HOUSE OF COMMONS

Education Committee

Oral evidence: Children's social care, HC 372

Tuesday 27 February 2024

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Watch the meeting

Members present: Mr Robin Walker (Chair); Mrs Flick Drummond; Anna Firth; Nick Fletcher; Vicky Ford; Andrew Lewer; Ian Mearns; Mohammad Yasin.

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Witnesses

I: Katharine Sacks-Jones, Chief Executive at Become; Will McMahon, Project Worker at Care Leavers' Association; and Lynn Perry MBE, Chief Executive at Barnardo's.

II: Dinithi Wijedasa, Associate Professor at Bristol University; June Thoburn CBE, Professor at University of East Anglia; and Dr Ray Jones, Professor at Kingston University.

Examination of witnesses

Witnesses: Katharine Sacks-Jones, Will McMahon and Lynn Perry.

Q1 **Chair:** Welcome to today's session, which is the first of our inquiry on children in social care. We will be taking evidence from two panels this morning. I will introduce the first one, who are in front of us. We have Katharine Sacks-Jones, Chief Executive of Become, Will McMahon, Project Worker at the Care Leavers' Association and Lynn Perry MBE, Chief Executive of Barnardo's. You are all very welcome. Can I ask each of the panel first: do you support the aim of the Government's children in social care, "Stable Homes, Built on Love", and do you believe that they are deliverable?

Katharine Sacks-Jones: The aims are hard to disagree with. We all want stability for children in the care system and all children need love in order to thrive. Sadly, that is often in lacking in the lives of many children in care. However, what we see in the strategy itself are actions that are rather piecemeal, a lot that are delayed, a lot where further consultation is needed, or legislation is needed and there is no parliamentary time as yet allocated for any of that. When we look at the levels of investment that the Government are putting in—£200 million compared to the £2.6 billion called for by the review and the £4 billion the Local Government Association says is a funding gap that it faces in this area in the next few years—there are serious questions about whether the progress and the ambitions that are set out will be realised.

Q2 **Chair:** Can I pick you up on the legislation? What legislation do you see as being required in terms of what needs to be got on with?

Katharine Sacks-Jones: There is a range of policy proposals that the Government have said that they will legislate when time allows. To give you an example, for care leavers, extending the entitlement to staying close and staying put. They are schemes that enable young people to stay with their foster family or to stay connected to the children's home that they were in. The Government have said that in that area they will look at legislating to extend the age at which young people can stay in those settings. We have not yet seen a timetable for that.

Another example is extending corporate parenting responsibility. That is the duty that at the moment local authorities have for children in care. The Government have talked about extending those duties to other bodies, for example the health service, DWP and others. That is very welcome but again it requires legislation and there is no timetable for that. They are just two examples. There is a whole host of other policy measures that require legislation.

Q3 **Ian Mearns:** On corporate parenting, I used to be deputy leader of a council and chair of the Education Committee. I always thought that the idea of being a corporate parent was much wider than just the local authority. It was any public body in the area that had any responsibility for children, from my perspective.

Katharine Sacks-Jones: At the moment the duties apply to local authorities rather than other bodies, but the proposal is to widen that out. We provide the Secretariat for the APPG on Children in Care, and it has just done an inquiry, which we supported, looking at how young people would like corporate parenting to be expanded and the range of ways in which other bodies could do that. We did that, expecting a Government consultation on corporate parenting. We are still not sure when that is coming in and it would require legislation following that.

Q4 **Ian Mearns:** I have been in this place since 2010, and since 2010 there has been a massive rise of, for instance, multi-academy trust schools. Multi-academy trust schools take on many of the responsibilities that local authorities used to have towards children and their education. Would we not regard them within the corporate parenting envelope?

Katharine Sacks-Jones: It would be great to see that. It would be great to see legislation extend to exactly those bodies, because we know, for example, that children in care are more likely to be excluded from the school system. It is exactly in those areas where it could make a real difference. That is one area that we would like to see taken.

Q5 **Chair:** And getting on and consulting so that they can come forward and the legislation would be welcome. Thank you for that. Lynn, can I bring you in on that first question on the aims of the strategy and how deliverable it is?

Lynn Perry: It is certainly a step in the right direction, and we welcome some of the proposals. Some of the specific progress that has been made already on things like the Families First programme that is being launched, work to reform the guidance on advocacy and the revised guidance on multiagency working. There is also a smaller step change on funding, offering quite welcome initiatives—things like setting up home grant for care leavers being increased, and an increased level of financing for the extended rollout of staying close and, importantly, the launch of the kinship care strategy.

There are certainly areas where there is progress, but the pace of the progress is too slow. As Katherine has already outlined, there is a lack of investment to make this happen and to realise the ambitions. On the legislative changes that Katherine was talking about, we have not seen them.

We also need stability. We have had five changes in the Children's Minister in the last two years and we are facing a general election year. Therefore, we would like to see cross-party reform. There is a real concern that momentum might be lost, despite the progress that has been made. The gap in funding from the £2.6 billion and £200 million is obviously very significant.

The areas that we would like to see legislated for include placing new family help teams on a statutory level, new rights for care leavers, including a statutory entitlement to staying put, and changing homeless legislation to make sure that care leavers are given a priority. There is also an

opportunity for a new opt-out right to an advocate for all children in care that could be included in legislative reform.

Q6 **Chair:** Thank you. It is very helpful for this Committee, when we are holding Ministers to account, to be able to chase up some of those legislative points, so I am grateful for those pointers. Will, thank you for waiting patiently.

Will McMahon: I would like to agree with what we have heard previously. That gets it right. We asked our membership what they thought of what they had seen so far of the review. They do not think that it goes far enough. They do not think there is enough focus on care leavers; they do not think there was enough focus on residential care. The majority did not think the mission outlined would produce significant change, because there is a feeling that things happen far too slowly or that they just do not happen.

Many people point to the Conservative Party manifesto, which promised to review the care system to make sure that all care placements and settings are providing children and young adults with the support they need.

In the view of the CLA, this has a very low priority in this review. There could have been a number of separate reviews, one on early intervention, which we think is important. There is a lot of work that has gone on in early intervention for a very long time and it is important to do. Secondly, child protection, thirdly the care system and fourthly the workforce. We think that the original impetus for the lives of care leavers going through the system and leaving care is not reflected in the review.

Q7 **Chair:** From where we are now, what changes would you be pushing for to take that further?

Will McMahon: Much of what has been mentioned before. I would not want to repeat that. However, one of the issues that I think is problematic is that there is a lot of good stuff written down but ensuring that it is delivered on the ground is a big problem and we have to think about that. You can have local offers—I am going to say "postcode lottery", because that is what it is.

I agree with what Barnardo's is putting forward in saying that here needs to be baselines, with bus fares and link care and all those things. We would also welcome more space there to have innovation as well. From local work you can get innovations that you have not thought of—a firm baseline of what is provided, but also some innovation. Otherwise, understandably, authorities and practitioners step back to what is statutory. That can be a mistake, because you do not learn.

Chair: Clearly across all three of you there is fundamentally a concern about resourcing here, and the organisations that are charged with these responsibilities need the resources to carry them out effectively.

Q8 **Mohammad Yasin:** We understand that children's social services are struggling because there is a huge demand to get into children's services

care. Can you please tell us what the reasons are that this demand is increasing every day, what the local authorities can do to tackle this and how much pressure they are under when it comes to funding?

Katharine Sacks-Jones: If you look over a long time period, we have seen a consistent rise for the last at least 10 years in the numbers of children in care. One of the drivers of that is poverty and there is quite clear evidence that there are links between a rise in poverty in the population and a rise in children in care, because we know that poverty puts pressure on families and is linked to rises in abuse and neglect and is linked to children entering the care system.

At the same time, we have seen reductions in early support services. Whether that is youth services or early family help, over the last decade or so we have seen a reduction in many of those services. More families are reaching crisis point where children are coming into the care system and at the same time are not getting the support where children might come out of the care system and go back to their family home because that is less likely without the support there. They are contributory factors.

There has been a change in the care population, with older teenagers coming into the care system for a range of reasons. Some of these are to do with risks outside the family home—gang-related violence, sexual exploitation, county lines and things like that. They are a factor as well.

Particularly in recent years we have seen a rise in unaccompanied asylum-seeking children entering the care system as well. There are about 7,000 unaccompanied asylum-seeking children now in the care system. That is double what it was a few years ago. There has been an increase, and they are a significant proportion, but, if you look at overall numbers of 84,000, they are still a small number. However, that is a factor.

Particularly over the last couple of years, there has been a drop in non-unaccompanied asylum-seeking children coming into the care system. The rise is due to unaccompanied asylum-seeking children. That is only in the last couple of years, and I think it is Covid-related. During Covid you have seen that the numbers of children in need have gone down because children were not coming to the attention of authorities in the same way that they were previously. Children at risk were not being picked up on. What you are likely to see as you look forward is that the numbers of non-unaccompanied asylum-seeking children will go up once that Covid effect works its way through.

Lynn Perry: I agree. The pressures at the moment on children in social care are at an all-time high. There are more children in care now than ever before: 83,840 was the last figure. That is an increase of 23% over the last decade. As Katherine says, it comes at the same time as what we have seen as a reduction in available resources to meet that need. What that means for local authorities is very, very difficult decisions for directors of children's services, who are required to meet their statutory obligations but are having to disinvest in early help and early intervention.

That funding position is becoming increasingly precarious in local authorities. We have seen a number of section 114 notices issued now. The LGA recently reported that nearly one in five councils are concerned about bankruptcy in the next two years. That means that the system is very much focused on late intervention and very much at the high end as opposed to intervening at an earlier time when change might be possible within families.

We did some research with other leading children's charities. Funding for early intervention services has reduced significantly—a 45% reduction in early intervention services over the last 12 years. However, there is a fiscal and a human case for investment in early intervention.

We did a cost-benefit analysis of some work that Barnardo's runs on the Isle of Wight. It is an intensive family support service. We found that for every £1 invested in the service, the saving in costs to the state was £2.60. Therefore, there is a fiscal and economic case for investment in early intervention, and I am sure that many local authorities would like to invest there but currently have to spend their money on meeting their statutory duties.

Q9 **Mohammad Yasin:** Early intervention is very important, but what is your advice to Government? What can they do to reverse this trend in demand?

Lynn Perry: One of the things that could be done is to ringfence resource for early intervention and prevention. One of the recommendations that we have made through a Children's Charities Coalition manifesto, which we recently published, is to suggest that there is also a greater proportion of expenditure ringfenced for children and young people. That is one of the things that we would call for.

That does provide protection. It would ensure that money was invested and would continue to be used for prevention. Of course, there is also the requirement for some flexibility at a local level. As Will said earlier, there are differences in local authority areas that need to be taken into consideration.

Q10 **Ian Mearns:** That is easily said about ringfencing. You said in a few previous sentences that money is being taken from early intervention to perform statutory duties. Therefore, if you ringfence the money for early intervention, that will probably lead to a shortfall in money to perform statutory duties in crisis management. What is the solution to that? You are just moving the solution from one place to another from a financial perspective.

