HOUSE OF LORDS

Public Services Committee

Oral evidence: The role of public services in addressing child vulnerability

Wednesday 14 July 2021

4 pm

Watch the meeting

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 Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

Evidence Session No. 26 Virtual Proceeding Questions 206 - 212

Witnesses

I: Saleem Tariq OBE, Director of Children's Services, Leeds City Council; Andy Couldrick, Chief Executive, Birmingham Children's Trust; Jane Powell, Head of Safeguarding, Birmingham Women's and Children's NHS Foundation Trust.

Examination of witnesses

Saleem Tariq OBE, Andy Couldrick and Jane Powell.

Q206 **The Chair:** Welcome to the second session of today's Public Services Committee in the House of Lords. We have just had a fascinating session with Sir Kevan Collins and we now have before us three people who are doing what he was talking about in seeking to implement policy at a local level. We are looking forward to working with and hearing from them this afternoon.

We have Saleem Tariq, director of children's services in Leeds City Council, Andy Couldrick, chief executive of the Birmingham Children's Trust, and Jane Powell, head of safeguarding at Birmingham Women's and Children's NHS Foundation Trust. Welcome to all of you.

I will make sure that I introduce the members of the committee who will primarily interview you, but there will probably be others who want to come in with supplementaries. I will bring them in as and when I can. We have allocated four of our colleagues to ask questions. When you are asked a question, say a little bit more about yourself, because I have been brief. I always like to make sure that people can identify the face with what you are doing, your answers and so on. The first question is from Lord Filkin.

Q207 **Lord Filkin:** Welcome again to all three who are giving evidence to us. It is much appreciated. The central focus, as you can see from the note, is on the barriers to collaboration. You have been identified as individuals and organisations that have made some progress in overcoming some of these barriers. Could you each speak to us about the extent to which you have overcome barriers, what those were and how you did so?

Saleem Tariq: Thank you, Lord Filkin. I am director of children and families at Leeds City Council. I have responsibility for children's services in the city. I have worked in Leeds since 1994, so I have been there a long time and I have seen the city go through significant change during that period of time. I started as a social worker.

I will concentrate for the purposes of this session on the last 10 years. In 2009, Ofsted inspected Leeds children's services and deemed them to be inadequate; Ofsted found widespread and systemic failures within children's services. Over the following nine or 10 years, we have been working hard to improve services for children and families in the city. I will tell you a little bit about that.

The immediate response was about fixing systems, processes and procedures and very much about ensuring that there was compliance with the basics of what needed to be done to keep children safe. However, once we were able to get past that, in a fairly short space of time—I think in 12 to 18 months—we concentrated much more on having a greater aspiration and ambition for children and families within the city.

We asked a couple of central questions: what is it like to be a child or a young person growing up in Leeds, and what can we do to make that

better? Taking those questions forward right across the partnership, we created a vision of a child-friendly city, which was really about a disproportionate investment in children in this generation so that the next generation would grow up with skills, knowledge and loyalty to the city. In doing so, we tied that to the economic success of the city so that those children and young people could benefit from the physical regeneration that was taking place. In some ways, we also wanted to create a social regeneration, particularly for the children in our most deprived areas.

We focused heavily on children being at the centre of everything that we did, but it is important to think about that focus on children within the context of their family and community. The vast majority of children that we work with remain within their families and community networks. The focus has to be very much about improving their lives there.

We did quite a bit of research at the beginning and we found that 10% of the children who came to our attention were suffering significant harm and significant abuse—serious physical violence, broken bones or sexual abuse—but 90% of the children who came to our attention were struggling in conditions of adversity. We had a system that responded to all those circumstances in the same way.

The families in the 90% also struggled with issues of domestic violence and mental health. Poverty is a major factor in those circumstances. We know that children who live in the most deprived parts of the country are 10 or 11 times more likely to be in the care system than children from more affluent areas. We wanted to concentrate strongly on families.

Lord Filkin: It is great to hear about the progress you have made from a challenging start. Can you say a bit more about the collaboration question, which we are particularly interested in? To what extent have you made improvements in how agencies collaborate to address the needs of vulnerable children, and how have you done that?

