



Select Committee on Covid-19

Corrected oral evidence: The long-term impact of the pandemic on parents and families

Tuesday 27 April 2021

9.45 am

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Members present: Baroness Lane-Fox of Soho (The Chair); Lord Alderdice; Baroness Benjamin; Baroness Chisholm of Owlpen; Lord Duncan of Springbank; Lord Elder; Lord Hain; Lord Harris of Haringey; Baroness Jay of Paddington; Baroness Morgan of Cotes; Lord Pickles; Baroness Young of Hornsey.

Evidence Session No. 2

Virtual Proceeding

Questions 24 - 33

Witnesses

I: Baroness Blake of Leeds, Chair, Children and Young People Board, Local Government Association; Chloë Darlington, Policy and Communications Manager, Children England; Lucy Hadley, Head of Policy and Campaigns, Women's Aid; Paula Lavis, Policy Manager, Mental Health Network, NHS Confederation.

Examination of witnesses

Baroness Blake of Leeds, Chloë Darlington, Lucy Hadley and Paula Lavis.

Q24 **The Chair:** Good morning and welcome to the House of Lords Select Committee on Covid-19. I am Martha; I am the Chair. I welcome all our witnesses here this morning. Thank you very much for joining us. We are having a recording of this meeting and a transcript, just to remind you of both of those things.

You will be aware that this Committee was formed to look at the long-term implications of Covid. We have done a few pieces of work in the not quite a year of our tenure. We looked at what the country thinks the long-term implications might be. Then we released a report on the effects of this rapid process of digitalisation on the country's social and economic well-being. Now we are looking at parents and families. This is our second evidence session in this inquiry. We are very grateful for all of your input and the testimonies you gave us in advance.

We have also had three or four sessions with parents themselves over the last couple of weeks, where we have talked to people about their individual experience. Understandably, when people have had such a shocking year from so many angles, it has been hard sometimes to pull out the longer-term themes and implications. That is what we would really appreciate your help in doing. We are obviously listening and hearing about what people are facing now, but we are really keen to point the Government towards policies and ideas for actions to prevent the implications of all this being too profound for too long a time. Please bear that in mind when you are answering.

It would be fantastic if we could go round and introduce our witnesses this morning, so that everyone has faces and names together. I am going to start with Baroness Blake, because I am sure you are known to many of us in the House. Thank you very much for joining us. Do you want to talk a little bit about why you are here this morning?

Baroness Blake of Leeds: Good morning and thank you for the introduction. It is good to see everyone on the call. I have recently joined the House of Lords. I was introduced on 25 March, so I am quite new in the House. The reason I am here today is that, until I was introduced into the House of Lords, I was leader of Leeds City Council and chair of the children and young people's board for the LGA. I am still chair, but I am stepping down from Leeds City Council and from the LGA role at the local elections next week. Before I became leader of Leeds City Council, I was the lead member for Leeds for children and family services.

Paula Lavis: Good morning. I am policy manager at the Mental Health Network at the NHS Confederation. We cover mental health providers within the NHS, the voluntary sector and the independent sector. We also cover mental health commissioning.

Lucy Hadley: Good morning. I am head of policy and campaigns at Women's Aid Federation of England. We are the national charity in

England working to end domestic abuse against women and children. We are a federation of 170 local domestic abuse services across England, which provide around 300 lifesaving services to survivors of domestic abuse.

The Chair: I know we are all very keen to hear about this horrible consequence of the pandemic.

Chloë Darlington: Hello, everybody. I am policy and communications manager at Children England. We are the infrastructure body for the children and families voluntary sector. Our membership is 80 to 90 children and families charities around England. We also work, and have been working extremely closely over the last year, with the wider children and families sector.

The Chair: You all have a wide range of very relevant experience, so please jump in whenever you feel you have something you would like to add. I am going to start with some relatively general questions. Then we will get into more specific ones from colleagues. I am interested, focusing on that long-term view, in what you think about the impact on parents and families, and the need for services in the particular area that you are expert in. Would anybody like to comment on that general question about what you believe the long-term implications will be and, therefore, the need for the services you are familiar with?

Lucy Hadley: It is really important to say first and foremost that the Covid-19 pandemic did not cause domestic abuse or other forms of violence against women and girls. They were rife and prevalent beforehand. It is really important to make clear that only abusers are responsible for their actions. The evidence of the past year shows us that Covid-19 gave us conditions that led to an escalation of domestic abuse in all its forms, whether that is physical, emotional, financial, sexual or psychological. It also gave abusers tools to increase coercive control of women and children.

Around 67% of women experiencing abuse who responded to our survey said that Covid-19 had been used as a tool for abuse. That included using the lockdown measures as a way to increase isolation, preventing victims leaving their homes and using infection control measures to increase health risks to survivors. Many said that the pandemic had given the abuser more control over their lives, including economically. Child contact was named as a particular area of concern. Of survivors responding to our survey who had children, half said that the child had witnessed more abuse towards them. More than one-third said that the abuser had increased abuse towards the child directly too.

We know that it escalated experiences of domestic abuse that might have been there already. The conditions for it might have been there before, but it gave abusers new tools to perpetrate domestic abuse. At the same time, we also saw that survivors' access to the support services, gateways to help and routes to safety that they might have normally had, while that is restricted and difficult in normal circumstances, was even

further shut down. Again, in that survey, three-quarters of survivors currently experiencing abuse told us it was harder for them to leave. We saw real difficulties with survivors in accessing refuge services and reporting to the police and other statutory agencies during that time.

Taking those two things together—that the experiences of abuse were escalated but the routes to support were harder and more restricted—we can see that there are going to be increasing, more complex, more difficult and more entrenched needs of survivors and their children over the long term. Women will have been in abusive relationships for longer.

The Chair: That is such a vital statement. Can you give us a little more colour about what you mean by that and how you are thinking about the kinds of services that might be provided by local authorities, the third sector or organisations such as your own? That is on the longer view, as you spoke about the entrenched need for services.

Lucy Hadley: We know that women face huge barriers in accessing supporting and reporting domestic abuse anyway, but those barriers have increased. That means that the physical, emotional and financial impacts, as well as all the impacts on children, will have been heightened and escalated. That is likely to mean that the service and support that they need is going to have to be longer. It might have to be more intense. They might have increasing reliance on substances or other forms of coping mechanism. There will be increasing mental health needs. Those will all impact on the support and the length of the support that they need.

Our data from domestic abuse services in England shows that the average length of abuse experienced before accessing a domestic abuse support service is six years, and that was before the pandemic. We know that women experiencing domestic abuse right now may not reach out for help until well into the next decade. We need to be thinking that far ahead, in terms of planning the specialist support services that survivors need in order to escape and recover.

Chloë Darlington: From Children England's perspective, there are two important overall points to make. First, the pandemic has exposed and exacerbated lots of inequalities for children and families who were already under pressure. Families with a young carer, families with an autistic child and families whose first language is not English were not receiving enough help before the pandemic started. We know that we need more support in place for those families. That is not a short-term thing; that is a long-term thing. We have seen great practice emerge during the pandemic from charities that needed to be really responsive to those families. We need to put more support in place for those services to be able to continue.

The pandemic has affected everybody. There is not a child or family in the country who has not had a tough year. We need not just more specialised services for families under acute pressure, on low incomes or with a disabled child, for example. We need more universal services. We

do not need just services. We need healthy places, libraries, parks and all the things that would have supported families to have a better year than they have had, long into the future. Those are not temporary, nice-to-have things. Those are places that we need to build together.

We have seen examples of places doing that well under pressure during the pandemic. There are certain conditions we need in order to create those healthy places and for voluntary services to be able to be responsive to families who might never have needed help before, but lost their jobs during the pandemic, for example, and do not know where to turn for help. They will need easy-to-access services, drop-in centres, children's centres, things that might not look like services but look like responsive community support. We have examples of those now, but we do not always have the conditions for those to be easy to create in every area. Those are long-term conditions that we need to look at.

Paula Lavis: I want to talk about the impact on mental health. Based on demand modelling work, we anticipate that there is going to be an increase in demand for mental health services as a result of the pandemic and this is likely to continue for another couple of years. The impact will cover children, young people and adults. A number of forecasting tools have predicted what these numbers are likely to be. One such tool found that about 10 million people may need new or additional mental health support and 1.5 million of these will be children and young people. That is a modelling tool from the Centre for Mental Health, which also works with a number of partners.

