse and ensure safe, effective support for staff affected by VAWG
 - Raise awareness of the FGM mandatory reporting duty

Women's Health Strategy 2022-2032: In 2022, the Department of Health and Social Care established a 10-year Women's Health Strategy for England which has seven priority areas, including one about the health impacts of violence against women and girls as a public health issue as well as a criminal justice issue. The ambitions under this priority area are⁸:

- Prevention and reduction of VAWG is prioritised by the health and care system
- Women and girls who are victims of violence or abuse are supported by the healthcare system and in the workplace including increased focus on prevention, early identification and provision of victim support
- Greater awareness among the general population of healthcare services that provide specialist treatment and support for sexual violence and FGM
- NHS and social care staff who are victims of VAWG are better supported in the workplace by employers and colleagues, and know how to access support they may need.

⁸ Department of Health and Social Care. (2022). *Women's Health Strategy for England*. Retrieved from: <https://www.gov.uk/government/publications/womens-health-strategy-for-england>

- Learnings and recommendations from the Domestic Homicide Reviews for health should be embedded.

Suicide Prevention Strategy 2023-2028: A major part of the cross-government Suicide Prevention Strategy 2023-2028 identifies groups that should be prioritised for support due to increased risk factors for suicide or self-harm. These groups include people in contact with the justice system and people who have experienced domestic abuse.

London

The London Mayor’s Office for Policing and Crime (MOPAC) has a VAWG strategy for 2022-2025 with the following priorities and actions⁹:

1. Preventing and reducing VAWG	2. Supporting all victims and survivors	3. Holding perpetrators to account	4. Building trust and confidence
1.1 Coming together as partners to prevent VAWG 1.2 Tackling VAWG through better education 1.3 A public challenge to the attitudes that enable VAWG so that Londoners, especially men, feel able to call it out 1.4 Equality and freedom for women and girls in public and online spaces	2.1 Helping more victims and survivors to rebuild their lives through access to specialist services 2.2 Improving the experience of victims and survivors through the CJS 2.3 Safe reporting and support for all victims and survivors	3.1 Perpetrators across all forms of VAWG are identified and pathways for abuse are disrupted 3.2 Early intervention for individuals displaying potentially harmful attitudes and behaviours 3.3 Perpetrators are effectively managed and reoffending is reduced	4.1 Taking action to build trust and confidence

The London VAWG Strategy emphasises partnership working in order to achieve these ambitions, calling on partners from the VAWG sector, local authorities, police, the crown prosecution service, probation, HMCTS and the NHS. There is a London VAWG Board which holds statutory partners to account which is co-chaired by MOPAC and a representative from the VAWG sector. There is also a VAWG Expert Reference Group which acts as a voice of the voluntary sector. In addition, MOPAC also provide funding for delivery of violence reduction programmes and services.

The London Women’s Night Safety Charter has a list of pledges for organisations that operate at night to sign up to, including having a champion, communications, staff training, design of the physical space as well as support for victims. There is a toolkit with ideas and resources for supporting organisations with adopting the pledges¹⁰. The Charter has hundreds of signatories from across London.

⁹ Mayor of London (2022). Violence Against Women and Girls Strategy 2022-2025. Retrieved from: <https://www.london.gov.uk/publications/tackling-violence-against-women-and-girls>

¹⁰ Mayor of London (2019). Women’s Night Safety Charter Toolkit. Retrieved from: https://www.london.gov.uk/sites/default/files/wnsc_toolkit_final.pdf

Following a call to action by the Mayor of London, London Councils, NHS England London and Integrated Care Boards came together in autumn 2023 to hold the Violence Against Women and Girls is Everyone's Business: Health Summit. This Summit of partners across the health and care system (e.g. NHS organisations, Councils, voluntary sector organisations) set out a framework for pledges to be committed in alignment with the following principles:

- **Recognise all forms of violence against women and girls in everything we do** - Develop strategies and policies to identify how each respective organisation tackles all VAWG in all areas of business.
- **Embed action to end perpetration of VAWG** - Address offender behaviour, supporting them to change, while ensuring the safety of the victim is at the heart of any action.
- **Work together to actively tackle VAWG** - Create a culture across all partners where all staff are confident to identify and respond to VAWG whether it's dealing with a staff issue or supporting a patient.
- **Strengthen workplace safety** - Acknowledge and address the role of power dynamics within work environments and providing protection and support for staff who are experiencing or have experienced VAWG.
- **Promote a collaborative learning environment** - Understand the gaps in knowledge within our services and listening to experiences of colleagues to provide effective staff training focused on providing bespoke support to the needs of individual.
- **Ensure an anti-misogynistic environment** - Develop a shared understanding of what misogyny is, identifying structural barriers and working to address them, and through training with a focus on allyship to ensure there is no space for misogyny in the workplace.

Chapter 4 Promising approaches for addressing VAWG at a local level

This section provides information about approaches which are recommended for preventing and reducing the impact of VAWG at a local level, including the rationale and detail related to:

- approaches for prevention, women's safety and education;
- support for victims of VAWG;
- services directed towards perpetrators;
- addressing risks to health and security;
- ensuring approaches address inequalities and social exclusion and
- trauma-informed approaches.

Public Health and Prevention

Public health approaches have the following underlying principles, which can be applied to preventing VAWG¹¹:

- A focus on a defined population
- With and for communities
- Not constrained by organisational or professional boundaries
- Focused on generating long-term and short-term solutions
- Based on data and intelligence about need and inequalities
- Rooted in evidence of effectiveness for how to address needs

Local areas should apply a place-based, multi-agency approach to violence prevention which incorporates 'The 5Cs' to address specific needs in a population:

- Collaboration
- Co-production
- Co-operation in data and intelligence sharing
- Counter-narrative development
- Community consensus

Prevention—addressing the structural causes, as well as the risk and protective factors, associated with violence—is pivotal to eliminating violence against women and girls completely. It requires political commitment, implementing laws that promote gender equality, investing in women's organizations, and addressing the multiple forms of discrimination women face daily. In 2019, the World Health Organization published 'RESPECT Women: Preventing Violence Against Women' guidance for policymakers and programme implementers which includes the following 7 strategies to prevent violence against women¹²:

- **R**elationship skills strengthened
- **E**mpowerment of women
- **S**ervices ensured
- **P**overty reduced

¹¹ Public Health England (2017). A whole-system multi-agency approach to serious violence prevention. Retrieved from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862794/multi-agency_approach_to_serious_violence_prevention.pdf

¹² World Health Organization, 2019. *RESPECT women: Preventing violence against women*. <https://www.who.int/publications/i/item/WHO-RHR-18.19>

- Environments made safe
- Child and adolescent abuse prevented
- Transformed attitudes, beliefs and norms

The document also sets out guiding principles for effective programming:

- Put women’s safety first and do no harm
- Promote gender equality and women’s human rights
- Address multiple and intersecting forms based on personal characteristics
- Develop a theory of change
- Promote evidence-informed programming
- Use participatory approaches
- Promote coordination
- Implement combined interventions
- Address the prevention continuum
- Take a life course approach

Women’s safety in public spaces: UN Women’s Global Flagship Initiative, Safe Cities and Safe Public Spaces for Women and Girls, challenges cities to¹³:

- Identify locally relevant and owned interventions that are related to gender
- Develop and effectively implement comprehensive laws and policies to prevent and respond to sexual violence in public places
- Invest in safety and economic viability of public spaces
- Change attitudes and behaviours to promote women’s and girl’s rights to enjoy public spaces free from violence

Education: In England, Relationships Education has been compulsory for all students in primary education and Relationships and Sex Education (RSE) for students in secondary education since 2020. Statutory guidance includes the legal duties required of schools as well as expectations around age appropriateness¹⁴.

Setting	Content
Primary schools	<ul style="list-style-type: none"> • Key building blocks of healthy, respectful relationships (focused on family and friends) • A range of contexts, including online • Information about how to be healthy
Secondary schools	<ul style="list-style-type: none"> • Understanding of health with increased focus on risk areas such as drugs and alcohol • Knowledge about intimate relationships, sex, how to have positive and healthy sexual relationships

¹³ UN Women (2023). Safe cities and safe public spaces. Retrieved from: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/creating-safe-public-spaces>

¹⁴ Great Britain. Department for Education (2021). Relationships and sex education (RSE) and health education. Retrieved from: <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

A review of RSE implementation by SafeLives provided the following recommendations¹⁵:

- Guidance about RSE should reflect the diversity of the population of young people and their relationships including LGBT+ relationships, gender inequality, boundaries and consent
- Governance bodies should support schools to ensure RSE is prioritised and resourced to be embedded using a whole-school approach
- Schools should have a pool of trained RSE teachers who deliver the subject each year, enabling learning and support among staff as well as increased trust among young people.

Bystander interventions: Another promising approach to preventing different forms of VAWG in public spaces are bystander interventions, where people who might witness a form of VAWG play a role in prevention by recognising and responding to behaviours or attitudes. Intervention programmes involve raising awareness about VAWG; building skills (e.g., how to assess a situation, communicate with perpetrators and victims, and get help if needed); and changing social norms about violence and equality. These kinds of interventions support prevention of some forms of VAWG, including intimate partner violence and sexual violence, if specific to the local context and tailored to audiences' learning needs¹⁶.

Support for victims and perpetrators

There are existing recommended approaches for services for victims of VAWG as well as programmes for perpetrators, some which are specific to certain types of abuse or violence while others are relevant to different forms of VAWG.

Trauma-informed approaches: Experiences of violence and abuse are likely to be traumatic for victims and potentially also for perpetrators; trauma occurs when harmful or life-threatening events or circumstances people experience (such as violence or abuse) have lasting negative effects on their mental, physical, social, emotional or spiritual wellbeing. Specialist services and systems that aim to support people affected by violence should be trauma-informed. The Office for Health Improvement and Disparities (OHID) (2022) explains that trauma-informed approaches in care and practice aims to reduce these negative effects among people and communities by addressing barriers that people affected by trauma can experience when seeking services or support. Being trauma-informed means that individuals, services and organisations¹⁷:

- Realising that trauma can affect individuals, groups and communities
- Recognising the signs, symptoms and widespread impact of trauma
- Prevent re-traumatisation (exposing people to experiences that feel like previous traumatic experiences).

¹⁵ SafeLives (2022). "I love it – but wish it were taken more seriously": An exploration of relationships and sex education in English secondary school settings. https://safelives.org.uk/sites/default/files/resources/RSE_Report_2022_0.pdf

¹⁶ Great Britain. Public Health England (2020). Bystander interventions to prevent intimate partner and sexual violence: summary. <https://www.gov.uk/government/publications/interventions-to-prevent-intimate-partner-and-sexual-violence>

¹⁷ Great Britain. Office for Health Improvement and Disparities (2022). *Working definition of trauma-informed practice*. <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

This can be done by applying the six principles of trauma-informed practice, which OHID (2022) described in relation to health and care services:

Safety	The physical, psychological and emotional safety of service users and staff is prioritised
Trustworthiness	Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community
Choice	Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward
Collaboration	The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole
Empowerment	Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level
Cultural considerations	Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity

According to guidance published by the Centre for Mental Health (2022), trauma-informed services for women have ongoing processes, approaches and values that focus on:

- listening to women's stories;
- understanding with empathy;
- responding in timely, holistic and tailored ways to individual needs and
- checking with victims that services are listening, understanding and responding appropriately.

Services for women should also prioritise equality of access, respect, and empowerment through co-production.¹⁸

Support for victims of domestic abuse: The National Institute for Health and Care Excellence (NICE) published guidelines in 2014, which set out a series of recommendations for local authorities to apply to address domestic abuse through multi-agency working across different themes¹⁹:

Planning and delivery of services:

- Recommendation 1: Plan services based on an assessment of need and service mapping
- Recommendation 2: Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
- Recommendation 3: Develop an integrated commissioning strategy

¹⁸ Wilton, J. & Williams, A. (2022). *Engaging with complexity: Providing effective trauma-informed care for women*. Centre for Mental Health.
<https://www.mentalhealth.org.uk/sites/default/files/2022-08/engaging-with-complexity-publication.pdf>

¹⁹ Domestic violence and abuse: multi-agency working (2014) NICE Public Health Guideline 50. Last update 2018. <https://www.nice.org.uk/guidance/ph50>

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- Recommendation 4: Commission integrated care pathways
- Recommendation 5: Create an environment for disclosing domestic violence and abuse
- Recommendation 6: Ensure trained staff ask people about domestic violence and abuse
- Recommendation 7: Adopt clear protocols and methods for information sharing
- Recommendation 8: Tailor support to meet people's needs
- Recommendation 9: Help people who find it difficult to access services
- Recommendation 10: Identify and, where necessary, refer children and young people affected by domestic violence and abuse
- Recommendation 11: Provide specialist domestic violence and abuse services for children and young people
- Recommendation 12: Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
- Recommendation 13: Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
- Recommendation 14: Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse.

Training and professional development:

- Recommendation 15: Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
- Recommendation 16: GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
- Recommendation 17: Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse.

In 2022, the Home Office published guidance for commissioners as well as service providers for how commissioned local services can best support victims and survivors in England, with recommendations for different phases of the commissioning cycle²⁰:

Analyse	Plan	Do	Review
<p>Conducting a specific VAWG needs assessment, with involvement from current or potential service users in the planning process</p> <p>Mapping existing provision of both commissioned and non-commissioned services (pathways, criteria, gaps, alignment to</p>	<p>Develop a strategy with a vision, understanding of the context, the impact of VAWG, a proactive approach to perpetrators</p> <p>Equality and diversity considerations must be taken into account across VAWG commissioning processes</p>	<p>Market development and capacity building should support specialist 'by and for' organisations, smaller and larger organisations</p> <p>Value should incorporate cost as well as savings, recognising that services with higher unit costs may deliver support in a</p>	<p>There should be a continuous cycle of review of impact and experiences of services for service users</p> <p>Commissioners should seek to understand the extent that services are effective in delivering desired changes and identify what isn't working</p>

²⁰ Great Britain. Home Office (2022). Violence Against Women and Girls Services: Commissioning Toolkit. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064572/VAWG_Commissioning_Toolkit_2022_Final.pdf

population needs, effectiveness, value for money)	Service specifications should consider the additional needs of VAWG victims including mental health, substance use, disability, language barriers and immigration status	way that reduces costs to other services	from victims' and staff's perspectives
Mapping spend			
Co-production of services			

Female Genital Mutilation (FGM): In the UK, FGM is illegal and considered an unacceptable practice – it's a form of VAWG and is sometimes associated with other behaviours that harm women and girls such as forced marriage and domestic abuse. FGM is practiced in some countries in Africa, the Middle East and Asia for a range of complex reasons. In 2020, the national government also published multi-agency statutory guidance about female genital mutilation, including²¹:

- There is a mandatory duty to report when a child or young person has informed that they have had FGM or physical signs have been observed in a patient.
- Organisations should have a designated lead person responsible for addressing FGM with relevant experience and knowledge
- Response to FGM should be everyone's responsibility
- Response to FGM should be informed by the needs and views of women and girls affected
- Commissioned services should work with local community organisations and people with lived experience to meet physical and mental health needs
- Training should include topic overview, laws, potential consequences, procedures to follow when FGM is suspected or known, and roles of different professionals and multi-agency working.

So-called 'honour'-based violence or abuse: The police and Crown Prosecution Service define so-called 'honour'-based abuse as 'an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour.'²² With forced marriage in particular, this happens when one or both individuals do not or cannot consent to marriage and are pressured or coerced²³.

²¹ Great Britain. HM Government (2020). Multi-agency statutory guidance on female genital mutilation. Retrieved from: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

²² Crown Prosecution Service (2019). So-Called Honour-Based Abuse and Forced Marriage: Guidance on Identifying and Flagging cases. Retrieved from: <https://www.cps.gov.uk/legal-guidance/so-called-honour-based-abuse-and-forced-marriage-guidance-identifying-and-flagging>

²³ SafeLives (2017). *Your Choice: 'honour'-based violence, forced marriage and domestic abuse*. Retrieved from: <https://safelives.org.uk/spotlight-4-honour-based-violence-and-forced-marriage>

SafeLives (2017) recommends for local authorities to ensure local services, including those working with children, are aware of 'honour'-based violence issues and appropriate reporting procedures; transnational marriage; and how 'honour'-based violence relates to child manipulation by perpetrators and the impact on child contact arrangements²³.

Statutory guidance for handling cases of forced marriage notes that²⁴:

- Forced marriage is commonly unreported and hidden
- Preventing forced marriage should form part of existing child and adult protection structures, policies and procedures
- A victim-focused approach and information sharing are essential
- People with learning disabilities are sometimes forced to marry and there are particular considerations regarding capacity to consent and particular risk factors and reasons (e.g., obtaining a carer, financial security or status).

Modern Slavery: The Human Trafficking Foundation developed a process guide and example referral pathway for local authorities to use for support adult victims of modern slavery²⁵. The guide includes detailed recommendations for each step of the victim journey including how to carry out assessments of risk or need and national contacts such as the Adult National Referral Mechanism.

Multi-agency risk assessment conferences (MARACs): MARACs are local meetings where agencies share information about adults at high risk of domestic abuse and discuss options for a coordinated action plan to address the individual's safety, health and wellbeing. The victim is represented by an IDVA in the meeting. Interventions with a MARAC and IDVA service appear to reduce the occurrence of violence experienced by domestic abuse victims²⁶.

Perpetrator interventions: The Home Office published standards for domestic abuse perpetrator interventions in 2023 which cover intimate partner violence and abuse as well as other abuse where the victim and perpetrator are aged 16 or over and are personally connected. There are different types of interventions set out by these standards²⁷:

- **Help-seeking:** Interventions for people to talk about behaviour early on through a brief intervention
- **Early responses:** This is usually a short-term intervention that involves one to one or group work where information is provided and/or there is an aim to motivate perpetrators to look at joining a behaviour change programme.
- **Behaviour change work:** Longer-term interventions (22+ weeks) for perpetrators where abuse has become an ongoing pattern

²⁴ Foreign, Commonwealth and Development Office & Home Office (2023). Multi-agency statutory guidance for dealing with forced marriage and multi-agency practice guidelines: Handling cases of forced marriage. Retrieved from: <https://www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage>

²⁵ Human Trafficking Foundation (2023). *Modern Slavery Protocol*. Retrieved from: <https://www.humantraffickingfoundation.org/modern-slavery-protocol>

²⁶ SafeLives (2023). <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

²⁷ Home Office (2023). *Standards for domestic abuse perpetrator interventions*. Retrieved from: <https://www.gov.uk/government/publications/standards-for-domestic-abuse-perpetrator-interventions/standards-for-domestic-abuse-perpetrator-interventions-accessible>

- **Intensive multi-agency case management:** Police-identified cases where there is greater harm and risk involved (e.g., repeat call outs or multiple victims); importantly this management includes both coordinated multi-agency response as well as direct work with the perpetrator.

Seven standards were developed, with engagement with practitioners, policymakers, victim-survivors and perpetrators:

1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victim-survivors, including children.
2. Interventions should be located within a wider co-ordinated community response in which all agencies share the responsibility of holding abusive behaviour in view, enabling change in perpetrators and enhancing the safety and freedom (space for action) of victim-survivors and their children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.
5. Interventions should be delivered equitably with respect to protected characteristics that intersect and overlap.
6. Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.
7. Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

Police, prison and probation services in local areas are responsible for Multi-Agency Public Protection Arrangements (MAPPAs), which are put into place to manage violent and sexual offenders, including perpetrators of different forms of VAWG. HM Prison & Probation Service published updated guidance for MAPPAs in 2023 which includes information for different partners roles including local authority teams about how to identify and notify offenders; information sharing; risk assessment and management plans; and multi-agency public protection meetings²⁸.

Health Services

Experiences of VAWG has a range of health consequences on victims²⁹:

- **Physical health:** acute injuries, impairments, gastro-intestinal conditions, chronic pain, death
- **Sexual and reproductive health:** unintended pregnancy, abortion, sexually transmitted infections, pregnancy complications, vaginal bleeding or infections, chronic pelvic infection, urinary tract infections, injuries to the genital area, painful sexual intercourse, sexual dysfunction
- **Mental health and wellbeing:** depression, stress, anxiety disorders (e.g., post-traumatic stress disorder), sleeping and eating disorders, poor self-esteem
- **Behaviours:** self-harm and suicide attempts; harmful substance use; multiple sexual partners; risk of future abusive partners; lower rates of contraception and condom use.

Health systems can play an important role in the prevention and response to VAWG. There is a need for a priority for VAWG in health policies and budget allocations as well as

²⁸ Great Britain. Ministry of Justice (2023). Multi-agency public protection arrangements (MAPPAs): Guidance. Retrieved from: <https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa-guidance>

²⁹ World Health Organization (2012). Understanding and addressing violence against women: Health consequences. Retrieved from: https://iris.who.int/bitstream/handle/10665/77431/WHO_RHR_12.43_eng.pdf

leadership and awareness among health policy makers of the health burden of VAWG and importance of prevention. Health systems should also provide enabling conditions such as coordination, referral networks, protocols, and capacity building. Additionally, there is a need for integration of VAWG into medical, nursing, public health and other curricula and ongoing training. Finally, more research on the health burden of VAWG and interventions for prevention and response to VAWG should be conducted.

The role of health care response at different levels of prevention can include³⁰:

Primary prevention	Secondary prevention	Tertiary prevention
<ul style="list-style-type: none"> • Advocacy and awareness • Interventions to address child maltreatment • Reduction of harmful alcohol consumption • Data collection 	<ul style="list-style-type: none"> • Identification of violence • Acute care for health problems • Long-term care for mental and physical health • Referrals to other support services • Data collection 	<ul style="list-style-type: none"> • Rehabilitation • Long-term mental health and other support • Support with wider determinants of health • Advocacy for survivors

In England, there is specific guidance for how health professionals can support adults, young people and children who are experiencing domestic abuse. This guidance, published by the Department of Health in 2017, provides advice on how to identify potential victims, initiate enquiries, and respond to disclosures effectively including making referrals to specialist services³¹.

Housing

A ‘whole housing approach’ aims to improve the housing options and outcomes for people experiencing abuse to have stable housing, live safety and overcome their experiences of abuse for all housing tenure types (social housing, private rented sector, privately owned, refuge services, and supported or sheltered housing)³². This approach also sets out the housing options, initiatives and support that should be offered to victims and survivors. The Domestic Abuse Housing Accreditation (DAHA) is a UK-based accreditation scheme that supports housing providers to respond to domestic abuse. The DAHA includes 8 priority areas³³:

1. Staff development and support
2. Policies and procedures
3. Publicity and awareness raising
4. Partnership and collaboration
5. Safety-led case management
6. Survivor-led support
7. Intersectional and anti-racist practice

³⁰ Garcia-Moreno et al. (2015). The health-systems response to violence against women. *Lancet*; 385: 1567–79. Retrieved from: [http://dx.doi.org/10.1016/S0140-6736\(14\)61840-7](http://dx.doi.org/10.1016/S0140-6736(14)61840-7)

³¹ Great Britain. Department of Health (2017). Domestic abuse: a resource for health professionals. <https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals>

³² DAHA (2023). What is the Whole Housing Approach? Retrieved from: <https://www.dahalliance.org.uk/innovations-in-practice/whole-housing-approach/what-is-the-whole-housing-approach/>

³³ DAHA (2023). What is DAHA accreditation. Retrieved from: <https://www.dahalliance.org.uk/membership-accreditation/what-is-daha-accreditation/>

8. Perpetrator accountability

Inequalities and Social Exclusion

Different population groups can experience specific risks for VAWG and barriers to seeking support. This section describes some of these barriers as well as recommendations specific to different groups. Individuals may experience more than one inequality or form of exclusion. There are some common themes across the recommendations for addressing inequalities and social exclusion, including:

- Adapt and tailor services to meet needs of specific groups including disabled women and girls; women and girls who are Black, Asian or from a minority ethnic group; LGBT+ people (Lesbian, Gay, Bisexual, Transgender and additional sexual orientations and gender identities); people from different faith and religious groups;
- Ensure professionals have adequate skills and knowledge to provide appropriate support
- Ensure data quality about different characteristics
- Address lack of trust and fear of statutory services including police
- Collaborate with and support specialist organisations who have expertise and relationships with specific communities.

Disabled women and girls have an increased risk of violence and abuse than those who are not disabled and typically experience abuse for a longer time before accessing support. To address these barriers in the context of domestic abuse, organisations are recommended to³⁴:

- Invest in more in-person services and support, including court interpreters, that are accessible for different abilities
- Ensure institutional advocacy for disabled victims of domestic abuse
- Involve disabled people in prevention of domestic abuse
- Promote greater understanding about the dynamics of disability and domestic abuse
- Promote greater awareness of hidden impairments such as mental illness and learning disabilities.

Women who are Black, Asian and or other minority ethnic groups experience barriers and difficulties in relation to domestic abuse that are additional to those experienced by all victims and survivors. A review of domestic homicides where victims were Black, Asian or minority ethnic women found that common barriers to seeking support with VAWG included³⁵:

- Language barriers including lack of independent interpretation
- Social isolation from the wider community and help seeking opportunities
- Pressure from family and community
- Lack of trust in and fear of police
- Fear of having children taken away by social services

³⁴ SafeLives (2017). Disabled survivors too: Disabled people and domestic abuse. Retrieved from: <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>

³⁵ Imkaan & Centre for Women's Justice (2023). *Life or Death? Preventing domestic homicides and suicides of Black and minoritised women*. Retrieved from: <https://static1.squarespace.com/static/5aa98420f2e6b1ba0c874e42/t/655639ddc55be306e7dfa5c5/1700149727418/Life+or+Death+Report+-+Nov+2023.pdf>

- Fear of information being shared with immigration enforcement

The Office for Health Improvement and Disparities guidance for healthcare practitioners working with migrant women notes that women who have experienced forced migration are at increased risk of having experienced VAWG (whether prior to, during or following forced migration journeys)³⁶.

Recommendations for supporting migrant and ethnic minority women:

- Work on race/ethnicity should include understanding of the intersections with gender
- Include trauma-informed training in the workforce development strategy for all employees that work with VAWG survivors, which includes the impacts of systemic racism and unconscious bias experienced by Black, Asian or minority ethnic women
- Mandate completion of ethnicity data fields to enable analysis and disaggregation by ethnicity
- Provision of interpreters for accessing services including police for victims and survivors of VAWG, of the sex of choice and ensuring interpreters are briefed about sensitive topics that may be disclosed
- Provide equal support for victims and survivors with insecure immigration status
- Record the immigration status of victims whenever they are not a UK national
- Mainstream victim support services should ensure that Black, Asian and minority ethnic survivors are given the choice to be referred to services which are led and run by 'by and for organisations' (people with similar lived experience)
- Support women to register for GP services.

LGBT+ (Lesbian, Gay, Bisexual, Transgender and additional sexual orientations and gender identities) have increased risks of experiencing abuse by previous intimate partners as well as having experienced abuse as a child or young person. Additionally, LGBT+ individuals may experience abuse related to their identities, such as when a perpetrator holds the victim's trans identity against them as a tactic of abuse. LGBT+ victims of abuse experience barriers to disclosing and reporting abuse, including child sexual abuse, due to homophobia and transphobia in society.

Some indicators of LGBT+ inclusion, in relation to domestic abuse interventions³⁷, are:

- Training on lesbian, gay, bisexual and transgender and additional identities' needs in relation to service provision
- Monitoring for both sexual orientation and gender identity³⁸
- Advertising domestic abuse services in LGBT+ specific or relevant settings
- Explicitly stating that services are open to LGBT+ victims and survivors online or in promotional materials
- Providing gender-neutral bathrooms on premises
- Requiring or encouraging staff to put their pronouns in their email signatures
- Asking new service users their pronouns
- Partnership working with LGBT+ domestic abuse organisations and services

³⁶ Great Britain. Office for Health Improvement and Disparities (2021). Women's health: migrant health guide. Retrieved from: <https://www.gov.uk/guidance/womens-health-migrant-health-guide>

³⁷ Galop (2022). LGBT+ domestic abuse service provision mapping study. <https://galop.org.uk/wp-content/uploads/2022/02/Galop-LGBT-Domestic-Abuse-Service-Provision-Mapping-Study-Final.pdf>

³⁸ LGBT Foundation (2021). Monitoring sexual orientation and trans status. Retrieved from: <https://lgbt.foundation/monitoring>

- Recruitment of LGBT+ staff

Recommendations for local actors, such as commissioners³⁹, include:

- Ensure that needs of LGBT+ victims and survivors are considered through service user consultations and forums as well as through Equality Impact Assessments
- Ensure there is enough local specialist support, which might involve regional pathways
- Training, education and awareness efforts should reflect the experiences of LGBT+ victims and survivors
- Collect and analyse data about LGBT+ victims access and experiences and address gaps in knowledge or provision.

Different faith and religious factors can influence the response to VAWG. A report from the Faith and VAWG Coalition which involved mixed-methods research with specialist VAWG organisations found that⁴⁰:

- Faith and community leaders have an important and unique role
- Faith and community leaders must become more literate regarding different forms of abuse and violence
- Faith and religion can be a source of comfort for some victims and survivors of VAWG
- Faith and religion can also be used as tools of abuse

The recommendations of this report were for local and central governments to show they value the work of 'by and for' organisations by adequately resourcing them; consider faith communities and leaders as allies in addressing VAWG and create and enable spaces that understand the complex relationships between faith and domestic abuse⁴⁰.

Women in contact with the criminal justice system are likely to have specific factors, like abuse and trauma, that influence their offending. Experience of violence or abuse can be a driver to women's offending in different ways, such as the impacts of trauma or coercive control by an abuser on offending behaviours; for example, nearly two-thirds (60%) of women in custody have experienced domestic violence and almost half (48%) reported committing their offence to support drug use of someone else⁴¹. The Prison Reform Trust have published a guidance report about the role of local authorities in supporting women with multiple needs in contact with the criminal justice system. The guidance encourages local authorities to lead on early intervention, co-location and integration of services around individual needs, multi-agency partnerships and ensuring strategic oversight.

Prostitution or sex work is diverse in nature and includes a range of activity including street sex work as well as off-street in physical venues and online. People involved in prostitution or sex work experience specific risks due to the stigma associated with the sex industry; as activity is often hidden, this increases the risk of abuse and exploitation. Beyond the Streets, a charity that works with women in the sex industry, has collated information about particular support needs to consider and address. These support needs vary widely and include mental health and emotional wellbeing, trauma, relationships, employment and

³⁹ SaveLives (2018). Free to be safe: LGBT+ people experiencing domestic abuse.

Retrieved from <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse>

⁴⁰Faith and VAWG Coalition (2020). *Keeping the faith: What survivors from faith communities want us to know*. Retrieved from: <https://www.faithandvawg.org/blog/keeping-the-faith-report/>

⁴¹ Ministry of Justice (2018). Infographic for the Female Offender Strategy. Retrieved from: <https://assets.publishing.service.gov.uk/media/5b32807ee5274a55d4c296bc/infographic-for-the-female-offender-strategy.pdf>

education, abuse, coercion and exploitation, housing, substance use, social stigma, physical and sexual health, and navigating with the criminal justice system. Support to exit or sustain exit from prostitution was identified as a support need for some but not all respondents⁴².

Guidance from the National Police Chief's Council recommends that professionals who work with people involved in prostitution or sex work should build relationships with partners to facilitate information sharing that generates an accurate understanding of the nature of local issues and vulnerabilities, including online activity. Additionally, partners who engage with people involved in prostitution or sex work should focus on building trust; using open discussion rather than formal questioning; and addressing safety in a sensitive and supportive manner⁴³. Beyond the Streets have also produced guidance for how to collaborate with people with diverse lived experiences of prostitution or sex work, which is essential for the design and delivery of support⁴⁴.

⁴²Beyond the Streets (2022). Needs of women involved in the UK Sex Industry: Learning from frontline services. Retrieved from: <https://beyondthestreets.org.uk/new-report-highlighting-support-needs-of-women-involved-in-uk-sex-industry/>

⁴³ National Police Chief's Council (2019). National Policing Sex Work and Prostitution Guidance. Retrieved from: <https://library.college.police.uk/docs/appref/Sex-Work-and-Prostitution-Guidance-Jan-2019.pdf>

⁴⁴ Beyond the Streets (2022). Lived experience: learning from others. Retrieved from: <https://beyondthestreets.org.uk/lived-experience-learning-from-others/>

Chapter 5 Population data

This Chapter includes descriptive statistics about:

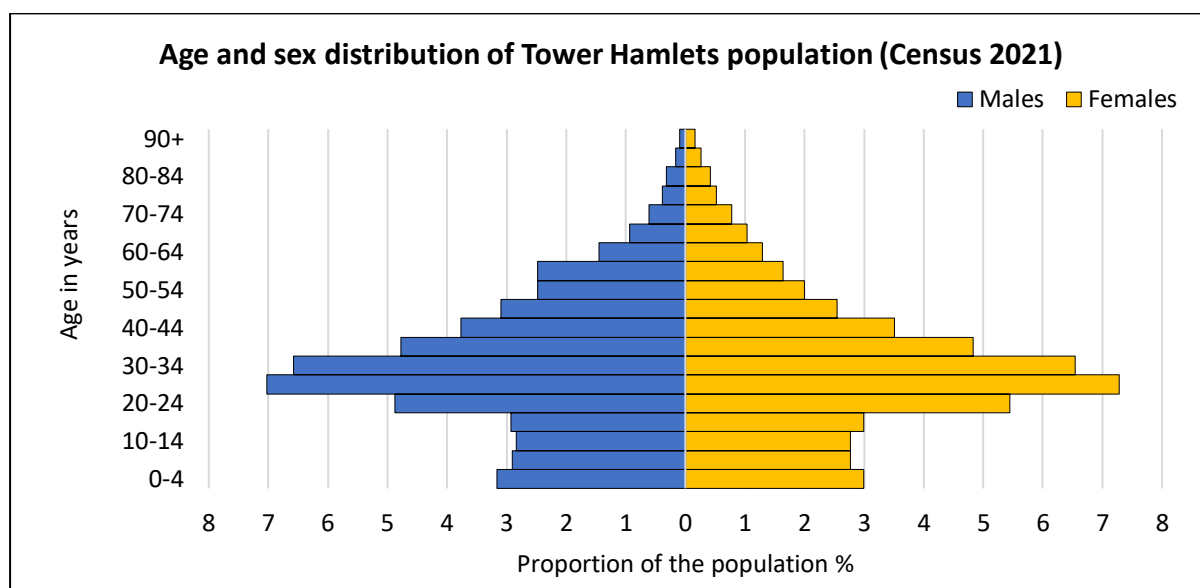
- The local population in Tower Hamlets including demographic factors related to risk of VAWG and/or risk of barriers to support
- Occurrence of different forms of VAWG nationally, at a London level or locally where available.

Local population

This section of the needs assessment describes the Tower Hamlets population. When planning interventions to address VAWG, it is essential to consider the local context and population. Certain population groups may experience increased risk of perpetrating or experiencing VAWG.

In addition to these risk factors for experiencing violence, many groups may experience barriers due to the way systems, services or information are designed and delivered if their views are not heard. As summarised in Chapter 4, factors which increase the likelihood of increasing barriers include being Black, Asian or another ethnic minority; lacking English language proficiency; identifying as LGBTQ+; being disabled or having a long-term health condition; having an insecure migration status; being socially isolated; and lacking digital access or skills.

Age: According to the Census conducted in 2021 by the Office of National Statistics, Tower Hamlets has a total population of 310,300 residents. Tower Hamlets is one of the youngest local authority areas in the country – the median age is 30 years old (compared with 40 years old for England).⁴⁵



Sex and Gender: 50.2% of these residents were male while 49.8% were female. While 90.7% of Tower Hamlets residents had the same gender identity as their sex registered at birth, 1.0% had a different gender identity to their sex registered at birth.⁴⁵

Sexual orientation: Among residents aged 16 years old and over, most (83%) identify as straight or heterosexual. However, about 7% of Tower Hamlets residents aged 16 years or

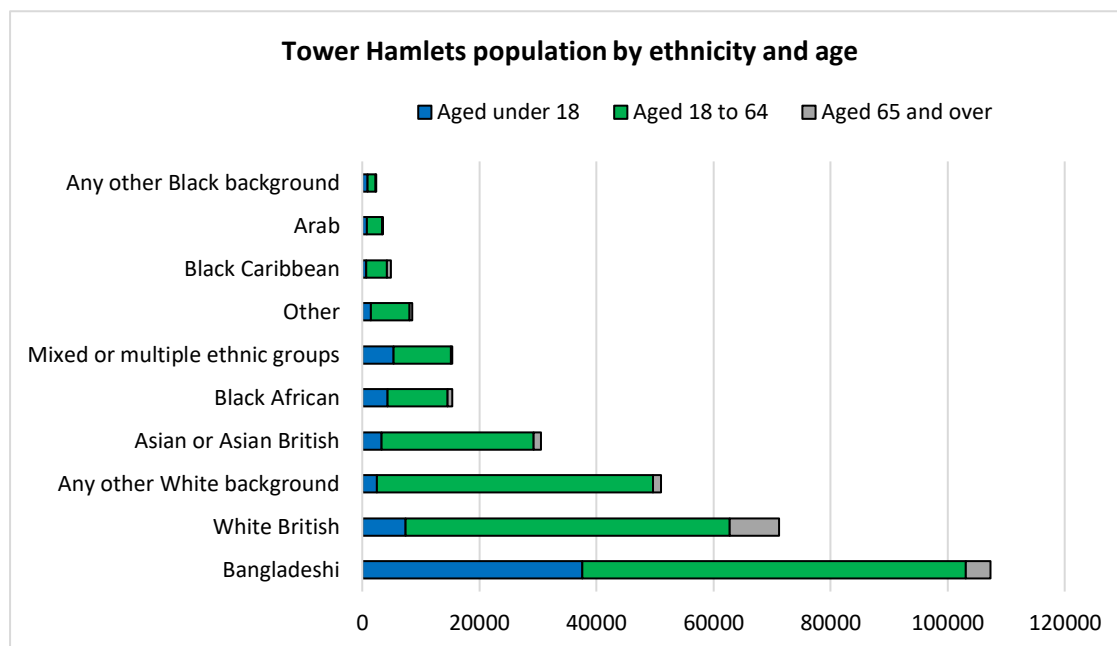
⁴⁵ Office for National Statistics (2023). Census. Retrieved from: <https://www.ons.gov.uk/census>

older identify as lesbian, gay, bisexual, pansexual, asexual or another queer sexual orientation.⁴⁵

Health and disability: Tower Hamlets has a relatively high proportion of the population reporting bad (7%) / very bad (2.5%) health⁴⁵. Healthy life expectancy, which is a measure incorporating self-reported health as well as life expectancy, is lower among women in Tower Hamlets than both London and England. Long-term conditions are prevalent in the borough: 9.7% of adults have a recorded long-term musculoskeletal condition; 7% have hypertension; and 6.6% have diabetes. About 20% of residents report some form of disability – 9% whom report their disability

Mental illnesses are also prevalent in Tower Hamlets. Over 50,000 adults have a recorded common mental illness (e.g. depression or different forms of anxiety disorders). Rates of depression and anxiety are higher among female than male residents, while PTSD prevalence is higher among males than females. Additionally, 1.2% of the adult population has a serious mental illness (schizophrenia, bipolar, or other psychotic disorder)⁴⁶.

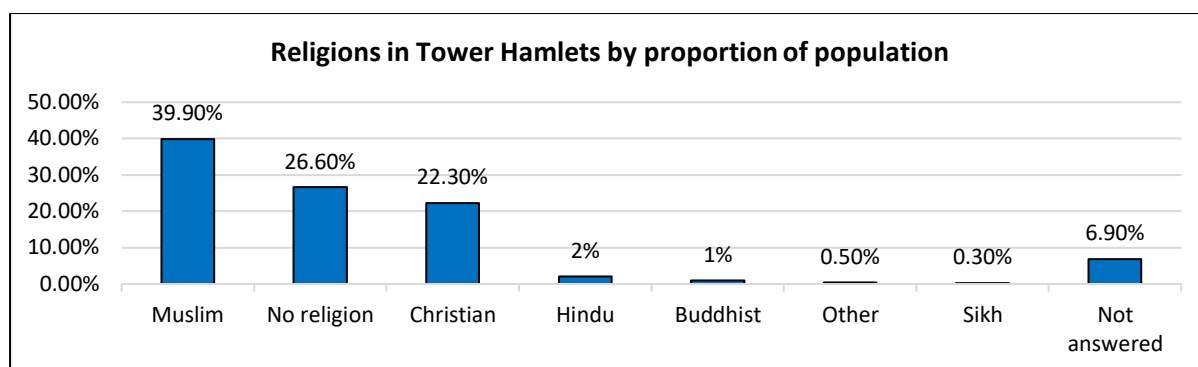
Ethnicity and Culture: Tower Hamlets is a diverse borough in terms of cultures, ethnicities, languages and religions. According to the 2021 Census, Bangladeshi residents are the largest ethnic group followed by White British/Northern Irish. Other ethnic groups make up about one-third of the resident population in the borough including White, Asian and Black African ethnicities including Somali.



Just under half of residents born outside of the UK, although many had lived in the UK for at least 10 years while 7.8% arrived in the past 5 years. Nearly two-thirds of households in Tower Hamlets reported that all adults in household have English as main language (62.9%); while some (18.1%) households had at least one adult with English as their main language and other households had no adults with English as their main language (15.7%)⁴⁵.

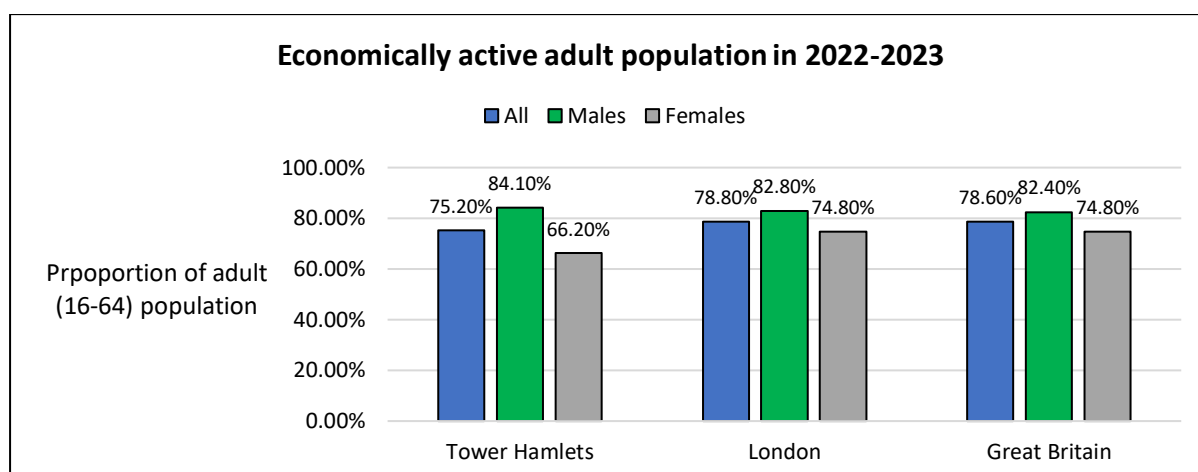
Below are the religions people have identified with in Tower Hamlets⁴⁵:

⁴⁶ Clinical Effectiveness Group, 2022.