Saleem Tariq: We have made significant progress on that. I have tried to set the context in this way partly in order to say that, for any particular place to achieve that collaboration, there needs to be a vision that people are signed up to and that people can easily identify with. Creating that vision around families was central to the work that we have been doing.

We took the approach of using restorative practices, which is very much about working with people and not doing things to them or for them. That applies as much to the relationships you build across the system and across agencies as is does to the work that eventually happens with children and families. Taking that approach means we have to work hard on those relationships, which really helps when it comes to overcoming the barriers that you might see and that you are alluding to.

Lord Filkin: Thank you very much indeed. We will probably come back to some of those points later. Andy Couldrick, to what extent in Birmingham have you overcome some of the impediments to collaboration between

agencies and, if so, how have you done it?

Andy Couldrick: Certainly, Lord Filkin. Thank you and good afternoon. I do not need to recount the history of children's services in Birmingham, which has been well documented. The children's trust is a community interest company wholly owned by the city council but operationally independent of it. It was established in 2018. None of our services is rated inadequate any more, and we hope to see further progress when next we are inspected.

We identified fairly quickly that a failing children's service is something of a canary in a couple of coalmines. There is the coalmine of the council. You will rarely find a high-performing council with a failing children's service. You will rarely find a high-performing children's system when one partner in that system has been failing, because it is a symptom of the wider system.

We could point to a number of examples where we have pushed some of the barriers out of our way. The pandemic catalysed a huge amount of activity at a local level, bringing partners together with some additional investment to provide services to 7,000 families across the city who were in desperate need as a result of the pandemic. That was absolutely a partnership endeavour that allowed for the appropriate sharing of information about the families about whom we were concerned.

We have similarly created a group that brought people together to focus on the children we were most worried about across the system, those whom the police were concerned about, health colleagues were concerned about and we in social care were concerned about, who were not going to school despite school being open for them, and how collectively we could respond to that. For example, we would have health professionals ringing up families to try to engage them from a health perspective about why it would be better for them to go to school.

The other example is the scourge of serious youth violence we have seen in Birmingham of late with some tragic murders of young people. We have cut through a huge amount of the obfuscation around information sharing that used to get in our way. We have moved from a police-only consequence management system to a consequence management model that brought all the partners in. For example, we knew when young people were going to be arrested so that we could ensure that safeguarding arrangements were in place for them as well as support for the family of the victims.

We have practised at a strategic level, and increasingly at an operational level, at just doing it. The more you do it, the more you do it well. We are in a different space now. Jane and I spent the morning in our children's safeguarding partnership looking at a couple of really difficult practice reviews as a result of serious harm coming to children. Both incidents happened over three years ago, and we were able unanimously to identify the extent to which the way we work together now, including the

way we escalate and challenge one another to do better, is in a different place compared with 2017.

Lord Filkin: Thank you very much indeed. That is a good cue to bring in Jane. Jane, what is your perspective of how in Birmingham the NHS has got better at collaborating with other crucial services for vulnerable children? Sometimes the NHS is seen as a slightly reluctant partner in some of these processes.

Jane Powell: Good afternoon and thank you for inviting me to speak at this committee. We have come a long way along a challenging road in Birmingham to get to a place where across the entire system we recognise that vulnerable children within vulnerable families need a system response, moving away from a sense of handover—with us identifying a concern in an emergency department or in a pregnant woman, passing it over to another social agency, historically social care, and asking it to pick it up and run with it—and recognising that we all have a role to play.

Having a robust model, a threshold model if you want to call it that, which allows everybody across the system to recognise their part to play at different levels, has supported us within our system, so that, whether it is a family that needs a little bit more help from health services or whether the health services need to lead a multiagency response that is not a statutory response, we recognise where that sits. We have done a lot of work to be prescriptive about that model to some extent, and to support practitioners on the ground and to help them to know what to do when they have a family in front of them who they perceive to have additional needs and sometimes to be in crisis and how to help.

Working through that model we are at a place, certainly locally, where the relationships between the senior leaders have vastly improved—that has been modelled in all the conversations at every level, from the executive board to operational practice on the ground across our agencies—and we are able to see and support staff in managing difficult situations and risk and feeling confident about their ability to do what they think the family needs.

