



## Public Services Committee

### Uncorrected oral evidence: Role of public services in addressing child vulnerability

Wednesday 12 May 2021

2.55 pm

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Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

Evidence Session No. 4

Virtual proceeding

Questions 23 - 33

#### Witnesses

**I:** Dr Jo Casebourne, Chief Executive, Early Intervention Foundation; Mike Brewer, Deputy Chief Executive and Chief Economist, Resolution Foundation; Sarah Kincaid, Assistant Director, Crest Advisory.

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## Examination of witnesses

Dr Jo Casebourne, Mike Brewer and Sarah Kincaid.

Q23 **The Chair:** Good afternoon everyone, and welcome to this meeting of the Public Services Committee and our inquiry into the role of public services in addressing child vulnerability. We have a very interesting set of witnesses this afternoon. I am grateful to them all for spending time to let us have a conversation with them. As ever, we are doing this virtually. All my colleagues are in their various locations and will be asking questions. I remind them that, if they have not already done so, they need to declare any interests when they ask a question.

In our first session, we have people who have been looking in some depth at child vulnerability in a range of different ways. I am delighted that Dr Jo Casebourne is with us from the Early Intervention Foundation. We have Mike Brewer from the Resolution Foundation and Sarah Kincaid from Crest Advisory. They will join us for the first hour. I am really grateful to all three of them for coming this afternoon.

I start the questioning by noting that even before the pandemic we heard that the numbers of children vulnerable to crime, to living in poverty or to living in families where abuse, poor mental health or addiction were present were substantially increasing. As I say, that was even before the pandemic.

Each of you, in your different organisations, has been responsible for some of the research evidence. What is driving this increase in child vulnerability? I will first ask Dr Casebourne. When you answer the question, would you introduce yourself? That would be very useful to all of us and to anyone who is listening.

**Dr Jo Casebourne:** Thank you very much indeed. I am the chief executive of the Early Intervention Foundation. We are an independent charity. We are also part of the Government's What Works network. Our mission is to ensure that effective early intervention is both available and used to improve the lives of children and young people who are at risk of poor outcomes. We do that by generating evidence, but also by working with local and national government to get that evidence used.

As regards the drivers, I am sure that Mike Brewer will talk about poverty, so I will not say too much about that, just that the impact of poverty and economic disadvantage on children's development is of course very well established. Poverty rates were rising prior to the pandemic. We know that more families have been pushed into poverty as a result of the pandemic due to rising unemployment and so on.

It is important to flag that children who live in families with multiple risk factors are definitely at significant increased risk of a whole range of poor outcomes. That might be things such as cramped housing, financial insecurity and poverty, living in families with parental conflict, domestic abuse, mental health problems and so on. Clearly, Covid itself has increased this risk. I am afraid we know that the pandemic has led to

increases in the number of children exposed to domestic abuse. We know that the number of babies suffering serious injury has increased as a result of Covid. We also know that children and young people's mental health has deteriorated. That is on top of those pre-existing trends.

The final thing is that not intervening early also means that problems have got worse. There was a sustained decrease in early intervention funding in the decade that led up to the pandemic. The early intervention grant, as an example, had reduced by almost two-thirds over that decade. From 2010-11, it went down from £2.8 billion to only £1.1 billion by 2018-19, just before the start of the pandemic. That means that many local children's services departments, for example, have had to cut back on early intervention and early help services, and are not able to prevent those problems from reaching crisis point and getting worse.

**The Chair:** Thank you, Dr Casebourne. Perhaps Mike Brewer could come in now.

**Mike Brewer:** Thank you, Chair. I am the chief economist at the Resolution Foundation, which is a think tank that works to improve living standards for low to middle-income households. This afternoon, I will talk mostly about the economic context for public services, and the economic context for families with children, both in the run-up to the pandemic and during the pandemic.

I will address the rise in child poverty that you referred to, Chair, before the crisis hit. I am not going to pretend that everybody in poverty on this measure is a vulnerable child, but the measure of child poverty that we usually use—living in a household with less than 60% of median income—is a good indicator of relative disadvantage among families with children.

