



## Public Services Committee

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

Wednesday 23 June 2021

3 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. 12

Virtual Proceeding

Questions 90 - 98

### Witnesses

**I:** Sir Alan Wood CBE, Chair, Independent Review of Multi-agency Safeguarding Arrangements; Cathy Ashley OBE, Chief Executive, Family Rights Group; Professor Leon Feinstein, Director of the Rees Centre and Professor of Education and Children's Social Care, Department of Education, University of Oxford.

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## Examination of witnesses

Sir Alan Wood, Cathy Ashley and Professor Leon Feinstein.

Q90 **The Chair:** Good afternoon everyone, and welcome to today's session. We are taking evidence as part of our examination of the vulnerability of children. I am delighted that we have two panels this afternoon, each comprising people who have been working a lot on different aspects of the vulnerability of children. For the first hour, we have Sir Alan Wood CBE, who was in charge of the independent review of multi-agency safeguarding arrangements; Cathy Ashley, chief executive of the Family Rights Group; and Professor Leon Feinstein, director of the Rees Centre and professor of education and children's social care at the University of Oxford. I am delighted you have come. All three of you have been engaged in various important aspects of this work.

I always start the questioning; it is the tradition in Select Committees that the Chair starts. When I first bring you in, it would be helpful if you could say briefly who you are so that people can fit faces to names. Because you bring to this such different specialisms, we will be directing questions to particular individuals, but we are very happy for others to come in afterwards if they want to comment. I will make sure that is possible. Of course, my colleagues on the committee may want to come in on particular aspects of what you have been saying. Thank you very much for giving up your time this afternoon.

Professor Feinstein, how should policy-makers define child vulnerability? We have been getting lots of different views on this, but we are interested in where you think the main gaps are in the data and what impact any such gaps have on the Government's ability to identify vulnerable children and ensure their support.

**Professor Leon Feinstein:** I am from the University of Oxford. I am delighted to appear before the committee with such a distinguished panel of colleagues.

It is a fabulous question. On the definition of vulnerability, the main point is the importance of a holistic definition that is consistent and coherent across the different arms of government. The work that I did on this question, supported by Anne Longfield when she was Children's Commissioner, was reviewing the different uses of the term "vulnerability" across different government departments. We reviewed all uses of the term over a 20-year period by different bits of government and identified 72 different uses. It is important in a number of ways but, essentially, it is not a child-focused lens.

When talking about vulnerability, I am referring to the levels of need in the round for England in particular. That was the work we were looking at. I emphasise that because it is important to distinguish the challenge of understanding vulnerability in aggregate from the treatment of individual children. I am not commenting on specific children. The work on vulnerability was about trying to understand levels of need at the level of society, such that we can think about the social response. How that

translates to responses to specific children is a different but related question. At the aggregate level, we identified 72 different indicators, all of which reflect things that a particular arm of government might think of as an indicator of vulnerability, so it spans a very wide range of different issues.

There is a debate to be had about what we mean by vulnerability. All children are vulnerable; to a degree, childhood is a state of vulnerability. What we are interested in are children who have needs that they, their families and their immediate communities cannot easily meet and where there are additional aspects of vulnerability. Vulnerability to what, you might ask. We identified two broad strands of focus on vulnerability, one being children at risk of specific harm, which might be trafficking, sexual abuse or neglect—the serious end of child protection—and harms in the form of emotional and physical violence and so on. The other is distinguishing that from another way in which the term vulnerability has been used in government, which is more about risk of disadvantage, more a social mobility or social justice lens and less a child protection lens. Those two meanings are related but different, and I can talk more about that.

What do we mean by vulnerability? In the work that the Children's Commissioner did, we were trying to understand vulnerability in the round. Looking across the 72 different indicators, as well as the grouping into two that I described, we classified them into seven domains. Those seven domains are importantly different; they are different lenses for the way we think about vulnerability. I do not know whether it is useful to go through the seven, but, to give an example, we might think about children who are vulnerable by virtue of their own development; characteristics of their health and capabilities, in which we measure characteristics of the child; and issues such as mental health, which lead to vulnerability. That is one domain of measurement.