That is all against a backdrop of a lot of vulnerable families requiring support, but support with consent; it is not about stepping into a place where we make referrals but families then step back and become defensive. Quite often, it is other agencies outside social care that can provide the support that is needed in a joined-up way—health and education, health and third-sector organisations—and families are potentially accepting of that support, in comparison to having a referral to social care and a social worker getting in touch.

It is about recognising the value of being able to work with the families in a different space to social care potentially working with them. It has required lots of conversations across the different bits of our wide network of support. They have been a good investment for us and have enabled us to be in the place that we are in now.

Lord Filkin: We are virtually out of time on this question, but do each of you have one sentence on what you would like Government to do that would help improve collaboration locally? If the answer is no, do not worry.

Saleem Tariq: Not one thing, I do not think, now.

Lord Filkin: Andy, do you have any ask of government?

Andy Couldrick: Yes. It follows on from some of what Kevan was saying; I had the privilege of listening to some of his evidence. There is something about looking at children's lives through a single frame rather than parcelling them up into child health, child education, child care. We try to do that on the ground. I am not sure that we are always well supported to do that with government policy.

Lord Filkin: Nicely put. It has been a central exam question: how to get them to do it. I very much agree. Jane, any quick comment or not?

Jane Powell: Maintain investment in early help and recognise its value for families.

Lord Filkin: Thank you very much. That also builds on what Kevan was saying.

Q208 **Lord Hogan-Howe:** During the course of our inquiry we have heard that the NHS can be the weak link when it comes to data sharing. That has been touched on a little in some of your previous answers. The NHS trust often does not recognise its responsibilities to share data with local agencies for safeguarding purposes. Many early intervention services struggle, for example, to access children's NHS numbers as a unique identifier for vulnerability. Can you tell me how you have worked to overcome such barriers in your area?

Jane Powell: We have effectively managed information sharing across the partnership. We have robust processes in place so that staff across different organisations feel able to share information when it is appropriate. Whether that is through child and advice support services, multiagency safeguarding hubs, multiagency risk assessments for vulnerable women, child exploitation hubs, channel panels, or SEND, we have structures that facilitate and give staff the confidence, backed up by training, to feel able to share information where appropriate.

Lord Hogan-Howe: You are saying very clearly that it is about structures and training. We have heard quite a lot of evidence where people are not confident or worry that they are going to do the wrong thing, which makes you wonder about the system. But your experience is that you can work at that. You named some structures, which of course I do not recognise, but is there anything key in those structures that has made a real difference?

Jane Powell: It is having the right people at the table backed up with the right training, and with information-sharing agreements that are

visible and known to everybody who needs to understand what they contain.

Lord Hogan-Howe: Andy Couldrick, do you agree with that, or is there anything in particular to highlight?

Andy Couldrick: One of the things that struck me when I first came to Birmingham was how many different information-sharing agreements there were. There seemed to have been one created for each different type of problem. It always felt to me that information sharing is a matter of leadership and behaviour and setting a culture where it is expected. We do not achieve good information sharing by signing pile after pile of information-sharing protocols and agreements.

We have, in the main, overcome it in our early help space, which is a new emerging space where we are investing in a database that will allow everybody access to information about a child and immediately be able to see who else is connected to that child. If I am a teacher or a health visitor and I am worried about this child, being able to know instantly that there is a social worker, a family support worker, an education psychologist, speeds up my ability to make the connections that I need to help that child. But I am convinced that it is a matter of behaviour. Sometimes we fall into the trap that knowledge is a power thing. If I have the knowledge, I have the power.

In Birmingham, we have made huge strides, as Jane describes, in the structures and increasingly in the behaviours. We say constantly to our staff that if they are genuinely worried about a vulnerable child, nobody has ever got into trouble for sharing information or seeking information about that child.

Lord Hogan-Howe: I like that rubric. The impression that you have both left me with is that you performance-manage this process and the structures tightly. Is that fair, and has that been a big change, not for you personally but for your systems?

Andy Couldrick: My experience was that there was a whole lot of tight performance management that was necessary when we came to Birmingham. It is the same experience Saleem described. It is the knitting that you have to begin with, to tighten things up and make things work. You do build some structures in and around performance management but you have to, at the same time, work on the cultures and the relationships that make information sharing work. If I know you and know that your interests are the same as mine, and I have that relationship at a local level, I will be more comfortable and confident about sharing the information. It is structures but culture is important as well.

