



Public Services Committee

Corrected oral evidence: Role of public services in addressing child vulnerability

Wednesday 19 May 2021

4 pm

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

Evidence Session No. 7

Virtual Proceeding

Questions 54 - 57

Witnesses

I: Andrew Fellowes, Associate Head of Policy and Public Affairs, National Society for the Prevention of Cruelty to Children; Javed Khan, Chief Executive, Barnardo's; Imran Hussain, Director of Policy and Campaigns, Action for Children.

Examination of witnesses

Andrew Fellowes, Javed Khan and Imran Hussain.

The Chair: Good afternoon, everyone. Welcome to the second part of today's evidence on vulnerable children. I am very pleased to welcome three people from children's organisations who are doing some very important but different work in that whole sector: Andrew Fellowes from the NSPCC, Javed Khan from Barnardo's, and Imran Hussain from Action for Children. I would be grateful if you could introduce yourselves before you answer our first question so that anybody watching is able to get a real flavour of your organisation and what you do within it.

First, I declare an interest as I am an ambassador for Action for Children. This is a very long-standing Methodist connection since I was a little child. I still do things with what is now known as Action for Children. It was not called anything as trendy as that in those days; it was National Children's Home. Welcome to all three of you. We are really interested in hearing from you. The first question is from Lord Hogan-Howe.

Q54 **Lord Hogan-Howe:** Thank you, Chair. Good afternoon, everyone. First of all, I declare a couple of interests. I am a non-executive member of the Cabinet Office. I also declare that I met Javed Khan, and we worked together, when he was chief executive, over Crimestoppers. It is nice to see him again.

Last week, the Early Intervention Foundation and Crest, a charity, told us that even before the pandemic there was a growing number of children at risk of being involved in crime or living in families experiencing abuse, addiction or mental health issues. Are you seeing more children pushed to crisis point, and, if so, why? I invite Imran Hussain to start, please.

Imran Hussain: Thank you. I am the policy and campaigns director for Action for Children.

Are we seeing more children pushed into crisis? It is probably worth starting with a baseline. A couple of years ago, we did a report on childhoods, and in part of it we asked parents, grandparents and children about childhoods today. One of the big findings was that all three expressed concern that childhoods today were tougher than in previous generations. That is a worry. It is also worth saying that the Children's Commissioner has done work on the number of vulnerable children, which is around 2 million. One in seven children at some point were found to have been classified as in need. That is the baseline.

In our work, we have 500 services in four nations. We reach 370,000 children and young people and families, and we see mental health and emotional well-being as a big concern, as well as abuse and social interaction. Looking forward, one big worry we have about crisis is that more children are going into care, but the things you need to do to manage that kind of demand on the system are not being done. All the smart things you need to do with early help and early investment are

being crowded out by the fact that the system is focused on the children in crisis right now. That is a particular worry.

Looking forward, there are two big drivers. The first is poverty. Today, the End Child Poverty coalition put out some statistics about child poverty at local level. There are 4.3 million children in poverty. That number has gone up significantly in recent years, and the projections are that it will go up again. That will have an impact on the pressures on families. As an organisation, we do a range of different things, such as fostering, family support services and children's services. In the past year, we had to set up our own crisis grant system to help families before we could help them in other ways, because people were in desperate financial hardship.

The other thing is mental health and well-being. At the end of last year, NHS Digital published its prevalence study on the number of children estimated to have a mental health problem. The number had gone up to one in six from one in nine in 2017. Generally, the number of children facing mental health challenges is going up. We have a web-based service that has online chats with specialist workers. Usage of that has gone up by four times in the past year.

At the start of last year, we were getting inquiries about potty training or behaviour, whereas now we are getting inquiries about children's mental health, home-schooling and parental well-being. The length of the calls has changed as well. They used to be 15-minute chats; now they are 30 or 40-minute chats. We are incredibly worried about the system being geared on crisis and what poverty and mental health will do.

Lord Hogan-Howe: Thank you. Andrew Fellowes, could I ask you the same question, please?

Andrew Fellowes: I am associate head of policy and public affairs at the NSPCC. We also run Childline.

We think the increase in children reaching crisis point is driven by two factors. One is the increase on stresses on the family. We did a literature review at the start of the pandemic and found a strong correlation between increased family pressure, worries about housing, poverty, job insecurity, parental mental health and rates of child maltreatment, and reduction in services. In the course of the pandemic, we saw contacts to our helpline increase by about a quarter—85,000—which is the most we have ever seen. We also saw an increase of about 30% in the proportion that had to be referred to statutory services. There was an increase in both the number and the seriousness of those contacts.