There is a whole range of issues in the measurement of the development of the child. There is a different form of vulnerability in a category of children who might be vulnerable by virtue of household circumstance: who they are living with and what assets and resources are available to them in the home. Those are two of the seven categories into which we broadly classify vulnerability.

My main challenge to the work of government, particularly during the pandemic, is that vulnerability has been used in a very narrow sense. In the pandemic, the Government were monitoring vulnerability mainly in terms of children in care or children with special educational needs and disabilities. Those are two of the 72 categories. A lot of the other categories are much more invisible. So my point, in answer to the question, is that there is a need for a general framework by which we understand all those characteristics and the different combinations in which they occur, rather than thinking it can all be done with one or two measures. It is more complicated than that.

**The Chair:** Thank you, Professor Feinstein. Do either of the other

witnesses want to add anything? If not, Lord Young wants to ask a question.

**Q91 Lord Young of Cookham:** Could I come back to what Professor Feinstein has been saying? I understand the need for consistency in definition, but looking at the definition he is using, and his work for the Office of the Children's Commissioner, he comes up with a total of 2.3 million children who should be deemed vulnerable. There are 12 million children under 16 in the UK so, looking just at England, that is a very high percentage. Without in any way seeking to minimise the problems of children who have a parent in prison, a parent with a health condition or a parent suffering from alcohol abuse, do we not need something slightly more granular, given the pressure on services and the need to come to difficult decisions about priorities? I am not sure that the seven domains you talked about do the trick, because they look at different types of vulnerability rather than different degrees of vulnerability. Do we not need something more granular?

**Professor Leon Feinstein:** Yes, we do. In answering that, let me also pick up the other question the Chair asked about the quality of the data. It is worth explaining in a little bit of detail what we did and what we found. We identified the 72 indicators, and for each of those indicators we were interested in whether we knew how many children were indicated; whether we knew anything about what those children said about their experience; and how much was spent on public services' support for that group. We were reviewing that in the round.

The estimate of 2.4 million mentioned by Lord Young was a rough one and was the best we were able to come up with for the number of children who were vulnerable in what we call category four: children who are vulnerable by virtue of household circumstance. It is important to emphasise that that is only one of the seven domains. That is not the total of vulnerability; it is an aggregate estimate.

The argument was not that those 2.4 million children all need a social worker, but it gave us a first estimate of the levels of need in household circumstance that might sit underneath what is observed in children's services departments in referrals to care as a result of need in children's living conditions. That was based on an estimate of the number of children who might be experiencing high levels of absolute poverty, or high levels of domestic violence, or high levels of mental ill health among the adults in their households, or high levels of drug and alcohol use. The estimate we were able to come up with was 2.4 million. Lord Young is right. Nobody would say that every one of those 2.4 million children needs a social worker. What we wanted to know were the aggregate levels of need.

You might then ask how many of those children need a social worker, and what levels of support each of them might require. [*Inaudible.*]

**The Chair:** We have lost Leon for a moment. Can the technical people help?

**Lord Young of Cookham:** He was just coming to the interesting bit of the answer.

**The Chair:** I know. I have a couple of follow-up questions, so we will come back to him in a minute or two. Lord Bourne, can you come in with your question?

Q92 **Lord Bourne of Aberystwyth:** Thanks, Hilary. It is like missing the dénouement of the whodunnit. We were all sitting there waiting for it.

My question is addressed most specifically to Sir Alan, but if the others want to come in that will be welcome too. It is about his recent review of safeguarding. Perhaps he could take us through the systemic failings that the review found and what the consequences of those failings are likely to be for vulnerable children and how we could address them.

**Sir Alan Wood:** Thank you very much for inviting me to come before the committee. I am very pleased to receive the invite and to participate.

Perhaps I might start by saying what the latest review that I completed set out to do. It was to look at the implementation of the new arrangements in the Children and Social Work Act 2017 and how they were being implemented by local authorities, the National Health Service and the organisation of police services across England. I would identify a number of systemic failings related to the process of implementation. Three in particular are worthy of detailed consideration. The first is the way in which the new role of statutory safeguarding partner is being implemented; the second is the level of support being provided by Whitehall departments; and the third is the area of assurance and accountability.

