



Education Committee

Oral evidence: Children's social care, HC 372

Tuesday, 30 April 2024

Ordered by the House of Commons to be published on 30 April 2024.

[Watch the meeting](#)

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

Questions 238 - 313

Witnesses

[I](#): Katie Ghose, Chief Executive, Kids; Stephen Kingdom, Campaign Manager, Disabled Children's Partnership; and Tina Emery OBE, Co-Chair, National Network of Parent Carer Forums.

[II](#): Annie Hudson, Chair, Child Safeguarding Practice Review Panel; Professor Michelle McManus, Professor of Safeguarding and Violence Prevention; and Yvette Stanley, National Director, Regulation and Social Care, Ofsted,



Examination of witnesses

Witnesses: Katie Ghose, Stephen Kingdom and Tina Emery OBE.

Q238 **Chair:** Welcome to today's session, which is on children's social care. We will be taking evidence from two panels this morning, the first of which will be Stephen Kingdom, campaign manager at the Disabled Children's Partnership; Katie Ghose, chief executive of Kids; and Tina Emery OBE, co-chair of the National Network of Parent Carer Forums, a community interest company. Thank you very much for coming this morning.

First, how effective has the Government's children's social care implementation plan for stable homes, built on love, and the SEN and alternative provision improvement plan, been so far in improving provision for disabled children?

Stephen Kingdom: Probably the answer is not very. We don't know, to a large degree. It is quite difficult; it is not very transparent to see what has happened. There was a lot we could welcome in both plans but there wasn't as much investment as we would have liked to have seen, particularly on the social care implementation plan, where there was not the level of investment that Josh MacAlister's review had asked for. At the moment, it feels like there has been a lot of setting up of pilots and pathfinders and we have not yet seen the impact of that on families and their lives day to day.

Q239 **Chair:** Okay. So it is early days and a lot that is piloting rather than doing it at scale. Katie, do you agree with that?

Katie Ghose: I agree with that. The plans aren't effective in improving the situation here and now for disabled children, young people and their families who are facing enormous challenges. They are on multiple waiting lists and facing lack of access to childcare. Only 6% of local councils say they have sufficient childcare for disabled babies and toddlers. Wraparound services are falling by the wayside, disabled children are not in school and it is that early support that is not being put in place. There are good plans and intentions. The right support, right place, right time, as the Government says, is the right ambition, but here and now there is a crisis and that needs to be fixed right now.

Q240 **Chair:** I see you nodding, Tina. From the parents' perspective and the parent carer forums' perspective, it sounds like you see a similar picture?.

Tina Emery: Yes. I think the stable homes is a bit of an issue for our families. Our families want stable homes and seek support but do not get it. Often children's social care is split into two, so you have what I would call normal children's social care and then you have the children with disability teams, and the two don't talk. If you are on the pathway, if you are on a waiting list to get a diagnosis and your child has got challenging behaviour, for instance, and has no diagnosis of autism or ADHD but is on the pathway, you get put into the normal children's social care and it is



instantly about safeguarding and parenting courses, when what they want is the support at the right time, as Katie says.

I think the ambition is right but the here and now is not happening. Lots of people are thinking ahead and are testing—we have lots of testing as part of the SENDAP work, of which social care will be part—but it is not happening here and now. The number of families that we know that are in crisis, that are really struggling just to go to work, for children to go to school, to get childcare put in place—it is a real struggle. Parents just want support and strategies to help their child, not to be told that they are a bad parent and they need to go on a parenting course, which is what it feels for them.

Q241 Chair: What would you have liked to have seen from the plan to address that? What would make the biggest difference for each of you around an early intervention—something that could be done swiftly to support parents better in this space?

Katie Ghose: I have an example. In Wakefield in Yorkshire we are running a holistic crisis intervention for families who are stuck on waiting lists, with young people with autism, neurodevelopmental disorders, and we are attending to the needs of those families right now. They might be coping with behaviour that really challenges; they might have got to a crisis point. We give all sorts of practical things. It might be supportive phone calls with the parents; it might be parenting workshops—whatever it takes. Of the 100 families who describe being in crisis when they reached our charity, only six felt that was still the case after 12 weeks accessing the services.

This is about really good joint working with the statutory agencies, the commissioners and charitable providers and, crucially, looking at the parent and the whole family in front of us and saying, “How can we support you out of the crisis situation?” I think the Children’s Commissioner’s Office came and saw it, was really enthusiastic and said, “We need this everywhere, frankly.” There are some relatively low-cost interventions that can make a real difference in communities.

Q242 Chair: What sort of resources does that hub then need access to to be able to do that? What expertise, what ability to call on others to help, does it have with that set-up?

Katie Ghose: What makes a real difference is having the mainstream workforce—your GPs, teachers, generalists—and enough SEND knowledge, and then your SEND specialists who are working directly. We have fantastic parents with lived experience who are supporting other parents with their expertise. That is what we really need in the local community. Also, it is about the positive attitudes, because all children are brilliantly unique and parents of disabled children are fighting tooth and nail. They want to be getting on and having fun with their kids like we all do. They are battling the bureaucracy and what they say is that positive attitudes can make such a difference. We are here to support



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you. We are here to help you. I think it is a real mix of things but we know it can work when we have that positive attitude and the multi-agency working really being put into practice.

Q243 **Chair:** Tina, any thoughts beyond that about where the biggest bang for your buck is with early intervention?

Tina Emery: I think it's about joined-up working, as Katie says, and a multi-agency approach. Often I have conversations with commissioners in local authority areas who say that they are struggling with the numbers of children with EBSA, for instance, which is emotionally based school avoidance. They are looking at strategies. That is fine, but this is not just an educational system issue; it is also a health issue and a social care issue, and we need that joined-up working approach.

As Katie said, it has to be led by the families. The families really want strategies to understand their child. When you have a child, you can find handbooks all over the place for how to parent a newborn for instance, but if you have a child with a disability or you think that your child has a disability, there are no handbooks for that and no way of navigating the services. It is very, very complicated. Often people who work in those services are also struggling to figure out who needs to work with them at what point. While we are talking of thresholds, and they don't meet social care thresholds and all that, while that is all happening—and don't forget there is a huge number of vacancies across social care as we talk about this—families are getting worse and worse and worse.

Unfortunately, until you get into crisis, that is often when the support comes in and it is the wrong type of support. Families need that support much earlier and they need strategies on how to understand their child with neurodiversity or any other condition that comes into play. They do not get that. It is very much about safeguarding and often safeguarding is an issue when it is too late. They need to get in much earlier.

Q244 **Chair:** Stephen, any final point on that?

Stephen Kingdom: I agree with both Katie and Tina. I am bound to say that I think more investment is very important. We welcomed the short breaks innovation fund, which came in before the implementation plan, and seeing that expanded would be helpful.

Building on Tina's last point, I think assessment and looking at how assessments are done is important. Look at the work of Professor Luke Clements on institutionalising parental blame, where social workers are going into families where there is no evidence of abuse or evidence of safeguarding issues but they are going in and doing the same sort of assessment with the same assessment forms that they would for families where there were concerns about neglect or abuse. That is stigmatising and inappropriate for families who are looking for support.

Q245 **Chair:** Is there a challenge here—we are doing this to a certain extent with this inquiry—with lumping disabled children's social care in with all



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other forms of social care? That is inevitably going to lead to that kind of challenge. Is there a conversation we should be having about labelling it differently?

Stephen Kingdom: Yes, I think there is an issue there. I don't know what the answer is. My personal view is probably to separate, but that is not a Disabled Children's Partnership view. There are pros and cons, but that is why we welcomed the Law Commission review. That is an issue it is looking at and we were pleased to see that as part of the plan.

Q246 **Vicky Ford:** It is absolutely wonderful to see all of you here today. Tina, it is lovely to see you on the screen. Could you speak loudly? I have learned that whenever Tina speaks it is worth listening to, especially on the parent experience.

I want to talk about being able to access the services but, quickly, on what you just said about this course in Wakefield, Katie, if you were taking 100 families who all said they were in crisis before and at the end of the course 94 of them said they didn't feel in crisis, that is amazing. Who funded that?

Katie Ghose: I would have to check the exact details because the funding has changed over the course of time, but we have basically been working with local authorities and health agencies. I would be very happy to—

Vicky Ford: It will have been state funded?

Katie Ghose: It was state funded, yes.

Q247 **Vicky Ford:** Good. Lots of families say they struggling to get respite care, they are struggling to get long-term care, they are struggling to get support and advice, and I know there is no textbook. Do you agree? What do you think are the reasons? Is it because the pandemic created more need? In which case, do you think we will see this come down post-pandemic, with less need? Or do you think there is just going to be more need?

Katie Ghose: There is going to be more need. It is a good thing that we are getting more awareness as a society about differences. We are moving away from a one-size-fits-all lens on things, so there is going to be more need as we learn more about different disabilities and special educational needs. There is also more need because it is fantastic that more children are living now with complex needs than they have been able to, which is just brilliant.

Yes, we are still picking up the pieces from covid and the glut of waiting-list issues is partly related to that, but it was a problem before covid. The simple answer is that need is going to go up. That is not a bad thing. It is about how as a society we meet each other's needs.

Q248 **Vicky Ford:** Okay. Are there any other comments on why it is so difficult to access services? Is there a postcode lottery?



Stephen Kingdom: I want to make a quick comment on the pandemic point, because I think the parents we speak to would not forgive me if I didn't. When we researched the pandemic and the impacts during and after, every time we spoke to parents they made the point of saying the pandemic has made things worse but it has not created these problems. The system was in crisis across education, health and social care before the pandemic. We shouldn't say it is because of the pandemic.

Vicky Ford: No, but it has amplified the need.

Stephen Kingdom: Yes.

Tina Emery: I don't think it has. I think the issue is that you have a workforce that has vacancies everywhere and there is waiting lists. There were waiting lists before the pandemic. There are some families that are waiting for a diagnosis that have been waiting since way before the pandemic and are still yet to be seen. As Katie and Stephen have both said, there are some families that have been waiting since just before the pandemic and during but actually the issues were there way before. It is around making sure that there is that joined-up working approach, which doesn't happen. There are so many families that are waiting for a carer's assessment, which doesn't come. Often they do not meet the criteria for a carers assessment but are crying out for it. Yet then families end up in crisis because they are just waiting for a diagnosis.