We know that the pandemic is already impacting on people's mental health. Children and young people are of particular concern for us. The rates were quite high before the pandemic. In 2017, one in nine children and young people, five to 16 years old, had a probable mental disorder. This has already increased to one in six in 2020. We were not in a good place, in some respects, to begin with.

We know that referrals are continuing to increase. In January 2021, there was nearly a 30% increase in the number of people in contact with children and young people's mental health services, compared with March 2020. From talking to our members, they are particularly concerned about children and young people with eating disorders. We also know that there is an increase in depression, anxiety and self-harming.

To give you an example about the eating disorder issue, between quarter 1 and quarter 3 of 2020-21, the number of completed pathways for children and young people needing urgent care for eating disorders increased by 113%. That is rather shocking. Thankfully, a third were still being seen within a week, but that number has been dropping off due to the increase in the number of people needing services. For adults, there has been less impact, but still an impact. There has been a doubling of adults experiencing depression. One in five adults is likely to have experienced depression now, compared with one in 10 before the pandemic. Anxiety levels remain high, but have dropped off a bit since

2020. Well-being scores are much lower than they were pre pandemic. We have also seen an increase in use of alcohol in adults.

In terms of what services we might need, we have the Long Term Plan for mental health. We need that to be fully implemented to transform mental health services. The direction of travel is good, so it is about improving the whole spectrum of mental health services. Longer term, we need a much bigger focus on prevention and early intervention work as well. We still need more funding for the NHS to meet this increased demand, but one big problem is that we need an increase in funding for public health and local authorities so that they can do the early intervention work they are doing, as well as schools. There has been a big drive, through the children and young people's Green Paper, to provide mental health support teams and other things in schools, which is really important.

Baroness Blake of Leeds: We are starting to develop a few common themes here. I would like to highlight that, prior to the pandemic, children's services across the country were already under enormous pressure. We have seen something like a 24% increase in the number of children and young people coming into care between 2010 and 2020. Of course, there are all sorts of discussions we need to have about what that means for each individual child who goes into care and the wider impact on their families. We need to think about the outcomes for children and young people, and their journey into adulthood.

One of the highlights, in terms of what we are looking for through local government, is how we can achieve a sustainable funding model that works in the best interests of children and young people. We know that, over the 10 years, there has been a £15 billion reduction in core government funding. One area we have particular concern about is the reduction in the early intervention funding of around £1.7 billion. The Early Intervention Foundation estimates that the delay in intervention that this leads to results in a tenfold increase in the funding needed in the later lives of these children and young people. That is equivalent to £287 per person.

In Leeds, we are able to invest disproportionately, if you like, in early intervention as a result of the intervention that we had back in 2010. We need to get across to government departments that early investment leads to better outcomes for children but also a dramatic reduction in costs, which can then be invested in areas of work such as family intervention, support for families and preventive work. It is that model that we need to really get to grips with.

We have seen really good examples through the troubled families programme, for example, of where different agencies coming together can have a dramatic impact. In the light of the other evidence you have just heard, we have seen, even before the pandemic, a dramatic increase in presentations of mental health problems in children and young people, which is on the increase unfortunately, as we know.

One area of work that we could look at very closely is the work that Lord Laming has undertaken on the criminalisation of children in care. While a significant number of children in care do not end up in the criminal justice system, he found that around 50% of children in custody have been in care at some point. We need to pull these bodies of work together.

From a local government perspective, looking at the longer-term impacts of Covid around the areas we have already discussed, we would like to ask for a much more multidisciplinary approach from government, so that far more government departments are talking to each other, in the way that local government and local health services have been asked to do over a number of years. One way we could help with this, given the seriousness of the issues facing children and families as a result of the pandemic, is to consider whether it would be appropriate to have a specific Minister with responsibility for pulling all these strands together.

One area of work that we did in Leeds, for example, was to impress upon everyone in the system that children are everyone's business. Every department and every aspect of public service has a responsibility for children and young people in some way, shape or form. How can we all recognise that the pandemic has had a dramatic impact on an already difficult situation? What mechanisms can we bring into place to pull this together, to help us in the difficult journey that we have ahead?

The Chair: We will come on to specific recommendations for government at the end of our session, so thank you for that. I can see my colleague, Toby, has a question. I am going to bring him in and then I have another question I would like to ask about specific groups and inequalities.

Lord Harris of Haringey: I wanted to pick up one point that I think Chloë mentioned about the importance of communal healthy spaces. I would be really grateful if she could expand—and if anybody else wants to comment, that is fine—on what she envisages those looking like. That is not just about open air, fresh air and so on. It is also about areas where people can interact and find mutual support. This has come up in our earlier sessions in this inquiry and I suspect it may come up in future sessions. It would be useful to have on the record some ideas as to what that might look like and how that can provide support.

Chloë Darlington: That is a great question. To answer that, I would like to refer to work we did with young people last year, which I think was brought to the Committee's attention before we had finished the work. We are working with young people to look at what the welfare state would look like if they had designed it. That includes looking at neighbourhood-level support, services and interactions. When our young researchers spoke to them, young people had a really clear idea about how important communities and neighbourhoods are. They do not see their lives in terms of institutions and services. Their lives are lived in the round and everything should be connected.

They talked about the importance of feeling safe on the street and of green spaces. They talked a lot about how they do not feel they have

places to go that do not involve spending money. They talked about the importance of intergenerational spaces. Children and young people do not feel that it is easy to meet people from other generations in a positive way. There were some telling comments about how young people feel that there is a social life in their areas that they can be part of, but they are not part of local democracy. I think they would feel that services were better designed for them and they were much more respected as citizens if they were equally involved in council business and local decision-making. At the moment, they do not feel as though they are.

Where there are services and spaces, young people have not been involved in designing or making decisions about those. They are full of ideas for what those intergenerational spaces would look like. If you want ideas for local hubs that are focused on health or well-being, or community projects that are connected to schools and health services, they have loads of ideas such as that. They see how important it is that all these things are connected, can talk to each other and are not for specific generations, but that all generations can come together, start initiatives and asset-based approaches in their community, and work together. There is plenty more that we can send the Committee if you would like to know more about that.

The Chair: That would be great. Thank you.

Lord Harris of Haringey: I would certainly welcome that. The intergenerational point sparks a memory from many years ago, when I was a local councillor. In the ward I represented, we had, frankly, a town planner's fantasy about intergenerational contact, which did not work for anybody. The young people annoyed the older people, because they were racing round on bicycles, or the smaller ones on tricycles and so on, causing noise and upset. The older people did not like that. The older people seemed to be getting in the way of the younger people. How do you build that arrangement where everybody feels comfortable? That may be too big a question for today's session, but it was sparked by what Chloë said.

Chloë Darlington: I would not want to cast aspersions on how that intergenerational space came into being. Talking to our young people, all those different generations need to be involved in creating the space. Perhaps that was designed top-down by professionals. I have nothing against professionals, but people in communities need to feel ownership and participation in those spaces. The young people and the older people we speak to both aspire to have those intergenerational spaces. It is not that it is not wanted, but it is perhaps that the people it is for are not involved enough in creating it.

The Chair: To remind people, it would be helpful to stay focused on the impact of Covid-19 and particularly the impact for services. I am worried we are going to stray off into a huge number of other areas about redesigning services, but could we try to keep to the lens that the Committee is looking through?

Q25 **Baroness Jay of Paddington:** This is a narrow services question. Several of the people who spoke at the beginning talked about expanding health budgets and looking at health in a more general and multidisciplinary way. I would like to know what their reaction is to the abolition of the Public Health England institution and how they think that that is most satisfactorily replaced. It is a general question, although it was raised in the context of mental health services, where it is obviously very important.

Paula Lavis: However Public Health England is reformed and wherever it lives, it definitely needs a strong focus on public mental health. Public Health England did some great work on trying to get that rolling, but, in local terms, the budget is ridiculously low. The public health budget has been cut anyway. There is more of a structure around what people do on smoking cessation and things such as that, and less around mental health. It is so important in trying to prevent what we are seeing at the moment, which is basically services being overrun. We definitely need a good focus on early intervention and public health is part of that answer.

Baroness Jay of Paddington: Perhaps Baroness Blake would help us. I was hoping that you would have specific thoughts about the replacement for Public Health England. That has been the central national structure that has been responsible for all these questions.