Poverty and deprivation: 11,935 residents are claiming Out-Of-Work Benefits – about 6.1% of males and 5.1% of females. Nearly one-third of lower super output areas (LSOAs) are among the 20% most deprived in England; 3/4 of LSOAs are among the 40% most deprived. About 8.7% of households in Tower Hamlets are fuel poor, equivalent to just over 11,000 households.⁴⁷

Economic activity: Tower Hamlets has a lower proportion of the adult female population who are economically active (66.2%) compared with London (74.8%) and Great Britain (74.8%).



Housing: Tower Hamlets, along with most of Inner London, has very high housing costs – the median monthly rent for a 1-bedroom flat is £1,550⁴⁸. About one-quarter (23%) of households are owner occupied while 34% are social renters and 38% private renters. Tower Hamlets is also very densely populated and 15.8% of households are overcrowded⁴⁵.

Social relationships: Of the Tower Hamlets residents aged 16 years old and over, 42% have never married, 38% are married or in a civil partnership, 9% are divorced, 8% are widowed, and 3% are separated. 34.5% of 'economically inactive' people report looking after

⁴⁷ Great Britain. Department for Energy and Net Zero (2023). Sub-regional fuel poverty data 2023 (2021 data). Retrieved from: <https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2023-2021-data>

⁴⁸ Mayor of London (2023). London rents map. Retrieved from: <https://www.london.gov.uk/programmes-strategies/housing-and-land/improving-private-rented-sector/london-rents-map>

their family/home and 6.4% of residents provide unpaid care⁴⁹. About 21% of Tower Hamlets residents reported feeling lonely often or always in 2019/2020, similar to London⁵⁰.

Homelessness: The rate of homelessness in Tower Hamlets is 15.2 per 1,000 (similar to London). 400 people seen rough sleeping in 2020/2021 (83% male and 17% female).

Substance use: 19.5% of adults binge drink in TH vs. 14.6% in London; 1,945 people in treatment for substance use; 15.1% of residents 18+ are smokers (above London average).

⁴⁹ Office of National Statistics (2022). Economic activity status, England and Wales: Census 2021. Retrieved from:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/economicactivitystatusenglandandwales/census2021>

⁵⁰ Office of National Statistics (2021). Loneliness rates and wellbeing indicators by local authority. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/lonelinessratesandwellbeingindicatorsbylocalauthority>

VAWG in the population

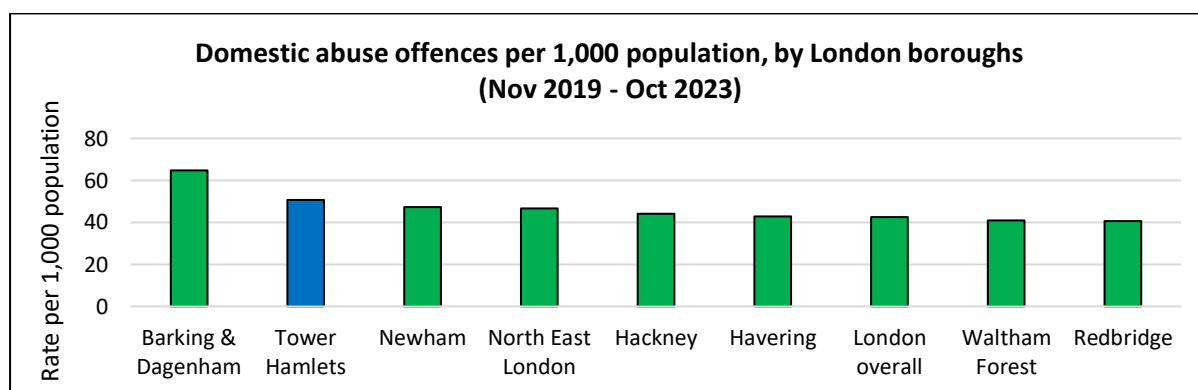
The primary sources of information for this section are police-reported crime data from the Metropolitan Police and the national Crime Survey for England and Wales (CSEW). It is worth noting that incidents of VAWG are likely to be underreported in both formal data sources for a range of reasons including stigma, fear of repercussions, and lack of understanding of what is considered to be abuse or violence among community members. Furthermore, there are limitations in data quality regarding demographic characteristics such as ethnicity and gender.

Domestic Abuse

Across England and Wales, approximately 1.7 million women and 699,000 men aged 16 years or older reported experiencing a form of domestic abuse between April 2021 to March 2022 across England and Wales. 1 in 5 people aged 16 years or older in England and Wales have experienced domestic abuse. Concerningly, 1 in 4 adult women had experienced a form of abuse before the age of 16 years⁵¹.

The National Domestic Abuse Helpline received a total of 48,593 calls in 2022-2023; 89.9% of these callers were female while 6.1% of callers were male and 0.2% of callers were transgender or non-binary⁵². Callers varied in age but the majority were adults between the ages of 21-39 years old. Callers reported different types of domestic abuse with the most frequently reported being psychological or emotional abuse (79%); threatening or intimidating behaviour (53%) and controlling behaviour (50%).

There were 1.5 million domestic abuse related incidents recorded by the Metropolitan Police Service (MPS) in April 2021-March 2022. Rates of these recorded incidents have been increasing since 2015/2016 in England as well as in Tower Hamlets. Tower Hamlets has the fourth highest rate of domestic abuse offences per 1,000 population in London in 2022-2023, and the second highest in North East London after Barking and Dagenham for the years 2019-2023⁵³.



In comparison between different offence categories related to domestic abuse per population over the age of 15 in London, North East London, and Tower Hamlets, Tower Hamlets appears to have higher rates of domestic incidents than England and London. Domestic

⁵¹ Office for National Statistics (2022). Domestic abuse victim characteristics in England and Wales: year ending March 2022. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2022/pdf>

⁵² Office of National Statistics (2022). Domestic abuse victim services. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabusevictimservicesappendixtables>

⁵³ Metropolitan Police Service (2023). MPS Monthly Crime Dashboard Data. Retrieved from: <https://public.tableau.com/app/profile/metropolitan.police.service/viz/MonthlyCrimeDataNewCats/Coversheet>

abuse where there is assault without bodily injury appears to be slightly more common than assault with bodily harm or other injury.

Offence category	London	North East London	Tower Hamlets
Hate Offence -Domestic Incident	8.71	10.18	11.69
Assault without Injury	3.06	3.50	3.63
Actual Bodily harm and other Injury	2.16	2.37	2.58

According to police reported data from 2020-2023, suspects of domestic abuse offences in Tower Hamlets⁵³:

- Over three-quarters (77%) of suspects were male while the remaining 22% were female;
- The most common age range of suspected perpetrators was 18-39 years old;
- Over half of suspected perpetrators were Asian while 33% were White, 11% were Black and 1% were other ethnicities;
- More than two-thirds (70%) of suspected perpetrators are partners or ex-partners; others include brother, son, and other familial relationships in smaller quantities as well as acquaintances.

There are also differences in characteristics among victims of domestic abuse in Tower Hamlets, according to police reported data:

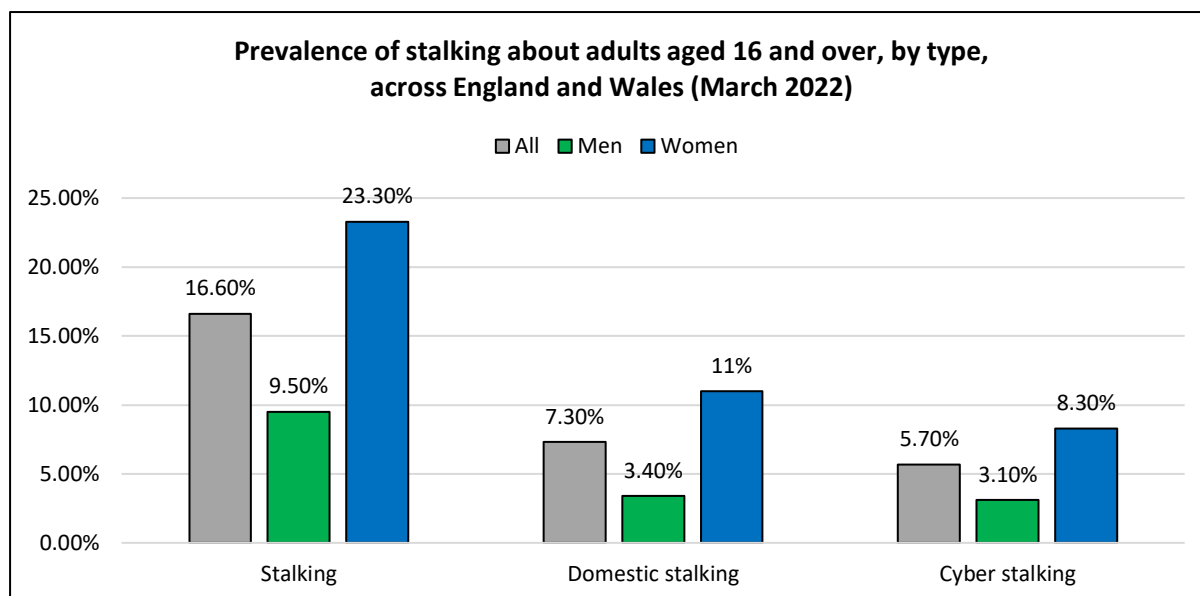
- About two-thirds of victims in Tower Hamlets were female; while the remaining third were male;
- 64% of victims were 18-39 years old; 27% were 40-64 years old; 3.5% were 65 years or older; 3% were 1-17 years old;
- Gender differences in number of offences are greatest for victims between 18-40 years old; more similar among those under 18 and over 65;
- About half of victims were of Asian ethnicity while 35% were White, 12% Black and 1% other ethnicities;
- Same sex domestic abuse offences made up under 1% of all MPS cases in Tower Hamlets (25-46 offences each year).

The LBTH Multi-Agency Safeguarding Hub (MASH) received a total of 4,642 contacts relating to domestic abuse in the year July 2022 to June 2023, which was about one-quarter of all contacts. Over half of these were related to domestic abuse between adults in families with children while over 350 were domestic abuse related to a young person. Referrals relating to domestic abuse most commonly came from police, schools and health services.

Adult Safeguarding concerns are typically raised in relation to people with care and support needs, such as disabilities or long-term health conditions, when there is a risk of abuse or neglect. Between November 2019 to October 2023, a total of 4,044 Adult Safeguarding concerns were raised to Tower Hamlets Council about 2,852 individuals; of these, 508 concerns were related to different forms of domestic abuse. concerns are typically related to people with care and support needs such as disabilities and long-term conditions).

Stalking and Harassment

In England and Wales, police-recorded crime of stalking has increased greatly since 2015, after stalking was introduced as a separate crime classification in 2014. Adult women are more likely to report ever experiencing stalking than men⁵⁴.



There were 24,383 domestic abuse-related stalking and harassment crimes across London recorded by MPS in 2021/2022, which was 37% of all offences. Below is a comparison of different offence categories related to stalking and harassment per population over the age of 15 in London, North East London, and Tower Hamlets⁵⁵.

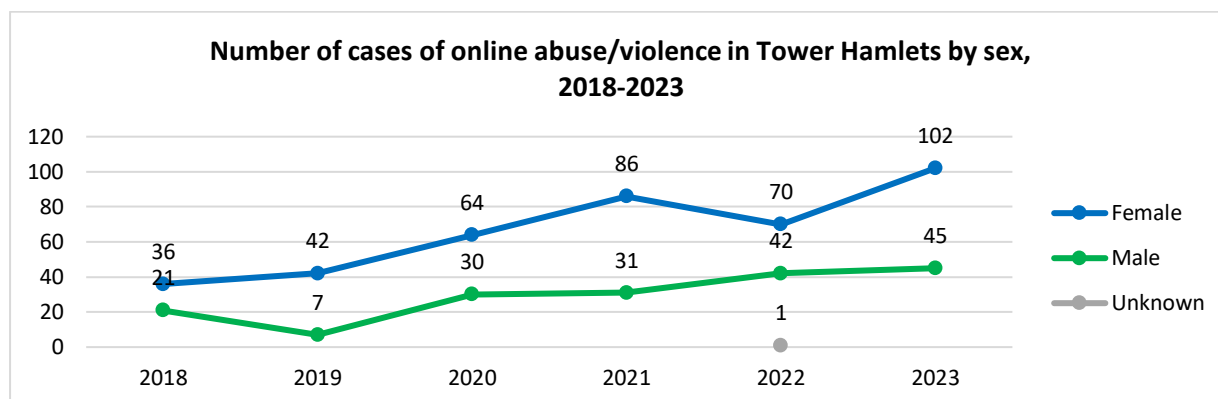
Offence category	London	North East London	Tower Hamlets
Sending letters etc with intent to cause distress or anxiety	1.10	1.16	1.27
Pursue course of conduct in breach of Section 1(1) which amounts to stalking	1.09	1.10	1.14
Harassment	0.78	0.84	1.14

⁵⁴ Office of National Statistics (2022). Stalking: findings from the CSEW. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/stalkingfindingsfromthecrimesurveyforenglandandwales>

⁵⁵ MPS, 2022.

Digital and Online Abuse

The number of police-recorded cases of abuse and violence using digital or online forms across London has increased from 967 in 2018 to 3472 in 2023. Of all the cases during this period, 577 were in Tower Hamlets. A greater proportion of cases were linked to domestic abuse in Tower Hamlets (46%) than for London overall (32%). For both London and Tower Hamlets, the majority of victims of these offences were female. A greater proportion of victims were female in the cases that were linked to domestic abuse (about three-quarters) than those not linked to domestic abuse (about two-thirds).



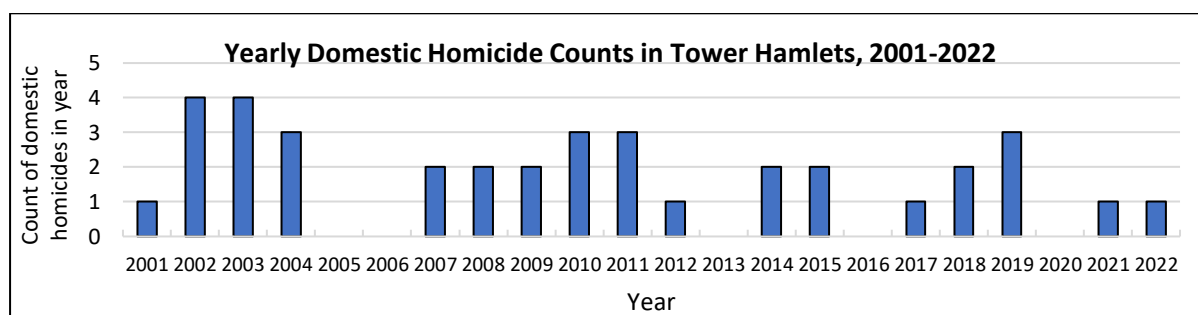
The data recorded by MPS has a very wide range of offence classes; some of the most recorded offence types were sending letters to cause distress; harassment; disclosure of sex-related photos or threat to; stalking; and sexual communication with a child.

Domestic Homicides

There were about 129 domestic homicides every year in England and Wales throughout the last decade. Between April 2018 and March 2020, nearly 20% (362 of 1903) of homicides of victims aged 16 years or older in England and Wales were domestic homicides. The Home Office Homicide Index for 2019-2021 indicated that:

- Nearly 3 in 4 victims of domestic homicide were female (in comparison with non-domestic homicides where nearly 90% of victims were male)
- In nearly all cases of DH where victim was female, the suspect was male (260 of 269) and 3 in 4 of the suspects were a male partner / ex-partner

In Tower Hamlets, 33 of the 108 homicides known to MPS since 2003 were considered domestic homicides. 24 victims were female while 9 were male. Most (26 of 33) were between the ages of 20 to 54 years old⁵⁶.



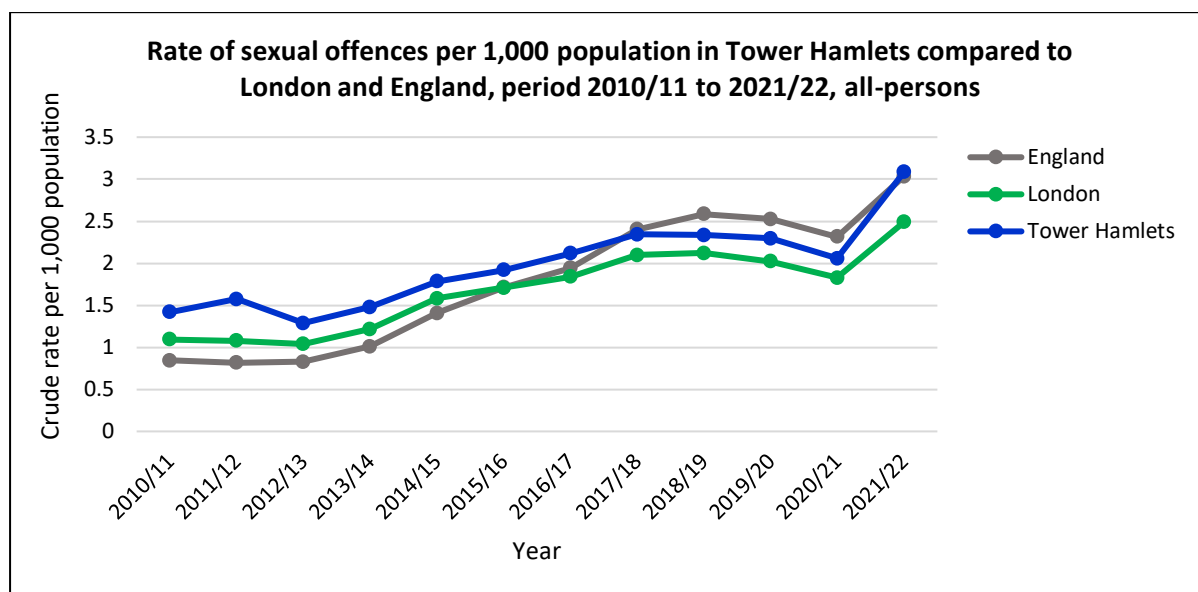
⁵⁶ Metropolitan Police (2023). *Homicide Victims in the MPS, 2003 to 2023*. Retrieved from: <https://www.met.police.uk/sd/stats-and-data/met/homicide-dashboard/>

Sexual Violence

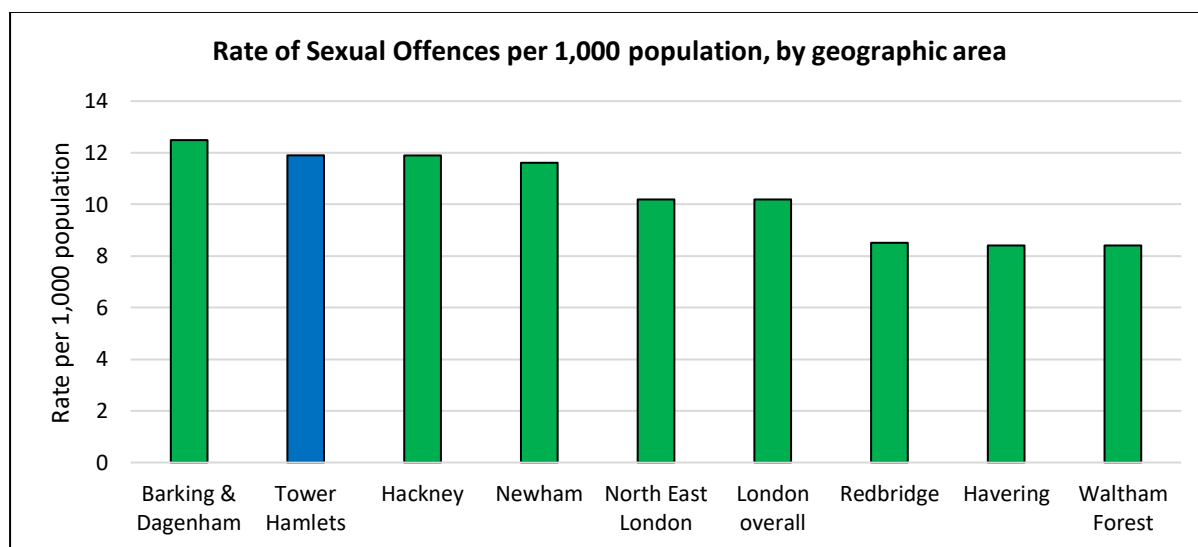
Sexual offences recorded by the police cover a broad range of offences including rape, sexual assault, sexual activity with minors, sexual exploitation of children, and other sexual offences. There are different offence codes used for rape and sexual assault, depending on the age and sex of the victim.

National CSEW data shows that women were more likely than men to be victims of sexual assault in the last year. In the year ending March 2022, 3.9% of women and 1.4% of men aged 16 to 59 years had experienced any type of sexual assault in England and Wales.

Police data indicates that reported rates have increased steadily across England, London and Tower Hamlets since 2013, with a slight decrease in 2020.

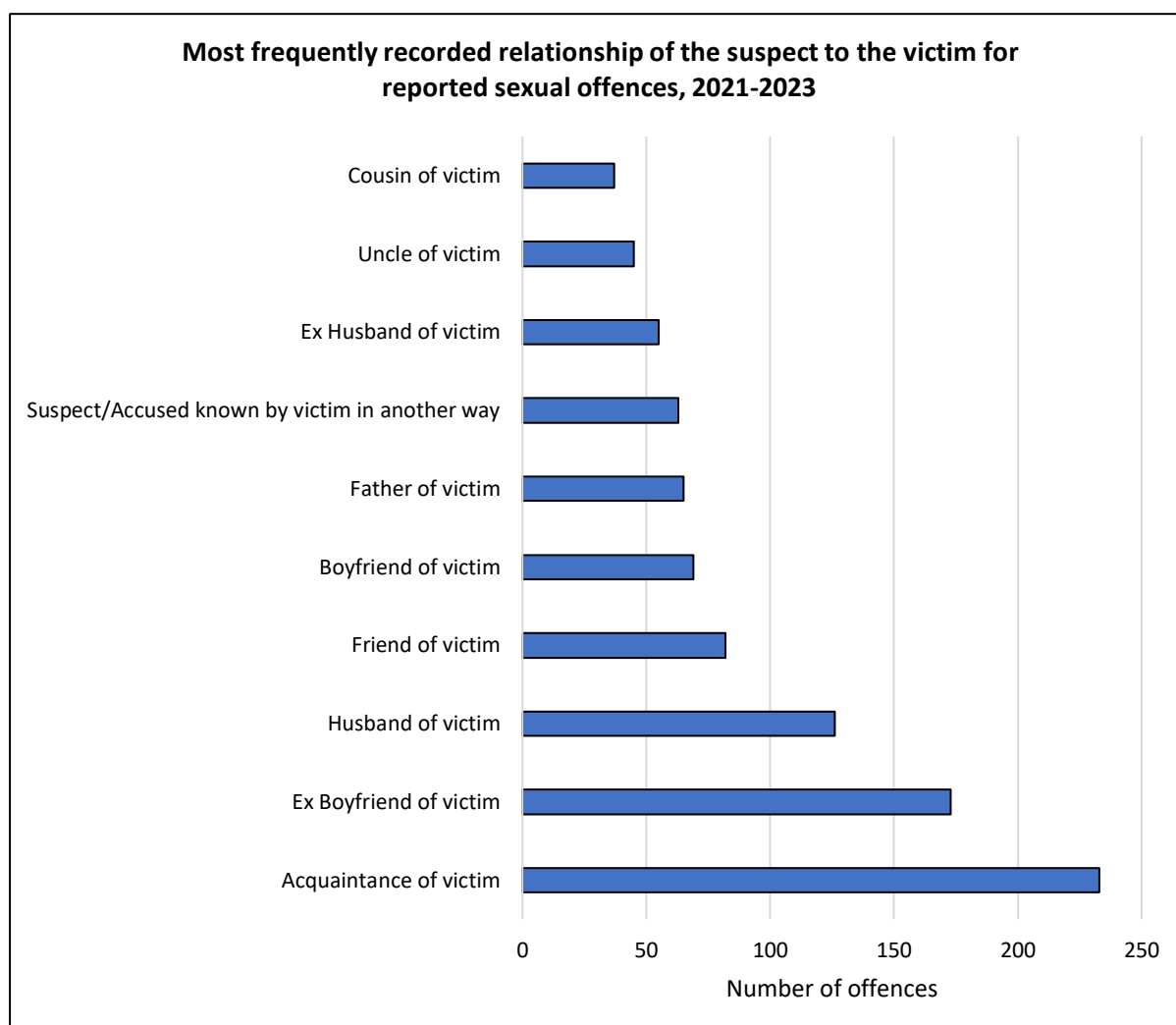


The crude rate of sexual offences per 1,000 people in Tower Hamlets in 2021/2022 was 3.1 per 1,000 – among the highest in London. This reflects a total of 1,024 police-recorded sexual offences during that period.



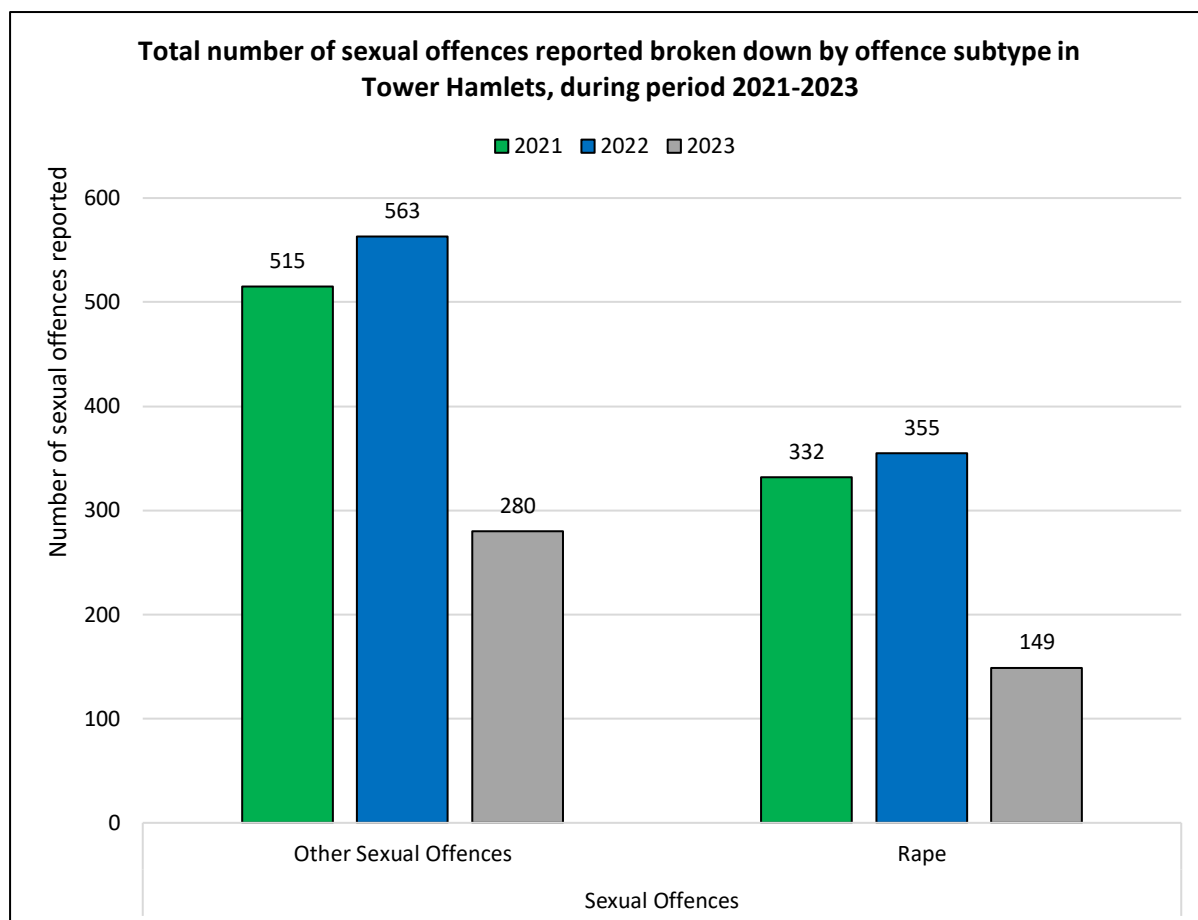
According to MPS data about sexual offences in Tower Hamlets between 2021-2023⁵⁷:

- There were 2,273 sexual offences reported to police in Tower Hamlets.
- There were more 'other sexual offences' than rape offences recorded. Other sexual offences includes a range of crimes: contact sexual assault, grooming, sexual activity with a child, child sexual exploitation, abuse of position of trust of a sexual nature, up skirting, familial sexual offences, exposure, and voyeurism.
- Sexual violence victims were most often female (84%) although males (16%) also experienced sexual violence.
- Rates of being a victim of sexual violence are highest among people aged 18-24, 25-29, and those aged 17 and under.
- 5.6% of victims self-identified as having a disability – of these victims, the most frequently reported disabilities were mental health issues (57%) and learning difficulties (17%)
- Where the victim and perpetrator relationship was recorded, the perpetrator was known to the victim in most cases (most frequently an acquaintance, ex-boyfriend or husband if the victim).



⁵⁷ MPS, 2023.

Data from Tower Hamlets Council Adult Safeguarding concerns from November 2019 to October 2023 indicated that there were 175 sexual abuse and 50 sexual exploitation concerns raised (of a total 4,044 concerns) – these relate to adults with care and support needs such as disabilities and long-term conditions.



A Survivors UK report summarising responses from a national survey with 505 people identifying as gay, bisexual and men who have sex with men, which indicated that:

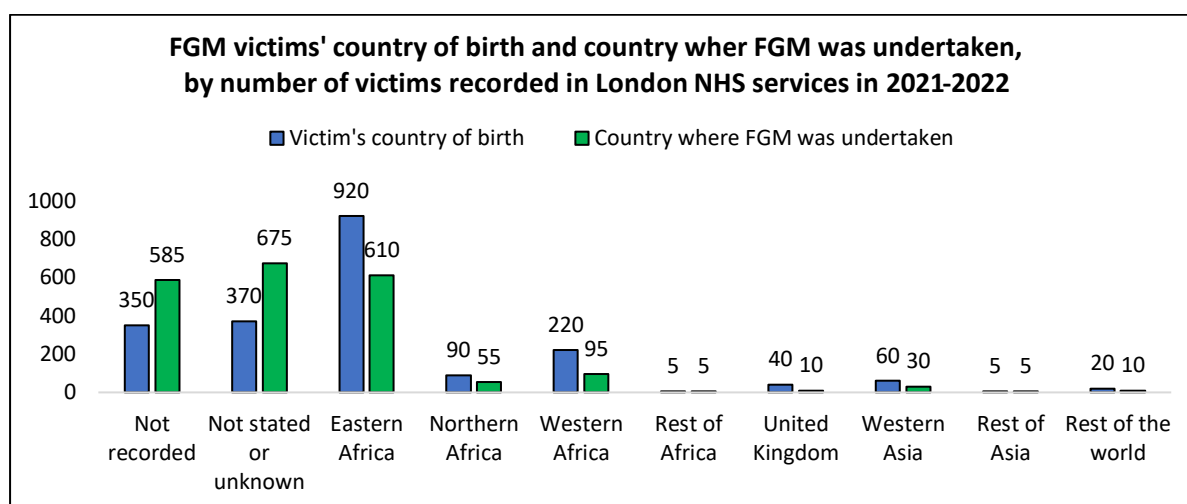
- 45% of respondents had experienced something that could be described as sexual assault
- 50% had experienced sexual or intimate contact without their consent
- 40% had felt pressured into sexual activity they weren't comfortable with
- 28% had a sexual experience where they initially consented but it became something they had not consented to
- 24% had intimate pictures of themselves shared by someone else to others without consent
- 17% had been filmed whilst engaging in sexual activity without consent
- 13% had been involved a chemsex (use of crystal methamphetamine, mephedrone and/or GHB during sex) party involving sexual activity that was not connected to.

As Tower Hamlets has a significant LGB+ population, similar experiences may also be common among residents of the borough.

‘Honour’-based abuse and FGM

So-called ‘honour’-based abuse (HBA) is defined as ‘an incident or crime involving violence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community’s code of behaviour’ – this includes female genital mutilation (FGM), forced marriage and other crimes. In the year ending March 2022, there were 2,905 HBA-related offences recorded by the police in England and Wales. Of these, 84 were related to FGM and 172 were forced marriages⁵⁸.

More than 100,000 women who have migrated to England and Wales from different countries are living with the consequences of FGM, with London having the highest numbers of known cases. Considering the diversity of victims and perpetrators in the UK, FGM is called many different names such as ‘female genital cutting’ or ‘cut’ as well as numerous terms in other languages. In the year of April 2021 to March 2022, over 2,000 women and girls were recorded as being a victim of FGM attending NHS services in London. Where the location was known, the FGM was more frequently among people born outside of the UK and the FGM itself was most frequently undertaken outside of the UK.



The Forced Marriage Unit, a joint operation between the Home Office and the Foreign, Commonwealth and Development Office (FCDO), leads on policy, outreach and casework related to forced marriage. This operation recorded and gave advice or support for 302 cases in 2022. Of these cases⁵⁹:

- **Location:** One-fifth of cases were in London while most other cases were in other regions of England, compared with the overall population which is closer to one-sixth.
- **Age:** most related to people between the ages of 16 to 25 years old (55%), although 14% of cases were people aged 15 years old or younger and 27% of cases were people aged 26 years old or older.
- **Nationality:** three-quarters of cases were among British nationals (including those with dual nationality) and 19% of cases were among non-British nationals.

⁵⁸ Office of National Statistics (2023). Statistics on so called ‘honour-based’ abuse offences, England and Wales, 2022 to 2023. Retrieved from <https://www.gov.uk/government/statistics/so-called-honour-based-abuse-offences-2022-to-2023/statistics-on-so-called-honour-based-abuse-offences-england-and-wales-2022-to-2023#key-results>

⁵⁹ Home Office & FCDO (2023). Forced Marriage Unit Statistics 2022. Retrieved from: <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2022>

Prostitution

Measuring participation in prostitution is challenging for several reasons, including stigma and privacy; the range of activities; and the transience of activity.

In 2021, Tower Hamlets Council commissioned Beyond the Streets to produce a scoping report about off-street sex industry in TH (there is currently provision only for women selling sex on-street). Off-street includes: escorting, sugar arrangements (where an individual spends time with someone else in exchange for money or gifts), brothels, massage parlours or saunas where sexual services can be bought, sexual entertainment venues, pornography, and other forms. The majority of people involved in escorting and brothels are cis women, with smaller numbers of trans women and cis men. Analysis of escorting websites where available in NEL found over 600 women (majority non-British), 16 men (majority British) and 10 trans people (majority British)⁶⁰.

Modern Slavery

Modern slavery includes any form of human trafficking, slavery, servitude or forced labour. The national referral mechanism is a framework for identifying and referring potential victims of modern slavery so they receive the right support. In 2022, there were nearly 17,000 potential victims of modern slavery referred to the Home Office nationally and the vast majority (16,821) reasonable grounds decisions were issued for these referrals. Over three-quarters potential victims were male (78%) while 21% were female. Labour exploitation makes up the highest proportion of exploitation type for adult victims while criminal exploitation makes up the highest proportion of exploitation type for child victims (aged 17 years old or under)⁶¹.

A snapshot of MPS data in Tower Hamlets from a six month period in 2023 indicated there were 33 known survivors of modern slavery or human trafficking. About one-third (33%) of these individuals were female while 42% were male (sex was unknown for the remaining victims). The majority (30 or 33) of the individuals were aged 18 years or older. From November 2019 to October 2023, there were 34 Adult Safeguarding concerns raised related to modern slavery or human trafficking (adult safeguarding concerns relate to adults who have care and support needs such as disabilities or long-term conditions).

Impact on Health, Wellbeing and Socioeconomic Factors

Socioeconomic needs

The Tower Hamlets Council (LBTH) Housing Options team record reasons for seeking support with homelessness, including abuse. From 2018-2023, there were an average of 2098 homelessness approaches to the Council each year, of which an average of 219 or 10% were reportedly related to domestic abuse.

Health and wellbeing

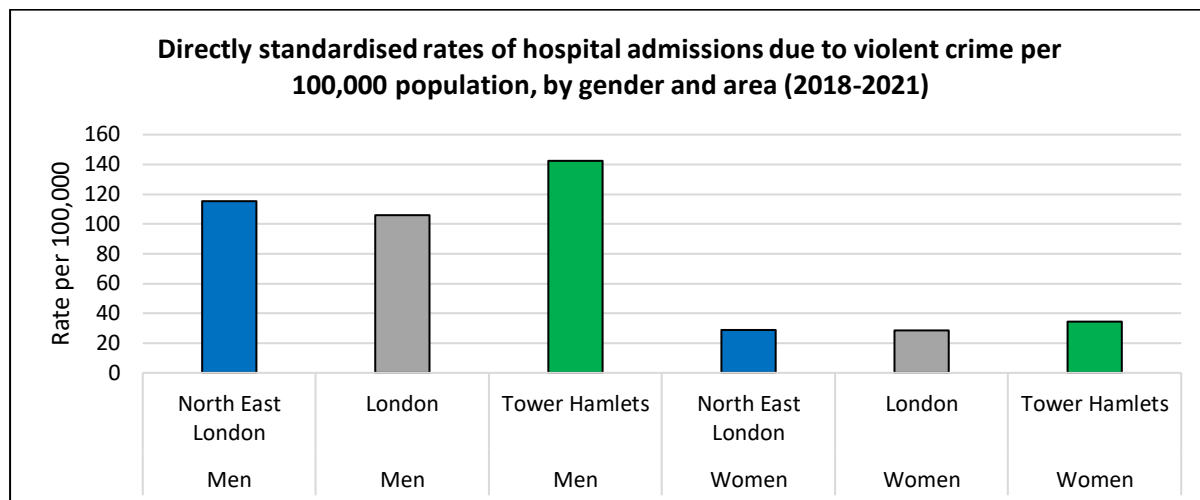
VAWG, including intimate partner violence, is associated with poor mental health, self-harm and suicidality⁶². In local mental health services, patients' experiences of domestic abuse, sexual violence and other forms of VAWG are typically recorded in free text notes which are not easily exported for analysis. Therefore, this information was not included in this needs assessment. However, anecdotal information from professionals from local mental health

⁶⁰ Beyond the Streets (2021). The off-street sex industry in Tower Hamlets: Scoping report to inform service provision.

⁶¹ Home Office (2023). Modern Slavery: National Referral Mechanism and Duty to Notify statistics UK, end of year summary 2022. Retrieved from: <https://www.gov.uk/government/statistics/modern-slavery-national-referral-mechanism-and-duty-to-notify-statistics-uk-end-of-year-summary-2022>

⁶² McManus et al (2022). Intimate Partner Violence, Suicidality, and Self-Harm: A Probability Sample Survey of the General Population in England. The Lancet Psychiatry, doi: 10.1016/S2215-0366(22)00151-1

and wellbeing services such as the 24/7 mental health crisis line and local suicide prevention services indicates that patients or service users have reported that being a victim of VAWG has negatively impacted their mental health.



Experiencing certain forms of VAWG can also negatively impact physical health. However, due to the varying nature of the harm from abuse and violence (e.g., if harm was not physically severe or if a victim was afraid to attend services), many victims may not present to physical health services and therefore the physical harms may not be recorded in health data. Tower Hamlets has one of the highest rates of emergency hospital admissions due to violent crime, including sexual violence, in London (59.9 per 100,000 compared with 44.3 per 100,000 for London overall). Men have higher rates of hospital admissions due to violent crime, including sexual violence, than women.

Chapter 6 Local programmes, services and other interventions

This chapter provides summaries of the interventions that have been delivered since 2019 to prevent or address VAWG in Tower Hamlets, across the following themes: prevention and community response; support and protection for victims; perpetrator interventions and multi-agency arrangements.

VAWG Strategy and Delivery Plan 2019-2024

The current Tower Hamlets VAWG Strategy for 2019-2024 has 3 priority areas, with aims and objectives for each⁶³:

Priorities	What we want to achieve	How will we do this?
Engage with communities to raise awareness and challenge misogyny	<ol style="list-style-type: none"> 1) Agencies and residents challenge misogynistic attitudes and behaviours 2) A 'Think Family' approach to tackle VAWG 3) Schools know how to identify signs of VAWG 4) Young people have an awareness of VAWG 5) Increased community understanding and challenge of 'harmful practices' 6) Support parents and children to enable understanding about adverse childhood experiences and their impact on health and behaviour 	<ol style="list-style-type: none"> 1) Lobby the Government to make misogyny a hate crime 2) Co-ordinate a bi-annual forum for VAWG Champions and agencies to learn about local and national VAWG provision 3) Utilise multi-agency forums to address the needs of the entire family 4) Publicise and develop anti-VAWG campaigns in accessible formats 5) Offer schools targeted support around VAWG 6) Promote key messages through faith groups 7) Deliver training and family reflective practice around adverse childhood experiences
Support and protection for victims	<ol style="list-style-type: none"> 1) Victims know how to access specialist VAWG support 2) Victims of VAWG have safe temporary accommodation if they choose to leave their home 3) Further develop Tower Hamlets Council Housing response to victims of VAWG 4) Agencies are confident working with VAWG victims with multiple needs through a trauma-informed approach 5) VAWG victims are able to remain within their communities if it is safe to do so 6) VAWG victims utilising the Criminal Justice System have high satisfaction 	<ol style="list-style-type: none"> 1) Maintain provision to support VAWG victims and review current delivery model 2) Maintain refuge and Sanctuary Scheme provision 3) Achieve Domestic Abuse Housing Alliance (DAHA) accreditation 4) Implement a relationship based practice model and trauma informed social work practice to prevent and reduce harm 5) Support VAWG victims going through the Criminal Justice System 6) Improve risk assessment tool for children with adverse childhood

⁶³ Tower Hamlets Council (2019). Tower Hamlets Violence Against Women and Girls Strategy 2019-2024.

Retrieved from:

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.towerhamlets.gov.uk%2FDocuments%2FCommunity-safety-and-emergencies%2FDomestic-violence%2FVAWGStrategy2019-24.docx&wdOrigin=BROWSELINK>

	7) Early identification of family needs around VAWG	experiences including those at risk of sexual exploitation 7) Enable front line staff to intervene, especially in relation to drug and alcohol use, mental health and VAWG
Bringing perpetrators to justice	1) Perpetrators will be dealt with robustly through the Criminal Justice System 2) Perpetrators will not be 'hidden' within statutory processes 3) Lessons learned through Domestic Homicide Reviews, both locally and nationally 4) Victims experiences improve processes 5) Agencies are held to account for how they are disrupting perpetrators 6) Identify and target areas where child sexual exploitation, sexual abuse and prostitution occur 7) Examine the relationship between extremist activity and perpetrators of VAWG	1) Police and Specialist Domestic Abuse Court monitor their outcomes to maximise on bringing perpetrators to justice 2) Agencies will engage with or signpost VAWG perpetrators to encourage behaviour change 3) Disseminate learning from local and national Domestic Homicide Reviews 4) Act upon feedback received from victims 5) Monitor and address hotspots where child sexual exploitation, sexual abuse and prostitution occur 6) Commission research to identify links between extremism and perpetrators of VAWG

The VAWG Strategy Steering Group, a multi-agency group led by the Senior VAWG and Hate Crime Manager, has provided oversight of the implementation of the Strategy through annual Delivery Plans, monitored quarterly. According to the Terms of Reference, the group also has aims to:

- Ensure the partnership focus on the priorities of the VAWG Strategy
- Identify and resolve gaps in services to ensure adequate provision across all the VAWG strands
- Improve accountability and ensure quality assurance
- Increase awareness and understanding of VAWG amongst staff, policy makers and the community as a whole through the provision of information, public awareness campaigns, training and events
- Review and develop trauma informed responses to victims of VAWG, hold perpetrators accountable for their abusive behaviour and focus on early intervention
- Reduce duplication of effort, and provide greater efficiency and consistency across agencies
- Improve communication and transparency amongst agencies
- Improve sharing of good practice and lessons learnt
- Provide long term direction and vision for the area, including prioritisation of work-streams
- Manage performance
- Identify and resolve area wide issues
- Monitor and review voices of survivors of all forms of VAWG.