Lord Hogan-Howe: I will move on to Saleem Tariq. It sounds like we are having a go at the NHS, which is not the intention. It is just that we are reflecting back some of the evidence that we have. The Early Intervention Foundation warned us that evaluation of the supporting

families programme is limited by a lack of integration with the NHS and other partner agencies. How has Leeds worked to overcome this and ensure that data is shared to track a family's outcomes across a range of service areas?

Saleem Tariq: I agree with Jane's and Andy's points about how to tackle this; it is about having the right people and the right relationships at the table. We have done a number of things on this and we have not found the same barriers to integration, partly because we have worked hard on those relationships across the agencies. There are very strong partnership structures within the council and across the NHS.

We have recently made a very senior appointment, my chief officer for digital services, jointly with the CCG and the local authority, which helps. Having collocated services helps. Sometimes you might not want to or you cannot integrate some of the systems, but you can have them side by side. At the front door of our services we have social workers, the police and health services close together. Those systems are not integrated, but it allows for easy access to the appropriate information that needs to be shared. By being collocated you are also developing those relationships.

We have something called the Leeds care record, whereby social care and health information is shared so that all the residents can have access to that information, as well as the agencies. It is similar to what Andy was talking about: knowing from the system who else is involved.

Finally, we are developing a range of modification and alert systems, particularly between accident and emergency and our children's services emergency duty team, for example. The health service has a navigator project in support to attend to young people who attend A&E. Where there may have been life injuries or injuries from violence, and they have concerns about children being linked to gang activity, that information is easily shared with the appropriate agencies from there.

Lord Hogan-Howe: The process that you describe—having partner agencies, putting people and their data systems into a room and then making sure that they build trust and share data—is something we see in different parts of the country. But I do not know whether it is because the Government expect it or because locally you have concluded it is the only way to do it. Which is it, do you think?

Saleem Tariq: Locally, we have decided that this is an approach that we want to take in responding most effectively to the communities that we serve. Part of the joint appointment that we have made is to do with trying to look a lot further forward and asking whether more integration can take place now that we have that collaboration and the relationships and we can see the benefits of those systems sitting side by side, and whether that would be the right thing to do. We will work towards that over the coming months and years.

Lord Hogan-Howe: One thing that is clear is that all three of you have

taken over at times of a crisis. In a way, that crisis has helped you to radically shift things that might have been moving too slowly in the past. Will it be a crisis? What will make a difference to authorities that might be approaching the crisis that you have seen previously? What could government do to shift that data sharing and that working together? Otherwise, everybody says, "We ought to work in partnership", but what are the catalysts, apart from a crisis?

Saleem Tariq: Personally, I would say that there is something about the outcomes for children and young people. You are right that some of the energy we were able to get was from this being pretty broken and needing something radical, different, ambitious and visionary that will help to resolve it. You can also create that by looking at the outcomes that you want for the most vulnerable children in your city and saying, "Is what we are doing now good enough?" If not, we have to garner the partnership for making sure that it is.

Also, when these systems, organisations and agencies work well together they are much more effective in terms of outcomes for children and young people, but they are also more financially efficient. That has to be a bigger driver. When you have failure in these systems and these organisations working together, it costs a lot of money, and children and young people's outcomes are poor.

Q209 **Lord Hogan-Howe:** My final question is to Andy and Jane. It sounds like a tactical question, but it is fundamental. Can you give examples of the data you share in Birmingham daily to safeguard vulnerable children? Saleem has already mentioned things like A&E data, which I agree is incredibly helpful.

Andy Couldrick: Very similarly, with us it is A&E data flows. In our multiagency safeguarding hub, which is the front-door service, we have police, health, education, domestic abuse, housing, all embedded. That means that whenever there is a referral of concern there is an instant live sharing of information by people who are sitting together, who are getting to know each other and learning to work together.

We are seeing it at an early help level as well, before a child's needs are such as to warrant a social work intervention. That goes back, I think, to Lord Davies's example to Sir Kevan of there being around 250 vulnerable children but only eight of them having a social worker. What the other 242 have is other professionals connected to them who need to know that the school is worried and can align themselves with helping the school to respond. The child may have a younger sibling who has a health visitor or an older sibling who has the involvement of a mental health service, and so on. Again, you create the culture and the system that enables people to find out quickly who else is connected and to make contact.