Paula Lavis: We still do not know quite what the replacement will be.

Baroness Jay of Paddington: I am asking you what you would like to see.

Paula Lavis: I would possibly see it apart from the NHS but still linked in. For children and young people, it still involves health visitors and school nurses, who are obviously part of the public health team, local authorities, schools and all that, but it still needs to link into the NHS. Whatever the move is, maybe just talking locally rather than nationally, we want one of the drivers to be about linking up. That is thinking about what else is happening nationally with the integrated care services. That is what we want to see locally or at system level. It is how those things link up to improve the lives of people in the population.

Baroness Blake of Leeds: Thank you for the question. It is a really important area. Particularly in our response to the impact of Covid, our view from local government is that the local public health networks were not used enough during the pandemic. They have the expertise. It is their role to go out into communities and seek out infection, for example, working with our environmental health colleagues. Rolling back a bit, I believe that moving public health into local government was a very good move. The origins of local government were around addressing the health needs of the population.

I am not so concerned about the replacement of Public Health England itself, but we need to make sure that local public health teams, working through local government, in partnership with local health partners, are

empowered to do the job that they do so well. We are concerned about the reduction in funding. Over £700 million has been taken out of public health since 2015. I am slightly concerned that, because public health funding was taken out of the NHS, it then leaves the ring-fencing that has protected NHS budgets.

That is of concern because clearly, as well as dealing with the pandemic, we need to look at the resilience of the population in health terms, which has been so cruelly exposed by Covid-19. It is that lack of resilience: the underlying health conditions in so many of our communities, linked to deprivation in particular, but also healthy weight and life expectancy, for example. All those areas need to be addressed by enhancing public health budgets, working with local partners, addressing specific local needs. That area needs enhancing and strengthening. With the changes and the rollout of the ICS structure, making sure we have local government at the front and centre of those partnerships is going to be absolutely critical if we are going to help build up the resilience of public health in the population.

Lord Hain: I am sorry to trouble you again, Judith. Could I ask you to give us more texture on the fact you gave us of £15 billion of cuts in these kinds of services? During the pandemic, what would you have wanted to do that you could not do because of those cuts?

Baroness Blake of Leeds: The pandemic was especially difficult because we could not have the face-to-face connection with our families, and particularly when schools were not operating. You rely on a network of professionals who have contact with children and see the early signs that things are untoward. It is the whole area of early intervention, the family group conferencing, the intensive support work that needs to go in when the early identification of a problem comes to light, and how you put the support mechanisms in so that it does not reach a crisis situation.

Unfortunately, we expect that, as young people and children are going back into school, some of the really awful circumstances that we have already heard about this morning will start to play through. If we do not have the funding in place to do that intensive, early, multidisciplinary work, I fear that we will start to see more children coming into care.

The other area of work that I hope we can really focus on is the wider role of families when individual family units get into difficulties. We have a very good programme of kinship care, for example, but it is resource-intensive. We have seen an increase in budgets going into children's services, but the demand is so high that we have seen 85% of councils having to spend over and above their budget, I think to a tune of over £800 million.

When you look at councils that are getting into difficulties financially and track it back, you will often find it is a result of the increase in social care costs. We hear a lot about that for adults, but less so for children. It is really getting across that we need to shout out louder about the need for investment in children's social care but, most importantly, in the support

work that means that we can safely reduce the number of children in care, with proper support in their communities.

Q26 **The Chair:** I know my colleagues have some more questions about children in care. That may come up later, so thank you for that. Before we move on, I want to get your perspectives. A theme that has emerged from all our work over these last 10 months has been about inequalities in different demographics and ethnic groups. I wonder if you can talk a bit more about the need for services within the black community, the Asian community and any other groups that might be particularly vulnerable, so we get an understanding of how you are seeing different vulnerable communities and the inequalities.

Paula Lavis: I can start from a mental health perspective. We know that people from BME backgrounds have been disproportionately impacted by the pandemic and this has also played out through mental health. We know from various research that, for instance, men from racialised backgrounds are reporting higher levels of distress. That is from a Centre for Mental Health report. It is the social determinants of mental health, the job losses and disruption to education, that are impacting on them.

Kooth, which is a digital provider of services and counselling for young people, also found, in studying its data, an increase in mental health issues for BME children and young people, such as suicidal thoughts, self-harm and anxiety. It is much higher than in young people from white backgrounds. Even before the pandemic, there was a disproportionate impact particularly on black children and young people. I suppose it goes across the board of the social determinants. In terms of education, young black boys are far more likely to be excluded from school. There are all those sorts of stressors in their lives, so this is a further impact.

Lucy Hadley: Prior to the pandemic, we had very clear evidence that survivors of domestic abuse, who face different forms of inequality and discrimination, face increasing barriers to reporting domestic abuse to the police and accessing help. That has a huge impact on their long-term experiences of domestic abuse and the long-term effects it has upon them.

Research from our sister organisation, Imkaan, has shown very clearly that through the pandemic, in addition to the increased health impacts on black and minoritised communities that have already been discussed, violence against women and girls, and domestic abuse, has had a disproportionate impact on black and minoritised communities because of those barriers to seeking help. That has created what they call dual pandemics. The inequalities that black and minoritised survivors face have been intensified and increased during this time.

We know from a project we run called No Woman Turned Away, which provides additional support to women facing barriers to accessing a refuge space, that around 40% of those women each year are black and minoritised women. Around 25% each year are women with no recourse to public funds because of their immigration status. We know that the

barriers to seeking help are much greater. That has been intensified this year with the health impacts.

Chloë Darlington: We worked with several children's charities over the past 12 months, surveying front-line children and families professionals to find out what they are concerned about during the pandemic. While they had profound concerns about all children and young people, particularly their mental health and anxiety levels, there were certain groups of children that they were particularly concerned about.

Some of these are children who will already be known to services. There are children with special educational needs and disabilities, who we hope would have an education, health and care plan, which means they are already receiving support for their needs. For instance, children on the autism spectrum have had a particularly tough year, with the change in routine, the removal of services and the switch of everything from face-to-face to digital. Children's professionals are very aware that those groups have had a really tough year. That could cause some long-term damage. It is not just a month or two here and there.

We also need to think about children and families who will not be so visible. The children's sector has always found it difficult to know exactly where young carers are. They do not necessarily come forward. They are difficult to identify, so there will be children and young people who have not had any respite from their caring responsibilities for the past 12 months. They may not know to come forward and talk about that. They may not have time. They may not come back to school.

There are asylum-seeking families and families with no recourse to public funds whose first language is not English, who have never been in touch with services and are frightened to be in touch with services, who will be facing destitution, but who may be very difficult to reach. Charities are concerned that they will not be able to reach those families, or indeed, if they do, find the most appropriate help for them.

There are families who are in economically very precarious situations, who have been using credit cards or building up household debt over the past 12 months, who do not necessarily look like they need help right now. They are building up financial precarity in the same way that a lot of charities are, and that is not sustainable. They might be in rented accommodation. They might have had a rent holiday. That is going to stop at some point. They might be facing eviction. It is going to be difficult to know who and where those families are, but they will need help at some point.

Baroness Blake of Leeds: One area we have not dwelled on enough in terms of young people's mental health is the general area of bereavement. Young people living in areas of high deprivation often suffer multiple bereavement experiences and the pandemic has brought that to a new level. We need to look at how we can get more investment into bereavement services, recognising the particular needs that that would bring.

We are very concerned about the increase in poverty we have seen through the indications around the claims for universal credit. We do not know yet how long term those issues are going to be. Our concern for young people is particularly around employment and skills. Where young people did not have access to appropriate remote learning when they were not in school, what impact will that have on their results this year and their access to further training or employment? Those are areas we really need to look at.

Another area we have not considered in enough detail is early years. A report has come out in the last day or so about the reduction in speech and language expertise going into early years. Some young children have just been removed from early years because of the financial circumstances of their parents. There are whole areas there that we will need to be very mindful of, to make sure that, together, we get the resources and services where they are needed.