The following sections summarise some of the progress towards addressing local needs that

have been taken in the past few years, most of which are monitored within annual VAWG Delivery Plans. The monitoring information in the delivery plans is stored as free text, frequently with different indicators of delivery included in the same cell (reducing the ease and speed of analysis).

Prevention and Community Response

The LBTH VAWG team have delivered training and outreach sessions for professionals across Tower Hamlets since 2019 about a range of topics including coercive control, adult family violence, economic abuse, intimate partner violence, domestic abuse awareness, and good practice for housing professionals. The trainings have reached large numbers of participants each year. In addition to these training sessions, the VAWG team also trained 220 VAWG Champions between 2019-2023 to help professionals and community members feel supported to signpost victims of VAWG to support services and raise awareness about VAWG issues wherever they are located. These Champions form a coordinated network across Tower Hamlets and are responsible for raising awareness in their organisation or community by sharing materials or organising events. There is also an extensive online VAWG service directory on the Tower Hamlets Council website, which has information about VAWG including training as well as a directory of local and national services for different VAWG-related issues⁶⁴.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Number of training and outreach sessions	140	98	128	121
Number of people trained	2025	1652	2012	2076
Number of VAWG champions	66	33	73	48

LBTH have organised tailored training and information for specific audiences in the borough:

- **Social care:** Tailored training has been delivered to Children’s Social Care via the Social Work Academy.
- **Male staff:** The VAWG and Hate Crime Team responded to a Law Commission consultation advocating that misogyny is considered as a hate crime. Misogyny and Allyship training was developed to target male allyship in the Council and there are 25 men who have joined the Male Allies group.
- **GP Practices:** the IRIS programme was funded to support local GP surgeries to offer tailored training on domestic violence and abuse to support domestic abuse victims at an early stage. While the programme was running in Tower Hamlets, a total of 15 practices were trained (of the 36 GP practices in TH) and 76 clinicians.
- **Schools:** VAWG Training was delivered to 20 schools staff across 10 schools in 2020-2021. Talks with schools have begun about their policies, ‘Anti-VAWG’ pledge, and training for the new school year in September.
- **Parents:** 4 sessions were delivered via St Pauls Way Trust School to raise awareness about toxic masculinity, misogyny, and peer-on-peer sexual abuse.
- **Residents:** FGM education sessions delivered to over 80 residents each year.

The LBTH Healthy Lives team share information with school staff via a monthly newsletter. Over the past year, articles related to VAWG have included information about Sexual Health Week; understanding and challenging gender stereotypes; positive relationships; bullying

⁶⁴ Tower Hamlets Council (2023). Violence Against Women and Girls (VAWG) service delivery. Retrieved from: [Violence Against Women and Girls \(VAWG\) service directory \(towerhamlets.gov.uk\)](https://towerhamlets.gov.uk/vawg-service-directory)

and cyber-bullying; emotions; and girls-only activities. The team have also promoted training and a toolkit about increasing awareness of gender-based violence for primary and secondary school staff and governors.

In addition to this, the LBTH Parent and Family Support Service also provide a four-week programme called Speakeasy for parents to talk to their children about growing up, relationships and growing up. The sessions look at how Relationship and Sex Education is taught in schools as well as the effects of media.

Trauma-informed practice: Tower Hamlets Council commissioned training about trauma-informed practice and approaches over 2,000 staff have participated in between 2019-2023 (from across a range of sectors including social care, health, housing, education and the voluntary sector). Pilot projects have been funded to explore how to apply trauma-informed practice training in real-world settings such as hostels, employment services and maternity services. The evaluation from this programme of work indicated that although the initiatives have supported wellbeing and relationship building, there is more organisational support and resources needed for trauma-informed approaches to be fully applied in settings. Currently, there is a local community of practice in place to support local professionals with continuous learning and application in their organisations and services, which is attended by 10-30 professionals each month.

Campaigns: Furthermore, the VAWG team disseminated information about VAWG to residents and community members through a range of campaigns. The LBTH VAWG team have coordinated the local delivery of the 16 Days of Activism, an annual international campaign against gender-based violence which begins on 25 November (International Day for the Elimination of Violence Against Women). This yearly campaign has included a range of engagement activities such as workshops, social media and leaflets distributed throughout LBTH as well as in the wider Tower Hamlets community. The long standing local Domestic Abuse No Excuse Campaign was continually promoted to encourage reporting and access to support, in addition signing up and promoting national campaigns like Ask Angela to support women who attended venues within the Night Time Economy. The Ask Ani Campaign was also adopted locally to increase means of reporting via local pharmacists. The Home Office also launched the You Are Not Alone Campaign which aimed to encourage victims to come forward. In December 2023, Tower Hamlets Council partnered with Hackney Council and the City of London Corporation to prevent and reduce sexual harassment through the Don't Cross the Line campaign, with resources for night time economy businesses to display or post on social media.

Tower Hamlets Council has funded the several 'Equalities Hubs' from 2021-2024 to promote empowerment and involvement among different groups including women, LGBTQ+ individuals, disabled people, ethnic minorities, different faith groups, older people and younger people. One of these hubs is called the Tower Hamlets Women's Network, which aims to provide a network of diverse local women to strengthen representation and participation among women residents in addressing local issues.

Tower Hamlets Council's Community Safety team have led efforts to create a safer environment for women and girls in the Tower Hamlets community including in specific places:

- Engagement with local businesses and Public Realm (e.g., encouraging businesses to adopt the Ask Angela campaign and sign up to the Women's Night Safety Charter)

- The Licensing Policy consultation conducted in 2023 included question on including misogyny and drink spiking. This applies to premises where alcohol is sold or supplied as well as late night food or drink premises and regulated entertainment venues.
- A police and education safeguarding partnership 'Operation Encompass', enabling schools to enable early intervention and offer immediate support to children experiencing domestic abuse. There are more than 100 schools signed up to the partnership.
- There has been a recruitment drive for additional Tower Hamlets Enforcement Officers in 2023, with an aim to recruit more women.
- Self defence classes have also been made available for women in Tower Hamlets.

Support and Protection for Victims

National support

There are national services available for specific issues and populations, who also signpost or refer to local services:

- National Domestic Abuse Helpline provided by Refuge
- 24/7 Rape & Sexual Abuse Support Line provided by Rape Crisis England and Wales
- Men's Advice Line
- Muslim Women's Network Helpline
- National Helpline for LGBT+ Victims and Survivors of Abuse and Violence provided by Galop
- The Forced Marriage Unit.

Local support

Independent Domestic Violence Advocate (IDVA) Provision: IDVAs' main purpose is to address the safety of victims at high risk of harm due to domestic abuse. Typically, IDVAs work with clients from a point of crisis by assessing risk levels, discussing suitable options and developing safety plans for the short and medium term. In Tower Hamlets, The VAWG Team commission the domestic abuse casework service to Solace Women's Aid and attained 4 short-term grants of varying lengths to increase provision from 3.5 Independent Domestic Violence Advocates (IDVAs)/caseworkers to 14.1 IDVAs between 2019 to 2023. This enabled the new service to support more victims with specialist provision for Bengali/Sylheti victims at risk of homelessness, victims of economic abuse, victims whose mental health was impacted and Somali women.

Of the service users supported by Solace since Q4 2021:

- **Gender:** Nearly all people supported have been cisgender women, while there have been comparatively small numbers of people supported who are men, transgender men or women, or other gender identities. This suggests that male residents are not accessing the service as much as would be expected, given that about one in three reported victims are male. Additionally, given that trans victims often experience barriers to disclosing and reporting abuse, this is likely lower than the actual number of victims who experience abuse.
- **Age:** People aged 19-40 years old make up the greatest proportion of people supported (71%), followed by people aged 41-60 years old (25%), people aged 61 years or older (3%) and people aged 16-18 years old (1%). The age group data for the service was not directly comparable with police reported data, however, the approximate distribution appears to look similar.
- **Ethnicity:** People with Asian ethnicities made up nearly half (49%) of the total, while 22% had White ethnicities, 7% were Black ethnicities, 4% had mixed ethnicities, 1% had Arab ethnicities, 1% other ethnicities and 15% people supported do not have a recorded

ethnicity. While Asian victims appear to be accessing support, other ethnicities are less represented compared with police reported data.

- **Disabilities:** Most people have reported not having any disability. The most frequently recorded disabilities were mental health disabilities, physical disabilities and learning disabilities.

Solace monitors the types of domestic abuse that victims experience: 37% of all service users supported experienced stalking/harassment; 20% sexual abuse; 3% honour-based abuse; 1% forced marriage and 1% female genital mutilation. Specialist IDVA support is also available for economic abuse, housing and health. Between 91-99% of those supported by an IDVA felt safer and between 98-99% felt satisfied with support received.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Number of referrals to IDVA service	564	1370	1586	1643
Number of people supported by the IDVA service	-	148 (Q4 only)	700	1324
Victims of VAWG feel more confident after IDVA support	98%	99%	91%	82%
Victims feeling safer after IDVA support	99%	96%	98%	90%
Victim satisfaction after IDVA support	99%	96%	98%	90%

Haawa Project: To reach a wider range of residents, particularly women who experience barriers to accessing mainstream services, the Haawa project was delivered by Women’s Inclusive Team. The project supported over 62 survivors over a 12 month period, all from different ethnic communities (80% Somali, 10% Bangladeshi and 10% other Black and Asian minorities) and reached more than 500 people through awareness campaigns.

Sister Circle: LBTH commission Sister Circle provide holistic support for women experiencing health complications because of FGM, as well as one-to-one advocacy and counselling. Services are provided in English and Somali. Additional funding allocated to this service has reduced barriers of childcare and transport. Sister Circle also provide FGM awareness raising sessions which are targeted at specific groups including men and boys, health professionals.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Number of FGM survivors supported	88	86	116	99

Shewise: This pan-London domestic abuse service with an aim to offer holistic and culturally tailored support for minority ethnic women. The service has supported 130 women since it re-launched in 2022, and despite being based in Hounslow, 12% of service users have been Tower Hamlets residents.

Housing: In England, referrals to refuge accommodation for victims of domestic abuse are managed centrally by the National Domestic Abuse Helpline. The number of refuge bed spaces in England has increased from 3,578 spaces in 2015 to 4,332 in 2022. However, this is still 23.2% lower than the minimum number of bed spaces recommended by the Council of Europe, which is one space for a mother and the country’s average number of children per

10,000 of the population⁶⁵. In the year ending March 2021, 61.9% of referrals of women to refuge services in England were declined. Tower Hamlets has two women's refuges with 34 bed spaces in total, including a specialist refuge for Asian women and their children. It is worth noting that women seeking accommodation in refuge are most often placed in a refuge outside of their local area as a safety measure (meaning that Tower Hamlets residents are typically placed in hostels outside of the borough and people placed in Tower Hamlets refuges tend to have moved from another local authority area).

LBTH also provide accommodation support via the **Sanctuary Scheme** project, which provides free, tailored security for the homes of up to 60 victims of domestic abuse so they can remain in the borough). Victims must have a sole tenancy (not a shared tenancy with the perpetrator).

LBTH commission **Riverside Hostel**, a supported accommodation for single women with complex needs. There has been cross-department working within the Council to ensure women in contact with the criminal justice system and victims of VAWG have safe and suitable accommodation.

LBTH is implementing a project to attain **Domestic Abuse Housing Accreditation** and has undergone a review of all domestic abuse practices in Housing services. This has previously been delayed due to competing housing priorities but is now underway. LBTH have been encouraging all registered providers of social housing (RPSH) in borough to also obtain accreditation and currently 2 RPSH's have gained accreditation.

Support for victims of sexual violence: The **Havens** are specialist centres in London for people who have been raped or sexually assaulted in the past year, including one located at Royal London Hospital. The service can be accessed 24/7 and provide urgent support with forensic medical examinations. The Havens also provide emergency contraception, counselling, tests and treatments. Their services are free of charge and provided to victims of any gender or age.

East London Rape Crisis (NIA) provide support to victims of rape and sexual abuse in Hackney, Havering, Tower Hamlets, Newham, Waltham Forrest, Redbridge, and Barking and Dagenham. NIA provide support by phone, email and online chat as well as individual counselling. NIA also have Independent Sexual Violence Advocates (ISVAs) as well as support for young women and girls aged 11+ who provide emotional and practical support as well as advocacy navigating the criminal justice system.

Prostitution exit: LBTH commissions the Door of Hope project, delivered by Beyond the Streets, which aims to help women to exit on-street prostitution. Door of Hope uses a holistic, wrap-around approach to enable access to services and provide therapeutic support. The ultimate supports women involved in prostitution through daytime support and evening outreach. There are currently 30 women on the active caseload for the service.

Women in Contact with the Criminal Justice System (CJS): LBTH has a specialist role leading on the coordination of pathways for women away from the CJS and into support as well as a partnership plan with parts of the Council, Probation, Police, voluntary sector organisations and the NHS. LBTH have also funded expansion of the London Female Diversion Service to Tower Hamlets and Hackney, delivered by Advance Charity. The service recognises the unique experiences of women in the CJS and addressing wider needs

⁶⁵ Office for National Statistics (2022). Domestic abuse victim services, England and Wales: 2022.

including housing and VAWG. Since July 2023, six women have been supported through this pathway.

Health and wellbeing: There is a team at Royal London Hospital (the Gateway Team) which provides support to vulnerable pregnant women including victims of domestic abuse, complex safeguarding issues as well as teenagers. The team provide tailored antenatal and postnatal care in community clinics and women’s homes. In addition, All East provide a psychosexual support service for people experiencing different sexual difficulties including those associated with sexual trauma. In 2022, about 14% of the 500 patients assessed for the psychosexual service involved sexual violence, rape or assault. An additional 22% of referrals presented with ‘pain with penetrative sex’.

Woman’s Trust provide support groups for women who have lived experience of domestic abuse across London, including Tower Hamlets, with aims to reduce stress and anxiety, improve self-esteem, and reduce social isolation. Generic mental health services also provide support for issues that may be related to trauma from experiencing VAWG. Tower Hamlets Talking Therapies provide short-term services for people with depression and/or different forms of anxiety, including post-traumatic stress disorder, which adults in Tower Hamlets can self-refer themselves to for self-directed, one-to-one and group-based psychological treatments. There are also a range of secondary mental health services provided by East London NHS Foundation Trust and Neighbourhood Mental Health Teams for people with severe mental health issues that may be related to experiences of VAWG, such as complex trauma and emotional needs.

Workplace policies: Tower Hamlets Council has up to date workplace policies for sexual harassment and domestic abuse, reviewed in 2023. There is also an e-learning course available for staff to increase their understanding of the issue and how to address it. The Council’s Women’s Network has shared that about one-fifth of members (22%) say that sexual harassment is an issue in the workplace, which led them to conduct a survey about sexual harassment to learn more about internal issues to address.

Perpetrators

Sanction Detections: There are low sanction and detection rates for perpetrators. In Q1 2023-2024, these were 9% for the Domestic Abuse Sanction Detection rate and 10.6% for the Sexual Offences Sanction detection rate. There is currently a push to reduce outstanding suspects for domestic abuse offences with significant funding and support from specialist crime.

Specialist Domestic Abuse Court (SDAC): The SDAC was introduced to increase ease of victims of domestic abuse to access the criminal justice system, improve experiences of the court process, and increase the proportion of successful outcomes. There are specially trained personnel and measures in place to support victims such as separate locations for entrance, exit and waiting areas.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Conviction rate at Specialist Domestic Abuse Court (SDAC)	72%	Not available	65%	71%
Witness satisfaction rate at SDAC	74%	Not available	72%	Not available
Victim attrition rate	38%	55.3%	54.1%	Not available

Early Intervention: There are two early intervention programmes for parents in Tower Hamlets (the Early Repair Dads course and the Reducing Parenting Conflict).

Perpetrator Behaviour Change: The **Positive Change Service (PCS)** is part of and receives referrals from LBTH Children’s Social Care as well as Early Help. The aim of the programme is to increase the safety and wellbeing of children and adults affected by domestic abuse and develop effective, sustainable interventions with perpetrators, survivors and children. PCS interventions are informed throughout by an understanding of trauma, gender, culture and intersectionality. The programme applies the following principles: (1) Holding perpetrators to account for their behaviour and providing opportunities for change; (2) Supporting - not burdening - victims/survivors of domestic abuse; and (3) Understanding and working to repair the impact of the abuse on the child and their relationships.

The aims of the perpetrator component of the programme are to increase understanding of impacts of violence and abuse on victims including children; increase understanding of factors like trauma and power dynamics; and develop emotional regulation as well as de-escalation and conflict resolution skills. In the year 2022-2023, 33 perpetrators, 98 survivors, and 19 children completed most or all of the programme.

Audience	Referred	Assessed	Began programmes	Completed between 75%-100% of programme
Perpetrators	164	106	60	33
Survivors	229	155	123	98
Children	30	26	26	19

There is a new perpetrator programme, the Culturally Integrated Family Approach (CIFA) Programme, which is available for perpetrators including people who are not parents as well as specialist streams for female perpetrators and same sex intimate partners.

Prostitution: From 2019-20 Q3, referrals into the ‘You Choose’ programme, a diversionary education programme for buyers of sex, stopped, which meant only 28 men were referred into the service. Police committed to running 4 kerb crawler operations annually to target buyers of sex however only 3 operations ran due to Met police resource allocation.

Multi-agency arrangements

Multi-agency risk assessment conferences (MARACs): Hundreds of cases are discussed each year through MARACs, increasing in line with the increased reports of domestic abuse and referrals to the IDVA services. There repeat victimisation rate in Tower Hamlets has not reduced since 2019. A review of MARACs in Tower Hamlets has been conducted with lessons learned shared via the VAWG Steering Group and other partnership networks.

Indicator	2019-2020	2020-2021	2021-2022	2022-2023
Number of cases discussed at MARAC	406	560	583	567
Number of repeats MARAC	57	102	108	98
Repeat victimisation rate	14%	18%	19%	17%

Domestic Homicide Reviews: An analysis of 11 Domestic Homicide Reviews in Tower Hamlets has provided learning and 60 recommendations for a wide range of stakeholders (health, housing, police, Crown Prosecution Service, Adult Social Care, the LBTH VAWG

team, substance misuse services and Children's Social Care) regarding training, policy, information sharing, referral processes and other topics.

Modern Day Slavery: The Tower Hamlets Modern Day Slavery Forum includes Council staff, police, probation services, and voluntary and community sector groups. Its aims include enabling fulfilment of statutory obligations related to identifying and responding to potential victims of modern slavery and human trafficking. Additionally, the Forum aims to ensure that appropriate pathways are in place to manage relevant concerns when raised. The Forum have identified areas for improvement to the local pathways for referrals to safeguarding, the national referral mechanism and to wider support.

Chapter 7 Local perspectives

VAWG Engagement Survey and Workshops

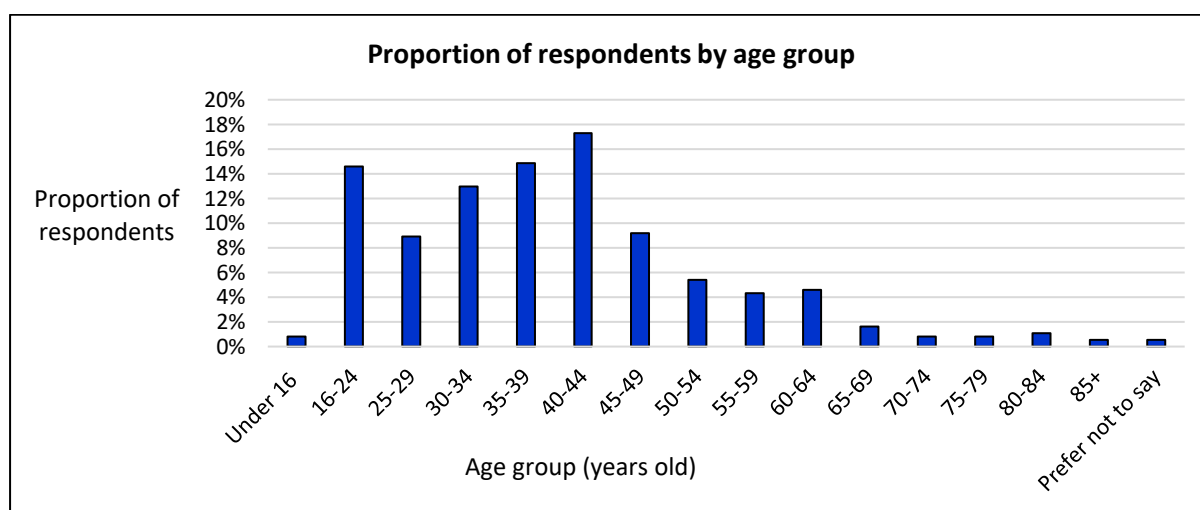
To inform this needs assessment, LBTH Public Health gathered information about a range of VAWG-related topics from residents, visitors, students and people working in the borough between August to November 2023 using a survey (both online on Microsoft Forms and on paper forms). We also conducted several in-person engagement workshops with specific demographic groups. The survey questions asked about demographic characteristics, awareness of services, barriers, helpfulness of services and ideas for addressing local barriers and issues.

Profile of Respondents

A total of 370 people who live, work, study or visit Tower Hamlets responded to the survey. Of these respondents, most had never been involved in planning, designing or reviewing action to prevent or address VAWG in Tower Hamlets previously – although 8% had.

The survey respondents represent a range of demographic groups:

- **Age:** 1% under 16 years old, 51% aged 16 to 39 year olds, 41% aged 40 to 64 year olds and 5% aged 65 years or older
- **Gender:** 84% women, 9.73% men, 1% non-binary or gender queer, 0.5% other, 2% prefer not to say
- **Ethnicity:** 45% Asian (including 38% Bangladeshi), 25% Black (including 18% Somali), 22% White, 5% Mixed or multiple ethnicities, 2% prefer not to say
- **Religion:** 63% Islam, 13% Christianity, 1% Agnostic, 1% Undecided, 0.83% Hinduism, 0.6% Humanism, 0.3% Judaism, 0.3% Buddhism, 16% no religion, 4% prefer not to say
- **Sexuality:** 84% heterosexual, 9% LGB+, 8% prefer not to say
- **Disability and long-term conditions:** 19% have a disability or long-term condition (including learning disabilities, mental health conditions, physical impairments, or sensory impairments), 75% had no disability nor long-term condition, 6% prefer not to say
- **Parenting and caring responsibilities:** 50% neither parent nor carer, 45% parents, 8% carers for adults
- **Pregnancy and maternity:** 3% pregnant currently or in the past year, 93% no, 3% prefer not to say
- **Housing:** 45% social renters, 24% homeowners, 17% private renters, 4% staying with friends/family, 1.5% in temporary accommodation, 7% prefer not to say



The three workshop discussions that LBTH Public Health held in September-October 2023 were supported by different voluntary sector organisations who work with specific groups: carers, Somali women, and residents living at the specialist refuge for Asian women.

Survey and Workshop Findings

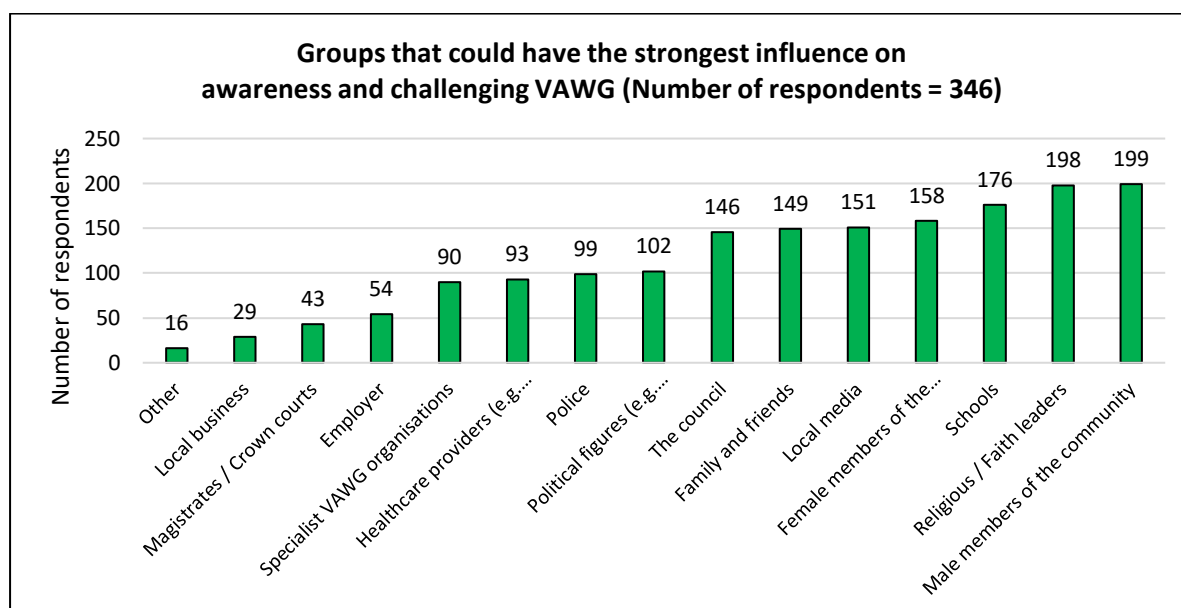
Societal and community influences on VAWG

A total of 351 respondents noted issues that increase the likelihood of VAWG in Tower Hamlets, including:

What do you think are the main issues that make violence against women and girls more likely?	Number of respondents
Wider social issues such as poverty, housing, lack of opportunities	207
Lack of education / awareness among young people	212
Lack of education / awareness among adults	199
Cultural / social norms against women or girls (misogyny) in media	212
Cultural / social norms against women or girls (misogyny) in community, school or work	207
Cultural / social norms for how men or boys should behave (e.g., toxic masculinity)	216

In the workshops with Somali women and at the specialist Asian women’s refuge, participants shared that they think wider social issues they face can interact with cultural and social gender norms in their community to negatively influence relationships. For instance, one participant explained how experiencing barriers to employment creates added pressure for men with traditional gender roles as breadwinners while living in overcrowded housing, particularly in large families, adds more stress to existing conflicts between partners. Another participant shared that some men can be dismissive of women’s contributions and some men try to isolate women and prevent them from taking part in the wider community. Lack of control over finances and housing as a woman had an influence on multiple women’s experiences of VAWG.

Survey respondents also shared their views about which groups could have the greatest influence in raising awareness and challenging attitudes around VAWG. The groups that were most frequently selected were male members of the community, religious and faith leaders, and schools.



Personal experiences of VAWG in the borough

A total of 34 of these respondents (9%) self-identified as a victim of VAWG. However, 177 respondents identified experiences they had in Tower Hamlets which are related to VAWG (respondents could select more than one option from the list of experiences). In contrast, 99 respondents reported not having experienced any form of VAWG.

Have you experienced any of the following in Tower Hamlets in the past year?	Number of respondents
A stranger catcalling, wolf whistling or making other provocative sounds at you	83
A stranger intentionally brushing up against you or invading your personal space in an unwelcome way	77
Unwanted contact in a public space - examples shared included public transport, in parks, and on the street	66
Unwanted contact in a social setting (e.g. parties, festivals, bars)	37
Received unwanted images or text(s) of a sexual nature	28
Being pressured by someone to do something sexual	24
Unwanted contact in the workplace	17
Someone taking and/or sharing sexual pictures or videos of you without your permission	7
Unwanted contact in a place of worship	5

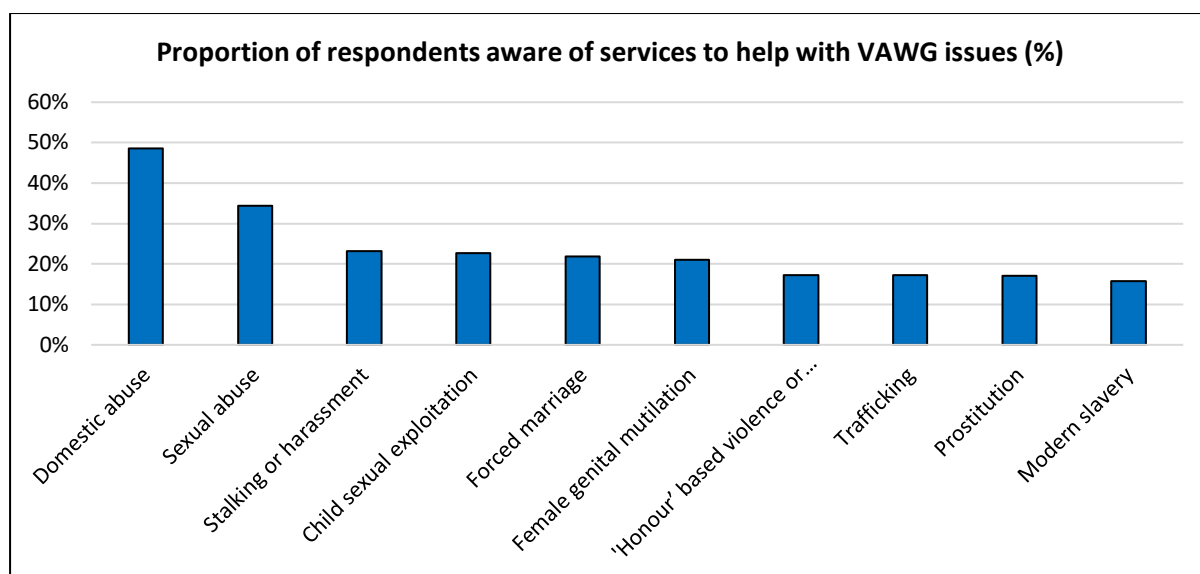
Preferences for first seeking support

Of the 341 respondents who answered the question ‘Who would you most likely speak to first if you had experienced a form of VAWG?’, most said they would most likely speak to a friend (58%) or family member (58%) first if they experienced a form of VAWG. Some respondents said they would speak to police (39%), health care practitioners (27%) or Adult Social Care (13%).

When speaking to women staying at the local specialist refuge for Asian women, several participants shared that speaking to their GP about their experience enabled them to seek support with domestic abuse. In the workshop with carers, participants shared that they would be willing to speak to professionals if they were competent and trained to respond to issues related to VAWG.

Awareness of services

Nearly half of survey residents (42%) were not aware of any of the local VAWG services available in Tower Hamlets. Respondents most often knew about local domestic abuse services (49%) and sexual violence services (34%). Services for other VAWG-related issues were not as commonly known (modern slavery, trafficking, prostitution, ‘honour’-based violence or abuse, FGM, forced marriage, child sexual exploitation, and stalking/harassment).



Barriers to support

A total of 306 respondents shared a wide range of barriers they experience to reporting experiences of VAWG to agencies in Tower Hamlets. The most frequently noted barrier was not knowing where to access to support.

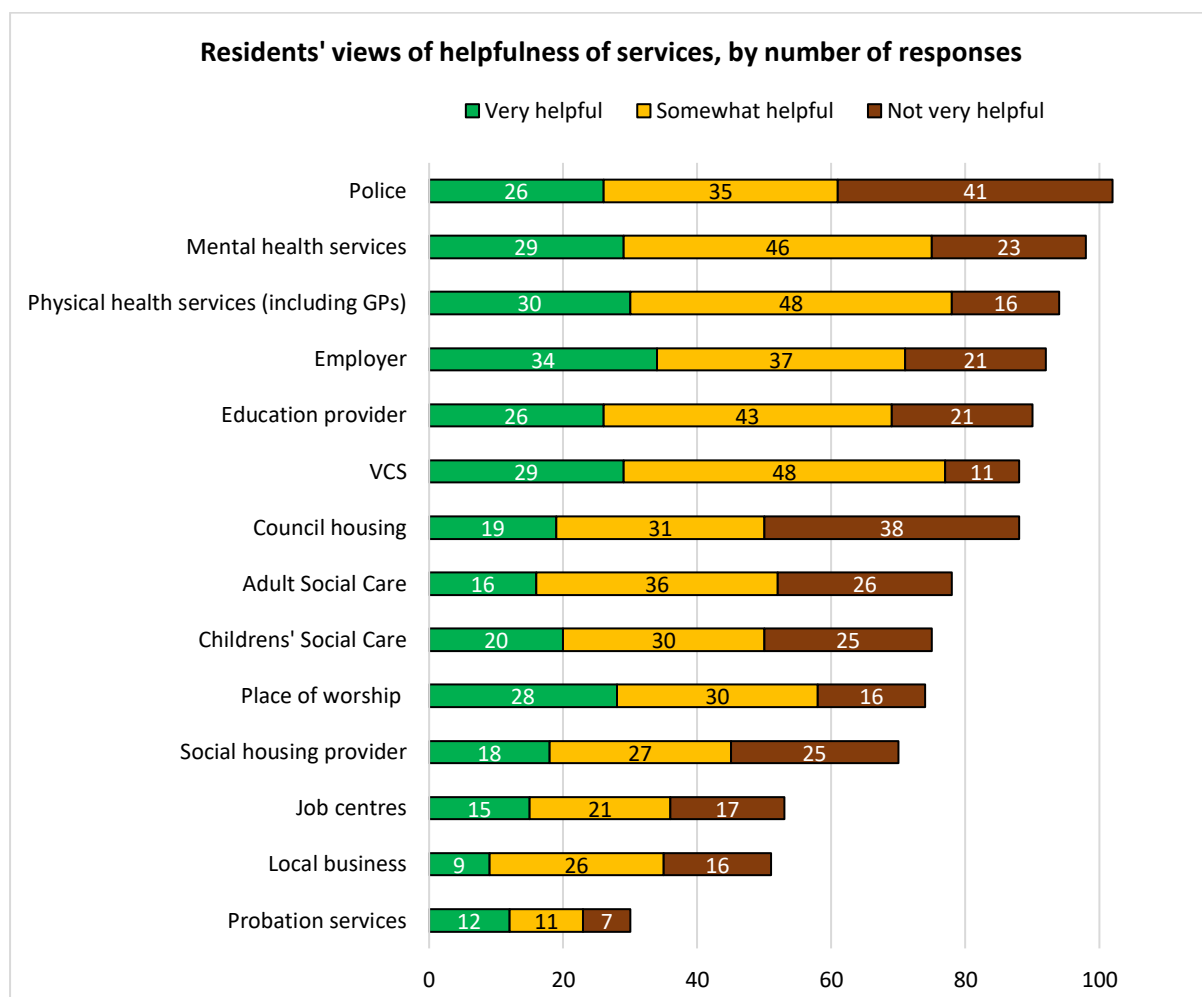
What were/would be the biggest barriers that would stop you from reporting your experiences(s) of VAWG to an agency in Tower Hamlets	Number of respondents (%)
Don't know where to access support	125 (41%)
Don't trust criminal justice system	102 (33%)
Didn't see your experience as abusive at the time	99 (32%)
Fear of not being believed	98 (32%)
Poor responses from professionals	81 (26%)
Fear of agencies (e.g. Police, social services)	77 (25%)
Fear of repercussions from perpetrator	76 (25%)
Fear of 'bringing shame' on the family / community	74 (24%)
Fear of 'breaking up' the family / community	65 (21%)
Fear of losing children	38 (12%)
Fear of discrimination against my culture or ethnicity	38 (12%)
Financial barriers (e.g. can't afford to pay mortgage alone, can't afford childcare etc.)	32 (10%)
Language barrier / no access to interpreter	27 (9%)
You do not fit criteria for services (e.g. considered too low risk, age limits etc.)	27 (9%)
Lack of specialist support services (e.g. LGBT, young people, male etc.)	26 (8%)
Fear of becoming homeless	22 (7%)
Fear of my faith community rejecting me	22 (7%)
Services are not accessible for your needs (e.g. no wheelchair access. no childcare facilities etc.)	9 (3%)
Fear of discrimination as a transgender or non-binary person	5 (2%)

In the workshop with carers, some participants explained that their role as a carer can sometimes act as a barrier to seeking help. Carers explained that this is because the behaviours of the perpetrator, the person they care for, can be related to their condition.

In the workshops with Somali women and residents of the Asian women’s refuge, participants stated that language was one of the most significant barriers to them seeking support from services – either not having sufficient English language skills or not being able to receive support in their preferred language.

Helpfulness of services

Most respondents had not engaged with local services regarding any VAWG-related issues. However, many did share their views about how helpful they have found different local services in supporting them. Although some of the responses may be related to issues other than VAWG, these perceptions can still provide insight about how residents view different local services. The services or sources of support that respondents most often found were ‘very helpful’ or ‘somewhat helpful’ were physical health services, VCS organisations, mental health services and employers. The services that were viewed most often as ‘not very helpful’ were police and council housing.



The most frequently stated ‘helpful’ aspects of services or sources of support in Tower Hamlets included:

- Emotional support / encouragement
- Listening / having someone to speak to

- Increasing my awareness of VAWG
- Helping me understand the system and which services to access
- Accessing a safe place to stay
- Physical / mental health service provision, including support with addiction

Below are some examples of what residents expressed as helpful:

'I feel lucky that there are staff in the hostel I can speak to and other residents who understand my situation.'

'Homeless team saved me and my children from having to rough sleep again'

'I took 9 sessions of CBT therapy to help with my PTSD (due to long term domestic abuse that happened in another city, years before) through Tower Hamlets Talking Therapies. The therapist was amazing, my only complaint would be that 9 sessions were not enough and I wish I could have had continued support.'

'The sexual health clinic at Spotlight has worked with me before and is AMAZING ... Absolutely makes you feel validated, safe and informed of all of the action and support.'

Residents' recommendations for future action on VAWG in Tower Hamlets

A total of 190 respondents further shared many different recommendations for how to reduce barriers and make Tower Hamlets feel safer in relation to VAWG:

Increase awareness and change attitudes among community members	Provide more and better support from services	Enhance community safety
<ul style="list-style-type: none"> • How: visible ads, posters, leaflets through doors, street art, workshops, social media, speaking in cultural settings / places of worship, school curriculum, multiple languages • Who: men and boys, specific faith groups, health care professionals, schools, workplaces • What: What is abuse, that abuse is wrong and unacceptable, what the repercussions and consequences are, Misogyny/sexist attitudes in the community, Celebrate women role models and better role models for men, Services including direct telephone numbers, how to access local networks, women's 	<ul style="list-style-type: none"> • Helplines / emergency contact numbers and easier reporting • Community support groups and workshops • Counselling / therapy to deal with trauma and long-term effects on mental health • Safe, women's only support / places • Offer translation / interpretation • Legal aid for VAWG victims • Better knowledge in services about where to refer to • More warmth, support, confidentiality, quicker responses, easier and simpler access routes, anonymity • Services around the borough • Check-ins and long-term support • Shorter waiting lists 	<ul style="list-style-type: none"> • Increase presence of law enforcement professionals in community (police, THEOs) • CCTV • Lighting and cleanliness • Increase trust in police • Safety on public transport • More action and involvement from members of the public

<p>empowerment and knowing rights</p>	<ul style="list-style-type: none"> • Responsiveness of services • More youth services 	
<p>Address local housing and financial security</p>	<p>Make institutional and system changes</p>	<p>Improve the response to perpetrators</p>
<ul style="list-style-type: none"> • Ensuring victims have safe places to stay or go in the middle of the night / short term • Suitable accommodation for different women's needs (e.g. mothers with children, people with complex needs) • Financial support for women fleeing abuse • More women working 	<ul style="list-style-type: none"> • Reduce misogyny and increase equality / social justice (reference to police culture and treatment of women) • Trauma-informed approaches embedded across services • Better complaint procedures and accountability • Believing people and taking people seriously • Quicker responses and timescales • Zero tolerance for VAWG • Reduce victim blaming and increase belief of victims • Increased funding to support programmes and enable changes to the system • Improve trust and confidence in police • Support equality and voices of Black, Asian and minority ethnic groups 	<ul style="list-style-type: none"> • Increase conviction rates • Increase confidence that arrests / prosecutions will happen • (Harsher) penalties • Take action to prevent future harm/perpetration • Report on numbers and convictions to the public • More support for perpetrators to address their behaviour and build healthier relationships

VAWG Professionals Engagement Survey

A total of 123 professionals working in Tower Hamlets participated in an online survey conducted by LBTH Public Health between August and October 2023. The survey included questions about knowledge and skills, awareness of services, gaps and barriers, facilitators, and common beliefs or attitudes they encounter in their work that hinder gender equality.

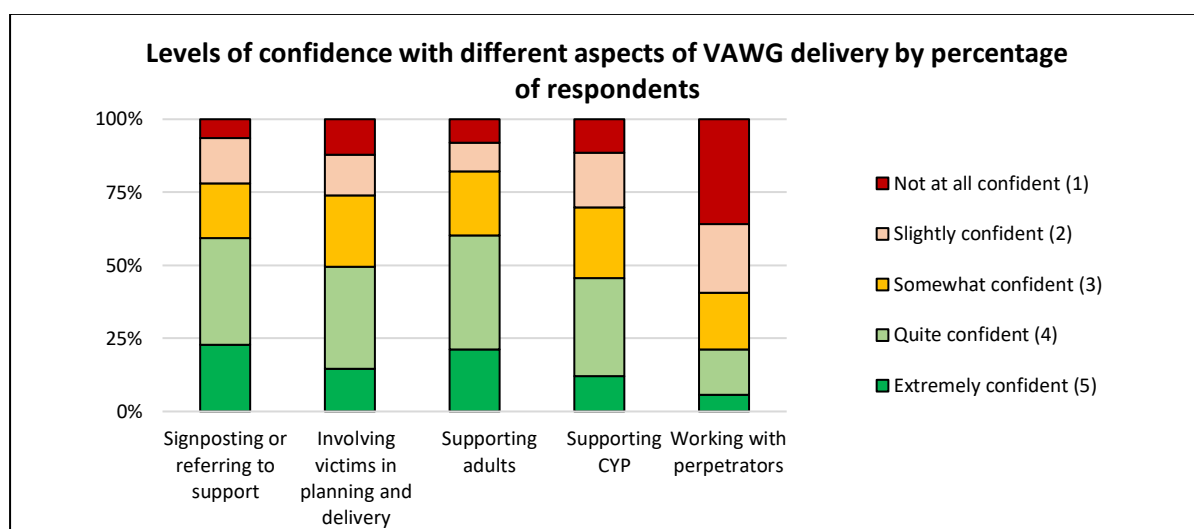
Profile of respondents by place of work

Tower Hamlets Council staff who work with adults and/or children made up 46% of the respondents to the survey, followed by people who work for various VCSE organisations (32%), NHS organisations (13%), education (7%), and 'Other' (4%).