We have to be open and honest about that diagnosis. Often it doesn't open any more doors to services; it just means that people understand what they are dealing with. Schools often are the ones that push families down the pathway to diagnosis so they understand what they are dealing with. It is the same for families. Families want that as well, but often what we then see in the conversations we have with families is that they have the diagnosis for high-functioning autism, for instance, but that doesn't open doors for any more services.

I think it is about working together. It is about health working together with education, education working with social care, and it is about that wraparound support. Often I have discussions around the whole-school approach with children. It starts from the moment that child gets up to the moment that child goes to bed and everything and anything in between. We can only do that if we all work together, including helping families with the right tools, to have strategies that work for their families. That is key. It is an open-ended conversation that everybody is part of.

Q249 **Vicky Ford:** Tina, hold on a second because that some of my colleagues are going to ask about that. On access to short-term respite and long-term residential, is there just not enough of it or are there other barriers?

Tina Emery: I don't even think it gets to that point with respite. It is about the things that happen beforehand. Yes, respite is a major issue. We were talking as a group earlier on this week about direct payments.



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Direct payments get offered, yet families cannot fulfil those direct payments because they cannot get a direct payment worker to look after their young person—their child and young person. While they might get money from local government, they cannot fulfil the need because no one is there to support the family.

Vicky Ford: There are lots of barriers.

Tina Emery: Yes. If you have a younger child under the age of eight, often they can't do short break activities on their own because insurance doesn't cover them. There is a lack of activity providers for those short breaks. Then there is respite and direct payment workers will only work with specific age groups. If you have children who are younger or slightly older—those with pre-teens will often struggle with finding a worker who will support their families.

Again, the families are really struggling, yet the facilities are not there to support. Local areas are trying their best, but if they are not there to support them it becomes a bit of a moot point and becomes very messy very quickly for these families.

Q250 **Vicky Ford:** I would like to move on to recruitment and retention. We hear in a lot of sectors at the moment about issues to do with recruitment and retention. How are recruitment and retention issues, as well as the availability of placements, affecting disabled children getting support?

Katie Ghose: There is a workforce crisis affecting short breaks that we have heard about, but there are a number of workforce crises across other parts of the support system too. For example, the early years workforce is in crisis. I have mentioned the fact that you are very unlikely, if you have a disabled baby or toddler, to be able to access a nursery place or a childminder, which is a disgrace. That means you are less likely to be in childcare because you have a disability. That is in part because the workforce with the SEND specialist knowledge and the resourcing isn't there in order for there to be confidence in the nursery settings to take a disabled child. I think workforce issues are everywhere you look really and they are a big part of the picture.

Q251 **Vicky Ford:** Are there any other comments on recruitment retention other than early years?

Stephen Kingdom: As Katie said, it is across the board. It is about personal assistants, specialist staff like therapists, speech and language therapists, occupational therapists, educational psychologists. There is a crisis across the workforce.

Q252 **Vicky Ford:** Is it because there is more need? We know there are more people working in a lot of these sectors. Tina is shaking her head.

Tina Emery: I don't think it is. It is almost like we are fighting fires all the time. I think this was always there, even years before the pandemic.



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I don't think it is a case of there being more need necessarily, but we are thinking about it much later so that the needs of those families become greater. I am sure that Stephen and Katie might add to that.

Q253 Vicky Ford: What I mean is that we know there are more children with special educational needs and disabilities, and the workforce has grown in a number of areas, but it just has not kept up with the growth in the number of children with needs. Is that correct?

Tina Emery: I don't think there are enough people on the ground to deal with this. The 209 ed psychs who are funded by the Government each year is not enough. It needs to be at least double that. Also it is about staff retention. Ed psychs, for instance—and this is just one element—leave the profession and go private because they can't do this non-statutory stuff, the nice stuff where they go in and support a child much earlier on.

Ian Mearns: We know that there are vacancies across the board; that has been said. I think we need to quantify that. This is an evidence session for the Education Select Committee looking at children's social care and we need to quantify what those vacancies look like—what the numbers look like. If you have any information on that that you may not have at hand today but can supply us with, please do that. That is important.

There is also an element of this where we know that there are vacant posts. If there are vacant posts, that implies that the resources are there to employ those people, but it might be that there are vacant posts but not the resource there to employ additional people who are also needed. If you have any evidence of that and quantify that as well, that would be extremely useful. We could magic some additional qualified professional bodies out of thin air and say, "Well, here are the people that you need," but would the resource be there within the organisations concerned to employ those people, to put them to work? That is an important question as well.

There is one other aspect to it, slightly going back to the previous set of questions: when we are looking at social care for children, we are looking at social care for families. I am really concerned that there is good enough liaison between children's social care and adult social care to make sure that the whole family is being looked after in a cohesive way.

Q254 Vicky Ford: Sorry, can I go back and finish? Ian, I agree with you about wanting the data of which particular areas you would like us to look at where there are shortfalls. However, I do want to complete the questions that I am asking and I am sticking very closely to the questions that we have allocated.

What I would like to know is what more you would like the Government to do? We know the Government is now funding 400 more ed psychs to be trained. You mentioned early years; I met somebody recently who was going through the early years SEND training and thought it was fantastic.



What more actions would you like the Government to do?

Katie Ghose: The first thing is to have the political will and the leadership at the top of the Government and across the Government that is prioritising disabled children's support and care. We want to see as part of that a Minister for SEND with cross-cutting clout and accountability, and to drive that joint working of education, care and the social side of all those different aspects, because we are talking about children and family members who interact with lots of—

Q255 **Vicky Ford:** How is that different from the Minister for Children, Katie?

Katie Ghose: Well, that is held at a junior level. We need to have seniority in this. If we think something is important, we should treat it in that way. We were delighted to welcome the Prime Minister to one of our inclusive nurseries and it was fantastic to have that engagement. That needs to be translated into accountability.

Q256 **Vicky Ford:** You would like the Minister for Children to be a Minister of State?

Katie Ghose: Yes.

Q257 **Vicky Ford:** Okay. We can definitely make that recommendation. Are there other specific actions you would like us to recommend?

Stephen Kingdom: It is not just about being a Minister; it is also about having proper purchase across Government Departments. The role of getting health for the table is something that is consistently—

Vicky Ford: Yes, I understand.

Chair: We need to make progress, Vicky.

Vicky Ford: Yes. Maybe you will come in on some of the other questions if you think about that specific question of what you want the Government to do.

Chair: Resourcing across Departments is important.

Q258 **Mohammad Yasin:** We all understand that the disabled children's social care sector is under huge pressure. How is this pressure impacting parents who care for the children?

Tina Emery: It is pressurising the parents an awful lot. I know of lots of parents who ask for a carer's assessment because they are struggling to meet the child's needs. They are struggling on many levels, including on how to maintain work, which I am sure we will touch on in a second. Actually they get turned away for carer's assessments. It is a fundamental right that if they care for a child with additional needs, they should be having access to carer's assessments. That does not happen across the board. It is a bit of a postcode lottery. It is also a bit about relationships and getting to know to know the families. Often that doesn't happen either. It has left families thinking, "Well, where do I go or where do I go for help and support."



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Parent carer forums, of which there are 153, are struggling with capacity and trying to figure out how best to deal with the health and wellbeing of their members. It becomes a real issue and something that we have discussed at length over the many years that I have been part of our organisation.

Families just don't know where to turn. Often they will get pointed down pathways, they will get pointed down to CAMHS, all of which have criteria that need to be met, all of which have huge waiting lists. Sometimes they will get bounced around the system. They will go to somebody for help, they don't meet the criteria, so then they get bounced somewhere else, and they don't meet criteria there so they get bounced somewhere else. It is the wrong place or the wrong door. They have to retell their story all the time that they go through these doors and it becomes a real nightmare for them.

As I said, trying to maintain all that while they are trying to work is difficult. Sometimes they get carer's allowance if they apply for DLA, which also is a struggle to apply for. It is not easy. Then they are in that remit of only earning so much money per week; otherwise, the allowance gets taken away. There are issues around other benefits like universal credit and other things. It is just a minefield for families to try to sort out.

Claire Coutinho MP came to our conference a year ago and said that her constituents come to her with issues around SEND and the information that they carry around can be weighed in kilos. That gives a good testament to what families face every day. They have to literally be almost like a bookkeeper, accountant, and admin for their family. The evidence that they have to keep and provide literally can be weighed in kilos. It is a massive undertaking and it is a real struggle. Families do struggle with that; it affects their mental health and their general health. They often put themselves second and then they have lots of underlying health conditions, which can be quite serious and an issue to a family if ultimately the main carer is not being cared for.

Q259 Mohammad Yasin: Many of the parents who provide care to their children have to leave their jobs. What are the consequences for those families?

Tina Emery: Living in debt and deprivation, in all honesty. The number of families we speak to that have a growing debt—it costs a lot to have a disabled child in additional equipment, heating, and sometimes they don't know about the benefit system. We work closely with an organisation called Contact, which Stephen and Katie also work with. They provide a helpline that is free for families. Overwhelmingly, the thing that is most talked about is benefits, because they can't maintain their work life, which is also their social life, it has to be said. To work often isn't just about money; it is about going out somewhere, talking about things other than their children, and having to deal with things other than their families. Sometimes that is their respite. That is all they get. It is not great for their health and wellbeing if they can't work either.



Q260 **Mohammad Yasin:** How could they be better supported to enable them to carry on their work?

Tina Emery: Interestingly, if you have a direct payment, you can't use it towards childcare so you often can't employ a direct payment worker. I am sure it is not the same for all local authorities because each local authority has different rules, but you are not supposed to use that worker as being able to go off and work. That is about you being at home and having time away from your child and that worker will then utilise the money paid to take them on activities or do something within the house, or do post-16 things, preparing for adulthood.

More can be done to support families to live a life. It is not even a normal life—it is a life. I think that is very tricky for our families. More needs to be done to support the family about what they want to do and how best to fulfil them and to make them feel like they are other than a carer. Everybody is an individual, yet it seems that the more that they care for their families—which is a natural thing to do. I am a parent carer, I have a child with additional needs, I care for my son, but I am here and I have an identity. A lot of families are not that lucky and do not have an identity of their own. It is a real issue.