Q27 Lord Alderdice: I have two questions that may be connected with each other. First, you have described very clearly the profound resource problems that you have seen until now and see stretching out into the future. You have described huge problems. In a number of the reports, in addition to those problems of resources, there seems to have been an indication that things were getting worse before Covid. I wonder if you have any thoughts about possible reasons for that, in addition to the question of resources, which you have mentioned very clearly. Are there are other pre-Covid reasons why things have been getting worse? For example, you were talking about a 24% increase in children coming into care. That is just one measure, but there are others.

Secondly, Covid has clearly exposed, exaggerated and increased problems. Chloë, you mentioned how this was the case. Are there any qualitative differences between what was happening pre Covid and what is happening now? For example, isolation is obviously something, as you mentioned, with a whole series of consequences, and was not necessarily resolved by digital contact. Are there any other things that you would identify as specific consequences of Covid, as distinct from the exacerbation, exaggeration and increase of problems that were already there and that Covid has made worse? Almost everybody has said things that point in the direction of possible answers.

Chloë Darlington: To talk about the second question, what is qualitatively different about issues with children and young people now is the disconnection that they have suffered for the past 12 months. This is probably the first time in their lives that they have experienced anything on this scale, as it is for a lot of us adults.

The reports from front-line children's professionals over the year are really profound and unsettling about the existential levels of anxiety for children and young people. They have realised that schools can be closed down. I do not think any of us thought that when we were at school: that school was something that could just stop. The services that were supporting them, the workers and trusted professionals they relied on to

speak to in person every week, suddenly stopped talking to them. That affects different age groups differently, but that will have affected all age groups in some ways.

It will be very difficult to tell what that looks like for each child and young person, as they come back to school or whichever public setting they are coming to. It may not even be visible, but the anxiety for younger children is that kind of social disconnection. They have suddenly had all their friends and that support network removed. For older young people, their futures seem as though they have been removed. Their exam results are fairly arbitrary. Their future employment prospects are totally unclear, and it was worrying already. It looks like there is a cliff edge for their futures at the moment.

How we support them as they come back to what might or might not be a normal world is crucial. If we tell them, "We have to go back to normal. You just have to pass your exams. Do not worry; the jobs will still be there", we are not doing justice to the profound anxiety they have been experiencing for over a year. We need to be inclusive rather than exclusive. We need to recognise lots of different behaviours. Schools and teaching staff need to be able to recognise that different behaviours will be expressing distress in different ways. There is no single way that those young people will communicate their anxiety.

They will not be ready to get back to normal, sit exams and learn well unless they have that much more basic need of well-being and feeling like their futures have been restored. They also have not been listened to over the past year. We have had lots of political and public debate that has involved adults who are more affected by the pandemic. Children and young people have told us that they do not feel like any policies are designed with them in mind. Nobody has asked them what they think. It is very important, as they come back into public life, that they feel listened to and we hear their account of the pandemic, not just what we think it was.

Lucy Hadley: On the first question, funding was absolutely the number one concern of the specialist domestic abuse sector before the pandemic. The sector was unable to meet demand, so 57% of referrals to refuge in 2019-20 were declined and we are 30% below the recommended level of refuge spaces in England. These issues are not new, and the concerns of demand and capacity are not new either. In terms of whether it was getting worse, we were seeing the cumulative impact of short-term funding pots and solutions for the sector, not the long-term sustainable funding approach that we need and that other speakers have highlighted in other areas.

That needs to include all departments with responsibility for domestic abuse. Particularly, we see real gaps in health and education spend on domestic abuse. It is largely from MHCLG, the Ministry of Justice and the Home Office. We do not see those other departments that have a real responsibility investing in the same way. We still have a massive gap, in terms of the funding that we estimate. We estimate that around £393

million is required for women's specialist domestic abuse services in England. Next year, the Government are committing just over £150 million for services in England. That is a really significant gap.

On the second question, I mentioned at the beginning that we have seen qualitative differences in how perpetrators have used the pandemic to abuse and control. The tactics, the power and control, and the drivers of domestic abuse have not changed. They are exactly the same, but they are manifesting in different ways. We have seen perpetrators use working from home, for example, as an increased way of controlling victims. Perpetrators have said that they are not going to let victims go to work in offices again in the future; they are going to force them to work from home. We have seen them use isolation as a key tactic and tool, even when the lockdown was lifting. We have seen them used in new ways but the key thing is that the tactics of power and control remain the same.

Lord Alderdice: I suppose the question I am trying to look at is: what is happening to relationships that is leading to these consequences, which then require increased services and so on? Are we just uncovering something that is always there? It seems as though something has been happening to the relationships. I wonder if you have any thoughts on that.

Lucy Hadley: We see huge proportions of women experiencing domestic abuse every single year. It is not new. At Women's Aid, we would argue that the underpinning factors are women's inequality and male power and control in society. That is what we need to tackle for the long term.

We would agree that the conditions of the pandemic have exacerbated those drivers. They have increased economic strains. We have all lived together. Even in a healthy relationship I am sure everyone would agree it has been challenging at some points, living in the same small houses and flats. That is going to increase tension and difficulty, but it absolutely does not cause domestic abuse.

Domestic abuse is a choice and is underpinned by power and control. It is not a healthy relationship that is experiencing some strains and tension. It is different. It is fear; it is control; it is isolation. It is tactics used to degrade, humiliate and increase fear for victims. It is really important that it is recognised that the pandemic did not cause that. It might have exacerbated the experiences of it.

Baroness Blake of Leeds: It is a very interesting question. There is no doubt that financial insecurity has a massive impact on stress, relationships and breakdown of partnerships. We have seen a massive rise of in-work poverty—children living in poverty who have at least one parent who is in work, for example. Those are areas that we need to explore.

One area that needs to come to the fore is the increasing complexity of the needs of children who are coming into care. Very often, they have highly complex medical needs. I am not sure that the right balance of

support between local government funding and health funding has been achieved. I know that, locally, there have been a lot of discussions between the relevant health bodies and local government, but the financial conclusion of that has not been satisfactory.

If parents are trying to cope with young people who have profound need and they do not have access to funded respite care, the increase in pressure on those families is phenomenal. That leads to more specialist care homes and facilities, which often means that children cannot have those needs met within their local area, so then they have to go out of area. The increased costs from that come back to the relevant local authority that they are from.

The pandemic has exposed the impact on health and well-being of local environment, such as poor housing and lack of good open space, which we have heard about already today. All those areas have come to the fore. One of the areas we are most concerned about is the loss of local welfare funding, which amounts to about £260 million per year. That was a fund of money that went to local areas, and the local areas had the discretion to put in financial and welfare support to families in need. We need to get that local dimension back, so there is more flexibility and a more speedy response when real need comes to light, in order that we do not end up in a crisis situation, which, I am afraid, is what is happening now.

The Chair: I am going to bring in Baroness Young. Lola, I know you had some questions about some of the issues that have come up in this.

Q28 Baroness Young of Hornsey: I have two questions. One is about looked-after children, so I am really glad, Judith, that you have had quite a considerable focus on this. The other one is about prisoners. I will come to the specific people I would like to address those questions to shortly. I will start with the issue of looked-after children. First, I should declare my interest. I was part of that inquiry committee that looked at the criminalisation of children in care. I am also chairing an advisory board for a piece of academic research on young people transitioning from care during the pandemic.

With the context and background that Martha has indicated of overrepresentation and disproportionality with regard to children and families from ethnic minority communities, I am concerned to hear more about what kinds of services and needs there are in relation to education. Obviously, that has been an issue for all children and young people, but is particularly difficult for children and young people in the care system. Socialisation is, again, an issue for all young people, but then there is also this particular thing about transitioning from care. I wonder if I could start with you, Judith, to get your response on some of those areas and what needs to be done, importantly.

Baroness Blake of Leeds: There are huge areas to cover there. One interesting area that we must not lose in all this is that, for some very vulnerable young people, the experience over the last year has been

more positive than we would have ever expected. For young people in care, they have felt more confident and safer, because they have not been as exposed to external influences. Some young people who are at serious risk of exclusion, primarily because they do not want to go into a school environment where they feel intimidated and threatened, if they have had the right level of support and one-to-one education, have found it a very positive experience.

While that is probably in the minority, I do not think we should lose some of the learning we have had over the last year, in terms of how we can be much more targeted and offer bespoke packages to each individual young person. That is the point we need to get to. We need to have a much more intensive, one-to-one approach for the needs of every single young person and not make assumptions about what their needs are.

