

Meeting of the

# OVERVIEW & SCRUTINY COMMITTEE

---

Tuesday, 5 May 2009 at 7.00 p.m.

---

## A G E N D A

---

### VENUE

M71, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London,  
E14 2BG

Members:	Deputies (if any):
<b>Chair: Councillor Abdul Asad</b> <b>Vice-Chair: Councillor Bill Turner</b>	
<b>Councillor Stephanie Eaton</b> <b>Councillor Ahmed Hussain</b> <b>Councillor Waiseul Islam</b> <b>Councillor Ann Jackson</b> <b>Councillor Shiria Khatun</b> <b>Councillor Abjol Miah</b> <b>Councillor Oliur Rahman</b> <b>Councillor A A Sardar</b> <b>Councillor David Snowdon</b>	Councillor M. Shahid Ali, (Designated Deputy representing Councillors Abdul Asad, Waiseul Islam, Ann Jackson, Shiria Khatun, Oliur Rahman, A. A. Sardar and Bill Turner) Councillor Tim Archer, (Designated Deputy representing Councillors Ahmed Hussain and David Snowdon) Councillor Peter Golds, (Designated Deputy representing Councillors Ahmed Hussain and David Snowdon) Councillor Carli Harper-Penman, (Designated Deputy representing Councillors Abdul Asad, Waiseul Islam, Ann Jackson, Shiria Khatun, Oliur Rahman, A. A. Sardar and Bill Turner) Councillor Azizur Rahman Khan, (Designated Deputy representing Councillor Stephanie Eaton) Councillor Abdul Matin, (Designated Deputy representing Councillor Stephanie Eaton) Councillor Fozol Miah, (Designated

Deputy representing Councillor Abjol Miah)  
Councillor Harun Miah, (Designated Deputy representing Councillor Abjol Miah)  
Councillor Tim O'Flaherty, (Designated Deputy representing Councillor Stephanie Eaton)  
Councillor M. Mamun Rashid, (Designated Deputy representing Councillor Abjol Miah)  
Councillor Salim Ullah, (Designated Deputy representing Councillors Abdul Asad, Waiseul Islam, Ann Jackson, Shiria Khatun, Oliur Rahman, A. A. Sardar and Bill Turner)

**[Note: The quorum for this body is 4 voting Members].**

**Co-opted Members:**

Mr D McLaughlin	– Roman Catholic Diocese of Westminster Representative
Mr Ahbab Miah	– Parent Governor Representative
Mr H Mueenuddin	– Muslim Community Representative
Mr Abdur Rouf	– Parent Governor Representative
Vacancy	– Church of England Diocese Representative

If you require any further information relating to this meeting, would like to request a large print, Braille or audio version of this document, or would like to discuss access arrangements or any other special requirements, please contact:

Amanda Thompson, Democratic Services,

Tel: 020 7364 4651, E-mail: [amanda.thompson@towerhamlets.gov.uk](mailto:amanda.thompson@towerhamlets.gov.uk)

**LONDON BOROUGH OF TOWER HAMLETS**  
**OVERVIEW & SCRUTINY COMMITTEE**

**Tuesday, 5 May 2009**

**7.00 p.m.**

**SECTION ONE**

**1. APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

**2. DECLARATIONS OF INTEREST**

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Chief Executive.

**3. UNRESTRICTED MINUTES**

**3 - 12**

To confirm as a correct record of the proceedings the unrestricted minutes of the meeting of the Overview and Scrutiny Committee held on 7<sup>th</sup> April 2009.

**4. REQUESTS TO SUBMIT PETITIONS**

To be notified at the meeting.

**5. REQUESTS FOR DEPUTATIONS**

To be notified at the meeting.

**6. SECTION ONE REPORTS 'CALLED IN'**

**6.1 Report Called In - Communities, Localities & Cultural Services Directorate Capital Programme 2009/2010**

**13 - 26**

(Time allocated – 30 minutes)

**7. REPORTS FOR CONSIDERATION**

**7.1 Development of Pan Disability Panel**

**27 - 34**

(Time allocated – 15 minutes)

## **8. SCRUTINY MANAGEMENT**

(Time allocated – 10 minutes per report)

- |             |  |                  |
|-------------|--|------------------|
| <b>8 .1</b> | <b>Parental Engagement in Secondary Education - Report of the Scrutiny Working Group</b> | <b>35 - 58</b>   |
| <b>8 .2</b> | <b>End of Life Care - Report of the Health Scrutiny Panel</b>                            | <b>59 - 88</b>   |
| <b>8 .3</b> | <b>Early Intervention, Child Protection - Report of the Scrutiny Working Group</b>       | <b>89 - 120</b>  |
| <b>8 .4</b> | <b>Child Poverty - Report of the Scrutiny Working Group</b>                              | <b>121 - 180</b> |
| <b>8 .5</b> | <b>Overview and Scrutiny Committee Annual Report</b>                                     |                  |

## **9. PRE-DECISION SCRUTINY OF SECTION ONE (UNRESTRICTED) CABINET PAPERS**

(Time allocated – 10 minutes)

## **10. ANY OTHER SECTION ONE (UNRESTRICTED) BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

## **11. EXCLUSION OF THE PRESS AND PUBLIC**

In view of the contents of the remaining items on the agenda the Committee is recommended to adopt the following motion:

“That, under the provisions of Section 100A of the Local Government Act 1972, as amended by the Local Government (Access to Information) Act 1985, the press and public be excluded from the remainder of the meeting for the consideration of the Section Two business on the grounds that it contains information defined as Exempt in Part 1 of Schedule 12A to the Local Government Act, 1972.”

### **EXEMPT/CONFIDENTIAL SECTION (Pink Papers)**

The exempt committee papers in the agenda will contain information, which is commercially, legally or personally sensitive and should not be divulged to third parties. If you do not wish to retain these papers after the meeting, please hand them to the Committee Officer present.

## **12. SECTION TWO REPORTS 'CALLED IN'**

There were no Section Two reports 'called in' from the meeting of Cabinet held on 8 April 2009.

**13. PRE-DECISION SCRUTINY OF SECTION TWO  
(RESTRICTED) CABINET PAPERS**

(Time allocated – 10 minutes)

**14. ANY OTHER SECTION TWO (RESTRICTED)  
BUSINESS THAT THE CHAIR CONSIDERS  
URGENT**

This page is intentionally left blank

# Agenda Item 2

## DECLARATIONS OF INTERESTS - NOTE FROM THE CHIEF EXECUTIVE FOR MEMBERS OF THE OVERVIEW & SCRUTINY COMMITTEE

This note is guidance only. Members should consult the Council's Code of Conduct for further details. Note: Only Members can decide if they have an interest therefore they must make their own decision. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending at a meeting.

### Declaration of interests for Members

Where Members have a personal interest in any business of the authority as described in paragraph 4 of the Council's Code of Conduct (contained in part 5 of the Council's Constitution) then s/he must disclose this personal interest as in accordance with paragraph 5 of the Code. Members must disclose the existence and nature of the interest at the start of the meeting and certainly no later than the commencement of the item or where the interest becomes apparent.

You have a **personal interest** in any business of your authority where it relates to or is likely to affect:

- (a) An interest that you must **register**
- (b) An interest that is not on the register, but where the well-being or financial position of you, members of your family, or people with whom you have a close association, is likely to be affected by the business of your authority more than it would affect the majority of inhabitants of the ward affected by the decision.

Where a personal interest is declared a Member may stay and take part in the debate and decision on that item.

**What constitutes a prejudicial interest?** - Please refer to paragraph 6 of the adopted Code of Conduct.

**Your personal interest will also be a prejudicial interest in a matter if (a), (b) and either (c) or (d) below apply:-**

- (a) A member of the public, who knows the relevant facts, would reasonably think that your personal interests are so significant that it is likely to prejudice your judgment of the public interests; AND
- (b) The matter does not fall within one of the exempt categories of decision listed in paragraph 6.2 of the Code; AND EITHER
- (c) The matter affects your financial position or the financial interest of a body with which you are associated; or
- (d) The matter relates to the determination of a licensing or regulatory application

The key points to remember if you have a prejudicial interest in a matter being discussed at a meeting:-

- i. You must declare that you have a prejudicial interest, and the nature of that interest, as soon as that interest becomes apparent to you; and
- ii. You must leave the room for the duration of consideration and decision on the item and not seek to influence the debate or decision unless (iv) below applies; and

- iii. You must not seek to improperly influence a decision in which you have a prejudicial interest.
- iv. If Members of the public are allowed to speak or make representations at the meeting, give evidence or answer questions about the matter, by statutory right or otherwise (e.g. planning or licensing committees), you can declare your prejudicial interest but make representations. However, you must immediately leave the room once you have finished your representations and answered questions (if any). You cannot remain in the meeting or in the public gallery during the debate or decision on the matter.

**There are particular rules relating to a prejudicial interest arising in relation to Overview and Scrutiny Committees**

- You will have a prejudicial interest in any business before an Overview & Scrutiny Committee or sub committee meeting where both of the following requirements are met:-
  - (i) That business relates to a decision made (whether implemented or not) or action taken by the Council's Executive (Cabinet) or another of the Council's committees, sub committees, joint committees or joint sub committees
  - (ii) You were a Member of that decision making body at the time and you were present at the time the decision was made or action taken.
- If the Overview & Scrutiny Committee is conducting a review of the decision which you were involved in making or if there is a 'call-in' you may be invited by the Committee to attend that meeting to answer questions on the matter in which case you must attend the meeting to answer questions and then leave the room before the debate or decision.
- If you are not called to attend you should not attend the meeting in relation to the matter in which you participated in the decision unless the authority's constitution allows members of the public to attend the Overview & Scrutiny for the same purpose. If you do attend then you must declare a prejudicial interest even if you are not called to speak on the matter and you must leave the debate before the decision.



**LONDON BOROUGH OF TOWER HAMLETS**

**MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE**

**HELD AT 7.00 P.M. ON TUESDAY, 7 APRIL 2009**

**ROOM M71, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE  
CRESCENT, LONDON, E14 2BG**

**Members Present:**

Councillor Abdul Asad (Chair)  
Councillor Ahmed Hussain  
Councillor Waiseul Islam  
Councillor Shiria Khatun  
Councillor Abjol Miah  
Councillor Oliur Rahman  
Councillor A A Sardar  
Councillor David Snowdon  
Councillor Bill Turner (Vice-Chair)

**Other Councillors Present:**

Councillor Lutfur Rahman  
Councillor Ohid Ahmed

**Co-opted Members Present:**

Mr Ahbab Miah – (Parent Governor Representative)

**Officers Present:**

Ashraf Ali – (Scrutiny Policy Officer)  
Daisy Beserve – (Policy Officer, Strategy & Performance)  
Afazul Hoque – (Acting Scrutiny Policy Manager)  
Michael Keating – (Service Head, Scrutiny & Equalities)  
Martin Smith – (Chief Executive)  
Jon Underwood – (Interim Service Head, Strategy & Performance)  
  
Nadir Ahmed – (Trainee Committee Officer)  
Amanda Thompson – (Team Leader - Democratic Services)

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Stephanie Eaton and Ann Jackson, and Co-opted Member Mr H Mueenuddin.

**2. DECLARATIONS OF INTEREST**

None.

**3. UNRESTRICTED MINUTES**

**RESOLVED**

That the unrestricted minutes of the meeting held on 10 March 2009 be agreed as a correct record.

**4. REQUESTS TO SUBMIT PETITIONS**

None.

**5. REQUESTS FOR DEPUTATIONS**

None.

**6. SECTION ONE REPORTS 'CALLED IN'**

There were no Section One reports 'called in' from the meeting of Cabinet held on 11 March 2009.

**7. SCRUTINY SPOTLIGHT**

Cllr Lutfur Rahman, Leader of the Council, opened his presentation by thanking Members of the Overview & Scrutiny Committee for all their hard work throughout the year, and for the important role they had played in ensuring residents got excellent services.

Councillor Rahman reported that the key priorities for the Council over the last year had been:

- To reduce over-crowding;
- To raise GCSE results to be amongst the best in the country;
- To reduce levels of youth unemployment;
- To address anti-social behaviour and crime;
- To improve cleanliness and quality of the public realm.

In relation to these priorities, he made the following points:

- £20 million was being invested to alleviate overcrowding by building family size homes and buying back council properties that had been sold under the Right to Buy scheme;
- The Choice Based Lettings system was to be reviewed and improved;
- The Working Neighbourhood Funds had helped 4,500 people into employment;
- The Council had a plan in place to reduce the number of young people who were Not in Education, Employment or Training (NEET) by 50% over the next year;
- The Council had introduced the London Living Wage for all members of staff and thereby set an example for other employers;

- There had been a £1 million investment in Youth Services in the Borough, this had allowed youth centres to remain open for longer hours and had increased services, especially for girls and young people with disabilities;
- GCSE results were now amongst the best in the country;
- Key Stage 2 results were above the national average;
- £300 million was being invested in the 'Building Schools for the Future' (BSF) project. This would lead to new buildings for schools as well as renovation of existing buildings;
- The Council was working with Central Government, Head Teachers and School Governors to improve standards of schools;
- £700,000 was being spent on 17 new Safer Neighbourhood Team (SNT) Police Officers; with two more being provided by the Metropolitan Police Force;
- In addition, £500,000 was being spent on CCTV and Tower Hamlets Enforcement Officers;
- The 'Dealer-A-Day' operation was seeing mid- to high-level drug dealers being targeted in a bid to reduce the levels of illegal drugs in the Borough;
- The economic downturn impacted on regeneration efforts in the Borough, however Robin Hood Gardens and the Blackwall Reach area as well as the Bishopsgate Goods Yard were ready for redevelopment;
- There was scope for billions of pounds in revenue for the Council and its partners through Section 106 (S106) agreements with developers;
- £238 million was already secured for the Ocean Estate redevelopment;
- The Council had received a £5 million grant to encourage exercise and healthy eating amongst the residents of the Borough;
- The Council's leisure centres now provided free swimming for residents on Fridays;
- The local history archives in Bancroft Library were to be retained, along with the building;
- £100,000 was being secured for the Bethnal Green Tube Disaster Memorial;
- £5 million was being spent on regenerating Victoria Park;
- £2 million was being spent on High Street 2012, the route the Olympic Marathon would take – this was to be spent in conjunction with English Heritage on public realm as well as securing heritage sites along the route;
- Multi-Area Agreements were being drawn up by the Five Borough Joint Committee to ensure maximum benefit was gained from the Olympics;
- The Council's services were currently being maintained but innovative ways of making savings were needed;
- All this was underpinned by the One Tower Hamlets theme.

In response to questions from members of the Committee, Cllr Rahman made the following points:

- 28% of the residents of Tower Hamlets were under 25 years of age. An employment strategy was being developed by Cllr Alibor Choudhury,

Lead Member for Employment and Skills, to provide these residents with the skills and training needed to equip them to enter the workforce; and the Working Neighbourhood Fund was providing funding to carry out this work in partnership with other agencies;

- Limited resources, as well as government legislation, meant that certain groups of people were not given priority to be housed or re-housed as they were not classified as vulnerable, and this problem had been recognised;
- The £1 million investment in Youth Services was designed so the money would follow the young people instead of individual youth centres. This would help eradicate any perception of an east/west divide. Youth centres in the Borough provided an excellent service, although some needed improvement;
- The Council was involved in discussions regarding the future of Poplar Baths;
- If Tower Hamlets Homes could achieve a two star rating, it would qualify for further funding to raise more of the housing stock to decent standards;
- To increase community cohesion, the Council had to ensure that there was equality of service, not just equality of philosophy or ideas;
- The Olympics would provide an opportunity for the residents of Tower Hamlets in terms of employment, housing and public realm. Cllr A. Choudhury was working on an employment strategy to maximise employment for local people and work was underway to ensure that as many affordable homes for Tower Hamlets residents were secured in the Olympic Village. Multi-Area Agreements meant that Central Government was providing extra money to be spent on increasing employment and Job Centre Plus money would be devolved to the five boroughs, so it could be spent where it was needed the most;
- After consultation with officers, the initial proposal for the Ocean Estate was rejected as it was felt the level of social housing was too low. The proposal was to be redrafted to increase the level of social housing. Concerns about cleanliness should be reported to Tower Hamlets Homes to deal with. Tower Hamlets Enforcement Officers as well as the 19 new police officers would help tackle the situation with drugs on this estate;
- The Council was doing what it could to encourage healthy eating amongst its residents, but planning applications could only be determined according to legislation and on their individual merits and therefore there could not be a blanket ban on fast food outlets;
- Overcrowding was an issue in the Borough however over the last 2-3 years, 1,000 new homes had been built every year. There was £20 million to buy back council properties brought under the Right to Buy scheme and new homes were being build in partnership with Registered Social Landlords;
- £30 million was being invested in St Paul's Way school through the 'Building Schools for the Future' project to give it state of the art facilities. The current senior management were interim during the period of reorganisation and there were no plans to make it an

academy. How modern foreign languages are taught in individual schools was an issue which parents should take up with governing bodies;

- Stock transfers allowed investments to be made, to raise housing stock to decent standards. Overall, stock transfer had worked, with just some minor concerns that still needed to be addressed. If Tower Hamlets Homes could get a two star rating from the Audit Commission, then they could lever in £200 million which would go towards improving the housing stock. Opportunities would continue to be explored and a housing strategy developed, bearing in mind the small size of the Borough and its dense population;
- The 19 new police officers would be managed in partnership with the Borough Commander and the local police force;
- The Participatory Budgeting exercises had been a success with £2.4 million spent across the Borough. However as it was a new process there were still some initial concerns, and safeguards would be put in place to ensure the system could not be manipulated;
- The car-free arrangements that were in place in some estates/developments needed to be reviewed if it was felt to be discriminatory;
- There was a target to reduce the use of consultants by 10% and they were only used when it was necessary.

The Chair thanked the Leader for his presentation and for answering the Committee's questions.

## **8. ADJOURNMENT FOR PRAYERS**

The meeting adjourned at 8:00pm and reconvened at 8.15pm.

## **9. PERFORMANCE MONITORING**

### **9.1 Comprehensive Area Assessment**

Daisy Beserve, Strategy and Performance, addressed the Committee with a presentation on the Comprehensive Area Assessment (CAA).

She reported that the new assessment framework would have a more local area focus – based on people, places and outcomes. The results would be made public, in plain English and in an accessible format.

She reported that working in partnership would be a key element of the CAA as local authorities could not tackle issues alone. Green flags would be used as an indicator of good performance and red flags would be used to highlight areas of concern. Where improvements had been made, the sustainability of those improvements would also be inspected.

The Audit Commission would continue to be the inspectorate that would carry out the assessment of the Council. It would look at how well performance management was carried out and how well resources were managed.

Members would have a central role in this process through their leadership in the community as well as in leading performance management. The CAA would also use scrutiny reviews as a source of information. Their findings would also help the Overview & Scrutiny Committee prioritise their work programme. Ward members, as well as the general public, would be able to use the CAA as an independent source of information.

Ms Beserve reported that in order for the CAA results to be successful, the community had to be understood by the Council and its partners, and shared priorities had to be developed that suited that understanding. An understanding of the Council's performance and the challenges ahead were also needed. The Council also had to ensure it worked effectively with its partners and focused on outcomes.

Members of the Committee asked questions about value for money, the definition of inefficiency, the green/red flag indicators and seasonality of data and the inspections of Children's Services.

Following the discussion the Committee

#### **RESOLVED**

That the presentation be noted.

#### **9.2 Draft Strategic Plan 2009/10**

This item was withdrawn.

#### **10. SCRUTINY MANAGEMENT**

##### **10.1 Alcohol Misuse Amongst Young People (Smashed) - Report of the Scrutiny Working Group**

Councillor Shiria Khatun, Scrutiny Lead, A Safe and Supportive Community, introduced the report to the Committee and additionally took the opportunity to thank all the Council officers who contributed to undertaking the review.

Councillor Khatun advised that her decision to carry out the review was based on 4 key reasons:

- To tackle an issue before it became a major problem and implementing recommendations that would prevent a problem from occurring;
- To help protect young people from the many risks associated with alcohol misuse including obesity, cancers, vascular and liver disease and mental and sexual ill health;

- As Tower Hamlets had one of the youngest populations in Europe, it was important to contribute to supporting young people in the borough to live well and stay safe from ill health and crime;
- To protect the community from alcohol related deaths.

The Committee was advised that throughout the review process it became apparent that a lot of the evidence was in fact anecdotal or unreliable. Therefore it had been extremely hard to determine the exact numbers that were actually drinking. However evidence did show, as would be expected, that those that did drink were more likely to involve themselves with crime and anti-social behaviour.

It was claimed during a meeting with local voluntary organisations that there had been a rise in Bangladeshi drinkers based on media reports, hospital referrals and anecdotal accounts.

The Working Group also evaluated the messages given to young people and their parents/guardians showing the dangers associated with alcohol misuse. The Group was told that a more robust method of information dissemination was needed and that use of BME media would help to do this.

Other important findings included the need to have better prevention and enforcement tactics by working with local business and increasing test purchases. There was a need to make sure that the Healthy Schools Programme was sufficiently supported to ensure that young people continued to receive education about the dangers of alcohol misuse, and that youth clubs were used more to help do this.

The Committee noted that while the findings of the Group still indicated that only a very small number abuse alcohol, there was considerable anecdotal evidence to suggest that the problem could escalate particularly if sections of the community were unwilling to discuss it.

Councillor Khatun stated that the recommendations arising from the report were therefore aimed at addressing this challenge, and making this work would require a co-ordinated and consistent approach across the public, private and third sectors as well as with the wider community.

The Chair thanked Councillor Khatun for her presentation and the Committee

## **RESOLVED**

1. To agree that the draft report be taken forward for submission to Cabinet; and
2. That the Service Head for Scrutiny and Equalities be authorised to agree the final report before its submission to Cabinet, after consultation with the Scrutiny Lead for A Safe and Supportive Community.

## 11. VERBAL UPDATES FROM SCRUTINY LEADS

### **A Great Place to Live – Affordable Homeownership Review**

Councillor Islam reported that whilst undertaking this review Members had visited developments, considered newer models for introducing affordable homeownership and also held discussions with developers to consider how the affordability issue might be addressed.

The final report and recommendations would be presented to the Overview and Scrutiny Committee in May 2009.

### **Prosperous Communities – Parental Involvement in Secondary Education Review**

Councillor Sardar reported that the Working Group had now concluded all review meetings and visits. Since the last update, he had attended a parents' conference at the Ecology Pavilion, and this had provided an opportunity to talk with parents about the difficulties they faced when engaging in their children's schools.

The Working Group had also met to discuss draft recommendations for the final report and these would be presented to the Committee in May.

### **Excellent Public Services – Early Intervention/Child Protection Review**

Councillor Turner reported that the final meeting of this review group had taken place on 23<sup>rd</sup> March 2009, and the Working Group had considered how to deal with children whose parents had mental health problems, misused substances and were either victims or perpetrators of domestic violence.

It was expected that the final report would be presented to the Committee in May.

## 12. PRE-DECISION SCRUTINY OF SECTION ONE (UNRESTRICTED) CABINET PAPERS

The Chair **moved** and it was **RESOLVED**

That the following pre-decision questions be submitted to Cabinet for consideration:

### **Agenda Item 6.1 Amendments to the Council's Lettings Policy (CAB 138/089)**

1. What assurance can the Cabinet give us that the revised Lettings Policy will consider all possible courses for appeal to ensure we do not face a similar judicial review in the future?



2. Can the Cabinet explain how the revised Lettings Policy will give reasonable preference to non priority homeless residents?

**Agenda Item 6.2 Local Authority Carbon Management Programme(CAB 139/089)**

1. Are the targets for reducing C2 emissions realistic and can they actually be achieved?

**Agenda Item 6.3 Communities, Localities & Cultural Services Directorate Capital Programme 2009/10 ( CAB 140/089)**

1. There are a number of proposed schemes related to the Olympics. Can the Cabinet inform us how much contribution we are getting from the Olympic Delivery Authority and if none why?
2. Can you tell us how you have identified the areas of work listed in Appendices A &B?
3. Can the Cabinet explain why Archibald Park is not included within the list of improvements to parks listed in Appendix B, despite councillors and residents complaints about ASB in and around Archibald Park?

**Agenda Item 8.1 Commission into the Public Safety of Young People in Tower Hamlets (CAB 141/089)**

1. This report does not seem to deal with the growing problem of post code gang violence. Can the Cabinet tell us how they will address this issue as part of this report and the development of the next Youth Justice Plan?

The meeting ended at 8.55pm

Chair, Councillor Abdul Asad  
Overview & Scrutiny Committee

This page is intentionally left blank

# Agenda Item 6.1

<b>Committee:</b>  <b>OVERVIEW AND SCRUTINY</b>	<b>Date:</b>  <b>5 May 2009</b>	<b>Classification:</b>  <b>Unrestricted</b>	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Report of:</b> <b>Assistant Chief Executive</b>  <b>Originating Officer(s):</b> John Williams Service Head, Democratic Services			<b>Title:</b> <b>Cabinet Decision Called-in:</b> Communities, Localities and Cultural Services Directorate Capital Programme 2009/2010  <b>Wards:</b> All	

## 1. SUMMARY

- 1.1 The attached report of the Corporate Director, Communities, Localities and Culture was considered by the Cabinet on 8<sup>th</sup> April 2009 and has been “called in”, in accordance with the provisions of Part 4 of the Council’s Constitution, by Councillors Hussain, Archer, Eckhardt, Golds and Snowdon.

## 2. RECOMMENDATION

- 2.1 That the Committee consider the contents of the attached report, review the Cabinet’s provisional decisions on the report and decide whether to accept them or alternatively to refer the matter back to the Cabinet with proposals, together with reasons.

## 3. THE CABINET’S PROVISIONAL DECISION

- 3.1 After considering the attached report the Cabinet provisionally agreed:-
1. That the schemes listed in appendices A & B to the report (CAB 140/089) be included within the Communities Localities & Cultural Services Directorate’s 2009/2010 Capital Programme;
  2. That, subject to the identification of available funding, as set out in paragraph 3.2 of the report, (CAB 140/089), the Capital Estimates (sum specified in estimated scheme cost column) be adopted for the schemes as outlined in Appendices A & B to the report, (CAB 140/089);
  3. That that the Council’s Measured Term Contracts be used for the implementation of the Transportation and Highways Works where appropriate; and

4. That the Corporate Director Communities, Localities and Culture, give consideration to future inclusion of the following in the Communities, Localities and Culture Capital Programme:

- Improvements to the highway in the vicinity of the entrance to John Scurr Primary School, Bethnal Green, to increased pedestrian safety.
- Installation of a pedestrian crossing in proximity to Bangabhandu Primary School, Bethnal Green.
- Improvements to the highway in the vicinity of New Road, Whitechapel and Kobi Nazrul Primary School, to increased pedestrian safety.

#### **4. REASONS FOR THE 'CALL IN'**

4.1 The Members who have called in this decision have given the following reasons for doing so:-

- The document has been established from the Cabinet meeting of 2005.
- The list is out of date and needs to be more robust to-date.
- There are a number of areas in the borough that are in desperate need of upgrade in terms of parks, roads and streets.
- We believe all the Councillors should have been given the opportunity to highlight the areas that they think need to be improved through this programme and then prioritise accordingly.
- The following needs to be included on this list of Appendix 'A' and 'B':
  - Wellington Way – more reasonable lighting
  - Bow Road – Traffic calming measures to Central Foundation
  - Upgrade of pedestrian crossing on Burdett Road and St Paul's Way.
  - Archibald Park – more adequate lighting as there is a lot of anti-social behaviour after dark on and around the park.

#### **5. ALTERNATIVE COURSE OF ACTION PROPOSED**

5.1 The call-in Members therefore suggest the following alternative course of action:-

To include the following items on Appendix 'A' and 'B':

- Wellington Way – more reasonable lighting
- Bow Road – Traffic calming measures to Central Foundation
- Upgrade of pedestrian crossing on Burdett Road and St Paul's Way.
- Archibald Park – more adequate lighting as there is a lot of anti-social behaviour after dark on and around the park.

- 5.2 Regarding whether this matter is within the Council's Budget or Policy Framework, the Councillors have indicated that "it is within the Council's policy to include all upgrades that need to be done as and when needed within the limited resources.
- 5.3 In our responses it has always been mentioned that if the Council had money from TfL then they could have upgraded these places, especially the traffic calming on Bow Road; we now have the contribution from TfL and there isn't any reason why the Council cannot improve the mentioned areas.
- 5.5 In the response to the Cabinet and to the O&S questions the Director said that these items could be included in these document followed by an assessment carried out. If the areas mentioned need the attention the Council will find the money to do it."

## 6. CONSIDERATION OF THE "CALL IN"

- 6.1 The following procedure is to be followed for consideration of the "Call In":
- (a) Presentation of the "Call In" by one of the "Call In" Members followed by questions.
  - (b) Response from the Lead Member/officers followed by questions.
  - (c) General debate followed by decision.

**N.B. – In accordance with the Overview and Scrutiny Committee Protocols and Guidance adopted by the Committee at its meeting on 6 June, 2007, any Member(s) who presents the "Call In" is not eligible to participate in the general debate.**

- 6.2 It is open to the Committee to either resolve to take no action which would have the effect of endorsing the original Cabinet decisions, or the Committee could refer the matter back to the Cabinet for further consideration setting out the nature of its concerns and possibly recommending an alternative course of action.

---

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

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

Brief description of "background paper"	Name and telephone number of holder and address where open to inspection
Cabinet report – 8 <sup>th</sup> April 2009	Amanda Thompson 020 7364 4651

This page is intentionally left blank

COMMITTEE	DATE	CLASSIFICATION	REPORT NO.	AGENDA ITEM NO.
Cabinet	8th April 2009	Unrestricted	CAB 140/089	
<b>REPORT OF</b> Corporate Director (Communities, Localities & Culture)  <b>ORIGINATING OFFICER(S)</b> Luke Cully - Finance Manager Communities, Localities & Culture		<b>TITLE</b> Communities, Localities & Cultural Services Directorate Capital Programme 2009/2010  Wards Affected All		

1. **SUMMARY**

- 1.1 This report seeks Cabinet approval to the Capital Programme for Communities Localities & Cultural Services Directorate for 2009/2010.

2. **RECOMMENDATIONS**

Cabinet is recommended to:

- 2.1 Include the schemes listed in appendices A & B to the report within the Communities Localities & Cultural Services Directorate's 2009/2010 Capital Programme.
- 2.2 Subject to the identification of available funding as set out in paragraph 3.2 of the report, adopt Capital Estimates (sum specified in estimated scheme cost column) for the schemes as outlined in Appendices A & B to the report.
- 2.3 Agree that the Council's Measured Term Contracts be used for the implementation of the Transportation and Highways Works where appropriate.

### 3.0 **BACKGROUND**

3.1 This report contains details of schemes which will form the Communities Localities & Cultural Services Capital Programme for 2009/2010 and in accordance with Financial Procedure FP3.3. Cabinet are requested to approve capital estimates for the projects. Funding for the programme is available from the following sources.

- Local Priorities Programme (LPP)
- Transport for London (TfL)
- Developer Contributions (S106)
- Capital Grants

3.2 All schemes link with the Council's Strategic Plan and Community Plan. Priority will be given to those schemes which are time constrained and must be subject to practical completion by the 31<sup>st</sup> March 2010. The estimated cost of schemes within the attached programme is approximately £5.8m, (Council contribution £1.45m, Transport for London LIP £2.24m, S106 £1.72m, Capital Grants £400k) and funding identified for schemes at this stage equates approximately to this level.

### 4.0 **TfL - LIP ALLOCATION –TRANSPORTATION & HIGHWAYS CAPITAL PROGRAMME**

4.1 The Transportation & Highways capital programme for 2009/10 is developed from successful bids to a variety of funding sources including the Local Implementation Plan bid to Transport for London, and the Council's own Local Priorities Programme. In total the amount of capital funding available for 2009/10 totals approximately £2.2m at this stage.

4.2 Capital estimates include a fee of 20% of the total works cost which contributes towards the cost of staff resources engaged in the entire scheme development process from inception to construction. These fees are currently under review with other Local Authorities and external agencies to ensure that value for money is maintained for the service.

4.3 This capital programme aims to deliver the programme set out in the Council's Local Implementation Plan for transport, progress on which will be reported to a future Cabinet. Schemes funded under the Local Area Agreement are targeted at meeting stretch targets on road safety and mandatory targets for the introduction and implementation of school travel plans set by central Government and are also consistent with the LIP aims.

4.4 All works are fully funded and further opportunities may arise through the year to supplement this funding. Details of schemes and funding are included at Appendix A and Members are recommended to adopt the capital estimates for these schemes in order to facilitate efficient delivery of the programme. As in previous years the Council's Capital Works Contract will be utilised for the implementation of the Programme in addition to other specialist Measured Term Contracts for drainage, street lighting and road marking works.



## 5. **OTHER SERVICES**

- 5.1 Appendix B sets out the Capital Programme for the remainder of the Directorates Services (Culture, Community Safety and Public Realm) and consists of schemes intended to improve the Borough's Parks and Open Space leading to increased participation in activities linked to these services, as outlined within the Council's Strategic Plan and Open Space Strategy, improvements to Bancroft Library and further investment in CCTV and Environmental Improvements in pursuit of reducing crime and anti social behaviour.

## 6. **COMMENTS OF THE CHIEF FINANCIAL OFFICER**

- 6.1 This report outlines to Committee the Capital Programme for Communities Localities & Cultural Services Directorate for 2009/2010. Schemes within the programme will only be able to proceed when requisite resources have been identified and necessary Capital Estimates approved.  
In utilising the Measured Term Contracts, the Head of Public Realm must be satisfied that these represent value for money for the Council.

## 7. **CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL)**

- 7.1 Cabinet is requested to approve estimates for projects identified in the appendices for the Communities, Localities and Cultural Services Directorate capital programme.
- 7.2 In accordance with Financial Procedure FP 3.3, Senior Managers are required to obtain a capital estimate for any scheme in the capital programme. Where the estimate is over £250,000 the approval of the adoption of that capital estimate must be sought from the Cabinet.
- 7.3 There is no legal impediment to approval of the estimates, which apparently relate to projects within the Council's statutory functions. It will be the responsibility of officers to ensure that in respect of individual projects the Council complies with its obligation as a best value authority within the meaning of the Local Government Act 1999 to secure continuous improvement in the way its functions are exercised having regard to the combination of economy, efficiency and effectiveness.

## 8. **ONE TOWER HAMLETS CONSIDERATIONS**

- 8.1 The Council's Accessible Transport Consultative Forum advises and directs traffic and transport projects from the point of view of people with mobility impairments. Direct engagement between users and providers has enabled several improvements to be made in service delivery, including the accessibility projects which have been funded in this programme.

## 9. **SUSTAINABLE ACTION FOR GREENER ENVIRONMENT IMPLICATIONS**

- 9.1 The use of monies as outlined within the report will support current policies to improve the local environment.

10. **RISK MANAGEMENT IMPLICATIONS**

10.1 All Projects will be closely monitored to ensure that programmes are completed on time and within budget and to ensure that the Council is not exposed to financial risk.

11. **EFFICIENCY STATEMENT**

11.1 All Transportation & Highways Capital Schemes will be implemented using the new Measured Term Contract. Efficiencies in the management and administration of this contract will be achieved in 2009/10 through reductions in numbers of low value individual works orders and invoices, and through introduction of on-line invoicing systems.

**List of Appendices**

Appendix A – Transportation & Highways Schemes

Appendix B – Other Schemes

**LOCAL GOVERNMENT ACT, 1972 SECTION 100D (AS AMENDED)**

**LIST OF “BACKGROUND PAPERS” USED IN THE PREPARATION OF THIS REPORT**

**Brief Description of background paper**

**Name and telephone number of holder  
and address where open to inspection.**

Capital Programme papers & files

Luke Cully  
5221

Anchorage House

Appendix A - Transport & Highways Schemes

Programme Category	Scheme	Capital Estimate £'000 (incl fees)	Funding Source	Scheme Details
20mph Zones	Zone 10 arbour square	130	TfL	Signing for 20 mph zone and traffic calming which will be designed to slow traffic and to improve accessibility for pedestrians moving around within the zone e.g. junction entry treatments and speed Junction Review
Bus Priority	Vallance road /bethnal green road junction	30	TfL	Implementation of measures from D8 Bus Route Studt (27/11/08) Footway cutback to inset pay & display parking in front of Somerfield car park, modifications to speed table (j/w Goldalming St) and revised Waiting & Loading
Bus Priority	Chrip street	50	TfL	Implementation of measures from 309 Bus Route Study (27/10/08). Rationalise traffic calming.
Bus Priority	Cordelia street	66	TfL	Implementation of measures from 309 Bus Route Study (27/10/08). Alterations to traffic calming and relocation of on-street parking bays and bus stops.
Bus Priority	Blair street	44	TfL	Implementation of measures from 309 Bus Route Study (27/10/08). Alterations to traffic calming and relocation of on-street parking bays including inset parking bay.
Bus Priority	Aberfeldy street	45	TfL	Parking survey with a view to half on half off parking.
Bus Priority	Burcham street	25	TfL	Contribution to Borough Project Management Costs.
Bus Stop Accessibility	Borough administration	15	TfL	To improve accessibility for boarding and alighting buses, by the provision of pavement work and kerb re alignments or height alterations and the removal or relocation of any obstructions.
Bus Stop Accessibility	BSA stop no.bp2691	10	TfL	To improve accessibility for boarding and alighting buses, by the provision of pavement work and kerb re alignments or height alterations and the removal or relocation of any obstructions.
Bus Stop Accessibility	BSA stop no.bp2692	10	TfL	To improve accessibility for boarding and alighting buses, by the provision of pavement work and kerb re alignments or height alterations and the removal or relocation of any obstructions.
Bus Stop Accessibility	BSA stop no.bp2698	10	TfL	To improve accessibility for boarding and alighting buses, by the provision of pavement work and kerb re alignments or height alterations and the removal or relocation of any obstructions.
Bus Stop Accessibility	BSA stop no.15141	10	TfL	To improve accessibility for boarding and alighting buses, by the provision of pavement work and kerb re alignments or height alterations and the removal or relocation of any obstructions.
Bus Stop Accessibility	BSA stop no.36868	10	TfL	To improve accessibility for boarding and alighting buses, by the provision of pavement work and kerb re alignments or height alterations and the removal or relocation of any obstructions.
Bus Stop Accessibility	BSA stop no.15136	10	TfL	To improve accessibility for boarding and alighting buses, by the provision of pavement work and kerb re alignments or height alterations and the removal or relocation of any obstructions.

