14 May 2026

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Sir Mark Rowley QPM, Commissioner of the Metropolitan Police Service
Mary Pilgrim, Regional Probation Director
Sarah Parker, Independent Scrutineer

Dear Tower Hamlets Local Safeguarding Partnership

Joint targeted area inspection of Tower Hamlets

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to child sexual abuse in the family environment in Tower Hamlets.

This inspection took place from 9 to 13 March 2026. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and His Majesty's Inspectorate of Probation (HMIP).

The inspectorates recognise the complexities in providing a multi-agency response to children and families where there is a risk of child sexual abuse in the family environment. This joint inspection of the multi-agency response to children who are at risk or victims of child sexual abuse in the family environment will highlight areas of practice and strategic leadership that need to improve as well as strengths. All references to children in this letter relate to children at risk or victims of child sexual abuse in the family environment. We anticipate that these JTAIs will identify learning for all agencies and will contribute to the debate about what good practice looks like. These JTAIs are being carried out in accordance with the recommendation from the Child Safeguarding Practice Review Panel (CSPRP) report into child sexual abuse in the family environment.

Headline findings

Tower Hamlets is a London borough that is characterised by a rich mix of cultural diversity, with many families who speak English as an additional language and are disproportionately affected by poverty, overcrowding and inequality. Agencies across the partnership have good awareness of this and it is typically addressed in their

practice. Across the partnership, joint working and communication are strong, resulting in effective, collaborative, child-centred practice for most children in the borough. This shared approach underpins typically timely identification of risk, coherent planning and consistent support for children.

Strong communication between practitioners across the partnership and specialist child sexual abuse services enhances risk analysis and planning. Agencies demonstrate commitment to reflective practice and shared learning. Children who are at risk or are victims of child sexual abuse in the family environment benefit from additional insight into their needs, such as via child sexual abuse consultants in social care, child and adolescent mental health services (CAMHS) and the sexual assault referral centre (SARC), and this is improving practice for this very vulnerable cohort of children. While practice across the partnership is generally strong for most children, this is not consistently experienced by all children and their families.

What needs to improve?

- The professional curiosity of staff across agencies, especially in circumstances where children are not consistently believed by some families or there are multiple vulnerabilities present, such as domestic abuse, coercion, and control and neglect.
- The consistent quality and effectiveness of safety plans and assessments.
- The consistency and timely distribution of the minutes and agreed actions from child protection strategy meetings to relevant partner agencies.
- The extent, quality and how well data is used by the local safeguarding partnership about children who are at risk or are victims of child sexual abuse in the family environment.
- The understanding by professionals of the universal health offer provided by both health visitors and school nurses for this cohort of children.
- The effectiveness of oversight and quality assurance of multi-agency public protection arrangements (MAPPA) decisions about thresholds of risk and the review of those decisions.

Strengths

- A mature and committed multi-agency safeguarding partnership.
- A range of child-focused effective practitioners working with vulnerable children and their families.
- The quality and effectiveness of early support when there are indicators of concern.

- Referral to the multi-agency support team (MAST) when concerns are identified about children who have disclosed sexual abuse in the family environment.
- A wide range of highly effective trauma-informed therapeutic support available to children.
- The Health Spot GP service.
- Children's voices are valued and at the centre of practice.
- The voluntary and community sector in Tower Hamlets provides high-quality, culturally sensitive and impactful support to children, young people and families affected by intra-familial sexual abuse.

Main findings

Skilled early help practitioners enable children and families to receive support at the earliest opportunity when there are indicators of concern, including for those with additional needs.

When children disclose that they are victims of child sexual abuse in the home, agencies refer promptly to MAST, which progresses concerns effectively and without delay. Most reports received by MAST from professionals about their concerns are clear and detailed. Schools and education settings, where children spend much of their time and build relationships with trusted adults, play a key role in protecting those who are vulnerable or victims. Schools provide early alerts, sensitive monitoring and consistent communication, contributing to cumulative risk analysis. Probation representation in MAST is limited and, although there are plans to improve this, it remains underdeveloped.

Child protection strategy meetings are held promptly and appropriately when the threshold for a risk of significant harm is met. Partner agencies in MAST ensure that information is shared and informs multi-agency decisions in child protection strategy meetings. Historical factors and other children in the family are almost always considered by partner agencies to inform the risk assessment. Child protection strategy meetings result in clear early safeguarding actions which are child focused. However, the minutes of child protection strategy meetings are not always shared or distributed in a timely manner with all agencies, so there is not always a single record available to all professionals involved with the child.

Police protection powers are used appropriately, which enables officers to gain initial disclosures swiftly, to make proactive arrests and to liaise effectively with social care. There is a culture of taking children back to police stations as a place of safety, which is not suitable accommodation for children. When child sexual abuse in the

family environment is suspected, police are not always professionally curious to explore this further. Some investigative opportunities are missed, including not speaking to other children in the family. Police have system flags to show the children who are on active child protection plans to help officers identify vulnerability. However, flags and warning markers are not routinely applied to registered sex offenders on all systems.