I would say let's invest in our children's services to a greater extent because it is quite clear, from everything that has been said, that there is a shortfall. However, if you ringfence one pot you are going to have a shortfall in another pot.

Lynn Perry: For sure. The challenge is that if you do not invest in earlier intervention and prevention services, you never turn off that demand for late intervention and crisis services, which we know are very expensive.

That is where local authorities are spending a lot of their money. There are other things that could be looked at across the system. You asked a question earlier about corporate parenting duties. To see an extension of corporate parenting across a range of different agencies would provide additional resource to support children in care and children leaving care. However, unless we do something differently, this is not something that we will be able to address.

Katharine Sacks-Jones: Could I add a point on that? When we look at the system, there is not no money in the system. When we look at the provision of children's homes, for example, residential care, 85% of those are provided by private providers some of whom—not all but some of whom—are making 20% profits. Therefore, that is not the only answer. It is not as simple as there being no money. There is a question over how we spend that money. When we have the system in the kind of crisis that it is, there are questions about: what are acceptable levels of profit? There are elements of profiteering and there are questions over how we address that.

Q11 **Mohammad Yasin:** In the 2023 risk register, DfE identified the children's social care market at risk of failure. Do you agree with this assessment, and do you think that issues are regional or national?

Katharine Sacks-Jones: Yes, I would agree with that assessment. The risks are very high. The Competition and Markets Authority did an inquiry looking particularly at the private provision of residential care and it sounded similar alarm bells to what is on the DfE's register. You do have a system that is at crisis point and completely overwhelmed, and you have local authorities saying that this is the single biggest area of overspend for them, children in social care. We see local authorities facing serious financial difficulties.

In answer to whether it is a national or a local problem, it is both. It is an issue that is affecting local authorities across the country and there are local elements to it as well. There are different factors and drivers in different areas. It is a national problem, and it needs national oversight but there are local factors that come into play in different areas too.

Will McMahon: The market is working in the sense of "If you want to make lots of money". The market is not working if you are a council that is strapped for cash. Something has gone really badly wrong, and it needs to be looked at quickly.

As I said before, early intervention is important, but later on, when young people are leaving the care system, they are also feeling the impact of leaving care with councils that are cash-strapped. There is a tendency to say, "You're 21", or "You're 18; you're off the books and we don't have to think about you". That has an impact on young people leaving the care system, maybe trying to get bursaries, maybe trying to go into education or employment. They disappear far too early. That is because they are strapped for cash. It is not that people do not care, it is that if you are

looking at who to help next, you help the 17 year-old not the person who is 19 or 20, so they just disappear.

Katharine Sacks-Jones: We are seeing more of that—councils trying to cut back that support and bringing the age forward of the support that they provide to care leavers. It is also worth adding—because we have talked a lot about the impacts on local authorities and finances, which is extremely important—that the real people who are suffering here are the children and young people themselves. We see that in their experience of the care system, with very high levels of instability and young people often being moved a great distance away from everything and everyone they know. There is a real human impact for children in the system now.

Chair: On that very point I want to bring in Nick.

Q12 **Nick Fletcher:** Just before I go on to the questions that I have here, the children who are coming in, do we have the statistics on boys and girls? How many boys are coming in and how many girls?

Katharine Sacks-Jones: I do not have them in front of me but there certainly are.

Q13 **Nick Fletcher:** Is that something that we could have? Do you carry any data on children coming from separated families?

Katharine Sacks-Jones: I do not think that that is recorded but I can double-check for you.

Q14 **Nick Fletcher:** That would be interesting. We know from most recent data that 17,630 children in care were placed more than 20 miles away from their home. You have recently launched a campaign calling for Government to stop out-of-area placements. What steps can the Government take to reduce this?

It is a huge issue. There are three care homes in Doncaster that have closed down and we have an ongoing case with that. I genuinely do believe that if parents can see the children easily, they could probably see if something is not quite right. Parents are probably best placed to do that but if they are more than 20 miles always, it can be a real stretch for families to get to them.

Katharine Sacks-Jones: Absolutely. We have seen an increase in the numbers of children being placed at great distance from their local area. For children that means having to leave their school or possibly commute a couple of hours a day back, so there is huge disruption to their education. They are separated from their friends, separated from their community. They are often moved to a different area of the country that they just do not know at all. We know how much variety there is across the country. It can be very different moving from somewhere in the south to somewhere in the north-west, for example.

Tragically, we see brothers and sisters being separated as well. Those relationships are vital for all of us, but particularly if you are in care those relationships with your siblings can be so, so crucial. Sadly, because of

pressure on the care system and the distances that children are being moved—one in five of all children in care are being moved more than 20 miles away—we are seeing more and more of that separation and disruption.

It is worth adding that it is not that you are moved once 20 miles away and you have an opportunity to settle there. You might be moved frequently. A high proportion of children are moved multiple times a year, often to different parts of the country. These are children who have been through a lot of trauma in coming into the care system. Then they do not have that stability and that opportunity to rebuild their lives and heal from some of that trauma because the care system replicates some of it by moving them around, causing a huge amount of instability.

If you think about your own children, if you have ever moved house and moved their school, you put thought and consideration into that and how they are going to settle in a new area. For children in care it might be, "We're moving you next week to this area you've never heard of". It is a real problem, and it is getting worse.

Q15 **Nick Fletcher:** Why are they moved?

Katharine Sacks-Jones: They are moved because there are not enough places for them to live. Local authorities are scrambling around to find wherever they can, and often that might not be in the local area. They are also moved because a lack of sufficiency means that where they are placed first is not a good match or might be a temporary or short-term placement because that is all that is available. It might not meet their needs. Either the plan was that it was only ever temporary, or the placement breaks down because there has not been a good match. That is the frequent moves.

Q16 **Nick Fletcher:** Even though it is very disruptive for a children to be moved from one place to another, if they are moving closer to home would you say that is still a good move even though it might be disruptive?

Katharine Sacks-Jones: There are some children for whom it is the right thing to move them away from their local area, for example if there are safeguarding issues. If there is a gang or a reason that they are unsafe in their local area, there are absolutely valid reasons to move children away. However, what we are seeing with the rise is—and our suspicion is—that the majority of the moves are not because of the child's best interests; they are because of a lack of availability.

One of the things that we have called for is to distinguish between those two, so that we can understand those children who are being moved when it is genuinely in their best interest and those who are being moved because there is nothing else for them. We would like to see that recorded. That is one of the things that we have called for.

Chair: We have lots of people who want to come in on this.

Q17 **Anna Firth:** You have mentioned that this is a real problem and getting

worse, children being placed 20 miles or more away, and you mentioned the disruption to their education in terms of travel. There is also the disruption of having to settle into a new school. Are you tracking the educational attainment for that cohort who are being moved, so that there might be an evidence base to show how bad for them educationally that is?

Katharine Sacks-Jones: That is a good question. I do not know if that data is recorded. We do know that the wellbeing scores of those children who are moved further away are worse than for other children. It would be interesting to look into, and I can take it away. You would imagine that that would also impact on education.

We know as well that there is no regard for where a child might be on their educational journey. It might be smack bang in the middle of your exams that you are moved, and we hear of that happening frequently, or just coming up. Of course, it is going to have a real impact on their ability to do well.

Q18 **Mohammad Yasin:** How difficult is it for you to tell us how many out-of-area placements are appropriate due to specialised care needs and how many are inappropriate? There are hardly any data available.

Katharine Sacks-Jones: We do not know because it is not recorded in that way. We think that that needs to happen because there will be children for whom out-of-area placements— We say that it is less focusing on out-of-area, because if you take somewhere like London, for example, you could be in a different borough but not that far from your local area. We think that the difference away that you are placed is more important.

Chair: Or time, maybe.

Katharine Sacks-Jones: However, we do not have those figures and that would be an important thing to understand.

Will McMahon: You have people in care who are living quite fragmented lives because of what has happened to them, and you are right that they meet a very fragmented system. That is a recipe for failure. One of the messages that we get is that continuity and consistency is really, really important. That is what the system should be trying to provide.

It feels that almost everything is set against that. People are given so many hurdles to get over that the idea of consistency and continuity is never going to be attained. If we are going to look at anything, we need to get to grips with that. Particularly with education, it is disastrous. It is disastrous because people find it very hard to focus. I was talking to somebody yesterday who said that he had to change schools and because he was a care leaver he was put into lower sets, because there is trouble and this kind of stuff. That is not unusual.

Q19 **Ian Mearns:** Is there not a simple economic imperative as to why so many of the places that are available for young people out of borough are where they are?

Katharine Sacks-Jones: Yes.

Ian Mearns: Put it on the record, for goodness' sake.

Katharine Sacks-Jones: Absolutely. There is a general issue with sufficiency. There is also an issue, particularly with children's homes, but less so with foster care, where they are concentrated in areas where property is cheaper, and they do not match the need in those local areas.

Q20 **Ian Mearns:** What also happens, though, is that in areas where property is cheaper, quite often the local services are not particularly brilliant either, are they?

Lynn Perry: Absolutely, and that is one of the things that young people who have left care have also told us that they experience. In terms of being able to access accommodation through private arrangements, they are often, as a result of being care leavers, disadvantaged in that.

There are some fundamental reforms of commissioning arrangements that need to take place to address some of the issues that we have just been talking about here. We support the work of Become in this area. We are concerned about the increased risks of exploitation for children and young people who are moved away from support networks, who have discontinuity both of care but also some of the wider protective systems that children interface with, like schools. Disruption in education exposes them to further risk.

We know statistically that children and young people in care and leaving care are over-represented in the not in education, employment or training stats. These are long-term significant impacts.

The high dependency on the private sector to provide homes—78% of homes are now provided by the private sector—does mean that factors like the price of housing are driving decisions about where homes are established, rather than those decisions being made on the basis of the needs of children and young people within the population.

Will McMahon: You mentioned residential care, and it is really important that people see the value of residential care. A couple of years ago somebody put a question out on one of the private Facebook pages that I run, asking, "What was your time in a children's home like?" There were about 100 responses, and I went through and counted them all. Something like 30% said that they enjoyed it, it was the best thing that had ever happened to them and that they felt safe there.

It is worth bearing in mind that it will also have a place in the system and for some people it is a really good option. You do not want to go back into a small house when you have just come from a small house where some bad things might have happened. That can feel threatening in itself. Larger establishments can give you the space that you might need as an individual when you have gone through a very traumatic experience and that is important.

There needs to be a supply of good residential accommodation that is seen as very high quality and seen as necessary. Our feeling is that over the last 30 to 40 years there has been a move to downplay it, thinking that family care is always best. For about a third of care leavers that is not true. That is why you get a lot of people moving around the system because they cannot cope with more children, the same as they cannot cope with foster care. We need to do some serious thinking about that.

Q21 **Nick Fletcher:** A freedom of information request was put into Doncaster Council about the annual placement of an individual child in the financial year 2022-23, a child who was attending a mainstream school. The highest annual placement cost was £677,857. We have heard of the £1 million child as well. These are extraordinary amounts of money. Do you believe that it is not a lack of money going into the system, but how that money is being utilised? Because £677,00 for a local council to spend on one placement of a child who is in a mainstream school is mind-blowing to most people.