On that measure, child poverty has been on a slow upward trend since about 2010, having been on a slow downward trend for the previous 10 or 15 years. The reasons are varied, but it is difficult to avoid the conclusion that benefit policy is part of it. I am sorry; there were too many negatives in that. We are fairly sure that the benefit policy is part of the reason behind some of that. We can see that most clearly when we look at how rates of poverty have diverged for larger families and smaller families—in other words, between families with three or more children and families with one or two children. During the 2000s, rates of poverty for those two different kinds of family had been converging, and in the last decade they have been diverging. That is because larger families—families with three or more children—are much more affected by some of the benefit freezes and welfare cuts that we have seen in the last decade. We saw increasing rates of relative child poverty in the decade leading up to the crisis.

**The Chair:** Thank you. Sarah Kincaid, can I now ask you?

**Sarah Kincaid:** I am assistant director at Crest Advisory. We are a consultancy and a think tank that focuses specifically on policing, crime and justice issues. We have undertaken quite a lot of research into

violence and vulnerability. We work with police forces, violence reduction units, and police and crime commissioners, as well as local authorities, to help them tackle violence and understand the picture of violence in their area. I am here to talk about our work on serious violence. In recent years, its growth has been associated with a shift to younger people, both as victims and offenders.

From our point of view, from the policing and crime point of view, the link between poverty and violence and crime is well evidenced. Our research shows that vulnerabilities to violence have been increasing and are possibly instrumental in the growth of serious violence. Other witnesses will probably talk more about poverty. We have also looked at deprivation at community level. Again, that is connected. Those who live in high crime and highly deprived areas obviously have proximity to violence, which is a necessary although not sufficient condition for things such as exploitation.

We found that over 200,000 children aged 11 to 17 were living in high crime and highly deprived neighbourhoods. Over 40% of those were living in just a few local authorities. Those factors mainly relate to deprivation. There is a series of others that are directly and indirectly related to poverty, and which we think are instrumental in the growth of serious violence. I can talk about that more later.

**Q24 The Chair:** Thank you, all three. That is pretty difficult evidence for us to consider. I have some quick follow-up questions.

First, Mike, in your work at the Resolution Foundation, particularly on child poverty, and given what is going on in all the factors that lead to child poverty, how do you see child poverty increasing in the future? What do you think it will be in, for example, the next five years? What do you think the implications are for what we should be saying about public services? What will actually be happening to public services in the midst of that?

**Mike Brewer:** We looked at future rates of child poverty in a report at the start of this year. Our assessment was that rates of income poverty would increase throughout this Parliament, assuming that the Government go ahead and lower the rate of universal credit, which as you all know is temporarily higher at the moment thanks to the emergency measure when the pandemic hit. Assuming that stops in September, as is currently planned, and we go back to the old benefit rates, our forecast was that child poverty would continue to rise through this Parliament and, on the after housing cost measure, would reach about a third by the end of this Parliament, which would be the highest level since the early 2000s.

Again, that is a measure of the income of families with children towards the bottom of the distribution. At the bottom of the distribution, families receive income both from the state, in the form of benefits and tax credits, and from earnings. We must not underestimate the importance of income from the state. What Governments do to benefit rates makes an

enormous difference to the poverty rate. What we think will happen is driven partly by benefit policy. In particular, it will be affected by the continuing rollout of the two-child limit in universal credit and other benefits. That started affecting families in 2017, but its full effect has not yet been seen.

That is one of the factors that will be pushing up the rate of child poverty over the next few years. As to what that will do, I would say as an aside that the impact of the last year is probably having a more profound effect on children, and on the demand for public services affecting children, than the slow-burn rise in income poverty that I have talked about already. I am sure we will come back to that later in the questions. The slow rise in child poverty that we are forecasting means that families with children at the bottom will be put under additional income stresses over the next few years. We know that that will affect the mental health of mothers and fathers, so it will affect all sorts of outcomes for children.

It is there as a background, making life slightly more difficult for families with children, thus putting more demand on the public services that support them.