We know that transition from care in some areas of the country is still a real area of weakness. The areas that have done well should be highlighted. We should all learn from the experience of making sure that we wrap around support for young people when they move from being in whatever setting they are in into more independence. Everyone who has kids knows the amount of support that young people need as they go through different transitions. That intense support should be there for every young person.

There needs to be much more focus on what we can do. It is not just about financial packages. It is about emotional support, intensive support and making sure that relationships that have been developed are not immediately broken and cut off. There is some really good emerging work in this area, but there needs to be far more attention to that. We need to look at good practice, see how we can roll it out and make sure that everyone has the necessary resource to do that work.

Baroness Young of Hornsey: Thank you for that. Could you say something briefly about the disproportionate representation of black, mixed-heritage, and Gypsy, Roma and Traveller children in the care system? Is there something specific? Would that come under the individualised packages for children and young people in care that you were talking about earlier?

Baroness Blake of Leeds: It would, but there also needs to be far more involvement from different communities so that there is a much greater understanding of the particular pressures. There are different cultural issues that come to the fore. There are all sorts of discussions about why early intervention is rejected in some communities. Why that is the case? What more we can do to improve confidence, in order to have a much better collective understanding before we reach the crisis point?

If we do not have that intense early work and understanding, or the voice of young people, there is an issue. Throughout everything we have discussed today, the lack of representation of young people themselves, explaining what is happening to them and recognising that there are real issues and problems here, is part of the problem. If I am honest, there

has not been the level of maturity and recognition that we need. Let us look at what has happened over the last year. It has thrown a real spotlight on so many areas. We must not lose that. We must grasp the moment to make sure that we get the appropriate intervention that we need.

Chloë Darlington: I thoroughly agree with everything that Lady Blake has just said. We would certainly support that. She probably knows the area better than we do. There are lots of small, local, very specialised charities that have great expertise in working with children in care, children leaving care and children from specific groups within that, which stand ready to be more involved and do more work.

Those charities are really fighting for funding. We got responses in our survey throughout last year from people seeing needs, seeing children not being represented in workforces and decision-making, who were ready to work with them if they had the funding. If we could resource those charities, learn from them in the areas they work in and help similar practice to happen in other areas, we could help those groups of children. There are charities led by care-experienced people, for example, who have great expertise and who, with the right resources, could be helping more young people feel like the system represents them and understands their needs. We do not resource those charities well enough at the moment.

Paula Lavis: We know that these children and young people, even before they go into care, possibly because of trauma they have experienced, will have a higher prevalence of mental health issues. As a mental health response, we definitely need better early intervention from the moment they go into care and appropriate support throughout their lives. What you were saying about the transition age was interesting. If they are in contact with mental health services, the transition from children's mental health to adult mental health is incredibly difficult and fraught with all sorts of complications.

Quite often, people fall through the gap in care, since they may not necessarily be ill enough for adult mental health services to reach a referral. They can be left with no support at a time when they are very vulnerable anyway. If they are leaving care, there may be extra stresses and vulnerability, especially if they do not have the support there, which, if they were living with their family, they would have at least. From a mental health perspective, those issues need to be addressed. They are, to an extent. In the Long Term Plan, they are looking to develop zero-to-25 services, which should help, but you still need to address the particular needs of that group.

Baroness Young of Hornsey: I will stick with you, Paula, and move to my second question, which is about prisoners, offenders and those who have come through the gate. During the last year, a lot of contact has been lost, with no visiting and a feeling of being cut off. What specific mental health services would those people need, whether the families or the individuals? One can look to the future and see the impact on a lot of

people who have been offenders and are mentally distressed. How is that going to play out in the kind of help and support that is needed through mental health services, particularly for that constituency?

Paula Lavis: Prisoner mental health is not my special area of expertise. I do know that young people in the justice system also have a high prevalence of mental health issues, for all sorts of reasons. Again, it is about having the pathway of care in place to support them from the early intervention, lower-level support through to specialist support when they need it. If you are in crisis, being taken into a psychiatric intensive care unit can sometimes be complicated. Smoothing those pathways would make it easier for them to get the care they need.

Children who have not been able to see their parents need to be thought about, because I can imagine they probably get forgotten in all this. We need to think about what support they need. Someone has spoken already about why it is important to talk to that constituency, because we might not necessarily know what support they need. By co-producing support with them, we can find out what their needs are and properly address them.

The Chair: I remind everybody that we are trying to get to the long-term impact of Covid on the need for services. I know there are so many areas that are vital for us and wider society. I want to stay focused on this. I am conscious of time as well. I am sorry to interrupt, Lola. I just felt we might be covering too many areas.

Baroness Young of Hornsey: I was going to ask whether Chloë or Lucy had anything to add to that. In the context of what you have just said, do you want to move on?

The Chair: No, definitely carry on. I was just reminding people to try to stay focused in their answers. Thank you.

Baroness Young of Hornsey: Chloë or Lucy, do you want to add anything on that issue of prisoners and offenders being reintegrated into society and families?

Lucy Hadley: We know that a very high proportion of women in prison have experienced domestic abuse. The estimates vary, but a very significant number of them experience domestic abuse or another form of violence against women and girls. Most are in there for crimes that are, in some way, connected to the coercion and control that they have experienced. In that context, we would like to deliver improvements so that those women are not convicted and sent to prison in the first place, because we know that non-custodial sentences work much better for those offences, particularly as they tend to be non-violent.

In that context, it is really important that the right solutions for female offenders being released from prison are there; that they get the right levels of support from specialist women's organisations that understand the trauma and experiences that have led them to commit crime; and

that there are appropriate housing and support solutions for them moving out of prison and, indeed, for rebuilding their family lives.

Q29 Baroness Chisholm of Owlpen: I want to ask you to concentrate a little bit on parents with disabled children. We heard from some witnesses last week about the difficulties they were having, which were exacerbated by Covid. Baroness Blake mentioned earlier the fragmentation of services. That was something that they brought up over and over again. Even those with the education and health plans found that they were, quite often, going back to square one every time they talked to professionals.

There were also practical issues. For example, in trying to get a wheelchair, they were having to talk to lots of different departments before they could access that kind of support. I would like to ask each of you how you think these concerns could be addressed in the future by professionals and other services.

Baroness Blake of Leeds: This is very important to all local government colleagues who have connections with this area. We want to get across just how urgent it is that the review of special educational needs and disabilities reports. That is long overdue. We need to look at how a reformed system can better suit the needs of families as a whole and of children and young people in particular.

Again, I am sorry if I am sounding like a stuck record, but we know that this area is seriously underfunded. We need to see a much clearer accountability framework and a much stronger emphasis, as you have said, on inclusive education. How can we make sure that every mainstream setting has the ability to take on those pupils who want to go there, in order to benefit those particular pupils but also the whole school community? We know that, where schools have the opportunity to be inclusive, it brings benefit to the whole school.

They need to be accessible and on the doorstep, so that families remain part of their communities and can draw on the local support that everybody gets from within their local communities. Councils need the powers to hold all the other services to account, to make sure that all those services are provided and adequate to meet the needs.

I will go back to the point I made. We should not make assumptions about what every child needs without making sure that the families and particularly the children themselves are part of helping to design the provision. There is a huge risk of making inappropriate assumptions. We know that young people have a much stronger appetite for independence than, sometimes, their parents do. We need to make sure that we put the needs of those young people first and that they have a voice, from a very young age, in determining what their future can be.

The Covid experience has shown, in many cases, that a different model responding to the demands of Covid can be beneficial. We must not throw all of that out and assume that everyone wants to go back to how

things were. In some cases, things have been shaken up and benefits can come from that as well.

Chloë Darlington: I second what Lady Blake has just said. The young people we have spoken to feel that their entitlement to different support for different disabilities varies from place to place. If they study in one place and live in another, they can struggle to get the same things in each area, or get passed from one area to another. That is not necessarily because there needs to be exactly the same provision in each area, but, when every area is struggling for funding, services get rationed. You end up with different things being offered in different areas, because people have saved money in certain areas and been able to protect certain things.

We definitely need more sustainable funding for local authorities so that they can deliver on the Children Act 1989, which provides for lots of early help and community services at the discretion of local authorities, local children and families. Those services can be to support children with disabilities or to make improvements in the community. They can be very practical things. It is a very flexible piece of legislation that allows communities to design the services they need, but that needs resourcing. If we had a funding formula that allowed local authorities to deliver on the Children Act 1989, they would be able to design those services with local families, as Lady Blake said.