Katharine Sacks-Jones: It is a bit of both. There are children who have very complex needs, who need round-the-clock care, who may need a couple of workers for them, and it can be expensive to accommodate them. However, when those places are provided by companies that make 20% on them, there are questions to ask about how we are spending that money and whether it could be better spent and reinvested in the system. There are questions on profiteering; it is also an underfunded system.

Q22 **Nick Fletcher:** Twenty per cent is just a usual business—businesses want to make 20% and profits should not be a swear word. Obviously, they will be paying taxes on those profits and so on, but £677,000 for a child who is attending a mainstream school—there's something broken there, isn't there, for that to happen? It is crippling councils up and down the country. This is not a Doncaster issue; this is up and down the country.

We need to look at what we can do with this, plus the fact that these children— It should not be about the money; it should always be about what is best for that child, but I am sure that £677,000 is not being spent very wisely there. I am sure it has not; it cannot be. You can go to Eton for whatever that costs. It is huge sums of money here.

Katharine Sacks-Jones: Yes, they are huge sums of money when we are talking about an individual child. We have not properly looked into the whole system. One of the big areas missing in the Government's plans is looking into that area of sufficiency. They talk about commissioning, and commissioning is part of the picture, but it is not the whole picture. There is an issue on supply and provision more generally that has not been looked into and should be.

Q23 **Mohammad Yasin:** You have described the consequences of out-of-area placements for children and young people in care, but you have recently launched a campaign asking the Government to stop out-of-area placements. What steps can the Government take to reduce the number of out-of-area placements?

Katharine Sacks-Jones: There needs to be a national commitment on placing children far from home. There needs to be a national strategy because it is a national issue, particularly when you are getting children placed in different parts of the country. It needs to be looked at in the round but there need to be local plans too. A significant number of councils do not produce sufficiency plans, even though they are required to, and that needs addressing.

There needs to be better monitoring and accountability as well. I mentioned recording the difference between placements that are in a child's best interests and those placements made because there are no other places available. That needs to happen. There are a number of measures that look to improve the situation.

Q24 **Chair:** You would need a pretty good coding system to get that right, because you would not want a situation where every time a council said that it was in a child's best interests because they have to do it.

Katharine Sacks-Jones: Definitely. It would need some thought about how you make that work, but I do not believe that that is beyond the wit of the matter.

Q25 **Mrs Drummond:** Going back to unaccompanied asylum-seeking children, you mentioned that there are 7,000. That must have a massive impact on the rising demand and also out-of-area placements. What impact is it having?

Katharine Sacks-Jones: On out-of-area placements particularly, it is worth noting that unaccompanied asylum-seeking children are much more likely to be placed in supported accommodation than in children's homes. If you are asking is it that there are more unaccompanied asylum-seeking children and, therefore, more children are being placed out of area, that is definitely not the case. It is more likely that the location of unaccompanied asylum-seeking children is less likely to be recorded, so it is not contributing to the rise in the numbers of children who are being recorded as being placed further away.

Lynn Perry: No, not at all. It is important to recognise that unaccompanied asylum-seeking children account for fewer than one in 10 children in care, but the number is growing. It went from 5,100 in 2019 to 7,200 in 2023. Therefore, of course the need for provision that effectively meets their needs has also increased significantly.

It is important to recognise the level of trauma that many unaccompanied asylum-seeking children experience. The need to meet that with specialist provision is also very important. After the recent judgment, of course, hotel accommodation has now been closed but, as Katherine said, many young people are in supported accommodation provision.

The Children's Commissioner's recent report examining homelessness found that of the 6,000 children aged 16 and 17 who were presenting as homeless in 2022-23, 18% were unaccompanied children seeking asylum, so we know that there is a lot of unmet need. Unaccompanied children

must be taken into care when they arrive in the UK, so that they can start to get the help that they need, having faced the issues that they have.

In 2010 we ran a safe accommodation project that provided specialist placements for children and young people who were at risk or victims of sexual exploitation and trafficking. That programme involved providing foster carers with a range of training to enable them to better meet the specific needs of those children.

We employed specialist workers and the outcomes from that programme were positive. It was very effective in meeting needs, so we think that that should be part of a specific plan for welcoming all refugee children and children seeking asylum and giving them the best possible start to life. That would require investment, of course, in specialist foster care placements or, if appropriate, access to supported accommodation with the right wraparound level of support.

The national foster recruitment campaign should contain a specific target of foster carers for unaccompanied asylum-seeking children to meet that need. We could have some bespoke and targeted approaches within that wider campaign, and work with the sector that have been doing a lot of work in this area to develop training in the right level of support to provide that specialist care that is required.

Q26 **Mrs Drummond:** Out of those 7,000, how many are receiving specialist care and help, or are there ones falling through the gaps?

Lynn Perry: I do not have that data available to me now, but the findings from the Children's Commissioner report that I noted earlier give some cause for concern about the level of homelessness.

Q27 **Mrs Drummond:** Are there any further steps that you think the Government should be taking to provide appropriate care and protection under the 1989 Children's Act, or is everything in place? We talked about legislation before. Is there any further legislation that is needed or is it all there already?

Katharine Sacks-Jones: A lot of it comes down in this area less to legislation and more to sufficiency and the availability of specialist placements. As Lynn said, there are not enough. A high proportion of unaccompanied asylum-seeking children are placed into supported accommodation rather than into care, so they will not receive care in those settings, they will only receive support. That is a wider issue that we may come on to. However, there has been a big increase in the number of 16 and 17 year-olds being placed in supported accommodation, which might be a hostel or a B&B or even a barge or caravan, and not receiving the same level of care that younger children are receiving. That has got worse since the introduction of a new regulatory regime around that.

Q28 **Mrs Drummond:** There are still quite a lot of unaccompanied asylum-seeking children who are in non-children's—do you know the percentage?

Katharine Sacks-Jones: I can get you the exact percentage, but it is a higher proportion of unaccompanied asylum-seeking children than other children.

Q29 **Mrs Drummond:** Presumably, there are quite a few of them in the hotels that are slowly closing and there are no places for them, or they may end up on the streets.

Katharine Sacks-Jones: They will be placed in hostels or in B&Bs or in other forms of accommodation.

Mrs Drummond: That are inappropriate for children, yes.

Will McMahon: Can I say something about specialist services? It is that it is reflective of a wider problem in the system, which is that a lot of young people in care have experienced trauma. Having looked at the review and the response to it, we do not see a sufficient response of specialist care to those who have post-traumatic stress. It is the case that sometimes, if you are 16 and you are trying to get into CAMHS, people tell you to forget it because it will not appear until you are an adult. It is that bad and it must be worse for asylum-seeking children as well.

The thing to remember about this is that you are storing up trouble for those individuals. We get people who are 40 ringing us up and talking to us about the need to access their files, having lived with something for 25 years and it only now coming to the front of their minds at the time of crisis. Certainly, for unaccompanied asylum-seeking children, but wider across the system, there is an absence of specialist care. It is a big issue.

Q30 **Chair:** How much of that specialist care should be being commissioned through the care system, versus getting CAMHS working effectively and scaling up what is on offer there, making sure that it is being delivered through the health system?

Will McMahon: It should be a mix. You would want to see that if a child is having particular problems, they can get a resource through the childcare system or the local authority, wherever it comes from, that people are alerted to it and the resource is there.

Q31 **Chair:** Thinking about some of the points that were being made earlier about corporate parenting and extending that to other bodies, presumably if that were being extended to local health organisations, that would help in that regard?

Will McMahon: Yes, I think that it would. It is a good idea. There is one caveat while we are on corporate parenting. A lot of care leavers do not like the phrase. It feels completely cold. We are not suggesting that we have a better idea, but we need to come up with one.

Q32 **Ian Mearns:** We were talking earlier on about early intervention and there were interesting figures from the pilot in the Isle of Wight about the £1 spent on early intervention saving £2.60 down the line. We have skirted into that territory. Is there anything in particular that we can do to improve early intervention apart from the money?

Lynn Perry: We have talked about some of the pressures that need to be balanced here. I recognise that that is a challenge. We do need an effective reform programme that looks at helping families sooner and getting the right support to those who cannot live with their birth parents.

There has been a significant increase in children in care in recent years who are living in semi-independent accommodation. That is as a result of increasing numbers of older children coming into care, for whom it is often more difficult to find suitable placements.

The contention is that, by concentrating on earlier intervention, a reform programme could help more children to stay safely with their families through that intensive support and would correspondingly reduce pressures in the system, so that councils can provide a better level of care then for those children who do need it.

I talked earlier about a national foster carer recruitment campaign. That would help. It would also help to do that with the voluntary sector to recruit a range of carers to meet the needs of all children. We have talked about the diversity of the population of children who need care today. The scheme at the moment only focuses on local authority recruitment, and of course there are a number of independent fostering and adoption agencies within the sector.

An expansion of the current independent visitor programme would also be helpful, so that every child who wants to have access to an independent visitor, a body or a mentor to support them during their time in care can have one. If we were to introduce an opt-out offer of advocacy, they would have that by default. Should they determine that they do not want it, they can opt out of it. However, it is important in any reform programme that the views, wishes, experiences and interests of children and young people are given full account to.

I quoted earlier some of the statistics on the shift in spend, a reduction of just over £3.7 billion since 2010-11, a fall of almost half in the investment in early intervention. Reversing that trend is absolutely critical if we want a system that effectively meets the needs of children.

We do a practitioner survey quite frequently within Barnardo's. Workers in some of our family help services tell us that the lack of funding and priority for early-help family support services means that the thresholds are getting higher, and it is getting harder and harder to meet the levels of demand in our services. Cases that are coming through the front door are no longer the cases that we would necessarily class as early help. It is that presenting complexity as a result of not having sufficient investment that we are starting to see unfold.

I will finish by talking about a report that we did in collaboration with other children's charities. That was called the "Cost of Delay" report. The research in that report found that delays to reform children's social care will cost public finances an extra £1 billion over the next 10 years. So, a

failure to invest in the long term will lead to a very significant budgetary problem. We have long called for a family hub in every community.

Chair: As have we as a Committee.

Lynn Perry: We are of one accord in that.

Chair: We have looked at it from the perspective of the early years particularly, but it is valid here for the help and support that can be delivered.

Lynn Perry: Absolutely.

Q33 **Ian Mearns:** On the ground, the feedback that I get, for instance, from talking to teachers in schools is that, when they have a concern about a child, the threshold for intervention by children's social services seems to have gone up and up and up. Therefore, we have moved right away from the early intervention in many localities and are ending up in crisis-management situations quite often. That in itself has probably been one of the biggest drivers behind the number of youngsters in the care of local authorities having gone up and up and up.

Lynn Perry: Yes. Katherine started talking about the impact of poverty. The cost of living crisis is a real issue for the children and families who we work within Barnardo's. We run the attendance pilots in a number of schools, and we know that poverty and the impact of poverty is one of the challenges for children and young people getting into school—having the correct uniform, having money to be able to travel to school, having money for lunches. For lots of children who are in care that is also highly problematic.

Q34 **Ian Mearns:** Will, in your written evidence, you stated that much of the focus of the Government's strategy, "Stable Homes, Built on Love", was on early intervention at the expense of children the care system and care leavers. How can the Government provide an effective balance between focusing on current children in care, and preventing children from going into care in the future?