Survey Findings

There were gaps in professionals' knowledge, skills, and training:

- While 55% of respondents had participated in training about VAWG previously, 21% had not been aware of any training opportunities and 13% reported not having enough time to participate
- Nearly all respondents (114 of 123) reported being aware of local domestic abuse services and many (92 of 123) were aware of local services for victims of sexual violence
- However, far fewer professionals were aware of other VAWG-related services such as perpetrator programmes, FGM specialist services, stalking and harassment, trafficking, modern slavery, 'honour'-based abuse and violence, forced marriage, and prostitution.
- Responding professionals had varied levels of confidence in different aspects of VAWG delivery. More than a quarter of respondents reported that they were 'not at all' confident in working with perpetrators (chart below).
- The training needs respondents most frequently requested were around general VAWG response and signposting, working with perpetrators, as well as preventative approaches.



The professionals who responded to the survey identified harmful beliefs and attitudes that hinder gender equality, which they have observed among residents and/or staff:

- Misogynist or patriarchal attitudes among both residents and staff
- Discrimination (systemic racism, lack of cultural competence, homophobia, transphobia)
- Religious or cultural views
- Lack of awareness or persisting assumptions about specific issues
- Lack of hope and trust in services or the system

Professionals also shared their views about the range of remaining gaps and barriers in addressing VAWG in Tower Hamlets:

Most frequently selected gaps in addressing VAWG in Tower Hamlets, by number of responses						
Criminal justice system outcomes/issues, 62	Limited resources, 53	Support for victims (long-term), 48	Agencies not challenging perpetrators, 43	Faith organisations/ leaders addressing VAWG, 42		
Communities not challenging perpetrators, 58	Lack of communication between agencies, 51	Lack of therapeutic options for victims / perpetrators , 47	Lack of training/ awareness, 34	Support for victims (short-term), 34	Prevention of VAWG (including reducing misogyny and gender...	
Inequalities of access (e.g. for different languages, abilities, digital skills, cultural needs), 55	Lack of trust and confidence in authorities, 51	Housing access, 46	Schools addressing VAWG, 30	Lack of employment opportunities (economic /...	Lack of policies/ procedures to guide...	
			Response to perpetrators, 29	Poor record keeping enablin...	Victims and perpetr... not...	Ot... 9

Conversely, professionals also noticed things that support their work in preventing or responding to VAWG:

- **Information, training and resources** about services to refer or signpost to (e.g. the online directory)
- **Relational and trauma-informed approaches:** having time to build relationships and trust with residents; flexible approaches such as meeting in the community; listening without judgement; opportunities for social support groups and other ways to connect
- **Agencies working together well:** clear referral pathways and information sharing protocols, support and advice from other professionals such as the VAWG team and IDVAs; having professionals in the right place such as Beyond the Streets; clinical leads supporting IDVAs through the IRIS project.

Finally, professionals in Tower Hamlets also shared their views about actions to address gaps in future planning:

Increase awareness of VAWG and its impacts	Improve community engagement	Improve accessibility and inclusion
<ul style="list-style-type: none"> • Where to get support • What is not acceptable behaviour • How to appropriately challenge • Low level issues to highlight pervasive nature, prevention • Forced marriage 	<ul style="list-style-type: none"> • Safer spaces to foster trust • Gender equality and rights with faith and community groups • Community champions • Have conversations with different generations • Speak to victims about their experience, 	<ul style="list-style-type: none"> • Improve language skills / ESOL • Provide support in different languages • Knowing how to challenge VAWG in different cultures • Islamic counselling

Needs Assessment about Violence Against Women and Girls in Tower Hamlets 2023

<ul style="list-style-type: none"> LGBT+ specific awareness 	<p>especially those who decline support</p>	<ul style="list-style-type: none"> Training about how to support LGBT+ community Improve support for people with high needs (substance use, MH, involvement in survival sex) Improve support for people new to the UK
<p>Focus on men and boys</p>	<p>Work with children and young people</p>	<p>Offer women's spaces</p>
<ul style="list-style-type: none"> More male allies Young boys and adolescents Understand the awareness and interest among men in power, such as politicians Engagement with men Groups for men and women about relationships, conflict, equality 	<ul style="list-style-type: none"> Healthy relationships, good communication and signs of coercive control How to fact check things online related to VAWG Having school/community-based family support workers 	<ul style="list-style-type: none"> Women only provision and targeting women for engagement where they are underrepresented Muslim women need single sex spaces Female only coaches and instructors for sports or physical activity
<p>Organisations and professionals</p>	<p>Address housing and financial insecurity</p>	<p>Resources</p>
<ul style="list-style-type: none"> More joined up working Consistency in quality Long-term and therapeutic support access More female professionals (e.g. THEOs) Better communication between professionals and services Recruiting a MARAC Liaison Nurse Reinstate SDAC with support from Councillors, CPS and judicial system Adoption of trauma-informed care across the system 	<ul style="list-style-type: none"> Address the lack of affordable housing Reduce the impact of increasing the cost of living on residents Support for women with high needs such as those risk of homelessness Better pathways needed as hostels/temporary accommodation offer considered inadequate for women and children 	<ul style="list-style-type: none"> Funding and ringfencing resources Resourcing in context of increased costs Increase availability to meet demand on both victim and perpetrator side

Residents' views from additional sources

Annual Residents Survey

The Tower Hamlets Annual Residents Survey 2023 was conducted in June 2023, with a total of 1,117 respondents (568 males and 549 females). This survey included a wide range of questions covering topics about personal concerns, safety, services, as well as a specific focus on cost of living. Below are some key gender differences in the findings from the survey which are relevant to prevention of VAWG and risk factors:

Perceptions of safety	<ul style="list-style-type: none"> • Male residents were more likely than female residents to say they feel very safe both during the day (56% of male residents vs. 47% of female residents) and after dark (22% of male residents and 11% of female residents). • After dark, 18% of female residents and 9% of male residents reported feeling unsafe (compared with 17% overall in 2019). • Even during the day time, a greater proportion of female residents responded they felt 'fairly safe' (versus 'very safe') while a greater proportion of male residents responded they felt 'very safe' (versus 'fairly safe').
Perceptions of services	<ul style="list-style-type: none"> • There were no significant differences between male and female opinions about policing in Tower Hamlets. • About one-third of male residents (30%) and one-quarter of female residents (24%) viewed council housing positively, while male residents were more likely to rate housing benefit service as poor than female residents. • A significantly greater proportion of female residents (30%) than male residents (21%) reported that they did not know enough about leisure and sports facilities to comment their opinion on their quality.
Personal concerns	<ul style="list-style-type: none"> • Greater proportions of female residents reported concerns about paying utility bills and paying council tax compared with male residents (47% and 24% respectively). • A greater proportion of male residents (11%) than female residents (6%) were concerned about the availability of employment in the borough, while a greater proportion of female residents (20%) than male residents (14%) were concerned about homelessness. • About one-third of both female and male residents reported not being concerned about any issues related to finances.

Gender Inclusive Design Project

Tower Hamlets Council's Public Realm team also conducted a research project throughout 2023 to help inform planning to improve gender inclusiveness in public spaces, including the development of the new Tower Hamlets Local Plan. Over 320 women responded using different methods including audio-recorded street interviews, digital walks, an online survey, and 2 consultation events.

Some of the key findings from the report include:

- Women are not scared of the dark, but they feel burdened with managing constant low-level threats and maintaining awareness as they navigate the city during any time of day, not just nighttime. These perceived threats include encountering drug dealing, drug taking, homelessness, drunken behaviour, groups of young men gathered, and staring.

- Seeing other women and girls and wider sense of community, such as people being friendly to each other on the streets, fosters feelings of safety.
- Having public places, including streets, where women feel a sense of ownership and enabling community inclusion also feel more pleasant and welcoming.
- Women shape their cities by walking and prefer quiet, green, well looked after streets as well as access to parks and gardens – these qualities support a sense of safety
- Women consider green spaces to be restorative and social spaces, including playgrounds and canals, and want greater access, organised activities (e.g., running groups), and better lighting and connectivity
- There is a need for greater diversity and representation of women and marginalised groups in professions such as architecture, planning and development

Recommendations from the research have been incorporated into the draft Women's Safety Action Plan as well as the new draft Tower Hamlets Plan.

Pupil Attitude Survey 2022

The most recent Pupil Attitude Survey was conducted with 1,516 primary school pupils and 271 secondary school pupils in Tower Hamlets. Findings from this survey relevant to VAWG and safety include:

- **Feelings of safety among primary school aged children:** Most boys and girls in primary schools (80-90%) reported feeling 'very safe' or 'quite safe' in the area where they live, going to and from school, and in school. In contrast, a smaller proportion (60-65%) of boys and girls in primary schools reported feeling 'very safe' or 'quite safe' outside of their area. 15% of primary school pupils reported that being a victim of crime was the thing they worried about most often.
- **Feelings of safety among secondary school aged children:** Most boys (81-86%) feel 'very safe' or 'quite safe' in their local area, going to and from school, and in school while about two-thirds (64%) reported feeling 'very safe' or 'quite safe' outside of their area. Among secondary school girls, most reported feeling 'very safe' or 'quite safe' going to and from school (81%) and at school (85%). However, a lower proportion (69%) reported feeling 'very safe' or 'quite safe' in their area. An even lower proportion (49%) reported feeling 'very safe' or 'quite safe' outside of their area. 14% of secondary school pupils reported that being a victim of crime was the thing they worried most often about while 15% reported worrying most often about relationships (boyfriends or girlfriends) and 10% most often worried about sex.
- **Digital and online safety:** Over half of primary school pupils (55%) and nearly all (92%) of secondary school pupils reported having their own mobile phone. Primary school pupils most frequently reported using Google+ (33%), WhatsApp (30%), TikTok (26%), and Snapchat (15%). Among secondary school pupils, the most used apps were WhatsApp (81%), Snapchat (69%), TikTok (67%), and Instagram (64%). A quarter (24%) of responding secondary school pupils reported that someone had shared a photo or video with them that made them feel uncomfortable; concerningly, 37 of these pupils stated that this was because it was of a sexual nature.

Chapter 8 Conclusions

This Chapter sets out the main conclusions for population needs and issues as well as the achievements and gaps in what has been delivered in Tower Hamlets to address prevention, support for victims, perpetrator interventions and wider system issues. The summary of population needs is based on the main findings from Chapter 5, regarding population data, and Chapter 7, where residents shared their experiences of VAWG and local need. The assessment of achievements and gaps is based on the context of the national and regional strategies and policies listed in Chapter 3; the recommended practices set out in Chapter 4 and the perspectives of residents and staff described in Chapter 7, within the capabilities and responsibilities of Tower Hamlets Council as a local authority.

Population needs and risk factors

Residents and professionals think that VAWG in Tower Hamlets is influenced by wider social issues like poverty and housing, lack of education and awareness, and cultural and social norms for different genders (misogyny and toxic masculinity). Some risk factors for experiencing different forms of VAWG as well as experiencing barriers to seeking support are common in Tower Hamlets (financial and housing insecurity, disability, LGBTQ+, specific ethnicities at risk of honour-based abuse and FGM).

Different forms of VAWG are frequently reported by Tower Hamlets residents, with some of the highest rates of reported domestic abuse, sexual violence, and online abuse in London. Although the majority victims were female, there were also male victims, especially in modern slavery offences and in one-third of domestic abuse cases. Young adults make up the highest proportion of victims, although other age groups are also represented; young people aged 17 or under have one of the highest victimisation rates for sexual offences. Women also shared different forms of 'lower level' violence/abuse they experienced in Tower Hamlets, including catcalling, invading personal space, unwanted contact in public spaces and social settings. Experiencing VAWG impacts Tower Hamlets residents in a range of ways including increasing risk of homelessness, poor mental health, and poor physical health including physical injuries and sexual health.

Prevention and Safety

Component	Achievements	Areas for further development
Wider risk factors for VAWG	LBTH and Tower Hamlets Women's Network have collaborated on efforts to address unemployment and financial insecurity among women in the borough. There is a supported accommodation for women who are at risk of homelessness. There has been cross-department working within the Council to understand the needs of women with complex needs including homelessness and involvement with the criminal justice system.	There is a relatively low proportion of women who are economically active in Tower Hamlets. Tower Hamlets has high housing costs and levels of overcrowding. Residents report that wider issues like housing, poverty and lack of opportunities increase the likelihood of different forms of VAWG in Tower Hamlets.
Transforming attitudes, beliefs and	LBTH have delivered hundreds training and outreach activities across Tower Hamlets	Residents and professionals report that attitudes, beliefs and norms like misogyny and toxic

norms that increase likelihood of VAWG	throughout the past 4 years, reaching over 2,000 people including 220 VAWG champions.	masculinity are common in Tower Hamlets. Residents also reported experiencing catcalling and unwanted contact in public spaces in the borough.
Prevention with children and young people	The Supporting Families Social Work Academy organise tailored training for children’s social care staff. In addition to this, the LBTH Parent and Family Support Service also provide a four-week programme called Speakeasy for parents to talk to their children about growing up, relationships and growing up. The sessions look at how Relationship and Sex Education is taught in schools as well as the effects of media.	Levels of engagement with children, young people and parents is variable across different schools and areas in the borough. Residents considered a lack of awareness and education among young people was considered one of the driving issues for increasing the likelihood of VAWG in Tower Hamlets.
Engagement with men	Misogyny and Allyship training was developed to target male allyship in the Council and there are 25 men who have joined the Male Allies group.	Male allies group currently only focusing on LBTH staff. Residents and professionals think that there should be more engagement with influential male community members.
Use of participatory approaches and empowerment of women	LBTH has implemented a VAWG Champions programme with The Tower Hamlets Women’s Network enables participation by local women and girls. The LBTH Women’s Staff Network enables participation by female staff.	The level of activity and impact of VAWG champions is currently unknown. Only 8% of people who responded to the residents survey for the VAWG Needs Assessment had previously involved in planning to address VAWG in the borough.
Safe public spaces	LBTH have undertaken research to assess women’s perceptions of public spaces in Tower Hamlets and produced a new Women’s Safety Action Plan to be delivered.	The latest Annual Residents Survey indicates a greater proportion of women than man report feeling unsafe at night. Residents report experiencing unwanted contact in public spaces such as public transport, parks, and on the street or pavement.
Online safety	The LBTH Parental Engagement Team have offered sessions for parents about keeping children safe online.	Residents, including young people, have received online abuse of different forms. The level of support and response to this is not well understood.

Supporting Victims

Components	Achievements	Areas for further development
Access to support	There is an extensive online service directory with information about different types of support available locally and nationally. LBTH has promoted information about local services and pathways through outreach and training for professionals as well as through VAWG Champions who are both staff and community members.	Residents and professionals have highlighted a range of barriers to accessing support including lack of awareness of support, lack of trust in systems and services, lack of understanding of abuse, and fears related to shame, discrimination and other factors. Over half of residents shared that they would initially speak to a friend or family for support with VAWG, indicating a need for local community members to have the right information to support others.
Support for victims of domestic abuse and sexual violence	LBTH commissions an IDVA service, which aims to address the safety of victims at high risk of harm due to domestic abuse. Hundreds of victims have received support from the Solace IDVA service since 2020, with increasing referrals each year due to expanded capacity of the service. Specialist IDVA support is also available for economic abuse, housing and health. The Haven at Royal London Hospital provides counselling, forensic and medical services for victims of sexual assault in the past 12 months. East London Rape Crisis provide services and support to victims of rape and sexual abuse in Tower Hamlets.	Available support is mostly limited to short-term support related to immediate safety, with limited support available for victims in the longer term. Residents have mixed perceptions about the helpfulness of local services, including social care (about one-quarter find it 'not very helpful').
Support for victims of so-called 'honour-based' violence and abuse including FGM and forced marriage	There is culturally sensitive support available through Sister Circle for honour-based violence and abuse, including FGM, in Tower Hamlets.	More than half of the residents responding to the VAWG residents survey report not being aware of the support available for victims of so-called 'honour-based' violence and FGM.
Accessibility and Inclusion	The IDVA service monitors service users' protected characteristics; Bangladeshi women have been particularly well represented among service users in the past 3 years.	Some groups of victims have lower than expected uptake in the Solace IDVA service such as men and diverse ethnicities. Residents cited barriers that would stop them from reporting

	There is also specialist domestic abuse provision for victims with Bangladeshi or Somali ethnicities.	experiences of VAWG to agencies in Tower Hamlets included fears of bringing shame, fear of being rejected by faith community, language barriers, lack of specialist services (e.g., for men, LGBTQ+), lack of accessibility (e.g., wheelchair access, childcare), fear of discrimination against culture or being transgender or nonbinary.
MARACs	Hundreds of cases are discussed each year through MARACs, with a relatively low repeat victimisation rate. Tower Hamlets has conducted a MARAC review with lessons learned shared via the VAWG Steering Group and other partnership networks.	Repeat victimisation has not decreased since 2019. There is need for follow-up regarding the recommendations coming from the MARAC review to understand gaps to address.
Housing	LBTH is implementing a project to attain Domestic Abuse Housing Accreditation (DAHA) and reviewed its practices related to domestic abuse in housing. LBTH provide a Sanctuary Scheme, which provides free home security for domestic abuse victims with sole tenancy. LBTH commissions two women's refuges for victims of domestic abuse with a total of 34 bed spaces, including a specialist refuge for Asian women and their children. LBTH commissions a supported accommodation for women with complex needs (Riverside Hostel).	About 10% of homelessness approaches to LBTH were reportedly related to domestic abuse. Residents also shared that financial and housing barriers would stop them from reporting experiences of VAWG. The LBTH DAHA project was previously delayed, although it is now in progress. Only two local registered providers of social housing have gained accreditation.
Health services	Violence against women and girls is a new priority for the NHS and there is commitment across health partners in London to address the impacts of VAWG in health. A total of 15 GP practices and 76 clinicians have participated in IRIS training for supporting victims of domestic abuse. Some residents report that their GP helped them to access VAWG services. There are specialist services that aim to support victims of violence including maternity services,	There is a lack of continuous provision in primary care for identifying and supporting people who have experienced violence, although the IRIS programme is re-launching in Tower Hamlets. Long waiting times for long-term support for victims with issues related to traumatic impacts of experiencing violence, including counselling and therapy.

	<p>psychosexual support and Women’s Trust mental health support groups. Tower Hamlets also has a wide range of mental health services for issues such as depression, anxiety, post-traumatic stress disorder, and complex trauma and emotional needs.</p>	
<p>Trauma-informed approaches</p>	<p>There is an increasing level of awareness about and interest in trauma and trauma-informed approaches among people working in Tower Hamlets services due to ongoing training, a borough-wide community of practice, and service-level initiatives.</p>	<p>Application of trauma-informed approaches is inconsistent across different services and organisations in the borough. Initiatives often focus on training rather than practical application of trauma-informed approaches.</p>
<p>People involved in prostitution or sex work</p>	<p>Door of Hope uses a holistic, wrap-around approach to enable access to services and provide therapeutic support for 30 local women involved in on-street prostitution.</p>	<p>There is limited specific provision for women involved in different forms of off-street prostitution, such as escorting. The stigma of engaging in prostitution among community members and professionals may prevent people from accessing support for issues related to VAWG.</p>
<p>Women in contact with the criminal justice system</p>	<p>LBTH has a specialist role leading on the coordination of pathways for women away from the CJS and into support and expanded funding for the London Female Diversion Service, supporting 6 women since July 2023.</p>	<p>Women in contact with the criminal justice system are at increased risk of poor mental health, trauma, financial insecurity, and experiencing violence. The lack of trust in services and the criminal justice system commonly reported among Tower Hamlets residents may be particularly pronounced among women in contact with the criminal justice system, which may create barriers to seeking support.</p>
<p>Workplaces</p>	<p>Tower Hamlets has updated its policies for sexual harassment and domestic abuse. NHS organisations in London have committed to addressing violence experienced by staff by addressing power dynamics, reducing misogyny and providing protection and support for staff who are experiencing or have experienced VAWG.</p>	<p>Members of the LBTH Women’s Network have reported that sexual harassment is an issue in the workplace in 2023 and will examine further survey results to address internal issues.</p>

Perpetrators

Components	Achievements	Areas for further development
Help-seeking and early intervention	LBTH training about VAWG issues has included some early intervention topics including positive relationships, There are also two early intervention programmes, which are focused on parents (Early Repair and Reducing Parental Conflict).	There is a lack of early intervention programmes for perpetrators who are not parents. One-third of professionals report that they are not at all confident in working with perpetrators. Professionals identified working with perpetrators as well as preventative approaches as some of their top learning needs.
Changing perpetrator behaviour	There is a behaviour change intervention available for parents (Positive Change). There is also a new service for any perpetrators, including those who are not parents, called the Culturally Integrated Family Approach (CIFA) programme. This service includes specialist streams for female perpetrators and same sex intimate partners.	There has been low completion of the Positive Change service among perpetrators. The CIFA programme has just started implementation in Tower Hamlets. Perpetrator behaviour change programmes can only be accessed with a referral by a professional.
Criminal justice response	There is significant funding and support to address domestic abuse offences from specialist crime in London. London MOPAC also has strategic priorities focused on reducing reoffending and building trust and confidence in the criminal justice system. Tower Hamlets previously had Specialist Domestic Abuse Court which included measures to improve the ease and experience of victims in the criminal justice system. Between 2019-2023, it had a conviction rate of between 65-72% and a victim satisfaction rate of over 70%.	Residents and professionals note that there is a lack of trust and optimism in services including the criminal justice system. There are low sanction and detection rates for domestic abuse and sexual offences. Specialist domestic abuse court lacks system wide support and is yet to be reinstated, so court experiences are likely to feel less safe for victims. Police targeting of buyers of sex has reduced capacity.

Chapter 10 Recommendations

These recommendations are based on the findings from this needs assessment, including the recommendations provided by residents and professionals. The recommendations should help inform future planning to prevent and respond to VAWG in Tower Hamlets.

Cross-cutting

- Improve use of high-quality information, insight and evidence in planning to address specific VAWG issues and specific groups, including transgender residents
- Increase meaningful involvement of women, victims and survivors in planning, delivery and review of VAWG prevention and response
- Embed trauma-informed principles and approaches into all VAWG-related programmes, services and policies including non-specialist services
- Enhance collaboration and ownership among teams, services and organisations in Tower Hamlets towards reducing VAWG and its impacts on residents and staff

Prevention and safety

- Address wider determinants of VAWG including housing insecurity and financial insecurity with a gender-informed lens (e.g. unemployment and access to finances)
- Improve community engagement and outreach about prevention and reduction of violence and abuse with key messages about abuse definitions, harmful attitudes, unacceptable behaviours, consequences, celebration of positive role models and relationship examples, and services
- Work with range of influencers like male residents, faith groups, schools, and workplaces
- Increase involvement of diverse women and girls in communication, planning and delivery
- Improve community safety measures' abilities to address VAWG (police/THEOs, CCTV) and help build residents' trust in police for addressing VAWG issues
- Work with local women and girls to improve perceptions of safety in public spaces
- Offer more women only activities and provision including physical activity opportunities

Supporting victims

- Support professionals and residents across Tower Hamlets to have the right information and skills to support victims and survivors of VAWG, accounting for barriers
- Ensure support is accessible and appropriate for people with different language needs, cultures, abilities, sexual orientations, gender identities and nationalities
- Ensure communication with residents about how to access support and services is accessible and tailored for different audiences
- Ensure appropriate support is available for victims of all VAWG strands including domestic abuse, sexual violence, harassment, online abuse, honour-based abuse, FGM, modern slavery, exploitation, as well as women in contact with the criminal justice system
- Enhance the quality of housing provision for victims with diverse needs including women at risk of homelessness, women with substance use issues, women with children
- Ensure that support for addressing the longer-term negative impacts of violence are available and accessible (e.g., mental health, trauma, sexual and reproductive health)

Holding perpetrators to account

- Support professionals to have the right information and skills to respond to perpetrators
- Increase uptake and completion of intervention programmes by diverse perpetrators
- Improve partnership working between responsible organisations e.g., courts and police
- Foster improvement in residents' trust and confidence in criminal justice system by improving experiences and outcomes.

This is for the Majority

Gender inclusive design – creating a welcoming, inclusive and restorative borough

May 2024



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1. This is for the Majority

1.1 About this report

Gender inclusive design is an approach to development that learns from the experiences of women and girls in order to build inclusive, healthy, child friendly, climate resilient places that are socially and economically prosperous.

This report has been prepared to inform planning policy in London Borough of Tower Hamlets. It is an evidence base for the new Local Plan and has been through public consultation under regulation 18 (December 2023) and regulation 19 (June 2024). The findings of this research have been aggregated throughout the new Local Plan draft with input into each policy and this document will be circulated across the council and further afield, in order to encourage shared approaches and collaborative strategies that embed equity in the built environment.

When this research process began in December 2022, the London Legacy Development Corporation (LLDC), the Greater London Authority (GLA), The World Health Organisation (WHO) and the World Bank had published documents focusing on

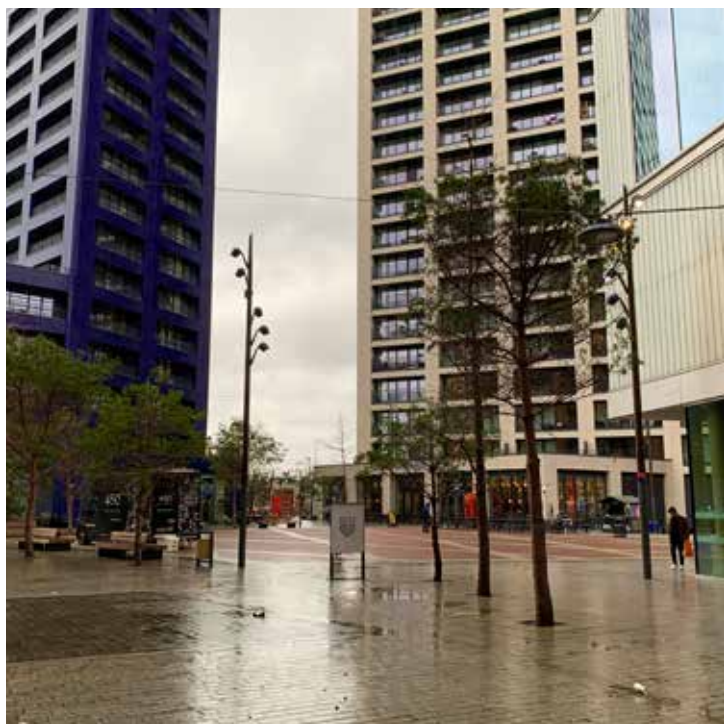
women's safety and street safety. Make Space for Girls and LSE Cities have also made significant headway, changing the conversation around gendered provision for teenagers in parks and public space. This network of research and broader discourse around women's safety, is formative and has been used as a reference tool (see the policy review in section 02).

Being part of this broader conversation created an opportunity for the scope of this evidence base and design guidance to respond in a more holistic way to the experiences of women and girls in London Borough of Tower Hamlets.

While this document sits within the Local Plan evidence base at Tower Hamlets, it is also part of an unfolding conversation which is becoming more nuanced as thinking about gender inclusion in the built environment evolves. The ambition of this guidance goes further than addressing the limiting belief that design is a defensive strategy to protect women from violent men and presents an expanded vision that considers the built environment as a language that can be an agent for change and inclusivity.

Our work in Tower Hamlets has prioritised listening to and learning with women and girls at the outset and this document grows out of an iterative engagement programme that has been shaped, at each stage, by an ongoing process of learning and reflecting. It was important that this document put lived experience at the centre of the evidence base and that recommendations are drawn out of a consensus rather than fall back on assumptions or led by perceptions.

This report is written at the mid-point of an inclusive research project working, to date, with over 450 women, girls, and non-binary people from across the borough. The title of the report – This Is For The Majority – is reflective of the fact that the recommendations that are made will have a positive impact on all residents, because designing with the needs of women and girls in mind, will





lead to improved public realm for the majority of people who live and work here. Furthermore, designing with women and girls in mind aligns with biodiversity net gain objectives, planning for climate mitigation, healthy, child friendly places, vibrant local neighbourhoods and brings social and economic prosperity to a place.

Adopting an inclusive design framework will support and enable a cultural shift not simply to 'level up' women's experience but to create an entirely new, shared context which is empowering and enabling for women and girls and offers broader benefits to the wider community. The report maps the scope of findings that have emerged through engagement, a 'vision' for greater inclusivity, a set of themes and a series of recommendations to ensure greater balance and representation in the planning and design of the borough. The report provides insights into the evidence base, so that the source of recommendations can clearly be traced through to the original research.

The second phase of this document will be published later in 2024 and will outline a framework for gender inclusive design. It will be a 'how to' guide that enables place shapers to apply gender inclusive approaches as a design tool.

Whilst this document is written to inform design and planning it is envisaged as useful tool for teams working with violence against women & girls team (VAWG), youth service, community safety provision and strategic planning for public health, high streets, parks and green spaces, leisure and planning for new developments.

1.2 Executive Summary

A legacy

Cities, towns, and public spaces are an ongoing human project to co-create, make, and re-make spaces that both speak of who we want to be 'now,' and how we wish to be seen by future generations. Historically this has been led by able bodied, white men. This statement does not undermine or judge their contribution; it is merely a statement of fact that provides insight into the shape of built world we have inherited.

A city out of step

Living in cities, towns and public spaces means navigating this inherited patchwork of histories structures, systems and institutions that had limiting views of women and girls, disability and neurodiversity, race and ethnicity and sexual and gender identity. This has shaped spaces that favour and celebrate the lives of men. From street names and public sculptures through to a skyline of blocks and towers that replicate male power, to a transport system designed for a smooth daily commute 'into' town. We live amongst and navigate a built environment that is out of step with a contemporary culture that explicitly values plurality, inclusivity, and diversity.

"In general, cities work better for heterosexual, able-bodied, cisgender men than they do for women, girls, sexual and gender minorities, and people with disabilities. Key aspects of the built urban environment – related to access, mobility, safety and freedom from violence, health and hygiene, climate resilience, and security of tenure – create disproportionate burdens for women, girls, and sexual and gender minorities of all ages and abilities, thus exacerbating and reinforcing existing gender inequities"

World Bank, Handbook for Gender-Inclusive Planning & Design, 2020

What needs to change?

To bring ourselves more in step with contemporary culture the question we must ask is; what needs to change, from the fine detail to the big picture, to make spaces that work for everyone? Central to making space work for everyone is making spaces feel welcoming and therefore safe.

Our work in Tower Hamlets makes it clear that it is important to change the narrative and language around street safety. Statistics show men and teenage boys are also at risk from random violence, but that women, girls and non-binary people carry a greater daily burden of dealing with sexism and misogyny on the street and that acceptance of this lower-level behaviour, leads to broader acceptance of crimes such as domestic abuse, rape, and murder.

The link here is male violence – whether that is targeted at women or other men. So, making spaces safe also means asking: how can male violence be challenged, and men helped to manage and change their behaviour?

Clearly this question is complex and there are many reasons, from broader cultural and historic acceptance of male violence to upbringing, poverty, lack of deterrent and poor education. In the context of this report, it is a question of how the 'language' of the city supports and communicates shared value through design, the ways that inequality is replicated through the built environment and the practical considerations that make places feel more welcoming to women and girls.



Welcoming places feel safe

Participants in our research told us that they felt welcome in places where there was a range of activity happening and where they could see other people; women, families, people from several generations and cultural backgrounds. That designing 'welcoming' places both encouraged diverse users to spend time there and discouraged anti-social behaviour. This creates a positive feedback loop.

Focusing only on safety further perpetuates limiting views of the experience of women and girls and this creates a contradiction. Safety is important, but in the context of design, perpetuating the narrative that women and girls are potential victims and limiting discussions about gender inclusivity to safety, is missing an opportunity to think about the big picture changes that can happen when places are designed by and for everyone. One of the ways urban design can support a culture change is to shift narratives by designing with the needs of women and girls in mind.

We talked to some 450 people about the design of streets and public spaces and some of the many topics that were discussed included provision in parks, biodiversity, climate mitigation, opportunities for children to play, the harms caused by high levels of pollution and the fact that they would like greater opportunity to socialise in parks and outdoor spaces, as well as talking about safer parks and streets.

It's nuanced: thinking about approaches

When women and girls change their behaviour, it has an impact on the social and economic prosperity of a place. Therefore, proactively designing welcoming spaces that encourage women and girls to feel welcome, is also proactively designing regenerative spaces that benefit the whole community.

Design by and for women and girls is important because it can help us create a new vision for our built environment which is more in line with the big picture changes we need to make to support Biodiversity Net gain and climate sensitive planning. When these elements align places feel welcoming and this in turn has social and economic benefits for an area.

Recommendations at the close of this report consider on street interventions, changes to the way inclusive approaches are implemented and big picture thinking about the language of the built environment.

The breadth of responses and more nuanced comments from women and girls about safety should not be overlooked and one truth which flows through this report is that all women, girls, and gender diverse people, feel or perceive safety or public space differently. However, 96% of survey respondents agreed that a holistic culture shift is necessary in order to challenge violence against women and girls.

Design of the built environment can contribute to this culture shift by ensuring that the 'language' of the city speaks of equality.

Gender mainstreaming

One of the ways to make places for people is to ensure greater representation in planning, policy, and design teams by adopting gender mainstreaming with a focus on intersectionality.

Gender mainstreaming at policy level, through design guidance, can help to shift the culture of a place, with the aspiration being to create something new that is of benefit to all people of all backgrounds and genders.

Gender mainstreaming is a tool that can be used to identify gaps in policy where the experience of women and girls is absent. The aim of gender mainstreaming is to achieve equality.

In 1998, the Council of Europe defined gender mainstreaming as:

"The (re)organisation, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies at all levels and at all stages, by the actors normally involved in policymaking." (Council of Europe)

In this policy document, gender mainstreaming relates to planning, policy, urban design and architecture and the built environment.

1.3 A vision for greater inclusivity in LBTH

Welcoming borough:
Empowering and educating.



Inclusive borough:
Enabling individuals and
strengthening community.



Restorative borough:
Prioritising health and
ecology



1.4 Context: Places shape people and people shape places

Architecture makes our culture legible. It communicates the aspirations and values of the dominant culture (i.e. those with capital). Planning shapes this language, providing the grammar and structure by holding space for conversation, collaboration and indeed the robust push and pull between the will of the market and the needs of the community.

Cities play a vital role in production, consumption and reproduction of gendered norms and biases and are themselves shaped by gender embodiment and the experiences of its inhabitants. These biases are communicated through design, materials, and spatial planning all of which are historically shaped by and for priorities determined by men. This limits opportunities for layering or multiplicity, for places to be more than one thing- something women who are caring for children often experience as a failing and a comment on the value of mothering.

Gender and feminist studies show that women and men experience the built environment differently, and insufficient attention to women's needs within planning processes reproduces gender inequality.

A key tool for communicating inclusive and egalitarian public spaces is through good design. Design not only shapes spaces it communicates a level of care and makes a visual statement to the people who use those spaces that those with governance are considering their needs.

The design and nature of that intervention is iterative, relational, formative and communicates a kind of politics. Whether people know it, or not, they are constantly reading and internalising design- or entropy, as a reflection on them and their sense of self in that place.



In short, the built environment communicates not just 'where' we are but also 'who' we are. It frames the personal and inter-personal relationships we have in those spaces; memories, stories, and aspirations. Children growing up are shaped by the built world and its generosity towards them. External architectural environments are internalised and shape both memory and identity.

Our relationship with place is therefore porous – places shape people, just as people shape places.

The question that gender inclusive design asks, and which this report will ultimately make recommendations on, is what needs to change, from the fine detail to the big picture, to make Tower Hamlets work for the majority?

1.5 Background: This is our city. These are our streets.

This report was initially envisaged as a 'Women's Safety' Project. It was set up in the light of the tragic murders of Sarah Everard, Bibaa Henry, Nicole Smallman, Sabina Nessa and many others whose stories may not have received national coverage. Horrific acts of misogyny, which shone a light on the precarity women face within a legal and judicial system that empowers men to act against women.

Male violence and fear of male violence is a facet of gendered experience must be countered through whole system thinking, starting with adequate police and judicial processes that promise justice to women through the prosecution of offenders, and by sending the clear message that violence, sexual violence and abuse of women and girls is unacceptable and punishable by law.

The report carefully weighs the accounts of women who report feeling unsafe or indeed being assaulted, the poverty of justice for women and under reporting, against the problem of over-sensationalising levels of fear and indeed danger. Some elements of the city are dangerous; however, this must be balanced against the alternative dangerous path of turning women into 'victims' and therefore perpetuating rhetoric around victim blaming, control of women through fear, being an equally problematic path to travel.

Women and girls are more likely to suffer violence or death through contact with family, partners, and ex partners, than they do from random attacks on the street by a stranger.

ONS data the year ending March 2021 shows that of 177 women who were victims of homicide across the UK, 95 percent of perpetrators were known to the victim. According to the Femicide Census, a woman is killed every three days in the UK and research has shown that incidents of violence towards women have increased in recent years.

This includes a 13 percent increase in the number of women who are sexually assaulted from the year ending September 2021. A recent report found that the leading cause of femicide is intimate partner



and ex- partner violence, followed by son-mother domestic violence and then killings that were sexually motivated.

Sexual offences recorded by the police were at the highest level recorded within a 12-month period (194,683 offences) in the year ending March 2022, a 32% increase from the same period in 2021. (During the Covid 19 pandemic) Of all sexual offences recorded by the police in the year ending March 2022, 36% (70,330) were rape offences. This was a 26% increase from 55,678 in the year ending March 2021. Other sexual offences increased by 35% to 124,353 compared with 92,212 the previous year.

(Office for National Statistics 2023)

These figures are high and contrasted by extremely low rates of prosecution and conviction.

However, for the purposes of this report about the design of streets and public space, it is important to bear in mind the statistic that 5% of these crimes are committed by a stranger on the street.

Violence against women and girls in the UK is a national outrage and this document will not minimise this fact, however it is a misconception that the greatest threat to women and girls is from a stranger on a dark secluded street.

Our engagement has shown that we must consider safety from the fine detail to the big picture considering on street interventions to create a welcoming and inclusive public realm whilst at the same time understanding that the design, material and spatial planning of cities is gendered, legible and indeed this power in-balance is internalised by both women and men. This is echoed by respondents to our survey who state that community, a diversity of people on the streets, and seeing other women created welcoming places and that when women and girls feel welcome, they also feel safe. For these reasons, the emphasis of this report has shifted from focusing on a defensive night-time strategy, to looking more broadly at how to strengthen community and design welcoming places so women and girls can confidently use their streets and reclaim that space, while feeling safe to do so.

The evidence gathered during our engagement shows that women feel relatively safe most of the time but that they feel less safe at night. 'Feeling safe' is personal and everyone will experience and perceive safety differently. Intervention in the built environment such as better lighting, greater passive surveillance, active frontages, better visibility, focus on entrance and exists, can make places feel safer and these recommendations will be aggregated through the Local Plan.

The majority of participants told us that they are not in the main navigating the city in a heightened state of fear but that they are burdened by exposure to elements that will be read as low-level threat; graffiti, trash, poor maintenance, drug dealing and taking, cat calling, ASB and concerns about low level crime. Most of the time this burden is carried with a level of vigilance. However, this raises to threat when experienced in combination. Women did not talk about living in fear, instead many women spoke in resigned terms about carrying this additional responsibility of staying safe as a burden. That navigating threat is part of city life.

Women have described how they create routes that navigate around places where groups of men congregate and cat call, hot spots for drug dealing or

where they have previously experienced threat. They also navigate around streets that feel unsafe due to limited sight lines, escape routes or poor lighting and that this 'way' of getting around is precautionary. They spoke of situations and moments when they became more stressed, for example pausing to find keys and unlock their front door especially if that was poorly lit or lacked passive surveillance. Many of these situations can be countered through design and solutions are suggested in the recommendations listed later in this evidence base.

The issue of taking up space runs like a golden thread throughout the research and it is extremely complex both because of the contemporary culture in which young men are growing up, because of the effects of fifteen years of austerity impacting youth services and provision, because of the density of population in Tower Hamlets, and issues of overcrowding, which sees cultures, families and inter-personal conflict heightened because space operates at a premium.

Young men are, themselves, living in fear as they are aware of knife and gang crime and stabbings, meaning a certain amount of bravado is partly a survival strategy for them.

This report is written with empathy towards young men and the complex issues they face. However, the scope of this work is to make space for women, girls and gender diversity and part of that must be to articulate the impact that groups of young men have. This imbalance (inequality) impacts how women use space and the confidence they have about navigating the borough by day and by night.

The negative impact of this is much wider because when women and girls avoid somewhere it quickly becomes a no-go area. For example, when a small park becomes unwelcoming or attracts ASB, women stop taking their children there to play, the elderly do not go there, and the park gets a reputation as a problem area. When women and girls stop using an area it goes into decline. Therefore, proactively designing welcoming spaces that encourage women and girls to go there and feel safe doing so, is also proactively designing regenerative spaces that benefit the whole community.

This document will look at the role design can play in creating more welcoming places to make a more balanced city.

1.6 We are the majority: Understanding Intersectionality.

“In general, cities work better for heterosexual, able-bodied, cisgender men than they do for women, girls, sexual and gender minorities, and people with disabilities. Key aspects of the built urban environment – related to access, mobility, safety and freedom from violence, health and hygiene, climate resilience, and security of tenure – create disproportionate burdens for women, girls, and sexual and gender minorities of all ages and abilities, thus exacerbating and reinforcing existing gender inequities.”

World Bank, Handbook for Gender-Inclusive Planning & Design, 2020

Gender inclusive design is about making places better for the majority. Modelling the experience of women, and girls, and gender diversity makes places better for all inhabitants.

Whilst it is well established that historically, architects and planners have built cities that serve the needs of men, we cannot assume that the ‘men’ for whom the city is built, represent 50% of the population.

There are many other factors beyond gender that make the city tricky to negotiate or which communicate one’s ‘otherness’ to the norm, making it hard to fit in by setting individuals aside because they ‘can’t,’ ‘won’t’ or ‘don’t’ conform. Physical disabilities can make it harder to get around, neurodiversity can make certain spaces feel overwhelming or simply being older or indeed very young, means moving more slowly or differently which can make it harder to negotiate the city.

These are all issues that affect women or can be modelled through the experience of women and girls.

Whilst at first glance gender inclusive design targets the missing 50%. In fact, gender inclusive design also considers differences which can be articulated or modelled through a ‘gendered’ experience and will, in fact, enable many others to participate.

A gender lens can provide, insights into being ‘other’ in the city, because at different times in her life a woman will be ‘other’, whether that is other as a sexualised body, other as a mothering or pregnant body, other as a menopausal body or an elderly body or other as a transgender body or other as racialised body or an intersection of these considerations.

Intersectional experiences will mean many women face compounding forms of discrimination. All forms of inequality are mutually reinforcing. Women on low-income, with a disability; single parents, women dealing with racism, trans and homophobia; any women who face multiple challenges have greater struggles and it is often the case that disadvantage is magnetic. Being a single parent, on a low income with an abusive ex-partner; facing racism; dealing with mobility issues may also affect a woman’s mental health, make work challenging, and in turn impact her children if she has them.