## Appendix A - Transport & Highways Schemes (Cont)

Programme Category	Scheme	Capital Estimate £'000 (incl fees)	Funding Source	Scheme Details
Bus Stop Accessibility	BSA stop no.3201	10	TfL	To improve accessibility for boarding and alighting buses, by the provision of pavement work and kerb re-alignments or height alterations and the removal or relocation of any obstructions.
Environment	Eco-lock bike	15	TfL	OYBike cycle hire scheme. Under review with TfL to ensure no duplication with Mayor's bike hire scheme.
Environment	Spitalfields/brick lane pm2.5 monitoring	20	TfL	Approx. 10 stations will be located in designated area to monitor the impact of PM <sub>2.5</sub> and justify the sustainable transport improvements e.g.20mph zones and to monitor and improve air quality in Spitalfields area and along Brick Lane.
LCN	Link 195 - Narrow Street between Spert Street and Horseferry Road	200	TfL	Consider cycle contraflow or shared area with pedestrian priority. Include parking review and improved access to swing bridge.
LCN	Link 195 - St James Garden	20	TfL	Upgrade access to & from the park, including the facilities, signing and improvements to layout of gate and shared use area.
LCN	Link 200 - the greenway	20	TfL	Redesign cycle barrier, lighting, markings, improve entrance to Greenway.
LCN	Link 200 - old ford road	70	TfL	Provide a cycle contraflow, upgrade signals.
LCN	Link 199 - vynesr street; mowlem street;	55	TfL	General Improvements along cycir route 199: signing lining etc.
Local Safety Schemes	Cable st/watney st	100	TfL	Proposed amendment to street furniture at j/w Cable Street and one way working northbound between Martha Street and Cable Street
Local Safety Schemes	Speed indicator devices	5	TfL	Installation of 5 further Speed Indicator Devices
Local Safety Schemes	Zebra crossing halos	120	TfL	Zebrite belisha beacon Halos to be erected to a number of belisha beacons in Old Ford Road & Globe Road.
Non-LCN+ Cycling Schemes	Cycle parking	30	TfL	Continuation of Installation programme of cycle parking racks.
Non-LCN+ Cycling Schemes	Cycle scheme 02	30	TfL	Castlemaine Street
Non-LCN+ Cycling Schemes	Delivery & signage - ncn routes 1 & 13	50	TfL	Signing and lining, as lead borough for programme covering routes crossing several boroughs.
Principal Road Renewal	Cambridge heath road	277	TfL	Resurfacing, adjust ironwork, thermoplastic lining and anti-skid treatment. Upgrade of street lighting.
School Travel Plans	Old ford school	30	TfL	To implement safer route to school type works in the vicinity of schools with approved travel plans who have requested streetscape measures to encourage more walking and cycling by students and staff, and reduce car usage by the whole school community.
Travel Awareness	In my town without car (car free day)	10	TfL	To raise awareness of alternative travel options and encourage individuals to leave their car at home.

Appendix A - Transport & Highways Schemes (Cont)

Programme Category	Scheme	Capital Estimate £'000 (incl fees)	Funding Source	Scheme Details
Travel Awareness	Bike week	9	TfL	To raise awareness of alternative travel options and encourage individuals to consider using a bike as a means of transport
Travel Awareness	Estate cycling plan	8	TfL	There are strong request from the public and small businesses for on street cycle parking, further more recent survey from local housing estates indicated a strong support and demand for cycle storage in local areas.
Walking	Abbott road	153	TfL	Closure of Abbott Road adjacent to local park to improve accessibility and create a more pleasant environment in the vicinity of the park.
Walking	Mile end to limehouse	65	TfL	On going project to create a viable new 'green' walking route between Limehouse Stations (DLR &NR) and Mile End Park/Mile End Stadium. Improve pedestrian priority at junctions and crossing facilities along the route, accessibility, sightlines and signage; attractiveness, interest and human scale of the route.
Street Lighting	Street Lighting Improvements Low energy lanterns	200	LPP	Planned maintenance to prolong the life of the asset whilst introducing more sustainable infrastructure to
Olympic Development	Optem's feasibility work	25	ODA (Sec106)	To develop schemes for future funding bids relating to ameliorating traffic impact of the Games.
Environmental Improvements	Cuba Street - Footways	13	S106	Replace and renew footways.
Cycling on Greenways	Bethnal Green to Olympic Park	50	TfL	Sustrans connect 2 route with 25k in 2010/11
Environmental improvements	Cuba Street, Manilla Street, Tobago Street and Byng Street	871	S106	Streetscene, traffic calming, traffic management, cycle / pedestrian and environmental improvements.
Olympic Programme	Salmon Lane junction with Rhodeswell Rd (Datasheet 7a)	45	TfL	Reassessment of priority at this junction to improve facility for cyclist
Olympic Programme	South of Roman Road - Mile End Park underneath the bridge on Roman Road (Datasheet 2a)	10	TfL	Chicanes on either side of the bridge
Olympic Programme	Mile End Park (north) (Datasheet 2a)	12	TfL	Parallel access point through the park, i.e. not at 90 degrees to towpath with improved signing
Olympic Programme	Mile End Park Central - Route through Palm Tree PH (Datasheet 3a)	5	TfL	Propose cycle route through the car park, signing and marking
Olympic Programme	Railway Bridge, Mile End Park next to Climbing wall (Datasheet 4a)	25	TfL	Widen towpath for 50m including relocating lighting columns - proposal to incorporate works with the new bridge (Meath Bridge)
Olympic Programme	Regents Canal - Railway Bridge, Mile End Park (Datasheet 4a)	5	TfL	Lighting to be provided under rail bridge
Olympic Programme	Mile End Park Central - Between Roman Rd and Mile End Park (Datasheet 5a)	10	TfL	Remove barriers at entrance to park and replace with soft planting to create chicane effect

### Appendix A - Transport & Highways Schemes (Cont)

Programme Category	Scheme	Capital Estimate £'000 (incl fees)	Funding Source £'000	Scheme Details
Olympic Programme	Walking and Cycling Rhodeswell Rd/Mile End Park Entrance (Datasheet 7a)	10	TfL	Remove section of railings and bollards to widen approach for cyclist
Olympic Programme	Walking and Cycling Regents Canal Towpath - Between Chimney & toucan crossing of Rodeswell Rd (Datasheet 7a)	25	TfL	Widen towpath into the park to facilitate shared use path
Olympic Programme	Walking and Cycling Past chimney to Turners Rd (Datasheet 7a)	40	TfL	Improve diverge past chimney for cyclist
Olympic Programme	Walking and Cycling Narrow Street (Datasheet 5a)	12.15	TfL	Provide contra-flow cycle facility
Olympic Programme	Walking and Cycling Narrow Street/Thames Path (Datasheet 4f)			Install mirror
Olympic Programme	Walking and Cycling Ornamental Canal, Waterman Way/Mace Close (Datasheet 3a)	20.25	TfL	Replace stairs with access ramps
Olympic Programme	Walking and Cycling Keppler Wharf, Thames Path (Datasheet 4f)	35.303	TfL	Remove stepped area, widen access ramp and relocate seating
Olympic Programme	Walking and Cycling Glamis Road (Datasheet 4b)	36.855	TfL	Crossing facility for cyclist across Glamis Road, install chicane to slow traffic
Olympic Programme	Walking and Cycling Thames Path - Stone Stairs/Jardine Road (Datasheet 4d)	12.42	TfL	Feasibility study to replace bridge
Olympic Programme	Walking and Cycling Shadwell basin - Glamis Road (Datasheet 4a)	38.813	TfL	Widen section around 90 degree bend with cantilevered structure
Olympic Programme	Walking and Cycling Manchester Rd (Datasheet 2c)	44.8	TfL	Advisory cycle lane
Olympic Programme	Walking and Cycling Island Gardens (Datasheet 2d)	44	TfL	New route through park
Olympic Programme	Walking and Cycling Prestons Road (Datasheet 2b)	1.7	TfL	Advisory cycle lane
Olympic Programme	Walking and Cycling Blackwall Way (Datasheet 2a)	4	TfL	Improve lighting
Sustrans	Bethnal Green to Victoria park	300	Sustrans	Improve facility on Sustrans connect 2 route with 100k in 2010/11, 100k already approved via Meath Bridge cabinet report on 11th Feb 09
	<b>Total</b>	<b>3,658</b>		

Appendix B - Other Schemes

Category	Scheme	Capital Estimate (incl Fees) £'000	Funding Source £'000	Scheme Details
Key Parks	Bethnal Green Gardens – Improvements.	460	LPP/Sec 106	Improvements to sport surfaces, roadways, play areas and landscape treatment
Key Parks	Millwall Park/Island Gdns	200	Sec 106	Improvements to childrens play areas, integration of site with Mudchute, tree planting based on an agreed Masterplan
Key Parks	Meath Gardens Improvements	150	LPP	Key accessibility improvements to integrate a new parkland area with new bridge, entrance, lighting and security improvements
Local Priority Parks	Poplar Park	240	Sec 106	Continuation of programme to improve infrastructure, bring a redundant building into positive use, refurbish tennis facilities, landscape enhancement
Local Priority Parks	St Johns Park	109	Sec 106	Improvement of multi use games area, redesign of wheel park and children's play area, footpath improvements
Local Priority Parks	Wapping Gdns	100	LPP	Improvement of multi use games area, landscape improvements, biodiversity enhancement
Local Priority Parks	Cantrell Rd Open Space	100	LPP	Work will improve integration with the cemetery park through landscape and biodiversity enhancements, natural play area and related facilities
Local Priority Parks	Stepney Green Gdns	55	LPP/Sec 106	Low key improvements to improve infrastructure and landscape diversity of this site with heritage value
Libraries	Bancroft Library - Improvements	255	LPP	To undertake Health & Safety work, renovate and redecorate public areas of the library and install improved IT access
Preventing Crime	CCTV Investment Funding.	500	LPP	CCTV Investment Funding to increase CCTV coverage in view of the success of the CCTV Control Centre, and to replace life expired equipment where CCTV is still justified
	<b>Total</b>	<b>2,169</b>		

This page is intentionally left blank



# Agenda Item 7.1

<b>Committee</b> Overview & Scrutiny Committee	<b>Date</b> 5 May 2009	<b>Classification</b> Unrestricted	<b>Report No</b>	<b>Agenda Item No</b> 7.1
<b>Report of:</b> Assistant Chief Executive  <b>Originating Officer(s)</b> Michael Keating, Service Head, Scrutiny and Equalities  Saffron Romero, Tower Hamlets Pan Disability Panel development		<b>Title:</b> Development of Pan Disability Panel  <b>Wards Affected</b> All		

## 1. SUMMARY

- 1.1 This report informs Overview and Scrutiny of the Tower Hamlets Pan Disability Panel (THPDP) and seeks support and feedback for the proposed model. The THPDP model structure is set out in Appendix 1.

## 2. RECOMMENDATION

Overview and Scrutiny Committee are asked to

- 2.1 Note the work to develop the Tower Hamlets Pan Disability Panel
- 2.2 Agree to link with it by (i) inviting the THPDP to report on its work as part of the Diversity and Equality Action Plan (DEAP) six-monthly monitoring, (ii) involve the THPDP in review work when appropriate and (iii) include within the 2009/2010 work programme a scrutiny challenge session to help ensure that the THPDP can contribute to the ongoing work of the Council and Partnership.

---

### LOCAL GOVERNMENT ACT, 1972 SECTION 100D (AS AMENDED) LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

**Brief description of background papers:      Name and telephone number of holder  
and address where open to inspection**

### **3. BACKGROUND**

- 3.1 At the Overview & Scrutiny Committee meeting, 13<sup>th</sup> January 2009 a representative from the Disability Coalition addressed the meeting on behalf of the Disability Coalition, and advised that there was a need for the Council to engage with local 3<sup>rd</sup> sector organisations and ensure that the outcomes of its reviews were implemented. Members of the Committee had asked a number of questions in relation to the type of problems faced by Tower Hamlets' disabled residents particularly, preferred methods of engagement, and working in partnership.
- 3.2 Michael Keating, Head of Scrutiny and Equalities, continued by outlining how the Council has worked with the Disability Coalition and other third sector groups and advised that the Council was currently establishing the Tower Hamlets Pan Disability Panel (THPDP). As well as consultation on broad questions there would also be specific focus groups established when required to deal with particular issues.
- 3.3 The THPDP is designed to improve engagement with the local disabled population - by increasing the actual numbers the Council talk to and the methods in doing so. The previous Disabled Access Group had been in place for a number of years and although it did make a significant contribution to the work of the Council it was increasingly becoming dysfunctional. Following discussion with the members themselves, there was overwhelming agreement to disband the Group in April 2008.
- 3.4 The development of the THPDP aims to provide a cohesive mechanism for community engagement with disabled people across all impairment groups. The outline for the new model arose from discussions with the Scrutiny and Equalities Team and Consultation & Involvement Team in the Partnership (CandI Team) about how to improve the quality of consultation and involvement with disabled residents. The structural and operational aspects of the model have been further developed in recent months to reflect the views of local disabled people and those with an interest in disability issues.
- 3.5 Tower Hamlets Council and the Primary Care Trust are the main drivers behind the establishment of the THPDP. Once established, the THPDP will provide cross directorate and partner organisation benefits by providing a variety of ways to access the views of disabled people. The THPDP has a key role to play in ensuring that disability equality is delivered in multiple services across the Council and the services of partner organisations.

### **4. DEVELOPMENT**

- 4.1 A process of internal and external engagement with stakeholders has been carried out since December 2008. This has taken place in order to:
- Review and develop the proposed structure of the THPDP
  - Encourage internal and external feedback on how it would work in practice
  - Review what disability related forums/consultation mechanisms already exist in the borough and how they could work in partnership with and strengthen the work of the THPDP.
  - Gain a sense of the desired membership of the subgroups and how members should be selected.

The process was also an important part of building relationships with key local disability networks and raising general awareness of the THPDP. The organisations visited or

contacted have represented a wide spectrum of impairments and have included carers and older people.

4.2 There are 3 main components to the overall THPDP. Please confer Appendix 1

**General Pan Disability Panel** – around 500 members mainly consulted by post, phone and email. Focus groups can be drawn together for specific targeted consultations/involvement exercises.

**Community Plan Themed Subgroups** (5 subgroups) – to meet approximately 2-3 hours per month – each group having members with local community links and feeding into Council and partner governance structures. There is additional recommendation for a stand alone transport subgroup.

**Pan Disability Panel Steering Group** – chairs of subgroups meet with council officers (meet 3 – 4 times per year) – challenge/strategic role in relation to monitoring of Disability Equality Scheme

Links to governance structures are shown in Appendix 1 as an indication of how the THPDP could feed in and link to, for example, the Tower Hamlets Partnership on a more strategic level. Not all activities of the THPDP will require this strategic level of involvement. The THPDP lead officer and secretariat will work with key Council and partner stakeholders to progress the subgroup actions and recommendations arising from the subgroup work programmes.

4.3 The engagement process raised a number of concerns in relation to the shaping of the THPDP. The relevant areas included for this report are summarised;

- How the work of the THPDP feeds into relevant Council and partners decision making processes and structures
- The support arrangements for the THPDP subgroups
- How does the THPDP develop links with the Overview and Scrutiny Committee and Cabinet and the wider equalities agenda?

## 5. FUTURE WORK NEEDED

5.1 The success of the THPDP will require a clear intention and commitment from the Council both in terms of accountability to the THPDP and links made with relevant decision making and review structures. Further clarification on the accountability and links with governance structures within the Tower Hamlets Partnership, such as the Partnership Board and LAP Steering Groups requires development. How the THPDP links into the Adults Health and Wellbeing Physical Disabilities, Learning Disabilities, Mental Health and Older People's Partnership Boards also needs further clarification. Further work is required around linking the work of the THPDP and the additional equalities strand forums, into the work of the Consultation and Involvement Team.

5.2 The THPDP has the potential to benefit a whole range of cross Council activities and provide the Council, when acting in its capacity as a public authority, the opportunity to fully consider any implications for disabled people. The secretariat for the themed subgroups and overall coordination of the work of the THPDP will be key factor in its establishment and long term success. The provision of secretariat for the subgroups has been a requirement raised by community organisations. Consideration should be given

by the Corporate Management Team to provide cross directorate funding for a full time Support Officer post.

## **6. WORKING WITH OVERVIEW & SCRUTINY**

- 6.1 There are considerable benefits in developing links between Overview and Scrutiny and the THPDP. The Overview and Scrutiny Committee aims to look outwards and involve communities and stakeholders. The views and ideas of service users (and non-users), service providers and organisations with an interest in an equalities area under review are all essential for effective scrutiny. The linking of the work programmes of the THPDP and the Overview and Scrutiny Committee could provide two way opportunities for both Overview and Scrutiny to include the views of disabled people on a wide range of issues in its work and for the THPDP to raise specific issues with the Committee. The development of these links can be achieved through reporting to the Committee as part of the DEAP monitoring, involving them in review work when appropriate and/or a scrutiny challenge session/review. These areas of work would help ensure that the THPDP can contribute to the ongoing work of the Council and Partnership and further demonstrate the commitment Overview and Scrutiny have to being accessible, relevant and the wider promotion of its work.

## **7. CONCLUSION**

- 7.1 Tower Hamlets continues to face big challenges in terms of inequality and the establishment of the Tower Hamlets Pan Disability Panel will further enhance the Council's capacity to both respond to and incorporate a wide range of disabled people's views.

## **8. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL)**

- 8.1 The Overview and Scrutiny Committee is asked to receive information about the Council's work on the Tower Hamlets Pan Disability Panel and agree to involve the Panel in the work of overview and scrutiny.
- 8.2 The Council is required by section 21 of the Local Government Act 2000 to have an overview and scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee shall have a number of functions, including: reviewing and scrutinising actions taken in connection with discharge of the Council's functions; and considering any matter affecting Tower Hamlets or its inhabitants.
- 8.3 The report outlines how the work carried out in relation to the Tower Hamlets Pan Disability Panel relates to the Council's goal, expressed in the Community Plan, of achieving One Tower Hamlets. Having regard to the Community Plan is necessary if the Council is to rely on its power under section 2 of the Local Government Act 2000 to do anything which the Council considers is likely to promote the social, economic or environmental well being of Tower Hamlets (the well being power). The power may be exercised in relation to, or for the benefit of: (a) the whole or any part of Tower Hamlets; or (b) all or any persons resident in Tower Hamlets.
- 8.4 More specifically, the Council has legal duties under section 49A of the Disability Discrimination Act 1995 to eliminate discrimination and harassment in relation to disability, to promote equality of opportunity, to promote positive attitudes toward

disabled persons, to take account of disabled persons' disabilities and to encourage participation by disabled persons in public life. The Council's work in relation to the Tower Hamlets Pan Disability Panel may be viewed as supporting the discharge of these duties.

## **9. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

9.1 There are no direct financial implications arising from this report. Equalities issues should be embedded into service delivery, and they are taken into account when budgets are set. This report does however raise the requirement for cross directorate funding for a support role providing secretariat for the THPDP. At the current time funding for the support role has not been identified, but funding will need to be found from existing directorate revenue budgets.

## **10. ONE TOWER HAMLETS CONSIDERATIONS**

10.1 The THPDP represents an important step in progressing the Council's commitment to building One Tower Hamlets as a place in which people live together and where they are treated with respect and fairness regardless of their differences. The THPDP aims to bring together key stakeholders to work together to provide and improve services for local disabled people, their families and Carers. The THPDP brings local people to the decision making table in a variety of ways; from the very local level through to borough-wide initiatives, it helps to ensure that services are not only offered to the highest of standards but also offer the best value for money possible.

## **11. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

11.1 Efforts will be made to ensure that in delivering the commitments of the Tower Hamlets Pan Disability Panel the impact on the environment is kept to an absolute minimum. This includes the use of recycled paper in any documentation, and careful consideration of the methods used to engage with local communities, partners and staff.

## **12. RISK MANAGEMENT IMPLICATIONS**

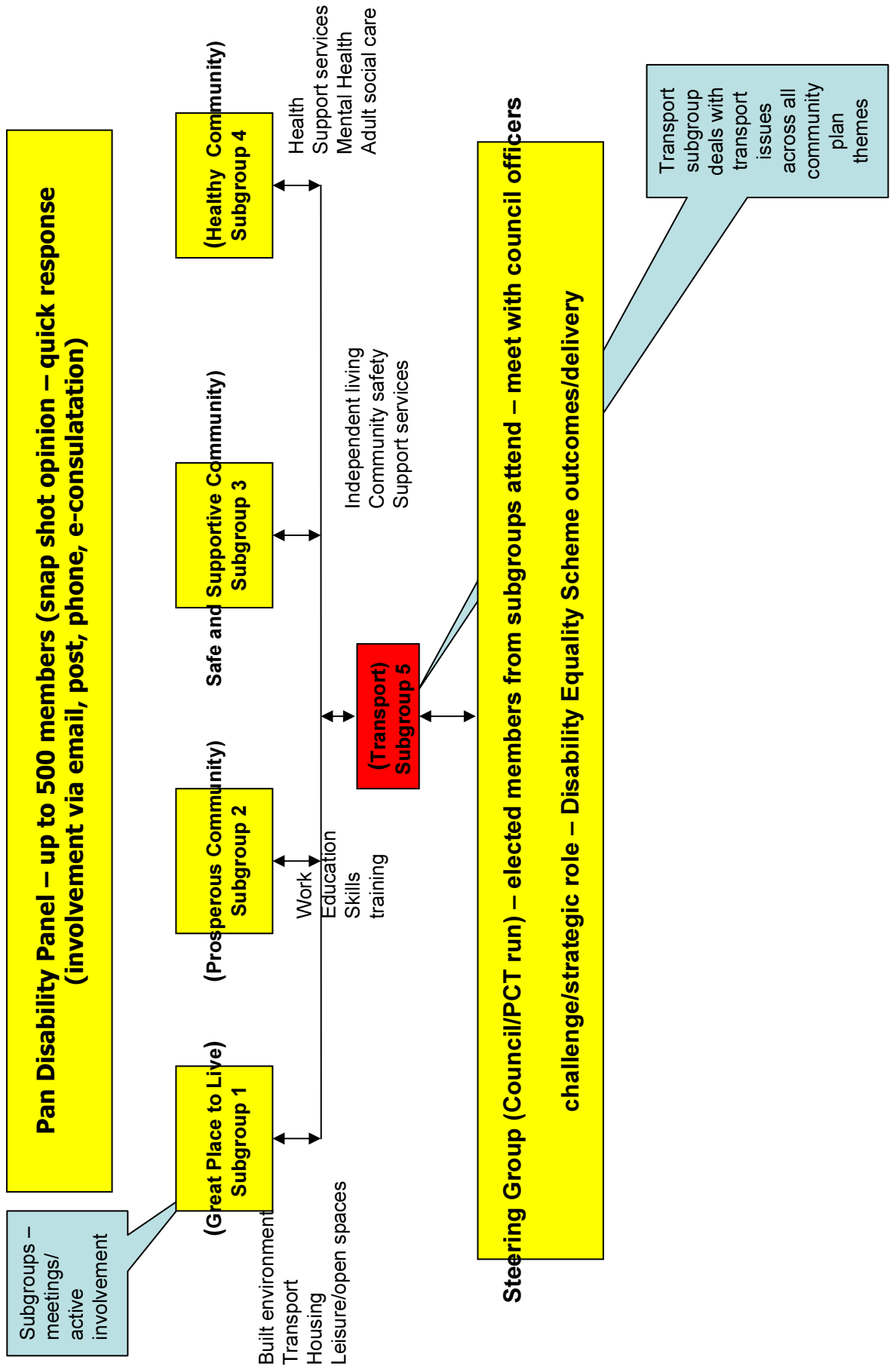
12.1 The Council is seeking to implement an ambitious diversity and equality agenda in the context of changes in national legislation and standards. Progress to date has been very positive, but there is still much to be done if all the Council's targets are to be achieved and all the new legislative requirements are fully complied with. Any slippage could potentially undermine this.

12.2 Diversity and equality performance indicators will help keep the focus firmly on delivery and outcomes. The emphasis on consultation and involvement will mean that the Council's performance in this area will be judged by the experiences of service users on the ground.

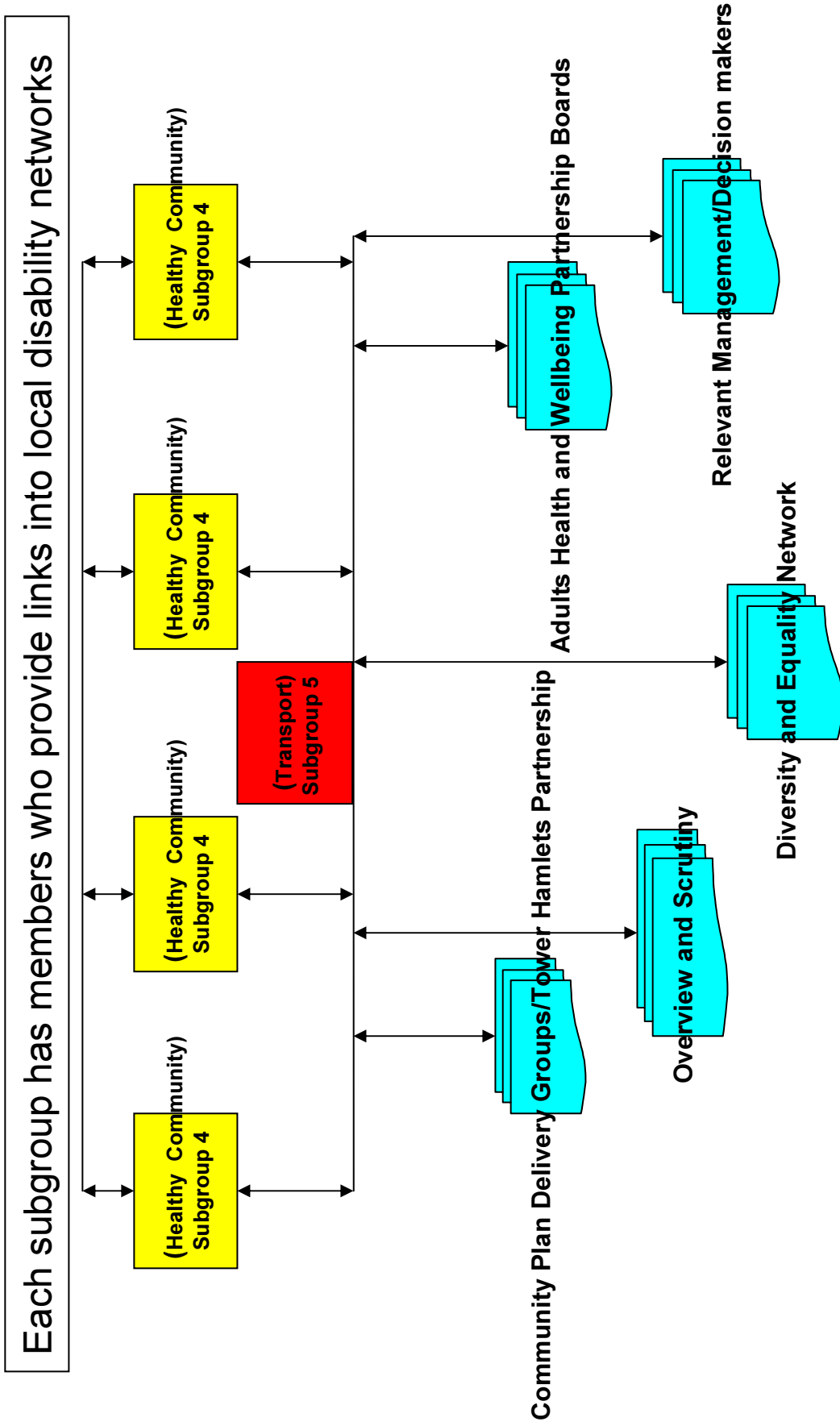
12.3 A greater emphasis will be given this year to communicating the progress that is being made to the wider community and to staff, including greater use of existing communications media such as East End Life, local communications networks and Pulling Together.

## **APPENDICES**

Appendix 1: Tower Hamlets Pan Disability Panel model April 2009



# THPDP Grassroots and Council/Partner links



THPDP subgroup work/recommendations - links/feeds into Council and partner structures



# Agenda Item 8.1

<b>Committee</b>  <b>Overview and Scrutiny Committee</b>	<b>Date</b>  5 <sup>th</sup> May 2009	<b>Classification</b>  Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b>  8.1
<b>Report of:</b> Lutfur Ali, Assistant Chief Executive  <b>Originating Officer(s):</b>  Ashraf Ali Scrutiny & Equalities		<b>Title:</b>  <i>Parental Engagement in Secondary Education: Report of the Scrutiny Working Group</i>  <b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report submits the report and recommendations of the Parental Engagement in Secondary Education Working Group for consideration by the Overview and Scrutiny Committee.

## 2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 That the Service Head for Scrutiny and Equalities be authorised to agree the final report before submission to Cabinet, after consultation with the Scrutiny Lead for Prosperous Community.

---

### LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

#### **LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

Background paper	Name and telephone number of and address where open to inspection
------------------	---

### **3. Background**

- 3.1 A Working Group was established in September 2008 to review current policy and practices and suggest improvements in supporting and encouraging parental engagement in secondary schools.
- 3.2 The review had six main objectives:
- To consider the role of the Council in assisting schools to improve relationships with parents and carers
  - To review service provision offered to parents by schools and the Council
  - To establish a common understanding of the importance that parents/carers play in influencing the educational achievement of their children
  - To find out how parents feel about their relationship with their children's school and how this could be further developed
  - To find out from secondary schools the level of parental engagement and the issues that schools face in seeking to engage with parents
  - To make appropriate recommendations designed to support Children's Services improve responsiveness to the needs of parents /carers in the borough
- 3.3 The Working Group held two meetings with Council Officers to review the current parental engagement initiatives. The Working Group also visited four parenting programmes to ascertain views about the quality of parental engagement provisions.
- 3.4 The report with recommendations is attached at Appendix A.
- 3.5 Once agreed, the Working Group's report and action plan will be submitted to Cabinet for a response to the recommendations.

### **4. Concurrent Report of the Assistant Chief Executive (Legal)**

The Council is required by section 21 of the Local Government Act 2000 to have an Overview and Scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee shall make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. The attached report contains recommendations in relation to Parental Engagement in Secondary Education. It is open to the Overview and Scrutiny committee to agree the report for presentation to Cabinet.

### **5. Comments of the Chief Financial Officer**

- 5.1 There are no specific financial implications emanating from this report.

### **6. One Tower Hamlets considerations**

- 6.1 Recommendations 2 and 6, specifically ask that Children's Services develops clear and accessible information and communication networks for parents. The Working Group was told by BME parents that information given to them is difficult to read and understand. This has clear relevance for equal opportunity implications.

6.2 The report also considers factors that stop parents from attending parental engagement programmes including: childcare commitments, lack of confidence when interacting with teachers and feeling intimidated by other parents. These are significant when considering One Tower Hamlets implications.

## **7. Risk Management**

7.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

# Parental Engagement in Secondary Education

Tower Hamlets Council  
May 2009



## Index

---

	Page
<b>Acknowledgements</b>	<b>3</b>
<b>Chair's foreword</b>	<b>4</b>
<b>Recommendations</b>	<b>5</b>
<b>Introduction</b>	<b>7</b>
<b>Findings</b>	<b>9</b>
<b>Conclusions</b>	<b>22</b>

## **Acknowledgements**

---

### **Working Group Chair:**

Councillor Abdul Aziz Sardar

### **Working Group members:**

Councillor Salim Ullah

Councillor Oliur Rahman

Councillor Motin Uz-Zaman

Councillor Abdul Asad

Councillor Azizur Rahman Khan

Shahanara Begum (Co-opted member, Future Women's Councillor Programme)

### **Council Officers**

Sarah Gale, Head of Equalities and Parental Engagement

Helen Jenner, Service Head, Early Years Children and Learning

Lorraine Hachou, Joint Head, Extended Services

Shibbir Ahmed, Extended Service Cluster Co-ordinator (LAPs 3&4)

Tom Morris, Parent Early Intervention Project Manager

Sudha Solaiman, Parents Advice Worker

Lynn Stone, Parent Information Point (PIP) Co-ordinator

Ayesha Khanam, Parent Information Point Outreach Worker

Denise Hickford, Parents Workshop Facilitator

### **External Contributors**

Pinder Singh, Ocean Maths Project

Patrice Canavan, Headteacher, Oaklands Secondary School

### **Scrutiny and Equalities**

Afazul Hoque, Acting Scrutiny Policy Manager

Ashraf Ali, Scrutiny Policy Officer

Michael Keating, Service Head, Scrutiny and Equalities

Farhana Khan, Tower Hamlets Youth Trainee

Nojmul Hussian, Support Officer, Scrutiny and Equalities

## **Chair's Foreword**

---

To be completed

**Cllr Abdul Aziz Sardar**  
**Scrutiny Lead, Prosperous Communities**

## Recommendations

---

The Working Group recommendations set out the areas requiring consideration and action by the Council to improve parental engagement in Secondary education. The recommendations cover three main areas:

- Better access to information
- Support to access services
- Improved consultation with parents

- R1 That Children’s Services help to develop the Parent Support Partner (PSP) role within schools to ensure parents have access to the information and support they might need to access services, including parenting programmes.**
- R2 That Children’s Services develops clear and accessible information and communication networks for parents through development of the PSP role, publications and newsletters, websites, parent forums and rep schemes as well as face to face meetings.**
- R3 That Children’s Services in partnership with primary and secondary schools develops a seamless and effective transition process from year 6 (primary school) by running transition information sessions (Parent Information Point) for all Year 7 parents. This should be followed by a structured induction into year 7 through workshops and short courses enabling parents to learn more about how secondary schools work and how they can support their child’s learning.**
- R4 That Children’s Services supports secondary schools to offer transition information sessions for parents of children in Y9 (making curriculum choices) and Y11 (making post 16 choices) and pilots a Choice Advice Service for parents who find it difficult to engage with the process.**
- R5 That Children’s Services support schools to ensure that there is a dedicated area for parents to meet or attend programmes, either in the school or nearby (eg the Community House shared by schools in the LEO – Lawdale, Elizabeth Selby and Oaklands - mini-cluster).**
- R6 That secondary schools, with the support of Children’s Services, introduce regular consultation events to obtain parents’ views and build trust and confidence (Parent Voice), ensuring parents receive feedback and see results.**
- R7 That Children’s Services supports schools to develop a welcoming School with training for front-line staff, both in the**



**office and the classroom, on how to make parents feel comfortable, particularly when discussing sensitive issues.**

- R8 That Children's Services support schools to develop an ongoing programme of interactive activities and workshops for parents to learn more about the curriculum, how children are taught and how they can support their child's learning, as well as approaches to parenting teenagers.**

## Introduction

---

1. The role of parental engagement in childrens' education is a central issue in educational policy and research. Improving parental engagement and family-school partnerships is a fundamental challenge to strengthen student achievement and reduce educational inequalities.
2. A Working Group was established in September 2008 to review current policy and practices and suggest improvements in supporting and encouraging parental engagement in secondary schools. Four councillors and a co-opted representative made up the membership of the review including the chair of the Working Group Councillor Abdul Aziz Sardar, Scrutiny Lead, A Prosperous Community.
3. The scrutiny review topic was identified to help ensure the right support is provided to parents to help their children reach their full educational potential.
4. The review had six main objectives:
  - To consider the role of the Council in assisting secondary schools to improve relationships with parents and carers
  - To review service provision offered to parents by secondary schools and the Council
  - To establish a common understanding of the importance that parents/carers play in influencing the educational achievement of their children
  - To find out how parents feel about their relationship with their children's secondary school and how this could be further developed
  - To find out from secondary schools the level of parental engagement and the issues that schools face in seeking to engage with parents
  - To make appropriate recommendations designed to support Children's Services improve responsiveness to the needs of parents /carers in the borough
5. The following timetable for review work was agreed:

### **Introductory Meeting (October 2008)**

- To agree scoping document
- Review the Family Support and Parental Engagement Strategy
- Introduction to current Parental Engagement Initiatives in secondary schools

### **Meeting to consider current parental engagement initiatives in Secondary Schools (November 2008)**

- In-depth review of parental engagement initiatives

**Focus group with parents (January 2009)**

- Focus group with parents of children attending Oaklands Secondary, Lawdale and Elizabeth Selby Primary Schools – to hear views about quality of parental engagement

**School Visit –Stepney Green School (January 2009)**

- Review Ocean Maths Project and its work building relationships with local residents and improving parents' understanding of work children are doing in Schools

**Visit to the Pupil Referral Unit (PRU) (February 2009)**

- Participating in the Strengthening Families Strengthening Communities Parenting Programme at PRU and talking to parents about the impact of the programme in building relationships between parents and children

**Final Meeting (February 2009)**

- Consider draft recommendations

6. The Overview and Scrutiny Committee will consider the Working Group's report and its recommendations before submission to Cabinet.