Will McMahon: It is a good question. It is all down to resource, and it is all down to providing the right services to get that balance right. Our focus is also on when you are after 25 and the effects of life after you have left the care system. This is why getting it right early on is important, because you do not want to end up with people who have significant social problems or very poor outcomes.

I want to stretch your minds on what is a care leaver. It can be for many people a lifelong experience. That needs to be borne in mind. There is some data that was produced by the Nuffield Foundation. It did not put it into its submission, but in 2021, looking at mortality, it says: "Falling rates of premature mortality we've seen across the general population have not been mirrored" in the care leaver population. "Adults who spent time in care as children between 1971-2001 were 70% more likely to die prematurely than those who did not. The extra risk of premature death

rose for care leavers from 40% in 1971 to 360% in 2011". That tells you that something is going really wrong. Therefore, it is about early intervention, it is about continuity of care, and it is about not shutting the door when somebody is 25. It is important, because this affects the health system, it affects the prison system, and it affects the mental health system. We have to think about it in a much more long-range way.

A final thing that I would say on that, if we are going to go the whole way, is that we are starting to do some work with colleagues in Australia about what happens to care leavers if they need to go into elderly care, and the impact that it has on them. It is important. I am trying to stretch your mind a bit there about what a care leaver is and what the life experience is.

Q35 **Ian Mearns:** In the previous report that we did about leaving care, we were struck then. It was something that we knew but it reinforced our attitude. Youngsters who have been through the care system become traumatised adults. Vulnerable and traumatised adults need to continue in care. As adults ourselves and having kids, you never stop caring for or loving your kids, but those most vulnerable youngsters, quite often traumatised youngsters, become adults with the same problems and they need that additional support.

Katharine Sacks-Jones: That is right. Very sadly, one in three young people leaving care becomes homeless within two years of leaving the care system.

Ian Mearns: There is a significant correlation between the prison population and people who have come out of the care system as well.

Katharine Sacks-Jones: Absolutely. Part of the reason for that is the care cliff that young people face when they come to leave care—the very abrupt transition to adulthood that is forced upon them, often well before they are ready. Overnight, and for many young people on their 18th birthday, they have to leave the care system. That often means moving out of the accommodation that they are in, many becoming homeless. There needs to be something about that care cliff and ending that care cliff that sees to many young people struggling.

Q36 **Chair:** With that in mind, do all your organisations agree with the idea of making care experience a protected characteristic? Do you have any views on that or are there any potential downsides of doing that?

Katharine Sacks-Jones: There are growing calls from the care-experienced community for it to be made a protected characteristic. There are a mix of views and there is not unanimity. More needs to be done to understand the views of the care-experienced community. A lot of local authorities have voluntarily adopted the idea of care experience as a protected characteristic, and it will be important to understand what is happening in those local areas and what more legislation could potentially bring and the outcomes that it could achieve. There needs to be more work.

Chair: It needs to be explored.

Lynn Perry: It is important to recognise the stigma and discrimination, which is quite real for many children in care and who are leaving care. I gave an example earlier of how difficult it is for young people who are leaving care to sometimes get accommodation through private rental arrangements. There are solutions to those things that we could do now without any requirement to change legislation in respect of a protected characteristic.

For example, things like a guarantor scheme and a deposit scheme runs very successfully in Kent with a very low default. That would mean that young people would have access to better-quality accommodation in better areas. That does not necessarily require us to place an equalities duty. There would inevitably be some delay in doing so.

We talked earlier about the opportunity to potentially extend the corporate parenting principles, which is also something that could be done without young people having to have a protected characteristic as being care-experienced. It is interesting and the exploration of it is right. There is a diversity of opinion about it, but what is important is that we do not lose sight of what we can do, irrespective of whether or not we do introduce that as a protected characteristic. My concern would be about not delaying things that we could put in place right now that would alleviate some of the pressures for young people.

Q37 **Chair:** Will, among your members is there that diversity of views?

Will McMahon: Yes, but broadly in favour. They do not think of it as a panacea. You said that services need to be good enough and need to be improved. There are questions raised about having a protected characteristic but that takes time to get through the system and lots of legal battles. Broadly, yes, but do not think of it as a solution.

Q38 **Chair:** One of the things that I was pleased to see in the care strategy was the increase in bursaries for care leavers, apprenticeships and some of those things. What else needs to be done to improve participation in further higher and vocational education for care leavers?

Katharine Sacks-Jones: A big factor in children not doing well in education is the care cliff. Right in the middle of your exams you might have to leave care and try to find somewhere else to live. That happens at 18, but in truth you start to think about it a long time before that. You will be worrying about that as a teenager, and it can be very difficult to focus on your studies. Growing numbers of 16 and 17 year-olds are being placed in supported accommodation, which could be difficult places to do your homework, to study. You might have limited access to wi-fi. There might be noise and problems. We know that that can be challenging for young people.

Also, because of instability within the care system itself, it is hard to focus on school and education if you are being moved around, having to change schools and worrying about all those things rather than being able to focus on school. There is a whole set of stuff around school itself.

Universities could do a lot more to encourage young people. There was something about raising aspirations earlier. Often, we have lower aspiration for our care-experienced young people than we should do. Those conversations need to start earlier about the possibility, the future and the support that young people need to do well in school, university and work.

Q39 **Chair:** Are you aware of any universities that do particularly good work in this space?

Katherine Sacks-Jones: Some universities do. Progress has been made. Universities will often have a named contact who can provide particular support to care-experienced young people. Some universities provide year-round accommodation because care-experienced young people may not have somewhere to go in the holidays. Some universities do outreach. We work with a lot of universities to do some good work in this space. Things are happening. Additional support is available for care-experienced young people. At universities, some financial support is available.

Awareness is lower than it should be. Children at school need to know about that early enough to think that university is an option for them.

Lynn Perry: Yes, I agree with that. We work with a number of care-experienced young people who are doing well at university. Raising their ambition and aspiration is dependent upon them understanding that support mechanisms are available to them within that environment.

We recently published a report called "No Bank of Mum and Dad", which highlights some of the challenges for young people who move on to university, like accommodation out of term time, breakdowns, travel, some of the finances that are available.

One challenge that could be addressed is that care-experienced young people under 25 receive the lower rate of universal credit. Of course, many of them live independently and have exactly the same expensive cost-of-living pressures as anybody of any other age but they also do not necessarily have the family support networks to fall back upon, which is a potential barrier.

We run an education, employment and training programme over in Lincolnshire. We recognise that the wraparound support is important to this particular population of care-experienced young people, because of a lot of the discontinuity that they have had, to help them not just engage but maintain their engagement over the long term when they hit a bump in the road. Higher ratios of staff, assertive provision and outreach work, some flexibility to be afforded and holistic support for mental health and housing support, as and when it is needed, have enabled young people to stay the course and achieve positive outcomes in employment, training and education provision.

Katherine Sacks-Jones: We run a service called Propel, which brings together information about the offers for care-experienced young people from all the universities and colleges across the UK. It varies, but support is out there. We also support young people thinking about going to

university or moving into work and their journey to get there. It might be helping them with their UCAS statement or understanding the extra support they can access and, critically, when they are at university, helping them stay there. Often, care-experienced young people are more likely to drop out of university because of the different challenges they face to their non-care-experienced peers.

Q40 **Ian Mearns:** Do you have good information about the ones who do well and information about the ones who do not, and could it do with some improvement?

Katherine Sacks-Jones: It is not a judgment as such. It tells you what is there and who the main contact is. It is for young people who are thinking of going to that university what help might be there for them. As you would imagine, it varies. Universities could do more. They could also think more about their admissions process and look at contextualised admissions, taking into account the circumstances and the barriers that care-experienced young people face to get even to the point where they might be thinking about going to university.

Q41 **Chair:** Presumably the change of design in the UCAS form and the focus on asking questions about barriers is welcome from that perspective?

Katherine Sacks-Jones: Yes. It is important that young people have the opportunity to explain their journeys and the additional hurdles that they will have often overcome. I do not like the word "resilience" because it assumes that hardship is somehow good, but care-experienced young people have to demonstrate immense fortitude to even get to the point where university is a possibility. We need to consider that. Their schooling has often been disrupted. During exams, they might have had to leave care or move place. It would be good to see more universities taking that into account when thinking about who they offer places to.

Will McMahon: I would like us to think about later care leavers going back into education. As you said, they have a lot of life experience. They may be 30 or 35 before they suddenly think, "Hang on. I didn't go to university, and I should go to university". Encouraging older care leavers back into the education system is important. It is a missed opportunity. Older care leavers can progress quite well in education because they bring a lot of life experience.

It might be worth thinking about offering some encouragement because it can be a big step financially and saying, "Okay, you might be able to do this and we will give you a bit of support because we recognise, because of your care experience, you have missed out".

Q42 **Chair:** Interesting. The lifetime learning entitlement should give opportunities to provide some support with that to encourage people to look at this later on in life. Thank you.

How effective is the FE sector at engaging with both people in care and care leavers? It does not have the same leverage or resources as the HE sector. Do you find that as a sector generally open to trying to support care

leavers?

Katherine Sacks-Jones: Again, it varies. We work with FE colleges. We will go in and speak to staff and speak to care-experienced students about the particular challenges and barriers they might face and the support available. Both colleges and universities reach out sometimes to school or work with virtual school heads who have responsibility for care-experienced children in their area. Initiatives and positive steps are happening but, like many of these things, they are patchy. Some are better than others. It is certainly not consistent and, in our opinion, still does not raise the aspirations of children at an early enough point that they can think about continuing in education of some form.

Chair: Thank you. I will bring in Andrew, who has been waiting patiently.

Q43 **Andrew Lewer:** Lynn, could you elaborate on the statutory support scheme, some of the ideas you have within that, how practical it will be to roll out nationally and the potential difficulties in doing that?

Lynn Perry: Certainly. We have had a couple of strategic partnerships with local authorities and have been trialling different approaches to improve the offer to care-experienced young people. We would like to see the publication of a national statutory offer of support for care leavers, which would help to level the playing field and also build on some of the best practice that we know is out there and provide the consistency and continuity we have talked about here today.

An illustration of that is we have looked at free bus travel for care leavers. Our "Transport for Freedom" report demonstrates how giving access to free bus travel can help young people to access education, employment, training and also other community assets as well as of course, importantly, maintaining contact with family and friends in their local area. We estimate that to roll that out would cost approximately £77 million a year to implement.

However, free bus travel means that young people are more likely to be in employment, are less likely to experience loneliness and social isolation and are better able to contribute. A young person said recently to me that that was important to them. Not having access to that free transport would have meant that they could not work and, if they cannot work, they do not feel that they can make a valued contribution. We would like to see that.

A comprehensive accommodation offer is important and improved access for the staying put scheme so that more care leavers can stay with their foster parents for longer. That would of course require us to look at allowances for foster care after children turn 18, especially for those who are still in education, and a national rollout of the staying close scheme would also be helpful.