Katie Ghose: I will add that what we need is the childcare system, the benefits system and employers to be working together flexibly enough to enable parents of disabled children to go to work. The other point is that the economy is losing out on the talents, which are numerous, of parents of disabled children. They bring huge skill in navigating systems, and a lot of medical expertise alongside other professional skills. I think that is what needs to happen. This is where the expansion of childcare, which is welcome, has to mean an expansion in places for every disabled baby and toddler.

Tina Emery: To add to what Katie said, when we talk about expanding childcare, we mean into primary and secondary school levels. Often childcare is for younger children but we need to expand that. Often after school clubs are not available to children with additional needs. It is a real struggle. I do think as well it is doing the Government a disservice. Lots of families end up on benefits, which is not where they want to be, but they have no choice. As such, they are earning less money and have left probably really good jobs or jobs that would give them a sense of wellbeing and a sense of self. The Government needs to work more closely, as Katie says, across the piece to support these families. Otherwise they will end up in the benefit system because they have no choice but to do so.

Q261 **Mohammad Yasin:** Many parents of disabled children responded to the independent review of children's social care expressing concerns about the experience when they tried to get help for their children. Parents said that there was often a focus on safeguarding during assessments rather than on the child's disability-related needs. Do you agree with this, Katie?



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Katie Ghose: Yes I do. We hear this time and again from parents. What we want to see is a lens of risk and need, rather than assumption. Stephen said earlier that there is a safeguarding issue there. Safety must come first, but the lens through which we look at this should be support first of all.

Stephen Kingdom: Very much so. This is what families tell us all the time that they are blamed and they are not supported. They are blamed—it is their fault their child's needs are not being met. I was talking last week to parent whose son tragically died—on the anniversary of his death on Friday. She said that when he was in school he had three-to-one support but when he was at home she was on her own and was blamed for not being able to support him. In other circumstances people recognised they needed more support, yet that support was not available to her at home. That is a specific case that shows that the whole perception of how parents are viewed by the system does not recognise their reality and comes from a lens of safeguarding and a lens of blame.

Q262 **Mohammad Yasin:** Evidence has reported that parents with learning difficulties are 55% more likely to have the children taken into care than other parents.

Chair: Times more likely, I think, rather than per cent.

Mohammad Yasin: Do you think that these parents are reluctant or they don't report the issues early enough? Because early intervention is very important.

Katie Ghose: Did you say disabled parents?

Mohammad Yasin: With learning difficulties, yes.

Katie Ghose: We are there very much to support disabled children and young people. Working with disabled adults and parents is not a specific area of our expertise.

Q263 **Mohammad Yasin:** Tina, did you hear my question? Do you have any view on this?.

Tina Emery: Did you say disabled children?

Mohammad Yasin: I said parents with learning difficulties. They are 54 times more likely to have their children taken into care than other parents. There is a thought that the difficulties disabled children are facing may not be reported early enough.

Chair: This also goes back to Ian's point about the join-up between adult social care and children's social care.

Tina Emery: If they have a learning disability they should be or may be known to adult social care. If they have a learning difficulty—so dyslexia, dyspraxia; there is a difference between language here—they may not be known to adult social care. I think there are several elements for me for



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this. One is that some families are scared to get social care involved because actually it is around safeguarding, they know this and there is a reputation around that. Ultimately, they are worried from the off that their child would be taken away from them.

Secondly, it is often a case of families don't know where to go and then when they do, they get turned away. It goes back to that point we made much earlier that families are left to go into crisis because they don't meet criteria elsewhere. We definitely need to get in much earlier, but also for social care to actually care. It tends to be around safeguarding rather than caring and figuring out what the family needs to survive, and to operate smoothly and correctly. Often what happens is it becomes a safeguarding risk assessment first, before support is put into place.

I get that we need to be careful because of cases of children who have died—very much recently during covid, when we had Star and Arthur and all those children. We get that, but we do need to take a wide-lens view on families. Sometimes they will go in and do a key piece of work for a lower tier in social care. For tier 2, which is much lower, they will only work with a family for six weeks and then they think that everything is hunky dory. After six weeks, they leave and the skillsets are not embedded at that point, so they have to go back in. If you have an adult parent with a learning difficulty, it might take a little bit longer for that information to be retained.

Q264 **Mohammad Yasin:** What help do those parents need? How can we better support those parents while their children are getting—

Tina Emery: It is about a joined-up working approach, Mohammad, at the end of the day. The services do not work together. It is very much in silos and children's social care often do not talk to adult social care. The number of families that don't need children's social care throughout their entire time and the child reaches adulthood and is suddenly known to adult services is massive. Why don't social care talk to each other? Often they have different computer systems within a local authority area so the two systems don't even talk together—they don't match, the information is not freely available. Then we are also not involved in health and we need to involve all agencies—education, health and social care together. It is the only way that we can do this.

Q265 **Mrs Flick Drummond:** I am coming on to personal budgets. We have heard a little bit about direct payments. Stephen, in your submission you stated that they are good things—Contact did as well—although I think they are insufficient to meet costs. I wanted to know a little bit more on your feelings about direct payments.

Stephen Kingdom: In principle, direct payments are a good thing, giving families control, choice and flexibility on how to support their children and their family. There are three things that need to be in place for them to work. First, they need to be sufficient. Second, there needs to be the provision to buy. There is not a lot of point in getting a personal



budget to employ a personal assistant if there are no personal assistants that you can employ. Thirdly, they need to be flexible. If you are given a personal budget but the local authority puts strong constraints around how you can spend it and claws it back if you don't use it in the right way, there is not a lot of point in having the flexibility that a personal budget gives you. They are a good thing but those things need to be in place.

Q266 Mrs Flick Drummond: How common is it that local authorities put restrictions on? Can you explain what sort of restrictions they would be?

Stephen Kingdom: It is very straitjacketed: "This is a personal budget which you must spend on X." Particularly when there is a case where there isn't a personal assistant available but there might be another option you could use that money for, the response from the local authority is, "No, this was for a personal assistant so you can't spend it on a day out, which will give you a break in a different way," or whatever. I don't have stats to quantify that but that is the kind of anecdotal stories that we hear from parents. Tina and Katie may have more to add.

Katie Ghose: There was more flexibility during covid and we would like the Government to look at reintroducing that level of flexibility so that families can get that support in place. Also, they are not for everybody. Some families tell us they feel pushed towards that and they don't actually want to be an employer. We need flexibility within the system and then without as well. They are not right for everybody.

Tina Emery: I agree with Katie and Stephen's points. During covid, for instance, you couldn't go out with your PA, so moneys were being saved. Families were getting a little bit frustrated and worried about the clawing back of that money and not having the time in respite. Local authorities were quite flexible in their approach, so you could buy a trampoline for your garden, for instance, so that a person could go for a bounce and wear off some energy and feel safe doing it in their own homes. That stopped as soon as covid was finished. Hiring a PA or a direct payment worker is quite difficult.

As Katie has alluded to, being an employer—having liability insurance, paying tax and insurance and national insurance for your worker—is really difficult. Touching on Mohammad's point, if you have somebody with learning difficulty that can be even more of a minefield for families to follow. Even when you use a third party, as a local authority will sometimes offer, to pay these workers through, the system itself can be very complicated. You think it would be simpler. Families often get in a mess and feel like it is not worth claiming for because the worry of not paying somebody the right amount of tax or not having the right amount of money in their account to pay somebody is a bit nerve-racking for some families.



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It needs to be a flexible system that is simple to follow. Again, it goes back to my point of a parent being an accountant, a financial adviser, an employer and also navigating other systems. It is just very complicated to do.

Q267 Mrs Flick Drummond: Does it normally cover the support that they need, or is it very clear that it is not covering the amount? Do local authorities restrict the amount you are getting or do you get enough for the support you need?

Tina Emery: It can vary depending on what the agreement is. Often they will give a set amount of money but that might not cover a lot of hours. It depends on how much an hour the DP worker or PA is offering. Like I said, there are not many around who will do that kind of work anyway. They are very few and far between.

Q268 Mrs Flick Drummond: Are they easy to access? Do all local authorities have a clear pathway if you want to have a direct payment type scheme?

Katie Ghose: It is a variable picture with so many other bits.

Q269 Mrs Flick Drummond: It is variable again, okay. There is no standard throughout the country and the local authorities decide what they are going to do.

Stephen Kingdom: Like all parts of the system, it can be very difficult for parents to navigate—the availability of information and that support.

Tina Emery: Often to get a DP worker you have to have a carer's assessment and often that doesn't happen. Again, we have lots of families who might want this but don't meet the thresholds for a carer's assessment.

Q270 Chair: You mentioned clawbacks, post-covid. Has that been a big issue for families in the amounts that may have been stored up and then threatened to be clawed back? Or have councils generally taken a pragmatic approach to that?

Stephen Kingdom: I don't think we have a complete picture. I think it is another varied postcode lottery issue where some councils have been more draconian than others.

Q271 Chair: I have had some casework on it and have generally found that when I have taken issues up on that front, the local authority has been reasonable in its response, but I would certainly want them to be able to show that support for families wherever possible.

Stephen Kingdom: Again, anecdotally, I think sometimes that is what has happened. The initial response is, "Computer says no, give us the money back," and there is more flexibility when pushed. Parents really should not be having to battle like that. How many pay back without us knowing because they don't complain?

Q272 Nick Fletcher: Ofsted currently inspects disabled children's care through



local authority children's service inspections, the social care common inspection framework and local area SEND inspections. We will be speaking with the national director of regulation and social care from Ofsted later, but what is your assessment of the value of Ofsted inspections for disabled children's social care?

Stephen Kingdom: My impression is that the children's services inspections often don't focus strongly on disabled children and leave it to the joint area inspections. I am very concerned about examples where there is a real disconnect between the two.

In 2022 Kent children's services were inspected in May and found to be outstanding, yet in September Ofsted and CQC went back in for a follow-up visit after their previous local area inspections and found that insufficient progress had been made on the action points from the previous inspection. We had the same authority being told it is outstanding and effectively told it is failing at the same time. There is a disconnect between the two that is concerning.

Nick Fletcher: How does that happen?

Stephen Kingdom: I do not think the children's services inspections have a strong enough focus on disabled children because that is left to the local area inspections, which—I do not know if this is fair or not—to me do not feel as high stakes for the local authority as the children's services inspection.

Katie Ghose: Short breaks in the community are not regulated at the moment, or regulated in a similar fashion as other services such as care in the home, even though short breaks can be very high-risk services to run. That is something that we would like looked at with Ofsted and others as part of a holistic look at the inspection regime.