## Findings

---

### Background

#### National Legislation

7. The government has highlighted the importance of parents and parenting in recent legislation. *The Childcare Act 2006* places a duty on local authorities to broaden the scope of information provided to ensure that parents of children and young people up to their twentieth birthday can obtain the full range of information they need to fulfil their parenting role. It also places a requirement on local authorities to deliver information services which are accessible to all parents, particularly those who might otherwise have difficulty in accessing the information they need.
8. Since the launch of the *Every Child Matters: Change for Children Programme*<sup>1</sup>, the significance of parenting in improving child outcomes has become increasingly central to policy formation on family issues. Government Guidance issued in October 2006 by the Department for Children, Schools and Families (DCSF) asks local authorities to develop a strategic and joined-up approach to the design and delivery of a continuation of parenting support services, ideally through a parenting support strategy that informs the Children and Young People's Plan and takes account of parents' views. The DCSF says that:

*'Families are in most cases the key determinant of positive outcomes for their children, and good parenting is a major factor in improving children and young people's life chances.'*

#### Local Overview

9. April 1999 saw the first scrutiny review in Tower Hamlets that examined parental involvement in schools. The review carried out by the Education and Youth Scrutiny Panel sought to review work to increase involvement of parents in their children's learning and review barriers to greater involvement.
10. The scrutiny process involved hearing presentations and receiving information from voluntary and statutory organisations. Furthermore visits were made to a number of family learning sessions and focus groups were held with parents at four open meetings.

---

<sup>1</sup> Every Child Matters: Change for Children reform aims to improve and integrate children's services, promote early intervention, provide strong leadership and bring together different professionals in multi-disciplinary teams in order to achieve positive outcomes for children and young people and their families.

11. Key findings from the 1999 review suggested that good practice already existed, with considerable work already happening locally. Moreover, it was clear that there is no one model approach to parental involvement and that different needs of different parents and communities have to be recognised. Furthermore, findings made apparent the enthusiasm of the Bangladeshi community to get involved. Nonetheless, there was still a lot of work needed to increase involvement.
12. The 2008/09 Working Group spent considerable time considering the findings of the report by the Education and Youth Scrutiny Panel. The 1999 report was used to help draft the scoping document, particularly the methods to obtain evidence. The current Members of the Working Group decided early to carry out visits to parenting programmes as was the case in the earlier review. It was argued that the best way to understand barriers to parental engagement was to talk with parents themselves.

### **Family Support and Parental Engagement Strategy 2007/08**

13. During the development of the draft scope, the Equalities and Parental Engagement team introduced the *Family Support and Parental Engagement Strategy 2007/08*, which sets out the Council's vision on the way better engagement will be achieved. This strategy states that:

*'The strategy for family support and parental engagement is designed to support the borough's vision by ensuring that parents and families have access to the support that they need, when they need it, so that children can benefit from confident, positive parenting from birth through to teenage years'.*

14. A key component of the 2007/08 strategy is the *Tower Hamlets Parents' Charter* which sets out shared principles and beliefs for key providers. These include ensuring that parents receive high quality service, clear and comprehensive information about services and how to access them, making sure that parents are consulted about existing services and involved in the planning of new initiatives.

### **Literature Review**

15. The belief that parental involvement has a positive effect on students' academic achievement is intuitively appealing to policy makers, teachers, parents and students alike. However this belief has a firm foundation both in the literature concerning parental involvement and in the school improvement research base. The empirical evidence shows that parental involvement is one of the key factors in securing higher

student achievement and sustained school performance (Harris and Chrispeels 2006<sup>2</sup>).

16. It would appear that involving parents in schooling leads to more engagement in teaching and learning processes. The importance of parents' educational attitudes and behaviours on children's educational attainment has also been well documented, especially in developmental psychology literature. This evidence shows that different elements of parents' 'educational attitudes and behaviours, such as the provision of a cognitively stimulating home environment, parental involvement in children's activities and parental beliefs and aspirations, have been identified as having a significant effect on children's levels of educational achievement' (Feinstein et al. 2006:1<sup>3</sup>).
17. Parental involvement in learning at home throughout the age range is much more significant than any factor open to educational influence. (Sacker et al. 2002<sup>4</sup>).
18. Parental aspiration/expectation of their children's achievements has a strong impact on results at school, while the effect of supervision of their work is only marginal (Fan et al. 2001<sup>5</sup>). Desforges and Abouchaar (2003<sup>6</sup>) list involvement initiatives as 'good' parenting in the home, including the provision of a secure and stable environment, intellectual stimulation, parent-child discussion, good models of constructive social and educational values and high aspirations relating to personal fulfilment and good citizenship; contact with schools to share information; participation in school events; participation in the work of the school; and participation in school governance' (Desforge & Abouchaar, 2003, p.2).
19. Evidence shows differences relating to economic status carry over into the area of parental engagement. While parents want the best for their children, working class parents may not automatically expect certain outcomes as do middle class parents (National Centre for Social Research 2004). As Lupton (2006<sup>7</sup>) points out 'most working class parents think education is important but they see it as something that happens in the school, not the home'. Their expectations of social mobility through education also remain small. It remains the case that their social class has a powerful impact on subsequent educational attainment.

---

<sup>2</sup> Harris, A. & Chrispeels, J. H. (Eds.). (2006). *Improving Schools and Educational Systems: International Perspectives*. London: Routledge

<sup>3</sup> Feinstein, L. and Sabates, R. (2006). *Does Education have an impact on mothers' educational attitudes and behaviours*. Research Brief RCB01-06, DfES.

<sup>4</sup> Sacker, A., Schoon, I. and Bartley, M. (2002). "Social inequality in educational achievement and psychological adjustment throughout childhood

<sup>5</sup> Fan, X. and Chen, M. (2001). "Parental Involvement and Students' Academic Achievement

<sup>6</sup> Desforges, C. and Abouchaar, A. (2003). *The impact of parental involvement, parental support and family education on pupil achievement and adjustment*

<sup>7</sup> Lupton, R. (2006). *How does place affect education?* London, Institute for Public Policy Research.

20. Finding from the literature review demonstrate clearly that parental involvement has a positive influence on students' academic achievement. Furthermore findings suggest parental involvement in children's activities and parental beliefs and aspirations, have effects on children's levels of educational achievement.
21. The literature review helped to further expand the scope of the review and to set the context for investigating current programmes and practices.

## **Current Programmes and Practices**

22. The Working Group was presented with information about current initiatives to increase parental engagement at the meeting in November 2008. Including:
  - Extended Schools
  - Strengthening Families Strengthening Communities Parenting Programme
  - Transition Information Sessions/ Parent Information Point (PIP)
  - Passport to Learning and targeted workshops for parents of year 7 students
  - Maths curriculum workshop – Ocean Maths Project

## **Extended Schools**

23. The Working Group was informed by the Head of Extended Services that services offered as part of the programme are in response to demand and delivered through schools and clusters. Programmes are delivered by teams within Children's Services, other statutory providers and voluntary, community or private sector organisations.
24. Extended Schools provide a wide range of services and activities, to help meet the needs of children and their families. The core parenting support that families should be able to access through schools include: information sessions for parents at key transition points, parenting programmes and family learning sessions to allow children to learn with their parents.
25. The Working Group was informed that a varied menu of activities exists to deliver the Extended Schools programme. These include: academic activities to boost children's school performance, homework clubs, booster and catch up sessions as well as arts, sporting and creative activities. Programmes are shaped through consultation with children and young people and by individual school development priorities.

## **Strengthening Families Strengthening Communities**

26. Information on the Strengthening Families Strengthening Communities (SFSC) parenting programmes was provided by the Parenting Early Intervention Project Manager. Members heard that the programme equips parents with more information on better parenting to help children to lead violence free, healthy lifestyles.
27. SFSC is a community based programme specifically designed to promote some of the protective factors associated with 'good parenting' (developing close and warm relationships between parents and children; using methods of discipline that support self-discipline in children; fostering self-esteem of children; developing strategies to deal with risky situations; managing anger). At the same time SFSC deals with the factors associated with increased risk (inconsistent parenting; harsh discipline in an overly critical environment; limited supervision; isolation and lack of knowledge of community resources). Importantly, the SFSC approach emphasises that the local environment impacts on parenting (for example the availability of good schools) and that parents should play an active role in helping to shape this environment by engaging with community resources.
28. SFSC achieves its aims through a range of methods which include:
  - Providing parents with information to empower them
  - Developing anger management and positive discipline techniques
  - Providing a cultural framework to validate the historical and family experiences of different ethnic groups
  - Decreasing isolation by helping parents to connect to community resources.
29. As noted in the Introduction, the Working Group visited parenting programmes. One of these was the SFSC programme at the Pupil Referral Unit where ten parents were present. All of them were female, two were Bangladeshi, two African Caribbean, five White British and one Polish. Members and parents talked in length about the benefits of this programme and its effect in building parents' confidence to influence their children's behaviour positively.
30. The majority of parents expressed strongly held views about the positive impact of this programme, and it quickly became clear that parents associated improvement in parenting with this programme. Almost all of the parents were supportive of an increase in the number of SFSC programmes in Tower Hamlets.
31. Many parents referred to the impact they felt the parenting programme was having in improving relationships with their children. The following excerpts are just a few examples:



*“I feel more relaxed around my daughter and this allows me to talk to my child in a more positive way”;*

*“I am now more positive about parenting and look forward to spending some time with my children”.*

32. One of the major aims of the course is to encourage positive discipline and communication approaches. One parent said:

*“Before if my daughter was behaving badly I would scream and just shout, but now I just talk to her and try to explain to her that what she is doing is wrong”.*

One of the Members asked how the programme has helped her to change the approach taken to disciplining her child. The parent said that sessions on confrontation helped to manage her anger more.

33. The discussion then progressed to the barriers parents faced when trying to interact with schools. The Working Group specifically asked parents’ views on how schools could improve parental engagement. Parents talked about the difficulty accessing information and support that informs them about parenting activities and programmes.

*“I hardly ever receive information from schools other than details about parents’ evening or calls to say that my son is truanting”.*

Another parent commented:

*“Most of the information I receive is about my child misbehaving”.*

However, some did say they receive information at times about school activities but found those activities difficult to attend because of childcare responsibilities.

34. The Working Group also talked about the way information is presented and was keen to know if information about parenting programmes is translated into other languages. To which, one parent replied.

*“Most of the time the school does give me information in Bengali, I think they have to. But I can read English when it is simple and so would like information to be in plain English. I rather the school spoke to me than sent me letters as I feel more comfortable with that”.*

35. During the final Scrutiny meeting, the Working Group presented its findings from the visit to Council Officers. Parents had specifically told the Working Group that information and support needs to encourage

parents to participate in their childrens' school. Information also needs to be in plain English to make it easy to read and understand.

36. Members were informed that one of the Council's long-term aims is to develop the role of parents as partners of schools by giving them more say in the way provisions is offered to pupils. Working with schools to improve information given to parents is a vital element of the Family Support and Parental Engagement Strategy 2007/08.

- R1 That Children's Services help to develop the Parent Support Partner (PSP) role within schools to ensure parents have access to the information and support they might need to access services, including parenting programmes.**
- R2 That Children's Services develops clear and accessible information and communication networks for parents through development of the PSP role, publications and newsletters, websites, parent forums and rep schemes as well as face to face meetings.**

### **Transition Information Sessions/ Parent Information Point (PIP)**

37. Information about the Parent Information Point (PIP) was presented to the Working Group by the Senior Parent Support Co-ordinator. PIP sessions provide information and support for parents at key transition points. Parents of children new to a school or moving on to a new phase (e.g. from years 6 to 7) are invited to a meeting where they can find out more about the transition process and how they can support their child. An informal discussion and/or group activity is followed by a 'market place' session, where parents can pick up leaflets and information about facilities and activities across the borough.
38. Attention was drawn to the approach taken by Langdon Park School. When primary children visit the school at the end of the summer term parents are also invited. After a brief introduction by the Headteacher children go to class with their form tutor and parents are divided into the same tutor groups as their children. Each group of parents is facilitated by a member of staff and a year 11 student, who is able to translate. Parents then take part in a PIP session, where they have an opportunity to meet other parents and share information and concerns.
39. The second visit by the Working Group was to a Transition Information Session at Raines Foundation School. Many parents of year 7 pupils were present. The Working Group observed parents interact with teachers and talked to parents about the difficulty they and their children face when transferring from primary to secondary school.
40. The majority of parents talked about the benefits of this type of information session in helping their child to manage the transition

between primary and secondary schools. It became obvious that parents associated the programme with a more seamless and effective transition.

41. One parent said:

*“This programme is really good. I get to see the school that my son will be attending and meet his teachers. This is a very stressful time for me as I know my son is really nervous about starting year 7, so coming here reassures me that he will be ok. It’s also good that my son is here. It will help to familiarise the place”.*

42. The PIP session gives parents an opportunity to ask questions about the school that their children will be attending. As one of them said:

*“It’s really good that there is a dedicated point to ask questions. I have so many things on my mind ..... really nervous about my son starting secondary school”.*

43. The Working Group asked parents how they thought schools could improve the transition process. In response parents were keen to continue to have transition programmes for the first few months.

*“This session is great, but I would like to come back again to talk with teachers about how my child is doing. I don’t mean parents’ evenings, but regular meetings”.*

One parent said:

*“I really want to support my daughter and so need to know what she will be studying. If I can meet with her teachers regularly then that would help me immensely”.*

44. Another parent talked about her daughter who has just started year 10 to study GCSE. The Group was told that transition from year 9 to year 10 has been difficult:

*” My daughter is finding the adjustment hard to take. I only wish the school gave me more information about the transition from year 9 to GCSE so that I could have helped her cope”.*

45. The Working Group presented its findings from the Raines Foundation School visit to Officers of the Council and other Members of the Working Group that could not attend. The Working Group felt that the PIP Session was successful and that parents found the opportunity to come into school to meet teachers useful. However, they did ask that more information is given to parents about secondary school work to enable them to support their child better. Moreover the group were

keen for a similar transition session to be available to parents of year 9 pupils about to start GCSE and parents of GCSE pupils about to start college or Post 16 courses.

- R3 That Children's Services in partnership with primary and secondary schools develops a seamless and effective transition process from year 6 (primary school) by running transition information sessions (Parent Information Point) for all Year 7 parents. This should be followed by a structured induction into year 7 through workshops and short courses enabling parents to learn more about how secondary schools work and how they can support their child's learning.**
- R4 That Children's Services supports secondary schools to offer transition information sessions for parents of children in Y9 (making curriculum choices) and Y11 (making post 16 choices) and pilots a Choice Advice Service for parents who find it difficult to engage with the process.**

### **Passport to Learning and Targeted workshops for Year 7 parents**

46. The Parental Engagement Co-ordinator informed the Working Group of the Passport to Learning programme. The programme provides parents with a means of reflecting and recording on educational, training, work and volunteering experiences. Parents are supported to build up a record of skills and knowledge they have developed to support their children's learning and development. Parents can attend a variety of Passport to Learning courses including "Building Skills and Confidence" and "Volunteering in your Child's school"
47. The programme includes workshops aimed to increase parents' confidence and improve attendance rates of children. Also to increase parents' confidence and knowledge of the school system and increase parental involvement at parent conferences and consultations, pupil review days and school initiatives.
48. The Working Group was invited to attend a parents' meeting run in partnership by Oaklands Secondary School, Elizabeth Selby Primary School and Lawdale Junior School. The group meet regularly to discuss parenting issues with each other. Ten parents were present.
49. Members were keen to understand the level of information and support parents receive from schools and whether information is translated into different languages. In general, parents felt very positive about the information the school provided.

*"My daughter's school is very good in keeping me informed and up to date with her progress".*

Another parent said:

*“The school provides clear information on how my child is getting on and gave information that helped me understand how I could support my child’s progress”.*

However one Bangladeshi female parent did say that information received at times was full of jargon and difficult to understand.

*“Sometimes I can’t understand the English.”*

The Working Group specifically asked if this is because English is her second language. To which the parent replied “yes”.

50. Furthermore, Members spent time discussing with parents whether they find their child’s school welcoming. In the introductory review meeting, Officers from the Equalities and Parental Engagement team informed Members that one way to improve parental engagement is for schools to be more welcoming, especially for the hard to reach groups. When talking with parents some said they feel uncomfortable attending parents’ evenings and at times would “stay away”. When asked the reason, one parent said:

*“I feel as if I am always in the wrong and that the teachers are always right”.*

51. One of the key aims of this review was to evaluate the relationship between schools and parents to see if schools are involving parents in key decisions. The Working Group discussed this with parents to distinguish whether it is easy for them to contact the school to have a say about the way the school is being run. The majority of the parents said that the schools that their children go to, on the whole, are accessible. However, one parent said that:

*“The setup is good within this cluster but really poor in my other child’s secondary school, where accessing the school is difficult. I just want the same for all my children”.*

Furthermore another parent said:

*“It’s the same faces that attend this programme, the school needs to find a way to encourage more parents to attend to get their views on how the school is run”.*

52. Parents also said that this cluster is specifically good at notifying parents of services and parenting programmes that its schools are running. Members heard that information about events and programmes are regularly sent to parents. Despite the success of this programme the Working Group was interested to know how attendance

at this meeting could be improved. Parents said that *“information needs to be in different languages”*. The Parental Engagement Co-ordinator did say that a continual effort is always made to translate documents.

53. The parents at this meeting clearly demonstrated the good work found within this mini cluster, during the development of the recommendations, Officers said that space to hold meetings are important and that the Oaklands mini cluster is lucky in that it has a community centre that can be used.
54. The Headteacher of Oaklands School, who was also present on this visit, stressed the importance of having a dedicated space to give parents an opportunity to discuss how their children’s school is managed. Patrice Canavan said that parents are *“customers of the education service as well as key partners in their children’s education. As such they should expect involvement in the running of their children’s school and for those who lead and manage the school to be accountable to them. Schools need to have a detailed understanding of the needs, expectations and experiences of parents in order to assess whether they are meeting them. Therefore all schools needed to develop a welcoming atmosphere that is understanding of the needs of the parent”*.

- R5 That Children’s Services support schools to ensure that there is a dedicated area for parents to meet or attend programmes, either in the School or nearby (eg the Community House shared by schools in the LEO – Lawdale, Elizabeth Selby and Oaklands -mini-cluster).**
- R6 That secondary schools, with the support of Children’s Services, introduce regular consultation events to obtain parents’ views and build trust and confidence (Parent Voice), ensuring parents receive feedback and see results.**
- R7 That Children’s Services supports schools to develop a welcoming school with training for front-line staff, both in the office and the classroom, on how to make parents feel comfortable, particularly when discussing sensitive issues.**

### **Maths curriculum workshop**

55. The Ocean Maths Project was originally set upon the Ocean Estate in Stepney and has expanded across the borough. The area has a high black, Asian and minority ethnic (BAME) population. The project aims to help raise the educational attainment and expectations of local young people and develop positive links between Schools and the local community.

56. The Director of Ocean Maths highlighted how the project uses specially designed homework, focussing on a game which children and parents or their carers can play together. This is designed to support and enhance what children learn in school. Each term, parents are invited to a workshop where they are shown how to play the games and offered additional ways to support their children's education.
57. The final visit of the Working Group was to see the Maths Project in action at Stepney Green Secondary School. Twenty parents were present, all of whom were of Bangladeshi background. The Group observed parents working with their children and afterwards talked to them about the project.
58. The majority of parents were positive about the impact of this programme, and it quickly became clear that parents associated improvement in understanding the work that their child does in school to this programme. Almost all of the parents were vociferously for an increase in this type of workshop across Tower Hamlets.
59. Many parents believed the parenting programme improved the relationship with their child's school. One parent said:

*"Before I would never attend the school, this workshop forces me to attend and meet my sons' teachers".*

Furthermore one parent said:

*"It has helped me to understand the education that my son receives".*

60. Members thought the workshop was a great example of parents working with their children and teachers. The atmosphere was lively and it was clearly visible that parents really enjoyed themselves.
61. At the final scrutiny meeting the Working Group gave feedback to Officers and those Members that could not attend the Ocean Maths Project Workshop. From observing the workshop and speaking with parents and teachers, it is the Working Group's view that this project plays an important part in encouraging parents to play an active role in the development of their child's learning and improving the relationship between parents and schools.
62. Officers informed the Working Group that the Ocean Maths Project continues to be a success at Stepney Green School and that the excellent GCSE Maths results that the School has obtained in the last couple of years can be linked to the success of the project.

**R8 That Children's Services support schools to develop an ongoing programme of interactive activities and workshops for parents to learn more about the curriculum, how children are taught and how they can support their child's learning, as well as approaches to parenting teenagers.**

## Conclusion

---

63. The Working Group welcomed the opportunity to examine in detail the various parental engagement initiatives operating locally. From visits made to different schools it was clear that whilst a lot of good work is already underway to get parents more involved in their childrens' schooling, more work is required to secure engagement from hard to reach parents.
64. Members wanted to find ways to help parents feel more confident when interacting with schools. The review found that programmes such as the Strengthening Families Strengthening Communities Parenting Programme did to some extent help to build confidence amongst parents. Although upon reflection, more work is needed to empower parents to feel totally comfortable and confident when engaging with schools.
65. The recommendations are based primarily on the visits and reflect what parents have to say about ways engagement can be improved. Discussions have also been held with Children's Services throughout to ensure that the recommendations are necessary to improve parental engagement.
66. Finally, the Working Group hopes that the implementation of the recommendations and the on going work of Children's Services will further increase parental engagement and consequently improve educational achievement to improve outcomes for young people.



# Agenda Item 8.2

<b>Committee</b> Overview and Scrutiny Committee	<b>Date</b> 5 <sup>th</sup> May 2009	<b>Classification</b> Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b> 8.2
<b>Report of:</b> Lutfur Ali, Assistant Chief Executive  <b>Originating Officer(s):</b> Shanara Matin, Scrutiny Policy Officer		<b>Title:</b> Health Scrutiny Panel Review on End of Life Care  <b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report submits the report and recommendations of the Health Scrutiny Panel Review on End of Life Care for consideration by the Overview and Scrutiny Committee.

## 2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 That the Service Head for Scrutiny and Equality be authorised to agree final report before submission to Cabinet, after consultation with the Chair of the Health Scrutiny Panel.

---

### LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

#### ***LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT***

Background paper	Name and telephone number of and address where open to inspection
Scrutiny Review File held in Scrutiny Policy Team	Shanara Matin 020 7364 4548

### **3. Background**

3.1 A Working Group was established in September 2008 to review how social care provision of end of life services meet the needs of local people and to examine the effectiveness of co-ordination across health and social care at end of life.

3.2 The objectives of the review were to:

- To scrutinise and contribute to the Tower Hamlets End of Life Care Services Improvement Programme, “Delivering Choice”
- To investigate the barriers to choice and equity of access to social care provision of end of life care services amongst equalities groups
- To assess the effectiveness of co-ordination of health and social care in end of life care services
- To investigate the needs of carers of people at end of life.
- To examine the role of the voluntary, community and faith sectors in end of life care provision
- To identify improvements to the commissioning process as a lever to improving end of life care
- To consider ways to improve the availability of information on services for patients, carers and professionals

3.3 The Working Group met four times and considered various information including, evidence from the Tower Hamlets PCT, LBTH Adult Health & Wellbeing Directorate and the National Audit Office Report on End of Life Care. The Group also visited the Royal London Hospital Chaplaincy and participated in focus groups with the Older People’s Panel and the Older People’s Reference Group.

3.4 The report with recommendations is attached at Appendix A.

3.5 Once agreed, the Working Group's report and action plan will be submitted to Cabinet for a response to their recommendations.

### **4. Concurrent Report of the Assistant Chief Executive (Legal)**

4.1 The Council is required by section 21 of the Local Government Act 2000 to have an overview and scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council’s Constitution provides that the Overview and Scrutiny Committee shall make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. The attached report contains recommendations in relation to end of life care. It is open to the overview and scrutiny committee to agree the report for presentation to Cabinet.

## **5. Comments of the Chief Financial Officer**

5.1 There are no specific financial implications emanating from this report.

## **6. One Tower Hamlets consideration**

6.1 The review focused on how local people from all communities experience and access end of life care services. A large number of recipients of this care are older and are likely to have needs around age or that are illness related and or related to physical disabilities. The review aimed to improve services around these equalities challenges.

6.2 The number of older Black and Minority Ethnic people is set to grow as the historically younger age profile of these communities changes over time. The take up of end of life care services is lower for BME communities compared to the proportion of people there are with chronic or long term conditions. The Working Group considered how service improvements would meet current and projected needs in the borough and considered the role of faith based work in improving take up of end of life care services.

## **7. Risk Management**

7.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

Appendix A

# **DRAFT Report of the Health scrutiny Panel**

## **Review of End of Life Care**

**Tower Hamlets Council**

**March 2009**

## **Index**

---

	<b>Page</b>
<b>Acknowledgements</b>	
<b>Chair's Foreword</b>	
<b>Chapter 1</b> Introduction	
<b>Chapter 2</b> National Policy Context	
<b>Chapter 3</b> Local Policy Context	
<b>Chapter 4</b> Findings	
<b>Chapter 5</b> Conclusions and Recommendations	

## **Acknowledgements**

---

### **Health scrutiny Panel**

Cllr Stephanie Eaton – Chair  
Cllr Ann Jackson – Vice Chair  
Cllr Bill Turner  
Cllr Lutfa Begum  
Cllr Abjol Miah

### **Co-opted Panel Members**

Ann Edmead, Future Women Councillors Programme  
Myra Garrett, Interim Steering Group Member, THINK  
Dr Amjad Rahi, Interim Steering Group Member, THINK

### **London Borough of Tower Hamlets**

Helen Taylor Service Head, Commissioning and Strategy, AHWB  
Barbara Disney, Service Manager, Commissioning, AHWB  
Catherine Weir, Service Manager, Adults  
John Roog, Service Head, Older People and Homelessness, AHWB  
Ian Basnett, Joint Director of Public Health  
Michael Keating, Service Head, Scrutiny & Equalities

### **Scrutiny Policy Officers**

Shanara Matin, Scrutiny Policy Officer  
Afazul Hoque, Acting Scrutiny Policy Manager

### **Tower Hamlets Primary Care Trust**

Jane Milligan Deputy Director, Primary and Community Care Commissioning, THPCT  
Salma Yasmeen, Delivering Choice Programme Manager, THPCT  
Charlotte Fry, Associate Director of Primary and Community Care Commissioning, THPCT

### **External**

St Joseph's Hospice  
Age Concern  
Older Peoples Reference Group  
Chaplaincy Team at Royal London Hospital  
Tower Hamlets Interfaith Forum  
Carers Centre Tower Hamlets

## Chair's Foreword

---

TBC

**Councillor Stephanie Eaton**  
**Chair**

## Chapter 1 – Introduction

---

### Background

1. The Health Scrutiny Panel is the statutory body in Tower Hamlets established to respond to duties placed on local authorities in the Health and Social Care Act 2001. This includes having in place an Overview and Scrutiny function that can respond to consultation by NHS bodies on significant changes and developments in health services and to take up the power of Overview and Scrutiny on broader health and wellbeing issues.
2. The overarching aims of health scrutiny are to:
  - Identify whether health and health services reflect the views and aspirations of the local community
  - Ensure all sections of the community have equal access to services
  - Have an equal chance of a successful outcome from services.
3. These specific powers and duties are underpinned by the aim of putting patients and the public at the centre of health services.
4. Each year the Panel undertake an in-depth review of a health and or social care issue identified as a local priority within the context of a four year work programme focused on reducing health inequalities (2006/10). This document is the report of the health scrutiny review of 2008/09 into End of Life Care in Tower Hamlets.

### The review process

5. End of life care as a potential health scrutiny review subject was discussed with local health trusts through the induction programme for Health Scrutiny Panel members in June and July 2008. The Tower Hamlets Primary Care Trust (NHS Tower Hamlets from 1 April 2009), Barts and the London NHS Trust and the East London NHS Foundation Trust welcomed the proposed topic.

6. During the scoping period for the review the Primary Care Trusts' existing service improvement programme for end of life care provision was further expanded through the adoption of the Delivering Choice Programme piloting the use of the Marie Curie toolkit to redesign and improve end of life care services.
7. The Health Scrutiny Panel were keen to ensure that the scope was defined in a way to add value to the programme and avoid duplication over lines of inquiry and investigation. It was resolved that it would be useful for Members to bring their local knowledge of communities to bear on the wider programme, to provide a check on the robustness of the plans and to be consulted in their own right as key stakeholders over significant changes to the way services will be provided in the future.
8. During the scoping process it was agreed therefore that the review would include a critical friend role in overseeing the Delivering Choice Programme. The programme necessarily has a strong focus on health services giving health scrutiny scope to investigate more fully the relevant social care services and other related services for which the Council has responsibility. Through the scoping process members heard anecdotal evidence that there were challenges in providing a seamless service for recipients of this type of care and there was a clear role for the Panel in identifying improvements around how health and social care are integrated around an individuals needs.
9. Members also identified a significant community leadership challenge to promoting wellbeing within the scope of end of life care around the challenges of making talking about death and dying more acceptable and the concept of a planned and or good death.
10. The review did not consider end of life care provision for young people. This is a significant area of work that is being reviewed as part of the Delivering Choice Programme.

### **One Tower Hamlets considerations**

11. The review focused on how local people from all communities experience and access end of life care services. A large number of recipients of this care are older and are likely to have needs around age or that are illness related and or related to physical disabilities. By looking at how health and social care integrate to meet these needs the review aimed to improve services around these equalities challenges. The number of older Black and Minority Ethnic people is set to grow as the historically younger age profile of these communities changes over time. The take up of end of life care services is lower for BME communities compared to the proportion of people there are with chronic or long term conditions as identified by the Tower Hamlets Primary Care Trust Baseline Review. In reviewing the Delivering Choice Programme, Members considered how service improvements would meet current and projected needs in the Borough and considered the role of faith based work in improving take up of end of life care services. The Council's Equalities team had also commissioned a report in 2008/09 on the health and social care needs of older lesbian and gay people living in the Borough which was reviewed for information related to end of life care.



## Aim

12. To review how social care provision of end of life services meet the needs of local people and to examine the effectiveness of co-ordination across health and social care at end of life. The review will consider the policies, practices and systems that determine the provision of these services and identify solutions to the barriers faced by local people in accessing end of life care.

## Review Objectives

13. The objectives of the review were:

- a) To scrutinise and contribute to the Tower Hamlets End of Life Care Services Improvement Programme, "Delivering Choice"
- b) To investigate the barriers to choice and equity of access to social care provision of end of life care services amongst equalities groups
- c) To assess the effectiveness of co-ordination of health and social care in end of life care services
- d) To investigate the needs of carers of people at end of life
- e) To examine the role of the voluntary, community and faith sectors in end of life care provision
- f) To identify improvements to the commissioning process as a lever to improving end of life care
- g) To consider ways to improve the availability of information on services for patients, carers and professionals.

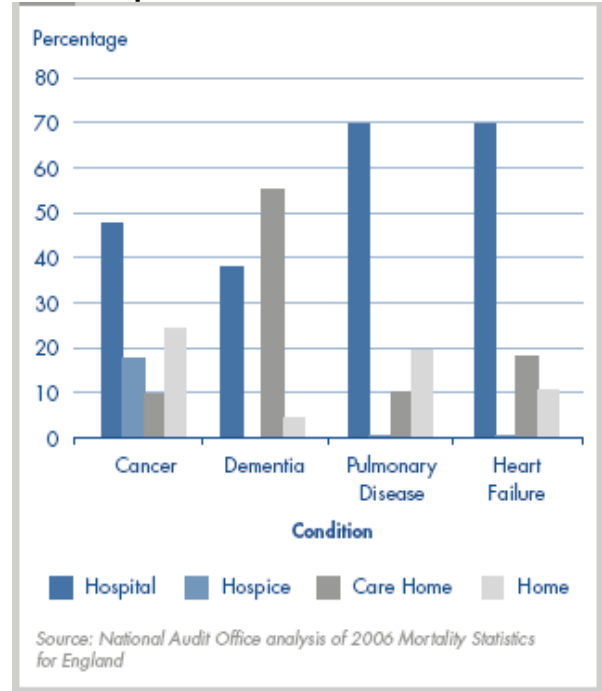
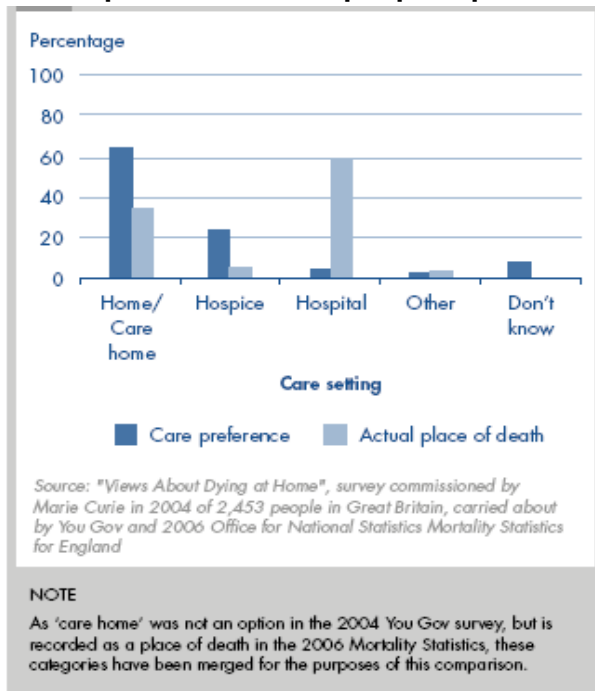
14. The Panel's work programme is outlined below:

Stage 1 (Oct 08)	<ul style="list-style-type: none"> <li>• Defining scope of review</li> <li>• Consideration of national and local policies</li> <li>• Delivering Choice Programme Objectives</li> </ul>
Stage 2 (Oct 08 – Jan 09)	Evidence Gathering from: <ul style="list-style-type: none"> <li>• Care-Plus Project: Carers Centre Tower Hamlets</li> <li>• Interim findings of the Delivering Choice Programme</li> <li>• National Audit Office Report on End of Life Care</li> <li>• Care Homes</li> <li>• Adult Health &amp; Wellbeing Directorate</li> <li>• Older LGBT Matters</li> </ul>
Stage 3 (Dec 09 – Feb 09)	Visits <ul style="list-style-type: none"> <li>• Older People's Panel</li> <li>• Royal London Hospital Chaplaincy Visit / Interfaith Forum</li> <li>• Older People's Reference Group Meeting and Focus Group</li> </ul>
Stage 4 (Mar 09)	<ul style="list-style-type: none"> <li>• Draft report and consultation</li> </ul>

15. Each year around half a million people die in England. The care provided to these people, their families and carers, is a significant proportion of the workload for many health, social care, and voluntary sector staff. However, too often care for this vulnerable group is not co-ordinated effectively across the different service providers, and is not designed around people's expressed wishes and preferences about their care.
16. In response to these challenges, the government has put in place a number of initiatives to improve care for people at the end of life. These include: the development of National Institute for Health and Clinical Excellence guidance for supportive and palliative care for adults with cancer (2004), the NHS End of Life Care Programme, and the NHS Next Stage Review which have all contributed to the national End of Life Care Strategy launched in July 2008. The strategy recognises that a step change is required in the way people are enabled to access high quality care at the end of their life, irrespective of age, gender, ethnicity, religious belief, diagnosis or care setting, and which respects each individual's needs and preferences.
17. The End of Life Care Strategy is backed with £286 million of funding to improve the quality of care for all adults approaching the end of their life. Its aim is to provide more choice to people about where they would like to live and die and is a strategy for all adults with advanced, progressive illness and the care given to them in all settings. The strategy champions a growing national momentum towards improving end of life care within primary care, care homes, generalist education and covers care for patients with all end-stage illnesses in the final months and years of life. The ten year strategy is the first of its kind.
18. Areas it will particularly focus on include:
  - **Improved community services** – working with PCTs and Local Authorities to ensure that rapid response community nursing services are available in all areas at all times. This is to enable more people to be cared for and die at home if they wish
  - **Workforce training and development** – to train health and social care professionals in assessing the needs of patients and carers to provide the best possible quality of care
  - **Development of specialist palliative care outreach services** – encourage PCTs and hospices to work together to develop specialist services in the community, to support all adults regardless of their condition
  - **Setting up a national End of Life Research initiative** – to further understand how best to care for those at the end of their lives.
  - **Quality Standards** – to develop in partnership with Next Stage Review End of Life Care Leads quality standards against which PCTs and providers can be assessed.
19. The strategy makes the salient point that implementing end of life care pathways requires a major organisational commitment to the goal of improving care of the dying, and may require specific resources and leadership.
20. The National Audit Office produced a comprehensive report on resourcing and challenges facing end of life care provision following the publication of the National Strategy in July 2008. The report is discussed in more detail within the review

findings. Some of the national level data from the report is included below which demonstrate the current challenges faced within this care sector.

### 1. Comparison between people's preferences and actual place of death



### 2. Place of death varies by condition

21. Fig. 1 presents the comparison between people's preferences and actual place of death. This suggests that many more people choose to die at home than are able to and suggests that Hospitals are one of the least likely preferences.
22. Fig 2 highlights the way medical condition influences people's place of death with heart and pulmonary disease patients most likely to die in Hospital.

### Next Stage Review of Healthcare for London

23. Lord Ara Darzi's report 'Healthcare for London: A framework for action' set out radical changes to health service provision in London which if implemented will have a significant impact on London's health economy. Overview and Scrutiny Committees across London established the Joint Overview & Scrutiny Committee (JOSC) to review the plans within the report including the work of the End of Life Care Working Group.
24. Members of that working group provided evidence to the JOSC and the key points from their evidence is set out below. The information provides an insight into the challenges currently facing end of life services in London.
  - 80% of the NHS' workload relates to supporting people with chronic conditions.
  - Surveys consistently reveal that the majority of people want to die at home or in a hospice. However, 70% of deaths in London take place in hospital, which is much higher than the rest of the country.