To take the role and function of the safeguarding partner first, that role was introduced to deal with quite significant failings that had been identified in my previous review about the way in which the three key agencies—local government, police and health—worked together. One of the views expressed in consultation in that review was that too much of the agenda, as it were, was dominated by local government, and the role of the police and the National Health Service was seen as subsidiary. Because of that, it was felt there was not a significantly coherent strategic approach in local areas to dealing with safeguarding, so the notion was to create the role of a statutory partner across those three agencies in which collective responsibility for safeguarding was held at the highest level in those agencies.

Looking at the implementation meant we had to look very carefully at the role of what the statutory safeguarding partner had been. The guidance given is quite narrow and it is all contained in *Working Together 2018*, but there is a specific focus on the need for strong joint leadership by the statutory partners, and the need for each statutory partner to do three things: first, to speak with authority on behalf of their organisation; secondly, to take decisions that would then bind their organisation to partnership working with that decision; and, thirdly, to hold to account

their own organisation for the way in which it was participating in the statutory arrangements.

The statutory safeguarding partner is also identified in guidance. It is identified that, first, for the National Health Service it should be the chief accountability officer for the relevant CCG; the second is that it should be the chief constable of police for the area; and the third is that it should be the chief executive of the local authority for the area. There is a function whereby areas can agree that those roles should be across more than one geographic entity because, obviously, there is a lack of contiguity between health authority areas, police service areas and local government areas. That is a function that a number of partnerships agreed to utilise.

When I looked in detail at what was happening around the statutory partner role, it was not always evident that the way in which the role was being carried out was in line with the way it was designed to be. For example, a high level of delegation is allowed, but when the role is delegated to a less senior official, the individual to whom it is delegated must have the three capacities I identified: speaking to authority, taking decisions and holding to account. It was not always clear that that was actually taking place. I think that is a systemic issue because it meant that the three statutory partners, if they were delegates when they met, were not always able to take those decisions and those decisions had to be referred out.

One of the fundamental characteristics of failure in the previous review was that decisions could not be made in a timely and effective way that bound organisations to deliver. Where that was most effectively done, you could see progress moving forward in support for more multiagency practice and in the resolution of issues that had often combined to hold back development, such as those around data protocols and sharing, financing and cross-agency professional development. There was an issue around the role of the statutory strategic partner that I felt needed significant attention both within the agencies, locally, regionally and nationally, and in government.

That leads me to the second point about the support provided from Whitehall. Whitehall is very good at proselytising for local police, health and local government to work more effectively together and to push the case for that. However, it does not always model the same expectations for its own arrangements. There is quite a lot of silo working in central government, which belies the commitment to promote cross-agency working locally, so there is a lack of joint leadership across government. You often get comments made by a Permanent Secretary, a senior civil servant or indeed a Minister about multiagency safeguarding, but it is particularly siloed.

There are examples of poor planning. The classic example of that at the moment is the move taking place from clinical commissioning groups to the integrated care service. The initial planning and guidance in that area had no exemplative reference to multiagency safeguarding and the

importance of the senior official from those agencies being engaged locally to take decisions. A lot of pressure had to be generated to get that looked at to ensure that the move taking place in that government-led change did not break through the statutory arrangements around safeguarding. You can see that in other areas of government reorganisation and government guidance; there is too much focus on a silo approach.

The gap also meant that there was insufficient communication, in my view, between central government leadership on safeguarding children and the role played by statutory partners. The statutory partner provides for the Government, if they wish to use it, eyes and ears around intelligence and information that allow the Government to think more critically about policy issues. There is an absence of that in government at the moment. My report made recommendations as to how that might be overcome.

The third area where I think there is a systemic failing is assurance and accountability. Too often, the scrutiny and challenge that we see independently locally is not on the key strategic challenges or issues; it tends to be on specific service-focused issues, which in itself is extremely valuable but is not really sufficient to check that the statutory partner function being provided by the three agencies locally is effective and strategic. There is an issue about the role of local independent challenge and scrutiny.

That leads to a second issue about assurance and accountability. At the moment, there is an absence in the joint national inspectorate framework of an ability to carry out inspection or assurance of the way in which the statutory partner functions are operating and the impact of that on the outcomes for children, communities and families. So there is a gap. Similarly, when we look at independent scrutiny and challenge, if it is about the statutory partner, it tends to be what the chief executive is doing, what the chief constable is doing, or what the chief operating officer is doing. There is very little evidence of scrutiny of what the three of them are doing together. The most effective thing about the statutory partnership role is that they are a team, so it is not about simply about looking individually at what they are doing.