**Q25 The Chair:** Dr Casebourne, you said to us in your written evidence, and indeed you reaffirmed it in what you have just said to us, that the demand for services and support is outstripping capacity. You particularly drew attention to the early intervention fund having been reduced. That means that the capacity is often looking to intervene at crisis point rather than earlier.

What do you see as the projection for those views? What do you think will be happening in the next five years? What do you think the impact will be, and what do we need to be saying about that impact to get the right intervention?

**Dr Jo Casebourne:** I would start by saying that the Office of the Children's Commissioner has done some very helpful work in thinking about levels of need. Just before the pandemic, it estimated that 2.3 million children were identified as vulnerable. At that point, it found that only a third were receiving effective support through things like what was then called the troubled families programme but is now called Supporting Families, and so on. That was before the pandemic. We know, of course, that it has been far more challenging to get services to reach the most vulnerable, and it was more difficult to spot vulnerable children when schools were closed.

We know that this is having a really bad impact on a whole range of outcomes for children. Domestic abuse is one example. We know that that impacts on children's mental health. They have a greater chance of being involved in substance misuse and antisocial and criminal behaviour. They can have lack of trust, and difficulty in forming relationships, if they have witnessed or been subject to domestic abuse. Those are long-term impacts that carry on into adulthood.

Mental health is another example. Recent research that we have done shows that the long-term consequence for mental health in adolescence moves on into adulthood as well. Persistent depression during adolescence, for example, is associated with increased risk of depression in adulthood. There is evidence that young people who have persistent emotional problems are at risk of poorer educational and employment outcomes. These are outcomes that will stay with children, potentially for the rest of their lives, if we do not intervene early.

As to what to do about that, it feels really important that the spending review this year puts children at the heart of the Covid recovery and thinks about children as part of levelling up. It should allow things such as the levelling-up fund and local places to bid to invest in school readiness, early years support services and family support services for children.

**Q26 The Chair:** Sarah, I was reminded of lots of things I have done in the past when you were reminding us in some of your other evidence, and in what you have been writing, that the perpetrators and the victims of violent crime among young people often get very mixed up. What do you think are the drivers of the increases in violent crime among adolescents? Is it poverty? Is it what has been going on in the family?

**Sarah Kincaid:** Is poverty the principal cause? There are several drivers that I could discuss, which you have alluded to, Baroness Armstrong. Many of those are directly and others are indirectly related to poverty and deprivation, which of itself is a backdrop for a lot of this.

The recent increase in serious violence has been driven, our research suggests, by drug markets and changes in drug markets. For those drug markets to function you need people who will deal, host and move drugs and other commodities around to keep those who are responsible for drug markets distant from law enforcement. The young and vulnerable provide a very steady and ready supply of people.

There is some evidence, and our research shows, that that stock of young people is increasing, driven, as you said, by challenges and difficulties in the home, including domestic violence and substance misuse. There has also been an increase in children going into care, especially older children, who provide a very ready supply of people who can be exploited. We have seen exclusions from school increasing over previous years. Although permanent exclusions have levelled off, recently other forms of absence from school, including fixed-term exclusions, have gone up.

Our research, looking at victims of violence as well as perpetrators of violence, showed that over a third of each cohort—there is a lot of interconnection—are not in education, training or employment. There are other issues, including mental health, which has been alluded to, that have been exacerbated by the pandemic.

There are a couple of extra points that are valuable from the point of view of thinking about the public service response. The involvement of children in serious violence and exploitation would not have been possible 10 years ago. Technology has certainly driven and amplified risks for children. We have a situation where there is very little oversight, either from parents and carers or from professionals, of the exposure that children get to violence and grooming online.

Finally, we have seen a decline in neighbourhood policing, and police struggling with charge rates, which have halved in the last few years. We have fewer deterrents in the system for those who are drawn into violence or may be at risk of violence. They are less likely to be picked up.

**The Chair:** Thank you, Sarah. Someone said to me the other day that the problem is that the perpetrators are always one step ahead of the people who are trying to deal with it.

**Sarah Kincaid:** Absolutely.

Q27 **Lord Filkin:** My question tries to focus on what matters most. The public expenditure exam question is quite a serious one. You have articulated that there are multiple factors, all of which would benefit from substantially increased expenditure on and expansion of public services. Unfortunately, it is not going to happen.