Young people do not want one-size-fits-all services, but they need to know what they are entitled to, wherever they live. Young people also told us last year that, as Lady Blake just said, they want to be more independent. During times of pressure like lockdown, if they were able to be more independent in their communities, they would have much healthier lives. They want more accessible venues. They want street lighting, safe streets and independent travel. They would like a relationship with one particular support worker who can help them do those things so it does not always have to be their families. We need lots of other aspects of the public realm to become more accessible, not just services for children with disabilities.

There are lots of charities providing wonderful services, such as respite care and short stays, for families with a disabled child. They are facing closure. Families are fighting to keep those services open through crowdfunding and legal cases. We need to be funding all those charities providing those breaks, respite care and specialist support. That was an issue before the pandemic but will certainly be an issue afterwards.

Baroness Chisholm of Owlpen: One of the positives taken out of Covid was the fact that a lot of these families were able to speak to their professional helpers and services online. This made life much easier for them in getting consultations and getting problems solved. Going forward, should this be concentrated on a bit more?

Lucy Hadley: It has been a really interesting picture. Particularly in the specialist domestic abuse sector and in the police, we have seen a real

rise in live chat, instant messaging and online forms of reporting domestic abuse. Women's Aid set up a live chat service just before lockdown. It has been a really important tool. As you would imagine, getting help over the phone via speaking is not, in many cases, going to be as safe in the lockdown context. It has been seen as a really important tool and something that is definitely going to stay within the sector as an important option.

We have noticed, particularly for younger women, that reaching out for support via instant messenger services is, in many cases, preferred. Victims with additional needs, such as women with learning disabilities, autism and other communications needs, can be better served by text-based communication. It is really important that we can build on the successes of that.

We have seen inconsistent approaches and experiences in other areas. We have seen remote court hearings in the family and criminal courts taking place. There have been some really good examples of that. Victims feel much more supported and much safer giving evidence in their own home, rather than going to potentially quite a traumatic and difficult courtroom. Similarly, some women have not had the right home environment to facilitate a safe court appearance, with children in the background and other things that are not appropriate or safe. It is important that we look at the options of online and remote services for victims of domestic abuse, but it not a default and there is not always a choice.

Paula Lavis: NHS mental health services remained open during the pandemic, but they moved, predominantly, to online or tele-meetings. That has been really important, definitely for children and young people in terms of online counselling, et cetera. Some of our members have definitely stepped up in how they support children during very difficult times.

The only downside about that is that not every child or person has access to the internet or a computer. In terms of online counselling, not every young person has a safe space where they feel happy to disclose confidential information. Often, they might not want their parents to know. The family might even be part of the issue. It is very positive and I hope it will not go away. All NHS services now have a 24/7 crisis line, which was not supposed to be in place until next year, so some great work has gone on, but with those caveats.

Chloë Darlington: Similarly, lots of children and families charities have developed, under crisis conditions, the most amazing services to continue reaching children and young people remotely. I think a lot of those will stick around, but they have been developed under huge stress. We have professionals telling us, "I am trying to provide therapeutic support to a young person via video on my phone. It is not a high-quality therapeutic service. Please do not confuse this with therapy. It is not". It was a lifeline for those young people. It was often more of an administrative connection so that the adult was still in touch with the young person's

basic situation and the young person did not feel completely abandoned. I do not think it often reached the same level of quality therapeutic support that those young people really need. That is what we need to get back to.

Charities were patching together the equipment and tech that they had at the time, both for themselves and for the young people who did not have that stuff at home already. They have been using up reserves of funding that were never allocated for that sort of equipment. They have not had as much training as they want. They feel as though they are flying by the seat of their pants and making it up as they go along. They would really like a chance to pause, get training and invest in more resources.

They also need to work out which of these services they should continue with and which should go back to face-to-face. Young people will always need face-to-face relationships and safe physical spaces. Some of the relationships that worked quite well remotely had already been established in person. Starting a relationship online, if you are a therapist or personal adviser, is not the same as maintaining one that you had already forged where trust had been gained on both sides.

If we treat the services that we have now as a good baseline to start from, we are missing the fact that lots of them were developed under pressure in really compromising conditions. Charities do not want to continue doing that and go from there. They would like to stop and reflect. They would like access to funding to develop their digital skills and make sure that staff have tablets and laptops. I know the workforce are really stressed. We are facing burnout from lots of professionals if they have to carry on providing those remote services without the training and equipment to do it.

Baroness Blake of Leeds: We are very conscious that we must not build on disadvantage in terms of access to digital services. There has been a huge lesson over the last year of what that disadvantage can mean.

The Chair: Please read our report, Judith, that we released last week making some of those points. I hope you will find that it reinforces what you have been telling us. I want to alert people that we have just over half an hour and at least four questions from colleagues. Please keep your answers as focused and brief as possible, and try to stick to the issues of the long-term implications and the Covid impact.

Q30 **Lord Hain:** Can I pick up on Chloë's very important last point? You have all made important points. As we go into a hybrid world, online and not, how do you learn from the pandemic to design services in your areas that are going to be better and fit for the future? I observe that we all now have to do more things for ourselves, such as booking our travel, if we are able to. That all comes down to us. When something goes wrong, there is a lack of personal service and interaction. This must be exponential in the areas in which you work.

Chloë Darlington: It is a big question. I cannot say I know the full answer. We have families struggling with universal credit who will quickly tell you that the impersonal nature of the service is really stressful. Charities have learned a lot. We have professionals telling us, "We have learned huge amounts about blending our services, providing a mixture of digital and face-to-face services, but we are worried that we will not have the resources to put that learning into practice. We need time to stop, reflect, learn and talk to each other".

Those sorts of very responsive services, which look at what people need from lots of different service models, work best when you have people working in partnership, so that you are not going with the expertise of one set of people and organisations. In local areas, the local authority, charities, the public and lots of stakeholders can be given forums and resources to work together. We should move away from contracts for services that simply stipulate what the local authority saw being done in one place and do not take on board new learning from charities.

Lord Hain: What do you mean by that?

Chloë Darlington: Where a service is commissioned with a very strict contract that sets out the terms and conditions of the service design, there is less room for learning. We would advocate that, if local authorities and central government could make grants for services instead of designing contracts for them, we would get more innovation. Charities would have the flexibility to build in the learning that they have had from lockdown, and to suggest blended services that are partly online and partly face-to-face. If we just replicate services that we already have, we will not be able to build in that learning.

Young people have told us that they are very keen to have a curriculum in school that prepares them better for life outside school. We should be looking at how the curriculum can support learning to use digital, not that young people are behind. I am sure they are far ahead of us, but we could look at how education supports young people to use technology and, of course, similar training for adults.

The Chair: Can I remind people that we are looking at parents and families? We have just completed a long inquiry about the impact of digital. While what you say is relevant, I want to try to stay focused in the limited amount of time we have left. If you can keep focused on the relationship between parents and families and all the other factors we are talking about, that would be immensely helpful.

Q31 **Lord Harris of Haringey:** You have all given us an indication of the panoply of interacting services, some statutory, some non-statutory and so on. I am interested in hearing how we can build an infrastructure around those services at local level. What needs to be done to ensure that, for example, a small community organisation providing support in particular areas can continue? What else does it need? Associated with that, sometimes there will be gaps at local level. I would be interested in your comments about who should convene. Is it the local authority? Who

should ensure that something is done in that area? If it is the local authority or anybody else, where do the resources come from? Are those resources adequate?

Baroness Blake of Leeds: The director of children's services and the lead member for children's services have a statutory responsibility for the well-being of every child and young person in their jurisdiction, so it makes perfect sense for the local authority to hold the ring. We have seen some interesting challenges to that with the fragmentation of the education service. Over the last year, we have seen that the relationships between the different educational settings, regardless of their governance, whether they are academies, free schools or whatever, have improved immensely because it has been a crisis. Everyone has had to come together to discuss all the different aspects. It has helped to improve relationships that, in some cases, had become fractured for whatever reason.

We need to use the experience from the Covid period to recognise that all the settings that have an involvement with children and young people have a responsibility to work together in a multiagency discipline. Where schools are, for example, withdrawing funding from the families of schools initiative, social care professionals in the area say that they are getting presentations of concerns about young people later than they do in schools that are part of the same family.