From Childline, we delivered 200,000 sessions with children and young people last year. The single biggest category was mental health and emotional well-being. That includes the very serious end—suicidal ideation and self-harm—unfortunately. As Imran said, that increase in pressure has come alongside a reduction in the services that are able to intervene or offer support at an earlier stage. We have seen the shift from spending on early help and early intervention towards crisis

management, child protection and looked-after children. A combination of push and pull factors, as it were, is leading more children to start on that process, and maybe not receive adequate or appropriate support until they get further down into crisis. That has been exacerbated by the pandemic, but both dynamics were definitely present prior to it.

Lord Hogan-Howe: Thank you. Javed Khan, could you try to answer the same question? Are you seeing more children, and do you know why?

Javed Khan: Thank you, Lord Hogan-Howe. I am the chief executive of Barnardo's, the largest children's charity in the UK. We work across all four nations, with over 800 services in and around all communities. We support about 358,000 children and young people in a full year, and work with, as you would expect, some of the most vulnerable young people.

We played a critical role in supporting those vulnerable young people in the last year in particular, through the pandemic, when we ran the See, Hear, Respond programme, funded by the Department for Education, in a coalition, which we led, of over 80 large and small local charities, including Action for Children. In the 12 months it was funded, over 100,000 vulnerable children and young people who were hidden from the system and did not meet the thresholds of the statutory agencies were supported through that programme. Additionally, like many others, many thousands of food packages, emergency fuel payments, and digital devices were distributed.

Coming to your question, Lord Hogan-Howe, which I think is a crucial one, we are absolutely seeing more children pushed to crisis point, just as my colleagues said. Even before the pandemic, we were warning that the system was in crisis. I think there is now a perfect storm of increasing demand and complexity and reduced resource.

The context for that is that over the last decade the number of children entering the care system has increased dramatically, by about 28%. Many children are now coming into care later in their childhood, having already experienced significant harm. The problem is that the support systems often think of the reasons for that in silos, but for the children we are talking about they are all related. The same children and families with abuse, addiction and mental health issues are more vulnerable to criminal exploitation. We need to support children early before things escalate.

Over many years, successive Governments have reduced funding for local authorities, so they have been forced to focus resources on children who have already experienced harm, and less on preventive interventions. In the eight years up to 2019, local authority spend on late intervention services for children and young people rose by 29% to £7.2 billion, while spending on early intervention decreased by 46% to only £1.9 billion.

We then get to the pandemic, which has exacerbated problems for families with pre-existing issues, as well as creating new problems for others. A survey of 400 Barnardo's front-line workers last year found that

two-thirds of front-line workers were giving food to families, and 72% reported increased demand for their services. As Imran has already mentioned, one in six five to 19 year-olds has a mental health condition. Those are last summer's figures. I fear that the numbers will have gone up now.

On top of that, vulnerability is changing too. The system needs to keep up, and it has not done so in the join-up of the dots between services, so that everyone sees a 360-degree picture of the challenges and what is needed. A really good example, which you will know a lot about, Lord Hogan-Howe, is child criminal exploitation, where children are coerced and exploited into criminal activity. One of the most high-profile forms of child criminal exploitation is county lines, of course. Even during the pandemic, we saw that exploitation continue as gangs adapted, dressing children up as key workers, for example.

Those children are not being identified or supported early enough, often not until they turn up in accident and emergency or at the local police station. A key problem is that there is no consistent approach to the challenges we are talking about, child criminal exploitation in particular, as you mentioned, between agencies or sometimes within agencies. We would like to see a statutory definition for child criminal exploitation that could help guide professionals to identify those children, just as there is for child sexual exploitation.

Lord Hogan-Howe: I have one follow-up question. Javed, you just mentioned your "See, Hear, Respond" partnership. I think you said 100,000 young people came into that. What did your organisation learn about vulnerability from that contact?

Javed Khan: There was a huge amount of learning. First, we learned that vulnerability in families was a lot more complex than previously understood. Key reasons for referring to "See, Hear, Respond" included mental health; disengagement from education; special educational needs; risk of exploitation; family problems, including domestic abuse; poverty and digital exclusion. Sixty per cent of referrals that we supported had three or more identified support needs; they were overlapping.

We need to bear in mind that "See, Hear, Respond" was a universal service for all children and young people who had been negatively affected by the pandemic but did not meet statutory thresholds for support. It also exposed underlying weaknesses in the system, I would say. Even pre-Covid, too many vulnerable children did not qualify for support. Childhood adolescent mental health services are a really good example where the thresholds are now so high that children are not getting the support that they need at the first signs of anxiety and behaviour that is not customary for them. Children were not getting support until they were literally at the end of their tether—crisis point, as you described it in your first question.