Q273 **Chair:** Do you think providers of short breaks would welcome that? A lot of those are quite small providers; is that a conversation that is going on within that sector?

Katie Ghose: I do not know if it is a conversation that is going on. The fundamental problem with short breaks is that they are in very short supply. My charity is withdrawing from short breaks all over the show because the local authority cannot pay the price to run a safe short break. That is the more fundamental problem rather than the regulation and inspection of them. I think it is a conversation worth having so that we are being consistent about these things when we are running services that do have risk and need in them. It is important that they are regulated and inspected consistently. It will be about how we have that conversation and how we could be proportionate about it, but there is a more fundamental issue at heart here, which is whether we will have any short breaks left at all.

Chair: And we pay for them, fundamentally.



Nick Fletcher: Tina, would you like to add anything to that?

Tina Emery: No, I think Katie and Stephen have said it beautifully. I think the fundamental issue is that we have not got enough short breaks nationally, and those with the innovative fund are doing well but it is not enough and we need to be much wider. Stephen has very helpfully shared, and Katie shared this on Twitter, the fact that one of the things that came back was around short breaks. There were not any unless you are part of an innovation fund, and families are struggling with the basics that are often at a much lower threshold than direct payments. If families without direct payments cannot access short breaks, we know we have an issue.

Q274 **Nick Fletcher:** In the next panel the Committee will be raising the Hesley Group and what has happened there. There are obviously huge concerns and there is a police investigation going on with the absolutely terrible things that they have said have happened there. It is unbelievable that any individual could do that. One of the main issues I have come across, because they are in my patch, is the fact that children are being placed away from home. Obviously it is a lot more difficult for parents and carers to get to see their child. Other than the abuse that has happened there, which we all agree is terrible, what other issues are there with placing children away home? I think one of the children was 94 miles away from home, which is extreme. Not everybody has a car; in fact, many people do not have a car, so this is difficult. What other issues are there with placing children so far away from home and what can be done about it?

Katie Ghose: I am not a provider of residential services but the thing I would like to say is that we should have this ambition and commitment for all children wherever possible to be part of their local community and their home life. That is what we want for all children; why would that be any different for a child with a disability or a special educational need? That should simply be their right. We simply want to see all the legislation and the policy and resourcing working together to make that a reality for every child.

Nick Fletcher: Would you like to add anything, Stephen?

Stephen Kingdom: I absolutely agree with what Katie just said. Fewer children should be in these kind of institutions because they should be better supported in the community. It is about all the things we have talked about: the access to short breaks and access to other support, and early intervention, so that children can stay in their family homes with the right support around them. There seems to be an unwillingness to put support into families homes, and rather wait for the family to fail and then take the child into an institution, which costs more and produces worse outcomes.

Q275 **Chair:** It has less visibility if it is further away. We talked about Ofsted inspections; it is very difficult for them to inspect what is going on with



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the children who are out of area with a local area inspection and that side of things as well. That visibility is reduced.

Tina Emery: I want to echo Katie and Stephen's points. Fundamentally it is around early help and early intervention support, and most families do not want their child to live out of home or away from them, and neither do the children and young people, most importantly. There have been some large pieces of work on learning disability and autism, around additional avoidance and making sure that if they do need to leave home and be away from home and be either in a mental health in-patient bed or not, that it is closer to home and in their communities.

Often families do not understand or know what can be put in place first and have those discussions. It is a minefield when you have a child with additional needs that are very complex, and may have challenging behaviour, and they do not know where to go. If they have been turned away or gone down a rabbit hole and put in the wrong place, that can be catastrophic. Often they will struggle, to the point that it gets to crisis and then the only option is to be in a residential setting. More work needs to be done to support those families, children and young people to make sure that the decisions made are in the best interests of all and that the support can be put into place much earlier on. That will then hopefully result in fewer residential setting placements.

Q276 **Nick Fletcher:** What happened at Hesley we all agree was terrible, but it was previously rated good. What value do you put on these Ofsted results when this is happening and they are being rated as good?

Tina Emery: Often the reinspection is not happening soon enough, so if you get a good rating it could be quite a few years before they go back and reassess and revisit a setting, and more needs to be done around that.

Stephen Kingdom: I woke up this morning to a story on the BBC News website about some horrific abuse in a special school in London, and I think I am right in saying that that school had been rated either good or outstanding previously. There are clearly issues, but I do not have an easy answer.

Q277 **Ian Mearns:** Stephen, three years ago your organisation reported an annual funding gap of £573 million for disabled children's care. How is the situation now compared to then?

Stephen Kingdom: We have not reassessed it but I would find it hard to believe it has not got worse, to be honest. That £573 million figure was an updating of the original research we commissioned in 2018, which had found a gap at £434 million. In that three-year period it had risen by £140 million broadly. I do not see any prospect—

Ian Mearns: It is now £713 million?



Stephen Kingdom: Yes, possibly. I would not want to put a figure on it because we have not done the work but it is still a very large figure.

Q278 **Ian Mearns:** Since 2021 there has been quite a number of things happening, but one of them has been rampant inflation. Has there been anything, in your assessment, that would improve anything even in a slight way?

Stephen Kingdom: As I said before, we welcomed the short breaks innovation fund, which was something we called for and were pleased to see the Government bring that in. That is starting to impact where it is happening. We hope it brings evidence to show that filling the gap has long-term economic gain, so it is not just a funding black hole to pour money down but will save the public sector money in the long term. It is an investment to save.

Q279 **Ian Mearns:** The short breaks innovation fund sounds great in principle, but you used to have a capacity in a locality to provide respite and then that evaporated for whatever reason. You cannot reinvent that overnight; that is the trouble. That capacity has gone and recreating that capacity becomes extremely difficult. The fund might be there but are the places there to access the fund?

Stephen Kingdom: I think that is right. It would be nice to get the funding there to find out, but those projects in the short breaks innovation fund, as I understand it, are moving well.

Q280 **Ian Mearns:** From your perspective, Tina and Katie, have things improved or have things got worse?

Katie Ghose: No, things are worse. As I said, families are on multiple waiting lists. I am a charitable provider of services and I am exiting from services for disabled children that are a lifeline because the local authority cannot pay the price for me to safely deliver the services. Sometimes another provider will come in—great. Sometimes nobody comes in to deliver the service and the local authority has to figure out what to do next. That is why we have deserts around the country where families can get nothing. Postcode lottery is an overused phrase but it is genuinely what we have when it comes to disabled children's care and support.

Ian Mearns: We have deserts, we have lotteries, we have hotspots and notspots.

Katie Ghose: Sadly, yes.

Tina Emery: I am based in the south-west and out of 15 local authority areas two are not under any DBV or safety-valve funding issues. Those that are in deficit budgets are either in DBV or safety valve, but out of 15 local areas in the south-west two are not part of those programmes. That is a clear indication that there are money issues in the system and there is a growing number of local authorities that are going bankrupt and filing



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their section 114, or are at least talking about it. That to me is speaking volumes that the feeling now is that lots of local authorities are struggling to meet needs.

Chair: I will bring Caroline in on this point about short breaks, because I think she wants to do a read across to other areas.

Q281 **Caroline Ansell:** Yes, thank you, Chair. As an even shorter break, holiday activity food programmes are just generally for a session or a day. I have been a big champion of them. I have seen the difference they can make both for the children and the parents in all sorts of different ways. We are very fortunate that we have one particularly successful but oversubscribed programme in my constituency of Eastbourne, which is run expressly for children with additional needs. Back to our notspots and deserts, do you have a sense of how this programme is working for children and families with additional needs across the country?

Katie Ghose: This is the HAF funding, is it?

Caroline Ansell: Yes.

Katie Ghose: Yes, I have some great examples where we have been able to dive in and run holiday programmes. I was at one at Easter for disabled children and children with special educational needs and their families. Siblings have been able to come to some of those as well, which is super. What they have been saying to me is, "This is amazing because it is the only thing I am doing with my family this holiday." That is the impact. Where local authorities are being agile they are allowing us to do that good work with the food side of it, alongside lots of other activities as well. It is a truly inclusive activity programme, but again they will be few and far between and we will now be struggling to look at how we can do that and replicate it, because unfortunately funding pots come and go.

The central message for me is that every child should be able to access holiday activities. If you are disabled you are very unlikely to be able to access so-called inclusive or mainstream provision, particularly if you have quite complex needs. That is why when we put that programme on you get that kind of message coming back: "This is the only thing," or, "It might just be a day in the week I can access that." It is a good example of where the whole system needs looking at, particularly the long summer holiday and the devastating impact that can have when there is nothing for your disabled child or your family.

Caroline Ansell: There is also the learning loss that that can represent ahead of the September return.

Katie Ghose: Exactly.

Chair: Tina, do you have anything to add on that before I come back to Ian?



Tina Emery: We are not providers, but I echo exactly what Katie said. The feedback from families is that it is very challenging and very difficult to access. Funding pots are few and far between and they will have a set amount of money to disseminate from that. Lots of bids come into local authorities to fund these initiatives, and we try to divvy out the money fairly and to provide for those children, but the funding pots are getting smaller.

Chair: In my local area we have a fantastic HAF provider who is focused on children with special educational needs. They have just seen the numbers of children they can support cut because of the need to provide support more evenly across the county. It is incredibly frustrating when you know they are doing a good job. It is important that we support both the mainstream HAF but also the specialist support.

Q282 **Ian Mearns:** Should there be a clearer demarcation line between social care for disabled children and the rest of children in social care?

Stephen Kingdom: We touched on this earlier; it is a balanced question. My personal view is that yes, there should. That is not an organisational view, because we have not taken one. We were pleased to see the independent review take up our suggestion that there should be a Law Commission review. That is going on and we think that is the right place to try to answer that question. If children's social care delivered section 17 as it should do—it is about supporting families—there should not need to be a demarcation, but that is not the reality and I think that pushes towards one.

Chair: Tina was nodding along to that, I think.

Tina Emery: I was nodding. It is a tough question and something that the Law Commission should definitely look into as part of their consultation. I think that the two Departments and adult social care need to talk to each other and that is not happening. If you go down into one social care—the mainstream social care—and you go down a safeguarding route when you need support, the children with disability team in social care need to come in much sooner.

Q283 **Ian Mearns:** I am asking a hypothetical question but from your assessment and what you have just said, in that case is it too early to say how this would work in practice?