- End of life care in London is fragmented. The report proposes establishing five commissioning zones to achieve greater co-ordination of services. PCTs would be tasked to produce a specification of the required services to meet the needs of their population and commission providers for that zone. The providers would arrange for discussions to take place with individuals to find out their wishes for end of life care and then arrange for these services to be delivered (as far as possible). Service providers could be drawn from the NHS, or may be from the independent or voluntary sectors. Marie Curie deliver a similar service in Lincolnshire and this demonstrates the plans should roughly be cost neutral given the anticipated reduction in the number of people dying in hospital.
  - The proposals will require people to overcome the taboo of talking about death. It will also require decisions to be taken to identify when someone is approaching the end of their life. It is not always straightforward to accurately predict life expectancy, although one option would be for people to be referred to end of life services when diagnosed with terminal illnesses.
  - The proposals could impact on social care services, and like other aspects of chronic disease management it would be vital to ensure that the service specification for the end of life service providers include both health and social care.
  - It was highlighted that these proposals (like other aspects of Healthcare for London) could again raise problems in that social care services are increasingly means-tested while health services are universal.
  - Some London residents live in very poor quality accommodation and it is essential to ensure that these people are not forced to die at home. It was agreed that protections would need to be built into the system so that people who want to die at home are able to do so, while those wishing to die in hospital are able to also.
  - It can be very difficult to find terminally ill patients a place in hospices, and individuals may be too poorly to be transferred by the time a space is available. Care homes may often refuse to take a very ill resident back after hospital treatment despite this being the person's home. This may be because the care homes do not feel they have the expertise to support a very sick resident or because they feel the death of a resident will affect their reputation. It was agreed that any proposals must address this situation.
25. In relation to palliative care for Cancer Patients the following points were made by the JOSC and are :
- Any reform must ensure appropriate out of hours care services are in place. Often when faced with severe pains or complications many patients currently attend Accident & Emergency (A&E) when other health services are closed.
  - Further work is required to develop palliative care skills within general practice, and doctors may require additional training on how to offer emotional support to patients diagnosed or living with cancer. Carers must be identified and their views incorporated into end of life plans.
  - Hospices do not receive guaranteed funding from PCTs and fund raising activities account for much of their income.

- The end of life proposals could impact on carers. It is vital to identify the needs of carers early on and ensure they have the support to cope in their role. Government policy can mean that carers receive less state financial support once they reach pensionable age. Dedicated support workers to help people claim benefits have been very effective at increasing benefit take-up.
- Disagreements between organisations as to what is 'health' and what is 'social' care can undermine the quality of care provided to individuals. Very sick people may not have time to wait for lengthy discussions to be resolved.
- Clinicians must be encouraged and become willing to start discussions with their patients about their life expectancy when diagnosed with terminal illness.
- The proposals for end of life care will require additional community nursing staff. This will not happen overnight. However, a failure to ensure that these staff are in place will increase the burden on carers.

### **Chapter 3 - Local Policy Context**

---

26. In Tower Hamlets around 800 people die in hospital each year, nearly 2/3 of all deaths in the Borough. Approximately 11% of hospital spend is on unplanned admissions which accounted for 21,000 emergency bed days in 2006/07. There is not enough anticipated planned care for people in the Borough even though most deaths are related to long term conditions. On average there is one complaint a fortnight about end of life care around issues such as privacy, dignity and communication.
27. There are significant inequalities in access to end of life care, with people who have conditions other than cancer and people from BME groups tending to benefit least from specialist palliative care services. Strikingly people living in care homes are even more likely to die in hospital than older people living in their own home. The 2007 End of Life Care Baseline Review identified many services provided by health, social care and voluntary and community providers in the Borough. However it was difficult to get a clear sense of the quality and capacity of what is available and how to best access these services.

#### **Baseline Review**

28. Tower Hamlets Primary Care Trust baseline review of end of life care included the audit results of the Liverpool Care Pathway and the Gold Standards Framework. These are key tools, frameworks and pathways to guide staff and utilise the various assessment processes in recognising people at the end stages of life, their palliative care needs and supporting carers. The baseline concentrated on Trust commissioned services and that of known established providers such as Hospices and Marie Curie nursing services.
29. Of the 1200 deaths a year in Tower Hamlets nearly 75% of deaths were amongst people over 65 and 3% were young people often disabled children. 47% of all deaths are at the Royal London Hospital with people in their last year of life accounting for 20% of all emergency and 13% planned hospital bed days. Lengths

of stay for people in their last admission ranged from 15 days where the stay was elective to 24 days in emergencies.

30. The baseline review did look at social care and provision to carers and captured some of the basic information about key providers and arrangements for social care provision. The findings on this area include that carers assessment criteria would not identify many carers in need but very basic services could make a real difference to their quality of life.
31. The final place of care was revealed to be influenced more by disease, provision and resources rather than the patient / carers wishes. There are a number of contributing factors that were identified by the review:
  - Inequalities in access to care
  - 2/3 of deaths take place in hospital
  - Navigating and choosing appropriate services
  - Improving training amongst generalist staff who are involved in providing end of life care services.

### **The Delivering Choice Programme**

32. Following on from the Baseline Review, Tower Hamlets Primary Care Trust implemented the Marie Curie Delivering Choice Programme to assess and deliver service improvements to the way end of life care services are provided locally. The programme focuses on engaging leaders, managers, clinicians and frontline staff, service users and wider communities – in short all stakeholders in the process of understanding needs and the current state of services and redesigning models of care.

### **Conclusions**

33. There are a number of high profile national and local workstreams looking at how end of life services can be improved to better deliver on patient choice. Members of the working group discussed the scope of the scrutiny review in the context of broader programmes of activity. The working group concluded that it would be appropriate to focus the review on services provided by the Council that have an impact on the quality of end of life experiences. This included looking at the integration of health and social care but also supplementary services key to supporting and managing dying and death in the community. The working group would also have a critical friend role over the Delivering Choice Programme.
34. Social and economic inequalities prevent people from dying at home when they may want to and from accessing appropriate services. Tower Hamlets is the third most deprived local authority in England and has the third highest proportion of people living in the most deprived localities (super output areas in Indices of Multiple Deprivation 2007). One of the key factors that could help mitigate against the impact of inequality is having good access to a network of carer and professional support to enable people to live as well as they possibly could. The Baseline Review of long term conditions and palliative care highlights the wide range of services that exist in the Borough suggesting that these services could be well placed to overcoming the impact of inequality.
35. A large majority of deaths follow a period of chronic illness, where people are likely to be known to health and social care providers. This suggests that services could

be redesigned to trigger active consideration of end of life care issues but also that health and social care professionals will need to be sufficiently confident to manage these discussions with individuals and are aware of all the related services that they could be referring patients to.

## **Chapter 4 – Findings**

---

36. This section details the consideration and discussion of evidence throughout the review. The development of the recommendations embedded within the findings have been broadly linear and where possible within this report reflect the chronological order of issues as they were discussed. The ideas underpinning the recommendations were however revisited many times in review discussions and reflect the wording agreed by members at the final review working group meeting.
37. Members of the Panel held the first formal review meeting at the Carers Centre in Tower Hamlets. The working group received presentations from Lyn Middleton, Chief Executive of the Carers Centre Tower Hamlets on the Care-Plus Tower Hamlets project and the services the Trust provides to carers more generally. The second presentation focused on the points where social care services interact with health services at end of life provided by John Roog, Service Head, Adult Health and Wellbeing Directorate at Tower Hamlets Council.
38. The Carers Trust presentation put forward key facts about carers nationally and locally, the role of carers and their support needs. There are currently 6 million unpaid carers in England and Wales saving the taxpayer £87 billion or the equivalent cost of another National Health Service. 80% of carers admit their caring role has an adverse effect on their health and the greatest worry for most carers is the concern over what would happen to the person they look after if they became ill. The number of carers is expected to increase by 50% over the next thirty years.
39. In discussing the strains that are often placed on Carers and the way people can fall between services, Lyn Middleton gave an example of a carer carrying the cared for person up and down stairs in their home over a long period of time and was now in need of surgery to replace kneecaps. GP's were not at any stage asking what or who they had been lifting to cause this type of health problem.
40. The issues around arranging carers assessments and carers often not identifying them as such and seeing it as fulfilling the role of a partner, child etc are two of the key challenges to enabling people to access the right services for the people they care for and themselves.

### **Care-Plus Tower Hamlets**

41. The presentation also covered the interim findings of the Care-Plus Tower Hamlets project, a three year research project funded by the Kings Fund. The project has been piloting an enhanced carer support service to determine the impact of a single point of contact for care coordination for carers of patients with end stage heart failure. It has been identified for its good practice by the Audit Commission and the Kings Fund. The evidence from the project has been nationally recognised that well supported carers can prevent unnecessary hospital admissions and identified that carers feeling unable to cope was a primary reason for taking the cared for person to hospital.

42. The services provided by the Care-Plus project included counselling, social activities that improve quality of life and support with financial issues for example benefit applications and maximising income. The project co-ordinator was also able to make applications for funding from charitable trusts when needs fell outside the remit of social care funding. A referral protocol specifically for end of life care packages has also been developed with St Joseph's hospice, enabling the co-ordinator to make direct referrals of patient and or carers into their services.
43. The evidenced outcomes were successful fast tracking to appropriate services, tailored co-ordination of care and an approach that works for the individuals but also for the organisations providing the goods and services.
44. In describing the key findings it was said that the Carers centre are able to be more flexible and try different routes as they do not have the same internal bureaucracies to deal with. One of the examples given included where the NHS are only able to provide patients home nebulisers. Where these are needed all the time by patients, having a home based nebuliser can adversely affect the individual's quality of life as they become house bound. Without the same bureaucratic constraints faced by public service providers the Care-Plus project organised for a portable nebuliser for the patient and thereby dramatically improving both patient and carer mobility and quality of life. The project had also been able to respond to other specific local needs for example the project has a short term wheelchair loan facility for people waiting to receive one through the formal process of application to social care services which can take weeks to complete.
45. Members discussed the issues behind these examples and whilst they welcomed the Joint Strategic Needs Assessment approach to Commissioning stated that in order for the commissioning process to be genuinely in tune with people's needs it should allow commissioned services flexibility to respond to these needs.
46. Health care professionals who have referred patients into the project have reported that they have been freed up to carry out their primary role and develop a more satisfactory relationship with patients around medical need. Clinicians and professionals interviewed as a part of the project overwhelmingly said that the service works extremely well and that they have a great deal of confidence referring their patients to the project and valued the ongoing contact with the co-ordinator.
47. The care plus project had at the time of the review meeting managed 62 cases, costing approximately £660 per person per year. The project is currently meeting expanding demand by taking on two final year nursing and social work students as volunteers. The Carers Centre Tower Hamlets has been asked to prepare a business case for continued funding. As at end of March 2009 there was not confirmed funding in place for the continuation of the project in the PCT Commissioning Intentions for 2009/2010 or from Social Care funding.
48. In subsequent meetings members discussed the role of the project in improving the quality of life of the individual and their carer through this approach. The focus on end stage heart failure also reflected local community needs as coronary heart failure is a major cause of death in the Borough. The project has won a number of national good practice accolades and Members were keen that options be explored for public service provision to learn from the experience of the project and that the Care-Plus project be commissioned to continue and expand its work because of the way it is able to respond to local needs.



### **Recommendation 1**

**That the Care-Plus project be commissioned by NHS Tower Hamlets and London Borough of Tower Hamlets for a minimum of a further two years. The scope for disseminating learning from the project locally should be explored within the commissioning of the project.**

49. The working group wanted to review the findings of the Older LGBT Matters report capturing the experiences of older lesbian, gay, bisexual and transgender adults in Tower Hamlets. The research project commissioned by the Scrutiny & Equalities Service at Tower Hamlets Council had been asked to include where appropriate any evidence around the experience of death and bereavement within the LGBT community. The nature of the research proposal meant that it was not specific to end of life care but did reveal that services across the board could be much improved to meet the needs of the LGBT community and indeed to many individuals who do not typically live in a “nuclear” or intergenerational family setting.
50. Throughout the review the working group heard anecdotal evidence of the need to recognise the role and rights of carers, partners and friends of the person coming to the end of their lives and finding some way of recording an individual’s preference for who could make decisions on their behalf if they are no longer able to do so. Members were keen to identify ways of addressing this and felt that this could be achieved through existing tools in use to facilitate end of life care discussion and provision of services.

### **Recommendation 2**

**That the needs and rights of carers, partners, single sex partners and friends be recognised within the context of end of life care. In particular the tools used to facilitate discussion with families at end of life be extended to cover these groups.**

### **National Audit Office Report on End of Life Care**

51. The working group reviewed the recently published National Audit Office Report (NAO) on End of Life Care (November 2008) as part of the discussion during the review meeting. The report states that the,  
*“provision of end of life care services has become increasingly complex: people are living longer and the incidence of frailty and multiple conditions in older people is increasing. As a result, people approaching the end of their life require a combination of health and social care services provided in the community, hospitals, care homes, or hospices.”*
52. Members discussed the suggestions within the report for learning from the hospice movement and how skills could be disseminated through outreach services and training. Councillor Stephanie Eaton also recounted her experience of visiting St Joseph’s Hospice as part of the evidence gathering work for the review.
53. St Joseph’s is the only local provider of hospice services to residents of Tower Hamlets. The hospice is a tremendous success story in the range and quality of services it is able to provide to people at end of life. During the visit Councillor Eaton discussed some of the challenges faced in promoting further uptake of these

services, particularly by ethnic minority communities. In part this was attributed to the way that hospices are perceived as places where “you go to die”, a service specifically for Christians or that it was Cancer specific. St Joseph’s Hospice were tackling these issues by promoting the facility as the pain and symptom management service it is and being more community facing through outreach work. Members were keen that the NHS Trusts in Tower Hamlets and the Council work in partnership with the Hospice around training of health and social care staff and explore options for joint outreach work in the community. Planned services include a new self-management facility and refurbishing of an area of the hospice that will be available to anyone who wishes to know more about end of life care. The new centre will offer information, advice, support and services, including a public education programme, available to schools and other community groups. The hospice is currently piloting the education programme with a Tower Hamlets Primary School.

54. Members of the working group pointed out that there were many ‘tools’ and methods being discussed as ways to improve end of life care services for example the Liverpool Care Pathway, Gold Standards Framework for use in GP surgeries and Preferred Priorities of Care. They concluded that there was a need to simplify ways of managing care for people at end of life to benefit the individual but also for the professionals using these tools and suggested that perhaps having one model with four or five criteria to identify and facilitate care across health and social services during end of life would be beneficial.

### **Recommendation 3**

**That the Council and NHS Trusts work in partnership with St Joseph’s Hospice to extend hospice care in the community and train health and social care and care home staff on managing end of life care discussions.**

### **Coordinating Health and Social Care**

55. John Roog, Service Head for Older People & Homelessness at Tower Hamlets Council, delivered a joint health and social care presentation that set out the patient pathway at end of life and the points at which health and social care interact.
56. The NAO report on End of Life Care describes “coordination between health and social care services in relation to the planning, delivery and monitoring of end of life care is generally poor and is hampered by different funding streams. It can be difficult to determine what proportion of patients’ needs are medical and fall under the NHS budget, or non-medical (social care) and are funded, in part, by local authorities and by the patient based on a needs assessment. A lack of integrated services and an absence of a single point of contact to coordinate care can lead to particular frustration.”
57. Amongst the challenges that were discussed in coordinating care at end of life the key factors that Members commented on were the need to prioritise improving the discharge process. Members felt that it was important to get transport and appropriate equipment into place and organised as part of the discharge process. Members were disappointed to hear that transport services, from for example the

Royal London Hospital, needs to be booked twenty-four hours in advance and that this could be the sole factor keeping a dying person in hospital.

58. Members raised issues around the need for Advance Directives and wills to prevent conflict between an individuals wishes and those of the family during what can be a highly emotive time. A number of the working group members raised questions around financial abuse of people that are cared for by friends or family and the need to have in place warning systems that prevent elder abuse.

#### **Recommendation 4**

**That the NHS Trusts in Tower Hamlets and London Borough of Tower Hamlets prioritise co-ordination across health and social care during discharge from hospital and as a part of this work that the major Hospitals in Tower Hamlets explore options to prioritise the transport needs of those at end of life.**

#### **Recommendation 5**

**That the Council provide signposting and advice services on how to make wills and put in place Advance Directives and that these should be linked to information provided by the Births, Deaths and Marriages Registry services in the Borough.**

### **Improving information share**

59. Members attended the Older Peoples Panel which co-ordinates packages of care across health and social services for older people as a result of which the panel decisions also includes co-ordinating services and products for people for those who may also be at end of life. The working group welcomed the approach taken to deciding care and the shared responsibility across service providers which prioritised the needs before working out whether the Council or the PCT would be funding it. The panel also has in place a mechanism to decide care packages on an emergency basis between the weekly panel meetings at the Chair's discretion.
60. Members felt this was a valuable start to taking an integrated approach to care whilst workstreams to develop formal processes are being developed to achieve better coordination of services. Members' key observations were that the method for sharing information about individual cases could be improved and that this should be looked at immediately to improve the efficiency of the Panel. The current approach is ad-hoc and reliant on individual professionals 'completing the picture' of a case. The benefits were that where it worked it was a genuinely person centred approach but that this process could be eased and ensure consistency of quality in the approach through having at least common key information about patients e.g. medical history or diagnosis, key people involved including carers and professionals and what current services they were accessing as standard information to be shared ahead of the meeting. Members recognised that currently there is no administrative support to the Panel to enable this to happen.
61. It was unclear whether there is an audit trail of the decisions that are taken or that there is an evaluation process for the outcomes achieved. These would be important considerations if the Panel is a long-term approach to coordinating care

for end of life care patients amongst its wider client base. Members asked questions about how issues such as Adult Protection were managed and whether there were any warning systems in place for professionals to raise concerns about an individual's care.

62. Social care services are provided on the basis of needs in terms of wellbeing and quality of life. This is a different organisational and cultural approach to the way health services identify end of life care needs. Members felt that a common approach should be agreed if integrated provision is to become a reality. Members discussed the role that a common definition could play in integrating care. It was felt that a definition was an important starting point and could benefit the commissioning process, by highlighting the need to recognise that an individual's end of life experience is likely to affect their level and type of needs in the context of possible rapid decline, the needs of carers and families and how healthcare and medication is administered to them. A common definition will not necessarily deliver integration of care as a working reality – it could however help social care service provision to factor in the need to have services that can respond very quickly to changes in need.

#### **Recommendation 6**

**That health and social care services develop a common definition of end of life care to be understood by all staff working with older people in particular. The definition should agree the trigger for health and social care services to consider the end of life care needs of the individual.**

#### **Recommendation 7**

**That a joint health and social care post be created to lead on the integration of health and social care services for end of life. The remit of the role would include creating a joint protocol for information share across health and social care including for the Older People's Panel and for co-ordinating care at the key points where health and social care interact.**

### **Supplementary Services**

63. In Tower Hamlets there is a much higher than national average of people ascribing to a faith. The diversity of faiths is also a particularly important feature of the communities that make up the hyper-diverse profile of the Borough. Members were keen to explore the faith needs around end of life care and the challenges that poses to service provision.
64. A visit to the Royal London Hospital Chaplaincy team was carried out on 9<sup>th</sup> February 2009 to which members of the Tower Hamlets Interfaith Forum were also invited.
65. The group highlighted some of the faith related needs around end of life care and in the immediate period following death. For example as part of their religious beliefs the Orthodox Jewish Community need to stay with the body before burial. Similarly friends and family needing to stay with patients, have needs around kosher food provision and to factor in that they are unable to use transport services during the Sabbath. A common feature for both Muslim and Jewish communities was the need

to avoid post mortems and for rapid release of bodies where possible to enable quick burials.

66. A question was raised about the Council's position on the Coroners Bill and whether the options to introduce MRI scanning as an alternative to post mortems would be supported. Councillor Eaton attending the visit on behalf of the working group stated that there were no specific plans for the local authority to comment on the Bill that she was aware of, but would highlight the value placed by faith communities on alternatives to post-mortems through the review.
67. The group also discussed the need for a rapid death certification service in Tower Hamlets. In the past the service had been piloted to cover the weekend closure period but was subsequently closed. Members of the Chaplaincy team were currently exploring what the service needs are and the group discussed the scope for an inter-borough approach to a rapid death certification service because of the nature of people moving across borough boundaries to access acute care and whether it would be more cost-effective through a wider geographic coverage funded by pooled resources.
68. Currently local residents can obtain emergency burial certificates on Saturdays between 12.00pm and 4.00pm through the Registrar and on Sundays and Bank Holidays there is a standby service for emergency burial certificates only between 9am and 10am (information from the Council Website). There is also a fast track certification service available through Barts and the London NHS Trust hospitals but not well known. Members who attended the visit heard anecdotal evidence that communities found it difficult to access existing services in some cases because they are not widely publicised.
69. In discussing the social care needs of individuals at end of life the group highlighted a number of cases where care was not in place when a patient was due to leave hospital. This was hampered by the limited scope of the role of hospital social workers to co-ordinate care as well as the difficulties caused by an increasingly stringent means tested approach to providing care.
70. The people attending the visit raised the need to be careful about the diversification of service delivery with partners so that individuals do not get 'lost' in the system. At a number of points in the review Members discussed the end of life care directories (professional and patient variations) that had been commissioned by the Tower Hamlets Primary Care Trust and questioned the capacity of the organisations listed to be able to cope if the raised profile of organisations led to increased demand. They also questioned the accessibility of a written directory given the vulnerability of people at end of life and the challenges posed by the demographic profile in Tower Hamlets.
71. In reviewing the evidence from the visit the working group considered the Council's responsibility over some services that can facilitate and ease pressure on carers, families and individuals at end of life and in dealing with death. These supplementary services include information on writing wills and Advance Directives (as captured in Recommendation 4) to protect vulnerable adults but also to provide clarity about peoples wishes. It was also agreed that the current Registry services for death certification meant that some families of individuals could be significantly delayed in arranging the burial of their loved ones. This is seen by communities not only as a key religious priority but key to people's cultural attitudes to bereavement and coping with the loss when a family member of close friend dies.

72. This reinforced the need for early discussion about end of life care and the need to prevent invasive treatment where this was against the wishes of the individual. The working group also considered the impact of housing conditions and overcrowding in the Borough on peoples choices over where they wanted to die but also of problems getting equipment into accommodation with restricted access. It was said that given the condition of some of the housing stock and the lack of data available on how people living in Tower Hamlets view end of life, it would be wrong to assume that people want to die at home especially on an extrapolation of national data as the basis of this.

#### **Recommendation 8**

**That the NHS Trusts and the Council review their provision of rapid death certification services to take account of local community needs including that of faith and explore the options for an inter-borough service to ensure 24 hour coverage. The service that is developed as a result of this will need to include a community engagement plan to publicise and improve access to the service.**

#### **Challenge of talking about death and dying**

73. The working group were keen to explore community views about end of life care provision and sought to get these views in a number of ways. This included an editorial article in East End Life and requests to community organisations to invite people to participate in the review. The challenge in generating these responses led to the working group opting to seek views in alternative ways. It did however also highlight the innate challenge of gauging community views around death, dying and the care needs related to that. The experience of the review discussions has been that it can be very emotionally charged and rooted in diverse cultural taboos around talking about death and dying.
74. The working group visited the Older Peoples Reference Group to discuss the review objectives and emerging findings. The subject was very emotive and difficult to separate out a discussion of the objectives of the review and peoples views that were on principle against having the consultation with the group on this subject. There were a number of people who did want the discussion to take place and were keen to see the taboo of talking about death and dying being addressed and there was a great deal of internal challenge within the group. The difficulties of the discussion within the group in many ways reflect the wider challenges around making talking about death and dying more acceptable in order to improve end of life care and the need for professionals to be highly skilled in managing these discussions. It was agreed that a follow up workshop would be held to look at the findings more closely and to give people the space to think about issues in a less formal setting. Councillor Ann Jackson who attended the reference group on behalf of the working group agreed to support a further discussion.
75. Unfortunately, the two participants who had found discussion most difficult failed to attend the workshop. It did however include participants who felt ambivalent about the subject or had questioned the review objectives and the reference group being asked to comment on this subject in particular. There was an enormously rich diversity of opinions about the challenge of talking about death, how dying should be managed and the needs of carers. "A wide range of issues were raised and

discussed addressed elsewhere in this report such as the difficulty for people in facing and discussing death and end of life issues; "Living Wills"; making a will, dying at home; role of and impact on carers; the need for a directory of end of life services for families."

76. The experience of engaging communities to talk about end of life care for this review highlighted the challenge faced by health and social care professionals in beginning these sensitive discussions. People taking part in the discussions suggested that the Council should explore funding organisations such as Age Concern to facilitate community discussions around end of life care.
77. St Joseph's Hospice also submitted information on their work to engage with ethnic minority communities as further ways of facilitating discussions around end of life. The Hospice has been working with Social Action for Health, a local community development organisation to work with mosques, local community centres, social clubs and schools to talk about the work of the hospice. They have opened up discussions about people's experiences, anxieties and aspirations with regard to end of life care, which have been fed back to hospice staff enabling them to consider how to develop services which are sensitive to the needs of the wider population.

#### **Recommendation 9**

**That the Council consider piloting a programme of community based discussions on end of life care.**

#### **The importance of an advocacy role**

78. In Tower Hamlets there are many services that could be used by people and their carers at end of life that would improve their quality of life and mitigate against the adverse impact of poverty and inequality in the Borough. Members welcomed the proposals within the Delivering Choice programme to understand this provision more fully and how it can be better co-ordinated.
79. Across all the review evidence sessions and visits there was an ongoing theme of the positive role advocates can play in the context of end of life care. The National Audit Office report, Care-Plus project and the challenges people spoke of and seen by the working group of knowing what services there are and accessing the right services in time was the most significant challenge to good end of life care. Carers and individuals at end of life often did not have the time, confidence or knowledge about who and how to contact the services they need.
80. The working group also reviewed the findings of Phase 1 of the Delivering Choice Programme. Members welcomed the honest and open way in which local challenges to providing good end of life care were addressed and welcomed all the proposed workstreams in the report. Members felt that in arriving to many comparable and similar conclusions through the health scrutiny review process, that this reinforced the value of the research and investigative work that the Delivering Choice Programme had delivered.
81. There are a number of workstreams related to improving communication across services which must underpin any redesign of services and key to enabling a single co-ordinator to pull together different service as one care package. Members agreed that the approach to managing care for an individual at end of life should be led by an advocacy approach.

#### **Recommendation 10**

**That on the basis of a common definition of end of life care being agreed by the Council and NHS Trusts, individuals should be assigned a single point of contact for co-ordinating all subsequent care.**

#### **Staff Training and Confidence**

82. Staff training and confidence had been identified as a key issue by the early work that Tower Hamlets Primary Care Trust had done to begin improving end of life care services. It is also a key feature of the findings of Phase 1 of the Delivering Choice Programme. During one of the review meetings members of the working group received presentations from Care Home representatives which highlighted some of the challenges faced by staff in the care home context. This included issues of non medical staff being trained to administer medication to enable people to die at home wherever they consider home to be. The discussion also explored some of the cultural challenges faced by staff in responding to the diversity of needs and views around death and dying in their day to day caring role.
83. Tower Hamlets commissions care across six local care homes. They deliver services independently and commissioning is done predominantly on a case by case basis with some contracts. There is a need to explore how these services are commissioned more strategically and for commissioning to be used to influence or incentivise service providers positively around training and development of staff confidence around managing end of life care issues. As part of the Single Status negotiations covering staff providing Home Care services a new agreement adding the administration of medicine to the cared for has just been agreed.
84. The care home representatives also highlighted issues around access to resources such as syringe drivers which often hampered staff ability to administer medication and respond to out of hours needs as much as possible within the care home. This type of equipment can represent significant costs to privately run businesses and they would welcome consideration of how access to these resources held by health care services could be shared. Members were keen that options be explored for care homes to purchase or have access to syringe drivers so that this did not prevent or delay treatment for individuals in care homes.
85. Members welcomed the range of options currently in use to improve end of life care provision such as the Gold Standards Framework, Liverpool Care Pathway and tools such as the Preferred Place of Care. Members felt that it would be important to ensure however that there was a balance between having a range of tools in place and whether this supported or hampered improved training and staff confidence and for example which tool would best be suited to a care home setting.
86. The working group discussed the evidence that there are a greater number of people at end of life living in care homes who die in hospitals than those living independently. The care home representatives acknowledged the challenges and underlying lack of staff confidence in dealing with these issues but highlighted the pressures on care home staff in terms of the wide range of training they are expected to complete of which end of life care is one part.
87. The proposed quality markers for care homes set out by the Care Quality Commission indicate a much more demanding performance regime around end of



life care which was welcomed by the working group. The working group felt that it was important that health and social care service commissioners take into account that care homes identified time and resourcing as key barriers to achieving better trained, resourced and more confident staff able to deal with end of life care.

#### **Recommendation 11**

**That a strategic approach to commissioning care homes be developed taking into account the need to deliver high quality and efficient services but also in a way that ensures there are sufficient resources and flexibility for care home staff to take up training to meet the end of life care needs of residents.**

### **Chapter 5 – Conclusion and Recommendations**

---

88. This section draws together the recommendations emerging from the review which it is hoped will help to contribute to improving provision and co-ordination of end of life care for local people. Some of the recommendations build on each other and it is important that they are viewed in the whole by the organisations asked to respond to these to achieve the anticipated outcomes.
89. The working group recognise that end of life care is a very broad field of care provision and were clear from the outset that given the health service focus on improving provision through the Delivering Choice Programme it was important for the health scrutiny review to focus on areas that would add value to this programme. For this reason the health scrutiny review did not explore issues that were being extensively addressed through the Delivering Choice Programme. For example the needs of children with terminal illnesses, the needs of mental health patients or the specific health care services e.g. palliative care, out of hours services etc that are key to delivering good quality end of life care services.
90. In reviewing the progress of the Delivering Choice Programme, Members are very supportive of all the proposed workstreams in the Phase 1 report and commend the programme team for the honest, frank and comprehensive way in which the challenges have been mapped and described in the report. Members are keen that the findings are used to seek the appropriate funding from the Department of Health and from within Primary Care and Council resources that will deliver the step change required in end of life care provision in Tower Hamlets.
91. The working group recognise that responding to the varying and individual needs of people at end of life and the needs of their carers is challenging for both health and social care. Members are keen to see greater use of voluntary and community sector provision that can ease the pressure on health and social care provision. The lessons learnt and good practice emerging from the Care-Plus project also has potential to inform the action plan in relation to Recommendation 9 and how the Primary Care Trust and Council could develop care to be coordinated through a single point of contact.

#### **Recommendation 1**

**That the Care-Plus project be commissioned by NHS Tower Hamlets and London Borough of Tower Hamlets for a minimum of a further two years. The scope for disseminating learning from the project locally should be explored within the commissioning of the project.**

92. Advance Directives are documents which set out an individuals choices should they become unable to voice them through illness or reduced capacity at end of life. These are discussed further in Recommendation 5 which should support longer term planning of end of life care. There is however a need also for service providers to take into account the role of carers, single sex partners who may not have had a civil partnership or marriage ceremony and friends in determining end of life care provision for an individual.

#### **Recommendation 2**

**That the needs and rights of carers, partners, single sex partners and friends be recognised within the context of end of life care. In particular the tools used to facilitate discussion with families at end of life be extended to cover these groups.**

93. The Hospice movement has a history and rich diversity of knowledge on facilitating discussion and managing the delivery of end of life care services which should be tapped into by health and social care professionals who are likely to work with individuals at end of life. The level of training and awareness required by professionals will vary and should be agreed by the services managing these staff.

#### **Recommendation 3**

**That the Council and NHS Trusts work in partnership with St Joseph's Hospice to extend hospice care in the community and train health and social care and care home staff on managing end of life care discussions.**

94. Discharge from hospital is a key point at which coordination of health and social care needs to come together effectively. There are cultural and procedural barriers to change which need to be addressed now to ensure that vulnerable people are neither dying in hospital waiting to go home, nor are going home to die without the adequate care arrangements being made.

#### **Recommendation 4**

**That the NHS Trusts in Tower Hamlets and London Borough of Tower Hamlets prioritise co-ordination across health and social care during discharge from hospital and as a part of this work that the major Hospitals in Tower Hamlets explore options to prioritise the transport needs of those at end of life.**

95. Members discussed at length the benefits that supplementary advice and signposting services could have in facilitating end of life care discussions but also avoid family disputes and prevent the financial abuse of elderly people who may have reduced capacity to make decisions at end of life.

#### **Recommendation 5**

**That the Council provide signposting and advice services on how to make wills and put in place Advance Directives and that these should be linked to**

**information provided by the Births, Deaths and Marriages Registry services in the Borough.**

96. Two thirds of deaths in the Borough are “expected”, in that they are generally people nearing the natural end of their lives or have been diagnosed with a chronic or terminal illness. Social care provision is broadly age and means tested which is in contrast to health care provision which is universal and free at the point of delivery. These are significant organisational differences that need to be overcome to achieve genuine integration. Members were keen however to include ideas for developing a common definition under which integration could be secured at critical points in the end of life care pathway.

**Recommendation 6**

**That health and social care services develop a common definition of end of life care to be understood by all staff working with older people in particular. The definition should agree the trigger for health and social care services to consider the end of life care needs of the individual.**

**Recommendation 7**

**That a joint health and social care post be created to lead on the integration of health and social care services for end of life. The remit of the role would include creating a joint protocol for information share across health and social care including for the Older People’s Panel and for co-ordinating care at the key points where health and social care interact.**

97. The working group recognised that there were a number of areas where the Council and NHS services could work to improve the experience of death and dying for individuals and their families by providing culturally or faith sensitive services, giving them confidence that their spiritual needs following death will be met.

**Recommendation 8**

**That the NHS Trusts and the Council review their provision of rapid death certification services to take account of local community needs including that of faith and explore the options for an inter-borough service to ensure 24 hour coverage. The service that is developed as a result of this will need to include a community engagement plan to publicise and improve access to the service.**

98. The focus group discussion with members of the Older Peoples Reference Group highlighted the difficulty and challenges of talking about death and dying. It also raised a number of issues around the impact of a lack of dignity and respect for the dying individual and their families’ wishes can have on how people cope with dying and bereavement. Members would like to see greater consideration of bereavement needs through the Delivering Choice Programme and the key role that voluntary and community sector organisations are able to play in this area. Although this was not a specific area of investigation as part of the scrutiny review, Members were keen to

ensure that work is undertaken to facilitate discussion about death and dying and removing the taboos around the subject, seeing it as key to planning for end of life care.

#### **Recommendation 9**

**That the Council consider piloting a programme of community based discussions on end of life care.**

99. Members welcome the suggestions within the Delivering Choice Programme report for better coordination of care including ideas for have a one stop shop approach for accessing the wide range of services available. The evidence that has been looked at as part of this review indicates that a single point of contact for individuals and their carers is key to effective coordination. Members are keen that future health and social care workstreams to improve end of life factor this in as a priority.

#### **Recommendation 10**

**That on the basis of a common definition of end of life care being agreed by the Council and NHS Trusts, individuals should be assigned a single point of contact for co-ordinating all subsequent care.**

100. The working group felt that it was important to recognise care homes as the 'home' of the person living there and that it be treated as such in line with an individuals wishes. This should preface training and staff confidence building measures particularly in care homes and with professionals responsible for discharging patients from hospitals. Members believe that much greater results could be achieved by taking a strategic lead on commissioning care homes and that there is scope for working in partnership with care homes on sharing good practice and providing training.

#### **Recommendation 11**

**That a strategic approach to commissioning care homes be developed taking into account the need to deliver high quality and efficient services but also in a way that ensures there are sufficient resources and flexibility for care home staff to take up training to meet the end of life care needs of residents.**

101. On the final recommendation it is useful to reflect on the National Audit Office report conclusion on the scope and possibilities for delivering improvements through service redesign and better commissioning.

*“Given the potential to redistribute resources identified in our work, there is scope for PCTs to improve services in all settings by deploying existing and future resources more efficiently and effectively in supporting people in their preferred place of care. To achieve this improvement, there will be a continuing need for the Department to support PCTs as they reconfigure services and redeploy resources to better meet the needs of their local population.”*

102. This highlights an opportunity to get processes and services underpinning end of life care right and future proofed to meet the increasing needs of an ageing population. The working group puts forward these recommendations as a way of supporting this overarching objective.

## Scrutiny in Tower Hamlets

---

To find out more about Scrutiny in Tower Hamlets

Please contact

Scrutiny Policy Team  
London Borough of Tower Hamlets  
6<sup>th</sup> Floor, Mulberry Place  
5 Clove Crescent  
London  
E14 2BG

Tel: 020 7364 4548

E-Mail: [shanara.matin@towerhamlets.gov.uk](mailto:shanara.matin@towerhamlets.gov.uk)

Web: [www.towerhamlets.gov.uk/scrutiny](http://www.towerhamlets.gov.uk/scrutiny)

# Agenda Item 8.3

<b>Committee</b>  <b>Overview and Scrutiny Committee</b>	<b>Date</b>  5 <sup>th</sup> May 2009	<b>Classification</b>  Unrestricted	<b>Report No.</b>	<b>Agenda Item No.</b>  8.3
<b>Report of:</b>  Lutfur Ali, Assistant Chief Executive  <b>Originating Officer(s):</b>  Judith Colvin Scrutiny & Equalities		<b>Title:</b>  <i>Early Intervention – Child Protection:</i>  Report of the Scrutiny Working Group  <b>Ward(s) affected: All</b>		

**1. Summary**

- 1.1 This report submits the report and recommendations of the Early Intervention – Child Protection Working Group for consideration by the Overview and Scrutiny Committee.

**2. Recommendations**

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 That the Service Head for Scrutiny and Equality be authorised to agree final report before submission to Cabinet, after consultation with the Scrutiny Lead for Excellent Public Services.