Lord Hogan-Howe: Okay. I have one quick question for Andrew

Fellowes. You mentioned Childline and the large numbers of young people who contact it. What are the most common vulnerabilities that it signposts?

Andrew Fellowes: Childline is an open-access service for any child who wants to get in touch at any time about any issue. Mental health and emotional well-being has been significantly the single greatest cause. It has gone up from 30% to 38%. Within that, the most serious—suicidal and self-harm—is about 10% to 12%.

Everything else is in a range of concerns about domestic abuse, family relationships, peer-on-peer abuse and sexual abuse. It is a real cross-section of the issues that children and young people face, and they are often interrelated. We have produced a series of briefings that dived down into what children have been saying, particularly in relationship to the pandemic and exploring how feeling cut off from friends and family and school has exacerbated the problems in some cases. Access to CAMHS that was in place was disrupted. CAMHS has done a fantastic job to try to maintain provision where possible, but that has not always been the case.

For some children, there has been a moving backwards, unfortunately. The pandemic is by far the most significant challenge that children talk about on Childline with our counsellors. We have also seen a significant increase in the amount of peer support on our website. It has gone up by about 65% over the course of the pandemic. It is really clear that the pandemic has been tough for everyone, but for children particularly. They are missing school and missing friends, and the impact of the pressure on their parents means that they may not have the consistent care and support that they need, and they do not have the opportunity to have that space in school.

Lord Hogan-Howe: Andrew, thank you for that. Because of time, I will hand back to the Chair. Thank you.

The Chair: Lord Bourne wants to come in.

Lord Bourne of Aberystwyth: Hilary, thank you very much indeed. Thank you to our witnesses for all you are doing. Clearly, there are some very sobering messages about funding and about the need for early intervention and so on.

Our committee has found previously some positive messages about things that have worked better in the pandemic, in lockdown—informality and so on. As we come out of the eye of the hurricane of the pandemic, it is important that we do not lose sight of such messages. I wonder whether I could ask the three witnesses, so that we do not lose sight of some positives, if there are some thoughts you would like to leave with us of things that perhaps work better, lessons that we do not want to forget as we come out of the eye of the hurricane. Who would like to go first? Javed perhaps.

Javed Khan: I would be very happy to, Lord Bourne. I think there are some positives, some unexpected positives as well. For example, the rapid shift to a digital offer of support for many young children is not something we had planned, but we had to do it because of face-to-face contact not being allowed. What we found in that experience was that for some vulnerable children and young people it actually worked well. In many cases, it was taking away the stigma of a face-to-face support meeting for young people to be able to express themselves, on WhatsApp, for example, or various other technological solutions, and they preferred it.

One other piece of learning within that was that, where we had already established a trusting relationship with young people, it was much easier for them to shift to a digital way of connecting, as opposed to those who were first referrals, where that relationship had not been established, and they found it much harder. At Barnardo's, we are building on that learning by, in many cases, building in a blended offer of physical contact as well as digital, as and when it suits the young person.

Lord Bourne of Aberystwyth: That is very interesting. Thank you. Imran?

Imran Hussain: For us, necessity was the mother of invention. We had services that shifted to digital, and we created a digital service with Parent Talk. We did some work with the Early Intervention Foundation showing the early impact of the pandemic and how our services adjusted. I can let the committee have that, so that you get a sense of things there. That was about digital. There are obviously ups and downs with digital. There is a downside about people's access. On the whole, it is not a binary choice. We are going to use digital more in services, and we need to get the right balance.

We also found the value of the relationships we have with existing stakeholders. The local authorities we work with were incredibly helpful in making things work at times of great difficulty. I will let the committee have the report we did with the Early Intervention Foundation about how we adjusted and some of the lessons we learned.

Lord Bourne of Aberystwyth: That is very useful. Thank you very much indeed. Andrew, do you have anything to add?

Andrew Fellowes: We had very similar experiences with the digital offer. I will pick out a couple of slightly different aspects. One is that there has been a focus on working together to try to think about and understand the impact of the pandemic on vulnerable children at central government level that was potentially not there previously. We had had a significant policy drift on vulnerable children for quite some time before the pandemic, with the establishment of the safeguarding children implementation boards.

All our organisations have been involved in far more cross-government conversations than they were previously. That cannot be lost. There is an

awful lot to build on. There is an awful lot that needs to be done, but those conversations are happening. Societal support for vulnerable children is what Marcus Rashford was able to achieve, to highlight the issues that children had been through and get them on the public radar and the public agenda in a way that we had not seen before. That was a really powerful moment and that needs to be maintained as well.