Women of colour, may, for example, face greater challenges when reporting to the police and, during a listening workshop at Account 3 in Tower Hamlets, a woman shared her story of an assault and described her hesitancy to report to the police. The decision to pick up the phone and call the police to report a crime is complex for all women. For women of colour there might be additional concerns around trust, around putting themselves in potentially harmful situations and the tacit understanding that they are going to have to interact with systemic racism and misogyny in the police force, even if individual officers are sympathetic or helpful. Women at the ‘Account 3’ listening exercise explained that it is complex for women of colour to report, as she may have already been harmed or let down by the system.

However, whilst this statement is true for the Women at Account 3 it may not be true for all and, of course this is a blanket term again that negates the complexities of class, cultural identities, histories, and heritage.

So this evidence must acknowledge and hold on to our differences. There is a complex ebb and flow



to negotiate and throughout this report the word 'WOMEN' will at once refer to a generalised concept of women but it will also indicate the complexity of that term as it refers to intersectional experience of both gender and sexual identity, race, culture, disability, age, neurodiversity, and lived experience.

WOMEN must navigate a built environment that is spatially and architecturally coded to favour a male experience and they must also navigate the social systems designed to create order in those places, systems also designed for and made by men.

Consider gender inclusive design is to be a model that shapes the borough through the experience of women, girls, and gender diversity, to create a more equal and equitable experience for all people. It is then possible to see that this is a strategy that rebalances streets and public spaces to benefit the majority and seeks to empower women and girls by making space for them. This shift is about changing the conversation and creating better, safer feeling, public realm that everyone can enjoy by improving wellbeing, supporting inclusive community, and driving an agenda of social prosperity.

1.7 Scope: Acting and doing is shaping and making

Conversations about safety and feeling safe are extremely complex and whilst the media sensationalises 'random' assault and plays down partner abuse, the majority of violence against women and girls is unreported and threat on the street is more likely to be experienced through continuous exposure to low- level interactions- commenting, cat-calling, threatening behaviour which continues to exert male dominance and lead to broader cultural acceptance of crimes against women and girls. These are behaviours that urban design can do little to change and as Leslie Kern has often been quoted saying "No amount of Street lighting will abolish the patriarchy" (Feminist City, 2020).

It is therefore important to change the narrative and language around street safety. The fact is whilst the media focuses on women and safety, creating an impression that it is dangerous for women to go out at night, statistics show men and teenage boys face the same risks of random violence. The key defining a link here is men. Whether it is men being violent

to women or men being violent to other men the problem, or question is:

Why are men violent? And how can men be helped to manage their behaviour?

Clearly this question is complex and there are many reasons, from broader cultural and historic acceptance of male violence to upbringing, poverty, and education, however it is time to shift the narrative away from 'Women's Safety' and toward the problem of male violence and abuse of power. This is fundamental and connects all abuse from workplace harassment and bullying, domestic or partner abuse to knife and street crime.

With this in mind, this document takes a much broader scope focusing on the development of 'gender inclusive design' to rebalance inherent inequalities that exist in the built environment and therefore be part of a culture change that empowers women and girls by changing the shape of the built environment. It is felt that whilst much research has focused on identifying specific design interventions that mitigate 'feeling' unsafe at night-time, such as better lighting and street design, limiting the research to a night-time 'defensive' strategy, ignores the opportunity to tackle more inherent and systemic inequalities. **That, instead of focusing on 'designing out' threat, we can instead prioritise 'designing in' what women and girls want and need.**

Allowing women 'in' to the design of the city will develop of more complex and nuanced places which can be socially and economically prosperous, child friendly, healthy, climate resilient and rich in biodiversity and gender inclusive design provides development with a framework or an approach to build more successful and inclusive places.

This approach will be controversial because what women describe as welcoming, challenges 'Secure By Design' and the over- provision of 'pitch' space allotted in parks across the UK. Recommendations made later in this report will seek to rebalance this unequal approach.

Jane Jacobs famously describes the 'sidewalk' as a dance of people moving through their day and the fact that this movement playing out on the street

makes the city, is the city. She is famously quoted from *The Death and Life of Great American Cities* (1961) "Think of the city, what comes to mind? The streets." She then goes on to state: "Cities have the capability of providing something for everybody, only because and only when they are created by everybody."

Streets and public places are where everybody can take up space. Where all people are entitled to be. To sit on a bench in the sunshine, walk the canal and take in the scene, window shop, go for a run, take your child to the park, walk home after seeing friends, after school or work.

Public space is where there is interplay. In an age of division and polarity, the streets are where we meet. Where we see each other.

This notion of sharing or co-designing space is current. Simply by using the street, by going to the park, or sitting on a street bench, we are participating in the making and re-making of place. Acting and doing is making and shaping.

How we interact with the streets is, in and of itself, an act of faith in the other humans around us. One principle of gender inclusive design must therefore be to consider how we are included and how we take part in space.

Parks and green spaces have been a key discussion and focal point of all workshops. A theme repeated over and over by women is that groups of teenage boys or young men in smaller parks feel threatening and make parks feel unsafe, particularly if they are taking or dealing drugs. Women and girls then avoid these places meaning the user group is un-balanced, in turn parks get a reputation for being unsafe.

This is an example of how acting and doing is also shaping and making place. It is also a good example of an opportunity where design can help with behaviour change by considering the physical interventions that can be made in a place to encourage a broad range of users.

2. Policy Review

This section of the report sets out the existing policy context regarding gender inclusive design. It includes a review of the policy directly relevant to Tower Hamlets, including national and London policies; policies and evidence from other London boroughs and British local authorities; and international exemplars.

The National Planning Policy Framework (NPPF) 2023 sets out the objectives and structure of the planning system in England. While the NPPF does not explicitly address gender inclusive design, it does include several references to the need to design for safe and inclusive spaces, including in Chapter 2, where the social objective of sustainable design includes fostering well-designed, beautiful and safe spaces, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being.

Chapter 8 provides more detail on planning for healthy and safe communities. It expects planning policies to aim to achieve healthy, inclusive and safe places which:

- a. Promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;
- b. are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of attractive, well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and
- c. enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.



Chapter 8 also expects planning policies to:

- a. plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;
- b. take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;
- c. guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs;
- d. ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and
- e. ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.

Chapter 12 also includes a requirement that planning policies ensure that developments create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience.

The London Plan provides strategic planning policies at a regional level, and includes more detailed development management policies. The London Plan forms part of the development plan for Tower Hamlets and is a material consideration in determining planning applications.

London Plan policy D5 supports inclusive design. It expects boroughs, in preparing their development plans, to support the creation of inclusive neighbourhoods by embedding inclusive design, and collaborating with local communities in the development of planning policies that affect them. Policy D5 also expects development proposals to achieve the highest standards of accessible and inclusive design by:

1. being designed taking into account London's diverse population
2. providing high quality people focused spaces that are designed to facilitate social interaction and inclusion
3. being convenient and welcoming with no disabling barriers, providing independent access without undue effort, separation or special treatment
4. being able to be entered, used and exited safely, easily and with dignity for all
5. being designed to incorporate safe and dignified emergency evacuation for all building users.

London Plan policy S6 expects large-scale developments that are open to the public, and large areas of public realm, to provide and secure the future management of:

1. free publicly-accessible toilets suitable for a range of users, including disabled people, families with young children and people of all gender identities; and
2. free 'Changing Places' toilets designed in accordance with the guidance in British Standard BS8300-2:2018.

These should be available during opening hours, or 24 hours a day where accessed from areas of public realm.

London Plan Policy GG1 sets out the principles of building strong and inclusive communities. It requires those involved in planning and development to:

- A. encourage early and inclusive engagement with stakeholders, including local communities, in the development of proposals, policies and area-based strategies
- B. seek to ensure changes to the physical environment to achieve an overall positive contribution to London
- C. provide access to good quality community spaces, services, amenities and infrastructure that accommodate, encourage and strengthen communities, increasing active participation and social integration, and addressing social isolation
- D. Seek to ensure that London continues to generate a wide range of economic and other opportunities, and that everyone is able to benefit from these to ensure that London is a fairer, more inclusive and more equal city
- E. ensure that streets and public spaces are consistently planned for people to move around and spend time in comfort and safety, creating places where everyone is welcome, which foster a sense of belonging, which encourage community buy-in, and where communities can develop and thrive
- F. promote the crucial role town centres have in the social, civic, cultural and economic lives of Londoners, and plan for places that provide important opportunities for building relationships during the daytime, evening and night time



- G. ensure that new buildings and the spaces they create are designed to reinforce or enhance the identity, legibility, permeability, and inclusivity of neighbourhoods, and are resilient and adaptable to changing community requirements
- H. support and promote the creation of a London where all Londoners, including children and young people, older people, disabled people, and people with young children, as well as people with other protected characteristics, can move around with ease and enjoy the opportunities the city provides, creating a welcoming environment that everyone can use confidently, independently, and with choice and dignity, avoiding separation or segregation
- I. support and promote the creation of an inclusive London where all Londoners, regardless of their age, disability, gender, gender identity, marital status, religion, race, sexual orientation, social class, or whether they are pregnant or have children, can share in its prosperity, culture and community, minimising the barriers, challenged and inequalities they face.

London Plan policy D8 provides details regarding the design of public realm. It includes an expectation that development plans should ensure the public realm is well-designed, safe, accessible, inclusive, attractive, well-connected, related to the local and historic context, and easy to understand, service and maintain. Landscape treatment should be of good quality, fit-for-purpose, durable and sustainable. Lighting, including for advertisements, should be carefully considered and well-designed in order to minimise intrusive lighting infrastructure and reduce light pollution.

As part of the establishment of the Mayor's Design Advocates programme, the GLA published a guidance document on safety in public spaces for women and girls. It provides a framework for the consideration of gender issues as part of the assessment of the design of a project. It encourages stakeholders to consider the following questions:

- Is project leadership addressing exclusion?
- Is the project team gender informed and diverse?
- Is the project budget appropriate?
- Are you practicing inclusive engagement?
- Is your data collection process adopting inclusivity principles?



- Are you adopting genuine co-design with women, girls and gender diverse people?
- Are your design features gender-informed?
- Are you considering diversity and inclusion issues beyond the site boundary?
- Are appropriate policies and strategies in place to support women's safety in the longer term?
- Is there an agreed approach to continuing community programming in the space?
- Directing pedestrians to particular, well-lit routes at night;
- Improving the visibility of bridges, providing different route options, and introducing human-scale lighting;
- Specific interventions on isolated routes, particularly the Greenway, to make them more welcoming;
- Longer-term planning for safe routes;
- Develop a site wide strategy for biodiversity that takes into account the need to address dark areas.

The London Legacy Development Corporation (LLDC) was established to deliver large scale redevelopment in and around the Olympic Park in East London. The LLDC acts as the local planning authority for an area that includes parts of four London boroughs including Tower Hamlets. In May 2022, the LLDC commissioned a study that looked at how public realm interventions could enhance safety and feelings of safety for women and girls. The study recommended a number of actions, including:

The LLDC study was based on extensive engagement with women, girls and gender diverse people in the LLDC area and more widely. It will inform the management of the Olympic Park and public realm interventions, and can serve as evidence for policies within the boroughs that will take over planning powers from the LLDC in 2024.

In 2018, the City of London Corporation commissioned a lighting strategy to inform the design of street and other lighting, as well as planning policies and other local authority policies. It includes a number of recommendations, including avoiding overly bright lighting that creates areas of high contrast, using integrated lighting to illuminate changes of level, and prioritising lighting for pedestrians and cyclists. It also recommends that planning policies require a detailed lighting strategy to be provided for planning applications at the pre-application stage.

UN Habitat is an agency of the United Nations that focuses on policies and research in the built environment field. In 2012 UN Habitat published a guidance document to support gender issues in urban planning and design. Its focus is on gender mainstreaming in decision-making around urban issues. It encourages stakeholders to undergo training and workshops on gender-sensitive urban planning, gender-based violence and gendered dimensions in access to housing and other essential infrastructure and services. This guidance document is focused on the process of decision-making and does not recommend any specific design interventions or planning policies.

As part of the planning of a major urban extension in the 1990s and 2000s, the city government of Vienna developed a process for gender mainstreaming in the planning process. The process was led by the city's women's office, and initially only female architects were invited to submit proposals. The development was focused on how women were using the city, including prioritising shorter journeys and the pedestrian experience between public transport and the front door. The principles of this initial development were then incorporated into a more comprehensive plan for the city, with gender-mainstreaming incorporated into public realm and new development design in existing parts of the city

3. Methodology

Co-designing research with Women and Girls in Tower Hamlets: Or how to do justice to the multiplicity of voices and experiences in the borough, and how to respond to them.

This evidence base has gathered a unique set of insights about gendered use and perceptions of public space. The report uses what we have learned from our listening exercise to formulate recommendations about how to better include women and girls in streets and public spaces. The research will be impactful both in terms of recognising specific local issues and helping to mainstream gender in future planning decisions .

For this evidence base to be of value it is imperative that it is co-designed by women and girls that live in the borough. The voices of residents have been key to shaping the conceptual scope of this document. Their experiences have been drawn together to find points of consensus from which to design principles and shape project themes and recommendations.

To date the research has comprised of:

- 40 street Interviews with Women and Girls across the borough
- 81 attendees at the LBTH Women's Network consultation
- 102 women, girls and non binary people attending digital walks with the community safety team.
- 60 women attending a women's safety event at Account 3
- 60 participants at the listening workshop, Queen Mary University
- 100 people from diverse backgrounds completing an online survey.

In total the research, so far, draws on direct input from 440 women, girls and non-binary people from diverse racial and cultural backgrounds.

Phase two of the project will test specific ideas through micro- projects and design workshops. A 'How To' guide will be produced with a focus on implementation and delivery.

The evidence base for this report has focused on gathering data in Tower Hamlets. The approach to research is generative and starts from a point of wishing to learn from participants, as opposed to testing and re-testing a specific question. This approach is situated in a field of analysis called Grounded Theory, a methodology for conducting qualitative research that creates theory- or in this case design recommendations, projects, and plans, through the generative process of gathering data, reflection, testing, re-gathering. Projects emerge from the synthesizing of analysis to conceptual theory, design themes, principles, and project outcomes.

This approach to creating design principles is grounded in design thinking, an approach to problem solving founded through the cognitive, strategic, and practical approaches to problem-solving used in the practice of design. This follows a similar route of gathering, testing, ideating, re-testing and to find answers that are human centred.

The engagement process started from a position of 'not knowing', setting out to ask questions, gather insights and learn from the shared, collective and intersectional experiences of women and girls in Tower Hamlets.

Outline of the design process

1. Making a broad range of street recordings.
2. Reflection and synthesis- looking for repeated themes, shared experience, and points of consensus.
3. Testing initial themes with women at the Tower Hamlets Women's Network (80 attendees) and in person event at the Brady Arts Centre where attendees were invited to listen to themes and respond.
4. Learning from this session to write an online survey for Let's Talk.
5. Womens safety walks, collaboration with the Community Safety Team
6. Listening exercise at Account 3, an organisation working with women and girls from diverse communities in Bethnal Green.
7. Synthesising results to create themes/ principles and design projects.
8. Producing an interim report.
9. To follow- final version of interim report
10. Engagement and testing phase.
11. Final report.
12. 'How to ' guide to delivery and implementation.



Audio street recordings

In January 2023 recorded 40 street interviews with women across Tower Hamlets. Key recording spots were Spitalfields Market, Regent Canal and Victoria Park, Poplar High Street, Limehouse Basin, behind Mulberry Place, Fish Island, Whitechapel High Street and Commercial Road, Toynbee Hall Gardens, Brick Lane area, Bangla Town and Globe Town.

Street recordings are a way to quickly map out the key themes and understand a range of perspectives. They enable the interviewer to engage directly with people on the street. This approach cuts out lengthy recruitment process, saves inconveniencing people and enables the interviewer to ensure a broad social/ cultural/ generational mix of interviewee.

The audio recordings are a practice of deep listening. It uses a universal starting question, in this case 'How do you feel about the streets and public spaces in Tower Hamlets' and then leaves spaces for the participant to direct the response and the rest of the interview. The interviewer will then converse freely from within the context set by the interviewee, responding to points made by the participant, for example, "Can you tell me more about that park? Can you tell me more about your walk home from the tube at night?"



This practice of deep listening establishes a 'fair exchange' with participant by ensuring they feel deeply heard, acknowledged and assured that their voice will make a valuable contribution to effecting positive change. The interviews lasted between 10 minutes and 35 minutes.

The audio interviews are edited to short clips in which the participant makes a specific point. Over the course of editing all of the interviews in this manner the researcher is able to build points of consensus and find common threads and themes.

The limitations of this approach are that I am an English speaking, middle aged, white woman and therefore embody institutional inequality, to an extent. I was only prepared to conduct interviews in places where I was visible on the street and felt safe. Whilst I was able to engage with women living across the borough, a number of women did not want to speak because they felt their English was poor.

Audio Interviews can be heard [here](#)

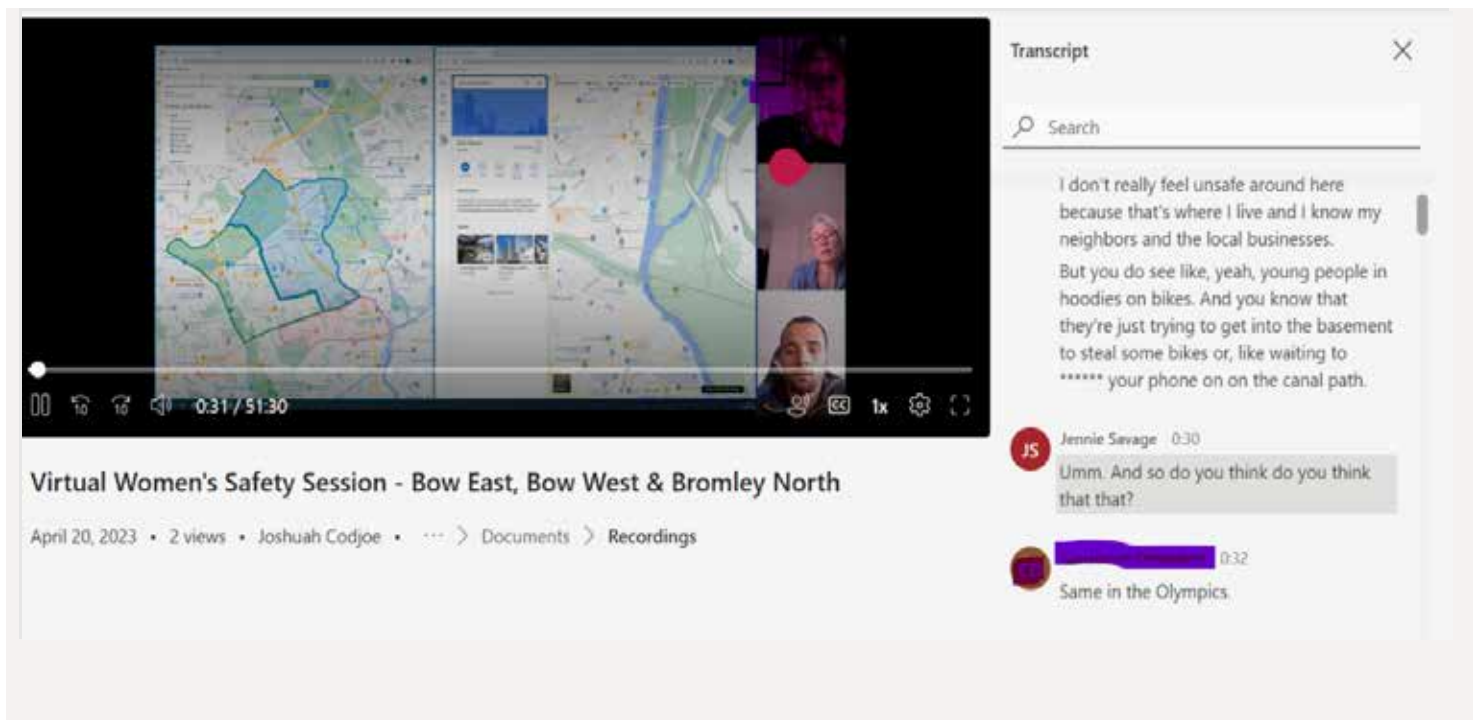
Consultation & Engagement, Women's Network event

The event was at the Brady Arts Centre, organised by the Tower Hamlets Women's Network and bought together, primarily women, and some male colleagues from across the council.

The event was set up to test emerging initial themes.

Worksheets, based on the initial scoping work and audio interviews asked participants to comment and expand on the themes. Participants worked in groups to complete the worksheets. After an introduction to the project and an outline of key themes, participants broke into groups and were asked to discuss, share ideas and experiences. At the end of the session the groups fed back thoughts to the room and there was a general discussion.

80 attendees.



'Women's Safety Walks', A collaboration between the Community Safety Team & Plan Making Team

The 'Women's Safety Walks' are an innovative collaboration between the Community Safety Team and the Plan Making Team.

The sessions were held online and participants could join anonymously if they wished.

Google Street View was used to talk about the places where participants live, regular walks and the local area.

During these sessions people talked about preferred routes and explained what they were attracted to. They also identified hot spots and tricky areas, explaining why they chose to avoid these places.

The purpose of these sessions was to create a safe space for women to talk to the Community Safety Team and report their concerns. The Community Safety Team were then able to action any issues in a swift and timely manner and participants were able to see the issues they had raised taken seriously.

The digital walks provided the Plan Making Team with a new data set, focusing solely on women's experience. The meetings revealed both 'threat' typologies – the kinds of places that feel unsafe and the strategies that women adopt to mitigate feeling unsafe.

There were 24 sessions which were advertised extensively by the community safety team with a special event run for NHS staff working at the Royal London and an event run with ELOP and LGTB+ charity working in the borough.

102 participants



Account 3 meeting

Account 3 was established in 1991 in Bethnal Green, an area of East London which is home to socially and economically excluded minority groups from across the globe. Account 3's overall driver is gender equality and economic independence for women with reference to women facing multiple disadvantages.

The community Safety Team/Plan making team worked with women at Account 3 to represent the experiences of women from culturally diverse backgrounds, through an in-person listening event. The aim of this session was to connect to any women who had been unable to join the digital walks and was important as we were able to hear intersectional experiences of women from the borough.

51 attendees

Let's talk: Online Survey

The 'Let's Talk' platform was used to share a survey which has 103 responses from a broad demographic across the borough.

The survey consolidated learning from all the previous engagement activity and created a feedback loop to test emerging themes and principles.

102 surveys completed

Summary of Research

A variety of approaches were adopted to listen to the experiences of women and girls from, a range of ages, educational, social, and cultural backgrounds. Varying the research tools provided insight into the lived experience, aspirations and challenges of women and girls living in Tower Hamlets. The engagement was designed with specific barriers that women might face in mind – for example, time limitations in the evening, the need for flexible engagement, inclusive space to speak about gender specific issues etc.

Approaches to gathering research were generative. Each stage provided an opportunity to stop, reflect, draw together, and understand what had been learned, what further questions needed to be asked, what theories needed to be tested and necessary next steps.

The research process was open to anyone who identified as a woman. Broadly speaking the research has achieved a strong and representative cultural and class mix. Interaction with the gender and sexual identities have been led by ELOP a LGBTQIA+ group who collaborated with LBTH.



4. Vision

A Vision for Gender Inclusive Design in London Borough of Tower Hamlets

**Welcoming borough:
Empowering and educating.**



**Inclusive borough: Enabling
individuals and strengthening
community.**



**Restorative borough:
Prioritising health and ecology**



5. Themes and recommendations

Design Themes



1. Welcoming Borough

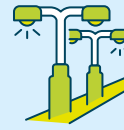
5.1.1
Women are not
scared of the dark
34



5.1.2
Constant, low
level threat
39



5.1.3
Lighting
43



5.1.4
Design and
maintenance
44



5.1.5
Infrastructure
47



5.1.6
Busy Roads
50



5.1.7
Wayfinding and
signage
53



2. Inclusive Borough

5.2.1
Valuing the local:
strengthening
community
55



5.2.2
High Streets and
shopping areas
60



5.2.3
Communicating a
sense of place
63



5.2.4
Acting and doing
is shaping and
making
64



5.2.5
Industry Diversity
Is Vital
66



5.2.6
Co-designing with
communities
68



3. Restorative Places



5.3.1
Green spaces are
social spaces
70



5.3.2
Levelling up parks
71



5.3.3
Benches are not
the problem
76



5.3.4
Plants and
flowers, trees and
green streets:
Bio Diversity is
restorative.
82



5.3.5
Play parks are also
social space
86



5.3.6
The green grid
89



5.3.7
Walking is a social
space
92



5.3.8
Active travel-
walking, running,
cycling and
exercise after dark
94





5.1 Welcoming Borough



5.1.1 Women are not scared of the dark

“ With the news stories recently, going for a run at night. It gets so dark in winter the idea of exercising outside is not available. I'm lucky to be able to cycle to work at 2 in the afternoon. If I had to get work early in winter, when it's still dark, No I couldn't do it. If I had to cycle home late I couldn't do that. It's not about whether I am wearing enough reflective clothing, it is about how unsafe the streets can be. I am lucky that I am married I am not often walking about late at night on my own in London. I feel safest late at night on the tube, that is one of the ways to feel safe because there are people around.

[Audio transcript](#)

“ On Canning Town High Street there have been children who have been attacked and killed. That is gang and school violence. It is very sad and I feel awful for them, but that doesn't make me feel unsafe, because I am not part of it. But things like Sarah Everard do make me think twice, because it was so random.

[Audio transcript](#)

These quotes are taken from the audio street interviews, where women and girls were stopped on the street and asked to describe how they felt when out and about, using streets and public spaces in Tower Hamlets. Discussions about safety were frequent but depended on context, for example when women with children talked about safety it was with regard to busy roads, fears about exposure to pollution and the stress they felt when walking children to school along busy streets. These conversations and others like them reflected the complexity of talking about safety and the fact that one person's safe street- which is busy and well- lit, is another's stressful after school, winter commute.

One interviewee described her time as a student in Leeds and how she would frequently walk home at night alone or walk through parks after dark. She reflected that this was 'risky behaviour' and that she would not do this now, in London. This was an interesting conversation, as Leeds is also a big city, however the woman seemed to reflect on her past self with judgement, as though she had been naive and stupid to take such risks, and that she was 'lucky', nothing had happened.

These quotes raise several questions about how perceptions of safety are transmitted locally, how our behaviour is affected by context and the fact that time and time again the focus is on the behaviour of women and their responsibility to stay safe. Clearly between leaving Leeds and moving to London, this young woman adopted the view that she is responsible for keeping herself safe- which given our culture and the current context is sensible, but that she must also take responsibility for the unpredictable behaviour of the 'unknown other'. Again, a reality for most women.

During the digital walks participants told us that they feel least safe outside their building. Arriving home, getting keys out, entering their building was the place where women felt exposed because it was the threshold between leaving the outdoors and arriving home. Several women talked about getting to know shops and restaurants locally as this assured them that they could get help. (Digital walks)

During the audio recording a number of women talked about exercising at night and wishing to have the agency to go for a run after work, but feeling this was risky after dark.

There is a difference between feeling safe and being safe. It has been established in previous chapters that statistically crimes and violence against women, girls and gender diverse people are most often perpetrated by people known to them with 5% of serious crime being perpetrated by strangers (ONS 2022) and the majority of crime being committed by partners, ex partners or family members.

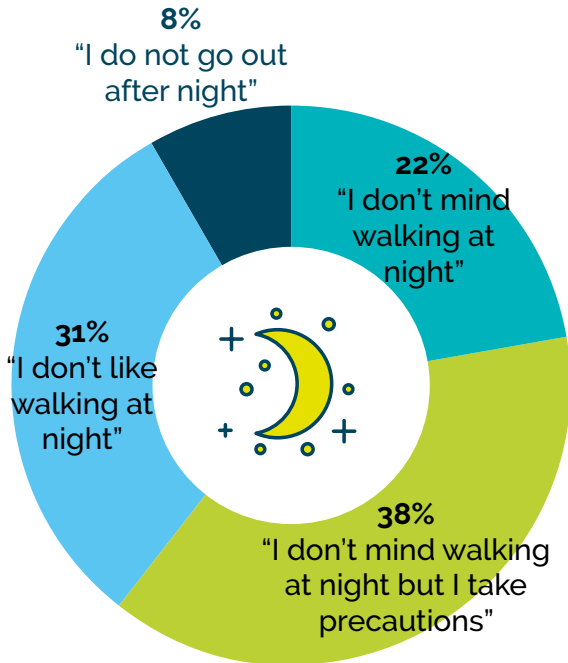
However women, girls, and gender diverse people are constantly negotiating the world under the scrutiny and power of the male gaze. This means that women, girls, and gender diverse people are aware of male power and in turn the potential threat of unpredictable behaviour. Living with threat is oppressive and women and girls carry a greater daily burden of dealing with sexism and misogyny on the street. An acceptance of this 'low level' threat leads to broader acceptance within our culture of crimes such as domestic abuse, rape and murder.

Looking at the statistics may provide comfort however knowing the statistics provides little reassurance when walking home in the dark and having a stranger walk closely behind or passing a group of men that stare and make comments.

These are the contradictions women, girls and gender diverse people must negotiate. Design cannot mitigate the actions of a man with malicious intent. It can make day-to-day life easier and help a place feel safer through the design of welcoming streets and public spaces.

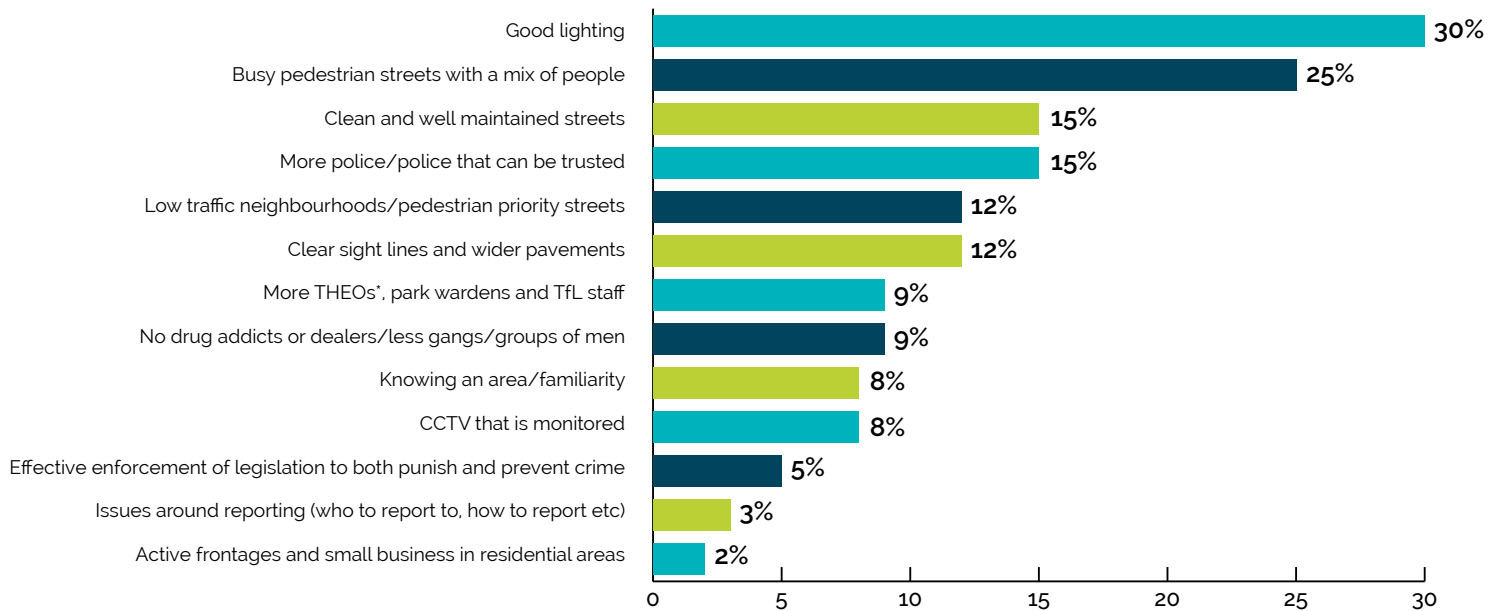
The 'let's talk' survey asked women 'Do you mind walking in Tower Hamlets after Dark?' Responses to this question were varied. They included comments about car drivers behaving more dangerously at night, through to respondents disclosing that they had been assaulted, but still liked to walk at night.

Figure 1: Do you mind walking in Tower Hamlets after dark?



Of the above 10% Disclosed assault/ harassment as part of their answer.

Figure 2: What strengthens feelings of safety for you?



• Tower Hamlets Enforcement Officer

Summary

Public space is contradictory. Women, girls, and gender diverse people are navigating streets, public spaces and transport systems whilst being in a woman's body which means living with the abject, additional demands of biology (periods, pregnancy, breastfeeding, menopause) and/or at the same time potentially avoiding unwanted attention and the gaze of others, being aware of how to position that body in space to avoid attention or confrontation, being cat called (objectified), or simply not wanting to travel, with a pushchair, in a lift that somebody else has used as a toilet.

There is a world weariness when women talk about safety.

The women that have participated in the research for this report say they feel both safe and unsafe in Tower Hamlets. They are not, in the main, living in fear. They are carrying the burden of living in a system that is not designed by or for them, having been bought up in a culture that anticipates male violence and perpetuates the idea that we should fear the 'faceless stranger' hiding in the dark.

Women and girls manage the potential of threat at a subconscious level, knowing that should something 'happen' they are unlikely to be supported by the police and should not expect justice.

What emerged most clearly from this research is that serious assault, sexual assault, stalking and homicide should not be grouped under the same banner as cat calling, staring, and other anti-social behaviour that is maddening and diminishes women. That the former must be effectively tackled by police and judicial systems that take assault of women seriously. And understanding that by accepting this low-level misogyny to persist unchecked, we are enabling a culture that is permissive of worse crimes.

The latter, day-to day casual misogyny that women encounter through contact with strangers on the street, can and must, be tackled by instigating a culture change and it is here that design can play a role in supporting change.

One of the questions the survey asked is whether a respondent felt that 'victim blaming' played a role in their decision to take a specific route. It was interesting to note that younger respondents stated that fear of victim blaming did shape their response to walking in the city, whereas women over 35 were generally perplexed, some even outraged, by the suggestion.

This could be read in a number of ways, and it perhaps reflects the more general 'shaming' of young women and therefore broader 'controls' placed on their behaviour. These responses highlight fundamental and systemic sexism and broader controls subconsciously or otherwise, imposed on the behaviour of younger women to mitigate the behaviour of men. It underlines the importance of changing cultures around male behaviour. (Let's Talk Survey)

It may also be useful to raise a question about the language that is being used around projects like this one. Where there is a focus on 'women's safety,' words like 'fear' and 'protection' and 'victim' are being used frequently. It is important to evaluate this language and question whether even framing this work in this way is perpetuating a control of women. This language is neither empowering nor does it hold men to account. These are catch-all terms that address domestic abuse, workplace harassment and street violence and all the other myriad ways that men abuse their power or indeed manage their feelings of powerlessness, because it is of course moments when they lose control, don't get what they want or can't understand their feelings, that men turn to violent, abusive and controlling behaviours. It may be better to consider 'the problem of men's violence' or the 'difficulty men have managing their feelings'.

Recommendations

1. Consider the language that LBTH uses to talk about women's safety. Create a borough wide policy to shift language and terms towards moderating the behaviour of men.



2. Use the term 'welcoming' instead of safety. We will create welcoming public spaces rather than 'safer' public space.



3. Co-create signage for parks and public spaces to indicate acceptable shared behaviour.



4. Raise the profile of women in LBTH by naming new streets, buildings and public spaces after women that have shaped the area.



5. Commission new public artworks by women.



6. Design is a language, from the fine detail to the big picture. LBTH should consider design that empowers women, girls, and gender diversity.

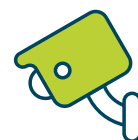


7. Focus on educating people and asking the question, why are men violent?





5.1.2 Constant, low level threat



The greatest impact on women's feeling of safety is managing constant low-level threat and maintaining awareness as they navigate the city. This is true both at night and by day.

Women reported that the things that make them feel unsafe are encountering drug dealing and drug taking, high levels of homelessness and drunken behaviour, groups of young men gathering on pavements, staring, commenting and crimes such as phone theft, ASB including people smoking cannabis, taking nitrous oxide, and street drinking.

These interactions do not pose a direct threat, however they are unwanted and navigating around this activity feels uncomfortable and threatening. It makes an area seem unsafe.

Women are not scared of the dark. In fact they are not, in the main, scared. They are burdened. There is a difference.

Walking down a dark street, late at night, alone, with a suspicion that somebody might be following you, is terrifying. (Digital walks)

This is not an everyday reality for most women and the majority of men do not pose a direct threat.

Women manage low level threat and fear by drawing on their network for support. They text a friend to say they are home, they walk and talk on the phone, and choose routes that are well known and punctuated by community- for example, knowing the security guard in the local shop, passing a friend's house or staffed tube station. Consciously or unconsciously clocking points of potential contact. (Digital walks)

Women also walk at night for pleasure. There is a freedom to navigating the city by night and walking quiet streets. It is important to acknowledge and give voice to the women who actively enjoy a stroll after dark, choose to walk home after a night shift or enjoy a walk back from the pub. These women are not stupid. They are not taking risks. They are simply walking in the city at night. (Let's talk survey and Street Recordings)

However many women talked about the level of burden they carry whilst dealing with the behaviour of men. (Digital walks)

This could be the equivalent of an almost full jug of water below a dripping tap. That the greater reality is managing risk and carrying the awareness of that risk. It is the constancy of encounter with drug dealers, with litter, with graffiti, nitrous oxide canisters, of walking around groups of men drinking on the street, or inconsiderate groups of men dominating the parks, staring, commenting, of feeling lost but not wanting to look at a phone in case it gets snatched, of wondering why the light outside your house has been out for five years, of stopping people tailgating you into your block or dealing class A drugs in the alleyway behind your place of work or stepping over the homeless person blocking the way into your child's nursery or walking your 12 year old daughter to school because there is a weird man that hangs around outside and the police won't move him on. (collated from digital walks, audio recordings, 1:1 interview John Fortune & public meetings at account 3)

Managing this constant interaction with a 'man's world' weigh far more heavily on women and girls and it is the combination of all of these things contribute to a generalised feeling of stress, which is replaced by fear in moments when any one of these generalised threats becomes specific or amplified.

Women are not scared of the dark they are stressed and fed up. They just want to be able to go for a walk without some man commenting on what they are doing, or making some helpful suggestion or other about how she could do it better. These intrusions are maddening and although they do not pose a threat, they reiterate the fact that men believe they have the right to pass judgement and comment. That they believe in their own power.

The majority of participants have stated clearly that seeing other women and girls and experiencing a sense of community strengthens feelings of safety. Witnessing people being friendly to each other on the streets is a key indicator of safety. When women are unfamiliar with a place, they will conduct a dynamic risk assessment looking at whether the area is maintained, seeing whether people are friendly to each other, seeing how green a street is, is there litter? Who is around and where the exits are.

Crucially from a design perspective key themes that have emerged around the design of streets. These responses predominantly show that good street design cultivates feelings of safety and that a welcoming 'community' feel is achieved by a combination of - low traffic, busy pedestrian streets with a diversity of people, inter- generational mix, street activity, pedestrian priority streets with low or no car use, streets that are green with street trees and planting, streets that are clean, well maintained; are the places that feel most safe.

Participants in the digital walks agreed that diversity of people on the streets, busy streets, wide pavements, street trees and well-maintained streets, parks and public spaces, made places feel welcoming and pleasant. They also talked about the value of devolving some power and focusing hyper local governance around parks and green spaces, that a local group were able to manage and make some decisions there was less ASB, higher levels of community participation and strengthening of social infrastructure. That enabling greater local ownership was of benefit to local communities, making places feel better.

This notion of local ownership was discussed both in relation to places, parks, gardens, areas along the canal, but also in relation to events; street closures for parties and festivals, party in park, carnivals and performance of theatre, dance, art or music. That enabling people to put on local events and be the creators of culture strengthened community, was empowering and by giving ownership, cut down levels of fear.

Summary

Women and girls have reported that they are navigating constant low-level threat and evaluating risk. It is sensible for anyone in a busy city to be aware and street smart, however women experience this low-level threat as stress and burden and they remain vigilant.

A focus on strengthening community and inclusion through design of welcoming streets, parks, and public spaces, enabling community, keeping streets well maintained and nurturing green networks, carving out low traffic areas, will build feelings of safety.

Streets and public spaces that have a combination of these elements feel welcoming and pleasant. Places where people feel a sense of ownership, where they can influence hyper local decision making, put plans into action, act within a community have strengthened sense of place and feel more welcoming and pleasant.

This is enabling and it also means that people who choose to can get involved in projects in their area this could be around (for example) gardening, the arts, activities for children, young people, health and wildlife promotion and conservation.

Recommendations

- A combination of design interventions make an area feel pleasant and welcoming. These include widening pavements, planting street trees and plants, maintenance, wayfinding, benches, and bins. Ensuring there is passive surveillance via street level activity such as cafes and shops with active frontages and street engagement.
- Avoid streets that feel closed, with poor visibility, narrow pavements, shuttered windows, 'backs' of property facing onto a street or alleyway.
- Encourage hyper local governance of parks and gardens, encourage community involvement and participation and include budgeting for gardeners and wardens for three years after a schemes completion.
- Facilitate events and enable community activity through arts, culture and events.
- Enable public participation in the organisation of their local area by providing guidance on local governance, for example how to close a road for a street party or organise a party on bank holiday.
- Give 'in kind' support to activity by making shared resources accessible.
- Support applications by community groups for funding by offering support in kind.
- Also see recommendations on co-design.



5.1.3 Lighting

“ The experience of other people makes me wary and think that could happen to me. If it has happened once, it could happen again. It could easily be me. I think it is down these little alleys there is no one around a lot of the time. I mean you can run, but if there is no one around to help... And maybe more lighting and police presence. It's a funny area around here. There is a lot of big buildings and big business, but there are a lot of junkies... and that makes you feel unsafe, they ask you for money. That adds to the unsafeness. You don't want to get your purse out and it be a trap. But also, its because you don't want to be approached in the first place.

Audio Transcript

“ I live in Old Street, when I am walking home it is really dark around there. I think it is important the streets are well lit.

Audio Transcript

“ I think about lighting, although you don't want everything to be hideously lit up, that is the alternative. Iron gardens where I work, is not well lit and there is a high hedge and you have to walk past it. Actually, it is a really high hedge, when you walk past you think anyone could be hiding behind there. I don't think I have changed in my view, thirty years ago I felt the same, you always have to be careful, you need to be aware, you always need to feel cautious.

Audio Transcript



30% of people that responded to the survey stated that good lighting makes places feel safe after dark. In the street interviews there were many references to lighting and the importance of improved lighting was stated as an important issue.

Later in the survey respondents were asked to weigh the value of lighting against the importance of dark skies to human sleep patterns and biodiversity.

The responses to this question showed lighting as a more complex issue with answers ranging from the suggestion that Londoners wear sleep masks, through to considering areas and situations where different approaches could be taken to lighting. These included consideration of the types of lighting through to locations where it would be good to have bright light or to keep lighting to a low level and indeed the times lights might switch off.