---

**LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D**

***LIST OF “BACKGROUND PAPERS” USED IN THE PREPARATION OF THIS REPORT***

Background paper

Name and telephone number of and address where open to inspection

### **3. Background**

- 3.1 The Working Group was established in August 2008 to review existing Early Intervention services, identify any gaps in existing provisions and explore the case for extending services to deliver greater value for money, improved access to services, and a more effective service for users.
- 3.2 The review had four main objectives:
- To investigate the level of need for Early Intervention and preventative services for Safeguarding Children.
  - To undertake a comprehensive value for money analysis of existing Early Intervention provisions.
  - To undertake comprehensive service mapping of existing Early Intervention services and identify any gaps in existing provisions.
  - To investigate the case for providing additional Early Intervention services and how this could add value.
- 3.3 The Working Group met five times to hear from Council Officers, the Police and the PCT, as well as hearing from a range of local practitioners who work with young people and their families. Working Group members also went out into the community to visit local practitioners and service users.
- 3.4 The report with recommendations is attached at Appendix A.
- 3.5 Once agreed, the Working Group's report and action plan will be submitted to Cabinet for a response to their recommendations.

### **4. Concurrent Report of the Assistant Chief Executive (Legal)**

- 4.1 The Council is required by section 21 of the Local Government Act 2000 to have an overview and scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee shall make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. The attached report contains recommendations in relation to early intervention, child protection. It is open to the overview and scrutiny committee to agree the report for presentation to Cabinet.

### **5. Comments of the Chief Financial Officer**

- 5.1 There are no specific financial implications emanating from this report.

### **6. One Tower Hamlets consideration**

- 6.1 In meeting the first and third objectives of the review – to investigate levels of need and to undertake service mapping of existing provisions – the Working Group has been mindful of issues of race and religion/belief. This is because different racial and faith communities may have different needs, access to and experience of services.



- 6.2 Issues of gender have been a consideration under Recommendations 1 and 2, which relate to domestic violence, with the Working Group needing to consider the needs of predominately male perpetrators of domestic violence as well as predominately female victims.
- 6.3 Any examination of issues surrounding mental health carries with it important considerations of disabled members of the community and their access to and experience of services. The review sought to consider disability and improve access to services for these members of the community in Recommendations 4 and 6.

## **7. Risk Management**

- 7.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

# Early Intervention – Child Protection

Report of the Scrutiny Working Group

Tower Hamlets Council  
May 2009

DRAFT

## Index

---

	Page
<b>Acknowledgements</b>	<b>6</b>
<b>Chair's foreword</b>	<b>8</b>
<b>Recommendations</b>	<b>9</b>
<b>Introduction</b>	<b>11</b>
<b>Findings</b>	<b>13</b>
Background	13
Levels of need	16
Value for money	18
Service mapping	21
The relationship between Children's Social Care, the Council, and wider partners	25
<b>Conclusions</b>	<b>30</b>

## **Acknowledgements**

---

### **Working Group Chair:**

Cllr Bill Turner

### **Working Group Members:**

Cllr Stephanie Eaton  
Cllr Denise Jones  
Cllr Lutfa Begum  
Cllr Shahed Ali  
Cllr Oliur Rahman  
Cllr David Snowdon

### **Other Councillors**

Cllr Clair Hawkins  
Cllr Helal Abbas  
Cllr Abdul Asad  
Cllr Marc Francis  
Cllr Alex Heslop

## **London Borough of Tower Hamlets – Officers**

### **Children’s Services**

Kamini Rambellas – Service Head, Children’s Social Care  
Helen Jenner – Service Head, Early Years Children & Learning  
Paul McGee – Service Manager, Children’s Social Care  
Liz Vickerie – Lead, Social Inclusion/Integrated Working  
Anthony Walters – Head of Strategy, Partnership and Performance  
Karen Quinn – Group Manager, Eva Armsby Family Centre  
Nikki Bradley – Project Manager, Family Intervention Project  
Paula Holt – Manager, Overland Children’s Centre  
Faeza Sayegh – Team Manager, Advice and Assessment Team, East  
Vrinda Raj – Practice Manager, Extended Schools  
Lorraine Hachou – Joint Head of Extended Services  
Joanne Clensy – Headteacher, Malmesbury Primary School  
Hira Islam – Deputy Principal, Attendance and Welfare Service  
Urmee Mazher – Group Manager, Advice and Assessment

### **Adult’s Health and Wellbeing**

Rosemary Loshak – Coordinator for Children in Families with Mental Illness, Manager CHAMP  
Ian Williamson – Head of Social Care Practice  
Oliver Kianchehr – CHAMP worker

### **Community Safety**

Philippa Chipping – Policy and Victims Manager

### **Scrutiny and Equalities**

Michael Keating – Service Head, Scrutiny and Equalities

Afazul Hoque – Scrutiny Policy Manager

Judith Colvin – Scrutiny Policy Officer

### **External**

Alison Eley – Tower Hamlets, East London NHS Foundation Trust

Stuart Wratten – DCI Tower Hamlets police

Jan Pearson – Associate Director for Safeguarding Children, East London NHS Foundation Trust

Professor Nicky Stanley - University of Central Lancashire

The Working Group would like to thank all Tower Hamlets officers and Partner agencies for their time and advice and all those residents and young people who made contributions and gave input into the review.

## Chair's Foreword

---

To be completed.

## Recommendations

---

- R1** That the Community Safety team in conjunction with Children's Services develops targeted services to work with families and perpetrators of domestic violence, particularly male perpetrators.
- R2** That the Community Safety team in conjunction with the Resident Social Landlord (RSL) forum and Tower Hamlets Homes explore options for using tenancy conditions to hold Domestic Violence perpetrators to account.
- R3** That the Community Safety team in conjunction with Children's Services and the Partnership give active consideration to publicising actions taken against perpetrators when safe to do so, through selection of appropriate cases.
- R4** That a piece of work is undertaken by Children's Social Care and the Domestic Violence team to chart the links between Domestic Violence and children's services in the borough.
- R5** That the Partnership explores ways in which support to parents with mental health problems could be increased.
- R6** That Adults' Health and Wellbeing in conjunction with Children's Services undertake an audit of cases in which an adult receives services from the Community Mental Health Team (CMHT) and where no referral was made to Children's Social Care.
- R7** That a review is undertaken on how the needs of children from CMHT areas not covered by a Children's and Adult Mental Health (CHAMP) worker can be addressed using a similar model, within budgetary constraints.
- R8** That further analysis be undertaken to identify how the needs of parents with substance misuse problems can be targeted. Further to this, funding will need to be identified to allow increased support is available to vulnerable parents.
- R9** That the Council works with partner agencies to ensure the successful launch and management of the ContactPoint system to provide a more effective early intervention service.
- R10** That Children's Services in conjunction with the Partnership further develops localisation of services through clarifying pathways between delivery and local centres and extended schools, and the wider integrated front door.

- R11 That Children's Services work with Children's Centres and other key partners to explore development of a model to have a designated lead professional for families, allowing them one point of contact amongst the many professionals that may be working in partnership.**
- R12 That Children's Services work alongside the Communications team to be more proactive in identifying and publicising good practice from both statutory social care services and other partner agencies in protecting vulnerable children.**
- R13 That the Children's Services, and particularly Children's Social Care, work with Members to explore ways of further involving Members in the overview and audit of safeguarding work.**
- R14 That the Excellent Public Services Scrutiny Lead should undertake a further piece of work in 2009/10 which focuses more explicitly on value for money and improved service outcomes, and how this message can be delivered effectively to the community.**



## Introduction

---

- 1 The proportion of young people under 19 living in Tower Hamlets is markedly higher than the inner London average, at 24% of the total population. 70% of the under 19 population are from ethnic minority communities, with over 90 different languages spoken. In 2004, almost half (47%) of children in the borough lived in a household receiving benefits, and the proportion of children and young people receiving free school meals is nearly four times the national average. Combined with the fact that Tower Hamlets has the fastest growing children's population in Europe, more children than ever are set to come through Children's Services in future years. This means Children's Services needs to be thinking constantly about how to deliver better outcomes for families. Undoubtedly, this will have to be done against a background of tighter public spending. Therefore delivering high quality services which also provide value for money will therefore become even more important in future years.
- 2 In July 2008, the Scrutiny Lead for Excellent Public Services identified early intervention services relating to Children's Social Care as a priority area for review, given the high and growing workload of the service, and the excellent potential early intervention work has both in heightening outcomes for service users and providing value for money.
- 3 Revelations in November 2008 surrounding the 'Baby P' case in the London Borough of Haringey exploded interest in this subject, with the Working Group ('the Group') finding itself focusing on an issue at the forefront of national concern. The field now looks set to have changed irreversibly, with Children's Social Care services in the midst of a changing policy context and under an intense media spotlight.
- 4 The Group was established in September 2008 to review the Council's existing early intervention services in relation to Child Protection and explore the case for extending services from a value for money and customer service perspective. The membership of the Group was politically balanced, comprised of 7 councillors, and was chaired by Councillor Bill Turner.
- 5 The review had four main objectives:
  - To investigate the level of need for Early Intervention and preventative services for Safeguarding Children.
  - To undertake a comprehensive value for money analysis of existing Early Intervention provisions.
  - To undertake comprehensive service mapping of existing Early Intervention services and identify any gaps in existing provisions.
  - To investigate the case for providing additional Early Intervention services and how this could add value.

- 6 The nature of this review meant much attention was focused specifically on the work of our Children's Social Care (CSC) team. Group members were keen to contextualise in relation to other partners in the borough and the approach of neighbouring boroughs. The Group agreed the following timetable and methodology:

**Introductory Meeting (October 2008)**

- Agree scoping document
- Briefing from CSC and discussion – introduction to topic and work of team, investigation of Child Protection needs in the Borough

**Site visits – Duty teams and Children's Centres (December 2008)**

- Investigate current practice and gain an idea of challenges on the ground.

**Value for Money analysis (December 2008)**

- Briefing from CSC and discussion – value for money analysis of current early intervention services and their outcomes for service users.

**Focus group with practitioners (January 2008)**

- Round table discussion with officers (Children's Services, Community Safety and Adult's Health and Wellbeing) and partners (Police, East London NHS Foundation Trust, Extended schools, headteachers, CSC) to hear about local experiences.

**Spotlight on domestic violence and parental mental health (March 2009)**

- A later addition to the work programme, to give additional focus on the local domestic violence and parental mental health context, including service responses and evidence-based options in relation to potential interventions. Both were felt to be areas needing extra attention due to their importance to the recommendations in the Group's final report.

- 7 The review sought to understand the value of existing early intervention services relating to the field of Children's Social Care and to produce recommendations that ensure excellent value for money and optimum outcomes for service users, highlighting good practice both in this borough and elsewhere. The key aim of the Group is to make policy recommendations that support service improvement.
- 8 The Overview and Scrutiny Committee will consider the Group's report and recommendations. It will then be submitted to Cabinet for a response and action plan.

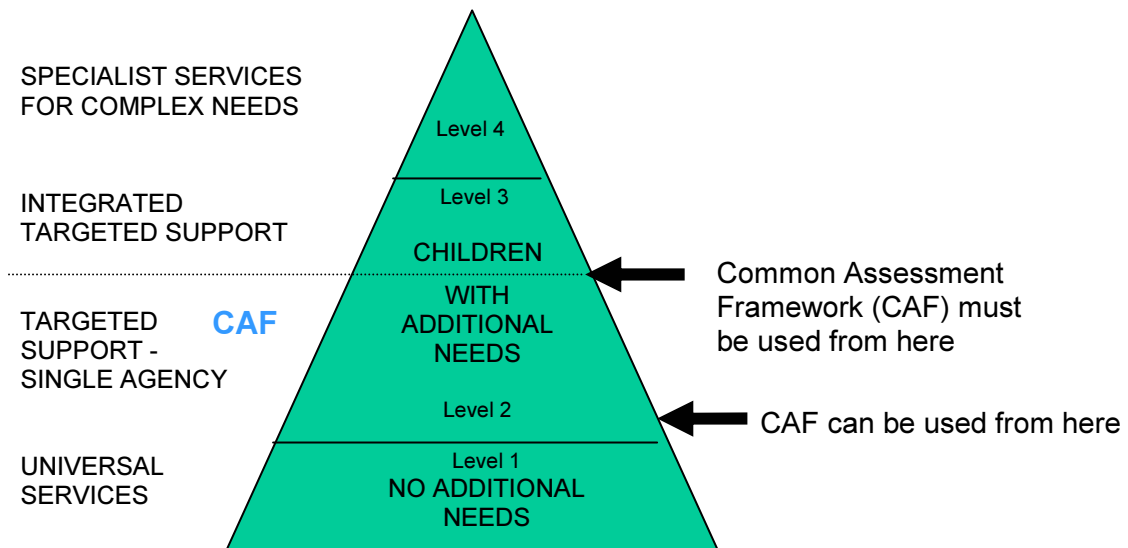
# Findings

## Background

### Definition of Early Intervention

- 9 Early Intervention is a term that eludes exact definition or classification. In its widest sense, 'early intervention' classifies any action that looks to identify problems early and intervene before the potential of the problem is realised, with the aim of producing a positive outcome instead. Early Intervention in relation to children in Tower Hamlets can thus potentially cover such diverse services as the Nurse-Family Partnership, the Family Intervention Project and Warrior Women Personal Safety Training.
- 10 Not only can early intervention potentially cover a host of different services, it can also cover a range of different timings of interventions. Figure 1 illustrates the various levels of a child's need, ranging from "Universal" (Level 1) to "Specialist" (Level 4). This continuum of need highlights the varying service responses required to address different levels of need:

**Figure 1: Triangle of support**



- 11 An immediate problem for the Group and an important conceptual foundation was thus the establishment of a definition of early intervention used for this review.

- 12 The definition of early intervention as adopted by the Wave Trust<sup>1</sup> is instructive here – early intervention is distinguished against primary prevention, where the latter refers to activity “designed to stop a predicted impairment to a child’s health or development before it occurs”. This covers such services as the Nurse-Family Partnership and perinatal care for pregnant women. By contrast, early intervention is defined as starting when the signs of impairment become apparent.<sup>2</sup>
- 13 In the initial scoping document, it was felt that the Group would be able to take a wider focus, and also look at early intervention from the universal level – supporting families before the need for a referral to CSC (from level 1 to 2). Inevitably however not all issues could be considered within the timescale available. Thus whilst the Group received evidence on early intervention from a range of perspectives and outcomes, it has needed to be selective for the purposes of maintaining a manageable focus for the review.
- 14 Therefore the Group defined early intervention as specifically those actions at the targeted end of the needs spectrum (levels 2 and 3). Essentially, this means those interventions that can help a troubled family whose problems are already known to service providers avoid crossing the threshold for statutory intervention. Another important qualification is the Group’s specific focus on the child protection context. Whilst early intervention can relate to a range of potential outcomes such as truancy, psychological illness, teenage pregnancy, delinquency, social deprivation – the Group’s attention has been specifically focused on interventions around avoiding a child needing to be taken into care. This social care context was felt to be particularly important due to the high cost and questionable outcomes for children and families of statutory interventions, and mirrors the Council’s aspiration to do everything it can for families to secure successful outcomes long before any statutory need arises.

## National Policy

- 15 The Every Child Matters: Change for Children Programme underlines as one of its five key priorities that children ‘Stay Safe’. As an umbrella term, this means ensuring that families, parents and carers provide safe homes and stability for children. In its ‘Staying Safe Action Plan’, the government outlines the key commitments it will be taking forward over

---

<sup>1</sup> The Wave Trust is an international charity committed to reducing child abuse and interpersonal violence through understanding root causes, and the Trust has undertaken over ten years of global research. The Trust was commissioned by Tower Hamlets to produce ‘Early Intervention and Primary Prevention in Tower Hamlets’ – a discussion document’ - a research project that was conducted for the Borough between November 2007 and May 2008.

<sup>2</sup> Definition from ‘Early Intervention and Primary Prevention in Tower Hamlets’, p. 8.

the current Comprehensive Spending Review period (April 2008 - March 2011) to improve children and young people's safety. These include raising awareness of and promoting understanding of safeguarding issues, and ensuring this work is coherent and effectively coordinated across government. These objectives are reflected at a local level through the National Indicators Set (NIS) for Local Government. There are 16 indicators in the NIS relating to children and young people's safety.

- 16 Sections 10 – 11 Children Act 2004 impose a duty of cooperation between Children's Services authorities and other partners. The aspiration for children's social services is to provide an 'integrated front door'. This means providing integrated services and referral mechanisms across a range of partner agencies, to respond to issues in children's social care earlier. It is hoped that this 'integrated front door' can provide an effective interface between early intervention and statutory CSC involvement, and will ensure that families are responded to appropriately commensurate with the level of the child's needs.
- 17 The aspiration of the 'integrated front door' and 'back door' is that families can be supported without the need for ongoing or episodic CSC involvement, and is a key priority in terms of improving efficiency and outcomes for service users. The aspirations of the 'integrated front door' are to maximise both the effectiveness of Children's Services and improve customer access to them, and therefore form key considerations in the recommendations of this review.
- 18 The Common Assessment Framework (CAF) is a tool designed by the Government to support practitioners as part of the Every Child Matters agenda. The CAF aims to ensure that every young person receives the services they need at the earliest opportunity, through providing a standardised process for undertaking a common assessment. The aspiration is that, by supporting practitioners in identifying and meeting children's needs earlier, the CAF will act as a vehicle through which to inform referrals to CSC, and eventually will lead to a reduction in referrals. The CAF was rolled out across the Borough in July 2007.
- 19 Events in Haringey surrounding the Baby P case, which unfolded during the course of this review, have dramatically altered the landscape for practitioners. The sad circumstances of the Baby P case identified the crucial importance of effective partnership working and communication amongst agencies to secure the safety of children, and the grave consequences when these systems fail. National scrutiny has now been turned firmly on social workers and local authorities, providing a challenging and potentially hostile context for safeguarding work.

## The Tower Hamlets context

- 20 The 2008 Joint Area Review (JAR) of Children and Young Peoples' services found Safeguarding to be 'good' overall, with Early Intervention and preventative services praised for offering a wide range of effective support. As detailed in the Children's and Young People's Plan, the local vision is that:

"we want our children and young people to grow up free from harm, fear and prejudice. This means ensuring that children are effectively safeguarded from the risk of harm and neglect, reducing the involvement of young people in crime, both as victim and perpetrator, and protecting young people from bullying and harassment".<sup>3</sup>

- 21 In 2005, Tower Hamlets was awarded Beacon status for our innovative work around Early Intervention – Children at Risk. Key factors described as underpinning the authority's success in this Beacon round were a clear focus on outcomes, strong partnership working through the Social Inclusion Panel and Local Strategic Partnership, and a commitment to inclusion and innovation.<sup>4</sup>

- 22 Although the Council has continued to achieve considerable success in the field of early intervention, officers and Councillors recognise that there are still important possibilities for improvement. The Council is firmly committed to improving outcomes for all Tower Hamlets children, particularly those who are vulnerable and who are often a hidden section of the community. The aspiration is that we raise our goals even further and to develop innovative, proactive and effective approaches.

## **Levels of need**

### Workload of the Children's Social Care team/forecasting

- 23 The Group heard compelling evidence that the CSC team is experiencing a high and sharply increasing workload.
- 24 In the past two years there has been a significant rise in referral activity – in 2007/8, a rise of 38.5% was recorded, and trends from 08/09 suggest this activity is being maintained. In response to the queries of Group members, one explanation offered was the heightened awareness of partners and the community of Child Protection issues and the need to intervene earlier by referring to CSC. The reclassification of thresholds relating to domestic violence, from neglect to emotional harm, was also

---

<sup>3</sup> Children and Young People's Plan (CYPP) 2009 – 12

<sup>4</sup> Tower Hamlets Beacon Submission – Early Intervention: Children at Risk (2005).

suggested as a reason for the particular increase in domestic violence referrals.

- 25 Figure 2 gives a snapshot comparison of increased demands on the CSC team between 2006 and 2008. In 2007/8, there were 300% more initial assessments made by CSC than in 2006/7, with the number of core assessments undertaken also rising by 59% in the same period. There has been a significant rise in child protection activity relating to section 47 enquiries started,<sup>5</sup> and high referral figures have been exacerbated by a 44% rise between 2006/7 and 2007/8. Trends for 2008/09 suggest that the rise in referrals, completion rates for Initial Assessments and Core Assessments, and numbers children in need of a Child Protection Plan will all be maintained, if not exceeded.<sup>6</sup>

**Figure 2 - Interim Data Comparison (1.4 – 31.03)**

<b>Year</b>	<b>No of referrals</b>	<b>Total number of Initial Assessments completed</b>	<b>Total number of Core Assessment completed</b>	<b>Total number of £47 enquiries</b>	<b>Total no of children in need of a Child Protection Plan at the end of the reporting year</b>
2006/07	1794	707	601	233	189
2007/8	2582	2564	956	324	234

- 26 It was envisaged that the CAF will better inform referrals to CSC, and in some cases eliminate the need for them where no child protection needs exist and support can be provided by partners working together. It is evident however that the role-out of the CAF has not yet led to a reduction of referrals. As identified in the JAR, there is a need for some developmental work to support the use of the CAF.
- 27 The impact on CSC is increasing workload and complexity for front line teams in terms of assessment activity and strategy discussions. The service is also experiencing a bottle-neck in transferring cases from Assessment to Fieldwork teams. Whilst the high level of referrals is being maintained, and CAF making little tangible reduction to referrals, the rate of work coming into CSC is not being matched by the volume of work going out. What this means is that there is a greater volume of work being maintained by CSC teams.

<sup>5</sup> Where an initial assessment indicates a child is suspected to be suffering, or is likely to suffer, significant harm. local authorities are obliged under s47 of the Children's Act 1989 to make enquiries so as to determine whether or not they need to take action to safeguard the child.

<sup>6</sup> Cabinet Budget 2009/2010 Document Pack (Wednesday 11<sup>th</sup> February 2009), Appendix E2 'Children's Fieldwork Budget', pp. 74 – 79.

- 28 Baby P has exacerbated these figures, leading to a pronounced increase in referrals to CSC. In recognition of this, in April 2009 the Cabinet adopted proposals from Lord Laming's report into child protection, limiting the maximum caseload of social workers. Combining increased public attention with predictions of an even larger children's population in Tower Hamlets over the next decade, current projections forecast a sharply increasing workload for CSC in the next few years.

## **Value for money**

### Costs versus outcomes

- 29 In analysing the value for money of Early Intervention it is impossible to give clear and incontrovertible evidence about what would have happened if these arrangements had not been in place. It has therefore been a key conceptual challenge in presenting evidence for this review to understand how various different costings can be used to give such an analysis.
- 30 The value of Early Intervention needs to be considered from the perspective of outcomes achieved for the children and families involved – a cost analysis means little if it is not supported by evidence that interventions are securing the best possible outcomes for the community. This consideration of cost versus outcomes is key to the review's definition of what value for money constitutes, and forms the crux of the framework around which value for money will be investigated.
- 31 The general principle that it is not only important, but crucial to intervene early in securing the five Every Child Matters outcomes for children is well-documented. Analysis shows that early intervention can be highly cost-effective,<sup>7</sup> and MacLeod and Nelson (2000), build upon this premise with the summary observation that "the earlier the intervention the better".<sup>8</sup> By intervening earlier and strengthening protective services, the number of children requiring the support of CSC services should be reduced. The aspiration is to maximise the services at an earlier stage and reduce referrals, thereby allowing CSC to focus on the statutory functions.

### International research

- 32 There is a wealth of international evidence posing the value for money case for early intervention such as Head Start (USA), Triple P and Sure

---

<sup>7</sup> LBTH Family Support and Parental Engagement Strategy, 2007 – 8, pp. 5 – 6.

<sup>8</sup> Wave report, p. 8.



Start Family Programmes. Family-Nurse Partnership (USA) and Head Start give particularly strong evidence of the value for money case – families where intervention is delivered early have much lower costs in the long-term.

- 33 As an example Head Start, upon which the UK Sure Start programme is based, is a child development programme with the overall goal of increasing the school readiness of young children in low-income families. Returning to our definitions of early intervention (point 11 above), Head Start, which caters for families with children from three to school age, can be described as early intervention, as opposed to Early Head Start, which is aimed at families with infants and toddlers, and pregnant women, and thus is better described as primary prevention. Having run since 1965, the project has attracted long-term research into outcomes and gives us clear messages about the value for money case of early intervention.
- 34 Overall it has been found that the benefits of Head Start amount to between \$2.50 and \$10 for each \$1 invested. This cost finding can be accounted for in various ways. Olds (1993)<sup>9</sup> found that home visiting paid itself back within 4 years, with the next 11 years of home visiting thereafter, before the child reaches adulthood, amounting to clear gain in financial terms and social benefits for both the individual child and the wider community. In a similar fashion, it has been found that parenting training proved highly cost effective in reducing crime, as it has proven to be much cheaper than teenage supervision or prison.
- 35 In a similar fashion, it has been found that parenting training proved highly cost effective in reducing crime, with parenting training proving much cheaper than teenage supervision or prison.

### Local evidence

- 36 To help measure value for money the Group was given a number of different costing measures to gain an insight into the local context.
- 37 **COSTING EXAMPLE 1: Helping a family avoid eviction for ASB**
- Intervention 1: Solution Focused brief therapy (through Educational Psychologists in Children’s Centres) costs on average £550 per family.
  - Intervention 2: Strengthening Families Strengthening Communities costs £684 per participant

---

<sup>9</sup> David L Olds et al, Effect of prenatal and infancy nurse home visitation on government spending, Medical Care 31:2, pp. 155 – 174.

- Intervention 3: Family Intervention Programme (FIP) costs approximately £10,000 per family. So far no family on the FIP programme has been evicted from their home.
- Housing an evicted family costs £300 per week/at least £15,600 a year.
- Whilst none of these interventions is guaranteed to stop ASB and consequent evictions, families have reported that interventions have made a positive difference to their lives.

#### COSTING EXAMPLE 2: Cost of looking after children

- Average unit cost for a looked after child – £969 per week.
  - This excludes social worker and administration time, the cost of preparing a report, supervising the social worker costs and managing the independent review process.
  - In total, unit costs tend to be far in excess of £1,000 per week.
  - In Tower Hamlets there is a growing proportion of looked after children who are adolescents.
  - Research has indicated poorer outcomes for looked after children in adolescence, in terms of educational attainment, mental health problems, crime and teenage pregnancies.
  - Implication – taking children into care is a very costly intervention that struggles to deliver real benefits and thus emphasising the importance of intervening earlier.
- 38 Whilst the general principle that intervening earlier provides value for money and better outcomes was proved, it was brought to the Group's attention that the rise in activity within CSC, as described above at points 24 – 9, has occurred in a context of zero changes to CSC frontline resources. A FTE (full time equivalent) social worker with experience costs the borough £46,687 per year. Currently there are 69 baseline social work posts delivering services to 1627 children, a ratio felt by CSC to be unsustainable in light of static resourcing to the service.
- 39 Overall, the Group heard tangible evidence that intervening early – i.e. before the need to take children into care arises – is both cost effective, and produces better outcomes. The Group heard of the importance of supporting children at pre-school age, as intervening late is more costly and does not deliver better outcomes. In the medium term, there is a need to develop further capacity around hard to reach, complex families to prevent the need for highly expensive specialist services. This means developing capacity at the specialist and more targeted ends of the needs spectrum. It was this need that the Group focused on in formulating the recommendations of this report.
- 40 The Group welcomed the Cabinet's decision to invest a further £661,000 into CSC this year, in recognition of sharply increasing demands on the service.

## Service mapping

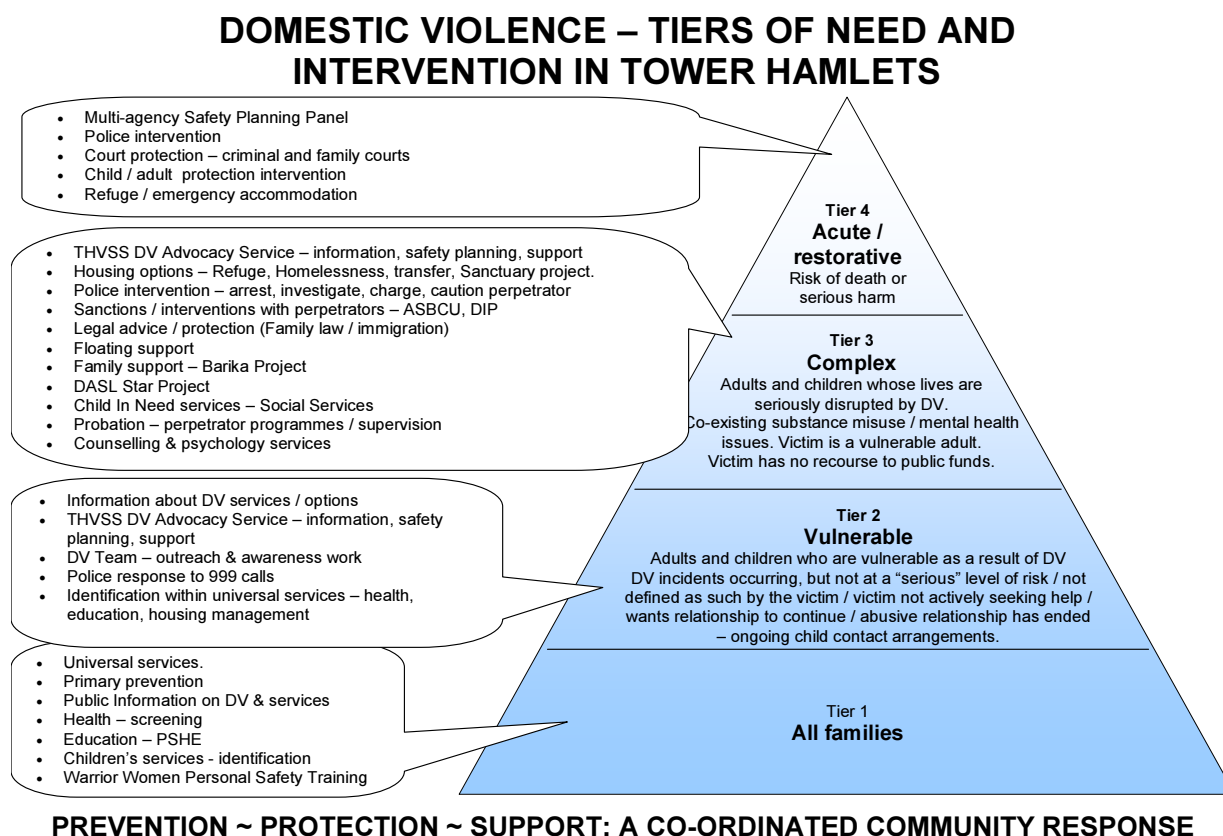
- 41 A consistent theme raised throughout the review was that better linkages need to be made between the CSC team and a number of key services areas, and how this could help to improve the efficiency and effectiveness of services to children and families.

## Domestic Violence

- 42 The Group heard on a number of occasions compelling evidence that there has been a sharp rise in numbers of referrals to CSC linked to domestic violence. Child protection cases involving domestic violence are also on the increase. According to practitioners' knowledge, the Group also heard that there may be an underestimation in the statistics of children living with domestic violence.
- 43 The "Co-ordinated Community Response" is an umbrella term for actions aimed to prevent domestic violence and reduce the harm it causes by
- increasing safe choices for adults and children
  - holding perpetrators to account, beyond the police response
  - reducing social tolerance of domestic violence and challenging inaction by individuals and agencies.

A summary of current interventions is summarised in Figure 3 below:

**Figure 3 – Tiers of need and intervention to domestic violence in Tower Hamlets**



- 44 As the figure indicates, currently there is a lot of work being undertaken in the Borough. However the Group repeatedly heard that there is more we could be doing to provide targeted service to children living in families suffering domestic violence, as well as to domestic violence perpetrators.
- 45 Working with the male perpetrators of domestic violence was identified as an area worthy of special attention. The Group heard from officers that the idea of taking the, often male, perpetrator out of the home is not always the best solution. However offering services to male perpetrators of domestic violence is a gap in our current provision. This was further highlighted in both the practitioner focus group and the session on domestic violence. Members agreed they would like to see an appropriate perpetrator programme established for violent men, but believed that the primary beneficiaries of such a programme should be children.

### **Recommendation**

- R1 That the Council develops targeted services to work with families and perpetrators of domestic violence, particularly male perpetrators.

- 46 Members were particularly interested in the links between social tenancies and Domestic Violence convictions, and heard evidence that male perpetrators will often remain in the home once a female victim has left for her own safety. Members voiced concerns about the equity of this situation and suggested that in the case of criminal action being taken against a perpetrator of Domestic Violence, landlords should consider action against the perpetrator.
- 47 The Group accepts that this is a complex area of policy, in that evicting a domestic violence perpetrator may lead to undesirable consequences such as re-offending. The Group is keen that this area is explored more fully so that the potential of using tenancy conditions to hold Domestic Violence perpetrators to account is understood more completely.
- 48 The Group is also keen that the potential benefit of publicising actions taken against perpetrators is explored. This again is a complex issue, given the risk of a whole family being identified through publicising the perpetrator. Members are keen that the potential benefit in sending the message to all potential perpetrators that their behaviour will not be tolerated is explored further, mindful of the impact on children and families.

### **Recommendations**

- R2 That the Community Safety team in conjunction with the Resident Social Landlord (RSL) forum and Tower Hamlets Homes explore options for using tenancy conditions to hold Domestic Violence perpetrators to account.

R3 That the Community Safety team in conjunction with Children's Services and the Partnership give active consideration to publicising actions taken against perpetrators when safe to do so, through selection of appropriate cases.

49 The map of contact points between the CSC team and the Domestic Violence team is growing more complex due to changes in guidelines and proliferation of services. A constant theme throughout the review was the importance of partnership links. It is crucial for CSC and Domestic Violence services to be able to locate related services and maintain a working relationship with them so that referrals and partnership working can be successfully managed.

#### **Recommendation**

R4 That a piece of work is undertaken by Children's Social Care and the Domestic Violence team to chart the links between Domestic Violence and children's services in the borough.

### Parental Mental Health issues

50 The Group heard that a high proportion of parents of looked after children have a history of substance abuse, mental health problems and/or domestic violence issues. Nationally, the proportion of adult mental health service users who have children under the age of 18 is estimated at between 25 and 50 per cent.<sup>10</sup> In Tower Hamlets, the proportion was found to be between 30 and 35 per cent, or approximately 600 children. Practitioners in Children's Centres in the Borough also commented that they witnessed a high proportion of cases involving parental mental health issues.

51 Children living with a parent with mental health problems are affected in a variety of ways, and exposed to a catalogue of risks including: behavioural problems, physical health risk, psychological health risk, academic underachievement, dysfunctional social relationships and bullying. Members of the Group expressed concerns, based on their own knowledge, that the numbers of children living with a parent with mental illness are greatly underestimated.

52 For this reason, the interface between Adults' Health and Wellbeing and CSC is important, to ensure that practitioners in both fields feel confident about handling cases where there are both adult mental health needs and related child protection issues. A key element in strengthening this

<sup>10</sup> Gopfert et al, 1996; Falkov, 1998.

interface involves ongoing work on the formulation of protocols between Adults' Services and Children's Services, and once agreed, ensuring they are embedded robustly in each service.

- 53 It is estimated that 6 per cent of parents of looked after children have a history of mental health issues, which is believed to be a conservative estimate. Given that the annual cost of housing a child in an independent residential placement has been calculated at £114,000, an important value for money argument can be made for extending services to families where parents have a mental health issue, long before the need to take a child into care arises.

#### **Recommendation**

- R5 That the Council explores ways support to parents with mental health problems could be increased.

- 54 At the focus group session, mental health professionals in Adult's Health and Wellbeing described the difficulty of balancing the welfare of the adult – their primary professional consideration – with concerns about the welfare of children. Having a dedicated Children's and Adult Mental Health worker (CHAMP) within mental health teams has proved a success, affording more confidence to practitioners in addressing the needs of children living with adults with mental illness, and a better service for the children themselves. Activities undertaken by the CHAMP worker include:

- direct work with children;
- liaison with schools and CSC;
- arranging holiday provision for children;
- engaging families with outside agencies working with children

Practitioners advocated strongly that the number of CHAMP workers be increased to allow this work to be extended.

- 55 Members were impressed by the CHAMP model of working and suggested that further strengthening of the interface between Adult's Mental Health services and CSC is undertaken, particularly in relation to the Community Mental Health Teams (CMHTs). Members considered examples when an adult receives services from the CMHT but there is no referral to CSC. They questioned the safety of this response.

#### **Recommendations**

- R6 That Adults' Health and Wellbeing in conjunction with Children's Services undertake an audit of cases in which an adult receives services from the CMHT and where no referral was made to Children's Social Care.

R7 That a review is undertaken on how the needs of children from CMHT areas not covered by a Children's and Adult Mental Health (CHAMP) worker can be addressed using a similar model, within budgetary constraints.

### Parental substance abuse issues

- 56 The Group heard that a high proportion of parents of looked after children have a history of substance abuse, mental health problems and/or domestic violence issues.
- 57 Whilst the Drug and Alcohol Action Team is very active locally, a gap in service provision was identified by the CSC team relating to services supporting children in families where there is a history of substance misuse. Currently, there is only one such pilot programme in operation – AdAction. The Group also heard evidence that working relationships between agencies could be strengthened.
- 58 Intervening earlier where substance misuse issues are prevalent has an important value for money angle. Support can be given before a statutory need arises, and therefore avoid the need for ongoing or repeated CSC involvement. In Tower Hamlets 11 per cent of parents of looked after children have a history of substance misuse, and we know that the annual cost of housing a child in an independent residential placement has been calculated at £114,000. This poses a persuasive value for money case in extending support services for parents with substance misuse problems.