The other thing we have seen that has helped the information flow is building connections. Every school in the city now has a named link social work manager who they can talk to when they are worried about a child.

It is not a referral mechanism. It is, "Can you give me a bit of advice?" That enables our managers to say, "Well, here's what we know about this child. We'd suggest X, Y or Z. Try that and come back to us". That is just a couple from me.

Lord Hogan-Howe: A final question for Jane. We have talked about performance management and some examples of data sharing. But say the police get called to a home, and later that night one of the people at the home shows up at A&E and the following day one of the kids does not come to school. Who makes sure that someone does something about that event? It sounds like a series of things that are leading to an inevitable conclusion, or at least you want to understand what happened. Who is responsible for making sure that within an hour somebody is at that house and does something, checks, helps, whatever needs to happen?

Jane Powell: I can give a very real example of how we are developing services to be able to respond in a timely way to that type of situation. Early help teams, currently sitting in Andy's bit of the world, from August will sit in our emergency department. We currently see around 200 children coming through the door at Birmingham Children's Hospital, many of whom will have additional needs. Some of those additional needs will be the reason for their presentation as much as, if not more than, the health issue that they are telling us about.

There has been a quite long and complicated journey to share that information with other people in the system, not necessarily through to social care but to the health visitor and the school nurse, who then go on a further journey to get the local-based community resource and support that they need. By having people placed in the emergency department working together, the medic who addresses the health need can then say, "We have a colleague who we work closely with. She or he is in the room next door. Do you want to have a quick conversation with them? They'll be able to map you to your local service". We hope to have that set up. Initiatives like that are happening across the city and we are working effectively together to make a streamlined journey for families so that they can access help.

Lord Hogan-Howe: I have this terrible habit, and I hope Hilary will allow it, of asking a second final question. Are you able to show easily whether the outcomes have improved? Say you had 2,000 young people who are vulnerable in some way—it used to be called the at-risk register; I know it is not now. At the end of the year, sadly two died, there were five attempted suicides, but the education attainment or attendance at school of some improved. Are you able to show outcomes improving? Is it easy to monitor that through the data you have?

Andy Couldrick: No, it is not. Let us take the example of the rollout of early help. One of the challenges that we face is that early help is also early identification. The city council, in investing in early help, wants to stem the flow of children into higher-cost, higher-tariff interventions later on. The tide is against us at the moment, because demand is at levels we

have never seen before, even with the early help service existing. We are seeing higher rates of care proceedings than we have ever seen before. We think that may be a post-lockdown blip that will work its way through the system.

We are confident that early help will be successful, but we are still trying to build an evidence model that creates the business case for further investment in prevention. It is by no means straightforward.

Lord Hogan-Howe: I can understand that. It has always been the case, so I was slightly worried that it remains the case, too. It is not necessary to show causality, as you say, but to see whether young people are genuinely being helped and being heard. Chair, thanks for your indulgence.

Q210 **Baroness Pitkeathley:** Thank you for the answers so far. They are very interesting. I want to pursue the whole thing about early intervention and preventive services. This committee is very interested in the impact of all that, but we are hearing the same kind of evidence that Andy just referred to: in other words, intervention being concentrated at the crisis end rather than at the early presentation end, which I know many of you are very interested in.

For example, we were told by one of our witnesses that non-statutory family support services, particularly those looking at substance misuse, had decreased by 35% since 2012, while the spend on statutory high-need crisis intervention had increased by 26% over the same period. Obviously you are struggling to protect your early intervention funding. Give us some tips on how you manage to protect that.

Jane Powell: It comes back to what we said previously about multiagency working and making the best use of the resource that we have in the most effective way. An example of that, which we have seen over the last 18 months through the journey of the pandemic, is the recognition that whoever goes into the house of a child with a known vulnerability makes best use of that contact. We are calling it "making every contact count"—having the breadth of conversation that is needed to support the family, because resource is finite and we have expertise across all our services. We have individual staff who are able to support a family effectively without sticking to or being limited to their particular area of expertise.

It is a recognition of the opportunities that we have to support families, wherever we see them, at every opportunity. We have done that very effectively and concentrated how we do that over the last 18 months into lessons that we can take forward on how we improve practice post pandemic.