The question of walking through parks and along the canal or exercising after dark was addressed throughout all the engagement events. Again, this was something that divided people. Some women advocated for the closure of parks and canals after dark, saying that this was safest option, whilst others

felt their freedom was being limited by not being able to run in the park at night. Lighting was seen as key to making this possible. Many people talked about the need to illuminate cycle lanes or cycle pathways after dark whilst others felt lighting should be approached from the perspective of biodiversity and night skies.

Lighting was also discussed during the digital walks and workshop at Account 3. People told us that arriving home can be the most stressful part of a journey because it was a moment to stop and pause, perhaps search for keys in a bag in a spot that may be poorly lit. The transition from the public space of the street to a private residence being a moment of potential exposure. Women of the digital walks talked about being tailgated into their block. Women stated that good lighting and visibility at the entrance of blocks would make arriving home less stressful.

Summary

Lighting is the go-to solution to women's safety. However, under closer scrutiny it becomes a much more complex issue. This complexity is acknowledged by respondents to the Let's Talk Survey and on the digital walks.

Guidance on lighting should be considered in relation to specific development schemes and domestic contexts, for example how to illuminate entrances and exits to homes, how to light areas around bins and cycle stores and ensure that any temporary routes around developments feel safe.

Further consideration should then be given to streets and public spaces, parks, and walkways. With specific focus on safety around the entrance/ exit to buildings and ensuring good visibility around doorways, whilst also maintaining privacy- a healthy contradiction!

Recommendations

- Commission a lighting design code. This should consider lighting as a design element, the ways that lighting can shape and enhance areas after dark, create social spaces and discourage anti-social behaviour.
- As part of this design code LBTH should conduct a survey of current lighting provision, identify gaps and areas for improvement.
- Implement these findings and ensure any new development adheres to lighting strategy.
- Ensure that entrances into apartment blocks are well lit, they feel safe to enter and exit. Also consider rear entrances, entrances and exits into parking areas and around new development.
- Ensure good visibility and passive surveillance common areas and around entrances and exits to buildings.
- The decision to light or lock parks should be made on a case by case basis considering the specifics of that park.
- Clear post occupancy guidance on maintenance of grounds and in particular lighting.



5.1.4 Design and maintenance



At the Women's Network event, participants told us that looked after places feel safer. The following comments were noted by women who explained that seeing heavily littered areas, unemptied bins, graffiti meant they would feel uneasy and be on their guard in that place.

Whereas well looked after green spaces and maintained areas with working streetlights and a pleasant atmosphere all add up to an area feeling safe.

In turn, busy places with a good intergenerational mix are described as 'safe'.

Therefore, ensuring a place is clean and well maintained will encourage users, which will encourage more users and in turn deter littering and ASB. This is generative and self-perpetuating.

At the Women's Network event participants stated:

“ I live in a nice part of LBTH in a private society who have their own cleaner. But when I go out, I do see a lot of litter. I don't know if that is because of the council or because of the people. I saw somebody dropping litter today, but I didn't feel comfortable to say anything. Cleaner streets make you feel safer.

Audio Transcript

“ Not a single lift on the DLR is clean, so even though I have an ACL injury and I'm advised to take the elevator, I prefer taking the stairs because I feel better (complains about smell of urine in lift). I am wondering how women with children, pregnant women, or the elderly would be experiencing this. I don't think this area is good for elderly people as there is so much walking to do and too many stair climbing. My society is really nice but it is a difficult to navigate. The elderly or the disabled experience would not be great.

Audio Transcript

Looked after environments encourage feelings of safety.

Small green areas/ gardens and looked after green areas feel safer.

Routes and social spaces need to be clean.

Looked after environments encourage feelings of safety.

Spaces that are maintained and monitored feel safe

Freedom to use alley ways that are free from litter, graffiti and well lit.

Looked after environments encourage feeling safe, rather than run-down areas – might attract people you feel less safe around.

These comments from the Women's Network event are strongly echoed in the Let's talk survey.

A key learning that emerged from the networking event was that women experience Tower Hamlets

in a non-linear way. That is, as they walk from, say home to work, they are having to navigate not only a physical geography but also a patchwork of extremes as they pass through dilapidated high street areas, new developments that are 'looked after' but feel empty and isolated, pass by areas that feel unsafe or where they feel they 'shouldn't' be.

There were many comments made about the lack of joined up experience over any one journey. And that this disparity made the extremes of poverty and wealth even more stark. Comments suggested that a greater coherence and harmony between places would integrate the transition between, for example, a new development and a local high street. Addressing these issues would be sense making for the communities who live there and level out the visible and sometimes stark polarities.

A number of women joined the digital walks calls and raised a different kind of issue about care and cared for places. These people were living in new developments, places, which to the outsider look cared for. However, they described the ways in which lack of community and a sense of emptiness contributed to a sense of isolation. Some of the issues raised were about the lack of inhabited flats due to properties bought for investment or as Airbnb, which contributed to a feeling of transience. However the knock-on effect of this is that ground floor shops, cafés and restaurants, active frontages, have closed down as there is not enough general footfall to keep businesses open.

Women on the calls reported that their area had become a target for low level crime and that they were aware of being 'tailgated' into the building, of buggies and bikes being stolen and feeling unsafe walking around the development with ASB such as street drinking and cat calling, adding to a feeling of threat.


It is therefore important to acknowledge that 'care' and 'cared for' spaces are crucially about signs of human intervention.

The 'dodgy' high street, that feels rough and run down feels excluding with a sense of dilapidation adding to low level threat, and equally the over-designed, over-coiffured space feels exclusive and excluding. That this is also read as threat.

Both places make women feel out of place and ill at ease.

Both accentuate polarities in wealth and advantage, and this adds to a general feeling of imbalance and mistrust of the other.

Levelling up the experience of public space and creating a more even flow across the borough would add to the creation of more coherent places and accentuate feeling of community and feelings of safety. This would include levelling up areas that are currently under resourced, creating greater porosity across and through new developments and utilising ground floor spaces for community infrastructure, for example childcare, gyms, community spaces, youth groups etc. (comments from women's networking event)

 **It is important to protect local independent retail shops and community services such as laundrettes, corner shops and food shops in residential streets. Seeing a shop light and a known storekeeper definitely puts me at ease. A trades people in workshops makes walking around my neighbourhood pleasant and safe. The council can do more to make sure rent increases do not displace them.**

Let's Talk Survey

Summary

Well maintained areas signal that there are people around who are responsible and who care. Well maintained places evidence human infrastructures of care and therefore care over other people. They are a sign of respect.

When applied to streets and walkways women are reading levels of care and maintenance and weighing them against the care that others will show them.

Deprived, uncared for streets feel hostile as do uninhabited, isolated new developments both extremes feel unsafe because they are empty of people.

Seeing other people, a good intergenerational mix from a diversity of cultural backgrounds, makes a place feel safe.

Levelling up areas that are deprived and integrating developments that feel hostile will create a more coherent experience and help to make streets feel safer.

Participants on the digital walks, the audio recordings and Let's Talk survey, noted that green streets with street trees and diversity of planting contributed to a greater feeling of care and made streets feel safer.

Recommendations

- Connected walking routes ensure an 'even' experience between areas. Avoid creating situations where new developments sit in stark contrast to high streets. Prioritise flow and create shared community infrastructures to avoid polarity.
- Use CIL and Section 106 funding to develop whole community infrastructure.
- Ensure new developments are porous and connect to existing streets and pathways.
- Avoid dead ends, narrow walkways and ensure good visibility/ entrances and exits.
- Use wide pavements to avoid close encounter and enable safe passage for buggies and wheelchairs.
- Encourage community usage to encourage footfall and ensure a diversity of people on the streets.
- Ensure new developments become communities by privileging the development of housing for owner occupiers, rather than remaining empty, used for Airbnb or as investment property. This can be enforced through leasehold agreements and legislating higher council tax rates for unused or second property.



5.1.5 Infrastructure

“ I'm a Gynaecologist and I specialise in issues of incontinence, especially with older women and in fact it affects women at all ages. I know for older generations it's a real issue and it does effect where they go and what they do. Access to good clean toilet facilities is important for everyone but they are especially important for women.

Audio Transcript

“ I like a water- front, a park, the canal, a café, a terrace, a museum, a park is nice, somewhere I can access for free, a bench, I like to sit by a tree and having access to nature. I burn easily, I like shade and trees. There is something comforting about it. I like being able to have access to nature, it is calming. There are those parks that have trees around the outside then nothing in the middle. That just seems weird and the grass goes yellow. There is a big open space and no shade.

Audio Transcript

“ You see a lot of people gathered here in the summer. It's really chilled, everyone has their lunch on the grass. There is plenty of benches and seating for people to sit down together and there is a little grass space for people to sit on, when there is hardly any grass space around here. There are so many food and drink places around here to get their lunch and everyone sits here to have their lunch. It's a relaxed atmosphere. You do start to recognise people. There is a community here and there are sunflowers in the summer.

You don't feel threatened here, because you can see everything that is happening.

Audio Transcript



Gender inclusive design embeds the experience of women and girls from the fine detail to the big picture. Consider the precarity of carrying a heavy pushchair up several flights of stairs- with a child strapped in and possibly a young sibling messing around, many mothers will have experience of a situation like this. It is stressful, difficult, dangerous and a constant reminder that she is navigating a place that does not value the important role of parenting children.


Ensuring walkways are open and that parks have public toilets or that pavements are accessible with a pushchair, that the pavement is not being blocked by bins, cracked or uneven slabs, simply make life easier not just for parents with small children but also to wheelchair users and those with mobility issues.

This section will focus on specific design interventions that will make it easier to get around the borough:

Facilities

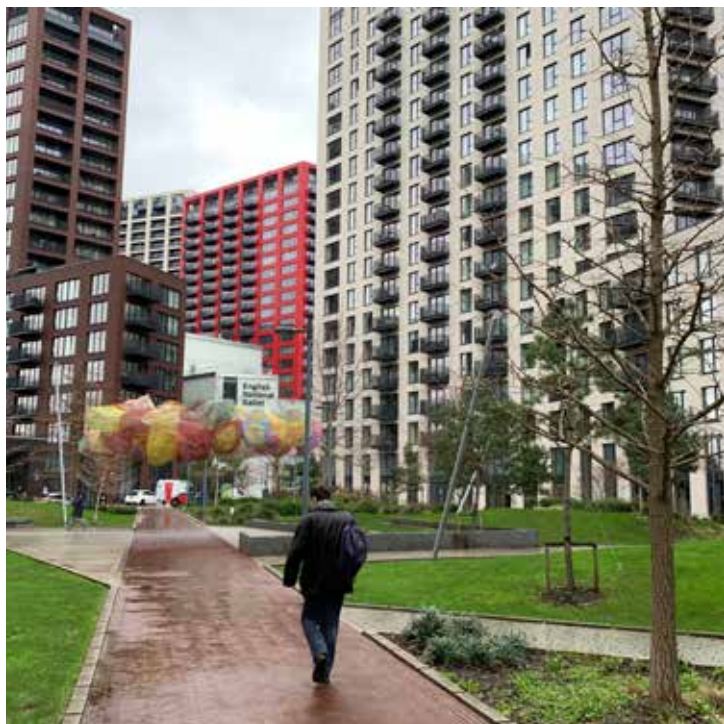
- Clean, well maintained public toilets with baby changing.
- Enough women's toilets to avoid excessive queues.
- Enough public toilets discourage misuse of the street/ lifts etc.
- Modern, self-cleaning toilets with floor to ceiling cubicles that open outwards (rather than entering a toilet block with cubical inside) This is also better and safer for gender diverse people.
- Communal bins for litter that are regularly emptied.
- Timely removal of household and business waste.
- Bins and bike stores in apartment blocks that consider safe access and safe passage- i.e. easy and safe for residents to access whilst avoiding blocking sight lines and through routes.
- Picnic tables, parklets and social benches that are appropriately located and placed to create social spaces.
- Benches and social seating.
- Ensure that during construction phase, building sites consider any diversion and/ or temporary pathways / covered walkways/ hoardings etc through the lens of gender and safer feeling spaces.
- Wide pavements create space, easy passing and avoid confrontation.
- Wide pavements are safer and easier for walking with children.
- Keep public amenities such as lifts and walkways clean and free from urine and litter.
- Ensure alternative routes to avoid stairs exist and are well signposted.

Notes from Women's Network Event

 I love walking around here, it is very green which is much better as it is less polluted (she is walking with a small baby) we have an older four-year-old as well, so when you have the playground and the canals it's great, we love living in London because of the green space. We live in Peckham and we walk from Shoreditch down through Limehouse and across the river. There could be more facilities along the canals, cafés and coffee shops, public toilets and drinking fountains. I'm just thinking I have to change and feed the baby and I don't know where to do that. I also haven't walked down the canal at night and I think as a woman I probably wouldn't feel that safe.

Further design interventions that will improve people's experience of the borough include levelling up between areas to create an even flow through the borough so that new development does not sit in stark contrast to under-resourced communities and ensuring active frontages on high streets are welcoming and inclusive.

Design plays a key role here in shaping the 'feel' of a place- for example metal shutters on high streets make a street feel closed off and unwelcoming, whereas well-lit streets with attractive window displays and restored frontages are visually interesting, invite window shopping and browsing.



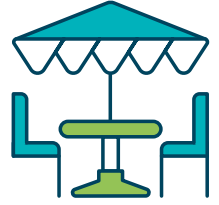
Summary

Consideration of design details is important because it makes getting around easier. It also sends a clear message to women and girls, people with mobility issues, that they are included. Research shows that women measure and read a place by assessing the social interaction that is happening around them. Paying attention to details such as litter and graffiti, checking to see an area is well maintained and understanding the kind of area they are in by measuring design detail, plants and planting the kind of street furniture and noise levels from roads. The right combination of these elements creates a calm and convivial space where women and girls can feel comfortable.

Lighting is a further design intervention – see sub-theme 02.

Recommendations

- Connect walking routes and ensure an 'even' experience between areas. Avoid creating situations where new developments sit in stark contrast to high streets with poor public realm. Prioritise flow and porosity.
- Ensure streets have good visibility and entrance/ exit routes.
- Wide pavements make it easier to walk with children and have better access for wheelchair users. Wide pavements also make it easier to avoid unwanted encounters/ make eye contact.
- Lighting doorways and areas outside property make arrival and departure feel safer.
- Active frontages with ground floor activity should face onto the street and consider natural surveillance.
- Active frontages should be open and avoid metal shutters or window coverings that block passive surveillance.
- Support independent business and workshops through managing rent and rates.
- Ensure streets that connect to parks are well lit, well maintained and have good way finding.
- Provision for public toilets across the borough is poor. Greater access to sanitation is important. However consideration must be given to the design and placement of blocks.
- CCTV cameras should be clear and visible in places, where women feel vulnerable.



5.1.6 Busy Roads

“ Recently I have noticed that the businesses down by the canal are doing really well. Because they are away from traffic there is a sense of a place that is completely free, where you don't need to worry about where your child is running and there is a playground area there, so it is multi use. You don't have to constantly check where your child is and think about the road. It is this multi-use space which is really important.

Audio Transcript

“ The routes that we walk to school. They are not safe. Sometimes we just don't walk that way because it is too stressful. Car free zones change the way the streets are used. It means there is more room for parklets and places to spend time. Speeding cars and traffic pollution is a constant worry and a more specific, real worry that we can observe and measure.

“ Audio Transcript

I think what they have done in Old Bethnal Green Road is really pleasing, it is now is really lovely. I think if you can walk along a quieter road with less or no traffic, I would walk further. It would be great to have connected, linked routes to walk, off roads.

Audio Transcript



“ Cycle lanes that are separate from the roads, you see families out on the roads. Over lock down there were loads of families out on their bikes, because it was safer.

Audio Transcript

Cars Create Unsafe streets

“ The routes that we walk to school. They are not safe. Sometimes we just don't walk that way because it is too stressful. Car free zones change the way the streets are used. It means there is more room for parklets and places to spend time. Speeding cars and traffic pollution is a constant worry and a more specific worry that we can observe and measure.

Audio Transcript

Participants throughout the research have stated emphatically that busy roads are part of the low-level threat that adds to the burden women are managing daily. The strain this puts on women is exponential if they are walking with small children or babies, firstly because they worry about the very real risks posed to their child by pollution and secondly because they are always managing the child and focusing on keeping them safe. This makes day to day journeys like the school run difficult and stressful for parents and can, in turn lead to increased car use and congestion.

A broader observation of this research is that the perception of an area is read through a combination of elements and that women are constantly 'reading'

the signs of a place to check in with themselves about safety and their perceptions of the area. The reading of this complexity is highly nuanced and informs not only feelings of safety but also how to behave in certain contexts and situations, how to fit in, be invisible or stand out.

Busy roads are a key element of this combination and the 'busy ness' of a road contributes to a sense of overwhelm where children and belongings must be highly monitored and watched. There were high levels of support for Low Traffic Neighbourhoods in the Let's Talk survey and majority of respondents talked about the value of quiet roads and walking streets.

Question	Answers
<p>Could you tell us about any places in Tower Hamlets that have a positive impact on your well being:</p>	<ul style="list-style-type: none"> • All the LTN's, especially Old Bethnal Green Road. • Columbia Road and Wapping • Parks and canal Tow Paths. I like Low Traffic Schemes which humanise spaces and challenge our in- built deference to cars • Local high streets and markets • Answers talking about car free routes or car free places are typical
<p>What is it about that street or journey that works for you?</p>	<ul style="list-style-type: none"> • Car free, wide pavements, benches and flowers • Lots of people around, clean, quiet • Its quiet, no cars zooming by, my child can walk or scoot by herself (4) without me constantly shouting at her to watch out • Large pavements, cycle lane, pocket park, chairs for sitting, fewer cars and large vehicles • Green space with less pollution • I walk here to avoid noise and pollution. I like the trees • Fewer vehicles and lots of people/ pedestrians and people out on bikes, they are pleasant places to spend time with clean air • I try to minimise my babies exposure to pollution so I always choose small roads and back streets • Green. Full of trees. Green. No cars. Quiet • Quiet healthy parks with clean air • I avoid busy roads on my bike. There are less problems from car drivers towards women.

The surveys predominantly feature reference to car free streets and clean air, especially with children and babies because when walking with children, women prioritise the needs of their child with health risks from busy roads at the fore front of their minds. When talking about busy roads, women speak about cars and pollution as a threat to their health and safety.

Women in the Let's talk survey and the audio recordings also report that men in cars behave badly towards women, calling out of windows as they drive past, littering and throwing rubbish out of moving cars or parking up on the side of the road and throwing litter on the street. (digital walks)

Summary

This section acknowledges that participants on both the audio walks, the digital walks and in the survey emphatically stated that busy roads are perceived as a threat, particularly by women walking with children and babies.

This report has been commissioned to look at women's safety. It must therefore be acknowledged that women and girls report that busy roads and high levels of pollution make them feel unsafe and contribute to a general feeling of threat.

When roads become too busy, they create a tipping point where more people drive, because they don't want to walk on a busy road. This is especially true of women with children who must manage the stress of the school run, for example, the worry of busy roads and the ease of jumping in the car.

Recommendations

- School streets and flexible road closures around school pick up and drop off.
- Ensure routes into and out of parks are low traffic and accessible.
- Connected, well-lit walking and cycling routes away from busy roads encourage active travel and reduce car use.
- Wide pavements and street trees create a buffer to busy roads and improve pedestrian experience.
- Develop inclusive active travel strategies that tip the balance away from heavy car use.
- See also green grid.



5.1.7 Wayfinding and signage

“ I live near the East India DLR I don't think it seems very nice. There is a lot of construction happening. If the roads are well lit and cleaner then maybe it is better. Also maybe signs and better signage because it is a confusing area. I did hear some phone snatching stories so I would want to avoid taking out my phone.

Audio Transcript

“ If there were more marked spots along the canal, more seats, more spaces to meet that would be great. So better wayfinding and meeting spots. It would be amazing to connect the whole greenways of London. Maybe we need an app that does that, so you could walk the whole city without going on roads.

Audio Transcript



Women on the digital walks described how they make 'their' place by connecting joined up routes and curating their 'version' of the city. Most participants described way finding by day via green ways, quiet roads, across parks and through gardens, even if that made their journey longer. Navigating the borough in this way is about making or co-creating their city, finding pleasurable moments in the day, and adding enjoyment to day-to-day life, finding joy in the city. On the digital walks women showed us a regular journey. In the majority of cases they told us how they navigated to work (for example) by linking quiet roads and parks so as to avoid traffic and connect to nature.

By night they would use different routes taking busier, more populated streets, past shops, along high streets and past transport hubs. Participants told us they would take routes via a parade of shops or well-lit and busy areas. That they would walk with an awareness of where to find help, and where they were in relation to safer areas. This knowledge helped them feel safer.

Participants told us they would often speak on their phone or use their phone to feel connected to others whilst walking, but that now, due to high incidents of phone theft, they felt cautious to use the phone in this way. They also told us they no longer feel comfortable using the phone to navigate in case it was snatched.

This approach to mapping and navigating the city is shaped by an awareness of risk and to an extent this is sensible. We know cities can be unpredictable simply due to the high density of people. All users must make choices about what feels right to them. However participants on the digital walks also told us they shaped their city with joyful moments and interactions, seeking out routes where they can connect to community, fresh air, green space and bio diversity by day. This is an important distinction to make as it is evidence of how participants shape the city by walking and the fact that they do this pragmatically prioritising, for example green space for relaxation or pleasure or lighting for a sense of safety.

During the event at Account 3 and the Women's Network event there was discussion about signs and signage in parks. Many participants felt that clear guidelines about acceptable behaviour in parks would discourage some men from hassling, propositioning or cat calling women. Stating it is a criminal offence to do these things may be enough of a deterrent and educate offenders. Workshop participants felt that establishing clear 'rules' would help everyone to know what behaviour was acceptable and it would strengthen women by showing them they were supported and giving them clear messaging to point to in the event of a problem.

Finally the Metropolitan Police joined a number of the digital walks. During these calls they suggested places could be better or more clearly named so any victim of crime on the canal or in the park could easily state their location in the event of an incident.

Summary

Women navigate the city differently by day and by night. By day looking for 'restorative' spaces and enjoyment, connection to nature or social spaces. By night prioritising well-lit routes, busier areas and tracking community or help points.

Way finding and route shaping could reflect these impulses and respond with a focus on night routes that take in shops and busy areas that are well lit.

Simple signage about acceptable behaviour in public spaces would strengthen women and show them they are supported, whilst educating and discouraging offenders.

Consider suggestion by London Met to name places in parks and canals clearly, to locate victims of crime.

Recommendations

- Co-design signage for parks and public spaces to indicate shared behaviour. Signage could also give guidance to dog owners. Women have talked about fear of dogs and dogs around children.
- Create a way finding safety 'kit' that combines monitored CCTV units with way finding signage and intercom linked directly to THEOs/ police.
- Develop night-time super highways, well-lit walking routes with plenty of passive surveillance and a variety of evening activity. GLA good growth promotes night markets and diversifying the nighttime economy. Later opening shops and café's to provide passive surveillance and increase footfall.
- Name unnamed places (areas within parks or along canals) so victims of crime can easily provide a location.
- Also see section on the green grid, relating to restorative spaces and day-time navigation.



5.2 Inclusive Borough

5.2.1 Valuing the local: strengthening community



The Tower Hamlets, Let's Talk survey asked women and girls to talk about whether knowing people locally and recognising people on the street, helped them feel safe. 68% of respondents felt that living in an area where they recognised people, helped them to feel safer. This question was expanded in the digital walks where participants stated that even a connection as tenuous as recognising the security guard in the local supermarket was enough to make a journey feel safer.

"Even Sainsbury being open, you are popping into your local shops and cafes locally and you say hello to people, because you see them all the time. It is things like that that foster community, so if someone comes in who is not quite acting right people will spot it and do something about it."

However when talking about 'feeling' safe respondents clearly stated that knowing people locally and feeling connected, even in a tenuous way, to their local area strengthened feelings of belonging. They also stated that seeing other people be friendly toward each other made an

area feel safer and that seeing diversity of age and background on the street, made an area feel more welcoming.

The local, walkable neighbourhood is a planning concept that favours locality over travel and it gained popularity over lockdown when people started to see the value of the local and being able to access what they need within a short walk or cycle of their home.

In LBTH the notion of the hyper local neighbourhood perhaps echoes the network of high streets, parks, leisure facilities, medical centres, schools and colleges and housing, ensuring people can access to shops, culture, leisure and services is within a short journey is important. However a key concern about adopting a hyper local city model in Tower Hamlets would be that it would create greater polarity, with less well-off neighbourhoods, high streets and parks, feeling increasingly siloed and well-off, new developments becoming more segregated. The idea of the hyper local neighbourhood should therefore be seen as a chance to level up and even out areas, to reduce disparity. A further issue with this model in

LBTH is that many people travel much further on a day-to-day basis and their network of home/ work/ socialise/ school / shops is across a far wider area.

Maximising 'the local' is important for many reasons however in the context of this report it boosts the sense of a vibrant locality, forges greater local networks and brings people into conversation.

Residents create their own hyper local neighbourhoods, simply by living in urban contexts. These networks are shaped by the local shop, gym, access healthcare, friendships and for children- trips to school, nursery or childminder, visits to friends' houses to play, local activities such as sports, culture and religious clubs and groups.

It is important to caveat the next few paragraphs because the report does not seek to assume that women should or will adopt a 'caring' role, either for children or relatives, it also does not seek to perpetuate these assumptions or create guidelines that are rigid or restrictive.

But, there are currently 74,700 children under 18 in Tower Hamlets and somebody is looking after them.

The informal networks that are established around caring for children is an example of where acting and doing are not, at the moment, shaping and making. These informal networks evolve and change quickly at different stages of a child's life, and are established by parents to look after, provide fun activities, do the best for their children by providing education, friendship and opportunities to socialise and learn about the world.

This is another example of how the lives of women has failed to impact the built environment and failed to be an agent that shapes the world through the experience of women.

Parents looking after children must adapt and shape their behaviour to fit into cities that do not acknowledge the impact of spending a year at home with a baby, balancing work and home life and the considerable burden of managing the behaviour of an unpredictable being, in a city that has been shaped and designed by men, for men.

The model of the hyper local neighbourhood, when seen through the lens of gender, does begin to answer this question and give the informal networks of care, visibility. Indeed Vienna and Barcelona,



both cities where gender mainstreaming has had extremely positive impacts for all, both use the fifteen minute neighbourhood to model gender inclusion.

For many, a nearby parade of shops or high street will be at the centre of their neighbourhood, it will be the place to stop by for provisions on the way home from the school drop off, get a pint of milk or to meet at a café or attend a market, go to the library or run an errand. For those without children the local high street is a place to shop locally, to access local services and facilities, take part in local cultural activity. It is the limit of activity on a Sunday morning after a night out and the place where you might say 'hi' to someone you have passed on the street several times.

Enhancing these local hubs and ensuring they are well connected to, health, leisure, and social activity makes for a walkable neighbourhoods in which people feel connected to each other. Connected these walkable routes to the green grid in turn opens up the possibility of a walkable borough to residents.

Women who have participated in this research have stated that building in this connectivity improves peoples quality of life.

The Tower Hamlets Women's network made the following suggestions:

Building resilient, friendly communities:

- More local facilities on high streets (day care/ gyms/ shops/ youth clubs/ after school clubs)
- More fully accessible spaces.
- A design code that is inclusive would include car free streets, courtyards, walkable routes, well lit, social. Car free/ car sharing streets (eg Lambeth's Van Gough walk) Seating, planters, basketball hoops.
- Invest in infrastructure that can build better communities.
- More female business owners
- Male dominated business, for example around the markets and high street traders. Be active including/ recognising women
- Co-ordinate services so there is a joined up approach to community building which can be accessed on the high street.
- Community hubs and spaces for non- religious women.
- Build trust in the police
- Partnership working with the local community to build flexible public space, this could mean more events and community focused activity.
- Retrofit inclusion in private developments and 'Take back' private spaces and privatised feeling, public realm.
- Financially inclusive spaces, public spaces accessible to all.
- Sense of community, changing people's mindsets – feeling safe

Communicating Our Place:

- Public art that connects to local history and character and celebrates the lives of women.
- Public campaign to promote better behaviour and instruct on better behaviour.
- Embrace the history of the area (and tell those stories)
- Acknowledge intersectionality through place names, public sculpture, and public realm.

Sense making and story building through public art can be a way for people to build a shared understanding and appreciation of where they live. Shared stories from the past connect people to place and to each other. Uncovering the lives of women and those of diverse communities can be a way to re-make places through identification with past and aspiration for the future – what are the future stories we can tell through public interventions?

The Fifteen-minute neighbourhood offers a toolkit for community development and community building shaped by local activity. It encourages lower car use and encourages people to shop locally and enjoy local goods and services. Maximising the local, ensuring that there is a diversity of amenities accessible, and that local high streets and shops become centres of the community will build local resilience, help areas to feel safer, enable people a greater sense of empowerment to get involved with the local areas and care and pride in the local.

Summary

The hyper local neighbourhood is a model that focuses on maximising quality amenities that can be accessed. This can be amplified by diversifying nighttime offer on high streets to include more after school and holiday activities for young people and children, and by diversifying the evening economy to ensure a greater mix of business are open later into the night.

This sense of the local can be further amplified by enabling and supporting events and activities to flourish, supporting community leaders to produce street festivals, carnivals and other cultural activity to the streets and parks. The key being to support groups to develop ideas about how to take to the streets.

Enhancing a sense of the local, ensuring that high streets offer a range of services and enabling people to take the lead on events, will, in time build a greater sense of community. This will make areas feel welcoming and pleasant.



Recommendations

More local facilities on high streets (day care/ gyms/ shops/youth clubs/after school clubs)

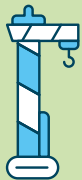


More fully accessible spaces



A design code that is inclusive would include car free streets, court yards walkable routes, well lit, social. Car free/ car sharing streets (eg Lambeth's Van Gough walk) Seating, planters, basketball hoop +cars.

Invest in infrastructure that can build better communities



More female business owners



Co-ordinate services so there is a joined up approach to community building which can be accessed on the high street



Community hubs and spaces for non-religious women



Partnership working with the local community to build flexible public space, this could mean more events and community focused activity



Retrofit inclusion and 'Take back' private spaces and privatised feeling, public realm



Financially inclusive spaces, public spaces accessible to all



Sense of community, changing people's mindsets – feeling safe





5.2.2 High Streets and shopping areas

High Streets are typically the centre of hyper local neighbourhoods in London, and LBTH is no different. Whitechapel High Street and market, Limehouse High Street or the small parade of shops off Bethnal Green Road, wherever there is a combination of amenities - a corner shop, a hairdressers, cards and gift store and a takeaway, there is a community of people for whom those businesses become central to day-to-day life, particularly for women, the elderly and teenage girls or for those who now work from home either part or full time.

This section will use gender as a model to explore the 'new local' and potential growth of high streets as community centres and to model regeneration post-pandemic.

High Streets are important as they express something of the culture of an area- both positive and more challenging. The focus on lifting high streets and framing positive aspects of the area will also frame people's perception of where they live and in turn who they are- their place in the world. Most crucially high streets are community centres, places where we can all take up space and where everyone can meet.

This is important because this is democratic space.

For many women the local runs between the park, the school run, friends and relatives, the local shop, work and other caring responsibilities; the hyper local will frame their lives. These spaces are populated with social networks. Networks take work, and women work hard to maintain networks of care because they are also linked to being able to work and socialise. Informal networks that involve sleepovers and playdates for dependent children enable women's economic and social activity as well as providing a sounding board to off load on the often-circular activity of childcare. This nurturing of relationships is invisible, it is multilayered and based in fragile inter-personal relationships that are formative to the smooth running of many families and many types of family. It is about maintaining friendships between children and their parents

because those relationships mean that a child is taken to 'Guides' or picked up from an after-school club, enabling a parent to leave work on time. These communities of care are not exclusive to women with children, for example LGBTQ+ communities that form around sexual and gender identity can also be considered communities of care which are place shaping- think of the Gay district in Manchester or Manhattan as place shaping.

These fragile, tenuous and ever-changing arrangements may seem a world away from town planning, but they are not. Or at least they shouldn't be. Because even though it is rarely explicitly stated these rhythms of caring and of providing care are central to the lives of many women for some or part of their lives. Not all women will have children, but those who do will inevitably become involved in such arrangements and the voices and needs of women who care for children are largely absent from planning policy and indeed silenced as conversations about 'mothering' become obscured. However, the role of this report is to talk about women's experience and articulate the views of the 450 women that have participated in the research. It can also be confidently stated that these assertions are cross cultural and expressed variously through the lives of women from diverse cultural backgrounds in the borough; women carry the mental load of managing and maintaining these hyper local relationships.

How can acknowledging these intangible relationships shape the high street?

High streets are central to the local and they are places where multi-faceted lives cross over. They serve the needs of the surrounding community and are central to the expression of that community. They are places to gather and meet, places where inter-cultural and inter-generational activity can build social networks and strengthen a sense of community- even if the extent of participating is simply to show up and be present on the street.

Design recommendations can be applied to support and strengthen community and articulate how these intangible networks can be made formal by making space for them.

The high street as a flexible space where a regular market or stalls bring an injection of variety, an opportunity to collect and gather or run into a friend or acquaintance. Equally it might be the place where a local club puts on a dance event or piece of street theatre, where a group of artists organise an event in a meanwhile space, or an annual carnival is prepared. Flexibility can be designed in by making space for events, activity and meeting.

Shops and businesses reflect this sense of locality. Independent businesses can respond to local need. These could include after school clubs or soft play or indeed flexible spaces that could be hired by groups. They could be places to access services such as healthcare, advice and support and they could be home to hyper local leisure services. Diversifying the high street would place a gym or childcare next to a corner store, the takeaway and the florist but it could also mean the health and leisure services could respond to local demand and be co-designed with residents.

Businesses that celebrate the uniqueness of the area can convey a sense of character and community. Flexibility around opening hours and licensing can ensure that high streets remain active through the evening- thus creating more active frontages and the appearance of safety. Night markets and nighttime activity can also create safer way-finding on dark evenings and provide a sense of 'event'.

Physical design interventions are also important, well-lit high streets can feel safe, but lighting that is playful, creates a festival atmosphere or provides variety and character and will create a different kind of night-time environment.

Ensuring high streets have wide pavements, uniform frontages and signage (but with the opportunity for character and difference) Avoiding metal shutters and grills in favour of well-lit window displays will all make the nighttime feel safer and bring social and economic prosperity to an area.

'Experience' is also taking up space on many high streets with underutilised shops becoming eventful spaces, hosting pop up activity or hosting businesses that are experiential and provide activity that engages people, where people can learn something new or take part in something. This in turn will enliven and enrich a place. Giving permission to meanwhile use is a good way for people to test creative business ideas and bring something new to a hyper local community whilst also responding to local knowledge and cultures. (cultures in the plural referring to interest and specialism as well and background and identity).

Some of the ways the council can support this is by saying yes and supporting ideas. Becoming an organisation that supports local people and guiding them through the myriad of red tape involved in organising a festival or carnival or setting up a project in a meanwhile space, in order to support and enable activity.

These are all ways to enhance local character, celebrate local heritage and make an area feel unique. They are also ways that the informal networks women and girls form, can co-create space and ensure visibility.



Summary

Celebrating the status of high streets, no matter how small, as centres of community, can be a way to articulate and make space for the invisible network's women build, networks that are most tangible around care. They can be flexible spaces of encounter, (Carnival/ dance/ music) hold a regular market or events. They can diversify to include activities as well and shopping and they can celebrate local history and the culture of the area.

The council needs to get good at saying yes! And supporting hyper local activity by providing space through meanwhile use, supporting those who 'do' by providing a guide through red tape, and making it known that the council will enable local activity.

Recommendations

- Markets should be designed with women in mind and prioritise visibility, variety and a range of stalls.
- Diversify high street use with a varied offer and opening hours: a gym, childcare and clothes shop may sit next to each other and support each other.
- Prioritise community activity and become and council that says, YES! How can we help!
- Design interventions such as lighting, opening up shop fronts and picture windows to create a pleasant and welcoming night-time.
- Licensing can play a role in varying the nighttime economy.
- Flexible adaptable architectures support events.



5.2.3 Communicating a sense of place

Intergenerational and intercultural spaces can further strengthen a sense of community. Local history and culture build shared values and opportunity for dialogue. Where parks, high streets and public spaces provide opportunity for the community to take up space, understanding place, history and locality can build understanding, support culture change, empower and shift perspectives. Appreciation of or participation in the natural environment can connect communities through shared activity.

Public art that connects to local history and character and celebrates the lives of women. (this doesn't mean statues of women it means art by women that reflect on women's experience)

Contemporary art can communicate shared values and a sense of place



Architecture and development co-designed to build new spaces that relate to history and heritage



Embrace the history of the area (and tell those stories)



Acknowledge intersectionality through place names, public sculpture, and public realm



Participate in local activity to actively co-design space and implement real small scale/big impact change





5.2.4 Acting and doing is shaping and making

Many of the women interviewed as part of this research have talked about their role as a mother and the specific experience of becoming a mother and being a parent to children or a child under five. It is of course acknowledged that many fathers actively parent and take care of their children, but it is equally fair and true to say that on any given weekday the majority of people at the park looking after children are women. This statement does not diminish what all parents do or the role they play or seek to push women into the silo of carer. But it does invite a speculative conversation about how 'mothering' children could and should be a model to reframe public space, particularly play parks.

However in researching this document it has been hard to find design guidance on the specific situation of being a mother and the ways in which this relationship with a child or children, totally re-frames a woman's relationship to their body, how women perceive or map the city both in terms of shifting focus towards the local, new communities and social dynamics, and most crucially a complete re-framing of how mothers use space and their local area, when caring for children. Emphasis perhaps shifting drastically from a daily commute to accessing nearby healthcare and socialising for small babies at, for example, children's centres or playgroups.

When recording street interviews and talking to mothers with children under five it is striking that the act of parenting creates new communities and informal infrastructures that are place shaping and community building. They are place shaping in the sense that being visible on the street, walking with children, children playing in parks animate the city in a 'friendly' and safe feeling way. That mothers with children make parks feel safe, but they also show us a diversity of use and as an onlooker, we might, for a moment, see the local park from a new perspective and be reminded that play is an important and creative way to take up space. It adds a layer of richness and complexity to the city.

Equally 'seeing' this kind of diverse and intergenerational use connects people, it leads strangers to chat on a bench, and creates inter-generational connection and a feeling of safety; one student in her early twenties reporting that seeing



women and children in the park help her to feel safer.

The 'optics' of seeing women and children out in the park, is the first way that 'mothering' shapes places, adding a visual reminder that there are different ways of occupying and taking up space and helping others to feel safe.

However, being a mother in Tower Hamlets is also about the social connection's people create around caring for children, and parks are the key 'stage' on which these connections play out. One interviewee with two small children described how she and her friend were always looking for parks and outdoor spaces to meet up, away from busy roads, so she would be able to let her children play and keep an eye on them, whilst meeting and talking to a friend. Other women talked about how she would go to the park and look for people to chat to if she was feeling lonely.

The role that these short term and long-term connections play in raising children cannot be underestimated. Most new mothers will struggle at some point with isolation, a child that won't stop crying, a difficult partner or simply the shift towards a relentless pattern of laborious work.

Parks and playgrounds are often places that hold women and frame these relationships, provide a sense of community and a moment away from occupying a child in a small flat.

They are also places of warmth and community. Places to laugh, to make long term friendships and to talk; even on the bleakest winter days you will find groups of women huddled under the trees in Victoria Park whilst their kids run around and play outdoors.

Finally, they are well used. With women taking their child to the park several times a week if not every day. A visit to the park often being part of a routine built around the child eating and napping.

The effects on health have been noted by women as key to supporting their mental health and with child experts stating the value of open space and being outdoors for children.

It is therefore astounding that the timeless act of raising children, the communities women build around their families and maintain as their children get older and start school, have made very little impact on the built environment with most parks not even providing the basic essentials such as a public toilet. Whilst other parks offer the most rudimentary and basic amenities. A barren patch of grass, a set of swings contained in a metal cage, a graffitied slide. These parks perpetuate inequality not only in terms of offer but also long-term impact on educational attainment.

What would play parks and public spaces look like if they were shaped around these informal communities? What basic amenities would be present? And how would parks and public spaces be different if they considered the needs of women, children and teenage girls?

Recommendations

- Maximise the space for users by developing a 'kit' of parts that can be scaled up and down depending on location. This kit should include:
 - i) Wayfinding.
 - ii) Place names and Place identity.
 - iii) Play-on-the way interventions for small children
 - iv) Parklets- social benches with planting
 - v) Small areas with interventions for older children and teenagers located near to a kiosk or youth hub. This could be playful features such as three-person swing or low level but challenging climbing areas.
 - vi) Meet up spots with benches.
 - vii) Regular public toilets.
 - viii) Kiosks providing refreshment and natural surveillance 'help' spots/visibility.
 - ix) Water tap to fill up bottles.
 - x) 'Hubs' for education and community use.
 - xi) Sensitive lighting.
- Park wardens and THEOs help places feel safer as do other 'officials', someone running a café or hub, gardeners, someone managing play hubs, youth workers walking around chatting to teens. These people are not police but they make women and girls feel safer and that there is 'help' on hand.
- Green spaces are community centres. Design interventions that encourage community include places to sit and meet, good views, wild flowers and landscaping, spaces to exercise, activities for teenagers and play facilities for smaller children.



5.2.5 Industry Diversity Is Vital

Diversity within the built environment industry, particularly planning, engineering and architecture is vital if gender inclusive design is to become mainstream. Opening these potential industries to girls and gender diversity must start in school through primary and secondary education enabling pupils to understand the breadth and potential of working in design, planning and engineering industries.

In higher education a decolonised and indeed de-gendered curriculum will open out individual research projects beyond the traditional male dominated cannon. This will help female students to find a voice and articulate a broader scope of experience. (Teaching through traditional routes replicates existing power structures, hence the drive to decolonise curricula post BLM) this is important because success for women at architecture school can mean successfully reproducing work that replicates traditional power dynamics etc.

Research shows that women and minority ethnic groups are underrepresented in the field of architecture. According to the Architects Registration Board, 80% of architects classed their ethnicity as 'white'; with minority ethnic groups representing the remaining 20%.

Additionally, as of 2020, only 29% of registered architects are women. (Architects Registration Board, Architects Journal, 2020)

Architects play a crucial role in creating a built environment that is safe, sustainable and where everyone in society can live well, and it makes sense that a profession that designs in the interests of a diverse society should be drawn from and representative of that society.

Promoting an inclusive community

Buildings are the products of people's creativity, and if architecture and urban design is going to represent the diversity of our cities effectively, the creators must be representative.

A diverse design industry can help to build an environment that reproduces our diverse world. Through collaboration and sharing ideas.

The contribution of Architecture and development to communities can be inadequate when they fail to include a variety of ideas and perspectives. Without diverse ideas behind the construction of buildings, the industry is operating in a restricted bubble and failing to fulfil its true potential. They will reproduce gendered norms and fail to express the lived experience of women and girls.