Stephen Kingdom: Yes, I think so. The Law Commission has been doing good engagement with people. Everyone I have spoken to is impressed with the team and how they are working. We were expecting their proposals later this year. We will all want to look very closely at what they come up with.

Q284 **Ian Mearns:** The answer that Tina has given almost answers my next question, which is about how you would assess the efficacy of multi-agency working within children's social care. It is quite clear that some elements do not necessarily work well together with each other to



support the whole family.

Tina Emery: I think advocacy services play a part in that as well. Mohammad touched on parents with a learning difficulty; all parents struggle to navigate through the system. Advocacy is very important, not just for the child and young person but for the families themselves, and it is a very complicated system that needs to be simpler and it needs to be multi-agency. I am sure Stephen and Katie have something to add to that.

Q285 **Ian Mearns:** I cannot help thinking, as a Member of Parliament and having been a councillor for quite a number of years, that some families will have things done to them and some families will be in a proper negotiation about how they work with the system. It is quite clear the inherent unfairness within that.

Katie Ghose: That's completely right, and our solution to that is that we have trialled a navigator service—a community navigator. This is a named professional who works hand in glove with the family, with excellent results. In a sense that person enables multi-agency working. It is like having a hub and spokes, and they are supporting that family member to get a childcare place, to get in with a parent support group, and to work with all those agencies. I think we need to look at it from the family perspective. We would love the Committee to recommend that the Government embraces that pilot of a navigator and sees whether that community model could be part of the solution.

Q286 **Chair:** Where has that been done?

Katie Ghose: In Birmingham. We will be very pleased to share the results with the Committee.

Chair: Thank you. Will you now please give up your places for the second panel? Thank you very much for your evidence.

Examination of witnesses

Witnesses: Annie Hudson, Professor Michelle McManus and Yvette Stanley.

Q287 **Chair:** While the second panel take their seats, I should say that we may find that a number of Members have to leave during the course of this session. That does not mean it is any less important, but unfortunately it clashes with business in the House. I am reliably informed that we will stay quorate through the session, so please excuse Members if they have to step out to ask questions elsewhere.

Thank you all for coming to give evidence to us today. The second panel consists of Annie Hudson, the chair of the Child Safeguarding Practice Review Panel; Professor Michelle McManus, professor of safeguarding and violence prevention at Manchester Metropolitan University; and Yvette Stanley, the national director for social care at Ofsted.



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What are the main pressures facing the various safeguarding systems in England, and how do you rate the Government responses to them so far? Perhaps, touching on that, we can look at issues of workforce recruitment and retention and how that affects quality. Michelle, I see you nodding on that second point; do you want to come in first?

Professor McManus: That is a very big question. Thank you very much for the invite today.

When we are talking about pressures, a lot has been mentioned in the previous session, and ones before as well, about the complexity. We have a good mantra of safeguarding being everyone's responsibility. What we seem to have an issue with is moving that from the individual and their practitioner to a sharing that is a collective that allows us to be able to understand where our safeguarding arrangements are effective. Lots of progress certainly has been made by the Government, lots of great policy is coming through, including on stable homes, and we have the national social care dashboard as well that is making some progress on how will measure that.

From our evidence it is about the pressure on the understanding of the individual that they are working with. We have talked previously in the other panels about the child's voice and I think you heard in that session about the difficulties with certain cohorts of trying to understand that lived experience. That is one key element of it, but to be able to understand the lived experience of the daily life with the child and their circumstances requires a functional, effective workforce at an individual level to take that individual responsibility. It is not just one sector and not just one agency; it is about how we are pulling in everyone. It is about how do we effectively measure that? How do we become reassured in our strategic level from a safeguarding partnership from some of these teams, but also on the ground? That is probably one of the biggest pressures.

There is so much to say about our workforce in competencies, the confidence, the clarity of their roles, what is in their remit—we have so many different sectors with their own policies—and, importantly, the capacity. The fact that we are having to have discussions about CSA mandatory reporting is telling us that there is something fundamentally wrong with our workforce that we are having to try to push something like that to allow our workforce to be able to report concerns about children. They are the big things. There is lots more to say about that but it is about systems and processes, and then early intervention—what do we mean by early intervention?

Q288 Chair: You are in the business of training people and preparing people for this. Surely one of the key challenges is keeping people long enough that they can build up their professional experience and understanding of good practice. In my experience of concerns that are raised about social care and safeguarding, it is often the high turnover of people that is part



of the challenge.

Professor McManus: Yes, and we have seen that across the sectors as well. The great thing about having such rich data and experience of working across various areas within safeguarding partnerships, from the strategic level to the ground, is that it is telling us—as we have heard from other panels—that we are seeing the retention issue, and the real experience across all those safeguarding partners. It is not just in one sector. When we talk about some of the initiatives and policies around how we can make our leaders and have certain qualifications, reassurance and minimal standards for our social workers after three to five years, for example, we need to get them through to those three to five years. We need to understand what we are doing with our workforce to allow them to have the capacity and confidence to be the eyes and ears of the children they are dealing with.

Annie Hudson: On pressures—and we have heard this morning about children with disabilities—there is evidence that there is increasing need, particularly with children who have quite complex needs. You heard this morning about the impact of the pandemic. We know that the numbers of children who are not regularly attending school has gone up, and that has been maintained since the pandemic. In the incidents that the panel looks at, which are always the most serious incidents where children have died or been seriously harmed, in our last annual report we noted that something like 50% of the children we were considering had either not been in education or not been regularly attending, so they are out of sight of school and the protective capacity that school can bring.

We know as well that there are increasing numbers of children with significant mental health needs, yet the services that can help them and support them and their families are often not available and they have to wait a very long time. We heard last week, for example, of children having to wait two or three years for a speech and language assessment. All those factors are compounding and exacerbating the need and for some children the risks that they are facing. That is one extraordinary pressure on the system and at the same time there is not the availability of some of those early interventions in the way that there used to be.

On the workforce, there is obviously a lot of attention on, and this Committee in particular will be concerned about, the recruitment and retention of social workers and the high use of agency social workers. Hopefully that high use of agency social workers in some parts of the country in particular is beginning to reduce, but I think we need to wait and see whether that is the case. There is a churn of social workers and families have too many social workers, so each time they have to tell their story again and the social workers and other agencies don't have a clear and good picture of children, particularly when they may be at risk of harm. We had one instance recently where a child had 18 social workers during the course of 19 months. That is a very extreme example but I think it brings into sharp relief the importance of children having



people who they can relate to, trust and talk to about what is going on in their lives.

The third significant pressure—we set this out in quite extensive detail in our report on child protection in England about the tragic deaths of Arthur and Star a couple of years ago—is that the design of the multi-agency system is problematic. It still creates silos for decision making, with different families having different professionals from different agencies—health, local authority, schools, others—who are assessing their needs. You get silo assessment, silo decision making, and that means that the timely and robust decision making that you need, particularly when children are at risk of significant harm, too often does not happen. That is why we made a very strong recommendation of the need to trial and test multi-agency child protection teams, bringing people together in one team rather than the kind of passing around of information, so that people can have a much more coherent, full and accurate picture of what is happening to children, particularly this very high-risk group of children.

Q289 Chair: That sounds brilliant. Is there a resource available to allow for that to happen? It requires a lot of people's time to work on those teams.

Annie Hudson: Yes. We are pleased that in the Government's pathfinder programme there are three already up and running and seven who have been recently announced. Part of that pathfinder programme specification is about trial and testing multi-agency child protection teams. In our view—and obviously this needs to be tested—that should not require additional resource. You are bringing together police, colleagues from health and local authority children's services so that they are working as one team rather than in that kind of siloed, quite fragmented way. Of course there is a resource consequence implication in setting up that new design but it absolutely should be more effective and more efficient in the end, because you are not spending lots of time moving information around and sharing that information. We are pleased that pathfinder programme is up and going. We think there needs to be more pace and momentum to that programme. Since we produced that report two years ago, the panel meets every fortnight and we look at about 30 or 40 reviews of children where they have been harmed or died, and that pattern of fragmented decision making recurs again and again.

Q290 Chair: Thank you. I think that has pre-empted Ian's question neatly. Yvette, you look across the piece as Ofsted in this respect. Do you see the same picture of the challenges and the pressures? What are you seeing now in the picture of the workforce and retention there? On Annie's point about hoping to see an improvement in the use of agency workers and that sort of thing, is that something that you measure?

Yvette Stanley: Absolutely. Looking across our inspections, we see those pressures of demand that others have eloquently talked about. Over and above the pressures of the financial situations, the stresses on families, the complexity of needs, there has been good policy decision making across Government. For example, we do not want children in in-



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patient mental health care. We do not want children in the criminal justice system. Those things have also moved children into the social care space, adding to that complexity. I absolutely endorse what Annie said about where we see the partnerships coming together to take good, focused decision making. That needs to have an envelope of services around it; otherwise, the absence of the support that the previous panellists were talking about is still there outside of child protection. It is often those support services and the early help services where there are gaps that need to be wrapped around the children.

Social care, whether it is adults and children's combined, is probably 60% to 80% of a local authority's spend. We see them taking difficult decisions about what to stop to add to these demands. Where they are very challenged financially—we have had a few local authorities recently going down against a trend of improvement—there tend to be issues around instability of leadership, financial constraints, moving money out of early help and, in all honesty, not having sufficient basic numbers of social workers to do the job they need to safely with children. You cannot navigate the needs of a family through the court system and do that delicate child protection work with a huge caseload. Where there is unstable leadership, the money is tight, the early help is disappearing and social workers are overwhelmed by the task, you see the decline. In those places that are keeping the basic show on the road and keeping things functioning well, we see a better position.

Agency staff are on a continuum. There are really good agency staff. I personally do not see that they can do the relationship-based case management work with families in an enduring way. They are good for project work. I am pleased that the Government have taken action to restrict the use of agency work and are considering that for the future. We are pleased with the pathfinders and the additional resources to extend the secure estate, but what I think we are all saying is that the ambitions are huge, and the need is growing. With the allocation of resources, what is needed is to focus on the right things—the right ingredients—but they are not yet at a scale that will have the impact that we would all stand behind.