Lord Bourne of Aberystwyth: That is really helpful. Thank you very much indeed. Back to you, Hilary.

The Chair: Thank you. I will move to Lord Hunt for his question.

Q55 **Lord Hunt of Kings Heath:** Thank you very much, Hilary. It was a very interesting first set of questions. Javed Khan talked about a perfect storm of increasing demand and reduced services, and the impact it had on early intervention. I want to focus on early intervention. Can you give me a sense of what could be achieved if we reprioritised our services towards early intervention? Given that resources are limited, which bit of early intervention would you prioritise?

Javed Khan: Early intervention is absolutely the right response—no doubt about that—combined with what I would call a universal front-door offer. Within that, we would prioritise family hubs in every community. If there was limited resource, that should be the number one priority. This would most obviously touch health and social services and their offer to vulnerable children and their families, with many clear benefits, alongside benefits for education, for police, for justice, and for welfare in the tangential support it would be giving.

Barnardo's, for your interest, alongside the NSPCC, Action for Children and other children's charities, published analysis in each of the last three years of the funding of and spending on children's services, which should be understood in the context of what we are talking about. These reports highlight a shift in spending from early intervention to late intervention over the whole of the last decade, which also led to the closure of children's centres and the decimation of youth services. From 2010 to 2018, local authority spend on late intervention, as I said earlier, rose by £7.2 billion—it is such an important figure—whereas early intervention decreased to only £1.9 billion. That context is so important to what we are talking about.

What that has led to is local authorities at breaking point, I would say; I was in a local authority for 10 years as director. They are relying on reserves to meet their statutory duties to vulnerable children, which is not sustainable. We really need to stem that tide. We must reach children and families before they slip into crisis. This gives them the very best chance of a positive future. To get to that point, we need a cross-departmental government approach, multiyear spending agreements, and incentives for agencies to work together locally in an interdependent way towards shared outcomes, and, along the way, I personally think we need a Cabinet Minister for children to help us to achieve it.

Lord Hunt of Kings Heath: Thank you very much. Andrew, would you like to go next?

Andrew Fellowes: Absolutely. I am not going to use the language of priorities. It is very difficult to play off different aspects of children's lives or different aspects of the childhood population against each other. Echoing what Javed said, we think early childhood, particularly the perinatal period—the first two years of life—is incredibly important. It is a unique period in child development and laying the foundations for future life, but also a unique period of risk to children.

Unfortunately, we have now had publication of the serious case reviews or the serious incident notifications, where something has gone seriously wrong for a child, during the course of the pandemic. Of 514 incidents, 35% involved children under the age of one. Families were going through an incredibly difficult period anyway. It was exacerbated by the pandemic and the decrease in services that are meant to be there to support them, particularly health visiting, given that that is an outreach service. Families with new children will not necessarily put their hand up or go to their GP and say, "We have a mental health problem, we have a concern, we need support". You need that to be an outreach service, and, unfortunately, we have seen significant decreases in the health visiting workforce.

As well as the money that has been taken out of the system for local authority early intervention, the public health budget for children has also decreased. Those two aspects have reinforced each other. The Healthy Child programme should be a flagship programme for this country. Unfortunately, that is no longer the case. Site visits are not delivered consistently. In some places, unfortunately, they are not delivered at all. The Leadsom review sets out a positive direction of travel, but, as Leadsom herself has said, it cannot just be words on the page. We need to understand how it will be translated into concrete commitments to make that vision for the best start in life a reality.

Lord Hunt of Kings Heath: Thank you. Imran?

Imran Hussain: The best way to look at early intervention is to look at the NHS, which I know you are familiar with. We would not have an NHS just comprised of A&E units with no public health and no primary care. The worry we have is that we are heading towards children's services that do not do early help but just do the crisis bit—the blue light bit. You heard the stats from Javed. We have seen a real shift in the balance of early help and late help. We see a greater proportion of money in the system being spent on late intervention. In 2010, that figure was 58%. It is now 78%. As part of our work with NSPCC, Barnardo's, NCB and the Children's Society, we went to three local authorities and did a deep dive. They told us, "We know what is really important. It's early help, but that is where we are having to take money from". Fundamentally, there is an issue about the importance of early help.

To give you a flavour of some of the savings, we did a report called *Revolving Door* where we looked at who was referred but did not meet

the statutory threshold for help. We found that those children were not getting any early help. The follow-up report found that there were many children who were referred one year and did not meet the threshold, but came back the next year and met the threshold. If those children had had early help the first time they came across the system, the intervention from the state could have been a lot cheaper.