Baroness Pitkeathley: Andy, I will come to you with the same kind of question about protecting early intervention funding, but perhaps you could couple it with the idea that maybe being independent from the council helped you. Has it helped you to protect any early intervention support?

Andy Couldrick: Our independence has helped us in any number of ways. It has helped us to move money around, and we would point to having moved money around absolutely in the direction of borrowing ideas. Good children's service leaders leave good ideas in other places and nick good ideas from other places. We are doing a lot of the things that they are much more practised at doing in Leeds, such as building resource around families' responsibility and ability to look after their children, whether that is the immediate family or the extended family, because what Saleem said earlier is absolutely right: most often, the best outcomes for a child are the most economically attractive outcomes for the state.

It is complex, and there is a series of layers of issues to do with risk management, public expectation and agency expectation. There is the idea that if only Jimmy was in care, everything would be all right. Ten years on, and Jimmy is on his 14th care placement, all his attachments have been disrupted and he has drifted away from his family. How much better is that as an outcome? I am not suggesting that that is the outcome for all our children in care, but for a significant number it does not work well enough.

We have been able to maintain a service that kicks in before social work. We have then been able to attract additional investment from the council to build an early help service, so we are trying very hard to build layers of intervention prior to a family needing a social worker. When they get a social worker, the objective is then to hold and keep the child within their family, support that to work and step them back down.

It is undoubtedly the case that as preventive resources have disappeared and local authorities are faced with the challenge of saving money, they cannot save money by reducing the number of children in care. Those care costs are locked in and you have to go elsewhere, so you go to the other end of the spectrum. That must be why we see the spend at that end going down and spend on care going up. It becomes a vicious circle. The independent review of social care is identifying some of this. We have to be really careful that, while we might agree with the diagnosis, we do not mis-prescribe a solution.

Baroness Pitkeathley: That is a watchword that we shall take into account. Saleem, how do you provide evidence of the value of early intervention? I was very impressed to find that Leeds is the only city in England that has successfully reduced child obesity. Perhaps you could tell us a bit about how you achieved that.

Saleem Tariq: I will come to that in a second. Part of what has helped in Leeds is having a strategy at the beginning and then sticking with it. Some of the issues that we are trying to tackle here have long-term solutions, so sticking with the strategy for over 10 years has benefited us. Some of the evidence of its success has been seen in the numbers of children in care in Leeds, which has gone down by 200 since 2011/2012, and that creates enormous levels of saving. We also have 500 fewer

children who get to a formal child protection plan. But, overall, in the system we continue to work with the same number of children.

I listened to a bit of Sir Kevan's input when he talked about thresholds. One of the things that we have done at the front door is try to avoid the use of thresholds and replace them with conversations about children's needs. As he described, if you have a threshold and draw a very firm line with regard to eligibility, anybody who is above the line tries to persuade you that this child's or family's needs are below the line. Anybody who is below the line tries to persuade you that their needs are above the line. The conversation becomes about the threshold or the line, not about what children and families need.

When you switch that into those sorts of conversations, then the question is: if we understand what their needs are, who is now best placed to respond? It is not always a social worker. In fact, on a lot of occasions, it is part of the wider system, but having those conversations first means that children and families start to get the right help at the right time. When that happens, we know that the earlier it is in the life of the problem, the easier it is to resolve the difficulties, and it costs much less for the services that those families need. We have seen that shift happen.

On obesity, it took a good seven or eight years of pursuing a particular policy. We have maintained 56 children's centres across the city and have delivered an evidence-based programme called HENRY, which stands for Health, Exercise and Nutrition for the Really Young. We have stuck with that for a decade now and we have seen those obesity rates turn around. By having the children's centres in the most deprived parts of the city, people see them as helpful services and, therefore, they engage in them. You build a relationship or approach with families and they engage with the parenting programme that takes place. It is about talking to parents about the fact that when their child is crying it might not be just because they are hungry. Finding other ways of soothing the child means that they are not getting into negative ways of managing a child's distress, for example. We have to work at it over a long period, and when people in the community feel trust in those services, they are much more able to engage in some of those evidence-based practices that we have.

Baroness Pitkeathley: Jane, how do you persuade them to intervene early to prevent mental health problems developing among pupils?