Those were the three areas where I thought there was evidence of some systemic failing, but there is also evidence in areas of how people have overcome that systemic failing.

**Q93 Lord Bourne of Aberystwyth:** Before asking Cathy and Leon—who I see has rejoined us—whether they want to comment, could you point us to any local areas where things are going well, hopefully extremely well? It is always good to know that we can turn to some local area and say that something is working there. Do you have any examples, Sir Alan?

**Sir Alan Wood:** There are a number of examples in the report, but I shall point to two. One is the partnership in Lancashire and Cumbria, where a very significant additional contribution has been made by the

police in particular. The police service for that area has taken on board the statutory partner role and has been able to work effectively with local government and health to improve the contribution the police have been making to multiagency safeguarding in that area. Similarly, in the London Borough of Bromley, the local authority has taken a very clear view, with the health service and with the police, about the importance of independent challenge and the analysis of cross-agency working. I would point to those two areas as having green shoots, but there were other references in my report to how areas had dealt with this.

**Lord Bourne of Aberystwyth:** Do Cathy or Leon want to comment at all? I am getting a no.

**Lord Bichard:** Sir Alan, the point you make about the silo approach of government departments is a complaint that some of us have been making for 40 years, not just in relation to vulnerable children. I am particularly interested in whether, having now seen both sides, you have any practical suggestions on how we could do something about this, because it is no good just identifying the problem; we have to do something about it. To add to that, did you form a view about the impact of inspectorates and regulation on the ability of the partners to work effectively together?

**Sir Alan Wood:** That is absolutely right. I remember well that when you were working on that, Lord Bichard, the constant message you wanted to give was that there had to be much more effective co-operation between agencies.

Let me give an example of where I think it could have been better. I say this in my report. Because this was a very new set of proposals, introduced by the Act and the creation of the statutory partner role, I think that consideration might have been given in Whitehall to the notion of professional development and training for the statutory partners. For example, when the director of children's service role was introduced in 2013, it was supplemented by a vast range of professional development and training for directors of children's services. Nothing of a comparable nature was available for statutory partners; indeed, the Government did not even have a coherent and complete list of statutory partners for each area, so it would not have been possible for them to do it.

The structure that the Civil Service put in place for implementation was something called the safeguarding children implementation board, and it was across Whitehall. The level of representation on that board was not at a very senior level, and often attendance was delegated from that individual to another officer. So the people coming together to look at implementation and consider how progress was being made did not have the seniority to do the three things they were asking statutory partners to do: speak with authority for their department; be able to take decisions that bound their department to carry them out; and hold the department to account. They were not able to do that. When you look at how that filtered upwards through the Civil Service, there was very little evidence



that the issue was appearing on the agenda of Permanent Secretaries, for example.

There was a very big, glaring gap. In local government, people traditionally looked to the director of children's services to provide advice, guidance and support to drive things forward. That is quite right, but the guidance specifically pointed out that this was a role for chief executives, although they can of course delegate it to the director of children's services. The most important government department, in terms of chief executives, is the Ministry of Housing, Communities and Local Government, which was not represented at any senior level at all across Whitehall. So my recommendation was, and is, that Whitehall should rethink how it looks after the implementation and apply to itself the same test that it applies to local government, the police and health on the capacity and authority of the individuals to make decisions.

Moving on to inspection, I think the inspectorates across police, health, local government and children's social care are still thinking about how they need to look at this. They tend to say they do not like to look at structures—they like to look at outcomes for children. My view is that this is a fundamental change to the structure, and you have to see whether that bit is working and track it through to see whether or not the outcomes for children are improving.

As I understand it, the current position is that some discussion is taking place between government departments and the various inspectorates to talk through undertaking a number of thematic inspections to look at how the decision-making of the statutory partners is impacting, or not, on outcomes for children. I hope they can do that at pace, because it is a big gap in the intelligence, knowledge and information we have about the effectiveness of our safeguarding systems.

**The Chair:** That is very interesting. Thank you. George, I know you are keen to get the end of the question that you put to Leon.