Q291 Chair: That reflects a lot of the feedback that we have had during this inquiry. I recognise that. Professor Michelle, you mentioned the conversation around a statutory duty to report CSA. While in many senses that might seem motherhood and apple pie to some people, we have had quite a lot of concern raised around that by academics within the sector and also the Association of Directors of Children's Services, who said it is a "rushed, poorly scoped and under resourced policy" that could overwhelm services and worsen the situation. I would be very interested in all of the panel's views on that issue. I apologise for taking a bit of time over this, but I think it is important and we are keen to be able to feed back to Ministers any concerns around that, with legislation imminent on that issue. Michelle, I will come to you first as you brought it up.



Professor McManus: As I said before, we need to be asking the question: why are we in a position where we have to mandate this? The sectors that we are talking about already have significant workloads, as has just been talked about with Yvette. We already understand their ability to be able to spend the time doing those types of assessments. The NSPCC released another report at the end of March around our ability to do these assessments and understand what we should be doing at that time with that child and with that wider family.

We are already pushing down so much information and requirements. We have the minimum standards that we should be doing now, and what we need to be considering is where we are ensuring in this space. I think that is the concern from the practitioners we have spoken to: to be able to do that and be given the capacity and the confidence to be able to make those decisions in the first place, so that then they can make those referrals. We are seeing in some of our evidence that they are recognising some of these harms. They are lower-level harms. Some of this is linked to the safeguarding panel on the issues of neglect and poverty that we are really struggling to respond to, which might be the earliest signs that something is happening, and the referrals that are going forward to children's social care that are not meeting the thresholds. We have seen this in at least half of the cases that we have looked at, where it is just not meeting those thresholds. The issue that you have then with mandatory reporting is: whose responsibility is it to chase that up?

We have seen the recognition of our practitioners. There is an expectation of: "Do not come back to us with a referral unless there is an escalation." Again, there is all this complexity within the system for practitioners on the ground to really be able to enact that. Then you have the fear factor for our practitioners, "What will be the consequences of this if I do not see something or pick something up?" With our already unstable workforce, that will cause issues about people joining the sector.

Q292 **Ian Mearns:** The thing is, Michelle, we all know that in children's social care, as with many other aspects of social care across the board, we have seen a heightening of levels of intervention. The thresholds have been going up and that is because of resourcing and increased need. Yvette was talking about demand pressures, but sometimes an awful lot of the demand is actually unknown. We know about what we know the demand is, but there is an awful lot of unmet demand and unknown demand out there. We had a discussion earlier about people having the wherewithal and understanding to negotiate systems. If you do not have that understanding and the capacity to negotiate the system, you just do not ask. That is a demand that never rises to the surface as far as the service is concerned.

Professor McManus: That comes back to expectation of role for the practitioner as well. We know from the safeguarding panel's evidence and from the evidence that we have collected that it is exactly what you said.



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It is the universal services that normally have the eyes and ears of the early indicators—that unmet need. That is what we mean by true early intervention, whereas at the moment we are treating those early indicators of harm with very targeted prevention services, which a lot of people are saying is not actually early intervention. We need to be pushing; as we always say, it has to be upstream that we are looking at things. When we are talking about mandatory reporting, do practitioners have real clarity about what their role and remit is and navigate around our policy?

I will stop talking in a second, but as an insight, I did a little bit of digging—you can look on your local children’s safeguarding partnership websites; just go and have a look—and I had a little look around some of the areas, although I’m not going to say which, just to try to navigate. If I was a practitioner and I needed to make a referral and I had identified potential harms, just looking at thematic areas of harms, one child practice identification—so one partnership—had 38 different documents, pages and pages long, which was just to look at how do you identify risk and what do you then do with it. Then you have the issue of how you flag that. We are still in a place where some of the safeguarding partnerships do not have automated portals. You are sending an email with an attachment that has to be encrypted. If we are going to mandate this, what is our system to allow our practitioners to do this in an efficient and effective way to then get that feedback?

Q293 Chair: Systems training, the right support, the right structure—all need to be in place before you mandate it. Can I come to you on this, Annie? I think this is an important practise issue.

Annie Hudson: Yes, it is really important. There is the point that has been made by others about overwhelming the system. I think the second important issue for us on the panel is the impact on children and children who are being sexually abused, either in their family or in an institution or some other kind of context. We know, for example, from work that the Centre of Expertise on Child Sexual Abuse has done on children disclosing abuse, how very difficult it is and all the barriers for them, and particularly their worries and huge anxieties about what happens when they do tell somebody and how the forces of law and order, social workers and other people suddenly kind of erupt into their lives and their family’s lives. They can often end up feeling that they are the ones who are responsible and to blame, and it is their fault and so on for creating a crisis in their family or wherever.

We have to think really carefully about the implementation of any such duty on how this is handled for children. If children feel that they are suddenly losing control when they already have lost control in their lives—because that is part of the experience of being abused—we will be compounding and exacerbating the abuse that they have experienced from somebody else. We have to think carefully about how this is handled for children. That is where we need to start.



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There is a risk, precisely because of the issues that Michelle has spoken about, that practitioners—it could be social workers, teachers, police officers, paediatricians—end up being very risk averse. They leap into making an assumption that a child may be being abused without doing the necessary inquiry and sometimes investigation work that is required, because they are very anxious about the consequences if they do not report. If you go back to the 1980s and the Cleveland inquiry, that was very much where a whole system became very risk averse and there were negative consequences for children.

Those are the two things I would really want to emphasise for how that duty gets implemented and the guidance that will need to accompany it.

Chair: Thank you. Is there anything you want to add to that, Yvette?

Yvette Stanley: I think they have both spoken very eloquently and I wholeheartedly endorse both positions.

Q294 **Anna Firth:** I want to now talk specifically about the Hesley children's homes. We all know that in 2022 the Child Safeguarding Practice Review Panel uncovered a terrible culture of abuse and harm inside Hesley residential homes for children with complex needs. We have read about the punching, the kicking, children being fed with chillies and having vinegar poured into cuts, and over 100 reports of incidents between 2018 and 2021, in a home that was rated good by Ofsted. I know it is accepted by Ofsted that that was wrong and that that pattern should have been detected earlier, but what I want to focus on is what lessons Ofsted has learned from that case to make sure that that does not happen again.

Yvette Stanley: Yes, absolutely. I am going to take you back a little bit. We have reflected an awful lot about our work in that time, and prior to the panel doing their review, we had done our own learning review. I can talk to you about all the things that we have done: more conspicuous care to whistleblowing, more conspicuous care to notifications, joining the dots across the piece, more training for our inspectors around disability as part of their induction, also the specialist teams, more awareness raising about closed cultures, particular issues around children who are non-verbal. The Secretary of State has asked us to work even more closely with CQC to look at what changes need to be made to regulation: can we inspect together? All of that is work that we have been doing and continue to do, and we are absolutely taking those lessons into other places. It was our inspection that uncovered cases of notifications that had not been made and images of children's injuries that had not been disclosed to us.

It goes back what we were talking about: people who know that abuse is happening and they do not even do the notifications that they are meant to do. It was uncovering all of that. We raised it with the police and the local authority. The panel took on an important task and I think wrote two reports that tackled the systemic and the practice issues. As a safeguarding partnership across government, we need to be looking at



the fact that the children were miles away from home. In covid no one got in—we did not get in. That was part of the loss of that line of sight. We must never lose a line of sight of these children if there is another pandemic.

What the panel also alighted on was the need for absolute clarity. When a local authority is placing a child 200 miles away and the home local authority does not place any children there, how do we know what is going on with 35 local authorities? During our inspections, we would have rung up those local authorities and said, “Have you got any concerns?” They did not have any concerns. We spoke regularly to the LADO at Doncaster about a place where they seemed to be taking firm action against staff who were less than good in their relationships with children. They sacked people, they trained people, they restructured, they appeared to be acting, yet with all that going on the LADO was not sighted on everything—each local authority was not sighted on a piece.

The actual individual learning is real, it is current, and we continue to focus on that. The next piece is to make sure that the regulations, the systems and the clarity around LADO roles and placing authorities are in a better place.

To end on a more optimistic note, in our children’s inspections—SEND and the social care ones of disabled children—we are seeing absolutely much more care and more joined up. I hope Annie is heartened by it because these children often had acute health needs, but health was not part of the placing or the monitoring. A social worker and an Ofsted inspector cannot tell if a child is being over or under-medicated. It is really important that the decisions to place are joint, the monitoring is joint, and the inspection is multidisciplinary too. Hats off to Annie and her team. The review tackled those systemic issues as well as the practice issues.

Q295 Anna Firth: That is really interesting, Yvette. You have given us a lot of information there. Are you able to pinpoint a single most important learning, if there is one?

Yvette Stanley: It is a combination of things. In other places I have talked to you about the market developing in a very different way to when regulations applied, and our regulatory inspectors have to keep an awful lot of information about these places. Our system was not able to extract it as easily as possible. We had a combination of losing some really experienced staff who had been seconded out in the pandemic and a system that was not easy for newer people to interrogate. The experienced person might have interrogated differently, but just to reassure, every notification that we received—and you listed a number—did not all come into Ofsted. Some would have come into CQC, the local authorities and so on. Every single thing we saw, we reviewed, and action was taken.



What we are now very reflective of is constantly going back and seeing the bigger picture, seeing patterns, working with others to see the patterns that they are seeing and joining the dots. It is those continuous lessons about curiosity, tenacity, making sure that you are not asking others and falsely reassuring yourselves: "You do not have any problems. You have not got any worries, have you?" It is about getting behind, "What do you think is going on in this place?" and the multi-agency team, just as it is around an individual child. This is more at a system level, getting behind what is really going on for children.

Q296 **Anna Firth:** Thank you. Annie, what are your reflections?

Annie Hudson: This review was very disturbing and distressing in uncovering abuse of so many children and children who had been forgotten. The system that should have had lots of checks and balances to pick up on things at a much earlier stage—things that were going wrong in these children's lives—failed those children. There is no question in our mind about that. There has obviously been a Government response to the review, and we understand there will be further review of how that is being implemented. You may want to come back to it.

It highlighted how lots of people and parts of the system were not sufficiently curious. They were not nosy enough about what was going on for the children. You have to have that nosiness when you are working with children who may be at risk, and particularly children who had significant communication needs. There was not, therefore, good communication with them to help them communicate what might be going on with them, but also with their families and their parents. Many of these children were placed many, many miles away from home. Obviously, parents' visiting was interrupted during covid, but often parents can bring good intelligence and understanding of what is going on with their children. It is about using that intelligence as well.