One has to be able to articulate what really matters most. Is it to reduce the risk of harm or what matters most to improve outcomes, which are very much worse for certain categories, and to be able to make very strongly evidenced and focused argumentation for that? Is that true? If so, what would your agenda be? What would be your three or four fundamental issues, when there is a strong evidence base that increased spending would lead to reduced harms and much better outcomes?

**Dr Jo Casebourne:** It depends, of course, on the outcomes that you are most interested in. To try to answer that as best I can, in the early years the intensive home visiting programmes that start really early, between birth and two years, have been shown to reduce things such as learning gaps and to improve the quality of home learning environments. They improve children's language development and reduce the risk of child maltreatment. That is an area where you can focus on one kind of service or intervention that can hit multiple outcomes. We know that gaps open up really early, and they only grow as children get older, start school and then move on through adolescence.

There are certainly a few key things that you can do in the early years. Another example is supporting a couple during the birth of their first child. That is associated strongly with improvements in attachment, security and behaviour self-regulation.

It partly depends on whether you are looking for the economic case or the moral case. There are certainly some strong economic arguments to intervene earlier. The pay-offs are particularly high, for example, when

they lead to increases in employment and earnings in the long term. The DfE has estimated that children with five or more GCSEs as their highest qualification have lifetime productivity gains of over £100,000 a year on average. That is a lot higher compared with children with qualifications at lower levels. Some of it is about making long-term decisions to invest in increased tax returns, et cetera, in the longer term by making sure that you tackle things in the early years and get children school ready so that they can succeed.

**Lord Filkin:** Do the others have any comments?

**Sarah Kincaid:** There are several things, but if we were to choose one thing to protect children who are at risk of violence, vulnerability and exploitation, it would be to keep children in school wherever possible. There is very strong evidence, both in the research and among practitioners, that permanent exclusion from school is almost a superhighway into crime. That is for various reasons. There are often drivers behind those, but it gets to a point where children lack a routine. They have time on their hands, and their exposure to people who might want to cause them harm becomes greater.

Edward Timpson produced a report a year or two ago on exclusions. He made some very sensible recommendations about what more we could do to try to keep children who were challenging in school while maintaining standards and a nurturing environment in school. That is possibly the most important thing we can do. If children are out of school for any reason, agencies need very clear and timely information about who is not there. That would be a very helpful way to start to support children and keep them out of harm's way.

Q28 **Baroness Pincock:** I welcome the witnesses. It has already been a very interesting session. I have an interest to declare as a member of Kirklees Council in West Yorkshire. Obviously, we have a large children's services department.

The question I was going to ask has already been partly answered by answers to Lord Filkin's question just now, but I will ask it so that we have a rounded answer to the question about prevention.

When we did our first report, a lot of the witnesses said that they could have done so much better if they had had sufficient funding, and a focus of priorities on early prevention.

What would be really interesting to hear from each of you is a bit of an add-on to what Lord Filkin has just asked and is about the direct link between funding for early intervention and prevention approaches and outcomes for our most vulnerable children. I know that you have answered part of this already, but if there are additional examples that you would like to share, we would like to hear them. Perhaps Mike would like to start.

**Mike Brewer:** Thank you. I do not have much to say. It is slightly outside the Resolution Foundation's core interest. I was going to make the observation, picking up on what Dr Casebourne was saying earlier,



that often when public services are being squeezed and local authorities are put under pressure, given a choice between maintaining services that are essential for families in crisis and preventive services of course they will end up cutting back on preventive services. What we are seeing now is what happens when you put public services under a prolonged squeeze.

The second point is that, while I do not have any specific evidence or specific programmes that I want to point to, the economic literature is full of examples where intervening early leads to long-run improvements in child outcomes. That is not just focused on vulnerable children. It is true for children of all abilities. The other witnesses will be able to give you more specific examples.