**Lord Young of Cookham:** Indeed. I think we left it at the point where Professor Feinstein was saying that not all vulnerable children needed the help of a social worker. He was about to tell us how one might begin to grade the levels of need into some sort of order of priority when, sadly, he was cut off.

**Professor Leon Feinstein:** Apologies. Thank you for the chance to come back on that.

The point that the data are not rich enough to answer the specific questions about which children might need help is exactly right. The data have to be fit for purpose and the purpose of the analysis we conducted was to assess levels of need in the round, as part of a contribution to a spending review debate about what should be the levels of spending on early help or the care system, and to relate that in some sense to the aggregate level of need. The point that the data are not all that good is entirely correct.

We made an estimate—and one reason why it is very difficult to get to good estimates is that many children are missing from most of our key datasets, and very few of our datasets look at the intersection between the different characteristics of vulnerability. You can get a reasonably good estimate of how many children are living in poverty, but if you want to know how many of those children in poverty are also experiencing, say, domestic violence in the household, there are no official statistics or data on those things—so we had to estimate. The first point to make is that as a society we do not have a good handle on aggregate levels of need.

On Lord Young's question about the extent to which we can use this analysis to say how many children need a social worker, we absolutely need more granular and better data. In the vulnerability framework, we pointed to a framework that allows that sort of data to be generated. One of the difficulties at the moment is that every government department collects data on a single notion of vulnerability, without looking at the intersections with the bits of vulnerability that other departments care about. In relation to the discussion of silos, you see that as regards data. It is very hard to understand the aggregate levels of need and, therefore, it is not surprising that what services are dealing with is what comes to the front door. As a nation, we do not have a strong strategic handle on what aggregate levels of need are, precisely because the data are not rich enough.

We do not know enough about relationships between components of vulnerability. We know very little about community resources and the strengths of children and their support. We know a lot more about vulnerabilities than we do about assets and resources. We know very little about spending. What I found most surprising in doing this work is how little we know about where the money goes in terms of the needs of the children and families to whom it is directed. I could give more examples of that, but I hope the point is understood.

**The Chair:** That is very interesting. I am afraid we need to move on. The next questioner is Lord Davies.

Q94 **Lord Davies of Gower:** My question is aimed more or less at Cathy Ashley, and it relates to kinship carers and their role. How many are there? Is there a register of kinship carers, and what are the difficulties they face? Cathy, perhaps you could enlighten us.

**Cathy Ashley:** There are about 180,000 children in kinship care, which is when a child is living with a relative or friend and is unable to live with their parents for a range of reasons. Often, kinship care is invisible in our society, including in public policy-making. Going back to what Leon described as resources and assets in our community, family members are our biggest resource for children, and too little thought is invested in that.

In 2018, the charity Family Rights Group facilitated a review of the care crisis in our child welfare system. It was a sector-led review that involved

the judiciary, children's services, practitioners, kinship carers, parents, young people, Ofsted and Cafcass. We tried to get everyone around the table to look at why the number of children in the care system was higher than at any time since 1985, and why the number of care proceedings were going up. We found a consensus that our child welfare system is overstretched and overwhelmed. We increasingly have ended up with families and local authorities under huge pressure on financial resources and feeling very much under scrutiny and blame. The response to that is a great deal of defensiveness in practice, risk aversity, and more and more children ending up escalated to child protection and the care system.

The reason that is particularly pertinent in relation to the point you raised, Lord Davies, is that, as more and more of the limited resources being invested in children's social care are going into the very acute end, we end up with family members often not being consistently explored and not seen as partners in relation to safeguarding children. For example, family group conferences are not consistently offered to families when there is a risk that the child may go into the care system. We are also not supporting family members to care for children outside the care system in a consistent way. As a result, last year our advice lines received about 18,000 calls from parents, kinship carers or family members who were in some way involved in children's social care. Often, those family members end up feeling that it is a battle with the state rather than a partnership with the state.

Because our benefits system and services outside children's social care systems are organised at national government level, a further problem is that those family members are often further penalised rather than supported. An example is that about half of kinship carers who step up to take on the care of a child end up having to give up their job. Unlike adopters, they are not able to access adoption leave, so they are not given paid leave to adjust. They are often reliant on the benefits system, and they are potentially subject to the benefit cap if they take on a group of siblings. They often have to navigate the legal system. Many report that they cannot get access to legal aid and often end up having to fund legal costs themselves. They do not necessarily know their rights and options as part of that process. In addition to all that, as well as dealing with the reason why the child is coming into the system—it may be parental death, for example—they face a battle with the local authority to get support for that child.