Diversity can result in greater success for the industry

There is substantial research showing that more diverse teams are more successful. Working with individuals who offer diverse ways of thinking and whose cultural backgrounds and experiences differ encourages us to indulge in a wider spectrum of possible approaches to challenges and tasks. This, in turn, results in a more effective and prosperous industry

(The Architects Registration Board 2017)

To create a borough that is more inclusive there needs to be greater inclusion in the architecture, urban design, planning and built environment industry at large. This could be actioned by ensuring that contractors have a balanced and diverse workforce and that they are supporting and investing in women, gender diversity and women of colour.

Recommendations

- Use women architects and designers and ensure teams are diverse. When assessing suppliers ensure workplace diversity is a consideration.
- Consider who is planning/ who is designing/ who is building.
- Are developers women and are women represented on their teams at decision making level?
- Write into policy that teams will be scrutinised for diversity stating that LBTH understands the pressing need for inclusion and diversity within architecture and the construction industry and the value of employing diverse teams because of the broader range of ideas that can lead to inclusive design in all projects.
- Set inclusion targets and implement a detailed equality, diversity and inclusion (EDI) action plan.
- Commit to improving workplace culture to support diversity and inclusion.
- More broadly look to create internship and work experience opportunities for school age girls in LBTH encouraging cultural and ethnic diversity and inclusion of all socio-economic groups.
- Connect to youth groups and youth provision in the council and establish collaborative youth projects that aim to encourage girls in design.
- Look to also embed opportunities through schools.
- Ensure routes into architecture, planning and design are clear by presenting at career open days in schools, colleges and universities in the borough.
- Ensure that taught programmes encourage women designers to succeed on their own terms.





5.2.6 Co-designing with communities

It is crucial that the voices of women and girls are heard and not assumed. It is vital that women and girls are engaged prior to design stage and they are able to shape, improve and input changes and that the lives of women shape and change cities.

Listening to a diversity of voices will lead to innovative, inclusive places that reflect our diverse world and meet the needs of a broader range of people.

Co-designing project briefs, ensuring women and girls are consulted on plans and inviting creative input into design processes are all ways to ensure the LBTH better reflects the diversity of people that live here.

Prior to consulting with or engaging residents the below considerations have been set out as a flexible framework for engagement:

Barriers to engagement for women and girls

- Development projects that are paying consultants and profit-led must pay participants for their time and local knowledge.
- Covering the cost of childcare and travel in the case of face-to-face participation.
- Time and timing of events - ensure a range of times are offered to ensure diversity of participation.
- Mental load - just too busy and day too fragmented. In this case consider running engagement sessions at the school after drop off/ pick up, join existing groups or networks such as the library service.
- Value and feeling valued – If women have joined sessions previously and been talked over/ disregarded they won't return. Ensure meetings are chaired and all voices valued and heard. Better still frame sessions to prioritise listening.

- Not wanting to speak in public- Lack of confidence will often mean women stay silent. Ensure sessions offer break out groups and 1:1 options so all voices can be heard and valued.
- Ensure ground rules are set before meeting starts.
- Work with expert facilitators, skilled at creating spaces that are enabling.

Summary

Make space to hear the voices of women and girls and ensure participation.

Engagement must be done at scale and in response to the project, who is paying/ what for etc.

Private developers should pay people for their time and local knowledge and people must be valued accordingly. In this instance the council or a third party practice should manage engagement and provide independent brief based on this work.

Engagement with women and girls is vital to shape places that are balanced and equitable. Women face many barriers to participation and any work that is done must acknowledge time and financial pressures, responsibility, and mental load. It is therefore important to plan engagement by first considering how to make it as easy as possible for people to join in.

Consider WHO leads engagement. Who is appropriate? For example, it is better to draw down funds from a developer and commission an engagement programme via the council, the results of which get fed back to the developer in order to ensure oversight and good practice.

Co-design is not the same as coms & marketing. Allocate budgets to pay a skilled co-design practitioner.

Recommendations

- Engage women and girls in design process prior to design phase.
- Create opportunities to hear about their experiences and how they use a place or area.
- Synthesis learning to write design brief.
- Create feedback loops to test ideas and check in.
- Design engagement strategies with barriers to participation in mind.
- Engagement is a creative, design process. Whoever is engaging should collaborate with design teams.
- Pay or compensate participants.





5.3 Restorative Places

5.3.1 Green spaces are social spaces



Access to green space is a priority to the women and girls that participated in the research. This is true for women from a range of cultural backgrounds and generations.

This research shows that parks and gardens are vital and a valuable piece of community infrastructure, indeed the 'Let's Talk' survey of women and girls showed that 89% of respondents considered parks and green spaces to be social spaces.

Giving parks and green spaces status as social infrastructure enables greater consideration of how these spaces are designed, managed, and accessed by the public and re-focuses the priorities about how these spaces are organised and managed.

What women and girls feel about the value of parks, gardens and outdoor spaces must be taken seriously because women and girls view parks as centres and hubs of social activity impacting on all aspects of individual health and wellbeing, the health, wellbeing and development of children and young people and the health of the community itself.

Parks and gardens in the borough are valuable community assets. Consideration of gender in relation to the boroughs green spaces and climate

resilience could be seen as twin imperatives that work in harmony to both manage and mitigate the effects of the climate emergency and provide restorative space for all.

It must, therefore, be a priority to maximise all green space in the borough and to transform any under used or paved area into a green space that can also support community. This will strengthen community, the wellbeing of women and girls, build climate resilience and capacity for BNG.

This chapter will share what women have said about the value of parks and green spaces and outline some of the issues which could be designed out by adopting an inclusive approach to the borough's green spaces.

The developing themes and ideas will make recommendations about how to deliver better green space for women and girls, create capacity for BNG and climate resilience. It will improve living standards for those living in overcrowded accommodation, improve the quality of life of children growing up in the borough and create intercultural, intergenerational meeting spaces, that strengthening a sense of community.



5.3.2 Levelling up parks

“ I live in Mile End Park just down the bottom end. The streetlights stop before my house. I don't like walking at night because of safety. I run around Victoria Park and the canal. I do it for my mental health to go outside and be around nature. I like the access to green space and nature. I don't know how to improve it and make it more woman friendly. I guess if there was more lighting it would attract more people. But I feel that if it was busier, I would feel safer. When you are in a busier environment, I feel like if something happened, there would be someone to help you.

Audio Transcription

Tower Hamlets has some fantastic parks that are loved and celebrated by the community. However, provision of and within parks is patchy and tends to reflect the areas general level of prosperity. In many places there is a clear indexical link between the quality of outdoor green spaces and the prosperity of the surrounding area. This is compounding inequality with those on lower incomes, living in overcrowded accommodation also being deprived through poor quality outdoor space, play equipment and opportunity to socialise outdoors. Improving local outdoor space, especially in low-income areas will have an impact and improve lives.

Actively 'levelling up' parks and outdoor provision is important as all people living in the borough should be able to access high quality, diverse, green areas with a range of planting and trees, good seating, and quality play areas. This is vital for women and children living in overcrowded flats where easy access to green outdoor space provides places for children to run around and make noise, for women and girls to meet, to walk and exercise.

“ I take my son to the park. His behaviour is better afterwards. This makes life easier for me.

Let's talk

This finding is in line with the Mayor of London's vision to ensure that every household should be within 400 meters of green space.

Account 3's is a charity in Bethnal Green that supports women from socially and economically excluded minority groups from across the globe. Account 3 and Tower Hamlets organised a listening exercise to hear from local women about their experience of parks and public space.

“ We need to do something about our parks. It is the only outdoor space where we can take our children, but we don't feel we can go there, because there are always boys there smoking cannabis. Parks are a big problem.”

“Yes, there needs to be police or wardens patrolling the parks, to help them feel safer.”

“Teenagers or, usually men, smoking weed, it makes the area feel unsafe and I don't want my kids breathing that, they already know what weed smells like, they know what it is because they see people smoking.”



A lot of general conversation about how teenage boys dominate parks. At least 5 women and a chorus of agreement about how groups of young men feel threatening, stop the parks being accessible to all and make the area feel unsafe. In general, there was an acknowledgement that this didn't pose a threat but that it contributed to generalised sense of uncertainty, another factor to map when thinking about going out. Many women talked racial motivations for assault or attack.

There needs to be clear signs telling people what they can/ can't do in the park.

However the conversation evolved to adopt a more nuanced view. Women in the room acknowledged that they had teenage sons and that boys hanging around in parks was a sign of more complex issues about masculinity and practical issues about space and youth provision. Women talked about lack of youth provision, the importance of male role models for young men, and that they needed to be provided with interesting, alternative things to do.

The group discussed the value of providing better, intergenerational design, so that young men still had a place to meet, but that they didn't dominate parks or take over.

Women talked about the problem of overcrowding and that when there is not enough space indoors, young men hang about in parks. They said young people often have complex or difficult family lives, that they don't want to be at home, the fact that there is not enough good provision for teens after school and not enough good outdoor spaces that are inclusive of everyone.

“If we can deal with the problems caused by teenage boys (and young men) women will feel safer.”

“Young people face all kinds of problems, when we see them on the street it looks bad, but they also need their own spaces and to be listened to.”

“It's not just teenage boys though. Teenage girls need somewhere to go as well.”

We talked about increasing youth provision, positive role models for boys and better intergenerational spaces which are inclusive of all people and don't polarise but instead build community and connections. Parks and gardens where everyone can take part.

“I live near Weavers fields. It is a beautiful place and I love it there, but I was assaulted by a man in front of my children. He pushed me over. It made me feel scared but it also scared my children. We don't go to Weavers fields so much now. I have to make myself go.”

This led to a conversation about dogs and dogs in parks. One woman stated it was known that Asian people didn't like dogs and that some women present had experienced people using dogs to scare or threaten them. Many women present nodded in agreement and shared their experiences of dogs in parks.

The women's networking event saw similar reactions and participants shared ideas about how to improve parks in the borough.

These comments focus on strengthening local community to make parks feel inclusive.

- Playgrounds for parents. We spend a lot of time in parks too!
- Community fun days and local events to encourage community.
- Include activities in parks for teen girls and young adults. Ways to play and participate – PLAY for all.
- Organised activity in parks to feel safer eg outdoor gym classes/ women only sports activity
- Family night-time events
- More planned local sessions and activities in parks.
- Dedicated sessions for vulnerable people and carers.
- Dedicated spaces for young people in particular girls, women, and children.

- Opportunity to populate green spaces through volunteer schemes that keep places busy through activities such as gardening (could this include organising clubs and events – Js)
- Women's community safety walking groups
- Why are parks only centred on small children and teenagers – no space for childless adults to use – how do we make women feel safe in parks if they're not by the play area?
- Parks in the borough very well-used though, and lots of people in the borough have no alternative outdoor space, so do use them. Park design to consider all ages and promoted as community meeting spaces.
- Over 50% of our play equipment is inclusive, play should include older kids too.
- Outdoor gyms – less used by women because there's no funding for organised classes to use them.

This is not without friction and the number one barrier for women in LBTH is groups of young men colonising and taking up space, making spaces feel unwelcome and dominating green spaces. Over dominance of young men in parks, smoking drugs or dealing drugs, taking nitrous oxide, has been named as the number one block to women of all ages accessing smaller parks. Young men are allowed to meet and gather in parks and that is what parks are for. It is only a problem or 'anti-social' when it stops others using that space.

Levelling up parks by investing in planting, play equipment, landscape design and furniture will increase busy-ness and natural surveillance, it will stop the dominance of one group and it will level up access to high quality outdoor space and challenge inequality.

Drug dealing and drug use and associated activity in parks was cited throughout all of the engagement activity as a number one barrier for women park users.



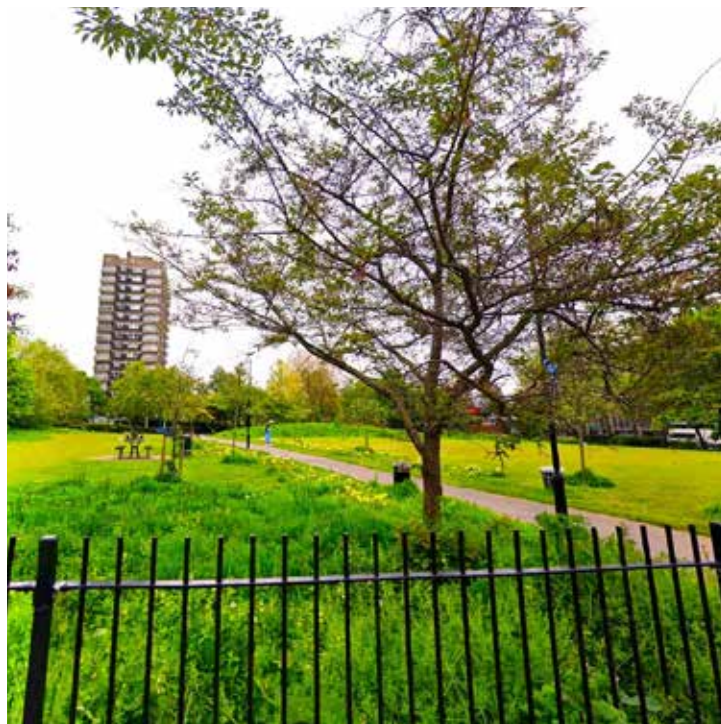
The digital walks participants noted that hyper local governance of parks leads to greater feelings of safety and inclusion. Rectory Road park, has a 'friends' group. This local governance builds community, cuts down ASB, gives people an opportunity to get outdoors, make friends with each other, have a say in how the park is run and what happens there. Evidence from the digital walks shows that parks with local governance have less ASB and suffer less from over dominance of one group.

Summary

Parks and green spaces in Tower Hamlets are vital pieces of the boroughs social infrastructure and participants have identified parks and green spaces as key to physical, emotional and psychological wellbeing providing access to the outdoors and to the myriad benefits that being part of a natural ecology affords. On a practical level they are vital spaces for the many people who do not have gardens offering the opportunity to step away from busy roads and get fresh air.

This research has identified inherent inequalities in provision, meaning that some parks are impoverished and feel intimidating, whilst others are populated with diverse planting and great play areas. This inequality will impact women and children the most. Opportunities to play and access not only decent play equipment but also diverse and interesting ecology; the sounds of water, the shadows cast by trees, and the chance to run and make a noise are important for the development of young children.

They are also important for the mental health and wellbeing of women and girls. Levelling up parks, green places and play areas will ensure that all areas of the borough have access to high-quality, well-designed parks and foster inter-generational and intercultural activity with access to complex ecologies. This will benefit women and girls by creating restorative spaces that support health and wellbeing, improve the lives of children and build in climate resilience.



Recommendations

- Recognise parks as community infrastructure in the local plan.
- Design at scale and level -up park facilities:

Pocket parks and community gardens

- Remove metal barriers and gates, open up spaces for hyper-local community use. Include benches, planting, trees- to provide shade in hot summer, picnic tables.
- Connect small parks to green grid. These pocket parks and gardens could be co-designed with residents, who could be encouraged to take hyper local governance, setting up resident's 'Friends' group.
- A games/ toys hub that can be accessed by residents, ping pong or swing ball, roller skates, other games. The hub can be opened up at certain times for people to use.
- Parks as community centers : Organised activity throughout the day, under 5's play and gardening, exercise for the elderly, urban garden apprenticeships.

Medium size green space

- Benches, planting and public areas to sit in the evening. Picnic tables and play area. Public toilets, café or kiosk (provide surveillance and increase feeling of safety)/ hub space- a local venue that could be used to organise events and activities, hold a birthday party, a weekend workshop, a place for people to meet and do exercise (e.g running club or use outdoor gym), regular youth club or youth drop-in space.
- Connect to green grid.
- Co- design/ friends groups create social architecture and shared ownership.

Large park

- These large open spaces are really valued by residents and people love to be able to walk in the park. People have told us how much they value being able to connect to nature, access green and blue ecologies and get a sense of space and distance.
- There is a perception by women that vast areas of open green space exclude women. Many women associate large areas of grass with team sports such as rugby and football. Even though many girls participate in team sport it must be acknowledged that reserving vast areas of grass is perceived by many women as space 'exclusive' to men and boys. It is also known that such large areas of cut 'pitch' grass do not meet criteria for BNG. Areas of grass could be divided to ensure there is still capacity for field sports whilst also building in greater capacity for BNG and more diverse uses such as forest schools, wild areas, areas for games. These bigger parks are also key event spaces with the capacity to bring people together and create festivals and parties that are positive for the community.



5.3.3 Benches are not the problem

Seating is integral, and it has to have more shade. As the climate is heating and we are seeing more extreme weather. In parks I use I try to find a place in the shade where I can sit, and people find somewhere where they can observe their children, and also have a nice time. Multi-generational space is also important so it works for the young child but also needs to cater for the growing child and also adults can engage with their child, but maybe can also be used for exercise, a space for the elderly and for local people to meet. I think it is about scale and location.

Audio Transcript

Officers from the Metropolitan Police who joined the digital walks, were able to share their views on public space and how to mitigate the impact of groups of young men, suggesting that the removal of benches and placement of benches were a key factor in designing out crime.

Advocating that street furniture be removed is however problematic because the availability of benches has been mentioned across all the research. Make Space For Girls found that park benches were the only resources that teenage girls saw as available to them to use.

On the digital walks and during the interviews benches were mentioned and described by participants as the safest feeling place to sit. Sitting on a bench is comfortable, it enables frequent breaks for the elderly or less mobile, it's a place to stop for a snack with children, a place to eat lunch, a place to watch the world go by, meet friends or encounter and chat to a stranger.

This was highlighted by one of the participants in the digital walks who talked at length about how the placement of benches were key to her own feeling of safety both in terms of walking past groups of young men and where she felt most comfortable sitting.



“...you know, I don't want to necessarily draw attention to myself when I'm sitting down reading a book. I just kind of want a nice view, a quiet spot away from people like, you know, ropemakers field, for example. You know, having rather than have the benches that are right on the main pathway and everybody's way, you're going to be spotted by everybody. Like it's a runway. But if you have benches that kind of face the river or the canals and, you know, just a quieter outlook, you're facing away from people.”

Figure 3: Do you feel comfortable sitting alone in the park?

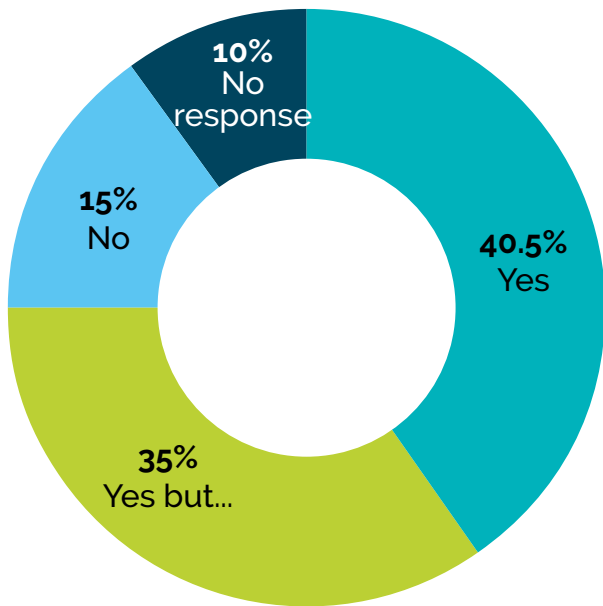


Figure 4: When alone where do you sit?

	When alone	With friends
On a bench	66	42
Under a tree	21	25
On grass to side	20	21
Grass in the middle	38	31
Somewhere secluded	12	13
In or next to play area		18

The question, do you sit alone in the park 40.5% responded with a clear yes. 35% said yes but caveated answer e.g. in daytime, depends on park, sometimes men harass me, I wouldn't sunbathe because men stare, usually not always, fear of dogs.

The data regarding where women sit is more nuanced. The first clear take away is that there is a really strong preference for benches. Women who have mobility issues, young children, those who don't want to sit on the ground, put bench at the top of their priority. Women want benches!

But there is also something more interesting around choices that are made when someone is alone- for example they will feel safer sitting on a bench. The same person meeting a friend would choose to sit in a secluded spot. Similarly women with children are more likely to sit in the play park or the middle of the grass, than at the edge, presumably so children can run freely, whereas those with babies who are breast feeding need a bench.

Teenage girls are all but excluded from public space, designed out of the city. They have told a study by Make Space For Girls and LSE that for them a specific park bench might be the only place they can take up space or have a sense of place in the city.

These findings contradict the reflex of Secure By Design to reduce benches and seating in order to limit opportunity for groups gathering and ASB.

The question is not should there be benches, but how to design benches and seating that foster community, allow for conversation or reflection, and cut down ASB. The psychology of benches is a fascinating area of growing research and recent projects, such as LDA's social seating on the Strand and Vestre's regeneration project in Brixton show how well thought through seating that considers placement and relationship can enhance an area.



Question, Let's Talk: What would improve your local park or green space?

(listed in order of frequency mentioned)

1. Public toilets



2. Benches



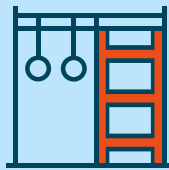
3. Rangers or wardens



4. Law enforcement to stop dealers and gangs



5. Play equipment for kids



6. Bins and less litter



7. More trees



8. More bio diversity of plants and planting to encourage pollinators and look good



9. Picnic tables



10. Water fountains



11. Less dog poo



One solution to consider is putting more (not less) benches and seating in parks, increasing park infrastructure so that a group of youths gathering around a bench is just one group of users framed in the context of another group of people gardening, some children playing, a running group meeting up. So rather than one group of young men dominating the park, they are a part of a much bigger picture. When this is the case they will manage their behaviour accordingly. This is where design and in particular co-design with residents, can play a role in designing out crime and ASB. Moving the focus away from visibility and towards directing activity will design -in women who have also told us they want to see more landscaping, more plants and flowers and a greater sense of multi layered activity.

The approach here moves away from vast swathes of green space that afford the opportunity to spot a figure on the horizon, and, move towards designing multi-layered spaces with a range of activity and multiple viewpoints. This is a fundamental conceptual shift as well because it suggests that we think about parks differently. Rather than focusing on the preservation of vast areas of open grassland, designers can think about increasing biodiversity, planting more complex ecology and designing in activity and sociability.


Crucially by putting more social infrastructure in parks and creating opportunities for older teenagers to play, the focus moves away from the singular gang and towards a multiplicity of activity, of which the group of boys are one part. It shifts the framing by encouraging ownership of the space.

The issue of taking up space runs like a golden thread throughout the research and it is extremely complex both because of the contemporary culture in which young men are growing up, because of the effects of fifteen years of austerity impacting youth services and provision, because of the density of population in Tower Hamlets, and issues of overcrowding, which sees cultures, families and inter-personal conflict heightened because space operates at a premium.


Young men are, themselves, living in fear as they are aware of knife and gang crime and stabbings, meaning a certain amount of bravado is partly a survival strategy for them.

This report is written with empathy towards young men and the complex issues they face. However, the scope of this work is to make space for women and girls and part of that has to be to articulate the impact that gangs of young men have on women and girls, their use of space and the confidence they have about navigating the borough by day and by night. It is also to note that for every group of young men on the street there are far more teenage boys at home, not fitting into this picture and also perhaps feeling alienated.

To advocate for women and girls it must be clearly acknowledged and stated that, whatever the root cause, women and girls are changing behaviour as they move through the borough, avoiding making eye contact, interacting with or being challenged by groups of young men. It prevents many women from using smaller parks and gardens and forces them to make choices about how they walk down high streets, use pavements and sit in or take up space in parks.

 **What works well with this particular square is it's not too big. Where this is just the right size you do start to recognise other people who use it. It's a little secluded area, a little oasis! It's nice in the summer. Everyone has their bit of grass. We like to get out for lunch, we like the benches and palm trees, we like the plants, there are load of lovely plants and flowers here. The park is small enough to feel safe.**

[Audio Transcript](#)

 **I like a water- front, a park, the canal, a café, a terrace, a museum, a park is nice, somewhere I can access for free, a bench, I like to sit by a tree and having access to nature.**

[Audio Transcript](#)

“ Most of our public space would need a more multigenerational focus, with space for resting and sitting, for talking and multigenerational use, maybe play areas but also space for older people.

[Audio Transcript](#)

“ I imagine women would like more space like the Barbican, where it is nice bricks outside. It's a space that feels like you are still in a building, like you are protected. Maybe a space with a heightened level of protection. So even it was something like those built-up bricks, with plants and flowers. Somewhere for conversation.

[Audio Transcript](#)

Summary

Benches and seating are important because they provide places to rest in hot weather, somewhere to have a rest for the elderly or people walking with young children, outdoor space to sit and chat. Benches are important for teenage girls because there is so little else on offer to them, they use benches to socialise outdoors.

The police are wary of benches and seating as they know that benches become sites of ASB, somewhere groups and gangs congregate, drink after work or regular spots to deal drugs.

This research finds that benches are important for women and girls and that benches per se are not the issue. That design can play a role in locating benches appropriately and that the design of benches can support sociability and regenerate an area.


Designing infrastructure into parks will create a greater diversity of use and activity. This will encourage multiplicity of use by all generations and ensure spaces are not dominated by one group.

Recommendations


- Co-design parks with residents.
- Co-design and make improvements to parks and green spaces with residents. Find out what people would like to use the park for and work together to implement changes.
- Shift emphasis away from large open areas of green towards more landscaped planting, complex ecology and zoned areas that facilitate activity and community.
- Consider placement and design of benches.
- Ensure Parks have visible entrances and exits, walking loops and tracks to walk with a dog or a friend or alone. To be able to run, roller skate or dog walk.
- New infrastructure could facilitate local events, sporting activity. A small stage for low-key local gigs, a volleyball net or bouldering wall. Through to park run and larger scale weekend events.
- Gardening clubs and user groups give people ownership and increase passive surveillance.
- Move drug dealing and drug taking out of parks by increasing THEO'S (Tower Hamlets enforcement officers) park wardens and policing in parks.

5.3.4 Plants and flowers, trees and green streets: Bio Diversity is restorative.

Plants and Flowers make you feel better.

 I like nice things to look at. I'm a sucker for a view, a water feature or something nice to look at like a statue or some art, a nice water feature wouldn't go a miss. We want more green too, more plants and flowers, more bio-diversity, more plants the better- it makes you feel better seeing plants and flowers.

A Great place for lunch.

 What works well with this particular square is it's not too big. Where this is just the right size. You do start to recognise other people who use it. It's a little secluded area, a little oasis! It's nice in the summer. Everyone has their bit of grass. We like to get out for lunch, we like the benches and palm trees, we like the plants, there are load of lovely plants and flowers here. The park is small enough to feel safe.

Tree lined streets, gardens with flowers, complex planting, green buildings, trees in parks that provide shade on a hot day or shelter in the rain, throughout the research there are multiple references to greening the city. Seeing street trees makes a street feel safer and engenders a sense of community.

Participants in all aspects of the research talked about the value of complex urban ecology, the benefits to mental and physical health, to children and young people and a sense of safety.

Large open areas of green space are important, however many participants felt they were underutilised and could be of greater benefit with more diverse planting and landscaping. Many women felt that large open green space was not for them. They would not feel comfortable sitting in the middle of a large open space, it was associated with sports and the open-ness left them open to ambush.

Over a quarter of survey respondents stated that they visited the park for access to nature. Plants and flower are frequently stated as adding value to a place in the street interviews, whilst the Tower Hamlets networking event advocated for "Opportunity to populate green spaces through volunteer schemes that keep places busy through activities such as gardening".

The benefits of being able to walk amongst trees and meadow planting is well documented as restorative, however creating opportunities to get involved in gardening has the added benefit of social and physical activity, with associated known health benefits, whilst other people choose to grow food and use produce to feed families or source hard to find ingredients.

Many respondents talked about wanting to 'connect to nature' in the park and talked about listening to birds singing, the smell of flowers as sensual connections to a more complex world.

These conversations point to a deeper cultural shift towards living as part of ecologies, rather than being separate to 'nature'. It is important to pay attention to this cultural shift as we move towards actively living with the effects of the climate emergency. The voices of the women and girls included in this research are calling for a climate resilient city in which ecology is threaded through daily life, rather than constrained and organised into parks.

There is no reason why cities cannot be home to greater biodiversity. Car use is diminishing and much of the industry of our time is desk based and small scale. Actively embracing BNG directives and consciously investing in the local ecology to enable the growth of a green city will cool in the summer, suck up rain in the winter and most interestingly of all create space to grow an entirely new, previously unimagined city that is verdant and rich.

Imagining a place like this is perhaps a glimpse into a possible future that could be inclusive, green- a better way for people to live. Is this what a gender inclusive city looks like? Could it give rise to entirely new industries? New growth economies?

"My walking is about my mental health. Yes it's about fitness, but for me is about my mental health. I have teenagers at home, and getting out for a walk, even if it is to go around the block for ten minutes, it is just lovely to get out. To get out and do a longer walk, half an hour, an hour. I think it proximity to green space, walking along the river, being close to the water, the ponds and the canals it's just lovely."

94% of survey responders go to the park and use the park. A key take away from the research however is that in the survey responses, digital walks and workshops women and girls described access to green spaces as an antidote to living with the constant low level threats they are managing on street level.

That is not to say parks are without threat. All following discussion of parks is a discussion about day- time use, however the language used by women and girls in the research changed when talking about parks and canals. There is a clear consensus that parks and green space make Tower Hamlets a great place to live and respondents were proud of the canal networks and the lifestyle this walkable network affords.

A place to relax, access peace and calm, to go for a walk, to access 'nature', fresh air, and sunshine. A place to go with children, do sport, socialise, and picnic. With health and mental health listed as a top benefit.

When asked in the survey to speak about a place in Tower Hamlets that felt good, the majority of women listed green spaces, parks and public gardens. These were places respondent actively chose to spend time. They were described as places that provide respite. One woman who completed the survey frequently talked about her loneliness and that she would sit in the park on a bench at lunchtime to connect with others and see people.

Why do you go to park?

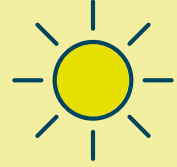
Walk/dog walk



Relax/quiet/peace/calm



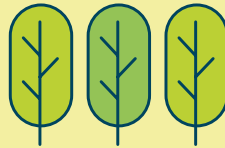
Fresh air/sun



Kids to play park/
family time



Green space and trees
access nature



Short cut or active travel



Healthy/good for
mental health



Beauty/scenery



Sport/exercise



Socialise/café/picnic



How does access to green space improve the quality of your life? (in order of frequency)

- Mental health and well being
- Happier
- Calmer
- Fitter
- Connection to green space
- Better air quality
- Respite from high density
- Space and time out
- Essential/ tranquil
- Improves the mood of children
- Better quality of life
- Necessary because of density and crowding
- Place to decompress
- Peace
- Positivity/meditate

Summary

Cultivating complex ecologies and supporting BNG harmonises with the needs of a climate resilient city. It also supports human health and wellbeing by creating restorative places.

Recommendations

- Transform underutilised green space to serve as community gardens for flats and apartments and provide shared outdoor social space. Good design of these spaces will maximise green space and create opportunities for all local people to gain the use of garden outdoor space. Restorative spaces can diminish ASB, improve mental health and create opportunities to socialise and for play.
- Smaller gardens can connect to the green grid.
- Making specific decisions about parks and walkways on a case-by-case basis. The Let's Talk survey a number of women advocated for parks to be locked at night and canals to be shut at a certain times. Whilst other people talked about better lighting in parks so they can be walked at night. In each instance the respondent will be holding a specific context in mind. It is appropriate to lock some parks at night and close some pathways. Whilst other routes can be kept open and used. These decisions can and should be made in consultation with local people.



5.3.5 Play parks are also social spaces

The National Study of Playgrounds found that over half of park users are over thirteen years old.

“Despite Perceptions that playgrounds are just for children, they are a public resource for all, however they are typically not designed to support teens, adults or seniors to be more active and foster social connection. Adults and seniors are more attracted to picnic table, beams, and boulders, all places where they can perch and have clear lines of sight to children playing. Teens were found most on swings and in spaces where they could connect with friends.

The National Study of Playgrounds (US)

“Most parks have more facilities for dog waste than for teenage girls.”

Make Space for Girls have published their ParkWatch report. The report looked at who was using the facilities aimed at teenagers in parks. The results are shocking, but not surprising:

Overall 88% of users of these facilities were boys



On Multi Use Games Areas (MUGAs), the most popular facility, 92% of users were boys



On skate parks and BMX tracks, 84% of users were boys



MUGAs, BMX tracks and skate parks make up 90% of facilities that the local councils surveyed in the report fund and 90% of their users are boys.

That means that these councils are in effect spending just 10% of the money they spend on park facilities on girls. We know from our research that teenage girls don't feel parks are spaces for them – and this report shows why. But we also know that if we listen to teenage girls and design parks with them in mind then we can change this and make parks a welcoming space for everyone

Teenage girls are largely excluded and excluding themselves from parks and green spaces because they don't feel safe, included, or welcome. The design of MUGA's does not serve them, and teen girls perceive MUGAS as spaces for boys and considered risky because they often have only one entrance/ exit.

The charity 'Make Space for Girls' was set up to advocate for facilities and space in parks for teenage girls, a group that are excluded from planning, design and provision of outdoor space. Their research underlines the concern that teenage girls disappear from public space around the age of 13 because provision for teens is limited to skate parks and MUGA'S. Through their research however they have discovered that, in fact, MUGA's and Skate parks only serve a minority of teenage boys and that actively designing the needs of teenage girls into parks, accommodates the needs of other, less sporty young people who do not play football or skateboard. The findings from their research inform and shape the recommendations for parks and green spaces. (MSFG)

They key findings from Make Space for Girls:

- Girls use parks less than boys
- Girls face many barriers to using the parks as a space to be active.
- These barriers come from: a lack of understanding of the needs of teenage girls in park design; and the way society treats teenage girls if they do go to the park.
- These barriers stifle the girls' opportunities to enjoy the amazing public resources that our parks ought to be
- These barriers limit the rights of teenage girls to enjoy the many health and wellbeing benefits of being outside.



Provision of high-quality play areas for younger children has been established by writers such as Tim Gill in the book 'Urban Playground', through the work of the Bernard Van Leer Foundation and the urban designer, Jan Gehl.

Gender Inclusive Design goes beyond limiting perceptions of women as people who must be taken care of and protected. Instead, inclusive design actively asserts the rights of women and girls to be included in the design of public spaces.

Parks are a key amenity where women are under considered.

Levelling –up parks must be a priority for the borough because the current provision is perpetuating inequality between children and young people. This will affect health, mental health, development and educational attainment. However, levelling up parks must also incorporate the needs of women in any improvements and should consider seating, lighting, increased bio diversity and planting, areas to sit where small children can play nearby, social infrastructures such as park wardens and gardeners, good visibility, wayfinding, interesting planting and trees, wild areas, 'beauty' or attractive areas, clean, tidy and well maintained with clear entrances and exits. However one of the key findings is that parks that are co-designed, co-delivered and have hyper local governance are also welcoming to all.

Recommendations

- Involve teenage girls in shaping parks
- Consult and co-create with local teenage girls to design and develop inclusive, active parks that meet girls' needs, and those of the wider community
- Create varied, exciting and innovative spaces so teenage girls can get active
- Facilitate organised opportunities and community events for girls to enjoy physical activity with others.
- Reframe perceptions of parks as active spaces for everyone, with local campaigns and messaging.
- A good variety of benches and parklets create options for seating. Situating benches away from the path means groups of men are less intimidating to walk past.
- Benches and picnic tables with good visibility, a public toilet and sanitation facilities, bike locks and equipment they can play on with their kids.
- Roving youth teams in parks to engage young people in activities.
- Outdoor gyms could be extended to include women and girls. Equipment arranged socially and not weighted for adult men; to include space for an exercise class to meet outdoors or become a temporary dance floor or stage.





5.3.6 The green grid

On the Digital Walks many women told us 'how' they navigate the city, describing the ways that they curate regular journeys, defining 'their city' by walking. 76% of respondents to the 'Let's Talk' survey stated they actively choose green walking routes to improve their day to day life and avoid busy roads and high levels of pollution.

This is interesting because by and large the routes women described taking by day create a city that is green, pleasant and traffic free. This shows how women modify the city to create an experience of place that fits their aspiration of it.

One woman described taking her route to work, using a longer route that took her across Weavers Fields, down quieter roads, where people had 'taken care of their front gardens' out across Cambridge Heath Road and through the network of alley ways and parks until she reached her place of work. (Digital Walks)

This use of the city and the way it is framed by walking demonstrates the value that residents place on quiet streets, interesting high streets, green routes, parks and gardens. That actively joining up these routes adds genuine richness and value to their day to day lives and quite simply creates a sense of happiness, belonging and ownership and wellbeing.

Furthermore the same women described how they would navigate home after dark, connecting busier, well-lit routes to find their way home via transport hubs and well-lit roads, the shops, to get something for dinner, or socialise or pick up children from childcare.

This 'way' of navigating the city was common and many participants talked about positively mapping routes that gave them pleasure, that were joyful to walk and improved their day.

This is important to acknowledge because this study is about gender inclusive design, responding to what women have told us they like or enjoy, this sense of the 'green grid' as a source of joy, wellbeing and way to connect to friends is present throughout the research. It is therefore a point to listen to.



One of the key themes that connected their walks was quiet streets, green, well looked after streets and access to complex ecologies, parks and gardens. Respondents also told us how these routes were key for exercise and also socialising and that they also bring a huge amount of pride to Tower Hamlets and joy at living there.

The Green Grid concept describes an endeavour to create a grid of connected walking routes across the borough to enable residents to walk safely, create corridors for biodiversity net gain and a joined-up experience of the borough that enables residents to map the area on foot in pleasant, peaceful and safe footpaths. We should perceive this green grid as a social space as much as a green space, the green context in and of itself supporting new relational forms that are both urban and not urban.

This research shows that in fact residents co-create the green grid on a daily basis, choosing routes that enable them to connect to both blue and green ecology and that they do this consciously, acknowledging its value to wellbeing and mental health.

This is another example of how acting and doing are also ways of shaping and making the city, and that paying attention to how women have reported they 'create' their city, by walking, can give us key insights into how to make small adjustments to create maximum benefit to residents' health and well being in the borough. Paying attention to what women and girls have reported both about how they walk in the city and the value and sense of wellbeing that brings to their day to day lives, provides clear direction - a principle, that re-focuses on valuing the experience of walking in Victoria Park or along the canal can provide maximum return in terms of improving wellbeing.

“ Victoria Park is just phenomenal. There are so many little pockets like iron gardens or Meath gardens, Im still surprised. We are so spoilt in Tower Hamlets. I have done the capital ring route.

Connect green routes across London.

“ If there were more marked spots along the canal, more seats, more spaces to meet that would be great. So better wayfinding and meeting spots. It would be amazing to connect the whole greenways of London. Maybe we need an app that does that, so you could walk the whole city without going on roads.

Linked Walking Routes

“ I think what they have done in Old Bethnal Green Road is really pleasing, It is now is really lovely. I think if you can walk along a quieter road with less or no traffic, I would walk further. It would be great to have connected, linked routes to walk, off roads.

When you go for a walk do you actively choose 'green' or off - road walking routes? If so, can you tell us why and explain how those routes benefit you?

- Yes 76%
- No 13%

Overwhelmingly people stated they took green routes to avoid traffic, exposure to pollution, exposing children and babies to pollution, clean air, noise and stressful traffic and the stress of walking on busy roads with small children and babies.

People also commented the canals were friendlier and people smile at one another, the canals make Tower Hamlets feel like a village in the city, it is better for mental health, gives respite from the city and that people wanted to connect to nature by walking next to water, trees.

The complaints focused on aggressive cyclists and feeling unsafe around bikes, having disabilities which mean the uneven surface is tricky and preferring busy roads because of better visibility. Two people also stated they like to look at architecture and walk on streets to see more city scape.

Summary:

The Green Grid is already a popular and well used part of the borough comprising of a network of pathways along the canals and through parks, gardens and quiet tree lined roads. Participants in this research spoke of their pride in this area describing the lifestyle it affords as beneficial to health, wellbeing, community and sociability in the borough. They also talked about how they created their version of the borough by mapping pleasant routes by day and 'safer' routes after dark. The primary positives people stated for using the green grid was to be close to nature, to breath clean air, to escape the noise and pollution of busy roads and to be able to walk safely and easily with children, without fear of traffic.

Participants also talked about the value of the green grid as a place to exercise, again, avoiding pollution, noise and traffic on busy roads.

Recommendations

Maximise all green space in the borough for biodiversity NetGain and to support social infrastructure by developing or creating parks and gardens.



Connect parks and gardens across the borough with a network of greenways and walking routes.



Ensure this network of green routes can support social infrastructure by including meet up hubs, café stops, play areas for children, play on the way and interventions to encourage 'play' for older children and teenagers.



Work with local land owners to connect the green grid, this could include institutions such as Queen Mary University London, who would like to be part of the scheme.



Give the Green Grid a name, visual identity, maps, and wayfinding that tell people they are on the green grid and how to navigate Tower Hamlets via its current greenways.



The green grid is a source of local pride.



Connect to education and school projects.



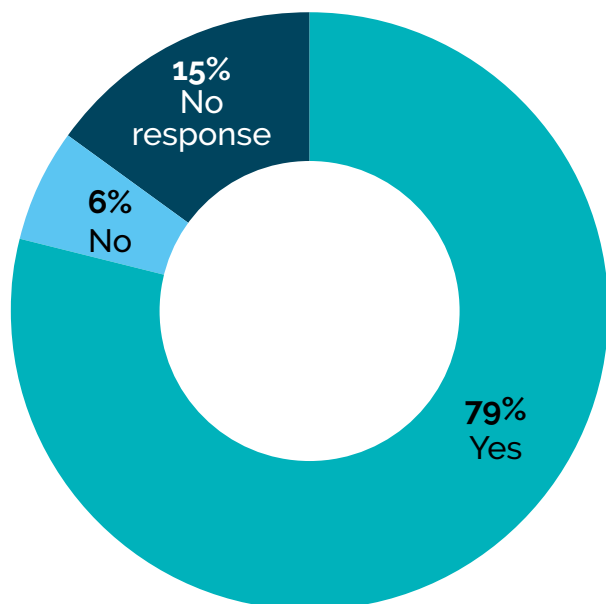
Wayfinding to connect to identity or the borough, tell our stories and narrate local history, ecology etc.





5.3.7 Walking is a social space

Figure 5: Do you consider parks and canals to be social spaces?



Caveated 1 responses stated: Parks are social spaces, canals not so much.

- They are social spaces, but drug dealing makes them feel unsafe
- Social spaces for others, not me.
- Dangerous at night.
- Cyclists too fast.

The aspirations for a joined up green grid across Tower Hamlets are echoed by survey responses in which 76% of respondents stated they actively choose to walk on green routes, away from traffic and roads, if they could.

Overwhelmingly people stated they took green routes to avoid traffic, noise, exposure to pollution, and exposing children and babies to pollution.

People also stated it was extremely stressful to walk along busy roads with small children and babies and that they actively choose green routes because of benefits to health and wellbeing.

The Green Grid is a tried and tested positive asset in Tower Hamlets. Women and girls have told us about the value this brings to their day to day life in the borough, the impact walking in green space has on their mental health and sense of wellbeing, their capacity to care for their children. They have talked about canals and green spaces as social spaces, with % of people stating they view green spaces as social spaces. It is free to meet a friend and walk along the canal or in the park and provides meeting places for all, regardless of impact. Women have reported that the green grid is where they exercise and that it is a place to run, cycle and walk away from busy roads. Finally, they have talked about the green grid as a good place to walk with babies and children because it is a way to avoid stressful walks down busy roads and limit exposure to air pollution.