As Yvette said, nowhere in the system was there that joining up of all the bits of evidence about lots of different children across many different authorities. Nobody had that big picture about what was possibly happening in these homes in residential settings.

Q297 **Anna Firth:** If I can interrupt you, Annie, the thing that is so horrifying is that there must have been signs. There must have been physical signs that these children were being abused, kicked and punched. I understand what you are saying that if parents were closer they would see that and report that, but it should not be down to parents to have to be reporting that. Those signs should have been evident. They should have been picked up on and action should have been taken.

Annie Hudson: Absolutely. For example, some of these children were taken to local accident and emergency units in hospitals with injuries. There was not the necessary questioning there. Social workers and independent reviewing officers were not sufficiently questioning what life was like for these children.



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As you pointed out, despite there being a significant number of complaints over a period of time from families and from local authorities, despite the many incident notifications to regulators, despite the referrals to local authority designated officers—and those numbers, which are all documented in the report, were enormous—you have to ask yourself, why on earth did nobody really follow through? Our conclusion, looking at what happened—and of course, there is still a criminal investigation going on—is that nobody took responsibility and felt accountable for joining the dots about all the different things that were happening to lots of different children. It was spread over about 40-plus local authorities and no one in authority took that initiative.

The recommendations we have made are expressly designed to make sure you have a much more connected system so that when worries start surfacing—when there is any evidence of abuse or neglect—that is immediately connected with other evidence there might be from inspection, local authority planning meetings with children, the visits that they should be making and so on. It is about having the big picture that really helps you to know what might be going on.

Q298 **Anna Firth:** Thank you. I understand that. Professor Michelle McManus.

Professor McManus: It comes back down to the points I was raising right at the start of this. What we are talking about here—again, accountability is probably the key word—is how we create some of these frameworks or structures to allow us to understand what is happening, exactly as Yvette said, behind closed doors. We cannot have reliance on parents when there are opportunities, and we see in a lot of really adverse, significant events that when we look back and we post hoc analyse what has happened, there are a number of people that have had the opportunity to intervene, to do something about this. We need to be asking ourselves: why are we able to identify and flag this from an individual level but we are not able to pull this information in together and have that accountability? That is where the issue is.

There are frameworks that exist in this space that allow us to understand who is pulling into this information, what partners we have as part of this that are pulling information into whatever issue you are looking at, and who is missing and who is taking this forward—who has oversight of this? We can have data in the social care dashboard. Again, that is a great step forward in what we are doing nationally with metrics, indicators and data, but what we need is a framework or something that allows us to see who is accountable, who is holding this, who is missing from around the table.

As we have said, a lot of the time in our safeguarding partnerships we have health there as our tripartite ownership, but we know from our evidence how they are represented and from the strategic down to the ground in those different groups is very fragmented, very varied. We need to be understanding how that works in these little pockets of multi-agency working and find out where the accountability should be and what



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is happening, and who has oversight of that. You need some kind of framework to be able to deliver that.

Q299 **Chair:** Can I follow up on this? One recommendation we had from the Independent Inquiry into Child Sexual Abuse was to have one agency in Government responsible for looking at this from the top down. Is that something people on the panel broadly support, or could that have perverse consequences in removing some of the responsibility from the existing agencies who are there on the ground? What balance do you see in that recommendation?

Annie Hudson: One of the things we recommended in the “Child Protection in England” report was that there should be much stronger oversight across the different Departments in Government. There are at least five Departments who have an interest in protecting and safeguarding children. The Department of Education is obviously the lead but the others also have a really important role.

Our sense as a panel is that too often within Government there is a replication of the siloed fragmentation around accountability and responsibility that you see happening at a local level. Following our recommendation, there is now a child protection ministerial group that brings together Ministers from across Government. The recommendation from IICSA of having a child protection authority warrants consideration because there is potentially a gap at a national level of bringing together the different agencies and professional groups—and they are slightly different—who have responsibilities and accountabilities for protecting and safeguarding children.

The panel is probably unique inasmuch as we are a multi-agency, multi-professional body, but our role and remit is focused on learning from serious incidents. Through that learning from serious incidents, I sometimes describe it as a bit like we provide a weathervane on the health of the child protection system. There is certainly a need to think about whether you need something that has a wider role, and drawing upon and making sure that there is available the kind of data that we need as a nation about different aspects of protecting children, whether we are talking about sexual abuse earlier on, mandatory reporting, extrafamilial harm, or other forms of abuse and neglect. Although it ultimately affects a relatively small group of children, the consequences when services do not protect and help children are obviously very significant.

Q300 **Chair:** Michelle, do you want to comment very briefly on that view?

Professor McManus: I agree.

Chair: You agree. Thank you; that is perfect length of answer. Can I turn to Flick, because we need to make some progress, if that is all right, Anna? Or do you have another question?



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Anna Firth: We have one more question about the Government's response, very quickly.

Q301 **Chair:** Are there any views you want to give us on the Government's response so far to your investigation?

Annie Hudson: We, as the panel, were disappointed that only two of the nine recommendations that we made were fully accepted. The other seven have been accepted in principle, which is obviously positive and we welcome that. What we await with interest is how that accepting in principle will be realised in practice. Some of those recommendations are straightforward; others we recognise are quite complex and may require changes in policy, potentially in legislation but not necessarily.

What you heard from the earlier session about this particular group of children is that we need to see real momentum and drive behind the agenda of helping children with disabilities and their families to have really good lives. Some of that is about better local provision, as you heard, but it is also about making sure that when children are in residential care—relatively small numbers, we recognise—they are afforded the very best protection and support and education that they have a right to.

Ian Mearns: This may be no consolation to you, but when we make recommendations to the Government, quite often they are rejected out of hand, but subsequently down the line quite often those recommendations come back as the Government's own idea.

Annie Hudson: If I can just add one other thing, we know there has been a lot of work undertaken in this whole policy arena. That is welcomed because it is a group of children who have often been rather marginalised in policy and practice, but there is a lot more to be done.

Q302 **Mrs Flick Drummond:** Moving on to supported accommodation for 16 and 17-year-olds, I was quite surprised to see that there was not any regulation of it, until Ofsted in 2023—there was no independent regulation before. I wanted to look at where these new regulations are going to cause problems financially. The Government have provided only £41 million per year to support the new regulations, yet local authorities are expecting to spend £368 million. Do you think that will incentivise providers to go down the cheaper residential route? Or do you think they will carry on the supported accommodation?

Yvette Stanley: This is probably one for me. We absolutely welcome the opportunity to regulate supported accommodation. It is a gap. We have been worried about it. Local authorities were very worried that people would disappear from the market rather than be regulated. I am pleased to let you know that more than we ever thought have applied for it, which is why we have concentrated on registration and delayed the implementation of the inspection regime. It is important that we get out



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and see these places and go through that registration process, because this has been unregulated. I hope you endorse our approach on that.

We are seeing people come forward who have clearly had children before. We are not seeing people come forward in large numbers who had children's homes and want to switch to this cheaper sort of provision. There are some who are looking at it as part of their portfolio, so that they have a place that young people can move to from a children's home. That is all positive for the moment.

We do not look at the finances for local authorities and they are saying that they are under pressure. I worry that both the demand pressure and the financial pressure might make a local authority move children to independence too soon. I absolutely understand that you have to place them at some point. It is important to get them ready and when they are there, their circumstances might change, they might have a bit of a wobble. We are not going to be heavy footed when a supported accommodation provider is adding in support for a child that is going through the system. We need to absolutely reassure the sector that we have ambitious standards. It is good that there are standards now, but we are going to be a responsible regulator in doing that.

We are worried about the overall lack of supply, which we think can make people take the wrong or premature decisions for children, leaving them in potentially unsafe situations. You will have all seen Channel 4 and "Newsnight" programmes about some of the really poor-quality places children are in, and absolutely that cannot be tolerated.

Mrs Flick Drummond: Are there any comments from the others about that?

Annie Hudson: I fully support those points. It is of huge concern. These children are very vulnerable, and they need to be in settings where they feel safe and they are safe.

Q303 **Mrs Flick Drummond:** Yvette, were you aware that people use handcuffs to transport children between different care settings or educational settings? Do you think that the use of handcuffs outside the criminal justice system is ever appropriate?

Yvette Stanley: I am aware. When I took up the national role, I became aware because we regulate the secure estate. It is a gap in regulation. I know that in our submission we have produced a long list of gaps in regulation that we would like filled proportionately and carefully. The Welsh Government have abolished the use outside criminal justice. That is why I absolutely understand that policy position, which will be a matter for the policy makers.

I think in practice—and Michelle and Annie may want to comment—there are better ways to support children in managing moves and helping them to self-regulate. A lot of places have done some really good work on safe handling and safe support for children in crisis. I personally would not be



advocating for it outside the criminal justice system, but Ofsted sits outside the policy decision making.

Q304 **Mrs Flick Drummond:** Michelle and Annie, what can the Government do to prevent adultification and unconscious biases against certain cohorts of children within the safeguarding system and the wider children's social care system?

Professor McManus: Jahnine Davis is certainly the expert in this area.

Annie Hudson: Yes. It is something we have written about and reflected on in our recent annual report. For the avoidance of doubt, adultification is when professionals see children not as children. Certain groups of children, for example black children, may be more likely to be seen by professionals as having responsibility for their own actions, not being vulnerable, and therefore they are treated like adults when, of course, they are children. We see this particularly with children who are at risk of extrafamilial harm, so children who have been sexually exploited or criminally exploited. It is hugely damaging because it means that the risks that they may be experiencing, their vulnerabilities, their needs are just not kept centre stage and at the heart of practice.

Q305 **Ian Mearns:** In simple terms, it is victim blaming, isn't it?

Annie Hudson: It is a form of victim blaming, that is right. One of the things that we have been encouraging in the panel is that when local safeguarding partnerships are undertaking reviews about children—they tend to be teenagers, but not always—who have, for example, been caught up and criminally exploited or sexually exploited, that they really focus on these children as children and they constantly reflect on whether there is any kind of bias and assumptions that they are making in their practice, so that they are properly protected and kept safe as children. As Michelle said, a member of the panel, Jahnine Davis, has written extensively on that, and I think we quoted it in our evidence to you for this meeting.