### **Recommendation**

R8 That further analysis be undertaken to identify how the needs of parents with substance misuse problems can be targeted. Further to this, funding will need to be identified to allow increased support is available to vulnerable parents.

## **The relationship between Children's Social Care, the Council, and wider partners**

### Information systems

- 59 At the practitioner focus group, the Group heard about how communication issues were central to the success of partnership

working. A particular barrier to fluent communication was identified in the workings of the IT systems between different agencies. For example, health professionals cannot access case files on central systems if they are not registered as a London Borough of Tower Hamlets worker. It was suggested that different database and information systems in use by the Council and its partner agencies be charted, and continuing attention be given to how these could be better integrated.

- 60 Whilst aware of the importance of data protection and confidentiality, Members feel that consideration of appropriate access requirements and information sharing arrangements needs to be given, both for the safety of children and to minimise duplication and time wastage for busy staff. Improving the efficiency of service delivery in this way also has an important value for money benefit, in ensuring efficient use of resources and optimum use of valuable practitioner time.
- 61 The Group learnt about Contact Point – an online directory that will be introduced next year in Tower Hamlets – that will make it quick and easy to find out who else is working with the same child or young person, making it easier to deliver more coordinated support. Contact Point is known to be an effective system and should greatly aid the fluency of communication between agencies. For this reason it is important that all partners are signed up to this directory, which will improve information sharing and knowledge, and ultimately work towards securing better outcomes for children in the Borough.

#### **Recommendation**

- R9 That the Council works with partner agencies to ensure the successful launch and management of the Contact Point system to provide a more effective early intervention service.

#### Customer Service and the Integrated front door

- 62 A key concern of the Group has been how services can be delivered more efficiently and cost-effectively through intervening earlier and improving partnership working. These considerations have led the Group to consider what increased efficiency looks like from a customer service perspective, and how the 'integrated front door' could be implemented successfully in practice.
- 63 At the practitioner focus group it was generally felt that cluster working is positive and should be continued. A community base for services would be more productive rather than having them centralised. It was also suggested that the integrated front door could take the form of a local one-stop shop, where families could access a range of support services



from one base. This could really help develop relationship between the various agencies and the clients. Issues around co-location were discussed and it was felt that this was neither feasible nor practicable – rather practitioners should work from local centres to deliver to families. Extended schools would be the ideal local centres from which to deliver these services, as long as they are well-resourced.

#### **Recommendation**

R10 That the Children’s Services in conjunction with the Tower Hamlets Partnership further develops localisation of services through clarifying pathways between delivery and local centres and extended schools, and the wider integrated front door.

- 64 At many points during the review it was highlighted that the success of interventions depends on the strength of relationships built with families. As child protection issues are never just about the children themselves, but children who are living within troubled families, engaging adults is crucial to secure good outcomes for the children involved.
- 65 Often if the case is complex there will be many professionals involved. Having one lead contact for the family would not only simplify matters from the service user perspective but would improve communication and help foster a relationship of trust.
- 66 Similar to other London boroughs, Tower Hamlets is experiencing challenges relating to recruiting and retaining high quality staff. Partners raised concerns about how to address continuity issues arising from the frequent turn-over of social workers. Having one lead professional would help manage any change-over in case workers, particularly from the point of view of the families involved.
- 67 Whilst the CAF is being rolled out, there is also still a need to support professionals within ‘Teams Around the Child’ and multi-agency working teams, and having a designated lead professional would assist in providing support.

#### **Recommendation**

R11 That Children’s Services work with Children’s Centres and other key partners to explore development of a model to have a designated lead professional for families, allowing them one point of contact amongst the many professionals that may be working in partnership.

#### Communication

- 68 Members considered that excellent work is done with vulnerable children and families, both by statutory social care services and other partner agencies. Given the current climate following the Baby P case, there has been a proliferation of negative and hostile of stories in the local and national media about social workers. Members believe the Council could be trying to do more to celebrate the achievements of our safeguarding work. Greater recognition would raise the morale of staff, provide more reassurance to families and service users, and reassure the wider community of the quality of our local service.

**Recommendation**

- R12 That the Children's Services work with Communications to be more proactive in identifying and publicising excellent practice from both statutory social care services and other partner agencies in protecting vulnerable children.

**Role of Members**

- 69 Members were generally supportive of the Corporate Parenting Steering Group, but noted that there is no comparable unit which oversees and audits safeguarding work more generally, especially with regard to children who are subject to Child Protection plans. Whilst aware that this is a particularly sensitive and confidential area of the Council's work, Group members felt that greater Member oversight and scrutiny of this work could be taking place.
- 70 In April 2009 the Cabinet, in consideration of the Safeguarding Children's Board Annual Report 08/09 and Lord Laming's report into child protection, enthusiastically supported proposals for more training for members in Children's Safeguarding, and for an enhanced role for councillors in scrutiny of this work.

**Recommendation**

- R13 That the Children's Services, and particularly Children's Social Care, work with Members to explore ways of further involving Members in the overview and audit of safeguarding work.

- 71 Members particularly welcomed the opportunity this review afforded to consider value for money in key Council services, given that these considerations are at the core of resident satisfaction. Members considered that this element of the scrutiny review process could be

extended, to help develop a better understanding of the relationship between value for money and improved service delivery – and particularly how this issue could be communicated clearly to residents. This area of work would clearly sit within the remit of the Scrutiny Lead for Excellent Public Services.

**Recommendation**

R14 That the Excellent Public Services Scrutiny Lead should undertake a further piece of work in 2009/10 which focuses more explicitly on value for money and improved service outcomes, and how this message can be delivered effectively to the community.

## Conclusions

---

- 67 The Group welcomed the timeliness of this review, given the current climate and the strong pressures being placed on councils across the country to review their safeguarding arrangements.
- 68 Members found that there were already numerous examples of excellent practice both within the Council and across partner agencies, and applauded the dedication of officers in earning Tower Hamlets its reputation for innovation and excellence in this field.
- 69 Members gained a strong impression of the crucial importance of the interfaces between services, given that Child Protection issues concern not just the child themselves, but families as well. Whilst much of the strategic thinking concerning early intervention, partnership working and the integrated front door are well-developed, the challenge remains in constantly shaping these concepts into tangible realities. The strategic coordination of services is still one of the key challenges, and the majority of the recommendations arising from the review look to address these challenges. As ever, strengthening and developing real and effective partnerships will be crucial to our future success.

## Scrutiny and Equalities in Tower Hamlets

---

To find out more about Scrutiny in Tower Hamlets:

Please contact:

Scrutiny Policy Team  
Tower Hamlets Council  
6<sup>th</sup> Floor, Mulberry Place  
5 Clove Crescent  
London E14 2BG

[scrutiny@towerhamlets.gov.uk](mailto:scrutiny@towerhamlets.gov.uk)

020 7364 0528

This page is intentionally left blank

# Agenda Item 8.4

Committee	Date	Classification	Report No.	Agenda Item No.
Overview and Scrutiny Committee	5 <sup>th</sup> May 2009	Unrestricted		
<b>Report of:</b> Lutfur Ali, Assistant Chief Executive		<b>Title:</b> <i>Report of the Scrutiny Review Working Group on Child Poverty</i>		
<b>Originating Officer(s):</b> Jebin Syeda Scrutiny Policy Officer		<b>Ward(s) affected: All</b>		

## 1. Summary

- 1.1 This report submits the report and recommendations of the Child Poverty Working Group for consideration by the Overview and Scrutiny Committee.

## 2. Recommendations

It is recommended that Overview and Scrutiny Committee:

- 2.1 Endorse the draft report.
- 2.2 That the Service Head for Scrutiny and Equalities be authorised to agree the final report before submission to Cabinet, after consultation with the Scrutiny Lead for One Tower Hamlets.

---

LOCAL GOVERNMENT ACT, 1972 (AS AMENDED) SECTION 100D

### **LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

Background paper

Name and telephone number of and address where open to inspection

### **3. Background**

- 3.1 A Working Group was established in October 2008 to consider a community leadership model which contributes to creating One Tower Hamlets using Child Poverty as a case study.
- 3.2 The Working Group set out to do the following:
- Consider key issues related to child poverty including:
    - English for Speakers of other Languages and courses to improve literacy and numeracy skills;
    - Access to employment, including childcare provisions;
    - The London Child Poverty Pledge;
    - The Employment Strategy;
    - The role of Job Centre Plus.
  - Use Members' experience to develop a greater understanding, through research, focus groups and interviews, of the experience of local people living in poverty;
  - Establish how the research and casework element of Members' work can be used to help develop the Tackling Child Poverty Strategy;
  - Access information available to Members to exercise their community leadership role;
  - Develop and test and evaluate a model of community leadership role for strengthening One Tower Hamlets;
- 3 The Working Group undertook a number of focus groups and one-to-one interviews (One Tower Hamlets Interviews) with residents to examine the barriers faced in gaining employment. The Interviews in particular attempted to capture the experiences and barriers for residents from a range of backgrounds. These have been useful in framing recommendations of this review.
- 3.2 The report with recommendations is attached at Appendix A.
- 3.5 Once agreed, the Working Group's report and action plan will be submitted to Cabinet for a response to the recommendations.

### **4. Concurrent Report of the Assistant Chief Executive (Legal)**

The Council is required by section 21 of the Local Government Act 2000 to have an Overview and Scrutiny committee and to have executive arrangements that ensure the committee has specified powers. Consistent with this obligation, Article 6 of the Council's Constitution provides that the Overview and Scrutiny Committee shall make reports and recommendations to the Full Council or the Executive in connection with the discharge of any functions. The attached report contains recommendations in relation to Child Poverty. It is open to the Overview and Scrutiny Committee to agree the report for presentation to Cabinet.

### **5. Comments of the Chief Financial Officer**

- 5.1 There are no specific financial implications emanating from this report.



## **6. One Tower Hamlets considerations**

- 6.1 All the recommendations in this report have One Tower Hamlets implications as the intended outcome is tackling inequality and strengthening community leadership, these are all at the heart of One Tower Hamlets aspirations.
- 6.2 Recommendations B, F, I and M specifically ask that support be provided to groups identified as particularly vulnerable.

## **7. Risk Management**

- 7.1 There are no direct risk management implications arising from the Working Group's report or recommendations.

This page is intentionally left blank



**London Borough of Tower Hamlets**

**Report of the Scrutiny Review Working Group on  
Child Poverty**

DRAFT

**May 2009**

## Contents

---

<b>Contents</b>	<b>Page</b>
<b>Acknowledgements</b>	<b>3</b>
<b>Chair's Foreword</b>	<b>5</b>
<b>Introduction and Recommendations</b>	<b>7</b>
<b>Background</b>	<b>10</b>
Child poverty – Regional perspective	<b>10</b>
Child poverty – Local perspective	<b>11</b>
Current local initiatives	<b>13</b>
Consideration of health, debt advice and employment	<b>17</b>
Key findings from the community leadership model	<b>20</b>
Strengthening community leadership	<b>28</b>
Evaluation of the community leadership model	<b>29</b>
<b>Concluding remarks</b>	<b>31</b>
<b>Appendix A – Interview summaries</b>	<b>33</b>
<b>Appendix B – London Child Poverty Pledge</b>	<b>41</b>

### Acknowledgments

D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

The Scrutiny Review Working Group would like to thank all the officers who have contributed to and supported this review. In particular the Working Group would like to thank the local residents who have given time to this review and engaged in the One Tower Hamlets Interviews. These have been a useful way to bring residents' experiences into the scrutiny review and influence and shape local policy and service provision in turn.

The contributions of all those involved has helped to shape the final recommendations which are contained within this report and pose exciting challenges for Councillors, Council Officers and our partners.

**Working Group Chair:**

Councillor Ann Jackson

**Working Group Members:**

Councillor Abjol Miah

Councillor Denise Jones

Councillor Helal Abbas

Councillor Rania Khan

Councillor Rupert Eckherdt

Councillor Shahed Ali

**Other Members:**

Councillor Alibour Chowdhury, Lead Member for Employment and Skills

Councillor Clair Hawkins, Lead Member for Children's Services

Councillor Rachel Saunders, Councillor for Mile End East

**Co-opted Members:**

Ann Edmead – Future Women Councillors Initiative

Salina Bagum – Future Women Councillors Initiative

**London Borough of Tower Hamlets**

Kevan Collins – Corporate Director - Children's Service

Layla Richards – Partnership and Equality Manager – Children's Services

Helen Jenner – Service Head Early Years Children and Learning - Children's Services

Sarah Gale – Head of Equalities and Parental Engagement - Children's Services

Sue Hinds – Employability Manager, Access to Employment Team - Development and Renewal

Mark Grimley – Joint Assistant Director Organisational Development - Resources

Maura Farralley – Neighbourhood Manager – Tower Hamlets Partnership

Zefrin Rahman – Children's Information Service Manager – Children's Services

Jo Green – Planning and Information Manager – Children's Services

Fiona Paterson - Idea Store Learning Development Manager - Children's Services

Anthony Walters – Service Head – Strategy, Partnership and Performance from October 2009

Natalie Parish – Previous Service Head for Strategy, Partnership and Performance until September 2008

Syeda Akther – Research and Performance Development Manager - Children's Services

**Scrutiny and Equalities:**

Frances Jones – Diversity and Equality Co-ordinator  
Michael Keating – Service Head – Scrutiny and Equalities  
Afazul Hoque –Scrutiny Policy Manager  
Jebin Syeda – Scrutiny Policy Officer  
Nojmul Hussain – Scrutiny and Equalities Support Officer  
Hannah Bailey – Scrutiny and Equalities Support Officer

**External:**

Nicole Francis – Partnership Director - City and Tower Hamlets Learning and Skills Council  
Mary Couling – Director Adult Learning - Tower Hamlets College  
Derek Harvey – External Relations Manager - Job Centre Plus  
Beth Jonston – Project Manager – City Gateway Women’s Centre

**Contribution to focus groups were received from the following organisations and some of their service users:**

The Mobile Single Parents Project  
Lansbury Lodge Women’s Project – City Gateway  
Tower Hamlets Schools Cluster Working Group – One Plus Working Group  
Tower Hamlets Citizens Advice Bureau  
Reed in Partnership  
Individual residents contributed following an article in East End Life  
Residents contribution through the One Tower Hamlets Interviews

**Visits were made to the following:**

Family Nurse Partnership - Visit of Professor David Olds  
Woman for Change Conference - The Asian Health Agency

## **Chair's Foreword**

The Government has set ambitious targets to eradicate child poverty by 2020. These have been nationally accepted as a challenge. This is even more so in Tower Hamlets, recognised as a borough with high levels of child poverty.

The Tower Hamlets profile on poverty is a historic one. The borough has for hundreds of years been a refuge for people escaping war or hunger. It is a challenge for the Council and its partners to make a really effective impact on poverty. Ever increasing focus and funding over many years has not worked to lessen poverty in the borough as much as was hoped, and we have to continue to find new ways of supporting our residents. There is a strong commitment to tackling inequality in Tower Hamlets. This is supported by the Community Plan theme of One Tower Hamlets. There is also a strong desire here by local Councillors to challenge inequalities which can undermine cohesion and child poverty sits at the heart of this.

My hope in choosing to review child poverty was to find out what our residents point of view was about the ease of access to services, and to use their testimony to make the system work better for them. The Working Group hoped also to gain more insight into other areas, such as what the problems are on employment, especially for women. A number of focus groups, visits and interviews took place with local residents to bring greater understanding and an equalities perspective to child poverty. This method of evidence collection has not been tested before and has been a useful way to bring in the experiences of local residents. This has been invaluable in informing the review, identifying particular issues around access to services and has been used to inform the recommendations of this review.

The main feeling that came through right from the first focus group onwards was that exclusion whether real or felt was the crucial factor here. The extent to which exclusion prevents access to needed help, through hard or impossible to negotiate processes, and that a history of felt exclusion personally, or within a family or community prevents a person from coming forward. Those that are able to come forward do so and, when they do, we have to ensure that real usable practical help is available. The biggest problem is those that do not come forward, and how we find more ways to reach them.

As an entirely personal comment, I have to add here that from all the areas we considered, I felt that the Council could do with an equality strand for poverty, due to it having an all pervading effect on a person's life and prospects. That many who exist for a long time in this position can lose, or indeed, never gain the ability and the means to participate fully in the community. It may be that we have not made as much impact as would be hoped due to this factor not being included in considerations beyond that of the financial one.

This review has been even more eye opening than I thought it would be. The One Tower Hamlets Interviews in particular have been invaluable in providing real insight into residents' lives beyond the information we pick up from the case-work we do. The review is well timed in that it coincides with the development of the 'Tackling Child Poverty Strategy' and we're pleased to have been able to contribute to this.

The recommendations outlined in this report are intended to support the work of the Council and its partners. The Working Group recognises the Beacon award for Tackling Child Poverty and hope that the recommendations of this review will further develop our work. We hope all the parties involved will take the opportunity to address the issues highlighted in this report.

Finally, I would like to thank Jebin Syeda and the Scrutiny team, and all the Councillors and officers who participated in this review, and in particular the residents who spoke to us, and were very honest and open when discussing issues, my heartfelt thanks to them.

**Councillor Ann Jackson**  
**Scrutiny Lead, One Tower Hamlets**



## **Introduction and recommendations**

### **Introduction**

1. The proportion of children living in poverty in Tower Hamlets is higher than elsewhere in England. The borough is ranked as the third most deprived in the country. It is a place of deprivation where 66% of our children live in families who earn less than 60% of the national median income and 46% live in benefit dependant households. The deprivation disproportionately impacts children as we have a young population. We know that over 50% of children are eligible for free school meals which is the highest in the country. The borough has benefited from rapid economic growth particularly linked to Canary Wharf yet this wealth and prosperity is not shared by all local families and many continue to live in poverty. Therefore, child poverty is a critical local issue.
2. The Child Poverty Scrutiny Review Working Group was established in October 2008 and undertook research over six months. The inequality created by poverty undermines cohesion and impacts on the life chances of people often for generations. Recognising the link between income, access and life opportunities, the Working Group was keen to explore employment issues, focusing particularly on the barriers to employment.
3. Given the Community Plan's aspiration of One Tower Hamlets and its emphasis on community leadership, the Working Group were keen to strengthen our understanding of community leadership where Members use the experiences of their constituents to develop better policies and services.
4. The main aim of the review therefore was to consider a community leadership model which contributes to creating One Tower Hamlets using child poverty as a case study. In focusing on this, the Working Group considered the following:
  - Key issues related to child poverty including:
    - English for Speakers of other Languages and courses to improve literacy and numeracy skills;
    - Access to employment, including childcare provisions;
    - The London Child Poverty Pledge;
    - The Employment Strategy;
    - The role of Job Centre Plus.
  - Use Members' experience to develop a greater understanding, through research, focus groups and interviews, of the experience of local people living in poverty;
  - Establish how the research and casework element of Members' work can be used to help develop the Tackling Child Poverty Strategy;
  - Access information available to Members to exercise their community leadership role;
  - Develop and test and evaluate a model of community leadership role for strengthening One Tower Hamlets.

5. The Working Group undertook a number of focus groups and one-to-one interviews (One Tower Hamlets Interviews) with residents to examine the barriers faced in gaining employment. The Interviews in particular attempted to capture the experiences and barriers for residents from a range of backgrounds. These have been useful in framing recommendations of this review.
6. Having considered the evidence, the Working Group have made a number of recommendations which should help to strengthen community leadership in Tower Hamlets and begin to address the issues identified in tackling child poverty. The Working Group commends the achievement of Beacon status on tackling child poverty and recognises that excellent progress has been made particularly in supporting young people to ensure future generations do not fall into the poverty trap. The recommendations put forward in this report therefore focus more on supporting adults and families which would include children and young people. The Working Group also welcomes the development of the Child Poverty Strategy and the opportunity to contribute to it.

## **7. Recommendations**

- A. That the Tower Hamlets Partnership develop on-going programmes to support specific groups facing barriers to employment;**
- B. That the Health and Employment Group consider the role of GPs in identifying ways of breaking the cycle of long term sickness for those with support needs;**
- C. That Children's Services ensures that assessments, including Common Assessment Framework and Core Assessments include debt management considerations and whether financial advice is required as part of action planning;**
- D. That Children's Services develop and train front line staff at Children's Centres to deliver debt management and financial advice in partnership with locally based organisations such as the Financial Services Authority and third sector organisations;**
- E. That the External Funding Team in Development and Renewal consider how financial inclusion and debt management might be further promoted through wider publicity in East End Life and through the publications of key local agencies;**
- F. That Tower Hamlets Partnership re-consider its position and use of data to review the support needed to get women into employment with a particular focus on supporting Bengali women;**
- G. That the ESOL Providers Action Group explores ways to improve the referral process to employment advice and opportunities for students who have completed courses;**

- H. That Children's Services strengthen the promotion of the role of Children's Centres and childcare support through East End Life and the publications of other partner agencies;**
- I. That Tower Hamlets Partnership should continue to support ESOL financially and identify targeted funding for women who may not meet the financial threshold for assistance and where they are not able to gain access to the household income;**
- J. That the Cabinet in partnership with the Learning Skills Council lobby government to increase funding for ESOL;**
- K. That Jobcentre Plus review customer experience and case management with a view to improving the experiences of local people;**
- L. That the Cabinet lobby Department of Work and Pensions to review how the benefits payment system can be improved to make prompt payments and support people so as not to fall further into poverty;**
- M. That the Partnership explores ways to improve employment opportunities for the Somali community including the use of outreach work;**
- N. That the Council should sign-up to the London Child Poverty Pledge and encourage partners including the PCT, Canary Wharf and Olympics Authority to sign and use the Pledge to respond to the employment needs of local people;**
- O. That the Council explore ways of increasing the participation of new communities in the democratic process;**
- P. That local BME media is used to increase awareness of how local democracy works and how it can address local issues for example unemployment and to champion positive stories about parental employment;**
- Q. That the Overview and Scrutiny Committee undertake a Scrutiny Review exploring how the development of community leadership across the partnership could be improved and further explore how the One Tower Hamlets Interview model can be used to support this;**
- R. That the Strategy and Performance Team further develop the THIS Borough system to improve support to Members.**

## **Background**

8. Access to employment and opportunities for developing skills to gain employment are all crucial determinants of the quality of life and opportunities for families to pull themselves out of poverty. Government definitions of poverty are based on the level of income available to a household. High levels of child poverty are driven by high levels of worklessness amongst parents. It is important that we provide opportunities for equipping local people to develop skills into employment.
9. The Government has set ambitious targets to eradicate child poverty by 2020. London remains a place for high levels of poverty. In 2006, whilst nationally 15 % of children were living in households where no one had a job, in London the figure is 25%. The official definition of poverty is defined as households with less than 60% of median income equivalised after housing costs. In Tower Hamlets 66% of children live in these households, the London figure is 51%. <sup>1</sup> This inequality means a range of things for local residents in terms of life experiences, and poses a significant challenge to the Council and our partners to develop ways to tackle this inequality.
10. Good community leadership has become more and more important in leading change in local authority, for instance in the Local Government and Public Involvement in Health Act 2007 and more recently the Communities in Control White Paper. There is currently no shared concept of community leadership for councillors. The Working Group considered child poverty an appropriate subject given its local significance to test a community leadership model.

### **Child Poverty – Regional perspective**

11. The negative experiences of poverty has detrimental impact on the outcomes for individuals and society. Addressing child poverty issues can therefore bring about positive outcomes. London has received much focus because it has the highest rates of child poverty. Key Headline figures are as below:
  - 48% of children in London live in poverty, this is the highest in the UK;
  - In London children are more likely to be living in families were at least one adult is claiming a key benefit – 28% compared to 19% nationally while in Tower Hamlets it is 49%;
  - 25% of London’s children live in households where no one works. Children from ethnic minority groups, particularly Bangladeshi and mixed White and Black Caribbean children are more likely to be living in workless households;
  - Employment rates are particularly low for the mothers in the following groups: those with no qualifications (20%) disabled mothers (34%) BME mothers (46%) and those born outside the UK (44%), Consequently children from these households are at the highest risk of living in poverty.
12. Given the high levels of poverty in London, the Government set up the London Child Poverty Commission. Adopting the Government’s measure of child poverty of households living on below 60% of the national median income, it has developed a London Child Poverty Pledge which sets out actions that organisations can undertake to improve parental employment.

---

<sup>1</sup> Capital Gains, London Child Poverty Commission, 2008  
D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

**13.** The Child Poverty Commission report<sup>2</sup> established that families in London are more likely to be deeper in poverty, more likely to be without a job, to have fewer choices about their housing and to face multiple disadvantages. The report establishes that the underlying causes of child poverty are low employment rates amongst parents. It identifies particular groups who may be disadvantaged – mothers, fathers with English as second language, parents with a disability or mental illness, and parents trapped in low skilled jobs. There are many residents of Tower Hamlets who fall into these categories.

### **Child Poverty – Local perspective**

**14.** Tower Hamlets is a young borough and the role of the family plays an enormous influence on both private and public life. This creates a solid platform for tackling child poverty and making a lasting difference to children and families. At the same time the depth of the problem is enormous. Some key issues include:

- 33% of the population is of Bangladeshi origin, the majority of whom English would be a second language, with emerging new communities;
- Just under 30% of the total population is under 19 years of age;<sup>3</sup>
- There are low levels of numeracy and literacy skills with high demand for ESOL;
- There is inter-generational worklessness;
- At 49% Tower Hamlets has the second highest proportion of economically inactive working age women in Great Britain. For Bangladeshi women the rate is 75.2%.<sup>4</sup>

**15.** Many of the disadvantaged household types that have been identified by the London Child Poverty Commission as more likely to be living in poverty are to be found in the borough.

### **Income levels**

**16.** Over the last ten years the borough has seen job growth outstrip that in London - 56% locally compared to 7.7% in London, with 2 jobs for every economically active resident. Yet there are high levels of unemployment.<sup>5</sup> The Working Group was therefore keen to identify the barriers faced by local people.

**17.** Based on Office of National Statistics mid-year population estimates (2007) 71% of the local population are of working age, 31% of these are economically inactive. The table below<sup>6</sup> shows that the full-time workers' gross weekly pay in Tower Hamlets in

2008 would have been £633 whilst the London median income equivalent is £580.

**18.** This figure is a reflection of the number of workers in Canary Wharf who may be on significantly high levels of pay. At the same time almost 18% of

<sup>2</sup> Capital Gains, London Child Poverty Commission, 2008

<sup>3</sup> Tower Hamlets Children and Young People's Strategic Plan, 2006-2009

<sup>4</sup> Annual Local Labour Force Survey 2003/04

<sup>5</sup> Employment Strategy, Tower Hamlets Local Strategic Partnership, November 2008

<sup>6</sup> NOMIS, Office for National Statistics

D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

families in Tower Hamlets live on an annual income of less than £15,000<sup>7</sup>. The figures also show that there is a considerable difference in pay by gender.

#### Earnings by residence (2008)

	<b>Tower Hamlets (pounds)</b>	<b>London (pounds)</b>	<b>Great Britain (pounds)</b>
<b>Gross weekly pay</b>			
Full-time workers	633.1	580.8	479.3
Male full-time workers	680.6	630.0	525.0
Female full-time workers	554.5	534.5	412.7
<b>Hourly pay</b>			
Full-time workers	16.70	15.09	12.01
Male full-time workers	17.91	15.84	12.72
Female full-time workers	14.88	14.35	10.96

Source: ONS annual survey of hours and earnings - resident analysis

Note: Median earnings in pounds for employees living in the area.

#### Table 1: Earnings by residence

#### Other relevant research

Members considered national research to reflect on local issues around why English language is important, employment support for groups with support needs, women and employment and integration and cohesion. These were considered where there was no specific local research available for debate when considering local service provision.

19. A recent report 'A common language – making English work for London'<sup>8</sup> by DEMOS highlighted four key reasons why English is important:

- **Empowerment** – Speaking English plays an important part in helping people take control of their own lives
- **Economics and employability** – Enabling people to find employment and achieve progression into work
- **Integration and social cohesion** – Helps people to communicate and interact with one another in communities
- **Intergenerational social mobility** – Supports parents to contribute to their children's development and educational attainment.

20. Mark Grimley Joint Assistant Director of Organisational Development, presented GLA research which shows that those with mental health problems or who have a disability are more likely to be affected by employers who do not accommodate their needs. These groups also need intensive support to help address unemployment issues.

<sup>7</sup>PayCheck Data 2008

<sup>8</sup>'A common language – making English work for London', DEMOS, 2008

D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

21. Moving on up? The Way Forward<sup>9</sup> is a statutory investigation under the Sex Discrimination Act 1975. The legislation gives the Equal Opportunities Commission (EOC) the power to undertake general formal investigations into deep-seated issues of gender inequality or discrimination, and to make recommendations to those in a position to make changes, including Government. The investigation recognises that positive messages about the potential contribution of Bangladeshi, Pakistani and Black Caribbean women can make in the workplace and to the economy as a whole is absent from public debate. There is also limited thinking about the links to cohesion and integration. In recognising local diversity and the large number of women who are excluded from the labour market, it is imperative that we recognise the level of support women need.
22. Our Shared Future<sup>10</sup> – the report by the Commission on Integration and Cohesion launched in 2007, recognised that deprivation remains a key influencer of cohesion. Its recommendations recognised the role of schools and employers in strengthening cohesion. In essence, places of work are in a key position to promote cohesion and integration and employment is a way out of deprivation. The report also argues that strong community leadership is key. Both officers and elected Members have a leading role to play. It also recognises that language is a determinant of integration and integration is a determinant of cohesion.

### **Current local initiatives**

#### Tackling Child Poverty Strategy

23. Throughout the review we considered the themes identified in the development of our local Tackling Child Poverty Strategy and the areas of work developing under each theme:

- Removing barriers to work – including supporting parents who are job-ready or close to job-readiness to find work, developing strategies to reduce systematic disincentives to work, providing high quality childcare options, and offering top-up skills and training. We are using the vehicle of the City Strategy pathfinder to offer flexible and discretionary assistance to provide innovative ways of support.
- Developing pathways to success – including investing in longer term training and development, for example around basic skills and English language needs, working with community organisations to create more accessible local and supported work or volunteering opportunities, and actively supporting parents with disabilities and poor mental health into sustainable work options.
- Breaking the cycle of poverty - including our continued and strong focus on education, personalised strategies to prevent young people from becoming NEETs, targeted intergenerational work with families with a history of worklessness, interventions to reduce youth offending, raising community aspirations and active parental engagement in young people's learning.

---

<sup>9</sup> Moving on Up- the way forward, Equal Opportunities Commission, March 2007

<sup>10</sup> Our Shared Future, Commission on Integration and Cohesion, 2007

D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

- Mitigating the effects of poverty - including opening up cultural, sporting and leisure opportunities to those who would not normally access them, maximising the take-up of benefits, improving access to health services and health promotion opportunities, developing localised extended services, and making the greatest use of our green spaces.

**24.** Members welcomed and supported the areas identified in the Strategy which will provide families and young people the support needed to secure sustainable employment and move out of poverty. We were particularly keen to ensure our review added value to both the development of the Strategy and the subsequent Action Plan.

#### The Employment Strategy

**25.** The Tower Hamlets Partnership has shaped how it will support parents into employment through the Employment Strategy. It sets out actions based on an analysis of equality and diversity and on the key issues around employment. The Employment Strategy states:

*“There are 50,000 residents not working, 42,000 state they do not want to work, the majority of these being female.”*

**26.** The Working Group noted from the Employment Strategy that:

*“Increasingly the issue is one of helping people who face a range of difficulties and constraints, not just relating to qualifications, skills and attitudes and motivation to work, but also to their household or family circumstances and to problems such as poor health and disability. ‘...’Existing labour market policies and programmes, while broadly successful in overall terms in reducing worklessness, have been less effective in helping particularly disadvantaged groups in deprived neighbourhoods”.*

**27.** Members commented that the use of data to argue that 42,000 women do not want to work undermines the barriers local women face and could perpetuate negative perceptions of women who can make a significant contribution to the economy. It also disproportionately impacts on the support women then receive in getting into employment. Members urge the Tower Hamlets Partnership to recognise that the issue of unemployed women is a specific problem for the borough. Members felt that the Employment Strategy could do more to recognise the barriers that women face in getting access to the labour market. National research illustrates powerfully that woman and mothers are additionally disadvantaged.

**28.** For women from BME communities there are many hurdles to employment – lack of family role models, lack of language and other skills. Given that many of these women may move in a small area Members discussed how to improve opportunities in small local businesses particularly for middle aged women. A greater visible presence of women in the economy could have a positive impact on cohesion.

#### City Strategy Pathfinder



- 29.** Tower Hamlets is part of the City Strategy Pathfinder launched in May 2006. Its aim is to bring together key stakeholders across a 'City' area identified as having high levels of worklessness, contributing to the Government's target of 80% employment rate across the UK. In Tower Hamlets, access to support has been set up across community hubs, extended schools services and Children's Centres, ensuring coverage across the Local Area Partnership areas.

#### English for Speakers of Other Languages (ESOL)

- 30.** The Working Group heard from Tower Hamlets College, Life Long Learning and the Learning and Skills Council about ESOL provision. Skills for life, including ESOL are a Government priority with targets attached to provision. For 08/09, literacy and ESOL provision has to be at Level 1 to meet targets and numeracy has to be at Entry Level 3 or above to meet the targets. In Tower Hamlets there is high demand for pre-entry and Entry Level 1 and 2, particularly Level 1 for new readers and writers. Local ESOL providers all report consistent high demand with many residents being turned away as the waiting list is already high. There is also strong demand for localised provision.
- 31.** Learning and Skills Council funding supports local ESOL provision as will the Working Neighbourhoods Fund. Members noted that there has been significant reduction in funding recently. Despite this, Members felt that more work could be done to lobby Government to recognise the demand for ESOL as a vital support for families to move out of poverty.

#### The London Child Poverty Pledge

- 32.** The London Child Poverty Pledge (details of the Pledge are attached at Appendix B) has been developed to strengthen the commitment of organisations to improve the impact of their services and practices on parental employment, child poverty and the outcomes for children living in poverty in London. The Pledge is an opportunity for Tower Hamlets Partnership to demonstrate its commitment to tackling child poverty.
- 33.** The Working Group heard from Mark Grimely Joint Assistant Director Organisational Development that the Council has adopted a number of policies to support those who have family and other care responsibilities. These include flexible working arrangements, flexi-time which is time off in lieu for hours worked over contracted hours and job-share is also available for those who wish to work part-time if the role is a full-time post. The Council also provides benefits around parental leave beyond the statutory parental leave.
- 34.** With a high number of female workers and part-time positions the Council is a good employer for those who would benefit from flexible working and is suitable for parents with children.

#### Jobcentre Plus

- 35.** Derek Harvey External Relations Manager from Jobcentre Plus explained that services are offered by two Jobcentre Plus offices in Poplar and Commercial Road. These include access to jobsearch support, job vacancies (via an adviser, internet, job points and telephone contact centres), training opportunities (via advisers and internet), advice and

guidance and financial incentives. Outreach workers are placed across the borough undertaking 'benefits better off calculations' for local residents, including working in five Children's Centres. There has also been some joint training and working with the Family Information Service and Skillsmatch.

36. Progress regarding people into work is measured via Job Outcome Target<sup>11</sup> which reinforces Jobcentre Plus' purpose of moving people from welfare to work with more focus on helping disadvantaged customers into employment. Last year, the figures for Tower Hamlets were as below:

Targets	Numbers supported
People started work	4914
Lone parents (452) people with health conditions or Disabilities (388) other inactive benefit customers(124)	964
JSA New Deals, People with disabilities & people unemployed over 6 months	1289
People unemployed less than 6 months	1749
Non-claimants	622
Employed customers	290

37. The discussion about Jobcentre Plus focused on the experiences of local residents of using its services; these are detailed on page 24.

#### Childcare provision

38. Helen Jenner, Service Head Early Years Children and Learning and Jo Green, Planning and Information Manager, presented information about childcare provision. The Council has an advisory and developmental role in supporting childcare provision. It has a duty to provide information on childcare to parents and carers. It also promotes the various funding schemes available. All registered childcare provision is subject to Ofsted registration and inspection. There is a range of childcare provision being offered to local residents in different settings. The occupancy rate can vary and most settings have some vacancies. Since 2001, there has been a considerable growth in the provision available in full daycare and out of school provision.
39. The cost of provision will also vary by setting and type. Maintained places are the most affordable for full daycare with the average weekly cost being £141, whilst the voluntary sector is on average £173 per week and private places about £229.

For child-minder settings, the average weekly cost in Tower Hamlets is £160 whilst the London average is £196 for under 2s. Playgroups cost are free for 3 and 4 year olds; for non-funded places they cost about £11 on average per week. Out of school provision can range from £6 per term for non-working families at Junior Youth Service provision and up to £50 a week in private and voluntary settings.

<sup>11</sup> A job outcome is captured when a job start is recorded by Her Majesty's Revenue and Customs (HRMC) for a Jobcentre customer who has a benefit and/or Labour Market System record, i.e. when a former jobcentre customer starts paying tax having started work and benefit ceases.

D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

40. Children's Services also proactively seeks sources of funding to support parents access childcare and to support settings to improve their quality and to ensure that disabled children can get access to settings. Members debated the local perceptions of the availability, quality and affordability of childcare and suggested that further work be developed to raise awareness of the range and cost of childcare support available. Member evidence is further explored on page 23.
41. The Council has a statutory duty to provide information to parents with children up to the age of 19. This is co-ordinated through the Family Information Service and information and services are accessed by residents through Extended Schools Services, a telephone helpline and local Children's Centres of which there are 21. The service also maintains and is developing a database for information that it provides to residents to ensure consistency and quality of information and advice.

### **Health, debt advice and employment**

42. Although the review did not set out to consider health or financial exclusion, evidence and discussion in the Working Group often led to these areas and further evidence was sought. Some discussion did also arise during the One Tower Hamlets Interviews on health and debt.