I referenced earlier the challenge with universal credit. All care-experienced young people who claim universal credit should receive the over-25 rate of universal credit. They often struggle to make ends meet. They receive the lower rate of benefits and they do not have families that

they can lean into when they need additional support. Increasingly, the bare essentials of food, energy and transport are challenging, and they are not any cheaper because they are younger. A change there would help.

Access to mental health support we have talked about today already, but we need a lead for mental health in every local authority area. The issue and the challenge is about swift and easy access to mental help support.

Katherine talked earlier about the cliff-edge in support when young people reach 18. That transition into adult services is also a real challenge for many young people. Extending with some consistency the role of the virtual school head—as you talked about earlier—would also support in respect of further and higher education for in-care and care-experienced young people. Those are some of the things.

The role of the private sector is also important here. We have been doing some work recently as part of a two-year partnership with the Bank of England to look at financial education and financial inclusion for young people, many of whom find it quite difficult to access bank accounts. They often do not have the documentation that they need to do that. Also, they do not have the financial literacy. We can look at partnerships that can also increase the support to young people and have a positive impact.

The care leaver covenant is an important first step in some of that and has amplified the needs of this group of children and young people and has given better recognition to them. It is a step in the right direction.

Q44 **Andrew Lewer:** Thank you. To round up, I was leader of Derbyshire County Council from 2009 to 2013. It is a gloomy reflection that all of these issues are exactly the same issues that we discussed at the time. All of the desire to improve the outcomes was the same. Alas, the results have been the same as well.

I want to ask all of you specifically what you think national and local government can do to prioritise the voices of looked-after children and care leavers when reforming the care system.

Will McMahon: The issue of the voice of care leavers is important. Some good work has been done by other organisations for younger care leavers. It is important to recognise that older care leavers, as they leave the system, reflect on it. As they get older, they reflect on it more. They can be an enormous resource in shaping systems that work and should be taken into account. We do not feel that that experience is listened to.

People say that you battle through the system, and you get out of the system at the other end and then you need a period of reflection before you can start talking about what you think could be done better. Lots of older care leavers want to help and have life experience that should be drawn on. The Government should do that. It is not being done well enough.

Katherine Sacks-Jones: Absolutely, listen to the voices of children and young people as well. They know what needs to change in the system and they are often brilliant advocates for that.

More broadly, we know what needs to change. The two big things for us are improving stability within the system itself, so that children are moved less and are kept closer to their home areas, and then getting rid of the care cliff that so many young people face as they age out of care. We know what needs to be change. We know what policy changes are needed. We now need the political priority and the investment and the urgency to back that up.

Lynn Perry: I absolutely agree that the expertise and the experience of children and young people is important. A group of young people fed in directly to the review itself and came up with a checklist of things that they felt were important, which they shared with Josh MacAlister at the time. We have also recently been contracted by the Department for Education to provide opportunities for children and young people to have their voices heard as the reform programme develops.

Our key learning so far is to include a range of different methodologies for engaging with children and young people into active opportunities. Opportunities for them to pose direct questions to policy teams and to receive meaningful responses are important. We can also use a range of techniques to collate anonymous feedback, including from marginalised groups within the care population.

We have to look beyond consultation here and further than young people just sharing their experiences. In some local areas, we have had teams of young inspectors, which has enabled them to have some say on the quality and the sufficiency of provision in their area. It is important.

If the Committee had an interest in engagement with care-experienced children and young people, we would also be happy to support and facilitate that.

Chair: I am grateful for that. Further into the inquiry, we will look to engage with all your organisations around that. We definitely want to take that opportunity. I am grateful for the evidence from this panel. If we can switch panels to our second, it would be great. Thank you.

Examination of witnesses

Witnesses: Dinithi Wijedasa, June Thoburn and Dr Jones.

Q45 **Chair:** Welcome to our second panel. Apologies if I get the pronunciation wrong here. On the second panel, our academic panel, we have Dinithi Wijedasa from Bristol University, Professor June Thoburn, Professor at the University of East Anglia, and Dr Ray Jones, Professor at Kingston University.

I will start with a general question. Does the Government's implementation strategy place enough resource on reunifying children with their birth

families, in your opinion? I am also interested in the broader question of how our system compares with other, international systems. I appreciate it is difficult to draw direct comparisons when different systems work in different ways, but can you give us any examples in the international space of systems that you see as potential models for improvement that we ought to learn from? We are interested in learning from your knowledge and experience as academics in the sector.

June Thoburn: I am here specifically to talk about children in care; my colleagues will have more to say about family support. Children who come into care are special children. They have all suffered something, even a baby who has the possibility of being brought up. They are special children. They need special targeted services for each child. Therefore, every option we have must be seen in its own right.

Yes, reunification is important for those who need it, as is kinship care, but they do need time in care to get the right option. Sometimes the court system is in too much rush to keep them out or get them out of care rather than staying in care. We need high-quality foster carers and high-quality social workers who can work.

The elephant in the room is workforce: foster carers, social workers and residential childcare workers, which I might talk about a little while later.

Q46 **Chair:** Can you point us towards some good examples of jurisdictions that deliver that workforce more effectively?

June Thoburn: Particularly residential childcare. We do foster care, particularly permanent foster care, better than most countries. We do adoption better than most countries. We do residential childcare, particularly what I call ordinary children's homes, less well than most European countries particularly.

Could we get rid of the notion of residential childcare as a last resort? Because we use it as a last resort, we let children, teenagers and young people who need to be in residential care fail two or three or more times. Then of course, by the time they move into residential childcare, they have so many serious problems that they cost the sort of money that you heard about earlier.

Q47 **Chair:** Other European countries perhaps do residential care better or more effectively. Which models do you propose we could learn most from, again recognising that different systems work differently?

June Thoburn: I would look at Spain and Germany. They have more children entering care in an older age group than we have. We now increase the age at which our children enter care.

Also, we need a mixed economy. Broadly speaking, the Europeans have over 50% provided by the state, quite a lot more by the voluntary sector and a much smaller number by the private sector. We need to reinvest in locally provided children's homes. Local authorities, sadly, have lost their expertise in providing children's homes.

Q48 **Chair:** A cultural move away from large institutions for children was probably, in some respects, good but they do not seem to have been replaced with smaller, locally provided ones. Where would the budget come from for local authorities to do that? Should the DfE commission that from local authorities, in your view?

June Thoburn: Yes, it should, but over time. The dilemma is that you cannot starve the in-care children to build up the family support services. There has to be twin-track funding so that we get high-quality services for children in care and for children leaving care at the same time as building up family support.

This is also about homelessness. Teenagers come into care because of appalling housing conditions.

Q49 **Ian Mearns:** Professor Thoburn, we have talked about how most European countries do children's homes better than the UK. Do you have any specific examples? Which countries do it the best?

June Thoburn: It is always difficult. The Europeans provide therapeutic parenting. They emphasise parenting, not necessarily therapy. Whatever we do for children in care, they need to trust relationships: foster carers, children's homes, their own families, their kinship carers. Children's homes need to provide that parenting as well as the therapeutic input that they might need.

Dr Jones: Chair, first, thank you for calling me an academic. I spent part of time as a professor, but before that I was for 14 years a social services director and for 50 years I have been a social worker. Even when I was a professor for half my time, the Government sent me into areas in England that did not seem to be doing well with children's services. That is my background. I have done a review of Northern Ireland's children's social care services as well.

We overcomplicate things. We slice them up: reunification, foster care, residential care, whatever. We forget to think about the experience of the child. The child is seen as a commodity that gets moved between different services.

Things have become decidedly worse over the last 10 to 15 years. We have gone from a crisis to a calamity, not because people out there are not working hard. They are working hard. But we are in a position now where I hope you feel anxious. I hope you feel angry. What happens for children and families who struggle in our communities is awful.

We need to clear some of the ground out. The reviews that have been undertaken and the Government's responses are all good at slicing things up and coming up with new initiatives about this and bits of funding for that, but they do not get down to the fundamental issue, which is that we have made it difficult for well-motivated parents, who are increasingly ground down by poverty, to care well for their children. We have made it difficult for those within local communities, including local authorities, then to provide the necessary help for those families to survive with their

children. We have made it difficult, when the children themselves find their lives crumbling around them, to pick those children up and care for them well.

It is not rocket science. We know how to do this. But we have gone down a cul-de-sac over the last 12 to 15 years. Now we threaten families with child protection investigations. If we find a real danger for children, we remove the children from that family. But we do not help families when they begin to struggle, and we do not provide the help now for families when they need the help to care for their children well.

In my view, we have got ourselves into a dilemma here. We have made it all technical. We have made it all specialist. We have made it sliced-up. We have to get back to calming it down and doing what we need to do for children and families within communities, whether they are with their families or whether they are not with their families. The conversation does not take us in that direction at the moment.

Q50 **Chair:** In those cases where they are not with their families, how do you make sure that that can be done less confrontationally and less disruptively? We have heard a lot about the importance of stability for those children and those arrangements.

Dr Jones: Most children you want to be with their families. Their identity is there. You want children to be with their families if that is possible. You want to support those children with their families and the parents to parent well.

If the children at that time cannot live with their parents, keep them local. We heard this from the panel just now. See residential care and foster care as community resources for children rather than a commercial enterprise a distance away from families and away from communities where children live. Help to care for children in their local communities, still in contact with their siblings, with their parents, with their grandparents and so on.

At the moment, we see it as a separate enterprise. You are either with your family or you are not with your family. That is how we have classed it. That position is not sensible.

Dinithi Wijedasa: I will start with a statistic. You asked about reunification. Some 40% of reunifications break down within the first five years because the parents do not have sufficient continued support over the years to maintain these reunifications.

Like Ray and June said, some children need to come into care and, once they come into care, we need to give them stable placements. Government strategy, which you mentioned previously, starts with stable homes built with love. The intention is brilliant. However, the system is not there yet.

In the last two years, 45% of children had more than two placements. One in 10 had three placements last year. When I call it a "placement", it sounds inanimate. However, this means a breakdown in relationships each time. They change their carers, sometimes their school, sometimes their friends

and their neighbourhoods each time this happens. These statistics have not changed. One Minister mentioned earlier that these have not changed over the last years.

What do we need to do to stabilise the system? The sufficiency of carers, which the strategy addresses, need to be done. Children in care have increased by 7% in the last five years, while the number of carers has gone down by 6%. Last year, we had a net loss in foster carers. More left than joined the system.

Apart from addressing the sufficiency, we have talked about out-of-area placements and having the exact number of carers required for the children. We need to ensure that we have the right carer for the right child, which does not happen at the moment. We do a lot of matching before we place a child for adoption, and we know from our research that adoption breakdowns are low. As I mentioned previously, the number of foster care breakdowns is high. One reason is that we do not match the child with the carer who can provide the most stability in relationships across time for that child.

Chair: Okay. There is a lot to go into there and Ian will expand on the point about the different outcomes across the different forms of care. I am grateful for all those answers, which provoke a lot of questions.

Q51 **Ian Mearns:** You read my mind, Robin. This is a general question: I know that each child is an individual and, therefore, has a different range of quite often complex needs but, in general terms, how do outcomes differ across the various forms of care such as adoption, fostering, residential and kinship care?