Yvette Stanley: For completeness, in advance of her joining the panel, she had done some really good training for Ofsted. I think it is really important that as the inspectorate, we model the same practice approaches and anti-discriminatory approaches. It is with great sadness that I still report that—it is in respect of serious youth violence—we still see the adultification of particularly boys into the criminal justice system. As practitioners, we need to be humble, challenge ourselves, question and give a safe space where we can make sure that our practitioners are making the right challenges when these things occur.

Professor McManus: I think it is about how we can be more proactive in looking at our own partnerships and our own teams and the cohorts that we are dealing with. Having done so much work around county lines and the risk of serious violence, sometimes it is the type of harms that also have that different type of treatment, because we have this real conflict



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around victim/perpetrator characteristics. We can only put people into one box in our systems. What are we encouraging from corporate safeguarding annual reports and from our partnerships to understand and look in our own house to understand our demographics?

Again, some of the dashboard work that is being done may enable us to see some of those trends where we need to take a deeper look at what is happening, but we need to be quite proactive with that. We need to be looking at that quite regularly. It comes into the multi-agency layering of data, because we often see it is the frontline service that is taking the initial decision as to how they see them. That will then basically put the pathway of where they go, whether that is as a victim or a perpetrator, and that can really have some consequences.

Chair: I apologise to the panel, but I am going to have to step out because I have a hard stop at 12. I want to finish the questioning, so I am going to hand over to Ian to chair the end of the meeting. Thank you very much for all the evidence you have given so far. It is too important a subject to cut short and I want the meeting to continue over the last few questions. Thank you.

Q306 **Ian Mearns:** At least you are left with quality if not quantity. Yvette, in your evidence from Ofsted it was stated that the Care Standards Act 2000 is in serious need of reform. What reforms are needed?

Yvette Stanley: We probably gave you quite a detailed note and I have mentioned some today. Going back to Hesley, we have different establishments that were set up at different times with different governance and different accountability systems. We need to regulate settings according to the risk of children, not to the historic way they were set up. We need to be more ambitious about our expectations. There are all sorts of gaps in the regulatory landscape. For example, as we have talked about before, we regulate at a setting level. Absolutely, that is right. We need to know children are safe, that the manager is a fit person to practice, but we do not have the opportunity to look across a group of settings and take regulatory action, even though more regularly that is where the decision is made. There is some strategic stuff and some more granular stuff in bringing the standards up to our expectations of today.

Ian Mearns: The landscape has changed rather dramatically since 2000 and we need to reflect that into the reforms.

Yvette Stanley: We would have had children's charities and local authorities as the main owners of children's homes. Now 80% of children's homes are owned by the private sector. The top 10 companies own 30% of the provision. As we have talked about in other places, it is not in the right places to meet the right needs of children, so children are being transported too far away. There needs to be financial oversight and that may not rest with Ofsted. There needs to be market oversight and stimulation of the right provision in the right places. Certainly in Ofsted,



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squarely in our place is group oversight, where decisions are taken at group level that impact on children.

Q307 **Ian Mearns:** Thank you very much indeed. Ofsted has called on the Government to extend their powers to enable the scrutiny of social care groups that own and run multiple children's homes. You have just talked about that. What concerns does Ofsted have about the lack of scrutiny of these groups? Does this reflect in schools the inspection of academy chains as opposed to individual schools?

Yvette Stanley: We review multi-academy trusts providers and do a few of those a year. We do not systematically review that. That is a good question: as how things are managed have changed, should Ofsted have a line of sight of that intermediate tier?

Ian Mearns: It is corporate governance, isn't it?

Yvette Stanley: Where decisions are now being taken in a different place, what should the scrutiny be? I think that there are other issues that ADCS and others will speak about in ownership and the appropriateness of ownership and of profit. We are fundamentally sighted on the sufficiency and the quality side, but even in that space we think there is work for us to do for. For example, we talked about Hesley. They owned a whole plethora of provision, including adults provision, and if you can join the dots across providers, you might have a slightly different view to an individual setting. It gives us the opportunity to remedy one of those gaps as well.

Q308 **Ian Mearns:** For the record, Annie and Michelle, I take it you would welcome Ofsted's oversight at those levels?

Annie Hudson: Yes.

Professor McManus: Yes.

Q309 **Ian Mearns:** Okay. Thank you very much. Lastly, Yvette, do you believe that Ofsted should increase its interactions with foster and kinship carers, including through both assessments and support? Does Ofsted have the resources to do this? Probably not.

Yvette Stanley: I think HMCI has spoken eloquently about the nuances of Ofsted and a 29% decrease in our budget over the last 10 years. I will get that bit in, as you would expect. Our inspection has to be proportionate. We assure a local authority's assurance. We no longer have a section on adoption or on fostering. Through our footprint in local authorities and in inspecting fostering and adoption agencies, we will talk to foster carers. We cannot replicate, nor perhaps should we, what we expect local authorities to do about tackling their complaints, supporting their training, getting the evaluation of the support they get. We will check that out on the ground and triangulate it with the views of foster carers and we do our point-in-time surveys. If we were to replicate the assurance system and see all of the partners and the multi-agency arrangements locally, we would need a very big footprint.



If I could give another plea, if there is more money, I certainly can do more in Ofsted, but we have talked today about the real pressures on frontline delivery and I would personally make sure that that is rectified before dealing with some of the stuff that we have also talked about with Ofsted. We have to improve the availability of social workers. Local authorities need enough money to provide the early help to do the prevention at all levels. Then absolutely we stand ready to check what is happening on the ground.

Q310 Caroline Ansell: I have a question about the inspectors themselves. We talked about the quality of inspections earlier and obviously much will rest on their own engagement. What would you put in place to make sure that local authority children's services inspectors have the sufficient expertise that they need in children's social care and for children with complex needs?

Yvette Stanley: We recruit from the sector. We have a substantial induction pathway and children with disabilities will be inspected by the HMI in the local authority setting but also our regulatory inspectors who come from the care sector, including residential care. We provide additional training, and I talked about some of it earlier, on disability in general, non-verbal children, complex needs, closed cultures and so on. As part of their pathway, they shadow, be alongside and then they will lead when they have worked through that process and they have been fully signed off.

We get feedback from local authorities and children's homes following inspections. We look at any complaints and concerns raised and we look at our QA process. In a relatively small team—we have 40 HMI and about 300 regulatory inspectors, 3,000 children's homes and lots of other settings—we can't always absolutely match specialism for specialism. We have people who have come from fostering and adoption, from residential special schools. We make sure that our teams represent the complexity of the organisations we are inspecting. We have to be confident that our more generalists can step up to that, but we have a mixture and that tells you the QA that sits behind it to help us to assure that it is happening on the ground.

Q311 Caroline Ansell: Is it challenging to recruit and retain inspectors in this particular field?

Yvette Stanley: Our most challenging portfolio across Ofsted at the minute is regulatory inspectors in social care, because we are expanding. For the very reasons that we talked about earlier, if the sector is struggling to have enough people, us taking them out to inspect and regulate the sector is an equal challenge. It is absolutely a challenge. That being said, we have recruited well. We have 33 new inspectors for supported accommodation. They have good deep experience and we are delighted to have them onside, but the challenge we have just reflects the challenges that the sector has.



Q312 **Caroline Ansell:** Currently disabled children's care is inspected through both local authority children's services inspections and local area special educational needs and disabilities area inspections. You referenced earlier different frameworks being set up at different times. Why are there separate processes? Does this create dissonance or friction, or is it a very positive triangulation?

Yvette Stanley: They are different regimes. They were set up at different times with different purposes. The inspection of local authority children's services is merely the inspection of social care. I am thinking about my time as a DCS. I would have had 1,500 children with what was then special educational needs and 130 children open to my disabled children's team. They were children who probably had an enduring lifelong condition.

On the inspections, we always visit the children with the disabilities team, we sample the cases, we look at how they are doing, exactly as colleagues earlier were saying about enabling children to stay safety with their families, supporting them, being educated locally. We look at that. I have seen them in different places. I have seen them put with adults so they have got continuity there and they tend to lose their child focus. I have seen them closer to child protection when they are really good on child protection and they lose sight on disability. I have seen them in places where they have got that right.

Caroline Ansell: Is it important that they are complementary.

Yvette Stanley: I argue that the evidence suggests they are better when they are in children's services. They need to have the specialist knowledge of disability but they also need to be close to the risks of safeguarding, because we know that disabled children have additional risks. We saw that in Hesley. They are not just risks associated with the family; there are broader risks from disability.

Q313 **Caroline Ansell:** It is important to maintain the two. I was going to ask about the pressure and the burden on settings to be going through multiple different inspection routes. How does that work?

Yvette Stanley: There will be probably one team in the local authority with a team manager and social workers who are supporting those children. As part of our overall inspection for local authorities' social care services, we look at that team, sample cases, talk to families, meet children. We do what we do with all the other groups of children and report on how well social care is supporting those children in their statutory duties for social care.

On SEND area inspection, we are looking at local partnerships arrangements for all children with SEND, which in Hampshire is 15,000 children. It might be those requiring some school action support, those with an EHCP, and some will have an enduring health and care need for a lifetime. In that we are looking at whether there is a preventative model, are the partners working together, are they commissioning? In that mix



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we are looking at a fragmented education system, a very diverse health system, a place that might have—what are they called these days, Annie? An integrated care board—that's it. They change their name so often. They might have two integrated care boards. I did not have a hospital in Merton, so for my children who needed a hospital service it was two boroughs away.

I do not want to say that the local authority children's services is a simple issue, but it is much simpler. It is contained. Everything in that disabled children's team is managed by the DCS. They have a line of sight. In area inspection there is a complex system implementing a 10-year reform programme and they are in year one. They would argue that they have not had the resources to deliver that and they are also delivering in the context of whether it is covid disruption or whatever. We often report that there is a long wait for health services, and commissioning jointly is a struggle, because who should pay, who should be accountable, who should be delivering?

I am not surprised that they could be outstanding in their children's services partnership and could have huge challenges as a partnership in the locality. I also think that we need to be much clearer about what we expect of the local arrangements at this point in their journey and what we expect for the future as well.

Caroline Ansell: That is some follow-up questions and another inquiry.

Ian Mearns: I thank everyone very much for this morning's session, which has strayed into this afternoon. I make no apology for that because it is important stuff and we must never forget that behind all of it this is for children, which is the important thing. I thank the panel and our previous panel, and I bring the meeting to an end.