As to where we can make a difference, Javed and Andrew mentioned early years. That really is the best investment we can make as a society. Early years, early help; at that point, it is both. The other area is mental health. We have heard the figures. There has been a huge increase in the number of children estimated to have mental health problems in the space of three years—from one in nine to one in six. That one-in-six figure does not take into account the latest lockdowns. What do we do as a society? Do we wait until a wave of need and demand hits CAMHS, or do we do something about it through early mental health support? That is what we are trying to do as a charity.

We have a programme, originally funded by Royal Mail, which is about going into schools and building resilience, and trying to do something to give children ways of dealing with the pressures on them. We need that early mental health support. The problem at the moment is that local authorities are so squeezed that they are in an impossible position. They have to make tough choices so they have to prioritise their legal duties around late intervention. There is a really good argument to be made that local authorities also need a duty on them for early help.

Lord Hunt of Kings Heath: Thank you. Those are very powerful testimonies. The points you make about the advantage of early intervention, the lack of resources and the lack of a cross-government strategy are very well taken. Putting those to one side if we can, although it is difficult, is there anything else that could encourage local bodies working together to pick up the early intervention point? Imran, do you want to take that first?

Imran Hussain: There is an opportunity around family hubs. We are very supportive of the work that Andrea Leadsom has done. It is right that she is talking about a universal service because that is how you spot problems. Our children's centres are the places where our workers spot a family not coping or signs of domestic abuse. You need some kind of universal system. She is right to focus on the early years. Family hubs, children's centres, whatever you call them, are also often places where different services come together. If the family hubs agenda can fly, there is an opportunity to shift the system. The Andrea Leadsom review provides a road map for the Government. The big question is whether or not Ministers will get behind it at the next spending review.

Lord Hunt of Kings Heath: Thank you. Andrew?

Andrew Fellowes: This is an opportunity, and it is really important. It is an opportunity that we have not seen for some time. As well as Andrea Leadsom's review, there is Josh MacAlister's care review, Kevan Collins's

education recovery review and the mental health in education action group. There are myriad reviews looking at how to improve things for vulnerable children. What there needs to be is a degree of co-ordination and then translation into mainstream policy. In the previous session, I heard the question about the Health and Social Care Act. That is potentially a significant opportunity for integration that has pretty much excluded children until now.

At local level, we have the multiagency safeguarding partnerships. Alan Wood, who is, in essence, the architect of those reforms, published a review last week that says there are funding pressures—absolutely—but there is also a lack of co-ordination of messages from central government to local system partners to give them clarity about what their joint priorities should be for vulnerable children. Having a number of plans and reviews is potentially just as confusing as having none. The opportunity now is for central government to co-ordinate this work and make sure that, for families and for local services, it comes down with resourcing, as well as clarity about how to join them up and make them happen.

Lord Hunt of Kings Heath: Javed, taking that point, and given that at the moment we do not have a central government co-ordinated approach, is this not something that can simply be taken up locally? Has Covid not shown us that local bodies have it within them to actually develop a leadership role? Do we always need central government diktat on this?

Javed Khan: You are right to recognise that local leaders have local responsibility, and can act. The challenge we have to remember, however, is how we ensure consistency across the landscape of the country, so that it does not become a postcode lottery, where there are particularly visionary leaders who are making it happen across councils, across the NHS, across police and so on. No one should lose out. No child should lose out by the happenstance of where they live. The question to ask is how we ensure, as is often talked about, a duty on local agencies to collaborate to intervene early. How do we ensure that? There is lots of guidance. It is very extensive; it is out there, but the duty itself could and, I believe, should be strengthened.

If we look back to 2011, Professor Munro, in her ground-breaking report, said even at that time that there should be a duty to provide sufficient early intervention services. It has not been followed through. But—it is a very important but—no change to law or guidance will achieve the change we need without enough funding to back it up. There are great places up and down the country, and we work with many of them, where councils are pooling their resources with the local clinical commissioning group, with the police and crime commissioner and other providers. They are getting more bang for their buck and being really creative about it, but I go back to where I started; it should not be a postcode lottery.

Lord Hunt of Kings Heath: Thank you very much.

The Chair: Thank you very much for that. I will now bring in Baroness

Wyld.