June Thoburn: You cannot compare adoption with the others simply because here the adopted children are very young. Rarely is a child under three placed in permanent foster care. We are not comparing like with like.

Few adoption placements break down, but that does not necessarily mean that everybody lives happily ever after. We know a great deal. I am not quite sure. Probably a higher proportion of adopted children are in residential care or in mental health facilities than other groups. It is no magic cure, but certainly adoptive families stick by their children, undoubtedly. They hang on in there. They grandparent the children of their adopted children.

In foster care, if the child is in their middle years—let's say aged four to 10—and is placed and remains in a stable foster family, they do well, undoubtedly. We need to differentiate between foster carers. Some foster carers are task centred. They are brilliant at getting children back home or ready for adoption. We need to recruit family-for-life foster carers. We have not done enough of that, which links to Dinithi's point about matching.

We do not need regional-tier co-operatives for foster care. They need to remain local. The decision about which child goes where must lie with the child's social worker, who knows them and who knows their family. This turnover of social workers is a major issue.

Q52 **Ian Mearns:** Matching a child with an appropriate placement for their needs depends on availability at the time when the child needs to be placed. Is that the problem?

June Thoburn: We have a serious problem about contracting out to the large agencies because, if it is in a private sector placement agency residential foster care and the placement breaks down, the local authority tends to go along with planning for another one, rather than going back to that child's community and social worker and saying, "Okay, that placement broke down. It may be time to try a return home or to try a children's home". It is almost as if once a child is in a private sector placement, it rolls along, which is not good.

Q53 **Ian Mearns:** We talked earlier on about not preventative strategies but the fact that, by and large, local authorities deal with crisis management daily. In that scenario, how to councils make sure an individual child or young person ends up in the social care placement most appropriate to their needs?

June Thoburn: Try to hang on to the social workers. If the social worker does not know the child and if the child does not trust their social worker, you will lose, basically.

Q54 **Ian Mearns:** What are the biggest risks and challenges for each type of care and how should they be addressed?

June Thoburn: Can we take the outcome at 25 and not at 18, particularly on education, and forget the notion of assessing a child's success at 16 on GCSEs? So many care leavers go on to succeed in their late 20s. We need to measure outcomes later.

Q55 **Ian Mearns:** Given the last few years' experience, we have to understand much better what happens with young people whose education becomes disrupted. By the nature of their condition, young people who go into the care system have had disrupted education far too much. Therefore, if we can get them back into education, is it natural that they will get positive educational outcomes as they progress into adulthood?

June Thoburn: The Europeans keep their children in care up to age 23 or 25. The Americans also can stay in care until they are 23. We have to look at that again, too.

Ian Mearns: There is no perfect cut-off point, from my perspective.

Q56 **Chair:** The cut-off point will always be a challenge but, as we have seen in the fostering space, with time to stay and so on, extending the period helps. Also, children with EHCPs get support until the age of 25 now. Linked to the question about protected characteristics, should something be done in that respect?

Dinithi Wijedasa: On risks and challenges, I can identify that all children who have social care experience come with a risk of adversity. Some 66% of those who come into care come into care because of abuse and neglect. They also have pre-care experiences of substance misuse by parents,

parental mental ill-health, domestic violence and also in-utero substance exposure. They all come with those risks into the system.

Sometimes we talk about complex children and specialist foster carers. I argue that every foster carer needs to be a specialist foster carer. Government strategy says that love is important, but these children need love-plus, in the sense that they need therapeutic parenting across their life course.

Also, we tend to intervene at crisis points, especially in terms of mental health. We know that 50% of children in care have high mental health needs, but they are those we know of and those who show symptoms. At the moment, we do not address this from the point children come into care through therapeutic parenting and other forms of support.

For example, 56% of children in care have special educational needs, which is again closely linked to mental health outcomes, which are again linked to long-term outcomes of productivity, mortality and so on. It is important that we understand those risks and challenges that these children bring into the system while creating a stable system for them.

Q57 **Ian Mearns:** We have drifted into this to a certain extent. I wonder particularly about protecting the child's sense of identity and subsequent mental health when procuring long-term placements such as foster care and adoption.

Dr Jones: if we get back to the idea that we want to give children stability in their lives and people who actually care about them, in a place where they feel safe and secure, we do not do that by busing them around the country to care homes that are a long way away, where their social workers churn and change, or to foster care.

Some 20% of social workers in children's services in England are employed through private employment agencies and are here today and gone tomorrow and 50% of children in foster placements in England are now placed through private for-profit fostering agencies, again, largely away from their local areas.

We want to build local community services for children and families, including care services for those children who at that time cannot live with their families. We know that children and young people in care, as they get older, will gravitate back towards their communities. They end up there. If that is where they will be, let us make it better for them there now.

We do not do that. We send children a long way away, breaking their school links, their friendship links, their family links. They are unseen by their social workers. Their social worker today might not be their social worker tomorrow.

We know how to do this. If you want some ideas about investment, I am happy to share those with you as well. We can make a difference. At the moment, we make it worse for children.

Q58 **Chair:** Are any areas within England or within the UK succeeding in not sending those children much further away? What can we learn from those to address the need locally?

Dr Jones: It amazes me how well some areas do. It does amaze me how well some local authorities do and how well some directors of children's services and their staff are doing with their colleagues in health, in schools and so on. It amazes me because I would struggle to do it as well as they now do it in the circumstances in which they work.

Q59 **Chair:** Can you give us some examples?

Dr Jones: Go to Essex. Go to Hampshire. Go to places where they have retained their children's homes and where they still have local provision and stability of leadership, where the council's governance is focused on the needs of children and families within their communities rather than doing exciting innovation. They have calmed it down. They have stability. Their leaders have been around for a long time.

They have a culture where their workforce feels safe and supported and their services are embedded within their communities. They know those communities and what goes on for children and families within those communities. They know the professionals and other agencies. They know the health visitors. They know the GPs. To the extent we have community policing, they know the community policing officers. They know the head teachers in the schools, despite the fragmentation in education these days.

It works well there. If you go to places like Hampshire, Hertfordshire, Leeds and Essex, you will find it. It is difficult to do in the context of churn and change today.

June Thoburn: On identity and kinship care, which I know you are interested in—

Chair: Vicky will come to that next, yes.

June Thoburn: All right. But on contact, many kinship care families are separated families. The issue about family contact needs to be properly funded when two sides of a family, frankly, scrap at each other. We will come back to that.

Q60 **Vicky Ford:** I will come on to kinship care, but first, as an Essex MP, thank you for what you said. Essex is also the largest provider of children's social services in the country.

Dr Jones: You have a fantastic director of children's services.

Q61 **Vicky Ford:** Thank you. Helen Lincoln. Kinship care. June, I heard what you said, but before we get there, on the question about outcomes that Ian asked, how does the long-term outcome of kinship care children compare to foster children and others?

June Thoburn: They generally do better across the world, basically. But they need more help. They need episodic help, as do adoptive families.

Q62 **Vicky Ford:** I will come to that question. I wanted the outcomes. So many that I have met in kinship care have done an amazing job but have struggled financially and so I was pleased when the Government raised the kinship care allowance from £154 to £270 a week.

Is that sufficient financially or do the Government need to take more financial steps to support kinship carers?

Dinithi Wijedasa: The kinship care allowances are in only eight local authorities, not all local authorities. It has been tested at the moment and it is not part of the national strategy at the moment.

We know from our data that kinship children do better than children in foster care in almost all outcomes. Also, answering the previous identity question, for mental health also, it is better for children to be placed in kinship care. They have better mental health outcomes.

To answer your question about allowances, we do know, as you mentioned, that they live in the most poverty-stricken areas. They live in the more deprived areas. Some 50% are grandparents. They might have long-term conditions and health conditions. They are also likely to live in households with a disabled person.

Although the Government's kinship strategy that was published in December is quite welcome—because it has been coming for a long time—it still recognises only those kinship carers with a legal special guardianship order, but many kinship carers in the wider society and in the community informally look after children who come from similar backgrounds to those in social care. They do a service and are not part of this offering at the moment. This should be seriously considered.

Vicky Ford: That is helpful. Sorry, June?

June Thoburn: To come back on the other extreme, some children in kinship care need to remain in care for all sorts of reasons, such as those with seriously mentally ill parents who nevertheless still love them. Those kinship carers need the extra support sometimes of the being in care service. Sometimes we rush too much to get them out of care.

Another group is the seriously disabled children. We must look at shared kinship care with respite foster carers. I noticed the Law Commission is looking at disabled children at the moment and is thinking of cared kinship care, shared parental care, identity and keeping relationships by people working together.

Q63 **Vicky Ford:** That moves me on to my next question. What other measures can we take to improve kinship care? You spoke about episodic issues. You talked about the importance of maintaining relationships with other parts of the family that might be fractured. You have spoken about shared care for disabled children and, if the kinship carers themselves have disabilities, making sure they get support for their disabilities. You are saying that there is no one-size-fits-all need for every kinship carer but subsections within kinship carers may have additional needs for additional support. Would you

like to add anything else?

June Thoburn: Including the kinship carers who need support from the adult social care services. Some have disabilities. Many are older. We need working across from adult social care. Personally, I would like to see adult social care more closely linked with children's social care in the local authorities. Children have parents, many of whom have needs of their own.

Q64 **Vicky Ford:** I was recently at my local Timpsons, and I was stopped by a person working there, who was a special guardian and kinship carer for three young children. He said that his most amazing employer recognised what he did as a kinship carer and gave that flexibility.

Do we need more employer awareness to have that flexibility for kinship carers and more general awareness?

June Thoburn: Very much so, yes.

Q65 **Chair:** You mentioned the statistic that 50% of kinship carers are grandparents. I have had a lot of kinship care cases in my surgeries over the years. One difficulty is the working of the pensions system and related benefits, which are not set up to recognise caring responsibilities of grandparents in that sense. The pension is designed to sustain someone in their old age, but the system is not designed to meet that person having to live off it and support young children from it.

Could any simple changes be made that you think would make a difference to that?

June Thoburn: It is not my expertise.

Dr Jones: A good general point is that we tend to see this as a social care issue over here and we expect children's services within social care to find the money to cover the cost of grandparents or whoever—brothers and sisters, sometimes—who care for children. Making this part of the social security agenda as a rights entitlement, through social security rather than a rationed social care entitlement over there, would simplify it and make it more equitable. People would get the help they need without being stigmatised.

Q66 **Vicky Ford:** I have often had kinship carers explain to me that their child—a niece, nephew, grandchild—comes to them in a rush when there is a crisis or a death and often they have had to stop work to stabilise the situation. Should we press for something like the right to parental leave for that period of time for a short break from work to stabilise the child?

Dinithi Wijedasa: Yes, and also recognise that 25% are siblings, who sometimes leave employment activity to look after their siblings. Something like that would be useful to enable them—

Vicky Ford: As with paternity leave, you could take a period of kinship leave at that time. Thank you.

Q67 **Mrs Drummond:** I am a Hampshire MP and so I am thrilled, too.

Chair: Two MPs are happy.

Dr Jones: You have a good director of children's services as well.

Q68 **Mrs Drummond:** Yes, I know, very good indeed. One has just left but we have a new good one as well, which is great.