#### Health

43. Mark Grimley, Joint Assistant Director Organisational Development, presented information on the current initiatives to support groups that may be deemed vulnerable. In partnership with the Primary Care Trust, the Council has developed a range of initiatives to address worklessness and health issues. Currently a Health and Employment Group is looking at families with health conditions and their access to employment. Jobcentre Plus is involved in this project. The primary aim of the project is to focus on Incapacity claimants and assist them into employment. There is also an initiative in place for those with English as second language which offers placements in jobs where they can grow into the job. For disabled people or people with mental health conditions, work with employers is underway to recognise the need to support this group. These are well received. However, given the depth of unemployment and barriers faced by local residents, the Working Group felt that this work needs to be further developed beyond projects that deliver a small number of people in employment. Members therefore suggest that on-going programmes are developed to support local residents.

#### **Recommendation A**

**That the Tower Hamlets Partnership develop on-going programmes to support specific groups facing barriers to employment.**

#### Sickness

44. Given the current work to support incapacity claimants, the Working Group felt this could be further extended to consider developing a referral mechanism from GPs to get people who are on sick leave back into work. It was felt that these residents would need intensive support and that careful consideration be given about how the individual, her/his GP and potential employer could work together.

45. The current requirement is that you are sick or you are well enough to work. This is a barrier to people who may otherwise be kept in work by having much more reduced hours. This can adversely affect those with mental health conditions. Members felt that one day a week at work for example can often break the cycle of no return to work. Doctors at the moment do not know how many sick certificates are being issued through their practice although a new recording system is being developed for monitoring sick notes and some GPs are referring people for support in some situations. The Working Group identified the need to look at intervention for people who are at risk of not working and providing tailored support to break the cycle of long term sickness. Furthermore, because there was no clear approach to this Members suggest that a review of the policy, procedures and monitoring systems in place should be undertaken to identify way of breaking the cycle of long term sickness.

#### **Recommendation B**

**That the Health and Employment Group consider the role of GPs in identifying ways of breaking the cycle of long term sickness for those with support needs.**

#### **Financial exclusion and support for local people**

46. Access to fair borrowing and security in ways of holding and storing money are basic financial needs. The Working Group heard from Maura Farrelly, Neighbourhood Manager about local issues related to financial exclusion and initiatives. These range from affordable credit, debt and money advice and promotion of debt and financial literacy offered through a number of third sector organisations.
47. An increasing number of households are also affected by problem debt. One-off household needs, such as the replacement of a fridge, can force financially excluded households to use high-cost credit, which can lead to over-indebtedness<sup>12</sup>. Non-mainstream lenders, such as doorstep lenders and loan sharks, can charge inflated interest rates of between 309% and 1355% APR on loans<sup>13</sup>. Members heard about a local single parent interviewed who was buying ice cubes to keep her newborn child's milk cold because she could not afford a fridge/freezer. She was aware that this did not make financial sense long term but did not want to get into debt. She had used her access to social funds to purchase a cooker which enabled her to cook meals rather than depend on take-aways.
48. The Working Group debated the enormous barriers faced by people who are financially excluded. Everyday people in this situation have a very real fear of not having enough to survive. These vulnerable people are often low skilled, perhaps suffer from a lack of education, may have a learning difficulty, have poor English skills, or simply fear the reception they will receive. Evidence presented suggests that the demand for debt advice in Tower Hamlets has increased and currently outstrips supply. The funding available for debt advice from the Legal Services Commission has been reduced and this will continue to be the case.

<sup>12</sup> Debt on our Doorstep, Scaling up for Financial Inclusion, pp. 16

<sup>13</sup> HM Treasury, Promoting Financial Inclusion, pp. 29-30

D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

49. In considering the evidence about the importance of debt advisors in the current economic climate, Members suggested that there is a need for intervention to stop families from falling into debt and in supporting those families where debt is already a problem. Given the nature of the work in Children's Services and their targeted work with local families, Members suggested that they are ideally placed to provide and promote debt and financial advice. They argued that in assessing residents' service needs debt management should be included and built into existing assessments including Common Assessment Framework and the Core Assessments. Members also argued that front-line staff are key to the experience of and access to services for residents. Equipping staff in Children's Centres to provide debt management and financial advice would assist people before there is a crisis and would meet the requirements of the Child Poverty Pledge.
50. Members further argued that given the Financial Services Authority (FSA) is based in the borough; there may be some willingness to work in partnership given the current economic climate. The FSA can play a role in developing local services around debt and financial advice. Children's Centres should explore how to secure financial support and staff time from the FSA.

**Recommendation C**

**That Children's Services ensures that assessments, including Common Assessment Framework and Core Assessments include debt management considerations and whether financial advice is required as part of action planning.**

**Recommendation D**

**That Children's Services develop and train front line staff at Children's Centres to deliver debt management and financial advice in partnership with locally based organisations such as the Financial Services Authority and third sector organisations.**

51. The External Funding Team in Development and Renewal co-ordinate the funding of voluntary sector debt advice and have a role in distributing and co-ordinating information and initiatives. Members debated the impact of local residents turning to non-mainstream lenders to address financial issues. They raised the importance of promoting awareness of financial inclusion and debt management for local residents and encourage wider promotion through East End Life and the publications of key partner agencies.

**Recommendation E**

**That the External Funding Team in Development and Renewal consider how financial inclusion and debt management might be further promoted through wider publicity in East End Life and through the publications of key local agencies.**

## **Key findings from the community leadership model**

The model

**52.** Members wanted to explore their community leadership role and discussed what the requirements might be of Councillors. This discussion took place in the broader context of the One Tower Hamlets aspiration and the specific inequalities of child poverty.

**53.** Interviews were conducted with residents with low income levels from a range of backgrounds. They were contacted through local organisations or via Members themselves. Members also undertook focus groups, visits and received email submission from a local resident. It was important that as well as the wider data based evidence used to develop services, there was a need to ensure the areas identified for development reflected solutions that would work for residents from different backgrounds. To identify these, Members spoke to the following residents:

<b>Household</b>	<b>Income per week</b>
Single young Female NEET	£93 after rent and council tax
Bangladeshi graduate with two children and a husband who speaks English as second language	£214 after rent and council tax
White family of three adults and one child – intergenerational worklessness	£230 after rent and council tax
Bangladeshi Male with three school age children, both parents with English as second language	£165 after rent and council tax (estimated)
A disabled parent with three school age children receiving care package	£246 after rent and council tax
Young Male NEET living with family	Not available – did not disclose
Caribbean single mother with 1 child	Not available – did not disclose
Sikh couple with 2 disabled children	Not available – did not disclose

**Table 2: One Tower Hamlets Interviews – residents interviewed**

Women only focus group

Having recognised the high level of worklessness in the borough Members wanted to explore barriers and aspirations of women. A focus group involving 25- 30 local women from different backgrounds took place at the Lansbury Lodge. Crèche facilities were provided.

Single parents' focus group

Members wanted to better understand the barriers particular to single parents. A focus group took place with 4 local single parents. One parent who was unable to attend contributed via an email submission. Crèche facilities were provided. Reed in Partnership and Citizen Advice Bureau also attended to talk about the issues for residents they were supporting.

Both focus groups were promoted in the following ways:

- Article in East End Life and in the East London Advertiser

A flyer with details of the review and the focus group was sent out to the following organisations:

- Lansbury Lodge
- Schools cluster group - One Plus Working Group
- Bromley By Bow Centre
- Women's Link
- Job Centre Plus
- The Mobile Single Parents Project
- Individual contacts

A visit to Mile End Hospital was made to consider the development of the Family Nurse Partnership (FNP), a project supporting young parents and their child, initially developed in America and researched for over 30 years. Tower Hamlets is one of only 10 sites across England to have the opportunity to test the FNP model in the UK in partnership with the Local Authority. Members were keen to explore whether early intervention for young parents was working.

The Scrutiny Officer attended the Women for Change Conference hosted by The Asian Health Agency to speak to women and service providers about the particular issues for women. A number of Somali women attended this conference.

The following headings cover the main issues raised through the interviews, focus groups and the visits.

#### **Desire to work and for learning and development**

*"I really want to get a job as my husband is struggling with his income which means my children are struggling."*

*"I don't want to be the kind of person who is on benefits all my life...I want to go to university to specialise in mid-wifery, I'm confident about this course and want to complete it."*

**54.** Amongst the participants of the focus groups (women and single parents) there was a genuine desire to seek employment or training. Many talked about the high level of support they had received from local third sector organisations to develop the confidence needed to develop this desire. From the One Tower Hamlets Interviews, there appears to be mixed views about the benefits of and desire to work. Many spoke about their lack of confidence to enter or re-enter employment and the barriers they had experienced. Some felt that it did not make financial sense to pursue work, particularly where childcare costs were involved.

**55.** Following consideration of the Employment Strategy, Members argued that many local women were keen to gain employment and skills, however they face a range of barriers which are particular to individuals and that these need to be supported. Faced with barriers, many are likely to feel work would not pay unless supported. They urged the Tower Hamlets Partnership to re-consider its position on women and employment in the Employment Strategy.

56. Members heard from local residents about their concerns of not being able to access ESOL because of long waiting lists and the lack of childcare. Members debated that it can get harder to learn with age and that it should be recognised that the amount of literacy to get fluency levels can take time. Members argued for comprehensive ESOL with childcare if needed. It should not just be linked to 'ability to pay' as families in need of ESOL do decide that other financial needs come first, leaving many women permanently isolated. A planned pathway through ESOL to training and work experience would be useful for many women currently with no hope of making the transition alone. Members argued middle aged BME women are more likely to feel isolated and disengaged. Members urged the Council to explore an 'apprenticeship' package to employ a cohort of middle aged Bangladeshi women to mentor into work, with placements in as many areas as possible. Outcomes should be measured and documented so that lessons can be learnt from this.

**Recommendation F**

**That Tower Hamlets Partnership re-consider its position and use of data to review the support needed to get women into employment with a particular focus on supporting Bengali women.**

**Support for access to employment**

*"I don't know how I'll get a job but I'll need help and support with it because I've been out of the job market for so long. I would need to get computer skills. I would have to build confidence because I've been out of the job market for so long. I'm surrounded by women who are like me, in my situation but I also have friends that have done really well in jobs so I know it can be done but it's different for me as I have children."*

57. In both the interviews and focus groups the need for different kinds of support for those who have been in employment before and those who have never worked was raised. Local women spoke of the need for support from trusted local organisations to develop their confidence, skills and learning for employment. Not only were women keen to learn English and get into employment but the demand from those who want to learn English currently outstrips supply. Those in attendance at the Woman for Change Conference expressed concerns that having gained qualifications there was no guidance and support to progress further. These women found that they had no real access to employment and were unable to secure any support to gain it. Members were keen to establish why this was the case, particularly as there are many points of access to employment support and suggested that the referral process from completion of courses to employment support is explored.

**Recommendation G**

**That the ESOL Providers Action Group explores ways to improve the referral process to employment advice and opportunities for students who have completed courses;**



## Advice and information

*“I’ve been out of work for so long, it’s like I don’t know anything anymore, and I don’t even know where I’d get information from.”*

58. Interviewees talked about their access route to and awareness of services. There were perceptions about the quality, availability and cost of childcare. Many people rely on word of mouth. In particular the Somali community expect to use services which others had used and had benefited from previously.
59. The quality of advice can vary across access points. In crisis, families need support on a range of issues to address poverty. In addition to debt advice they may require employment, training, housing and child welfare advice. Residents expressed a desire to see more co-located services where they are supported by someone they could trust on a range of issues. Services highlighted that offering debt advice on its own for example often did not attract many people. In settings where it was offered in conjunction with other activities, these worked better for local residents.
60. Member noted that residents were unsure of the availability of information and where they would go to obtain it. Key local agencies such as Children’s Centres and East End Life were mentioned as key access points for information. Mothers with young children talked about the use of GPs and how health professionals had supported them. In particular the Family Nurse Partnership which is an early intervention service for young first time parents was mentioned.

## Childcare

*“Day places seem to cost more – this will be a challenge when I go to university”*

*“What’s the point of me working to then pay someone to look after my child?”*

61. Both the focus groups and the One Tower Hamlets Interviews suggest that whilst there is some general awareness of childcare provision, there is uncertainty about its affordability particularly whether it pays to work and meet the cost of childcare. A benefit/pay analysis including the cost of childcare would help residents to decide the long term impact of being employed. The biggest barrier for residents was the cost of childcare which is seen to be too expensive. There was evidence that there is limited awareness of the different childcare settings available. Members suggested that there is a need to raise awareness of the role and services provided by Children’s Centres and specifically about childcare options.

### **Recommendation H**

**That Children’s Services strengthen the promotion of the role of Children’s Centres and child care support through East End Life and the publications of other partner agencies.**

## English for Speakers of other Languages (ESOL)

*"I signed up for ESOL but the wait is too long"*

*"I have a degree, I have computer skills but my English speaking is not good. I don't think employees will be comfortable with it."*

62. Public funding increasingly supports ESOL provision leading to qualifications which would encourage employment. The Learning Skills Council suggests that women are more likely to face financial barriers in accessing this. In households where the income threshold might mean that provision is not subsidised, women may not have the additional income to support themselves and may not be supported by their spouses. Members argued that with high levels of poverty and deprivation there is a need to focus on what works with supporting women into employment and providing adequate financial support is key.

### **Recommendation I**

**That Tower Hamlets Partnership should continue to support ESOL financially and identify targeted funding for women who may not meet the financial threshold for assistance and where they are not able to gain access to the household income.**

63. Having considered the evidence about ESOL and listened to the experiences of local residents Members argued that without being able to access opportunities for learning English, residents remain at risk of not integrating and continuing without work. The combined lack of ESOL and work for BME women, particularly older women does have a wider impact on cohesion. The Working Group noted the additional funding levered in through the Working Neighbourhoods Funds and recognise the allocation to ESOL provision. However, given the high level of demand they would urge all those responsible for worklessness, equality and integration to continue to lobby government to recognise the high level of need and secure on-going high levels of funding.

### **Recommendation J**

**That the Cabinet in partnership with the Learning Skills Council lobby Government to increase funding for ESOL.**

## Jobcentre Plus

*"I went to the Jobcentre Plus but they asked for a CV and courses but I didn't have them at the time."*

*"They judge you, their experiences with other people means they treat you very rudely. They are not very helpful; I don't go to them because they are of no real help."*

64. The evidence from Members' interviews suggests that those who are particularly at risk of being in poverty are families where there are one or more vulnerability factor(s) such as English as second language, disability, and/or being a woman. The evidence particularly from the focus groups also suggests that these groups of people find it increasingly difficult to use the services of Jobcentre Plus. Many describe negative customer experience and case management. Many women would not feel confident and comfortable in approaching Jobcentre Plus in wanting to gain access to employment. These women would need support from someone who understood them and who they could trust. The nature of case management at Jobcentre Plus did not enable this.
65. There is a very real perception that Jobcentre staff seem to provide only an administrative role, and that this deters people from engaging with them. Evidence suggests a lack of empathy and respect, and, even from some, total disregard for the applicant's plight, with a focus on how the system works, not on what the applicant needs. Members felt that the complexity of applying for benefits is scary enough but for the onus to be on the applicant to know and understand what to do and when is unfair. Any complexity needs to be 'behind the counter' not in front of it. Staff should play an advocate role for the applicant, and help ease the process. Training staff to recognise and support local residents without skills would improve experiences for local residents and increase the chances of them seeking employment more positively.

#### **Recommendation K**

**That Jobcentre Plus review customer experience and case management with a view to improving the experiences of local people.**

66. Members also discussed how important it is for people on benefits to protect their means to survival. An average wait for benefit or a benefit change of even only one month means people become in debt. If they have children they are heavily in debt. Financial exclusion can mean entering debt to manage. When someone gets their benefits or low wages, it is already spent. You then survive on the cheapest food. It is hard to be optimistic and proactive when this is a daily experience. No food can be held, no stocks built up as there is no spare money to build a larder of staples. Food has to be bought and eaten day to day. Then it often means a reliance on fast food, as there are problems paying the gas charges - or you can't afford the gas at all, or you don't have a cooker, or maybe not even a fridge. It is impossible to 'put things by', plan meals in advance, you have no back up. A missed benefit payment means being literally destitute. This has enormous implications on health, both in resulting possible ill health and obesity, and also stress and depression. The impact of this on the wellbeing of children is enormous.
67. From a number of residents Members heard about their experiences of moving in and out of jobs and benefits and the negative impact this can have on families and children. It is for this reason Members stressed how vitally important it is for our residents that the benefits system be revised to make timely payment the top priority for initial and ongoing claims to ensure people wait as little time as possible for payment. The consequences of delayed payments can mean going without meals or going into debt.

68. Members argued that when people can rely on support when they need it, they can then be persuaded to try to change other things. Without the assurance and trust that the Jobcentre will pay them on time, people will not trust the system, and will resist being moved back to work as they will expect it to go wrong, and thus make their situation worse. This was a very common theme emerging from the evidence Members gathered.

**Recommendation L**

**That the Cabinet lobby Department of Work and Pensions to review how the benefits payment system can be improved to make prompt payments and support people so as not to fall further into poverty.**

**Somali community**

69. When Members met with Somali residents one of the issues raised was the difficulty of engagement. It emerged that face to face contact was important. Residents talked about how any negative experiences of using Council services ultimately discouraged others from using it. In the same way, where services have worked, it influences how people view services. Members therefore argued that it would be useful to recruit a Somali outreach worker to engage and support this community into employment. They suggested that this would be particularly relevant in engaging Somali women.

**Recommendation M**

**That the Partnership explores ways to improve employment opportunities for the Somali community including the use of outreach work.**

**Flexible employment opportunities**

70. Residents often spoke about the lack of jobs generally, and the lack of flexible jobs more specifically. Employment within schools settings was popular because it gave parents the time to spend school holidays with their children. They had seen a friend or a neighbour secure employment and they were happy with their job in that setting. Flexibility of jobs was more important to parents and those supporting extended family members who might have children. Having considered the Child Poverty Pledge, its requirements and our position against the requirements, Members felt that the Council should sign-up to the Pledge and further argued that it would be a demonstrable way of making a commitment to addressing child poverty. They discussed major local employers in the area and the potential for job opportunities from the Olympics. They argued that the Pledge should be used to influence the Primary Care Trust (PCT), Canary Wharf and the Olympics Authority to recognise the employment needs of local residents and increase the availability of flexible working.

71. The National Health Service (NHS) and the Council is a large local employer, with a combined workforce of about 25,000. The PCT has a local commissioning budget for health valued at £2.5 million and opportunities could be used to promote initiatives to embed the Pledge and address local people's employment needs. The positive relationship between the Council and the PCT means that the Council can proactively use the commissioning process to reflect the Child Poverty Pledge requirements, Members felt strongly that the commissioning process be used to benefit local people in this way.

**Recommendation N**

**That the Council should sign-up to the London Child Poverty Pledge and encourage partners including the PCT, Canary Wharf and Olympics Authority to sign and use the Pledge to respond to the employment needs of local people.**

**Engaging new communities**

72. The Working Group recognises that Tower Hamlets has a history of receiving and welcoming new communities. Members raised concerns that new communities who may not be aware of and may find it harder to use services around the decision making process such as accessing Councillors. In the One Tower Hamlets Interviews Members had spoken to residents about Overview and Scrutiny and the role of Members, in the analysis of the interviews, Members recognised that newer communities in particular may be unaware of how local democracy works and how to gain access to Members and felt that further work was needed to ensure that newer communities were informed about the role of Members preferably at the point of entry into Tower Hamlets.

**Recommendation O**

**That the Council explore ways of increasing the participation of new communities in the democratic process.**

**Engaging local media**

73. There was some debate about local people's understanding of politics, decision making and Scrutiny. Members discussed the potential for the media to be used to explore these issues with local people. They felt that BME women in particular are likely to be isolated and that work with local media to inform and debate on local issues would engage them and could also encourage more informed. Members were particularly keen that local media, in particular the BME media be used to debate local issues impacting on the community and that the media is used to champion positive stories. The local issues affecting the borough around employment for example with positive stories of men and women who succeed in initiatives to gain employment would establish a sense of what the possibilities are for local people.

**Recommendation P**

**That local BME media is used to increase awareness of how local democracy works and how it can address local issues for example unemployment and to champion positive stories about parental employment.**

## **Homeless Services – temporary accommodation**

*“I don’t want to work at the moment as the rent in the temporary accommodation is really high and if I work my income will go on the rent.”*

74. Members spoke to a number of local residents who were living in temporary accommodation. Their life experiences were often bound by housing and the move from one type of accommodation to another. Rent levels in temporary accommodation are generally high and are a disincentive for seeking work. The unplanned moves were also barriers to completing courses and training, particularly where the move is out of borough. Members discussed the possibility of providing financial assistance to residents in temporary accommodation as an incentive to work and were pleased to see this need reflected in the Tackling Child Poverty Strategy.

## **Working with young people and parents**

*Leah is 12 years old and wants to be a model. She doesn’t know what her mum wants her to be. (Extract from an interview with an intergenerational workless family.)*

75. Young people spoke about how parental or sibling involvement impacts on their own achievements and aspirations. In one interview, a young 12 year old had never had a discussion with her parents about her aspirations. When discussions arose during the interview, the parents had no real desire to prompt their daughter to set goals and aspire to achieve academically or through a profession. Members discussed the excellent focus of the Tackling Child Poverty Strategy on developing young people and engaging parents in the child’s development.

## **Strengthening community leadership**

76. The development of the role of community leaders was first discussed in the Local Government White Paper, *Creating Strong, Safe and Prosperous Communities*<sup>14</sup>, and subsequently introduced through the enactment of the Local Government and Public Involvement in Health Act 2007. It focused on placing local authorities at the heart of leadership in defining and shaping places. It recognised that Councillors, supported by their power to promote the wellbeing of their area (created by the Local Government Act 2000), have a key role to play in their leadership capacity in place shaping.

77. The current Government White Paper, *Communities in control: real people, real power*<sup>15</sup>, intends to pass power on to local communities and local citizens to control decision making. The paper recognises the role of elected representatives in the democratic process and the role of active citizens. The paper sets out a range of measures to hand power to local citizens and places duties on Councils to promote democracy, involve people in developing and commissioning services and it also challenges Overview and Scrutiny to raise its profile and improve accountability through involving and empowering local residents.

---

<sup>14</sup> *Creating Strong, Safe and Prosperous Communities*, Statutory Guidance: Draft for Consultation, Communities and Local Government, 2007

<sup>15</sup> *Communities in Control: real people, real power*, Communities and Local Government, 2008

D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

- 78.** The idea of ‘One Tower Hamlets’ as a place where everyone can reach their full potential is a key overarching theme in the Community Plan. Members have used this review to look at how community leadership might address some of the inequalities of child poverty and contribute to creating One Tower Hamlets. Once Members had considered a range of evidence on child poverty, they reflected on the use of One Tower Hamlets Interviews as a model for community leadership.
- 79.** The Working Group recognised that leadership can come from a range of sources. In considering what community leadership involves, the Working Group looked at information from the Improvement and Development Agency for Local Government (IDeA) Members prioritised stimulating local organisations and individuals to take up opportunities to express their views and speaking up for and on behalf of residents as priorities for community leadership.
- 80.** Officers in attendance saw working with other community leaders in the voluntary, community and business sector and offering vision and direction to local groups and building support for that vision as key role for Members in exercising their community leadership role. The recognition that leadership can come from a range of sources prompted Member discussion about what leadership might look like in Tower Hamlets.

### **Evaluation of the community leadership model**

- 81.** The One Tower Hamlets Interviews enabled Members to develop an insight into the day to day lives of residents in Tower Hamlets. The interviews took place in a venue of the residents choosing, often in their own homes. The interview summaries are attached to this report. (See Appendix A) These illustrate the depth and range of areas covered and consequently identified the barriers experienced by local people. The aim of this research was not to bring pure qualitative research into Scrutiny; rather they enabled Members to consider the experiences of a range of people who collectively might represent the diversity of the borough.
- 82.** The One Tower Hamlets Interview format was discussed to identify how useful it was in understanding the Child Poverty agenda in the context of the diversity of the resident and its relevance in informing service developments. Members made the following comments:

*“How else can you obtain this level of information? It can be useful in informing policy. He would not have engaged in other ways as he can’t read or write. Councillors do visits but never to bring information back other than the problems for the residents so this approach to the whole issue was interesting and using this as part of evidence for scrutiny is a really useful way to reflect residents’ issues.”*

*“She saw the importance and hoped that it would make a difference, she opened up in a way she wouldn’t have done in other contexts. Yes, it was definitely useful and engaging in the democratic process. It wasn’t driven by a process so I was free to listen to the whole story, it’s the best way because it’s not just about ticking boxes, you can ask the why, not just the what.”*

*“It was really interesting to hear what people’s experiences are and to getting a sense of the impact on individuals, it was particularly good to get different cultural perspectives. Absolutely useful for getting lots of insight”*

*“It’s really interesting ... of this being used as a way of representing the community, but needs to be backed up by solid evidence, It’s really interesting how much people will open up to you.”*

*“Yes, it was useful, definitely. We were speaking to a family who literally do not engage.”*

*“It was useful but we also need to think about newer communities and how they engage in the decision making process”*

83. In evaluating this format or model for bringing evidence into scrutiny reviews, other areas for development of the model were identified, including how to undertake objective research and ask powerful questions.
84. The comments made by Members highlights the usefulness of engaging hard to reach communities through this model. In the evaluation, Members looked at each interview to identify key areas for improvement and therefore were able to link the interviews (what residents said) with policy development. The Working Group felt that more could be done to segment and understand communities in this way when developing strategies and services and suggest that this model is adopted in future work were Member community leadership in bringing forth evidence would be useful in developing services.
85. It was also clear from the One Tower Hamlets Interviews and the focus groups that working with partners was key to maximising the impact of work on child poverty on children. Residents did not want to be bound by organisational boundaries and discussions questioned what community leadership might look like in Tower Hamlets, Members suggested a Scrutiny review on community leadership in Tower Hamlets.

**Recommendation Q**

**That the Overview and Scrutiny Committee undertake a Scrutiny Review exploring how the development of community leadership across the partnership could be improved and further explore how the One Tower Hamlets Interview model can be used to support this.**



86. The Scrutiny Lead for One Tower Hamlets, the Chair of this review used the THIS Borough<sup>16</sup> system to retrieve data to get a sense of local issues in Tower Hamlets. Members were keen to develop up to date, accessible statistical information on issues in their local ward as well as the more general information on the borough. The THIS borough was not easily accessible for this purpose. This information they felt would help in developing informed initiatives and strengthen their case for developing services and therefore strengthen their community leadership role. National research which has relevance and implications for Tower Hamlets would enable them to keep abreast of issues. The Chair felt that there was a need to rethink what information was available for Members and in what format to make it more accessible. The Working Group suggests clear data sets with data interpretation being made available to Members.

**Recommendation R**  
**That the Strategy and Performance Team further develop the THIS Borough system to improve support to Members.**

### Concluding remarks

---

87. In conclusion, the Working Group has made a number of recommendations which it feels will address some of the barriers to employment and add value to the lives of local families and children. Looking forward, some of the recommendations should help to strengthen community leadership not just of Members but also our wider partnership.
88. The Working Group recognise the excellence of the work developed in achieving Beacon Status on tackling child poverty and see the award as a positive message about the contribution that the Council makes in addressing the issues affecting the borough and also recognise that despite the depth of the issues, there are in place provisions which will attempt to see the cycle of poverty reversed. The Working Group also recognises that despite the developments, the Council and its partners can not be complacent and must continue to challenge and question what more can be done for local residents in addressing inequalities brought on by poverty.
89. The One Tower Hamlets Interview model has been useful in gathering insight as a way of linking into residents' experiences and was a useful way to develop the knowledge and understanding of local issues beyond case-work. More importantly, the evidence has enabled the identification of areas of improvement lead by residents' views.
90. In examining child poverty this review has focused on residents experience at Jobcentre Plus, support and access to employment and the Employment Strategy, ESOL provision, the London Child Poverty Pledge and childcare provision and has made recommendations having considered these and the evidence collected through the community leadership model.

---

<sup>16</sup> The Tower Hamlets Local Information System, set up to provide easy access to a wide range of data about Tower Hamlets and its local communities, available on-line for Members, staff and residents.  
D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

- 91.** In reflecting on the review, one of the issues which could have been investigated is the crippling costs of utility bills for vulnerable households. We need to investigate the impact of services and its costs to find ways of mitigating the negative impact on the poorest for the basic utilities. The high costs for vulnerable people can impact on health and obesity.
- 92.** The Tackling Child Poverty Strategy brings with it an opportunity to influence and shape the direction of the work needed to address the child poverty issue. The wealth of knowledge brought to this review through the Community leadership model has been used to inform the recommendations and as such this is an opportunity for the Strategy to reflect actions based on the experiences and voices of local residents and the Working Group look forward to these being reflected in the final strategy.

## Scrutiny and Equalities in Tower Hamlets

---

To find out more about Scrutiny in Tower Hamlets:

Please contact:

Scrutiny Policy Team  
Tower Hamlets Council  
6<sup>th</sup> Floor, Mulberry Place  
5 Clove Crescent  
London E14 2BG

Telephone: 020 7364 4636

Web: [www.towerhamlets.gov.uk/scrutiny](http://www.towerhamlets.gov.uk/scrutiny)

## Appendix A

### One Tower Hamlets Interviews Evidence for Child Poverty Scrutiny Review

#### Background

The interviews were conducted at a venue convenient for the local resident. Almost all the interviews with the exception of the interviews with the two NEET young people took part in the homes of local residents. The young people chose to come to the Town Hall. The interviews were conducted by Councillors from the Working Group and were supported by officers. The role of the Councillor was to lead the interview and ask questions. The role of the officer was to note the interview contents.

The beginning of all interviews involved a discussion about the role of Councillors in Scrutiny and the Overview and Scrutiny Committee.

All interviews were conducted with a set of questions to guide the discussion. Members were keen not to have multiple choice questions and felt that open ended questions would work best. A set of questions were framed to capture the story of the local resident – how they came to where they are and their personal aspirations. Questions also captured their experiences in getting access to support for employment or learning and skills through local agencies, what they thought their barriers and challenges are and how the Council and its partners can support them to address their barriers. To aide the discussion, Members asked supplementary questions to increase their understanding of the issue.

**Please note the names of all participants have been changed.**

#### Interview 1

Shirin Chowdhury is a local young graduate. She is a mother of 29 with a 7 year old daughter and a boy aged 3 years, all of Bangladeshi origin. Shirin lives with her husband and 2 children in temporary accommodation and has been unemployed since she left the Tower Hamlets Graduate Scheme after becoming pregnant and not having the option to return. Her husband has low levels of English language skills.

**The rent is currently £350 per week, and along with council tax is covered by Housing Benefits. Shirin and her husband receive the following benefits:**

**Child Tax Credit: £370 per month**

**Jobseekers Allowance: £380 per month**

**Child Benefit: £105 per month**

**Total: £855 per month**

#### Interview

Shirin's husband studied up to GCSE level in his homeland and attended ESOL Level 1 classes. Shirin and her husband are both unemployed.

She came to London at the age of 2 from Bangladesh and attended a local primary school. She feels she was well received there and the school roll had a mix of students from different backgrounds. Shirin has good memories of her days at primary school.

Shirin went into a local school where she completed secondary education and A Levels followed on by a degree at a local university. Shirin says she was grateful that she was the last group of students who were given grants for attending university which totalled about £3,000 per annum. The students who came in after her needed to take out loans to support their studies. Shirin was the first in her family to go to university; her siblings have not followed her ambitions and are all in unhappy circumstances, particularly her brothers. Her sister Shuma did not attend university because of the costs; she did however go on to work for a dental surgeon.

After graduation Shirin used Skillsmatch to get a graduate placement with New Deal for Communities. She then moved to Tower Hamlets Council to take a place on their graduate training scheme. This helped Shirin to access a Masters qualification. Shirin found out about the graduate scheme through East End Life the local newspaper. She also received help from Tower Hamlets College with interview skills.

Shirin got married and towards the end of the qualification period for her Masters, her daughter was born. This was a turning point. The graduate placement did not give her the option of returning and she did not receive any maternity pay. "I had no choice but to leave, although I could have deferred my Masters but it would be at my own expense and with a baby and no option to return to work, I couldn't see a way out – I had no option really." Shirin was unable to work. Thereafter her husband fell ill and was unable to do any jobs of a manual nature. He has no other skills he can use; recently he has started looking for jobs in the electrical trade and has experience of doing this in his homeland. He is very keen to develop his skills in this.

At the time her child was born Shirin was living at her parents home and tensions began to form. They went to Homeless Services as they couldn't afford to move into private renting and they were concerned that they did not want to bring up a baby in unsettling housing situation. At Homeless Services, Shirin was asked to show she could live with her parents for another month then return to Homeless Services, after which she was offered the Rent Deposit Scheme. She was eventually placed in temporary accommodation, Shirin was told she would be waiting 2/3 years and she has been living in temporary accommodation for over 5 years. "I was put in Green Street, I had no choice. I felt really isolated and depressed and it was affecting my relationship. The flat was really small and I didn't know where anything was, I didn't know where the local schools and hospitals were."

"I am living in poverty. I'm just about scraping by. It affects everyone, I'm having problems with my relationship and I feel down all the time. I can't get things for my children. Emotionally, it feels very draining. It wasn't so bad when I had 1 child but now it feels more and more like I'm living in poverty, we're just about getting by." Shirin could feel the marked difference in being employed and being unemployed with a child. "If I wasn't pregnant I would have carried on working. I would have liked to go back but I feel like it was my problem and I had to deal with it – I also felt like I had no choice, no support – for some reason I didn't expect any support. I wasn't really given any options to return, people around me were really nice, but being nice didn't give me any options about work and managing family. I didn't even get maternity leave." "I want to go back to work or training because I've been out of work for so long. It would get me out of poverty. My husband's skills are very low because he doesn't have the skills needed for local jobs, at least if I had a job the family income would be more stable from what it is now. My husband has lost his motivation, he has tried and failed, he was on a course to learn English and

then we moved to the temporary accommodation in Green Street and the course was dropped.”

In the next 3/5 years Shirin would like to see herself in a job which would pay enough to take care of the family in a comfortable way. Being in temporary accommodation means that the rent is very high and they are not motivated to get a job as most of the income will be spent on the rent. Having to be prepared to move means they do not feel motivated to make any plans for their life. One move to Green Street was enough to unsettle everyone. “I’ve been out of work for so long, it’s like I don’t know anything anymore, I don’t even know where I’d get information from.”

“I don’t know how I’ll get a job but I’ll need help and support with it because I’ve been out of the job market for so long. I would need to get computer skills. I would have to build confidence because I’ve been out of the job market for so long. I’m surrounded by women who are like me, in my situation but I also have friends that have done really well in jobs so I know it can be done but it’s different for me as I have children.”

By asking Shirin on childcare and information, Shirin says the following:

“I have used Sure Start for childcare so if I needed childcare support I could go to them.”

“If I need information I could go to Job Centre Plus, Skillsmatch and look in East End Life to get information about the support I might need.”

Shirin feels that while she was young and single, the barriers she faced seem insignificant to the barriers in her life now. In her employment after graduation the barriers were about the whether she could get on with her colleagues who might have a very different lifestyle from her Muslim lifestyle. The barriers are now focused on managing children in a household with an income which is not dependable and being pregnant.

“It’s all a problem, I have the challenge of looking after the children, I don’t want to work at the moment as the rent in the temporary accommodation is really high and if I work my income will go on the rent. I will be in the same financial situation. It’s really frustrating. My husband’s ill health means he can’t hold onto jobs for too long even if he is lucky enough to get something like restaurant work, so his income is very unstable. I’m also pregnant and as I haven’t been getting maternity leave and pay the last time I can’t see the point of it.”

Shirin’s husband Tareq would like to get a job and has approached Job Centre Plus.

Tareq’s English is very limited and although he would like to improve his skills he is unable to do so, Shirin thinks this is because the family are constantly thinking about making the day to day needs of the family be met, they are constantly worried about this.

“He has used JCP but they were unable to help, there is a language problem. They put him on these computer courses and he says they are not good for him, he doesn’t understand the teachers as they speak English. He used a service in Poplar where staff speak Sylheti and can help him with job search.”

Shirin is concerned about her husband’s experiences of using Job Centre Plus, especially as he has a language issue. She feels that their attitude is that they assume you don’t want to work. She feels that on the job training to develop skills would be the ideal opportunity for her husband. She describes how Tareq attends computer training skills through the JCP. He attends the courses but isn’t benefiting because he does not understand English and the course is run in English. The other problem is the training is only for the main claimant of Job Seekers Allowance so there is nothing they are able to offer her. She was not directed to other course/training providers either. She feels that if benefits entitlements were linked to taking up appropriate training people would progress.

D:\moderngov\Data\AgendaItemDocs\9\9\6\A100019699\ChildPovertyReport0.doc

“We need skills based training and my husband wants to do electronics but they aren’t able to help him with this because they say he hasn’t got the qualifications to do the job.”

**Shirin defined her key issues as:**

- **Accommodation – the rent is too high for her to think about going to work as most of the income she receives will go towards the rent. This is her biggest barrier;**
- **Childcare arrangements - Shirin has informal childcare arrangements in place with her family supporting her if she needed help, however her mother’s health is deteriorating. She believes financially, it will not pay to work and have to pay childcare, so it wouldn’t benefit the family and the stress would not be ‘worth it’;**
- **Training and skills – She feels like she has lost touch with what the work place is like and what skills she would need. She feels she would need to have introductory training to introduce her to what the world of work is like and give her a chance to test the skills she has before being put into a job;**
- **A lack of information on what’s really available and where she can go to get information;**
- **Lack of opportunities where the training takes place on the job so that Shirin or her husband can develop themselves into a role;**
- **JCP training provision has been bad experience, the funding should be more focused on the needs of the individuals, Tareq could be support to learn English;**
- **If benefits entitlements were linked to developing language skills, then literacy and numeracy skills would improve in people.**

## **Interview 2**

Susan Smith, a mother of 55, her son Tim (33) and daughter Leah (12) and husband John (51), all of Irish background have lived in their current 4 bedroom housing association property for a number of years. She also has 5 children from her previous marriage. Her children and her husband have low levels of literacy and numeracy. The Smith family are currently all unemployed. The family members do not currently hold any qualifications although attempts have been made to attend college.