**Dr Jo Casebourne:** Building on what Mike has just said, we have estimated that the costs of late intervention are over £17 billion annually to the public sector. That includes things such as the cost of children taken into care, the cost to the health system of youth alcohol and substance misuse, and the cost to the criminal justice system of youth offending. It is harder to say exactly how much the public sector could feasibly have saved from investing more in preventive services, but clearly we are wasting resources that we do not have right now by tackling problems too late when they could have been dealt with sooner.

There is a range of other examples where there is strong evidence of improving outcomes. I talked about the early years. Thinking about slightly older children, we know that in primary school, if you help to support children's social and emotional skills, such as their decision-making and regulating their behaviours and emotions, it leads to a whole range of improvements in reduced aggression and improved mental health that lead to improvements in adult mental health. Access to effective early help services that local councils and others provide can improve a whole range of child outcomes such as, again, physical health, reduced antisocial behaviour and so on. There is a lot of strong evidence that investing early works.

**Baroness Pinnock:** Sarah, would you like to add to what you have already said about exclusions?

**Sarah Kincaid:** There are a couple of other areas where some sort of earlier intervention, when there has not been any, might be of use. We have worked very closely with Redthread, a charity working in accident and emergency units in hospitals, mainly trauma units but also in other areas. At Redthread, they pick up children who turn up with injuries, often life-changing injuries, and who come into hospital due to violence. Some children are already in the system, but others have not been picked up and are victims of violence. Redthread is able to work with them and refer them to services that previously they might not have had access to.

It comes to the point that we were making earlier. Victimisation is a driver of offending. Currently, there is not really a system for catching

young people before they become offenders and are victims. Thinking about public services, services in perhaps less traditional settings where children are turning up with injuries are a really useful way of looking at how we can take a much broader view, and possibly intervene earlier.

**Baroness Pincock:** The argument you are making is that it is almost a false economy not to do early intervention and prevention. It is the flip-side of Lord Filkin's question. How on earth can the argument be made that it is a false economy? Jo, you are nodding.

**Dr Jo Casebourne:** Yes. Absolutely. We would argue that it absolutely is a false economy. When we look at the figures I talked about earlier—the reduction in the early intervention grant—there are a number of local authorities that may have to issue Section 114 notices this year. That means that they will have to focus on statutory services only and preventive services will be cut back further. It costs a lot more if you are not able, for example, to deal with a child's mental health issue in school in a universal setting where you can reach all children easily and help spot problems. If children reach CAMHS services and need more intensive support, we know that costs more. There are a range of examples across different child outcomes.

**The Chair:** That is very helpful indeed. Thank you very much. Our next question is from Lord Bourne of Aberystwyth.

Q29 **Lord Bourne of Aberystwyth:** A big welcome to the panel. As a committee we have received evidence that there are different views of what constitutes vulnerability in different areas, which obviously can have undesired effects on the integration of services, data sharing and so on.

In your several opinions, what would constitute a good joined-up approach to reducing child vulnerability? In particular, it is always good to receive examples of local authorities where it is working well and perhaps leading to good results on early intervention, data sharing and so on. That would be useful.

**Dr Jo Casebourne:** The work that we have done with a number of local authorities has suggested that a joined-up approach locally would have four different elements.

First would be a multiagency strategy and a plan to deliver that strategy. That would mean setting a really clear vision of the benefits of early intervention for local economies and communities, doing a needs assessment of what the local population needs, and then having joint commissioning and a workforce to support that needs assessment.

The second element would be strong leadership, with an influential and really effective local partnership that owns the strategy and leads the delivery. That means people speaking with one voice on the importance of the issue, and local families and communities being involved themselves in the co-design and production of services locally.

Thirdly, we think it means effective delivery, with really high-quality services and performance. Part of that would be delivering evidence-based interventions that are then monitored and evaluated. It means delivering a range of services, from universal services for all families through to more targeted services for vulnerable families at risk. That includes using IT systems effectively to share data and information.

Fourthly and finally, it includes evaluations. It is having an agreed set of outcomes that the strategy is focused on, and then consistent measurement of progress against those outcomes. Finally—

**Lord Bourne of Aberystwyth:** Do you have any examples, Jo? Forgive me for intervening. It is great in the abstract, but are there any practical examples?