We need to build on the positives that have happened in the last year, and to make sure that everyone who works with young people recognises that responsibility and the need to share information and work collectively. I believe that local authorities are best placed to hold the ring on that as an equal partner, while ensuring that there is oversight, so that no group, institution or individual can fall through the net.

Paula Lavis: I agree with Baroness Blake that we definitely need some sort of co-ordinated plan. Many areas have transformation plans in relation to children's and young people's mental health. At the moment, things are usually structured at place level, so across a county. That is important going forward. From an NHS perspective, CCGs, as they are at the moment, have a duty to reduce health inequality. They have a role at the moment and, going forward, when we move to ICSs—integrated care systems—it will be their role to take a population health approach for their system and look at what the needs are. There will be a partnership board as part of that. I agree that you need somebody to hold the ring. If they are the ones working at place level, it may well be right that the local authorities hold that ring.

Lucy Hadley: There are an increasing number of duties to convene partnership boards on local authorities. In the space of domestic abuse and violence against women, we have a new duty on local authorities to fund support and safe accommodation for domestic abuse victims and their children. There are also the new requirements for multiagency working around serious violence. There are many crime and safety partnerships. The new Domestic Abuse Act, as I hope it is going to

become this week, will recognise children as victims of domestic abuse in their own right.

As well as the structures that have already been discussed, it is important to recognise that there is a plethora of multiagency forums that are looking at providing protection and support for children and families experiencing domestic abuse. There is a risk, with the many multiple forums that there are, that we miss the fact that there are overlapping responsibilities and burdens, and that not all of those around the table are necessarily reflected in each space. That can cause more difficulties.

Lord Harris of Haringey: Is there a partnership board fatigue, in that there are almost too many of these interlocking, overlapping partnerships? Are senior people overstretched covering them all? Is it possible that issues either fall between different boards and structures, or are replicated and duplicated?

Lucy Hadley: That is something we fear. In particular, specialist domestic abuse services and charities working with victims and their children are not necessarily going to be represented on all of those, because they physically cannot be. Their voice, which is really important for understanding demand and need, is not necessarily heard. There is some thinking about the types of multiagency structures and partnerships that we have for these issues because, as we have discussed today, they are so overlapping and interlinked.

Lord Harris of Haringey: Clarity of leadership and who is responsible would be useful.

Baroness Blake of Leeds: There is a mantra about doing the simple things well. Overcomplication can get in the way, as you suggest. The approach that every locality needs to take is to put the child and young person at the centre of all the work that is happening, so that everything comes back to that young person, rather than too many discussions happening remotely that might not pick up their particular needs. It is about getting back that real focus about what we are here to do, how the outcomes for that child or young person will be realised by the work we are doing and, if things are not improving as a result, why we are still doing it.

Some of the groupings that you suggest probably need to have that forensic look. Going back to Peter's point, you can be far more efficient having online meetings, so that everybody can be in the room together, than travelling round quite a large geographic area. Perhaps it is a pooling together. We need to not lose sight of what we are trying to do, which is to improve the outcomes for every single child and young person in our particular area.

Chloë Darlington: In my experience, children and young people will keep us on track better than other adults with lots of professional baggage. If we keep them at the centre of it, we will definitely be better off. I have heard of some really great partnerships that have been

thriving because of all the digital meetings we can now have. I suspect individual professionals might be suffering fatigue with that, but the medium is helpful. They are worried about the fact that a lot of the resources are very short term and people struggle to plan long term.

We need to be able to plan around a place, however many partners and people that involves, for five to 10 years, if not more. Lots of funds and initiatives are rolled out as pilots and tests, for only a year or two. It is very difficult to commit to that, draw up long-term plans and involve children and young people authentically, if you have only a couple of years and you might not get a couple more. We need to put support in place for those great partnerships to carry on into the long term.

Q32 The Chair: I would like to go back to the need for services and the potential gap in services over the long term. It would be really helpful if you could carefully spell out for us, in as concise a way as possible, whether you perceive there is going to be a greater demand, as a result of the pandemic, for services in the areas you are expert in, and whether you are aware of government calculating that gap and making a provision for it, so that we can capture, from each of you, that chain. Do you perceive that there is going to be an increase in the need for services? Do you perceive that government is analysing that gap and, therefore, thinking about its provision?

Baroness Blake of Leeds: We have to keep a very close eye on that. The predictions are that we are going to see a real spike in the demand for services. There is, inevitably, a lag, particularly where children have not been seen for many months and are going back into school now. It will take time for the assessments to come through and the evidence to present itself. There is a real fear that there will be an increased demand for services. I would highlight that the gap in provision and the services needed was already widening before the pandemic, so this is urgent. There needs to be a real analysis of why, as I said before, so many local authorities are having to spend over and above their allocation to support the services needed for children and young people.

It is not sustainable, as it stands. There needs to be a focus on the long-term funding, as we have just heard, looking forward over the lifetime of the children who are going to need those services, fast-forwarding it and making sure that there are not the breaks in provision that are so disruptive, cause so much damage and, sadly, lead to very serious consequences for some young people, as they move forward in their lives through education into adulthood.

Unfortunately, as we have heard, the cost of the failure of those policies far outweighs the investment we believe would be needed if managed appropriately. Timely investment can address the problems as they start to emerge. It is such an unsustainable model. I hope that, together, we can come up with a much, much better way of dealing with the need that we know exists and, unfortunately, will continue to grow.

Baroness Jay of Paddington: We are not focusing broadly enough. For

example, following on from what Judith Blake has just said, can I raise the issue about returning to the notion of a hypothecated tax for some of these services? If we look at this in the national context, we could go back to 2001 and the hypothecated levy designed to improve services within the NHS. Is the situation now such that we should be looking at something as broad as that, rather than trying to look at the specifics of very local organisations?

Baroness Blake of Leeds: That needs to be on the list of considerations. In a very difficult financial environment, how are we going to work together to make sure we have the resource to invest? We need to see it as an investment rather than a cost. That is the real difference. We need to work on this together and with Treasury.

Baroness Jay of Paddington: This is the whole point and exactly the point that I was driving at.

The Chair: I want to make sure that we have your voice on this, Baroness Blake. Picking up again on Baroness Young's point about children in care, do you perceive that there will be an increased need for services for children in care? Do you feel that there is provision being made for that need?

Baroness Blake of Leeds: There is an enormous fear that there is going to be an increase. With diminishing resource, the necessary work to safely help families move forward so that children do not need to go into care will be diminished. It is a really serious question that we need to address together.

The Chair: Thank you. I wanted to make sure that we had absolute clarity as to your view on that. Could you keep your comments as brief as possible? I know I am asking the impossible, but we have quite limited time left.

Lucy Hadley: As well as the trends I mentioned earlier, emerging academic research has shown that the lockdown made reporting domestic abuse harder and kept women in abusive relationships for longer. There is some evidence that there was a rise in first-time domestic abuse incident reporting as lockdown eased in summer 2020. We in the domestic abuse sector are definitely predicting an increase in demand, as we move out of lockdown over the summer months. As I talked about earlier, we expect that the needs of the survivors we are supporting, who have experienced escalated risk and harm over the past year, will increase.

The Chair: Do you think therefore that there is going to be a gap, and is anybody looking at that gap?

Lucy Hadley: Yes, absolutely. As I mentioned earlier, there was a gap already. The sector was not able to meet demand pre pandemic and we are expecting demand to rise further still. We know that the Government have looked at domestic abuse specifically over the past year, in terms of

additional funding pots to cope with increased demand during Covid. We have some funding settlement, as I mentioned, for community-based domestic and sexual violence services over the next year from PCCs and for safe accommodation services through local authorities. That is only one year.

We know that the spending review this year is going to determine the further funding settlement. It is really important that that spending review is multiyear and not one year, because we have come to the end of the sector's ability to cope with short-term, one-year funding pots. They do not enable the retention of staff; they result in the huge additional stress of applying for and accessing funding; and they do not enable services to get on with the job that they need to do at the time that they are busiest. A long-term, multiyear funding settlement that goes beyond 2022 would be our priority.

The Chair: We will come back to recommendations, if you have others, at the end.