More Facilities on the Canal

I love walking around here, it is very green which is much better as it is less polluted (she is walking with a small baby) we have an older four-year-old as well, so when you have the playground and the canals it's great, we love living in London because of the green space. We live in Peckham, and we walk from Shoreditch down through Limehouse and across the river. There could be more facilities along the canals, cafés and coffee shops, public toilets and drinking fountains. I'm just thinking I have to change and feed the baby and I don't know where to do that. I also haven't walked down the canal at night, and I think as a woman I probably wouldn't feel that safe.

Audio Transcript

Summary

Women and girls have reported that the parks and canals in LBTH are social spaces, and that walking is a social activity that gives them a sense of community, freedom and enjoyment. Participants in this research have said they value the lifestyle this network of parks affords, and they name it as one of the best aspects of living in the borough.

Recommendations

- Maximise the current green grid and parks.
- Expand the green grid and extend connecting routes to other parks and greenways.
- This can be used to improve failing areas by adding the grid effect- footfall.
- This can enable improvements to parks and gardens that need it and extend the scope of the grid.

5.3.8 Active travel- walking, running, cycling and exercise after dark



Shared spaces can feel cramped.

“ There are not enough cycle routes around here. The cycle routes are also used by walkers and runners and it can feel quite cramped at times. I think there needs to be some dedicated routes for cyclists.

Audio Transcript

The Green Grid presents a complex set of questions that are not easily solved to satisfy all people. There are many issues here which are at once interconnected and at the same time each complex and in need of in-depth attention. People on foot value the canals and parks as a social space, a place to meet, walk with children and meet friends or exercise, they see it as a leisure space, or a walking space to connect areas whilst avoiding roads. Those who travel by bike see it as a way to navigate the borough without travelling on busy roads.

This report focuses on representing the experience of women and girls. The overwhelming response regarding cycling and cycle routes is that male cyclists feel dangerous and aggressive. This annoys pedestrians, makes walking with children on shared cycle paths tricky and puts off many women who want to cycle or want to cycle with kids.

The conflict here is that the current network of canals and pathways feel cramped. As places for active travel they enable people to get around on foot or by bike quickly, but as spaces for leisure they can feel less relaxing.

In turn there is an issue of lighting. If this network are to be focal active travel routes they would then need adequate lighting to ensure safe passage after dark (particularly given the proximity to the canal!) however this network are also preserved for biodiversity netgain, and there is conflict here around lighting.

- Participants talked about wanting to be able to exercise outdoors and run all year round.
- They wanted to be able to walk all year round after dark on the canal.
- They wanted to be able to cycle.
- They wanted to be able to cycle but felt they couldn't because of the 'alpha male' attitude of many cyclists stopped them.
- They wanted to be able to cycle their children to school but felt other cyclists created an aggressive attitude.
- They wanted to be able to cycle on roads but felt cycle provision was inadequate or male dominated.
- They wanted to be able to walk along the canal without intrusion from bikes.
- They felt that sharing pedestrian and cycle routes caused conflict.
- They felt that shared pedestrian and cycle routes made walking tricky with children.
- The green grid supports bio diversity which needs darkness at night.
- Women wished for the canals to be locked at night and alternative busy routes to be better lit.
- Women wished for the canals to be lit at night and usable.

At the moment this very fine network of routes is being asked to be all things to all people. Cyclists become frustrated by pedestrians and vice versa and this conflict is counterproductive, especially when one of the greatest values is peace, tranquillity and mental health and wellbeing.

Summary

There is a need for active travel and exercise after dark to be a readily available option for women. Cycling superhighways are male dominated and women have reported that they feel aggressive. Whereas running after dark feels unsafe and stressful to many women. Women don't want to run along well lit busy roads that are highly polluted, nor can they run at night in parks alone.

Some women want more lighting and to make parks safe, whilst others talked about options like running groups and specific groups or activity that make parks feel safe. Others talked about appropriating spaces such as Canary Wharf or Westfield for night time running and leisure.

There was however clear conflict between the runners who wanted to run and not be 'lumped together' with cyclists or the cyclists who wanted well lit highways to be more accessible to them.

By day women felt that cycling had become very aggressive and dominated by men.

The development of active travel in Tower Hamlets could be seen in line with the green grid. However, there is a lot of conflict between daytime and nighttime and whether shared highways work.

Recommendations

- Further study is needed to look at how to solve the complex problem and lay the foundations for a really efficient set of cycle routes- transport, set against the need for restorative spaces, places for women to walk, socialise, walk with children, without being in conflict with bikes.
- Clarification around types of active travel and whether people are running, cycling and walking for leisure or for transport. Separating out leisure walking, running and cycling from active travel could be a way to re-prioritise the green grid.
- The Green Grid would be an area for leisurely travel which would focus on enjoyment of the space and a focus on prioritising the experience of other users. Cyclists could therefore use these routes, but on the understanding it is for slow travel, cycling with kids, social walking and running. A leisure space. Where speed does not have right of way and consideration of other users is a priority. This network would be unlit at night to prioritise Bio diversity and nature.
- For those wishing to actively travel for transport and/ or after dark an alternative active travel network would prioritise commuters and provide a safe busy route for cyclists after dark. This network could connect to the after dark walking super highways in order to populate busy, well lit routes and create safer feeling areas after dark.
- Considering this as a leisure space then in turn creates the option to weave in amenities.



6. Summary of key recommendations

Gender inclusive design is a highly consultative and responsive approach to design that factors in the need for streets, parks and public spaces to perform multiple roles. Gender inclusive places are hard working. They can simultaneously be somewhere to play, somewhere to socialise, somewhere to relax, a pleasant way to travel, somewhere to feel safe, somewhere to sit with nature.

Gender inclusive spaces are layered and multi-use. They are created collaboratively with input from all users especially women, girls and gender diverse people.

Gender inclusivity should be seen as a design tool and an approach to urban design. The second half of this document (to be published later in 2024) will look at how to deliver and implement for gender inclusivity.

The following recommendations summarise recommendations and are organised under the headings 'Empowering and educating' which look at how design interventions can make getting around easier and reinforce positive cultures.

Inclusive, enabling and strengthening community considers the social infrastructures that are needed to create better places.

Recommendations under the heading 'restorative borough', look at changes that can support health and wellbeing and offset the burden and stress women and girls (and most people) experience in the borough.

Recommendations
1. Welcoming Borough- Empowering and educating
Development
Design of public realm should include a combination of the following elements: wide pavements, street trees and plants, wayfinding, benches, good lighting and street seating, playable elements where appropriate to create more welcoming places. Ongoing programs of work should be planned to ensure places are kept clean and well maintained.
Eyes on the street- opportunities for passive surveillance via street level windows, active frontages that have a range of uses (shops and cafes, community resources such as childcare, gyms etc), avoid creating alleyways and concealed exits or routes with limited escape options.
Ensure that entrances into apartment blocks are designed with clear sight lines and good visibility and that rear entrances and exits, routes to bins, cycle stores and car parking areas are well lit.
Lighting is place shaping and should be considered a design element. Lighting can shape and enhance areas after dark, create social spaces and discourage anti-social behaviour.
Conduct a survey of current lighting provision, identify gaps and areas for improvement. Commission an SPD for lighting that considers how good lighting can enhance places and make them feel more welcoming. It is important to explore flexible solutions for example temporal interventions such as changing the brightness of lighting at certain times of the evening considering impact on wildlife and human sleep patterns.
Design of parks and public spaces should focus on welcoming people by encouraging a range of activity, different environments to sit in, variety of seating and activity. Teenagers like to and should be encouraged to play. Simple interventions like swings from trees can connect young people to nature and create social spaces.
Ensure good visibility and passive surveillance in common areas and around entrances and exits to new development creating an 'even' experience between areas. Avoid making situations where new developments sit in stark contrast to high street or existing estates.
Prioritise flow across an area and build shared community infrastructures.

Recommendations
Design clear post occupancy guidance on maintenance and in particular lighting so that tenants know how/ who to report and resolve maintenance issues.
Use CIL and Section 106 funding to develop whole community infrastructure. Ensure gender equality by co-designing with residents and speaking to women and girls. Residents can benefit from new development through improvement to existing facilities for example levelling up parks and play areas.
CCTV cameras should be clear and visible in places, where women feel vulnerable. (Front and back door to block/ car parks)
Safer streets mean less traffic. Safe routes to schools, local parks, high streets and leisure facilities should design out the threat posed by busy roads and pollution making it easier for parents to walk with children.
Culture shift
Use the term 'welcoming' instead of safety. If we will create welcoming public spaces. The word 'safe' is misleading because design cannot guarantee safety.
Consider the language that LBTH uses to talk about women's safety and be aware of how that perpetuates sexism and victimisation of women and girls. Focus on asking the question, why are men violent?
Co-create signage and messaging for parks and public spaces to indicate and build positive shared behaviour.
Raise the profile of women in LBTH by naming new streets, buildings and public spaces after women who have shaped the borough.
Commission new public artworks from and by women.
Design is a language, from the fine detail to the big picture. Imagine a future city shaped by inclusive design- feminist architecture?
Improved facilities
Provision for public toilets across the borough is very poor. Greater access to sanitation is important particularly in parks and green spaces. However, consideration must be given to the design and placement of new toilet blocks and avoid creating new 'unsafe' places.
Blocks should be self-contained cubicles with floor to ceiling doors that open outwards. Placement should consider passive, but not direct, surveillance; near café or shops (e.g. slightly set back from a high street), in a busy car park or set off to the side of a public square.
Toilets should be free.
There should be 'women's' toilets and mixed gender toilets, with baby change facilities in the mixed cubicle and men's toilets with a ratio 2:3:1. Consideration should be given to where queues would form and whether that would be a mixed queue or separate gender queue. If a queue is mixed it should form in a visible area (not behind the block or out of sight)
Blocks should have an auto cleaning function that is activated after 15 minutes or after use.
Clear wayfinding and route maps for navigation through parks and green spaces is important. Wayfinding should also be legible at night and guide people towards nearest 'peopled' place- offering, for example daytime and nighttime routes. (This should link to green grid strategy)

Recommendations
Benches are important and make places more inclusive for women and girls. This is a conflict with advice from the police, however research into the psychology of seating shows that when design and placement of benches is considered improved seating 'people's' places and creates a more diverse user group. The recommendation here is to increase benches, social spaces and seating outdoors in order to develop more diverse user groups.
2. Inclusive Borough- Enabling individuals and strengthening community
The development or regeneration of any new park or public space should consider and implement community infrastructure from the outset. This could include employing wardens, gardeners, youth workers, setting up social groups to programme or manage the space and creating community gardens and food growing areas. This should connect to cross cutting themes such as health determinants or social prescribing.
Design alone cannot make a place feel safe, passive surveillance and activity make a place feel welcoming. Awareness of authority figures (This could be a café owner, gardening team, youth worker or park wardens) can provide light touch reassurance.
Facilitate and enable community activity through arts, culture and events.
Help people and communities to set up an event or street party with minimal red tape by making council systems clear and easy with short turn around.
Council to provide 'in kind' support to activity by making shared resources and expertise accessible.
Change starts with us
Within the council there is extensive local place knowledge, a broad range of expertise and deep connections with the local community.
LBTH should establish a pool of employees to consult on new development proposals and share their professional and local knowledge with DM teams.
They could advise on the detail of proposed development and the broader local context including potential impact/ improvements to local community.
Stop letting flats and apartments stand empty. Discourage the purchase of investment property or Air B&B through Leasehold agreements, by increasing rates and council tax for second homes.
Support independent and diverse business- offer a variety of units and manage rents and business rates to create more unique and independent places with variable opening hours.
Encourage school streets, low traffic neighbourhoods and flexible road closures around school pick up and drop off so that it feels safer to choose active travel.
Co-design signage for parks and public spaces to indicate shared behaviour and build shared mutually respectful culture.
Co-design and make improvements to parks and green spaces with residents and work together to implement changes.

Recommendations
<p>Engage women and girls in design process prior to design phase. Create opportunities to hear about their experiences and write design brief together. Create feedback loops to test ideas and check in.</p> <p>Design engagement strategies with barriers to participation in mind. Pay people for their time or offer a fair exchange.</p> <p>Co-designers should be independent.</p>
<p>Public space should be flexible.</p> <p>Activate local parks at varying times of the day; activities for pre-school children in the morning, after school activity for older children, youths and teens early evening, apprenticeships in urban gardening, and initiatives linked to the circular economy, community gardening groups or activity via social prescribers, meet ups for the elderly.</p> <p>Consult on a park-by-park basis and add infrastructure and a program as needed.</p>
<p>Embrace the history of the area and tell its stories through murals and public art. Build shared culture across the borough by developing history and art trails. Ensure that these illuminate the lives of women.</p>
<p>Encourage hyper local governance of parks and an open dialogue with residents. This could include working with existing stakeholders and community groups to extend their activity outdoors in summer months or linking to initiatives such as social prescribers, food banks or London wide charities such as 'National Park City'.</p> <p>Focus policing and wardens to tackle drug dealing, drug taking and associated activity in public spaces.</p>
Inclusive practice
<p>Employ women architects and designers and ensure teams are diverse. When assessing suppliers ensure workplace diversity is a consideration.</p>
<p>Consider who is planning/ who is designing/ who is building. Are developers women and are women represented on their teams at decision making level?</p>
<p>Set inclusion targets and implement a detailed equality, diversity and inclusion (EDI) action plan.</p>
<p>Include a policy at corporate equality level, that teams will be scrutinised for diversity stating that LBTH understands the pressing need for inclusion and diversity within architecture and the construction industry and the value of employing diverse teams because of the broader range of ideas that can lead to inclusive design in all projects.</p>
<p>Support equity, diversity and inclusion in the workplace.</p> <p>LBTH can build equity into teams by setting up peer mentoring for new colleagues and help build confidence to, for example, speak up in meetings, navigate stressful encounters and learn from more established colleagues.</p>
<p>Create internship and work experience opportunities for school age girls in LBTH encouraging all women, women from diverse backgrounds and socio-economic groups.</p>

Recommendations
Connect to schools, youth groups and youth provision in the council and establish collaborative youth projects that encourage girls into careers in design and the built environment.
3. Restorative Borough- Prioritising health and ecology.
Level up parks and green spaces. Current provision replicates inequality across the borough. This impacts women, girls, school age and preschool children and perpetuates socio-economic deprivation.
Level up access to play grounds, play equipment and increase the variety of trees and plants, materials, surfaces, levels in parks and play areas to encourage curious inventive and risky play.
Women socialise at the play-park too. Create places to meet, interesting, flexible spaces that women can enjoy in all weathers whilst looking after children. Consider making some covered seating, places to chat with good visibility over playground, things that adults and kids can play on together.
Shift emphasis away from large open areas of ground towards more landscaped planting, complex ecology and zoned areas that facilitate a variety of activity and community interaction including non gendered sports such as handball and volley ball, rollerskating, swings and risky play, rounders and international sports.
Many women feel that football pitches and large areas of grass are excluding and not for them.
Wide pavements and street trees create a buffer to busy roads and improve pedestrian experience.
Consider placement and design of benches. Provide a good variety of benches, parklets and options for seating.
Situating benches away from the path means groups of men are less intimidating to walk past. Boys and young men are entitled to meet in parks but large groups can feel intimidating. Situating some benches away from the path would give teenagers space to socialise.
Ensure Parks have visible entrances and exits, walking loops and tracks to walk with a friend, to run, roller skate or dog walk etc.
Transform underutilised green space to serve as community gardens for flats and apartments.
Good design of these spaces will maximise green space (creating opportunities for BNG) and provide residents with access to the outdoors and therefore space to socialise, play, chat etc.
Outdoor spaces can be restorative, improve mental health, build community connection and has been shown to reduce ASB.
Smaller gardens can connect to the green grid and walking routes.
Consult and co-create with local teenage girls to design and develop inclusive, active outdoor spaces that meet girls' needs, and those of the wider community. Create varied, exciting and innovative spaces to support girls to get active.

Recommendations

Outdoor gyms could include women and girls. Equipment arranged socially and not weighted for adult men; to include space for an exercise class to meet outdoors or become a temporary dance floor or stage.

Developing the concept of the green grid

Give the Green Grid a name, visual identity, maps, and wayfinding that tell people they are on the green grid and how to navigate Tower Hamlets via its current greenways. Use this identity to build pride in the borough and celebrate its unique green assets, history and culture.

Encourage new development and current land owners to connect to the green grid.

Whilst land is at a premium in LBTH the experience of green space can be extended by connecting parks and gardens via walking routes and avoiding busy roads.

Ensure this network of green routes can support social infrastructure by including meet up hubs, café stops, play areas for children, play on the way and interventions to encourage 'play' for older children and teenagers.

VAWG Strategy 2019 – 2024 Achievements and Challenges

Achievements

- Celebrated residents and professionals working to tackle VAWG through 'Blooming Strong' awards
- Annual campaigns to raise awareness of VAWG: '16 Days of Activism Against Gender Based Violence'; White Ribbon Campaign and local campaign 'Domestic Abuse No Excuse'. Activities and literature available in several languages. Including 2 multi agency conferences raising awareness around VAWG, one around perpetrator theme and the other Honour Based Abuse.
- Ongoing development of the Anti-Sexual Exploitation (ASE) Champions role in response to the recommendations from the research paper LBTH commissioned. A guide created to help professionals identify and respond to women selling sex.
- Collaborating with the Licensee Team to deliver sexual harassment in the nighttime economy alongside their WAVE programme.
- Increase in IDVA provision and victims supported
- Economic Abuse Programme of work implemented in borough including co-location at DWP.
- Learning from DHR (please refer to DHR Analysis for achievements)
- Children Social Care Domestic Abuse Summit and conference occurred. Development of THSCP DA Subgroup and delivery of action plan improving services for children impacted by DA.
- 220 VAWG Champions trained between 2019-2023, including 11 councillors from previous administration
- Increased engagement with Muslim and Bangladeshi communities
- Maintained 34 refuge bed spaces, including specialist Asian bedspaces
- Single women with complex needs supported in Riverside women-only accommodation; all bedspaces maintained
- VAWG training programme extended to include trauma-informed practice, coercive control training, economic abuse, allyship and misogyny, VAWG and non-English speakers.
- Maintained funding for Sanctuary Project which assists VAWG victims remain in their home
- Positive Change Service increased provision for DA perpetrators who are fathers including secured funding for pan London DA Perpetrator programme for non-fathers called Culturally Integrated Family Approach (CIFA) recognising need for culturally appropriate interventions and support to change behaviours.
- Pan London DRIVE Perpetrator Programme also funded and available in TH. Pathways established via MARAC representation.
- MARAC review conducted and increase in victims supported. Repeat victimisation rate remains low.
- ELFT's Domestic Abuse and Harmful Practices policy updated
- VAWG and extremism research conducted, and recommendations incorporated into Prevent Delivery Plan
- LBTH Council's Domestic Abuse and Sexual Harassment in the Workplace policy reviewed
- Increased funding for female genital mutilation service


- VAWG directory developed and maintained; during Covid 'one page' detailed important contacts for VAWG victims and perpetrators
- Increase in men being involved with raising awareness of VAWG, with male allies' sub-group of LBTH Women's Network, circulation of the 'Good Guys Guide' and communication strategy always including how perpetrators can stop their abusive behaviour
- Beyond the Streets maintained outreach services during Covid and supported Public Health with Covid vaccinations
- Family Nurse Partnership piloted ADAPT2 to improve identification and support to first time mothers experiencing intimate partner violence
- Police introduced a Stalking Prevention Officer
- Drug & Alcohol commissioned service amended data monitoring system to include ability to flag perpetrators of domestic abuse on their system
- Licensing Policy reviewed and consultation includes question on including misogyny and drink spiking
- Modern Slavery Group formed
- Pan-borough funding attained for perpetrator education programme CIFA, WiSER for single women with complex needs, Safe & Together model training for social workers and IDVA provision
- Ongoing development of anti-misogyny campaign with Hackney and City of London.
- Domestic Abuse Best Practice Implementation Group formed with focus on improving criminal justice experience for victims/survivors and increasing perpetrator's conviction.
- DA Criminal Justice training/briefings offered to DA services, Police, CPS, children services, substance misuses services.
- Criminal Justice Operational Partnership further established with Witness Service, police, Solace IDVA service, CPS and probation.
- DAHA Accreditation near complete since dedicated Housing Lead brought in.
- CSC programme of work including THSCP Plan outcomes, REPAIR Model introduced. (Habon will provide finer details if required).

Challenges

- Police no longer referring into 'You Choose' programme to educate buyers of sex
- Pandemic and consequently Domestic Abuse One Stop Shop no longer operational.
- High profile incidents (Sarah Everard, Sabina Nessa and Zara Aleena) have resulted in increased fear for women.
- National and local increase in DA and sexual offences reported.
- Consistently very low sanction detection rates for domestic abuse
- Police not continuing with their operation to target buyers of sex
- Reprioritisation of local authority police officers meant out of court disposal scheme for women involved in prostitution fully ceased
- HMCST not engaging with Specialist Domestic Abuse Court framework leading to it being disbanded
- Domestic Abuse Best Practice Implementation Group agencies engagement not regularly consistent

- Domestic Abuse Housing Alliance accreditation has been delayed due to housing priorities
- One of the highest boroughs for domestic homicides
- Schools lack of engagement with the 'anti-VAWG whole school approach'
- Covid causing in-person services to stop, including 'Domestic Abuse One Stop Shop' and outreach activities
- Feedback from service users across all services is difficult to obtain given lack of engagement from residents once case closed

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<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>23 September 2024</p>	
<p>Report of: Warwick Tomsett</p>	<p>Classification:</p> <p>Unrestricted</p>
<p>Report Title: Better Care Fund Update</p>	

Originating Officer(s)	Eleea islam THT Partnership Programme Lead
Wards affected	All wards

Executive Summary

The Better Care Fund (BCF) is aimed at bringing together health and social care organisations to plan, fund and commission integrated services. It takes a person centred approach that:

- enables people to stay well, safe and independent at home for longer
- provides people with the right care, at the right place, at the right time

The BCF Policy Framework sets out four national conditions that all BCF plans must meet. These are:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. Plan for enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time
3. Provide the right care in the right place at the right time
4. Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

The Tower Hamlets BCF Plan is a two-year plan from 2023-2025. As part of forward planning for 2025 onwards, it was agreed that we would undertake a review of our BCF.

This paper provides a progress update on the review.

Recommendations:

The Health and Wellbeing Board is recommended to note the update.

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

<p>1. Resources to support health and wellbeing should go to those who most need it</p>
<p>The Better Care Fund is governed by an agreement under section 75 of the NHS Act (2006), which sets out the agreed allocation of resources under a joint plan. The BCF programme underpins the NHS Long-term Plan and is therefore aimed at a partnership approach to bringing local NHS and Local Authority services together to deliver better outcomes for those who need it most.</p> <p>The BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's plan for recovering urgent and emergency care (UEC) services, as well as supporting the delivery of Next steps to put People at the Heart of Care.</p> <p>The BCF facilitates the smooth transition of people out of hospital, reduces the chances of re-admission, and supports people to avoid long term residential care. The BCF is also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.</p>
<p>2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme</p>
<p>The BCF is the government's primary lever to support integration in health and social care at a local level. The BCF includes links to housing and public health to support people to stay at home for longer maintaining their independence as well as safe and timely discharge from hospital which is to be delivered in partnership with local services. This supports people to feel connected and promotes wellbeing.</p>
<p>3. Being treated equally, respectfully and without discrimination should be the norm when using services</p>
<p>The Better Care Fund is focussed on integrating health and social care services to better support people with a diverse range of illnesses and conditions. These</p>

<p>include people with mental health problems, people at risk of being admitted to hospital and people being discharged from hospital with appropriate support. It also funds Reablement which supports people to learn or relearn skills necessary for daily living following ill-health or disability; the adaptation of the domestic accommodation of people with disabilities to enable them to live at home, and the training of staff in the use of assistive technology.</p> <p>As the Better Care Fund is used to fund a number of schemes across health and social care, equalities impact is addressed within each of these individual schemes.</p>
<p>4. Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them</p>
<p>This is addressed in individual schemes as part of wider policies.</p>
<p>5. People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing</p>
<p>The individual BCF schemes lead on and work in collaboration with patients and service users to shape and improve services.</p>
<p>6. We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.</p>
<p>See Section 5. Other Statutory Implications</p>

1. REASONS FOR THE DECISIONS

N/A

2. ALTERNATIVE OPTIONS

N.A

**3. DETAILS OF THE REPORT
Slides attached**

4. EQUALITIES IMPLICATIONS

4.1. SEE SECTION 3 OF TABLE ABOVE

5. OTHER STATUTORY IMPLICATIONS

5.1. The Better Care Fund is concerned with achieving best value in the health and social care economy, by ensuring that services are provided most appropriately across the system and that the allocation of resources supports efficiency improvements, as well as better outcomes for service users. It also seeks to reduce the historic problem of financial savings in one sector being achieved at the expense of additional costs in the other, through better joint planning and shared priorities

6. COMMENTS OF THE CHIEF FINANCE OFFICER

7. COMMENTS OF LEGAL SERVICES

Linked Reports, Appendices and Background Documents

Linked Report

None

Appendices

None

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

None

Officer contact details for documents:

Eleea.Islam@towerhamlets.gov.uk

BCF Review Programme Update

Eleea Islam

August 2024

**TOWER HAMLETS
TOGETHER**

*Delivering better health
through partnership*

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Introduction


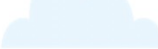

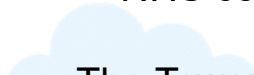


The Better Care Fund (BCF) is a national policy framework aimed at bringing together health and social care organisations to plan, fund and commission integrated services.

There are 4 national conditions:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. Plan for enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time
3. Provide the right care in the right place at the right time
4. Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

The Tower Hamlets two-year BCF plan was signed off in July 2023 and it was agreed to review the plan in preparation for the next policy round in 2025-26.



BCF Budget Breakdown



- The BCF funding is made up of 6 types of contributions which are pooled to support Health and Wellbeing Boards to deliver integration in Health, Social Care and Housing through local services.
- The Minimum NHS contributions have received an inflationary increase of 5.66% in 24-25.
- The other contributions which have increased this year are; the DFG and the Additional Discharge Funding.
- The BCF received by the NHS for 24-25 amounts to £40,345,276.
- The amount received by the Council is £20,108,357
- Both the ICB and LA make additional contributions to the BCF which is badged from baseline budgets

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BCF Financial Contributions	2023-24 £	2024-25 £
Minimum CCG/ICB Contribution	£25,839,202	£27,301,701
Additional CCG/ICB Contribution	£13,043,575	£13,043,575
CCG/ICB Total	£38,882,777	£40,345,276
iBCF	£16,810,321	£16,810,321
Disabled Facilities Grant (DFG)	£2,320,693	£2,523,197
Additional LA Contribution	£774,839	£774,839
LA Total	£19,905,853	£20,108,357
Additional Discharge Fund	£3,873,292	£5,864,366
Pooled BCF Total	£62,661,922	£66,317,999

Objectives of the Review

To inform and improve our performance, **future planning** and **reporting**

Align with strategic priorities

Engage key stakeholders, ensuring **coproduction** embedded in review

Assess **impact and efficiency**

Ensure alignment to **THT priorities**, continued contribution to community resilience, **maintaining independence**, reducing **hospital stays**

Continue to be **collaborative and transparent**



Review Progress

Individual Scheme Review

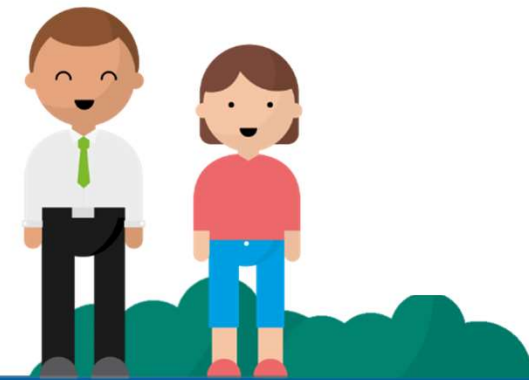
- Finance and Activity Group established.
- 83% of preliminary audit of individual schemes completed,

Falls and Intermediate Care Review

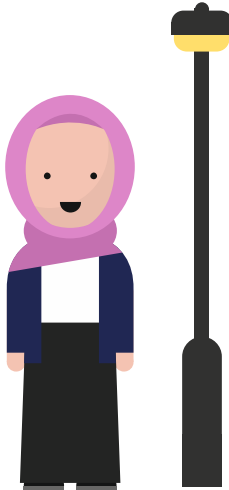
- Self-Assessment with key LBTH & ELFT leads in progress.

Disabled Facilities Grant – Home Adaptations Project

- Project Implementation Plan developed with SRO, working on establishing governance




Next Steps



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Agenda Item 2.6

<p>Non-Executive Report of the:</p> <p>Health and Wellbeing Board</p> <p>23rd September 2024</p>	
<p>Report of: Georgia Chimbani, Corporate Director, Health and Adult Social Care</p>	<p>Classification:</p> <p>Unrestricted</p>
<p>Report Title: Adult Social Care (ASC), Care Quality Commission (CQC) Inspection</p>	

Originating Officer(s)	<ul style="list-style-type: none"> - Margaret Young, Director of Adult Social Care - Emily Fieran-Reed, Adult Social Care Improvement, Transformation & Assurance Lead - Joanna Bolton, Adult Social Care Improvement, Transformation Lead
Wards affected	All wards

Executive Summary

The presentation sets out details of the Care Quality Commission (CQC) Local Authority Adult Social Care (ASC) inspections which will take place in all boroughs nationally from January 2024 to the end of December 2025. We have no information about when we will be notified of inspection in Tower Hamlets, and this could take place at any time.

CQC have published an assessment framework for these inspections which consists of 4 themes:

- Theme 1: working with people
- Theme 2: providing support
- Theme 3: ensuring safety
- Theme 4: leadership

The presentation sets out the different aspects of the inspection and timeframes for those, including

- Our self-assessment
- Our information return
- Our case tracking
- The on-site visit

We note that it is likely CQC will contact and speak to members of the Health and Wellbeing Board as part of the inspection. We will provide more detailed briefings for key stakeholders once we are notified of inspection.

The presentation addresses the preparation we have been doing for inspection. As well as getting the self-assessment, information return documents and cases ready, we have

developed mobilisation and communication and engagement plans, and a variety of communications and engagement have already delivered, particularly with council staff.

The presentation recaps on the outcome of the London Association of Directors of Adult Social Services (ADASS) peer review of Adult Social Care in Tower Hamlets that took place in January 2024. The peer review was very positive with many significant strengths identified and areas of focus which have been reflected in our self-assessment and improvement work.

The key messages about partnership working identified within our self-assessment for sharing with the Care Quality Commission are detailed against the relevant CQC themes. This forms our narrative that we are sharing with staff, elected members, partners and other stakeholders, as part of the delivery of our communications and engagement plan. We are keeping our self-assessment updated to reflect the changing picture of our biggest strengths and areas of focus.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Cascade the key messages about ASC CQC inspection to relevant teams, partners and stakeholders
2. Reflect on the key messages about partnership from our self-assessment, what they mean to you and how you'd draw on them in any conversations with inspectors that you may have once we're notified

Health and Wellbeing Strategy:

The Health and Wellbeing Strategy is grounded upon 6 principles that matter most to residents of Tower Hamlets. Detail how this report relates to these principles:

1. Resources to support health and wellbeing should go to those who most need it
The CQC Assessment framework assesses how local authorities meet their duties under Part 1 of the Care Act. It is a broad ranging inspection of adult social care and is likely to touch on all the principles within our Health and Wellbeing Strategy.
2. Feeling connected and included is a foundation of wellbeing and the importance of this should be built into services and programme
The CQC Assessment framework assesses how local authorities meet their duties under Part 1 of the Care Act. It is a broad ranging inspection of adult social care and is likely to touch on all the principles within our Health and Wellbeing Strategy.
3. Being treated equally, respectfully and without discrimination should be the norm when using services
The CQC Assessment framework assesses how local authorities meet their duties under Part 1 of the Care Act. It is a broad ranging inspection of adult

	social care and is likely to touch on all the principles within our Health and Wellbeing Strategy.
4.	Health and wellbeing information and advice should be clear, simple, and produced with those who will benefit from them
	The CQC Assessment framework assesses how local authorities meet their duties under Part 1 of the Care Act. It is a broad ranging inspection of adult social care and is likely to touch on all the principles within our Health and Wellbeing Strategy.
5.	People should feel that they have equal power in shaping and designing services and programme that impact on their health and wellbeing
	The CQC Assessment framework assesses how local authorities meet their duties under Part 1 of the Care Act. It is a broad ranging inspection of adult social care and is likely to touch on all the principles within our Health and Wellbeing Strategy.
6.	We should all be working together to make the best use of the assets we already have that support people's health and wellbeing.
	The CQC Assessment framework assesses how local authorities meet their duties under Part 1 of the Care Act. It is a broad ranging inspection of adult social care and is likely to touch on all the principles within our Health and Wellbeing Strategy.

1. REASONS FOR THE DECISIONS

1.1. This report is provided to brief the Health and Wellbeing Board on the Care Quality Commission (CQC) Inspection of Adult Social Care.

2. ALTERNATIVE OPTIONS

2.1. None. This report is a briefing for information.

3. DETAILS OF THE REPORT

3.1. Please see executive summary above and PowerPoint slides attached for the detail of the report.

4. EQUALITIES IMPLICATIONS

4.1 The CQC Inspection framework includes consideration of equalities matters.

5. OTHER STATUTORY IMPLICATIONS

5.1 Adult Social Care in Tower Hamlets operates within several statutory frameworks, notably the Care Act (2014). The Care Act outlines statutory requirements for service provision.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 Please note the comments below (6.2 - 6.4) are taken from those provided by the Chief Finance Officer for an update on the same topic which was provided to the London Borough of Tower Hamlets Corporate Leadership Team on 3rd September 2024.

6.2 There are no financial implications arising from this report which provides a briefing on Adult Social Care Inspection preparation.

6.3 In preparation for the CQC Inspection, the identified areas of work may require further resourcing, and this is subject to a review of existing and future requirements to identify if this can be funded within current resources.

6.4 For the financial year 2023/24 a one-off grant was provided to the Local Authority, the CQC Review and Assessment Grant for Adult Social Care. The total national allocation of £4.1m was equally shared between all Local Authorities with responsibility for Adult Social Care Services, with an allocation of £26,730 per authority. The grant was a non-repeating grant to fund the time and resource needed for Local Authorities to familiarise themselves with, and effectively engage with, their first formal assessment. In Tower Hamlets, we utilised this funding for an interim Quality Assurance Practice Lead post. No grant funding has been announced for 2024/25 associated with the CQC assessment framework.

7. COMMENTS OF LEGAL SERVICES

7.1 Please note the comments below (7.2 - 7.3) are taken from those provided by legal services for an update on the same topic which was provided to the London Borough of Tower Hamlets Corporate Leadership Team on 3rd September 2024.

7.2 Section 3 of the Local Government Act 1999 requires a local authority to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

7.3 Part 1 of the Care Act 2014 sets out the general duties of local authorities in relation to adult social care. The matters set out in this report comply with the above legislation

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- Attached PowerPoint Slides HWBB CQC Prep update Sept 2024

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

N/A

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Tower Hamlets Health and Wellbeing Board

23rd September 2024



Adult Social Care (ASC), Care Quality Commission (CQC) Inspection

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Margaret Young

Director of Adult Social Care



Purpose of this update



We want to keep our staff, partners and other stakeholders up to date on the progress we're making to prepare for inspection and to share what we know about the inspection so far.

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Following this update, Board members will;

- Better understand the inspection process
- Have heard about the key activity we're focussing on to prepare
- Be aware of the key messages from our self-assessment relating to partnership working
- Have had an opportunity to ask any questions



Ask of the Board



- We are asking the Health and Wellbeing Board to support us to:
 - Cascade these key messages about ASC CQC inspection to relevant teams, partners and stakeholders.
 - Reflect on the key messages about partnership from our self-assessment, what they mean to you, and how you'd draw on them in any conversations with inspectors that you may have once we're notified (we'll support with more targeted briefings at this point too).



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About the CQC ASC Inspection Process



Background



- The Care Quality Commission (CQC) began inspecting Local Authority Adult Social Care in January 2024. They have said they will inspect all local authorities before the end of 2025.
- The inspection looks at the whole adult social care system, not just the Local Authority.
- More than 50 local authorities have already been notified of inspection.
- Tower Hamlets has not yet been notified for inspection but could be at any time.
- We are working hard to prepare

- You can find out more about the CQC inspections here - [Local authority assessments - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/local-authority-assessments)
- Some inspection reports have already been published they're available here - [Local authority assessment reports - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/local-authority-assessment-reports)



Inspection Activity



Day 0 = Corporate Director of Health and Adult Social Care (statutory DASS) is formally notified of inspection by email then...

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Week 1	Weeks 2-3	Weeks 4-9	Weeks 10-26
<ul style="list-style-type: none"> • Published data • Website • Providers survey • Carers centre/carers • Advocacy • VCS 	<ul style="list-style-type: none"> • Submit self-assessment • Submit information return • Submit structure charts/contacts for staff/partners. 	<ul style="list-style-type: none"> • Submit 50 cases 	<ul style="list-style-type: none"> • Senior management meeting • On-site visit including interviews with Mayor, Lead Member, Scrutiny Chair, Chief Executive, statutory DASS, SAB Chair, Principal Social Worker, Principal Occupational Therapist



Care Quality Commission Assessment Framework

The CQC will assess local authorities under four themes. Each theme will include 'We' Statements that demonstrate the quality statements the local authority will deliver and 'I' Statements which provide the service user perspective on how the local authority should meet this theme.

1. How we work with people

This includes assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, wellbeing, information and advice

2. How we provide support

This includes market shaping, commissioning, workforce equality, integration and partnership working

3. How we ensure safety within the system

This includes safeguarding, safe systems and continuity of care

4. Leadership

This includes capable and compassionate leaders, learning, improvement, innovation and governance

Partnership Working in the Framework



Providing Support (theme 2 – blue below) and Leadership (theme 4 – green below) are the key parts of the assessment framework where CQC are looking at our partnership working most.

To understand our work together, we anticipate CQC will want to speak to HWBB members as well as front line staff in partner organisations.

Care provision, integration and continuity

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

Governance, management and sustainability

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

Partnerships and communities

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

Learning, improvement and innovation

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



Preparations so far



Preparing for assessment is everyone's business – we all have a part to play. So far, we have:



- Held a staff conference on CQC (Oct '23), supported by ELFT and a staff webinar on CQC (June '24)
- Begun a roadshow visiting team meetings, discussing what people are proud of and what they would change if they could
- Held a Peer Review (Jan '24) to support our self-reflection and continuous learning (key findings in these slides)
- Built on findings of Peer Review to finalise our self-assessment and are regularly reviewing and updating it

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Been working through the information return documents that we will need to submit to CQC [Local authority information return - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Used ELFTs idea of *happy folders* for teams to share evidence of good practice and things they are proud of.

- Developed a mobilisation plan for our step-by-step actions once we receive notification
- Continued to identify and maintain an up-to-date list of 50 cases to share with CQC for their case tracking
- Begun to develop and deliver a communications plan to help share key information our staff and partners need, to take part
- Established weekly meetings to oversee our preparatory work and share information
- Analysed the 9 inspection reports published so far, to support our learning and inform our preparation.



ASC in Tower Hamlets – our key messages



Our vision for adult social care is for our residents to be supported to meet their goals, be connected to others and be as independent as possible

(Adult Social Care Strategy 2021-2026)

We need to evidence to inspectors that this vision drives the work we do and supports delivery of our Care Act duties.



Peer Review



- Our London ADASS peer review took place at the end of January focussed on themes 1 and 4 (working with people/leadership).
- A summary of the feedback we received is below

Strengths:

- Our committed and passionate workforce really stood out
- **Strong partnerships with health and the community and voluntary sector**
- We know our communities well.
- Knowledgeable and experienced staff
- Strong learning and development offer
- Good reflective culture of learning and improving
- Great resources such as the Carers' Centre and Independent Living Hub

Some areas to develop further:

- How we use **data** more effectively
- Ensuring we are always fully exploring the opportunities to offer **direct payments or carers' assessments**
- **Continuing Health Care**– working with partners to ensure residents access this funding when entitled to
- Ideas on how we ensure we don't create a **dependency** on social care for people who have low needs
- A better understanding of user **satisfaction**



Our self-assessment narrative: key partnership messages we want to share



We work collaboratively with partners

We have effective governance and are streamlining it further

We have ambitious leaders



Partnership areas to prepare/discuss



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Area of strength	How we know we're doing well and what we're developing further	What does this mean to you?
We work collaboratively with partners (theme 2)	<ul style="list-style-type: none"> We work jointly to deliver on Council, ICB and Tower Hamlets Together priorities. Joint integrated commissioning roles and the strength of the Tower Hamlets Together (THT) partnership with Health gives us a strong foundation to influence and improve the interfaces between Social Care and the NHS Our joint Mental Health offer is award winning, and we have been key partners in successful Mental Health transformation with ELFT Through THT, we're committing even further to place based support in our new Localities and Neighbourhoods programme, which will further strengthen links with commissioned preventative interventions and other assets. 	How do you work collaboratively with partners? How do we respond to challenges in a coordinated way across the system? What examples and evidence do you have?
We have effective governance and are streamlining it further (theme 4)	<ul style="list-style-type: none"> Proposed further alignment of the Health and Wellbeing Board and Tower Hamlets Together that will improve governance and synergy between the two. We have robust and effective governance arrangements in place, for example, a fortnightly Directorate Leadership Team meeting, Adult Social Care, Integrated Commissioning and Public Health senior management meetings and transformational change overseen by the ASC Transformation Programme. 	How has governance touched on your work as the HWBB? What is your understanding of the links between your work and Tower Hamlets Together?
We have ambitious leaders (theme 4)	<ul style="list-style-type: none"> Our vision and priorities for Tower Hamlets, as set out in our key Council and partnership strategic documents, such as the Health and Wellbeing Strategy, set out clear and ambitious goals. 	How have you worked with partners to create, share and drive forward the Health and Wellbeing Strategy vision?



What next?



Next steps



- We continue to increase our inspection readiness and prepare
- We're committed to getting information and engagement out to teams and supporting them to prepare. We need your help to do that for your organisations and teams.
- When we receive formal notification, we'll be in touch with you as key partners. We may also be sharing contact details of Health and Wellbeing Board members with the CQC inspection team



Key contacts



We want to support you to be prepared for your role in CQC inspection of Adult Social Care. If you think of any further questions, please speak to one of the team that are leading on CQC inspection preparation. Key contacts are:

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- Emily Fieran-Reed, Head of ASC Improvement, Transformation and Assurance (emily.fieranreed@towerhamlets.gov.uk) 020 7364 3320
- Sarah Murphy, Principal Social Worker (sarah.murphy@towerhamlets.gov.uk)
- Jo Bolton, ASC Transformation Lead (joanna.bolton@towerhamlets.gov.uk)



Thank you!

Questions and discussion

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