**Dr Jo Casebourne:** We have a number on our website. Stockton-on-Tees is one example. It has created a kind of family hub approach that is designed to deliver a comprehensive range of services, empowering the local community to do that with them. Hartlepool is another example. It has developed a partnership that really focuses on parental relationships. It understood that this was a key driver of positive outcomes for children.

There is an interesting example in north Tyneside, which has seen significant improvement in early learning outcomes for children who were eligible for free school meals between 2016 and 2018. It feels that a lot of that was related to the kinds of approaches to partnership that I set out.

**Lord Bourne of Aberystwyth:** Our Chair will be very pleased to hear about the good news from the north-east.

**The Chair:** Indeed.

**Lord Bourne of Aberystwyth:** Mike?

**Mike Brewer:** I have nothing to add, Lord Bourne.

**Lord Bourne of Aberystwyth:** Sarah?

**Sarah Kincaid:** From a violence and vulnerability perspective, the ability to share data in a timely manner to help to understand a fuller picture of vulnerability for a child is really important. I refer to what Baroness Armstrong said earlier; the perpetrators of exploitation are an awful lot more skilled, it seems, at identifying and seeing vulnerability in a child than our public services are. We need to get an awful lot better at spotting vulnerability and risks. Things such as data sharing across public services would be an extremely helpful way of our getting a fuller picture of a child and standing a chance of trying to intervene before they become groomed or drawn into violence. We would say that it is absolutely vital if we are to stand a chance of trying to get ahead of those who are grooming.

One example that we have had that might be interesting is in Thames Valley. At the violence reduction unit there, they have developed an interoperable system. It is a cloud-based system where they share police records, including intelligence logs, and up to 200 other sets of data around children. That is children's social care, housing and school information, and it can be seen not only by police but by other agencies. When a child comes to the attention of services, they not only get their own perspective of what the child is doing on the street or out of school, but they can look at the broader picture. That is, and would be, an incredibly helpful way to start getting on top of the multiple vulnerabilities that children are exposed to.

**Q30 Lord Bourne of Aberystwyth:** Thanks very much. I have a short supplementary question, principally to Mike because it relates to economic policy on child poverty. As a committee we have looked at joint bids and are quite keen on them. The Government have said they are open to them. To what extent do you think there is merit in a joint bid from government departments to deal with the area of child vulnerability, involving perhaps health, education, local government and so on?

**Mike Brewer:** Were you referring to spending bids made from departments to the Treasury?

**Lord Bourne of Aberystwyth:** I was indeed, yes.

**Mike Brewer:** I think that would be a good idea. Many members of the committee will probably have their own experience of the difficulties you can have when an issue spans government departments. It is always difficult, and perhaps vulnerable children are a fantastic example of an issue that spans government departments.

A joint bid would be a helpful thing to do, for sure. The experience of the last 20 or so years tells us that it would also help to have strong political or ministerial leadership support for that kind of endeavour. Left to their own devices, civil servants might not be that keen on co-operating, but if there is strong and clear ministerial priority, and there is somebody very much in charge of a vulnerable children strategy who has the ability to bring together different departments, that might be what is needed to make a real difference. It is partly about the machinery and organisation of government and its responsibilities as well as a bit of co-ordination by the civil servants.

**Lord Bourne of Aberystwyth:** Thank you. Jo or Sarah, do you want to come in very briefly?

**Sarah Kincaid:** I have nothing to add.

**Dr Jo Casebourne:** I completely agree with Mike that any kind of joining up in that way needs really strong political ownership, as well as joining up in the Civil Service, whether an inter-ministerial group that drives that, with some support from senior officials across departments, or some other mechanism.

**Q31 Lord Hunt of Kings Heath:** I want to follow up Mike's comments and perhaps those of the other panellists as well. Can we focus on this issue of cross-government political determination? You are right that many of us have ministerial experience in dealing with cross-government targets. Certainly, my experience is that if you had a cross-government target that was enforced by No. 10 and the Cabinet Office, it had an impact. Are you surprised by what appears at the moment to be the lack of any will at the centre of the Government to focus on vulnerable children in this way?