Most children benefit from timely joint investigations between children's social care and the police. Police demonstrate child-centred practice when children have a visually recorded interview. Interviews are adapted and tailored to meet children's needs, and to match their communication preferences. Social workers support some children who are interviewed, but most have not yet received the planned training to help with preparation and conducting such interviews. While initial police responses are generally effective and timely, children sometimes experience very significant delays once their cases enter the criminal justice system, and this can have a significant impact on their lives.

The Health Spot GP service is a significant strength in the way that the service supports vulnerable children to access GP and speech and language services, to potentially disclose abuse in a non-judgemental and confidential way. This offer means that children do not have to obtain parental consent, which they would have to do if wanting to use the online 'EConsult' GP consultation service if aged 16 years and under, and so removes this potential barrier to disclosure.

More generally, the current universal health offer as provided by health visitors and school nurses for school-age children is not well understood by many professionals. Professionals remain unclear what the health support offer is to support this cohort of vulnerable children at risk of child sexual abuse in the family environment.

Safety plans are not consistently robust. Some are comprehensive, with a clear and effective network of professionals around the child, particularly when family members accept the child's account. In some instances, plans did not address the associated complexities, sometimes placing too much reliance on the non-abusive adult in the family to protect, without a sufficient understanding of their ability to do so effectively.

The impact of cultural norms in some families that position male partners as unquestioned heads of household is not always recognised, leading to an overestimation of parental protective capacity and an underestimation of the level of ongoing risk. Specific tools to help to identify child sexual abuse, or the risk of abuse, are not used early enough to aid analysis with some children. Safety planning is sometimes too dependent on police decisions, such as the presence of bail conditions or decisions to take no further police action. This sometimes contributes to an underestimation of risk by other professionals.

For these highly vulnerable children, who have suffered or are at risk of sexual abuse, the quality of assessment varies, with a fairly even split between those that are of an appropriate or high standard and those that are not sufficiently effective at identifying and analysing the needs and risks present. There is some very strong intervention with a considerable proportion of children and families. Such stronger work typically features effective direct work and psychological consultation, which provides a deepened understanding of trauma and strengthens assessments. Specialist assessments by partner agencies, including health, are fully integrated into planning for safety, contact and permanence. Schools and early years settings are actively involved in multi-agency planning to support children who are at risk from, or are victims of, child sexual abuse. They make carefully considered, well-informed contributions to assessments, and the role they play in the partnership is valued.

Children's voices are almost always at the centre of practice. Despite the significant challenges in this complex area of practice, practitioners do well in helping to promote children to feel safe and respected. Skilled relational work is often very successful in helping to enable children to express emotional needs without pressure. Staff from across partner agencies show sensitivity to the emotional impact of professional involvement, particularly during initial safeguarding activity. In less strong work with families, children's voices are not always given sufficient weight, especially during times of escalating distress.

Community paediatricians communicate effectively with acute services, which ensures continuity and timely follow-up. However, other health services, such as 0 to 19 health visiting and school nursing services, do not sufficiently understand the decision-making process undertaken when deciding the nature of examinations following allegations of child sexual assault. This limits how well informed services are in their daily interactions with these vulnerable children and young people.

Across the partnership, children benefit from a wide range of highly effective trauma-informed therapeutic support that contributes to improving their emotional stability and safety. While these vulnerable children can access advocacy, the lack of access to child independent sexual violence support advisers to advocate on their behalf means that children cannot benefit from the often strong and informed support that such staff can provide. The voluntary and community sector in Tower Hamlets provides high-quality, culturally sensitive support to children, young people and families affected by intra-familial sexual abuse and this is having a positive impact. The partnership's typically collaborative ethos, strong safeguarding practice and trusted relationships with communities make them an essential and valued component of the local safeguarding system.

The level of risk posed by most registered sex offenders is assessed appropriately. However, risk assessments do not consistently consider all presenting risks and potential victims. Risk assessments sometimes lack child-specific analysis and rely too much on unverified self-disclosure. Although in line with regional and national approaches outlined in the Resource Prioritisation Framework, limited home visits by probation officers reduce the ability to test offender narratives and fully assess child safety. This means that agencies cannot be certain that the level of risk posed by all offenders has been assessed correctly.

Strong information-sharing arrangements are in place between probation and partnership agencies, in particular the police, and this helps to underpin the management of registered sex offenders in the borough. For example, probation receives daily arrest information from the police, and arrangements are in place to enable child safeguarding checks to take place. However, there are no consistent processes in place to share child safeguarding information with probation following the suspension of probation contact under current 'reset' guidance. This means that there is less oversight for children who are the subject of child in need plans than there is for those on child protection plans, despite the fact that many children in need may be very vulnerable. The key strategic relationship for managing offenders, which underpins the management of registered sex offenders in Tower Hamlets between the police and probation, is effective at a strategic and operational level.