We have got it all wrong in the sense that, instead of seeing it as a partnership that should be operating between families and the state, with our public services geared up to that, we are making it a battle with kinship carers to do right by those children.

**Q95 Lord Davies of Gower:** Support is clearly the big issue for kinship carers. What more can be done? Do you think schools could do more to help? Are there examples of local children's services that work effectively with kinship carers that you can tell us about?

**Cathy Ashley:** A number of things could be done at both government and local authority level. You asked for a good example. Leeds consistently offers family group conferences to families at an early stage to be able to make a plan to prevent a child needing to go into the care system. The 2018 figures show that a third of children who were in kinship foster care first ended up in unrelated foster care or residential placement. By having earlier family group conferences, and enabling children to live with their relatives, you could save money and save the stress caused to children.

In relation to support services and education, it is very variable. There are some wonderful examples of schools that are trauma-informed to work with families in a situation. Others do not understand kinship care and make kinship carers jump through all sorts of hoops, as we found during the pandemic. One of the problems with the definition of children's vulnerability used during the pandemic was that kinship care did not fit neatly into it. Some kinship carers stepped forward early and therefore the children were not in the child protection plan. Those carers desperately needed help, not least because there are much higher levels of educational need and disability among those children. Instead, they had to battle with schools and the local authority to get access to a school place. That is an example of invisibility and the problem with how sometimes vulnerability can be defined.

Support groups have provided huge help to kinship carers, including the kinship care hub in Southwark, which is offering cookery classes, and a kinship organisation called Kinship Carers UK. Some local authorities are really engaging with them. The best way of doing that, which fits with your committee's first report, is through co-production and having young people, kinship carers and families working with the local authority to co-produce a kinship, family and friends care policy. Unfortunately, that often does not happen.

**Lord Davies of Gower:** Thank you for that very comprehensive answer. Professor Feinstein or Sir Alan, do you want to come in on that? No. Thank you.

Q96 **Lord Hogan-Howe:** Cathy, you said that about 180,000 people, it is believed, provide kinship care, and mentioned some of the challenges they face, I suspect, in financial and legal support. Is it that they cannot become fosterers? I can understand why becoming an adopter is not straightforward. If they are able to become fosterers, with all the support that might go with that, are you aware of what proportion of those 180,000 are recognised formally as fosterers?

**Cathy Ashley:** You raise a very good point. Entitlement to support as a kinship carer is dependent largely on the legal order for the child. Whether a child is looked after and the kinship carer is assessed as a foster carer is dependent in the main on how involved the local authority or public agencies were in placing the child in that kinship carer's home. A reflection of the way we are not getting our child welfare system right is that we often find from our advice lines that, instead of being able to

get support for the child outside the looked-after system, the only route to getting support is if the child is formally looked after. That includes financial support and therapeutic support.

We know from our advice lines that quite often the local authority is gate-keeping and putting a lot of resources into saying, "No, that was a private arrangement", as opposed to, "We will work to see how we can best support this child in care". During the pandemic, kinship carers—siblings—contacted us when their parents died as a result of Covid. In some cases, the children they are taking on have severe disabilities. They have gone to the local authority and asked, "What help can we get?" The local authority said, "It's a private arrangement—it's down to you", as opposed to saying, "Let's see how we can do this". In one case from the advice line last week, the local authority told a kinship carer that they had to move home to safeguard the child, and then said it was a private arrangement. Now that we are involved, we will fight for that kinship carer, but it is a sign that we are not getting it right in partnership working with families so that children get help as early as they can.

If the committee is thinking about where resources can be focused, local authorities have to spend a lot of money gate-keeping in relation to access to resources, and a lot of family time is spent battling that gate-keeping, as opposed to investing in early support and help, which is what we would all much prefer.