This is directed to you, Ray, because we have heard from the previous panel about private provision and the profits made and your submission called it the "colonisation of the care of the children, often by distant international venture capitalists".

I want to look into that more. What is the evidence that private provision leads to poorer services? Ofsted said that 80% of them are outstanding or good. What are the outcomes for children? Could you explore that for me?

Dr Jones: One big concern about the commercial model is the leverage drawn on by the international venture capitalist commercial companies that come into this marketplace. It is fragile and vulnerable. There is no commitment to care. The commitment is to the business model and making the profit. This could collapse at any time. It could. We have seen big providers collapse.

When I was director of Children's Services I think it was called Sedgefield Care—Sedgemoor, Sedgefield—that ran children's homes in Somerset and the south-west. Literally overnight it closed its children's homes and we had to find placements for some 30 or 40 children across three or four local authorities. It was absolutely awful for the children, and we were in a bit of a crisis ourselves. Our model creates tremendous vulnerability in terms of both the children and the system overall.

Secondly—and this came up earlier with the panel before—this is not about meeting the needs of children. The children's homes opened by these commercial companies are in areas of low-cost housing. They are often in decaying seaside towns, for example, with instable communities. Those communities themselves provide a threat, fear and exploitation opportunities for the young people being placed there, miles away from their social workers and their families. The model is based not only on making a profit but on trying to keep costs down.

My third comment comes back to the quality of the service. Sir Martin Narey's review of children's residential care of 2015-16—he did a foster care review at around the same time—found that, overall, some providers do a good service but at a high cost. We heard about the high cost just now. Some of them keep down their costs and margins down by employing less-qualified workers on pretty poor contracts and so the workforce turns over. The managerial and supervisory oversight ratios are much poorer within those care homes because they cost.

The model at the moment is vulnerable and fragile. Going back to the conversation we had and the comments I made just now, it is not based on caring for children locally within their communities; it is based on finding a placement wherever you can at a point of crisis.

Why have we got here? A message has been given to local authorities over the last 15 to 20 years. They have become enabling authorities or strategic planners rather than direct providers of services. Some authorities may have bucked the trend. As a consequence, from about 2010 onwards, local authorities closed their children's homes because the model was to commission and purchase, not to provide.

We are now in a position where we have to reinvest capital investment in local provision because the model that has been created is not stable or secure.

Q69 **Mrs Drummond:** How much does it cost local authorities to set up now? I guess it depends on the price of property.

Dr Jones: The best way to do this is not to buy properties. When you have a housing development locally, as part of the planning permission the developer is required to put in a children's home, for example. I can remember doing that as a director of social services.

That has two benefits. First, it tends to be purpose-built, and it is within a growing new community and so you do not have that angst about a children's home with a community. Secondly, you keep the costs down and you treat it as a capital investment.

There are ways to do this, but in my view it requires a capital fund in excess of that being allocated at the moment to allow local authorities to rebuild what they have lost over the last 15 years.

June Thoburn: To say something about the workforce again, we have a good system for training social workers, but we need to review how we make best use of it. Personally, I am not too keen on specialist child and family workers. We get more out of our social workers if they are trained across the board so that they can move between the different areas of practice.

We have good systems for training foster care workers. We should be ashamed of what we have done about the training of residential childcare workers. We have no training for them. We do not go out into schools and say, "You should think about being a residential childcare worker", as the Europeans do, or train our residential care workforce properly.

If we worked with our local authorities, we could have an apprenticeship system for residential childcare workers, for instance.

Q70 **Chair:** Is that partly related to the fact that the local authorities do not do that work? They commission it rather than do it and, therefore, are not engaged in that training discussion.

June Thoburn: Absolutely, yes, the local authorities and the voluntary sector. The voluntary sector for years provided good-quality children's homes, but I am not sure how. North Yorkshire has a "no wrong door" system. Local authorities could pilot apprenticeships into residential

childcare. Teenagers often want to work with children. We lose those people.

Q71 **Ian Mearns:** Do the private sector providers of homes engage in any major training initiatives?

June Thoburn: Not at all. People move from all over the place into residential care, unqualified. We need the knowledge, the values and the skills. They move in and they train on the job. An apprenticeship would be on the job but alongside the knowledge, the values and the skills.

Q72 **Chair:** Out of interest, is there an apprenticeship standard for residential care?

June Thoburn: No, I do not think so. I raise it as one thing we could look at.

Q73 **Chair:** We could definitely look at and recommend that, but to create the demand for it we need either the private providers or the voluntary sectors being willing to engage on that and invest sufficient time and resource. It certainly seems to be along the lines of what this Committee could do.

June Thoburn: I would certainly be happy. I know the sector well enough to think about that.

Q74 **Mrs Drummond:** Should we go and visit any homes, or do you recommend any as good models?

June Thoburn: I was a trustee of the Break charity, which provided good, longer-term therapeutic parenting for children. Of course, it stayed close. The important thing about staying close is you stay close to your children's home, not that you stay close to some housing association. Have long-term relationships with the siblings you had in your children's home, for instance.

Q75 **Andrew Lewer:** I have a slight change of focus, particularly for Dinithi. What is your assessment of the current standard of mental health among children in care and care leavers? How could we improve those standards?

Dinithi Wijedasa: We know mental health is linked to long-term outcomes for children in care. The statistics are stark. These were discussed previously. Some 52% of those in the criminal justice system are care-experienced and 25% of those who are homeless are care-experienced. We know that they are economically disadvantaged and less productive. Their physical health is impacted, and they also have early mortality.

Mental health that is not good enough for children in care precedes most of these outcomes. Our research confirms what we know from previous research. Around 50% of children in care have very high mental health needs that need intervention. We need to monitor these children well and then provide support for these children.

Local authorities are statutorily required to monitor the children's mental health and they return data on their assessments of children's mental health every year to the Department for Education. Most local authorities

do it for most children. However, our research shows that this data is then not used by all local authorities to provide the support that children need. Some local authorities do. They refer children on or provide in-house support—the postcode lottery that we talked of—because different systems are in place in different local authorities.

When they come to the next review, which might be six months on, some do nothing at all. The system has a problem. We collect data on mental health, but the local authorities have no statutory requirement to provide support based on these assessments that they make.

Q76 **Chair:** In that patchwork you were referring to, what proportion of local authorities gather the information but do not do anything with it?

Dinithi Wijedasa: We spoke to 12 local authorities and so I would not talk of proportions. Some do and some do not. It is patchy. We hear from other local authorities as well that the support is inconsistent.

Dr Jones: Can I make a comment on this? It goes back to some of what I have been saying. We do not want to overcomplicate this.

When we talk about mental health needs for children in foster care or residential care, adolescents particularly, we are not talking about children with psychosis. We are not talking about children with major mental illness. We are talking about children with emotional upset, children who have anxiety levels, depression, withdrawing, maybe showing aggression. Are we surprised? They have been given experiences that are sometimes quite traumatic and moving around. Even coming into care when the care is good is traumatic, coming into an unknown area as a 12-year-old, 10-year-old, eight-year-old or whatever.

I am concerned that we almost medicalise this. We see CAMHS as the magic bullet. We have waiting lists for CAMHS. They get assessed and they might get some medication. They might get a short-term cognitive behavioural therapy programme or whatever. A much better solution than more CAMHS referrals is to get back to those life experiences for those children and to give them the continuity, the care, the assurance that they know what will happen for them in the future, relationships that will continue with their families, their friends and their local communities.

Q77 **Andrew Lewer:** The Government would suggest their response to that is their "Stable Homes, Built on Love" strategy. How do you assess the role of mental health within that strategy? June, you have not talked about this yet because I have not asked you. Do you have other reflections on this mental health topic?

June Thoburn: It is about the universal and the specialist and targeted. Children have a right to a health service as a universal service, as indeed they have a right to a high-quality education service. That needs to be built up for every child and it should be available to your child in your children's home or your foster home. Some of them need this special therapeutic care, perhaps for a short time, and then it needs to be available when it needs to be available, not in six months or indeed two years.

Dinithi Wijedasa: The strategy mentions mental health 14 times—I did a search—but there are no specificities on how it will be implemented. No extra allocation has been budgeted for it.

However, it is important to retain more staff and more social workers. Our research shows that relationships across the children's spheres of developmental context are important. Children's relationships with their carers, their social workers, their peers and their schools are all important in protecting better mental health.

Going back to the questions about identity, placement with siblings is also quite protective. Placement with kinship care is protected. Our survey showed that nine out of 10 children had a sibling but only four out of 10 were placed with one. The numbers and who is placed with siblings do not connect.

I draw the Committee's attention to the Committee's report in 2016, which looked at the mental health of looked-after children and made recommendations that are still not in place. I would like—

Chair: One of the few historic reports of this Committee that Ian was not involved in crafting.

Ian Mearns: It predates me and that is a long time ago.

Chair: We will make sure we dig that out and go through those recommendations. It is important that when Committees make recommendations, they get followed up.

Dinithi Wijedasa: Without changing much within the system, we can do the assessments well and also include children's views. This Committee recommended that this should be part of the six-monthly reviews that children have. It can easily be done because it is part of the statutory system.

Apart from screening for mental health, it should be a developmental contextual screening of all the things that are important for children and their mental health done by the social workers.

Q78 **Ian Mearns:** If the strategy outlines some aspirations but does not tell you how and what with, is it a strategy at all or is it just a list of aspirations?

Dinithi Wijedasa: It mentions the NHS's long-term plans and the universal provision for children, which some children need, but it does not have universal provision right either. Recent research showed that 44% of children wait more than a month for universal provision of mental health support and 26% of those had thought of taking their own life while they were waiting. One in 10 still gets turned away even when they reach that door. There are problems. Children in care have more complex needs if they need that sort of support.

June Thoburn: Also, as a Committee, you looked at the availability of the drop-in counsellor at a school, which is available to any else of your fellow

pupils. It is a crossover between the school, the health service and the targeted specialist needs of the child in care.

Q79 **Chair:** To Professor Jones's point, recognising some of the additional pressures that these children are likely to face and that, therefore, a degree of mental health and anxiety is natural, and the system needs to adapt to that, rather than assume that that requires a referral to CAMHS on every occasion, is important.

Dr Jones: Yes. That bit about schools is important. I am in two schools each week, one primary school and one secondary school.

The secondary school has a hub, which is a safe space for students if they need some time out. They can go and the staff are there to talk with, but they can spend some time there. They get some care, but they have some space.

In the primary school, it is somewhat different. The primary school employs a higher-grade teaching assistant, who is there, again, to give particular time to children who might not be in care. They might be bereaved. Their parent might have gone to prison or might have a terminal illness. There might be domestic disputes back in the home.

The teaching assistant is there for those children and will know and give special time to 30 or so children or any one time. The children will not know who they are yet. Other children not using that service will know that is what they do. It is not stigmatising. It is there on the doorstep. They do not have to have a referral for it. It is available.

It would be good to generalise that and make that available. As an Education Committee with an interest in schools, the crossover here is not just for children in social care but for children who might be distressed at some time for whatever reason.

June Thoburn: It is about normalisation and taking away the stigma. Being in care, I am afraid, is still seen as a stigma. Anything we can do to reduce that stigma is so important to these young people.