The quality assurance processes for making MAPPA threshold decisions and the proactive review of the level of MAPPA management required for adults who may pose a risk are applied inconsistently. The absence of a consistent approach to management oversight and quality assurance significantly reduces confidence in the identification of risk through the MAPPA process and the allocation of the appropriate level of management. Although the numbers are broadly reflective of national trends, the number of registered sex offenders on multi-agency management at level 2 is low. These factors suggest that concerns and increases in risk may not be consistently reviewed and escalated.

Although the level of probation contact with individuals is set appropriately in most cases, home visits are rarely undertaken. This is in line with national guidance to manage probation workloads. However, this significantly undermines the effective management of registered sex offenders. In part, this is due to very high probation officer workloads. Enforcement action for the breach of licences and orders is considered appropriately. Programmes for people who have committed sexual offences have long waiting lists. Provision is only available for those who speak English, which significantly limits access given the community's demographic makeup. One-to-one 'Maps for Change' interventions are consistently delivered by probation officers. However, delivery is not always sufficiently timely.

While some parts of the partnership workforce better reflect the community, translation services are often required when working with family members. This mostly works well; however, for some children, translation does not capture the specific words needed to describe the child's sexual abuse, and this is a barrier that can undermine the effectiveness of communication and work with the family to protect children. There are some practitioners who speak Bengali, but leaders recognise that service delivery is not consistently culturally competent across the Probation Delivery Unit. A Ministry of Justice funded voluntary sector organisation is used effectively and partly addresses this shortfall to provide culturally informed support and services.

Tower Hamlets is an ambitious multi-agency safeguarding partnership, with clear priorities informed by the diverse local communities, including children. Leaders have a robust understanding of the effectiveness of services for children who are at risk or victims of child sexual abuse. Senior leaders agreed a programme of work to understand the prevalence and needs of children who have experienced child sexual abuse, following the National Safeguarding Panel and Centre of Expertise on Child Sexual Abuse reports in late 2024. While this work did not specifically focus on abuse within the family environment, it has already provided a basis to strengthen specialist training and practice.

Leaders across the partnership demonstrate mature, reflective relational leadership. Their ability to draw into the partnership partner agencies and organisations such as housing and schools, to consolidate their line of sight and strategic approach to protecting children where they live and learn, is an important strength. The involvement of probation at a strategic level has been limited. While probation leaders have some strong relationships at a senior level that cut across wider partnership activity beyond the safeguarding partnership, not involving probation in the partnership child sexual abuse audit and delivery group is a missed opportunity and limits their insights.

Leaders had initiated an insightful piece of audit work to help them develop a clearer understanding of the needs and experiences of children at risk or victims of child sexual abuse. The partnership's understanding of child sexual abuse in the family environment, as a distinct type of harm and separated out from child sexual exploitation outside the home, is currently underdeveloped and does not provide sufficient oversight. While the partnership has a generally broad dataset that helps its members to understand the effectiveness of practice, in relation to child sexual abuse in the family environment it is not well developed, and this has slowed progress. Individual services do collate some data on child sexual abuse, such as the MAST, the SARC (Sunrise Hub), child sexual abuse consultants and the multi-agency review panel, but this is mostly not collated for use by the partnership. This is a

missed opportunity to enable it to identify and prioritise the needs of these highly vulnerable children in Tower Hamlets. Despite this, the partnership has a range of highly effective commissioned and in-house services.

The partnership has a strong track record of informing and improving practice, and the planning and the design of services, using feedback from children and families, as well as research and intelligence about effective multi-agency practice. The partnership's culture of high support and challenge has already enabled the partnership to move forward and improve practice to tackle child sexual abuse, but leaders recognise the need to focus on this especially vulnerable group. Effective audit activity, which involves children and families as well as practitioners, learning from rapid reviews and national research, demonstrates a mature learning culture. However, findings from internal reviews have focused more broadly on child sexual abuse rather than distinguishing the specific issues for children at risk or victims of child sexual abuse in the family environment from wider findings, therefore limiting targeted system improvement in this specific area of practice.

The partnership has well-developed systems that capture the views of children and young people, such as from their young independent scrutineers, and feedback through audits from children and families and parental groups, which enable them to hear from the communities they serve.