**The Chair:** Thank you. I now ask Lord Filkin to come in.

Q97 **Lord Filkin:** Thank you all for a fascinating session so far. We were perhaps surprised earlier to be told by a Department for Education official that there was no overarching government strategy for vulnerable children. Maybe on reflection, given how vast the subject is, it is not axiomatic that an overarching strategy would make sense. What do you think about that? If there was an overarching strategy, what should be its focus and priority, and how could you try to ensure in developing one that it made a difference?

**Sir Alan Wood:** That is a really interesting response from the DfE. There have been quite a number of attempts to look across government at developing a strategy for vulnerable children and families. What continues to happen seems to be that at the highest level officials are brought together to discuss how to go about building a strategy—for example, for vulnerable children—and then it just dissipates. You discover that the ordinary functioning of departments takes over. While people are going to meetings and having discussions and writing reports, Governments continue to do things and new initiatives come out from individual Governments. Take as an example the number of initiatives over the past few years to tackle serious violence. Different departments seem to have different priorities, different approaches and different groups of stakeholders dealing with the same issue.

It seems to me that the starting point has to be some definition at the highest levels of the Civil Service and government of precisely what they

want to do and how they will ensure that they learn the lessons of the past in making sure that there is a coherent programme across all of government, identifying what is happening now, what seems to be working, what is not working and what are the gaps in what we are providing for vulnerable children.

Professor Feinstein gave answers to an earlier question about the numbers. The numbers are very variable, first because you do not have granularity, as he pointed out, and, secondly, because of the lack of clear definition about what we are trying to do. Until we know what we are doing at the moment that is effective and works, and where the gaps are, I fear that any attempt at developing another grand strategy means that we will just end up where we are at the moment.

I think there are things that should be done, but I am not sure that just announcing that there is to be another strategy will get us there unless we learn the lessons. What problem are we trying to solve? What planning do we need to resolve that problem? Do we have the capacity to deliver the plan? I do not think we approach things like that; we just approach them by asking for plans and strategies to be written. I am not surprised you got the answer you did.

**Lord Filkin:** Can I push you, and perhaps bring in Leon Feinstein as well? I am not sure that you made the case for an overarching strategy, given that there are so many elements of vulnerability, each of which needs to be improved, and each of which no doubt needs more resources, for the system at both national and local level to work well. One has to define which issues would be addressed by an attempt at an overarching strategy that would actually add value rather than a lot of words. I do not think I had a clear answer to that question. Can I press you on that and ask Leon Feinstein for a view on it?

**Sir Alan Wood:** The starting point is, why are we in the position we are in? The reason is that we do not have coherence, and we are trying to apply existing approaches to much more complex problems than we have had. My view is that, if we simply say we will have another strategy, we will not move forward. Let the starting point be to ask why what we are doing at the moment is not working. It is not working because we do not have sufficient skilled people. For example, we do not have reliable and consistent supplies of high-quality social workers, teachers and other professionals. What are we doing at the moment that is not working and how can we put that right?

It is also about having better understanding of what the challenges are so that we can get clarity about who we should be working with and we do not have just large numbers. For example, when we look at what is happening to adolescents at the moment, we see the complexity of the arrangements around adolescents being made by very wicked people. It is not just CSC—it is not just dealing with crime by young people or with trafficking. All those things have been woven together and we have come up with a very complex model of exploitation of vulnerable children. We

are responding to that by just looking through the same lenses that we have at the moment. I think we need to change.

**Lord Filkin:** In a sense, that is a plea for a high-level systemic analytic of performance and issues rather than a strategy per se, is it not? A strategy might follow on from that. That is helpful. Leon, do you want to comment on those questions?

**Professor Leon Feinstein:** I agree with everything Alan just said. Having a strategy per se would not necessarily help. What I would ask is how we get leadership and coherence. Leadership is a real issue for the system. Who really speaks for vulnerable children, and how effectively do they do that across the whole system in a way that supports coherence?

If having a strategy helped that, it would be very good, but, as we know, government can issue strategies quite easily and then the challenges are all on the side of implementation. What I would like to see is coherence and clear priority-setting. It is frustrating. I have supported five or six spending reviews over the last two decades, and every time we get the same set of questions about what we know about the effectiveness of early help. Are we supporting the right numbers of children in the system? Where does the money go? Every time we have a spending review, we start from a very similar evidence base, with huge gaps in it.