**Dr Jo Casebourne:** We are certainly seeing a really strong and increasing will among the civil servants we work very closely with in multiple government departments to do more to join up and work together. It is something that the Cabinet Office is considering at the moment. It feels as though we need to join up particularly the major policies that are happening right now.

We have the Supporting Families programme—the next phase of what was troubled families—and the new family hubs programme. We have the care review, which is considering a more integrated system that covers early help right through to children's social care. Those are owned by different departments. There is increasing understanding in government of the need to join up those policies.

**The Chair:** If nobody has anything to add to that, I will move to Lord Young, our last questioner for this session.

**Q32 Lord Young of Cookham:** I would like to go back to a question that Lord Filkin and Baroness Pinnock asked a few moments ago, which is really about priorities. Our inquiry is into vulnerable children, but "children" is a generic term covering everybody from nought to 18, and they display different characteristics at different ages. So the first question is: to what extent should we, as a committee, begin to disaggregate children into meaningful component segments?

The second question applies to the word "vulnerable". We have heard of a whole lot of vulnerabilities from our witnesses: poverty, exploitation, domestic abuse, drugs and learning disabilities. To what extent should we look at vulnerabilities and try to prioritise them, and have a more disaggregated picture of what is going on, which might then enable us to make recommendations that prioritise and get the best value for money?

Should we disaggregate the two parts of our inquiry—vulnerability and children—and would it be meaningful so to do? Your starter for 10.

**Mike Brewer:** Yes is my answer to both parts of your question, Lord Young. I was certainly very conscious in the answers I was giving about relative poverty that I was talking about statistics that suggested that up to a third of children could be living in relative poverty. I am not sure I would go so far as to say that one-third of children in the UK are vulnerable. It is certainly not the case that one-third of children are at risk of the sort of outcomes that Sarah has been talking about. A strategy to deal with the broad levels of child poverty would indeed be very

different from a strategy to deal with the most vulnerable children and the most vulnerable teenagers I imagine Sarah is talking about, or particularly vulnerable pre-school children, as Jo has been referring to.

It is yes to both. Perhaps we lump children together because they are not adults and they do not have a voice of their own. They need people like us to speak up for them, but when it comes to designing public services for them, then, yes, of course the needs of pre-school children are very different from the needs of teenagers and so on. There is a difference between whether you focus on the most vulnerable children at risk of the most harm, or who might cause the most cost to the state. That is one extreme. The other extreme is that we can recognise that a third of children are living in relative poverty, suffering food insecurity and not doing as well at school as they could be. That is a less severe but a much more widespread problem. So, yes to both.

**Dr Jo Casebourne:** We define child vulnerability as a slightly narrower group than, as Mike was just talking about, all children in child poverty or indeed the Office of the Children's Commissioner definition of vulnerability. We think about the most vulnerable as children who are at risk of abuse and neglect, or experiencing parental substance misuse or severe parental mental health problems, domestic abuse, parental conflict, school exclusion and youth violence. It would be a slightly narrower group if you were to work out how many children that covers.

I think it would be very helpful for the committee to think about exactly what is the most sensible grouping of vulnerable children. On the age range of children, I think it is helpful to think about early years—pregnancy to age five—as distinct from primary school, where we know there are a number of interventions that can prevent problems getting worse, and then thinking about adolescence. We certainly see vulnerable teenagers becoming a group that is more and more at risk, from mental health to lots of other issues. Perhaps a grouping in that way would be useful.

**Sarah Kincaid:** I have a couple of points. Our interest in relation to violence and exploitation has largely been focused on those above the age of criminal responsibility, within the context of those we have discussed. There is definitely a sense that younger and younger children are involved, or appear to be involved, in criminal activity, especially related to drugs and those who have been groomed.

As to what age it is sensible to focus on, the criminal justice system and crime tends to be a place where action and unmet needs in early years manifest. We would always be supportive of a stronger early years and early intervention-type approach. Having said that, Jo is right to say that there is significant concern currently, especially about those who are vulnerable to being drawn into violence—teenagers—and there being a real absence of suitable services for them. Perhaps there needs to be a focus on them at the crisis end.