Q56 Baroness Wyld: Thank you, Chair. Good afternoon, witnesses. I want to come back, if I may, to the children we have talked about who are falling through the gaps—a horrible expression. We heard last week, as you know, from the LGA and the Association of Directors of Children’s Services about the children we have touched on today who do not reach the requirements for statutory support and therefore, as I say, often miss out. It would be really helpful to have, if you can, some specific examples of the work that your charities have done to help those children and what we might draw from those examples of best practice. I do not mind who goes first. You can fight it out.

Javed Khan: I am happy to start if it helps. It is true that demand is outstripping resource, and local authorities have had to make really difficult decisions, as all three of us have said to you in our own ways. Charities—the voluntary sector—have a crucial role to play in this and always have done, of course. An example I gave is family hubs. We run many of them, providing universal services and putting in our fundraised income alongside the resources from local authorities, but it is not just about money in that context.

Charities are often more trusted, especially by vulnerable families who do not trust statutory services. It is just a fact, I am afraid, in many cases. We have a great offer to bring to the table, which is more than just resource. There are many examples. “See, Hear, Respond”, which I mentioned earlier, is a really good example. We are a coalition of 80-plus charities and community organisations. We are able to reach into the back streets of this great country where statutory agencies either were not reaching or did not have the resources, or the young people did not meet the thresholds. The funding for that ended in March, so there is now a big challenge for those hidden victims of Covid.

Another really good example I want to share with you is around mental health, which is the big topic of the day, of course. Child and adolescent mental health services, CAMHS, are usually separated into four tiers, each delivered by different agencies, and that creates a number of pinch points—transition points—with very high thresholds before young people get support. The Solar service in Solihull is run by Barnardo’s and delivered alongside the Solihull Mental Health NHS Foundation and Autism West Midlands. We are doing something very difficult there. That was the pitch when we took it on. Straightaway, we said we would not apply the four tiers, because you do not have to, but that we would frontload the resources that we have for early intervention.

At the first sign of a young person experiencing anxiety, when, say, a schoolteacher spots a 13 year-old in class whose behaviour is slightly different, something is not right about how they are dressing, or their homework or something is not right, they have a referral mechanism to an agency that intervenes really early. As a result, there is a single point of access now for children and families in that area, and the results are quite astounding. It is one of the few CAMHS-equivalent services that has

hit the national targets for referral rates, because we are doing something different. It is not rocket science. The model that child and adolescent mental health services need to adopt is not written in statute; it can be developed locally. We are happy to share more information with you on how that works in practice.

Baroness Wyld: That would be very helpful. In the last session, I wanted to ask about the transitions across mental health and I did not have time. Thank you very much for that example. Imran, you are next on my screen.

Imran Hussain: Thank you. One worry, straight off the bat, is that we are going to see more children falling through the gap; if systems become increasingly focused on crisis, they ration, and one way of rationing is raising the threshold.

In the voluntary sector and in what we do, one of the things we would say is that our approach as a charity is very much "Think". We are family, so we try to do that in our work. We bring that expertise. We also try to meet unmet need. I mentioned earlier that during the pandemic we spotted issues around financial hardship and established a crisis grant scheme. On an ongoing basis, one of our children's centres in Devon has been working with Citizens Advice to help low-income families check their benefit entitlement and get the benefits they are entitled to. Over two or three years, it identified £2 million-worth of income that families were missing out on. Unmet need is one thing we do.

Charities innovate. At Action for Children, one of our services, the Dundee project a few years ago, led to the troubled families programme. Our roots were established 150 years ago when we set up homes for children. We have not built homes in England for a generation, but we are now doing it again because we have looked at what is happening. There is a real issue about the availability of children's homes, and the cost and quality of care. Everyone has the image of a children's home as a place of last resort. We feel that for some children it might be the right choice, so we are trying to do it in a different way, and, hopefully, that will have benefits for the taxpayer and for the children as well. As I mentioned earlier, we are working with schools getting early mental health support there.

A point to flag up is that, as a voluntary sector, we cannot do everything. We have helped, through our crisis grant scheme, 20,000 children over the year. As you know, the number of children in poverty is many times more than that. Charities are clearly in the difficult position that the need for their services is rising, costs are going up, and their incomes have been hit by the pandemic, whether it is their investment income or their lack of ability to do face-to-face fundraising. That makes things really tricky for charities at the moment.

Baroness Wyld: That is really helpful. Can I come back on one thing? Those are really interesting case studies from both of you. We have often heard about when services do not join up and when they do not work

well, but what you have both shown are examples of different service providers working very well together. What do you think are the main lessons we can take from that? Why does it work so well, when it works? What is the magic ingredient from your point of view when services work well and integrate together?