I am not sure whether Sir Alan was calling for an analytical strategy, but that is exactly what I would call for to have coherence, so that over the next decade we can make progress in answering those questions. We could know the answers to many of those questions, but we need a coherent approach to data and evidence that, as Alan says, addresses some priority questions. I am afraid that what we have at the moment is not sufficiently coherent, well-resourced and consistent to get coherent answers.

**Lord Filkin:** Thank you. I thought Alan was asking for a proper analytic as a foundation to take a high-level view of system performance. I think it would be extremely helpful, if the Chair agrees, if you, maybe with Alan, or not—whatever suits—could drop us a line setting out what we should now expect the system to produce in a proper analytic, and the data that would feed it, so that at least we can make some sensible recommendation. I was sceptical that just saying, "Let's have a strategy", would do anything at all. Cathy, do you want to join this bun fight as well?

**The Chair:** I want to bring in Cathy because I know that she, too, understands strategies, and has done a lot of work on data and all the rest of it.

**Cathy Ashley:** We know that underlying some of the vulnerabilities we talked about are significant inequalities. Your chances of ending up subject to a child protection plan or in the care system are not equal. It depends on where you live, deprivation, ethnicity and whether you have been in the care system before.

Over the last few years, the system has seen and responded to families more and more through the lens of risk. That means that, for example, families where there are children in need are now seen increasingly through a safeguarding lens. If we are to have a vulnerable children's strategy, we need to be very clear as to its purpose and intent so that we do not end up in a situation where inadvertently we focus more on which children need to be the subject of intervention, as opposed to what we can do to improve and promote the well-being of more children and families.

**Lord Filkin:** Thank you, Cathy, that is very helpful.

Q98 **Baroness Tyler of Enfield:** Many thanks to all three speakers. I want to play devil's advocate for a second. In what you said about strategy, you put emphasis on the need for much greater co-ordination, coherence and priorities rather than on the need for a strategy, but in my mind that is what a strategy is; it is something that sets out how you will get co-ordination, coherence and a set of priorities that everyone signs up to. Am I missing something?

**Professor Leon Feinstein:** I have seen many strategies come and go. Yes, they are essential, but the question is how we go beyond that to ensure delivery and implementation over an extended period. We probably all agree with that.

**Baroness Tyler of Enfield:** Sir Alan, do you have a response?

**Sir Alan Wood:** I refer to what Leon said. He is absolutely right. I fear that, if we have another strategy, we will just have another strategy. If we go back in time, we had the *Every Child Matters* strategy, which created a foundation and allowed for a certain approach. We are still dealing with some of the issues and challenges that that strategy identified getting on for 20 years ago.

**Baroness Tyler of Enfield:** Thanks. Cathy?

**Cathy Ashley:** As your previous report said, those with experience of the system need to inform it. If you are coming up with a strategy, you need to ensure that not only is it constructed by government departments et cetera, but that it is informed by those with direct experience of the situation.

**The Chair:** Do any other colleagues have anything they want to pick up briefly?

**Cathy Ashley:** Could I add one other thing? Obviously, this committee is looking at vulnerability and early intervention. I draw your attention to the significant increase in new-born babies subject to care proceedings over the last 12 years. There is huge regional variation. For example, a recent report by Professor Broadhurst and colleagues found that in the north-east of England 41% of new-born babies were subject, within two weeks of birth, to proceedings in the form of a same-day application. A mother, who is probably still in hospital, is expected to find a lawyer to



represent herself and be in court, all on the same day. Many of them are very young women and many are care-experienced.

When looking at early intervention, we need to consider what is happening in pregnancy and why it is that so often we lose the opportunity to work with families where there may be a risk that the child may be removed, or the child cannot live with their parents. We need to think about how we can work much more effectively. I make a plea for the committee to pay attention to that area.

**The Chair:** There are so many things we have to look at. We have begun to talk a little more today about early intervention and support, and we will continue that in the next session.

I thank all three of you. All of you have vast experience, which is so useful to us. If there is anything you feel we have not had time to cover, as inevitably happens in these sessions, but that we ought to hear, please drop us a note. We would be really grateful for that. I hope we can continue to work with you to make sure that we are able to make a difference in whatever we come up with. Thank you all.

I now formally suspend the meeting so that we can get ready for the next session.