Public services need to be more adaptable to those different needs. We now know that with teenagers and young people up to the age of 25, the way their brain develops, and their responses to early adverse childhood experiences for example, mean that they are still responding and developing at that age. That is certainly not to say that at the age of 18 you are an adult, and that is it. The evidence shows that people need and can benefit from support when they are young adults as well. I realise that might not be very helpful because I am not segregating each group, but there is probably a different response at each stage that needs to be considered.

Which vulnerabilities do you prioritise? There are some standouts relating to serious violence, which are experience and exposure to domestic abuse in early years. That in itself is a crime and is violence, and we know that the impact on children is very significant. When you look back at those who get involved in violence, domestic abuse often features very heavily. At the moment, while we can recognise that, we do not really know how to respond to it. Does it mean much more intensive work early on, or do we keep having to check in and support children throughout, or be aware that they might be at greater risk?

If I were to choose some vulnerabilities, I think that would be one of them. Again, I am alive to the risk that, for many of the children who turn up in crime and justice and in other areas, their experience has been multiple low-level vulnerabilities. They do not hit this or that particular group. It is a combination.

**Q33 Lord Young of Cookham:** I have a quick supplementary question that comes out of what you have just said, Sarah. What role can central government play in supporting local services to evaluate the effectiveness of early intervention, which is something you have just mentioned? Should there be a more focused central interest in evaluating and costing the effectiveness of the initiatives you have just mentioned?

**Sarah Kincaid:** Yes, I would certainly agree with that. I am sure that Jo knows more about the intervention and evaluation side of things. One of the things that we do with clients we work with, local authorities and others, is to ask what we should be investing our money in. What is our bang for buck? Violence reduction units have been set up in particular, looking at how they can get up stream.

Much of the evidence and evaluation that we have comes from the US, and therefore is from a different society with a whole different set of cultural settings. I would say that evaluation, in particular longer-term funding that implies evaluation with it, would be incredibly useful for the Government to support local areas in doing.

**Lord Young of Cookham:** Jo, do you want to add a quick footnote?

**Dr Jo Casebourne:** Yes, thank you. I really support what Sarah is talking about on domestic abuse. We have actually called on central government to set up a new cross-departmental, long-term fund to

improve our knowledge of what works to support children and adults who have been affected by domestic abuse. As Sarah said, we do not know enough about what works to support them.

We recently looked at more than 100 programmes that are being delivered locally to support affected children. Fewer than a third of them had been evaluated at all, and most of those that had been evaluated could not show whether they had evidence of impact because of the way they had been evaluated. Central government has a role to play in setting up funds like that which could help improve evaluation. Across all our work, we still see a really big gap between what is being delivered locally on the ground and what we know works. Sometimes that is because we know what works and we are not delivering it. Other times it is because we just do not know enough about what works. Evaluation can help with that.

**Lord Young of Cookham:** Thank you very much.

**The Chair:** Do any other colleagues want to ask a question? We are into some very interesting areas.

I think you have dealt with all of this very well and given us very comprehensive responses. It seems to me that your talk about evidence is very important and that that is one of the ways in which, through our report, we may be able to help to establish what needs to be supported and what does not, and how we will get greater evidence through doing that.

When I looked at this some time ago, it seemed to me that Sarah is right and we largely drew our evidence-based programmes from America. We were able to introduce some of them here, but because they were quite expensive in the early stage they suffered from losing finance. There is still evidence-based work going on and it continues to be evaluated, but we have not done that nearly as thoroughly as they do in America. Maybe that is one of the lessons we need to learn, too. We have to be prepared to continue our building up of evidence and evaluation to make sure that we are getting things as good as we can in what investment delivers and, therefore, how we measure what will be really effective.

I thank the three of you enormously. We want to keep an eye on a lot of the work that you are continuing to do. Thank you very much for coming at this early stage of our inquiry. If there is ever anything that you have found that you think we should be aware of, or if there is something you think we are missing, please write to us and come back to us. We would be very grateful for that.

Thank you all very much for your contribution. I now formally suspend the meeting so that we can sort out the technology for the next session. Thank you very much indeed.