**Rent and council tax for the family is covered by Housing Benefits and the family contribute £25 per week towards rent. Parking permit requires £10 every week.**

**The income is as follows:**

**Susan**

- 1. Income support - £500 per month**
- 2. Disability Living Allowance =£136 per month**

**3. Child Benefit - £72 per month**

**4. Child Tax credits - £192 per month**

**Tim**

**1. Incapacity Benefits - £160 per month**

**(Pre-Christmas Tim received £240, this was reduced because he could not attend an interview to reassess his claim)**

**Total: £1060 per month**

**Without taking Tim's income into consideration, the total income per month is £900. The total outgoings on rent and parking totals £140 per month leaving the family with £760 or £920 with Tim's Incapacity benefit.**

Interview

The family have lived in Tower Hamlets since Susan's mother arrived from Ireland and settled here. They live in a 4 bedroom ground floor property with a garden managed by a housing association; they do not wish to move from the property. Susan has been married to John for 16 years and Leah is their child. She has five children from her previous marriage and Tim is one of the children living with her, the others have married and moved out.

Susan is very interested in electronics. When she was able to work she undertook a range of jobs which are no longer available. She worked as a flat machinist and in a pickle making factory and button counting factory. She also worked in a shop. She constantly changed jobs because she did not want to be skilled at one thing. The year 1990 may have been her last job which was gardening for an older person in Thurrock. This ended when the person had a fall.

John is dyslexic but is also a qualified jeweller by trade. He has depression after a local incident took place – they were not able to provide details of the incident. Susan says he is willing to take work but gets tired of looking and not finding anything. He has problems with his hernia and so everything is a struggle for him. Susan feels he is stressed.

Tim went to the local school for children with special needs. He trained as an actor but is unable to get any work. He does filming with his friends and also on a voluntary basis to build up his CV. Tim went on to a Youth Training Scheme and couldn't find a job. He then worked in a warehouse where he developed back problems and went off to work as a Bar Manager where the owner was a gay local person. He also split up with his fiancé at the time.

"Things have been all bad since then, and I haven't been able to work for seven years and moved back in here"

Tim started a 6 months carpentry course then the college closed down and he was unable to complete his course. He would use Jobcentre Plus (JP) to look for jobs but also uses agencies for acting career. He attends JP every fortnight. He does find jobs he can do but they are usually gone by the time he gets around to calling them. Tim says despite his back problem he is offered jobs in the warehouse. He is trying to get a job in retail. After



some discussion, Tim recognises that he would need a part-time job to manage financially if he is to pursue a career in the acting profession.

Tim says he does use agencies to find jobs but feels this is difficult with competition from migrant workers. The problem with finding jobs through agencies is that some of these only offer short term work with some as short as 2 or 3 days work. With the need to inform of any changes of earnings to the benefits agency which means an immediate stop to benefits, this can get really complicated and stressful.

“It’s annoying because you have to let the Social (benefits agency) know about changes and it messes things up”

Tim is angry that the government says he has to live on very little money. Tim gives an example of when he was required to attend an interview but didn’t attend and his benefits were reduced. He is currently on medication for slipped disc and is always in and out of hospital which restricts him from taking up long term employment. Tim finds himself in a vicious cycle where benefits agencies would refer him to hospital where they would assess him as being healthy and he would be referred back to the benefits agency only to be told that he needs to be assessed again.

“The hospital always says I’m fine and send me to the social, the social keep sending me to the hospital”

Susan says she has been housebound for 17 years and needs someone to accompany her when she goes out. She feels the situation is getting worse.

After she stopped working in early 1990s, Susan went on to college to undertake a course. ‘People were pushing me to do something so I went to college and then my health got worse.’

Tim has concerns about being mugged. He feels like he has experienced racism living in Tower Hamlets although the Police say it’s not racism. When Susan spoke to the young boys who were causing concern, they stopped making as much noise as they used to. Susan would like to move out into the countryside, although she says she would need to buy the current home as the children would want to continue to live there. Susan feels the area has lost its hustle and bustle although noise from the shops/off licenses does irritate her.

For the immediate future, Susan is focusing on her electronics. Tim has brought her some broken fruit machines and she is working on these. Tim is focused on his acting career.

The family feel there is nothing they can do to change their circumstances.

“We can’t do anything to change our income; we don’t have holidays or pensions. We don’t do anything. Life is boring; we can’t save up to go on holiday.”

Susan is in debt and will willingly borrow money to get her children what they want. She divides up the weekly benefits for different purposes. She has a bank account and had 2 direct debits set up until she had to cancel one because of a fee she had to pay for a wildlife programme Leah likes. Tim feels more money through benefits would help the situation.

Whilst the interview takes place, Susan receives a number of telephone calls. She does not take any with the exception of 1 call where she arranges to pay off £100 the coming Monday to clear some of her existing debt.

Susan says she manages her debt. She would prioritise getting food into the house over household items. The food they bring into the house would either be tinned food or frozen food to make sure nothing is wasted and they are not too keen on meat products.

She does not feel like she or the family are in poverty. She has seen what poverty does to people and she feels she is lucky. She wishes other people were as comfortable.

Tim says he is likely to be living in a cardboard box if it wasn't for his mum. The family have internet access and a PC and 2 laptops as these are their access to the outside world. The internet access is in Tim's name as his older brother left with unpaid bills which blocked access for Susan.

Barriers to employment for Tim are his health and his disability. He also feels he is lacking in skills he might gain through training. Susan thinks Tim's numeracy skills are okay but not his literacy skills. Tim hasn't completed his basic literacy and numeracy skills course. The biggest barrier for Tim is not getting the support he needs to find and secure a job.

"When I ring them to ask for IT jobs, once they hear I'm dyslexic, they say oh it's not for you mate, I don't think you can do it. How do you think that makes me feel, I'm a human being too."

Susan uses the internet to find information. To get into the world of work she would need to build up her confidence and she would like help with that. The confidence would enable her to find jobs. She is concerned about what this support would be and what format it would be. She describes an incident with a locum doctor who she feels did not fully recognise her condition and passed her leaflets to read up on depression and anxiety. She found this to be very unhelpful as she has already used the internet to find out about these things. Susan likes her regular doctor and is able to go to the doctor for information.

Tim takes his sister to school and often finds people think he is the father. He does not have any money to be able to take her out and go to places with her.

Leah is 12 years old and wants to be a model. She did think about becoming a Vet but is now against this as it would mean putting animals down. She doesn't know what her mum wants her to be. She asks Susan what she would like Leah to be and Susan says she can be anything she wants to be as long as she is happy. There are no plans or encouragement for Leah to pursue a path and academic achievement is not pushed. Leah is currently being assessed for special needs as she has very low levels of concentration. Susan has concerns that local people are employed at the local schools. She isn't confident that they know what they are doing.

#### **Some of the issues for the family as recognised by the Councillor:**

- **A lack of parental engagement and guidance for young person to develop into professional/work roles or to pursue academic development;**
- **Support to find and maintain a suitable job for Ian who is on Incapacity Benefit;**
- **Tailored support to get Susan to develop her confidence and support with job search.**

### **Interview 3**

Abdul is a 36 year old Bengali male living on the 7<sup>th</sup> floor of a tower block in Tower Hamlets. He holds no formal qualifications obtained either in the UK or from Bangladesh. He has 3 children aged 7, 6 and 2. The mother of the children is full time at home. He is currently unemployed; his previous experience has been in the restaurant trade. Since becoming redundant he has been unable to find another job, subsequently seeking Job Seekers Allowance and Child Tax Credit.

**The rent and council tax for their property is covered by Housing Benefits. The family receive the following benefits:**

**Job Seekers Allowance: £160**

**Child Tax Credits/benefits: £500**

Abdul has been in the UK for about 15-16 years and his wife joined him later and has been in the UK for about 10 years. Abdul says he can read but is not able to write which can be difficult but he can manage interaction with key organisations. He doesn't need interpretation services.

Abdul speaks limited English which he believes restricts him from other employment opportunities. He currently does not have any form of qualifications and acknowledges enrolling on an English course would help him progress. However, he is not confident about being able to successfully complete a course and also has doubts about whether it would help him to progress into decent jobs with decent income.

Abdul explained that the possibility of losing benefits entitlement discourages him and other people from seeking employment elsewhere. The restaurant trade is low pay and therefore he would still get some benefits to help him manage. He feels that the families' quality of life would not improve significantly, rather they would struggle to support their family on a very low income. Managing on benefits is less stressful than managing a job with low income and still having the same quality of life.

Abdul was unaware that persons who are on low wages could still be entitled to some benefits. He felt that if his right to claim benefits is not affected, he would consider applying for jobs other than in Indian restaurants but does not believe he has the skills to do other jobs. He does not believe he can work in Tesco for example because he does not have the language skills and his colleagues would give him a hard time. Abdul was concerned about changes to benefits that would affect him and his wife as his children get older. He feels the Council should lobby for any restrictions imposed on the current benefits entitlements.

Abdul also explained it would be convenient if he could work locally as it would enable him to balance work and family life effectively, particularly if he is required to attend to his family in an emergency. He gives an example of when his eldest daughter had an accident at home and needed medical assistance. As his wife does not speak English he had to commute from outer London to take his daughter to hospital.

The current economic down turn is affecting the Indian restaurant trade, where jobs are now harder to find. Therefore, Abdul feels he may have to undertake basic training to help him work within other hospitality and customer service companies. As it is difficult to find a job in local Indian restaurants he would like to work in companies such as Tesco if he could

have time to settle into the job and find a way of managing the income and if local jobs were available.

In terms of his experiences of receiving regular payments during his employment, Abdul has had no negative experiences. However, he is aware that often his counterparts do experience delays in payment when working in the restaurant trade.

If such a situation arises where there is no prospects for employment in Indian restaurants, Abdul feels he has no option but to look for jobs beyond his current remit, i.e. restaurants. He is not aware of where he would look to find jobs. He has always relied on finding work through friends and from information in local shops. These are circles where he says people understand his situation and will help him out.

Abdul feels his children are oblivious to their lack of privileges as they are still very young. Although he would like to change his circumstances and have a positive change, he feels the barriers are too difficult for him to overcome. He also feels there is a lack of encouragement from services such as the Council for people like him to take up challenges, although he was unable to say what these should be.

From his perspective, existing training offered by Job Centre Plus do not tailor their needs nor does it monitor whether people have understood the content of the course and how it will practically help improve career opportunities. This leaves him feeling hopeless and like he is wasting his time.

Abdul says that if his wife finds employment it will make the home management difficult and it would therefore not be possible for her to work. He also feels child care responsibilities inhibit this option. Abdul agrees accessible child care facilities should be available to help address this problem. He has concerns about who the children's carer would be. After some probing and a reluctance to discuss how his wife might progress, Abdul agrees that he may allow her to invest a few hours a day in work or training and that this would be manageable. The female Scrutiny Policy Officer attending the interview encouraged Abdul's wife to join in the discussion, she decided not to take part.

#### **Abdul defines his key issues as follows:**

- **A lack of skills to undertake jobs other than the restaurant trade;**
- **Language skills are a barrier to developing skills;**
- **A lack of confidence and belief that he would be able to develop and progress in areas outside of the restaurant trade;**
- **A lack of local jobs which are suitable for him**

#### **Interview 4**

Natalie is an 18 year old of White working class background who is Not in Education, Employment or Training and lives on her own in temporary accommodation.

The interview took place at the Council's New Start offices at Kit Kat Terrace, where Natalie has been a client for around eight months. Also present at the interview was Stella,

Natalie's personal adviser, as she felt more comfortable being interviewed with her there for support.

Natalie's rent and council tax is covered by benefits. She receives about £93 every fortnight.

### Interview

Natalie lives alone on the Isle of Dogs in temporary accommodation provided through the Council's Homelessness Service. This is in a bed-sit that was allocated following the breakdown of Natalie's family due to violence. When she was made homeless, she was initially placed in a hostel in Kings Cross where she stated there was a lot of drug use. Natalie feels that her current housing situation is not good and that the Homelessness Service didn't treat her well due to her young age.

Natalie has been unemployed since leaving school. She spends the majority of her days looking for work, either via New Start or Connexions in Stratford. Natalie is interested in finding an admin-related job, or similar work based training, where she can work in an office environment with computers. She applied for the Hamlets Youth Trainee scheme and had an interview, despite not having the required grades at GCSE. She was unsuccessful and states she has heard that there is a very high rate of applications per job, around 1,000 applicants and only 24 positions available.

Despite being unemployed and in receipt of benefits, Natalie is determined that she will not give up looking for work. Living on benefits is not easy, and Natalie says that £93.00 for a fortnight is not enough once bills are paid. If she had more money, Natalie would use it to buy clothes and things to furnish and decorate her flat. She thinks that it is harder for her to find a job as she had no work experience at school. When asked, she says that she has thought about doing some voluntary work but wouldn't want to do this forever as ultimately she wants to be paid for working.

Natalie has nine GCSEs, including two at grades C and D. She admits that she was naughty at school and often used to play truant. She only liked certain subjects and found that her teachers were unsupportive, particularly in maths. Natalie praises the support that has been given to her by the staff from New Start, particularly from Stella whom she describes as 'like a second Mum'. They have not only given her help to find work but also supported her with housing problems, following a period when she was threatened with eviction due to rent arrears. In return, Natalie keeps appointments with New Start and always calls ahead if she will be running late.

In terms of family support, Natalie is still in touch with her brother, who lives nearby in West Ham, and sometimes has contact with her mother who now lives in Ireland. There is also some contact with her father, although this is limited as Natalie does not get along with his new wife. She has lots of friends around the borough and states that she makes friends easily as she's quite confident in social situations, although she also has a shy side.

Since going to New Start, Natalie has undertaken courses in personal development and completed a project in conjunction with News International. This involved preparing, filming and editing a DVD on New Start and interviewing previous participants. Prior to unemployment, Natalie was at college on a childcare course, but she found she had to drop out of this because of her housing situation and the associated stress.

Natalie states that her greatest achievement has been completing her GCSEs, which she did despite it being a very difficult time at home with the breakdown of her family. In terms of the barriers she faces, Natalie feels that her lack of work experience is the one thing that really holds her back. She also wishes that there were more training opportunities in the borough, or that these were more widely advertised. Ideally she would like to secure an administrative position either as an office junior or a receptionist.

#### **Some of the key issues for Natalie as defined by the Councillor:**

- **Natalie is a very positive and motivated individual;**
- **She has a lack of experience for CV purposes;**
- **She feels there is a lack of job opportunities;**
- **She would like to see wider advertising of the opportunities available, including jobs and training.**

#### **Interview 5**

Foyzul is a young 19 year old person who is Not in Education Employment or Training and is of Bangladeshi background.

The interview took place at the Council's New Start offices at Kit Cat Terrace, where Foyzul has been a client since he was 18. His cousin recommended the service to him and he has been coming ever since to see his personal adviser, Mozabel.

#### Interview

Foyzul lives with his family which consists of his parents, four sisters and one brother. In the past he has lived with an aunt outside of the borough as she has more space in her house. Foyzul is now back living in the borough and that was when he first started coming to New Start. In terms of his family, Foyzul's father and older sisters are all in employment, his mother is a housewife and his younger brother is at college studying accounting.

Despite currently being NEET, Foyzul has just signed up for two courses in IT and business administration which are due to start in March 2009. This will involve both studying and going on a practical office-based placement. He finished another IT course a month ago and then applied for a few retail jobs but was too late to secure a temporary position over the Christmas period.

After leaving school Foyzul went to college for a year to study business but dropped out after he got bored of the course and realised it wasn't really what he wanted to do. He then didn't do anything for a year before coming to New Start. This was helpful as one of the first things they did was put Foyzul on a short course which helped to identify his interests. Whilst Foyzul wasn't confident which direction he wanted to take beforehand, this course pointed him towards pursuing a career in IT.

Whilst at school, Foyzul undertook work experience at a Woolworths store and more recently Jobcentre Plus also helped arrange a work placement at Primark. However, Foyzul found retail to be boring as he felt like he was doing the same thing every day. He

finds the prospect of working in IT more interesting as there are so many different types of jobs and opportunities within the field and he also feels confident that he is good at it.

In terms of his social and family life, Foyzul has lots of friends, most of whom are in work rather than studying but some of whom he describes as 'not doing much'. When he and his friends get together they usually go out to eat and generally travel about the borough. Foyzul states that it's only gangs who are territorial and reluctant to go to new places. His parents wish that he would decide on a job or course and stick to in the long term, rather than changing his mind. Foyzul's sisters are all employed, one as a lawyer, and often help him out and encourage him in terms of looking for work and training.

Foyzul states that his teachers at school did talk about planning for the future in terms of jobs and universities, but it didn't feel important to him at the time and he didn't listen. Now he's older Foyzul says he realises that getting good qualifications is the key if he wants to secure a good job. He hasn't yet tried to get a job in IT as he doesn't have the qualifications so feels like he wouldn't have a chance at the moment. Although he aims to qualify in the next couple of years at the moment being out of work can make Foyzul feel down. He feels that sometimes people look at him differently once they know he isn't in work or training.

Foyzul admits that it took him a long time to decide what he wanted to do, but in hindsight he wishes that there had been more individual support at school about future careers and university. He feels that if young people were aware of how hard life can be when you don't have a job or qualifications then they might take a different course to him. Foyzul thinks the short course he took when he first came to New Start should be made available in schools.

In the future Foyzul would like to be rich, and he thinks good qualifications is the way to achieve his goal. For him the biggest barrier has been deciding what he wanted to do and which direction to take. Foyzul thinks his situation is ultimately his own fault and so there is no point feeling sorry for himself. Having the support of New Start is a definite help though. He thinks there are a lot of courses and training opportunities in the borough but doesn't know if the right people are finding out about them. Although people go to New Start, Connexions and Skillsmatch, Foyzul thinks that a main telephone number which gave young people advice on courses and jobs would be a good idea.

**Some of the key issues for Foyzul as defined by the Councillor are:**

- **He was unaware of how difficult life can be;**
- **He didn't realise early enough that he had to take responsibility for his life choices;**
- **He has had help to secure placement and is positive about this.**

## Interview 6

Jaswinder and Baljit are a young Sikh couple with two children, one of whom is disabled.

The interview took place at the couple's home, where they live with their two sons, aged three and ten years old. Their eldest son, Kiran, was born with a rare syndrome which means he has a chromosome missing and is severely disabled.

### Interview

The family have lived in their new-build Council property since November 2008, having been housed in temporary accommodation for almost ten years. Throughout this time the couple describe how they have been moved 'from pillar to post' having lived in five different properties over the period before being re-housed permanently. They are settling down in their new home but describe their housing experiences as very stressful.

Neither Jaswinder nor Baljit are in employment as the care of Kiran is a fulltime job in itself. He is known to get very distressed if either one of his parents are absent for even a short period of time. The family are supported by Jaswinder's mother who comes two or three times a week to help out with the children. However as Kiran gets older and is growing physically, the family are finding that he can be more physically aggressive and difficult to handle, particularly for Jaswinder's mother who is in her seventies.

Kiran attends a local school for children with disabilities, which Jaswinder says he loves as he requires a lot of entertaining. School gives him that stimulus. When he is at home and becomes bored he has a tendency to self harm. He also has problems sleeping, however he is not given medication for this as it is very difficult to get him to take treatment.

Baljit describes how he has a history of caring responsibilities, as he looked after his sister and her two young children before he was married and Kiran was born. He has never worked due to the difficulties of finding a job that pays well yet is flexible enough to fit in with his caring responsibilities. Baljit would like to find work to enable the family to have more money to enjoy life and also to get him out of the house.

Jaswinder explains that she was not allowed to work before she married and since having Kiran she has been unable to as caring has become her full time job. She says that the situation can be depressing; however she has recently started to take on some voluntary work at a community centre very close to the family home. Jaswinder is enthusiastic about the work she has been undertaking and says this has helped her make new friends and increase her confidence.

Both Baljit and Jaswinder say they would like to work but there are numerous barriers preventing them, not least the fact that they have few qualifications and feel that they may actually be less financially secure by working than they are on benefits. Baljit suffers from back and neck problems, which have been worsened by lifting Kiran as he gets older, whilst Jaswinder is diabetic. Jaswinder explains how she encouraged Baljit to apply for a plumbers training course, only to be told that he needed £5,000 upfront to undertake the training. Baljit states that there are lots of projects that deal with building up confidence and skills for women, but asks where the support is for men who have been out of the labour market for a prolonged period.



Through her voluntary work at the community centre, Jaswinder hopes to secure some part time paid employment in the future. This will be helped by the fact that they know her family circumstances and will take these into account. Baljit agrees that this will be useful, and states that not many employers would be so understanding. Jaswinder's voluntary work takes place whilst Kiran is at school, which works well as both the couple agree that looking after Kiran alone is almost impossible for more than half an hour or so at a time.

The couple describe how Kiran is 'clingy' with both of his parents which makes leaving him with other people, even family members, difficult. Although his school provide an after school club and a once a week sitting service for four hours, it is often difficult to find time to concentrate solely on their youngest son, Devon. On the days that Kiran goes to after school club, Jaswinder often uses this opportunity to take Devon out for the day. She admits that she finds it difficult to leave her sons with strangers, and so her sister-in-law comes and looks after them as a sitter. This is paid for via money that the family receive from the Council which covers four hours childminding per week.

Baljit feels that the only way for the family to move forward in the future is through further education, which will hopefully lead to qualifications and better job prospects. Both Baljit and Jaswinder feel that at present their lives revolve around their children, although are pleased at the opportunity that has come about through Jaswinder's voluntary work. They worry whether they should try and leave Kiran with other people so that he gets used to being around others, but both find it difficult to trust people. Jaswinder feels that she got no help with Kiran when he was first born and diagnosed, and therefore she has got used to coping without outside help.

Both Baljit and Jaswinder agree that their life is very different to many peoples, but both feel that work and more of a social life would improve their situation. However, Jaswinder says that imagining this is difficult when they know that Kiran will never be able to look after himself. She cannot bring herself to think about the idea of ever sending him away, but also knows that unless he learns to be away from his parents Kiran will never have any degree of independence.

In terms of work, the family fear that they will actually be financially worse off if they work than if they remain at home caring for their children supported by benefits. Jaswinder points to the current economic climate and rising food and utility prices, but asks why benefits have not risen in line with these increases. She also states that she didn't receive the higher rate of disability living allowance for Kiran until he was 4 years old, and then only when a neighbour pointed out the family were entitled to it. Ultimately, neither sees the point of working if they will be penalised financially, if the other consequence of this is that they get to spend less time with Kiran and Devon.

#### **The key issues for the family as defined by the Councillor:**

- **Caring responsibilities;**
- **Lack of flexible jobs to allow them to manage the caring responsibilities;**
- **Having very few qualifications;**
- **Feel that there is no support for men to develop confidence and skills to get into work;**

- **Neither parent has belief that it will pay to be in work and manage the stress of work and the needs of the children.**

### **Interview 7**

Nimo Mussah, a single mother of approx. 40 years of age, lives with 11 year old daughter, 2 boys aged 9 and 6 years of age, all of Somali background. Nimo has a rare blood condition which leaves her in constant pain and often unable to move and 2 of her children have inherited the condition. The interview took place at the family home with translation provided by Newham Language Shop.

**Housing Benefit and Council Tax Benefit covers the rent and council tax for Nimo. Her income levels as estimated to be the following:**

- **Income support - £160 per week (£640 pre month)**
  - **Child Benefit - £46 per week (£184 per month)**
  - **Disability Living Allowance - £40 per week (£160 per month)**
- Total: £984 per month**

Nimo arrived in the United Kingdom about 11 years ago after the war in Ethiopia left her needing international help. She has 2 children aged 17 and 18 from a previous marriage living alone in Ethiopia and their father is no longer alive. Her current husband, the father of the 3 young children aged 11, 9 and 6 lives in Africa and is unable to join them as his mother is unwell, he has visited twice. The last time they were in communication was in 2001.

The family currently live in a 2 bedroom flat on the 5<sup>th</sup> floor of a tower block run by a housing association. The family have no complaints about the overcrowding. Nimo is grateful she has a place for her children.

Nimo's health has deteriorated significantly and she has a blood disorder which she is unable to manage well due to the side effects. She is constantly in pain and it has restricted her physical mobility. She is unemployed. Nimo has no formal qualifications as she did not attend school and has not been able to take up employment.

In Somali, the notion of disability is not recognised as a concept, rather a persons 'illness' might receive attention. There is a perception that declaring disability will mean that Social Services will take children away from families if it is know that parents are not able to cope with their children.

Due to the severity of Nimo's illness, the services were proactively offered to her. She gets help with picking up and dropping the children off to school. Some days she will get help with cleaning the house when her situation is particularly bad. She has a care package from Social Services which she says she is very grateful for and which has a positive impact on the lives of her children.

Disability Living Allowance was discussed, Nimo wasn't sure which component she received but she was grateful for the benefits she received. She was not worried about

entitlement as she doesn't have much expectation and by nature does not seek to increase material wealth, her condition means that she feels she may die at any point in time and these things do not matter to her. She has had a benefits assessment and has been told she is receiving the right benefits.

The concept of poverty could not be clearly articulated in Somali and the discussion focused on low income. Nimo does not see herself as living on low income, she is aware that the children don't have everything all the other children might have.

"Whatever I have I make do with, I prioritise whatever needs to be brought and I'm grateful for it. My religion means that we accept whatever God gives and make do with it and so my children have to make do with what they have."

She is not confident about whether her income levels will improve her life. She is very worried about her children and her health. She worries she is not able to be a mother to the children because her illness limits her in so many ways. Her movements are restricted and she is constantly in pain.

"How can you be happy if you can't look after your children, if you can't even look after yourself, I'm incontinent"

Nimo has a sister who lives in Tower Hamlets, she is also unwell herself and they aren't really able to support each other. In discussing how much contact she has with the wider community in her locality, Nimo says she is too unwell to be out and about. On days when she does feel better, she wants to focus her energies on her children. Nimo says she has good neighbours who are always very helpful and they all get on well.

Debt is not a part of her life. She would not take a loan or borrow money even if she desperately needed it. The guidance from her faith means that she would be held accountable for the money she borrows from others and is not able to return, this is forbidden, and given her circumstances she feels she may die soon and does not wish to leave this world with debt.

"I would still be held liable if I die, my faith does not encourage this."

Discussing learning and achievement and gaining employment. Nimo says she dreams about doing everyday things, being able to go out to work and being able to provide for her children would be a dream come true.

"I dream about taking my children to school, I would love to do things but I'm in constant pain and this really restricts what I can do."

The children are expected to make use of the school opportunities but she often does not have the energy to help and support them or understand what it is they have to do. She worries about them.

She says it would be nice if the family could be united and everyone could be better at supporting each other. She is currently not in contact with her husband although she has some contact with her children in Ethiopia who are aged 17 and 18.

“The children would have a father who can maybe work”

In thinking about plans for the future, Nimo says she makes do with what she has and doesn't know if she will be well enough to live the next day. She is unable to think and plan.

“Who knows what can happen tomorrow, sometimes the pain is so sever that I think I will die tomorrow. I'm always worried about the children. Nobody can change my situation.”

Nimo has contact with Social Services and the last time they visited was in December 2008. Talking about finding information, Nimo says she would ask the Social Worker if she needed information. She is grateful for the service she receives.

Nimo threw away the old carpet to have them replaced. When the carpet shop arrived with the carpet, they were unable to put the carpet down as the floor was uneven. Environmental Health have said they will replace the old tiles on the floor to make the floor more even, this was 4 months ago and she is waiting for the housing association to replace the tiles before the carpet can go in.

In one of the bedrooms where there is an external wall (external wall of the bin chute chamber), there are holes in the wall with a cold draft coming in leaving the room permanently cold.

There is a problem with the radiator, it leaks if it is switched on and there is a bad smell which leaves the children feeling unwell. She is unable to use the gas fire in the sitting room as it is out of service. The family were unable to use the heating during the cold days.

There is also mould growth in the bathroom and although this has been reported, no work has progressed.

With no carpet for the last 4 months, a radiator which does not work and a gas fire which is out of service. The family are only able to use 1 bedroom if they want to be warm. This impacts on the children as it is their bedroom.

Nimo is aware of the internal and external decorating programme offered by the housing association in her block. Nimo says an officer came in and explained nicely in English what the plans were. She feels she did not need interpretation.

Through the discussions, Nimo made a note of the Social Fund and also the Older and Disabled Persons Decorating Programme.

**Some of the key issues for Nimo as defined by the Councillor are:**

- **Nimo's health condition is such that she feels she will never be able to work although she would have liked to have been able to work or at least look after her children;**
- **She is worried about the future of the children;**
- **She is unable to support her children with homework;**
- **She has no support or social networks.**

## Interview 8

Suzanne is a Caribbean 30 year old single parent living in temporary accommodation due to a back surge in the permanent home. She has a boy who is 2 years old. The father of the child has a limited role to play in the up-bringing of the child and does not live with them. Suzanne has an A-level in Performing Arts, ECDL qualification, NVQ in Web-design and is currently studying Access to Nursing. Suzanne has blood pressure and has been prescribed with anti-depression tablets, otherwise she is well.

**Suzanne pays £5 per week on rent and Council Tax. She is currently on benefits of £36 per week and receives Child Benefit and Child Tax Credit. Her total income every week is approximately £150. She is currently at college 2 days every week.**

### Interview

Suzanne lived with her mum up to the age of 14. She remembers her childhood as a house full of children. She was molested by a family friend and at the age of 14 moved to Manchester to be with her sister. She didn't tell her Mum but later moved in with a friend, this helped her as she was able to focus on her college course. At the age of 21 she moved back to London with her Mum, this was a strain for her as she could feel a power struggle between her and her Mum which led to her moving to a hostel in Islington from where she was put in contact with a housing association which facilitated a move to Brick Lane. The accommodation she was placed in was a child free block and when she became pregnant she was made homeless and moved to Leyton. "I felt isolated and alone with no support. I had to write to complain about the bad state of the house and I got moved to my permanent accommodation."

Suzanne was moved to Stepney with the offer of a permanent accommodation and again she felt alone and isolated. "I didn't know anyone and I didn't know where to go for things. It was another struggle to set everything up again – gas, electricity".

The housing officer is required to make follow-up visits as part of the sign-up of the tenancy. Suzanne was told there would be other visits but these did not take place. "I didn't know where to go for things". She was given a decoration allowance to decorate the flat. She did not have a fridge for a long time. To keep her sons milk fresh she purchased ice cubes and often used an icebox. This proved expensive but was one way of managing a desperate need.

Suzanne was studying while in Manchester and continued to study when she moved to London, she didn't get to finish the course and attempted to complete another course when she moved to Islington. "I don't want to be the kind of person who is on benefits all my life, I want to give the best to my boy, I feel like I'm not giving my boy the best"

Even though she is clearly ambitious and is working to achieve something for herself, the constant move from one accommodation to another means that she is often unable to complete activities she has become engaged in or commit to long term. The permanent accommodation means that she is able to focus. She is on a course at Tower Hamlets College doing Access to Nursing to specialise in mid-wifery.

Before Suzanne became pregnant she worked as a cashier in Woolworths. Although she had not worked there for long enough to get maternity pay, they offered her the option to

return to work after 1 year. She has used Jobcentre Plus and a recruitment agency to find work. Of Jobcentre Plus she says:

“They judge you, their experiences with other people means they treat you very rudely. They are not very helpful; I don’t go to them because they are of no real help”

Her interview skills are good but she feels her application form completion stage is weak. She has attempted to use on-line job search tools but does not have access to the internet. Friends and family often sign into accounts she has set up and pass her information about what has come through to her account.

“I got my sister-in-law to find out about courses for me, I was told to go and enrol the next day and I had to take my son with me. He stayed in his push-chair while I went through the enrolment process”

Suzanne is currently in temporary accommodation due to a back-surge in the block, this has occurred a number of times and has damaged a lot of valuable items most of which belong to her son. She has not been in the new flat for long and is struggling with setting things up including the gas and electricity which is fob system and already had debt from the previous user of the fob. She feels unsettled here as she has finally become familiar with the neighbours in the permanent accommodation which is a ground-floor accommodation. The struggle of this sudden move has caused many disruptions including not being able to attend college due to contractors needing access and also jeopardised her UCAS application form.

The housing officer didn’t get in touch with Suzanne after the flooding which left her feeling even more unsettled as the arrangements were uncertain and Suzanne does not know when the works will be completed and when she would be able to move back into the home. When she contacted the office, the staff did not know what was happening and were unable to help her. The housing officer had gone on sick leave and nobody knew what was happening. It is also proving much more expensive as she is having to pay for travel expenses to go to college etc.

To get a discounted Oyster card Suzanne needs to show proof of her college course. “I don’t do enough hours to qualify to be able to get a discounted card”

Suzanne still doesn’t have any furniture or a cooker in the house. When she was in temporary accommodation, she cooked her meals. She currently depends on her mother to provide her with meals. Otherwise she has to resort to fast food which she says isn’t healthy and is costly in the long run. She also doesn’t have a washing machine which means she has to wash all her clothes by hand.

Suzanne gets support from her mum who also works and often works unsocial hours. Friends and family are often the point of contact for information and support ideas. “If I see anything in the doctors surgery, I try to follow this up. If I use other services, I get to meet other people/parents, I can share things, otherwise I feel like it’s all my problem and that I am the problem.”

The Health Visitor and GP notice boards, are good for information. "I did find out about Childrens Information Service through the GP notice board, they were not able to help me with child care as my child was under three and they don't deal with children under three."

Most of Suzanne's' old friends are settled with partners or don't have children. Some of them are in Manchester. Moving in and out of accommodation doesn't allow for long term friendships to form. "Generally I don't get much adult conversation; some days it might just be a 'phone conversation." Suzanne has a mobile 'phone but has limited credit to be able to make calls.

"I got involved in this (scrutiny review) because I saw an article in the paper (East End Life) and it's been really good and I hope it benefits lots of people, I was also able to meet other women like me through the focus group"

Studying can be a challenge with a child, her son no longer sleeps in the day and this can be very draining as all work has to be undertaken once he has gone to sleep by which time Suzanne can also be drained. The boy used to suffer a lot from ill health, he had a lot of colds and flues. He also used to have a bad skin condition which meant his skin was always dry. Suzanne thinks this is related to his diet and the condition of the house when they where moving in and out of temporary accommodation. "I try to give him a balanced diet but I can't always buy balanced foods. When I do get fruit and vegetables he can eat it all. The other day I got lots of fruits and he ate 3 apples."

It's hard living on the income I have, I'm struggling to make ends meet. I don't go out and I don't buy clothes because I can't afford it."

Suzanne focuses on buying food and clothing for her boy and will eat what is left over from her sons' meal.

The college staff were very good at sorting out the child care for her son and Suzanne says it's helped to enable her to attend the course. They very quickly sorted out the arrangements and the fees. She's not sure what will happen come September when she goes to university which is a 3 year course with an additional 1 year 6 months to specialise in mid-wifery. "I'm confident about this course and want to complete it."

The Resource Centre at Arbour Square doesn't have crèche for part-time students and it does not allow parents to take children in with them.

The father does see the son but is often late to arrive.

"He tends to leave Joe to his own devices and often wouldn't feed or change him. I don't trust him so I have to arrange childcare."

A list of potential barriers were read out to Suzanne and she made the following comments:

- Not having enough money is a struggle
- Child care – day places seem to cost more – this will be a challenge when she goes to university
- The feeling of being isolated, this can also affect her health
- Her health – Suzanne is on depression tablets. She finds she has been breaking down more frequently, it's affecting her sleep and her eating habit.

**Suzanne defined the following issues as key barriers for her:**

- **Child care and the costs of it;**
- **Making ends meet on low income;**
- **Socially there are issues about single parents, single parents can be stigmatised;**
- **Employers are not flexible and almost always not child friendly so it's difficult to find jobs that would be flexible;**
- **Some of the course materials are on-line, with no inter-net access and no computer or lap-top, this is a real challenge;**
- **Susanne's course hours means that she is currently completing a few too many hours to be entitled to a discounted Oyster card;**
- **There are no opportunities to meet and support other single parents.**



## Appendix B

### The London Child Poverty Pledge

#### The Pledge

We will do more to help London's poor families to raise their incomes and to improve outcomes for poor children and their families.

We will work to ensure that...

...as an employer, our policies and practices enable London's parents to find and progress in suitable and fulfilling jobs; to balance work and family life; and to earn a decent wage.

...parents and their families receive continuous and comprehensive support as they enter, stay and progress in work.

...children, parents and families do not experience difficulties or delays in accessing support due to avoidable bureaucracy or boundaries between services.

...the needs of all poor families are understood and reflected in our strategic plans and priorities.

...the impact and effectiveness of services is maximised, and outcomes for poor children and families are improved, as a result of strong partnership working with local and regional partners.

...child poverty remains a priority across all relevant areas of our work, promoted by a 'child poverty champion' on our senior leadership team.

...all families – including the most disadvantaged – experience high quality service from skilled and responsive staff, who understand the contribution that their work makes to ending child poverty, and can identify which customers are parents and tailor their support accordingly.

...the views and experiences of children, young people and parents, including those from disadvantaged groups, shape the services we develop, commission, fund or deliver.

...services are continuously improved on the basis of robust evidence about what works in tackling child poverty.

This page is intentionally left blank