Q80 **Chair:** On this conversation about protected characteristics, is there a risk that that makes it more of a stigma than reduces it?

June Thoburn: It would have to be done carefully. It needs to be carefully thought through. Some local authorities are thinking though it carefully. Perhaps we can learn from them before generalising it and saying it must be done for everybody.

Dinithi Wijedasa: Going back to the point about schools, mental health support teams are now available in about a third of the country's schools, but not all students have access to it. It is a universal provision. From what I understand, there are no plans to extend it beyond the 2024 spending period. That sort of provision, as Ray mentioned, would be useful for children in care as well.

Going back to something that was discussed in the previous panel in terms of aspirations and higher education, our surveys showed that around a third of children were not happy going to school. That might be linked to the instability they faced previously before coming into those schools. It is important that children's voices are heard.

Q81 **Vicky Ford:** I wanted to come back before we get to the next topic because of what you said about the importance of stabilising the situation. The idea of kinship care is to give them some time for parental leave from the time they take over. You said 50% of kinship carers are grandparents, but I suspect that within that 50% a lot would be in their 50s or 60s when they take on the child and so would be working. Can we get that data? Can you follow up to give that to us?

Dinithi Wijedasa: We have that data, and we can follow it up with you.

Vicky Ford: That specific recommendation could help us to understand how many kinship carers say that that would have helped.

Dr Jones: Elaine Farmer, a colleague at Bristol University, did some good research. She has done a number of studies around kinship care, which will paint exactly that picture for you.

Q82 **Ian Mearns:** We talked earlier with the first panel about trying to spend investment on early intervention. How can we strike the right balance between protecting children who may be at risk of harm and providing a service that aims to help parents and families first and foremost?

Dr Jones: I will have a crack at that. If you look at the figures, the growth in child protection activity is not because of more concerns about children experiencing physical abuse. It is not because of an increase in the numbers of children who are known to be experiencing sexual abuse. The paper that I submitted has a timeline that goes back to 2008. Those figures have stayed remarkably stable. They have not changed. The big growth has been in children who are of concern because of neglect and emotional abuse.

We had that conversation earlier. If you are poor, if you are worn down, if it is hard to get up in the morning because you are so anxious and depressed and cannot face getting through the day, if you are running out of money for food during the week, if you cannot clothe your children and you feel bad about it, that is how we have seen this growth in concerns about neglect and emotional abuse.

I would not even use the phrase "early help" because that suggests you get it early but that, if it does not get better, you have gone past that and then you are into child protection and into care.

I talk about family health. Indeed, the MacAlister review talks about family health. It is about being beside families at the time when they need assistance, tackling some of the issues around poverty, which are bigger than local authority areas, and making sure that we are there when families

and children begin to struggle. It is not just that you have early help and, if it does not work for you, it goes on to child protection.

We investigate and undertake inquiries into child protection. Thinking of your constituencies, on average, eight per week, there would be over 30 new child protection investigations per month. England has 600 every day, 365 days a year. A lot of them, over 30%, lead to no further action at all and are closed down.

That is a big use of time but no benefit for the family. Indeed, the family now feels threatened and fearful because they have had a child protection investigation. Going back to the conversation we had, we want to be beside families in their communities when they struggle and provide care for their children within their community when at that time they cannot care for them as well.

My pitch—and I heard it earlier—is that I would have a dedicated, specific grant at the moment for local authorities in relation to family help. I would not call it early intervention; I would call it family help. I would make it a specific grant because, if you do not make it a specific grant, it will get drawn into the care budget. You have to protect it in some way and account for how it is used. I would have that.

It has to be sizeable. So much of what we do at the moment is about—sorry, I was going to say "piddling"—small amounts of money, which take a lot of time to bid for and are then closed down in two or three years because they are short-term funding. We do not make a difference. That is wasteful and inefficient. We need a sizeable investment in family help within communities. We used to have it. Sure Start was a good example. We have to reinvent that.

Q83 **Chair:** It comes back to a recommendation that has been made during this and also made previously as part of our childcare and early years inquiry, which takes the family hubs role out and making sure it is in not just 75 areas but every community in the country. That could provide the route. You say that we also need to provide the funding that makes that sustainable.

Dr Jones: Yes, I would extend it. Sure Start was good and successful in a whole range of indices, but I would extend it to five to 10. I would make it a longer period because we know of, in Freudian terms, a latency period in services between five to 10. You get maybe new services that are available for 10 years old plus, you get early-years services from nought to four or five, and you get a gap between. I would expand it to 10. We have a good model. Sure Start was a good model for doing this.

Q84 **Ian Mearns:** For clarity, you mentioned there the number of cases per constituency. Of course, that is an average. In some constituencies, those numbers will be much greater. In some, they will be much fewer.

Dr Jones: Deprivation is the key variable that will determine that. Poorer areas will generate much more demand for children's social care because

it is much harder to care for your children when you are suffering intensifying poverty.

Q85 **Ian Mearns:** I had a funny feeling you might say that, but I wanted to get it on the record. Thank you very much. Ray, how can the Government reduce the stigma of "intrusive and threatening" child protection investigations, as they are described in your written evidence?

Dr Jones: Most of those investigations are about concerns about neglect and emotional care of children, which is about parents who are struggling. Do not see that as a child protection concern; see it as a concern where we ought to be beside parents, helping them to care well for their children. Do not define it as child protection; define it as family help. Make it available in local communities through non-stigmatising services like family hubs, like Sure Start used to be. We need to turn the tide on this drift—this race—towards child protection activity.

Q86 **Ian Mearns:** Can any specific steps be taken so that trust is regained between parents and the children's social care system?

Dr Jones: Make it local. Integrate your teams of community social workers, family support workers and so on with your health visitors in your local communities. Have them based there with their central offices back in town centres and city centres. Get back out into neighbourhoods with multi-professional teams who are recognised in their communities and know their communities with open doors.

June Thoburn: Do not waste money on structural reform, basically. Again, thinking of regional approaches, it will take a lot of time, a lot of energy and a lot of money. Regional services have worked quite well with adoption, but they are special. That took years to implement.

Ian Mearns: From my perspective, I could not agree more. Some things lend themselves to more widespread geographical planning, but this is not one of them.

Q87 **Chair:** I wonder if the balance on that—and I am no fan of regions generally—is around the need to try to pull in, particularly when we are talking about children's homes, a closer-to-home approach to commissioning and to be prepared to look across boundaries to find solutions if it avoids people being sent much further away versus the desire to keep things as local as possible.

June Thoburn: Local authorities can help each other. I come from Norfolk. I know that Norfolk and Essex work well together. You do not need a structure to make local authorities help each other. You will hear from the LGA—

Ian Mearns: Is that because neither of you have talked about Suffolk?

June Thoburn: It does fine on this. I do not wish to upset my Suffolk friends.

Q88 **Chair:** You heard the debate from the previous panel around the strategy

on early intervention versus focusing on children in the system. Is there sufficient focus on early intervention in the Government's response to "Stable Homes, Built on Love"? Ray, you argued that they were focusing on the wrong type of early intervention, perhaps, but I do not want to put words into your mouth.

Dr Jones: The Government's response is piecemeal. It is patchy. It sets up a load of new short-term initiatives in a small number of areas. That will be wasteful because people have to put in their bids and spend time bidding for sums of money that last for only two or three years. They will start things up and recruit staff, which takes six months. Then you run it for a year or 18 months and you have to start closing it down again. It never gets rolled out. No one sticks with it. A new idea will come on the block. Another great idea will arrive, and we will just churn it around. Calm it down. Get the core stuff right. Do not do the exciting stuff.

Q89 **Ian Mearns:** Over the years, Ray, how many pilots have we seen that run, never get evaluated and never get rolled out? We never see the outcomes from all these pilots over the years.

June Thoburn: Or they get evaluated at vast expense and we ignore the evaluation.

Chair: We ignore the learnings. Vicky, did you want to come in?

Q90 **Vicky Ford:** As an Essex MP, one of the reasons Essex Council went from failing children's services to outstanding—and it is now the only local authority that has retained its outstanding rating three times now—was its focus on early intervention. It said that Sure Start did not work and that the Sure Start centres did not necessarily get to the families that needed support.

It has used the family help service, which I visited in my constituency last week and was the first family hub on the mainland UK. There was one on the Isle of Wight beforehand. We can learn lessons about the way that family hub service directs different families, including children in care, to different types of support.

If we say that some local authorities do it well, we also need to understand why they do it well and not necessarily go back to models that did not work.

Dr Jones: You probably do not have time, Chair, but sitting here just now was the chief executive of Barnardo's. I used to work with Barnardo's.

When we set up family centres quite a while back now, we used some as community centres with open access. We found that those families needed to have targeted programmes as well within their overall provision for those families that needed sometimes challenge and sometimes more help.

On the other hand, we set up family centres that were referral-only child protection centres. Within their communities they identified other people who needed help and so expanded out into community provision while retaining their core services as well. We need both.

Q91 **Chair:** That outreach element is absolutely crucial. Like Vicky, I remember some of the concerns around Sure Start in my patch. Even people living on the same road as the centre did not necessarily access the services. It is around how to reach the right people with the approach and how to make sure it is sufficiently targeted.

Also, what else should the Government do to support struggling parents? It is a broader question in that respect. We have been given some written evidence about trying to come up with positive parents' programme. I remember Frank Field speaking interestingly about parenting education back in the day. Should the Government do more on that front? How do we provide parenting support without perhaps some of the stigma that means that people tend to resent it in many cases?

Ian Mearns: We used to have that.

June Thoburn: It is not a magic answer. As a researcher, I have come across families that have said, "I have done three parenting programmes, and they were nice". Thinking about Norfolk, it is quite difficult if you live in certain parts of a rural county to turn up for 10 sessions somewhere or other. Some of these programmes need to be delivered one-to-one in the family home, particularly if geography—or indeed poverty—makes it impossible. If you are a single dad, it could be impossible to turn up to five sessions. Some of them are too rigid, but they must be part of what is available.

Dinithi Wijedasa: I totally agree with what June said about poverty. In England, 29% of children live in poverty at the moment. Poverty can have an impact on parenting. Some 71% of these children are living with families in working households. We know that there are disabilities and lone parents as well. Those are all constraints that will be placed on parenting. These wider issues need to be addressed when addressing parenting in the households as well.

Dr Jones: I have three things. First, change some of the things that have been introduced in the social security system. Get rid of the two-child benefit cap. Get rid of the cap on the housing benefit for people who cannot afford their housing costs.

Secondly, change the narrative. People who are poor, who struggle to cope with their children and care for their children, are not bad people. They are going under. Change the narrative.

Thirdly, think of some of the universal things that we used to have available that have been cut back like health visiting services. We talk about specialist parenting programmes but, if you are a parent who is anxious and maybe has not had great parenting yourself and do not know how to do it well, health visitors used to be beside you. We have decimated the health visiting services across the country.

In addition to the specialist provision that we might provide through family hubs or family centres or whatever, tackle some of the poverty issues,

tackle some of the narrative issues and make sure the universal provision of health visiting programmes is resurrected.

Chair: Thank you very much. That concludes our evidence session this morning.