Javed Khan: The key is a commitment from all partners to co-production. It is a bit of a cliché, but it is absolutely true. You commit to something that you are going to develop together as a partnership of equals that is not about size, scale, and resources but is about what you bring to the table. “See, Hear, Respond” was a great example of that, with 80 large and small national and local charities coming together. The larger charities, people like us and Action for Children, learned a lot about the grass-roots organisations and how they were working. At the same time, we were building their capacity and their ability to use government funding in a way that they otherwise would never have got a look into.

Baroness Wylde: That is hugely helpful. Thank you. Andrew, do you want to come in?

Andrew Fellowes: I will take it from a slightly different perspective. One of the things the NSPCC tries to do is to look at the best international evidence of models that can make a difference to vulnerable children. We pilot those models, evaluate them and then try to scale them up. We have a couple of flagship transformational programmes working in partnership with central and local government to see if another way of doing things is possible. One of them is the Lighthouse in London. It is called a child house model where all the different services that are often particularly fragmented if children have experienced sexual abuse—the courts system, the police, forensic services, social care services, therapeutic services—are brought together and physically located in a space built for children, which is often not the case.

We have been working with both charitable funding and the London mayor’s office to show that the model can work. We now hope to be able to support other local areas to learn from that and bring their agencies together so they can start thinking about how they make sure that their children are able to have the same experiences. As Javed said, these types of experiences and these types of support should not be dependent on where children live.

The other model is the infant and family team, based on a model in the United States. That is an assessment of parents who have reached areas of significant concern and are looking at care proceedings. It is in partnership with the family courts system. It has expanded. We have a dispensation. The decisions take longer, but it is a more integrated assessment between social workers, therapists and a whole range of workers who then make a recommendation to the court. Rather than just making a snapshot decision of whether a family is able safely to care for a child at one point in time, it is an attempt to give the family the best possible opportunity to make the changes that they are assessed as

needing over the long term to be able to maintain a safe environment for the child.

That is a part of a randomised control 10-year trial. It is the first RCT in the family courts system since the 1970s. We try to provide the system with that type of evidence so that we can look at how we can change things. Central government has a role to play, but so do local decision-makers. I am happy to give evidence of those models to the committee.

Baroness Wylde: That would be great. Thank you very much. I think I have used all my time. I could carry on, but I will hand back to the Chair.

The Chair: Thanks very much, Laura. That was very interesting. We are coming to our last set of questions with Baroness Tyler.

Q57 **Baroness Tyler of Enfield:** Thank you very much, Chair, and good afternoon. For the record, I am a non-executive board member of Social Work England.

We have already touched, this afternoon, on the fact that we do not have, at the moment, an integrated joined-up cross-government strategy on vulnerable children. I know you have covered some of that this afternoon, but if you were in charge of putting a cross-government strategy in place, what would be your absolute top priorities and what would you include that you think is absent at the moment? Imran, would you like to start?

Imran Hussain: We actually called for a national childhood strategy in 2019. We had done a report about childhood and we were very worried. The key elements in getting the best start in life—around the early years, particularly nought to two—are children’s centres; health workers; keeping children free of poverty and financial hardship, by making sure that benefits are at a decent level; getting rid of the two child limit, which is having a huge impact on families; mental health and well-being for children, fundamentally by getting early mental health support for children to build up their resilience; reducing abuse and neglect by making sure that local authorities are properly funded and able to provide early help; helping children recover from adverse childhood experiences, whether it is the criminal justice system or domestic abuse, where we are really pleased with quite a few things the Government have done in the Domestic Abuse Act; and staying put. When children leave care, we want to make sure that Staying Put is properly funded.

There is a pretty clear gap to everyone who works on this, which is poverty. There is overwhelming evidence of the impact of poverty on children’s childhoods and their life chances. The evidence base is very strong compared with other parts of social science. If you look at what the Government do and the way they talk about things, they have a massive blind spot. Education recovery really is not looking at it. We are very supportive of Andrea Leadsom’s review, but it does not talk about poverty. The Government talk about levelling up, but how can you credibly talk about levelling up opportunities and life chances when you

are not talking about tackling child poverty levels that are 50% in some areas and 14% in others? That is a massive gap.

I suppose one of the problems is a classic Whitehall thing. The DWP and the Treasury make cuts to get the savings in, and the departments that pick up the bill are the Department for Education in the long run, because of vulnerable children, and the NHS because of the health impacts down the line that Professor Marmot has talked about. They are not really in that conversation because the impact is so long-spread and so diffuse.

To give you another example, every so often the Government publish the triennial serious case review. The last one, published last year, mentioned poverty in terms of the impact on families—poverty weakens families—and the impact that cuts to local authorities have on their case loads, which the report said imperils children’s safety. I think poverty is the big one, and the system is not joined up about it.