The availability of specialist training varies across the partnership. While some practitioners receive highly effective training, there are others who have not received any child sexual abuse training. Tower Hamlets is part of a pan-London training offer for joint training of police and social workers to interview children, but numbers of trained social workers across London, including Tower Hamlets, remain very low at this time. Some agencies, such as the police and health agencies, have provided training to each other through individual arrangements, but the wider partnership offer of individual agency training available to staff from all partner agencies is not known about by everyone operationally. The partnership has commissioned new child sexual abuse training to be delivered in the next few months

Practice study: highly effective practice

Across the partnership, children at risk or who have been victims of child sexual abuse in the family environment benefit from a wide range of highly effective, trauma-informed therapeutic support that contributes to emotional stability and safety. These services include edge of care, specialist CAMHS intervention and child sexual abuse consultants in social care. The partnership makes use of voluntary sector services to support children.

Health professionals demonstrate strong trauma awareness and sensitivity during assessment processes, encouraging children to take ownership of their health in a non-judgemental way that promotes engagement and disclosure, including aftercare and referrals to other support agencies as required via the SARCs.

The child sexual abuse consultants are a network group of advanced practitioners who offer specialist consultation to practitioners in social care and early help to discuss practice with specific children who are at risk of, or who have suffered from, child sexual abuse. There has been joint development with the Sunrise Hub. About two thirds of the children the hub works with have been children at risk or sexually abused in the family. This is a valued service that has developed expertise in this area to support practitioners to develop bespoke work with children and their families, develop their language and confidence to have conversations and explore potential risks and experiences of child sexual abuse with children.

CAMHS practitioners are strategically placed across a number of services. They work within edge of care, youth justice, fostering and disabled children's teams as well as the CAMHS in social care teams. This enables children at risk of, or who have experienced, child sexual abuse to be supported with their mental health needs in a timely and responsive way. Children's experiences and safety are thoughtfully considered by CAMHS practitioners working closely with social care staff.

The trauma-informed emotional and wellbeing offer to support children provides child-centred directive work for children and their families. Their offer is aimed at ensuring that therapy focuses on the personal targets set by children around the impact of the abuse they have experienced. Outcomes of this support are strong, but demand for the service is high, and some children wait between 5 and 12 months to be seen. During this period, alternative interventions are offered so that children are well supported.

Practice study: area for improvement

For some children and their brothers and sisters known to services for many years, the cumulative impact of emerging indicators of sexual abuse, domestic abuse and coercive control are not recognised or acted on early enough. Safety planning is sometimes insufficient and does not provide the level of protection required.

The lived experiences of school-age children in one family, who have been known to professionals from multiple agencies for a significant period, were not consistently understood. Although the family experienced some periods of effective support, improvements were not sustained and opportunities to fully explore the children's day-to-day experiences were missed.

Earlier periods of involvement by professionals showed multi-agency practice that lacked persistence, coordination and professional challenge. Concerns about sexual abuse were not pursued, medical follow-up was not completed after a missed appointment, and child protection core group meetings did not address sexual harm. Thresholds were inconsistently applied, and key partners, such as health and probation and MAPPA arrangements, did not contribute meaningfully to risk management. Safety planning had at times relied too heavily on bail conditions and placed significant pressure on the non-abusing parent. Cultural dynamics and the mother's fluctuating protective capacity were not always explored in sufficient depth to inform a fully robust safeguarding approach. These gaps meant that the children lived with unassessed levels of risk of child sexual abuse with uncertainty and unsustained changes in practice for too long, leaving them without the consistent protection and support they required.

Recent practice has strengthened considerably. Child protection strategy meetings have been timely, police action has been rapid, and information-sharing has improved. The father, who was the perpetrator of sexual abuse, is no longer in the home. Practitioners have developed more trusting relationships with the children and their mother, and schools have played a particularly strong role in maintaining visibility and offering daily insight. Together, these developments reflect a more coherent, confident and responsive multi-agency partnership delivering increasingly child-centred interventions.

Cultural and identity-based needs have also been better recognised in the last six months. Practitioners have used interpreters appropriately, shown greater awareness of the family's heritage, faith and health-related vulnerabilities, and delivered more sensitive direct work, which has supported improved engagement.

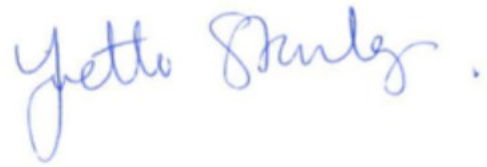
In response to the most recent referral, the partnership has made an informed and appropriate decision to progress to child protection planning. This reflects a clearer understanding of the cumulative impact on the children of their history, the mother's changing ability to protect the children and the need for a more authoritative, coordinated response. Although these improvements are recent and will need time to embed, this is a positive development and demonstrates growing professional confidence across the partnership.

Next steps

We have determined that the London Borough of Tower Hamlets is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.

Steve Reddy should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 21 August 2026. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

Yours sincerely



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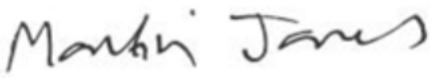

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