11 April 2019

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Dear Debbie

Monitoring visit to Tower Hamlets local authority children’s services

This letter summarises the findings of the monitoring visit to the London Borough of Tower Hamlets children’s services on 19 and 20 March 2019. This was the sixth and final monitoring visit since the local authority was judged inadequate for overall effectiveness in April 2017. The inspectors were Brenda McLaughlin and Marcie Taylor, two of Her Majesty’s Inspectors, and Tom Anthony, an Ofsted inspector.

Inspectors reviewed the local authority’s arrangements for children in need and those made subject to a child protection plan. Specifically, inspectors considered the quality of practice in the assessment and intervention (AI) and family support and protection (FSP) teams. They evaluated the effectiveness of assessment and planning and the quality of managerial oversight. Inspectors met with social workers and their managers. They considered a range of evidence, including children’s case records, as well as case performance management and quality assurance and audit information.

Overview

Effective action taken by leaders and managers following the previous inspection and subsequent monitoring visits has led to suitable improvements in the quality of social work practice for children in need of help and protection.

Children at risk of immediate harm are responded to quickly. Strategy discussions take place promptly and result in appropriate outcomes. Thresholds are well embedded and are applied consistently in most cases, resulting in proportionate action to protect children. This is a significant improvement; previously too many children waited too long in harmful situations without adequate help and protection. Many statutory assessments are of good quality, leading to better plans, but the
quality of assessments is still not consistently good enough. While most social workers receive regular supervision, required actions lack clarity. Not all practice is routinely analysed by managers to ensure that work is making a sustained difference to vulnerable children’s lived experiences.

Rigorous performance management is now well embedded throughout the service. Children are visited frequently, and statutory reviews take place on time. Enhanced audit activity involving service users and inquisitive analysis of the key findings leads to tangible recommendations and is helping to drive and sustain improvements. Notwithstanding the many achievements, there are still some areas that have not yet been fully addressed, for example consistent practice with neglected children, some of whom have been known to a range of services, and sometimes for many years. Senior leaders accept that they need to strengthen and accelerate the consistent impact of management oversight across the service.

Findings

The AI teams are well established and effective. Management oversight and direction are clear and purposeful in most cases. This could be further improved by re-introducing the previous 10-day performance check to prevent work drifting. Risks and protective factors for children and young people are identified and analysed. Assessments actively involve partner agency input and carefully consider family history, including cultural and diverse needs. Inspectors found evidence of effective and imaginative multi-agency direct work, for example effective safety planning in response to young people who are both victims and perpetrators of knife crime.

Timely assessments completed by the AI teams are signed off by managers and passed swiftly to the FSP service, and are allocated immediately. Management oversight in the 10 FSP teams is regular but varies in quality. While inspectors saw good examples of analytical case supervision, ensuring that children’s plans progress swiftly, this has not yet been effective in reducing drift and delay for several children experiencing neglect. The inconsistent response to neglected children has been a long-standing stubborn issue in Tower Hamlets. Staff have recently received specific training in recognising and analysing the long-term pervasive impact on children who have experienced persistent neglect. A multi-agency neglect strategy and a risk assessment tool have been launched but need to be implemented more quickly.

Social workers take the time to develop good relationships with children. They see children regularly and alone, according to their individual assessed needs. The majority of staff understand children’s lived experiences and work diligently to make changes that help and protect children and their families. Effective and more timely management action to protect children who have previously been the subject of multiple and ineffective assessments and interventions is beginning to make a discernible difference. For example, the timely and proportionate use of the public law outline is being used effectively to prevent further harm to children. Nevertheless, for some children, assessments are not routinely updated in response
to significant changes, including when risks escalate, and lead to delay in timely services. In a very small number of cases, children who disclosed that they had suffered physical abuse were not provided with a child protection medical.

A stronger focus on performance management continuously drives service improvements. Leaders have a good understanding of children’s services through regular ‘real time’ information reports to scrutiny panel and the multi-agency improvement and operational boards. Historically, the emphasis has been on ensuring compliance with processes, but the recently enhanced and outcome-focused audit activity is driving up quality standards across the AI and FSP teams.

Managers are not complacent about the quality of practice. A child in need summit chaired by heads of service adds additional scrutiny. Evaluation of child protection plans by child protection chairs every six weeks is a recent positive development and is intended to ensure that plans are progressed speedily within the child’s timeframe. More child protection plans now recognise and identify the key risks and the critical concerns and strengths, but this is not yet consistent. ‘Children in need’ benefit from regular multi-agency reviews. This is a huge improvement; previously these children’s needs were not prioritised or reviewed, leaving many of them in harmful situations for lengthy periods of time. Many children in Tower Hamlets live in families where there are high levels of persistent domestic abuse, but families wait for long periods to access specific domestic abuse perpetrator and parenting programmes.

Senior leaders show a strong commitment to continued service improvement, and there is evidence of proactive learning from a range of external sources. Staff have access to a comprehensive package of multi-agency training and professional development opportunities. A well-structured pathway is in place for newly qualified social workers to access the assessed and supported year in employment. Constant progress in workforce planning is reducing staff turnover, and manageable caseloads provide social workers with the opportunities to build trusting relationships with children. This approach has created an environment in which social workers feel listened to and supported to develop their skills and knowledge. Staff enjoy working in Tower Hamlets and more agency social workers are applying for permanent positions.

I am copying this letter to the Department for Education. This letter will be published on the Ofsted website.

Yours sincerely

Brenda McLaughlin
Her Majesty’s Inspector