Baroness Tyler of Enfield: Thanks very much. Javed, I am conscious we are running out of time, but do you have anything you would like to add?

Javed Khan: I would set three key priorities: a family hub in every community that provides support from prebirth to 19, a universal offer; mental health support teams in every school quickly, not as slowly as proposed in the latest Green Paper on mental health, which was only going to provide a third of schools with support by 2023 and that is not good enough; and significant changes to the care system up to 25, so that children are cared for by the state and have the same life chances as our own children, and have greater stability.

On the cost of the gap, the LGA estimates that it would be something like £1.7 billion. I agree with Imran’s comments about poverty, but I would take them a stage further. There is something even more complicated, and that is the poverty of hope that a lot of the vulnerable children and young people we work with live through day in, day out, whether it is their housing, their education, their skills, their employment opportunities, their health, drugs, alcohol and so on. They cannot see a way out of that, and that is what we have to tackle.

Baroness Tyler of Enfield: Thanks ever so much. Andrew?

Andrew Fellowes: I have three priorities as well: ensure safe, supportive environments for children in the early years, particularly rebuilding the Healthy Child programme and investing in the health visiting workforce, which can make a difference to safeguarding, with community support for parents who are struggling with mental health problems; early intervention and preventive services for children, which includes tackling the online space—it is absolutely critical that the risks that children face online are really addressed by the online safety Bill; and recovery services from mental health support services for children who have experienced harm.

I totally agree with Javed. Your aspiration has to be 100%. You cannot have an aspiration where 35% is your upper limit. We need to join up services for children who have experienced abuse and neglect so that they are not re-traumatised by going through the therapeutic or criminal justice journey.

Baroness Tyler of Enfield: I have a very quick follow-up, if I may, Chair. You have all been very positive about family hubs. Do you see family hubs as just a children's centre under a more politically acceptable name, or do you see them as something fundamentally different? How do you think they will help the voluntary sector's ability to support children?

Imran Hussain: We have said all along that we do not really care what you call them. Whether they are called children's centres or family hubs, the fact is that families need those kinds of services. There needs to be a universal element and there needs to be a particular focus on the crucial early years.

Baroness Tyler of Enfield: Thanks. Javed?

Javed Khan: As I said earlier, there should be a family hub in every community. That can be a physical and a virtual or a blended offer of what I call a family hub, nought to 19. The benefit of that model is that it exists for the whole family throughout childhood. That is what is important. When we say early intervention, it is not just about early childhood. Early intervention can happen at various stages of a child's challenges. That is really important. To get there, we need a national framework with local flexibility, so that hubs can respond to their local population's needs, which will be different in different parts of the country. The key to their success will be ensuring long-term commitment and investment. It cannot be done in a sticking-plaster way.

Baroness Tyler of Enfield: Do you think that would help with joining up the statutory services and the voluntary sector for children? Frankly, in my experience, they have not always worked well together.

Javed Khan: I think they will be a great catalyst for that. There are many examples. We run about 17 family hubs up and down the country, from the Isle of Wight to Newcastle, where exactly that is happening, and showing that it works.

Baroness Tyler of Enfield: Great. Andrew, do you have anything to add?

Andrew Fellowes: We are all awaiting the next year to see what they develop into. The positivity is reflected because for the first time in a long time there is a sense that this could be a positive movement backed by investment and the Government taking an interest. That is fantastic, but our positivity is potentially more a reflection of the dearth of the last few years. We want to work with government and encourage it to make them as good as they can be, but it is really hard to make a judgment at this point because we do not have the details.

Baroness Tyler of Enfield: Thank you. It is good to hear the positivity anyway. Back to you, Chair.

The Chair: We have, I am really sorry to say, reached the end of this session. It really has been fascinating, and you have given us some very important insights.

Because of time, the one thing that we did not probe as much as we wanted to was the relationship between the statutory sector and the voluntary sector, and how that becomes greater or more effective. For example, Javed, I know that at Barnardo's you have done some really interesting work on commissioning. If you have any comments on that, or if any work has been done in your organisation about that relationship, and/or about commissioning and how we could improve the commissioning offer in order to improve relationships between the local authority and the voluntary sector so that the child and the family come out with a better experience, please write to us about any of that. We would be really grateful.

I am sorry we have run out of time, but thank you enormously for your contribution. I hope that you will feel that we reflect it adequately when we come to the end of the inquiry, but I am sure we will be in contact with you before then. Thank you very much indeed. I now formally conclude the evidence session.