Chloë Darlington: Children's charities are predicting rises in safeguarding cases, poverty and household debt. Those will not necessarily show up in official statistics, because the voluntary sector is holding an increasing number of those family cases where social services just do not have the capacity to take them on. They will not necessarily show up in data, but the voluntary sector is concerned that it will be looking out for those families. It does not think it can meet the need at the moment. As I say, it is still in crisis mode and doing a lot of extra stuff that it really needs to stop doing in order to focus on what it was doing before.

In terms of funding, at the risk of repeating myself, we need more and longer-term funding. How it is distributed is critical. If it is in pots of money that local authorities and charities have to spend their time competing for, it does not reach every child and family, and it wastes organisations' time, so it needs to be given, un-ring-fenced, to the communities that need it.

Paula Lavis: There have been a number of modelling tools suggesting that there will be an increase in demand for mental health services. One such tool from the Strategy Unit has suggested that there will be 11% more referrals a year, costing between £1.1 billion and £1.4 billion each year. We definitely think there is going to be an increase. There seems to be a consensus on that. So far, NHS England has not done national modelling, but I believe that it is doing so. That will be helpful in reinforcing those messages.

We are quite lucky in the NHS compared with other sectors, in that we have had £500 million for mental health for this year as part of the Covid recovery plan for mental health, which has been really helpful. Given the increase, we might still need more money going forward to meet that demand, especially if it continues for another couple of years. From what we have seen from the data, it is matching the projections from the

demand modelling tools. I would still say that that is not sustainable, long term, and we need more effort, focus and money to be put into early intervention. For children and young people, 50% of mental health issues are present by the age of 15. Why would you not invest in preventing it then, not just because of the impact on services but the impact on people and their lives?

The Chair: We have answered some of Baroness Benjamin's questions, but I come to her to wrap up.

Q33 **Baroness Benjamin:** Thank you, everyone, for your contribution this morning. Nelson Mandela once said, "There can be no keener revelation of a society's soul than the way in which it treats its children". Childhood lasts a lifetime, so we need to get it right from those early foundation years. Between 2003 and 2010, that appeared to be the case. The then Government's approach was to ensure that every child mattered because, during that time, we had a Cabinet-level Minister for Children and Families to put in place a holistic framework that affects children and childhood. Sure Start centres were created across the country. Early years parenting support was put in place. So too were policies to eradicate child poverty, as well as educational support, especially for children with learning difficulties and disabilities.

I want to ask you what you want. What actions are needed now from government or others to address the gaps, as Martha talked about, between likely future need and current provisions? What are your recommendations? Do we need a Cabinet-level Minister, once again, to work with local authorities and others?

Baroness Blake of Leeds: That would be one of my key asks. Going back to having a cross-Whitehall strategy and having a named Minister who has the responsibility for pulling all that work together would be a really important step forward. At the moment, if I am honest, from a local government perspective, it does not feel that there is a go-to person or even department to address the problems we have been discussing today. That would be a key requirement if we are going to see the improvements that we urgently need to see.

Baroness Benjamin: Do you have any other recommendations?

Baroness Blake of Leeds: Yes, I have a little list. I hope it has come across strongly today that we need a multiyear funding settlement. We cannot play around with this; it is just too important an agenda. I agree with your analysis: what sort of a society are we, if we cannot adequately provide for and invest in our children and young people? The Local Government Association has written a report about the children-led recovery as a response to Covid, which I hope you will all have access to. We need to make sure that they are centre stage.

I passionately believe that we need to reinstate the funding for early intervention, with some back-up, I hope, for the money that has been lost out of that area. We have to invest in our families and communities, and make sure that all the agencies that wrap around the care and

support for them are adequately provided for, to enable us to do that. We know that, unfortunately, in too many cases, the outcomes for children and their families, when the care proceedings need to come in, cause immense damage, which can last, tragically, a lifetime.

Going along with the special Minister, we need to have impact assessments of all the policies we put together around children and young people, to analyse and understand what happens when we put them in place. Most importantly, if they are not working, we need a way to change them rapidly. I have already mentioned how important the SEND review is to the sector. It is urgent now that we get that out and up and running.

Paula Lavis: We definitely need a joined-up response, both locally and nationally. There are a number of social determinants for mental health. You need to consider all of those. All those partners need to be involved. As Baroness Blake was saying, children are everyone's responsibility and that needs to play out locally. Often, it does. Some areas already jointly commission mental health services, including children's mental health services. I would like to see that continue.

Nationally, we need to have a stronger voice, so a Children's Minister would be good, to make sure that children are not forgotten about, as well as a cross-government response. What happens in employment, for instance, has huge impact on families and, by default, mental health. All those policies need to be joined up, looking at the impact on children and families, rather than working unilaterally.

More focus on early intervention, as I said earlier, is definitely on my wish-list. The suffering of children who have mental health issues is dreadful. It impacts parents, given the stresses of having a child with a mental health issue. They often have to take time off work, either for caring responsibilities or to go to appointments. It definitely needs to be joined up.

Chloë Darlington: I agree. We need somebody with a Cabinet-level position to lead on a national recovery strategy for children that is based on children's rights, puts children's voices and needs at its heart, and takes an inclusive rather than exclusive approach. We are at a crossroads here where, if we focus purely on children's academic catch-up and do not look at their well-being holistically, we will create more need further down the road. We do not need to do that. We need somebody with a responsibility for putting children at the heart of everything, rather than just focusing on them as small people to get exams done.

More locally, we need long-term funding for local place-based partnerships that can listen to children and families, and involve the voluntary sector in equal partnerships. We will never be able to calculate the exact needs over the next few years. We need responsive, resilient services, some of which we have, where local conditions are good, but we need to make sure that those conditions exist everywhere. This means long-term funding, partnership approaches rather than competitive

approaches, and different organisations and sectors trusting each other, and trusting each other to listen to what children and young people need.

There are certain issues that children's services and children's charities cannot solve. With early help, we can do something about the number of children going into care, but we also need to address inequalities and poverty. We need to address the fact that 70% of children living in poverty are in working households. Those are not things that the children's sector can address, but they are things that the Government can do something about.

Baroness Benjamin: Lucy, we have the Domestic Abuse Bill going through Parliament. I am wondering whether all the legislation and policy that has been proposed there is on your wish-list. What is on your wish-list? What are your recommendations overall?

Lucy Hadley: It is a really important moment that, after so long, the Domestic Abuse Bill is finally becoming law. It will deliver some really important changes, including naming children as victims in their own right, improving housing provisions for survivors escaping domestic abuse, and many more. It definitely needs to go much further in the areas of welfare reform, funding for specialist women's services and reforms to the immigration system, where it prevents migrant women accessing help and support. It is not job done. There is still a long way to go before every survivor gets the support that they need.

The point that other panellists have made about leadership is really important. Linked to that is prevention. If we can prevent domestic abuse and violence against women and girls in the first place, along with many of the other issues we have spoken about, we would save a huge amount of time and money. Focusing on a joined-up strategy across government on these kinds of issues, to put prevention first, is critical. We are really worried about the Government's proposal to separate domestic abuse from the rest of the violence against women and girls strategy this year. That is a real backwards step in looking at long-term prevention.

I agree with the points that Chloë made on funding reform. It is not just the level of funding. Multiyear funding for specialist domestic abuse services going forward is, obviously, critical. But the way in which funding is delivered is extremely wasteful and does not work for specialist women's organisations, which are often tiny and just trying to meet the needs of survivors and their children turning to them for help. Competitive tendering might work in the private sector; it really does not work in the charity sector. It pits small women's organisations against large housing providers and businesses that can compete on cost but not on quality. If we move to an approach of partnership working, grant funding and long-term sustainable funding being the default in the charity sector, we will go a long way to addressing some of the problems that they are facing.

The Chair: That is perfect timing. Thank you. We have covered a vast array of topics. You have really helped us and reinforced some of the

things we have heard before, particularly about the need for leadership and how that sits at Cabinet level, how the infrastructure around all the services that you are talking about works, and how funding structures work. As Baroness Jay has pointed out, that is a huge issue and we have to work with the Treasury on these things.

Fundamentally, you have shown us, again, how important this topic is, and that there will be a significant change in the need for services as a result of the pandemic and, therefore, a change in how families and parents can be supported. That is really what we have been trying to get to in our inquiry, so we thank you for that. Thank you for bearing with the variety of questions we have covered this morning. I wish you well and good luck over the next few months. Thank you very much for joining us today.