Jane Powell: I want to mention before coming to that question that vulnerable children often live in vulnerable families. We have a great opportunity now as part of the integrated care system—the new ICS, NHS and multiagency layer that we are looking at on a system-wide but also locality level—to use data to drive targeted interventions.

In Birmingham, we have a strong, well-established inequalities ICS committee that is helping us to use public health data and looking at the picture for families as a whole: what does it mean for children in those families if the whole family have an issue with obesity; what is the provision in their local area; what does it look like and is it accessible? All

that is very much around what local families are telling us will work for them. It is rooted in patient and local engagement so that they are driving what the service will be in their local area. It is being delivered not just by statutory bodies but by the voluntary sector where that is appropriate. As a whole picture now, we are in a place where we can definitely improve local services for vulnerable families as well as vulnerable children.

On schools, from our local experience we have developed something quite innovative as part of our mental health service. We have an early intervention, early mental health response team. Its priority is to be a single point of access for professionals—education, social care, GPs and emergency department practitioners—so that they can pick up the phone and have a conversation about a child that they are concerned about from a mental health perspective. If necessary, they can arrange a rapid assessment and review of the child and then identify what is needed. Some children might be at a point of crisis and they need to access a mental health response or it might be doing a piece of work with the school, the teacher or the pastoral lead to put in a package of support around the child and their family so they get the help they need. That is working well, and it has positive feedback.

Q211 **Baroness Pinnock:** You have painted some good pictures this afternoon of how working together across different services is promoting the well-being particularly of vulnerable children. My question is related to the national picture of cross-departmental working or not. The Department for Education told us in an earlier session that there was no integrated government strategy or even cross-departmental shared outcome framework for vulnerable children. Would a national strategy, with agreed outcomes, help at a local level to drive collaboration and change?

Sal, you said in a response to an earlier question that you kept some 36 children's centres. We heard last week from Andrea Leadsom MP about the report that she has done. She talked about reducing the number of family centres and bringing them into family hubs. I wonder how that would work in Leeds. Could you explain how you have been able to keep those centres open and what the effect would be if some of them had to merge? Then I will come back to Andy and Jane with further questions.

Saleem Tariq: I do not see the need for those centres to reduce. It has been a political and an officer commitment, so each of the directors of children's services has been committed to having those centres in place. That does not mean that we do not continue to work on improving what they do. At the moment we have health and children's centre staff working together from those centres, which again drives the integration that we have been talking about earlier.

Akin to some of the comments that Andy made earlier about Birmingham, during the pandemic we have pushed forward with three early help hubs across the city in our three big geographic areas. That has helped to develop a hub-and-spoke model where at an area level you can bring together all the agencies that work at that sort of scale. Then you have to

reach right into the heart of communities when you go through the spokes to the children's centres. The hubs have developed strong links between GPs, third sector, housing, neighbourhood policing teams and adult social care teams.

There is no contradiction for me with that and the family hubs. Andrea Leadsom came to Leeds to talk to us about the work that they are doing. We would want to work closely with them on the family hub model because it can work in that hub-and-spoke way. You still have absolute reach into the communities, but you can co-ordinate at scale across the three areas.

Baroness Pinnock: That is very interesting, thank you. Could you expand a bit on this hub-and-spoke model? When you talked about the family hubs bringing together GPs and social care professionals and so on, does that include working with local schools, does it include young people from birth to 19 and are they virtual hubs or physical hubs?

Saleem Tariq: The hubs are physical hubs where all those agencies are able physically to come together, and quite a bit of that happened during the pandemic. In co-ordinating and responding to families, particularly early on in the lockdown, the provision of direct health and support to them—food, nappies, baby milk, those sorts of things—developed trust among them that the hubs were there to help and support them. That led to them being much more open to other types of support because they could see that this was about help. They might then take on some online counselling or get involved in other mental health support services or substance misuse services that they might need and can be routed to. But there is also the delivery that takes place then, as I said, through the children's centres in a much more localised way.

The early help hubs also link to some of the other structures that we have in place. We have what we call clusters, which are basically families of schools that come together and, with the local authority, provide services in 20 clusters across the city. They pool resources from the schools and the local authority to provide early help and intervention services. The schools are very much tied into all this work around early help and prevention.

It is because of that model that we have always had pretty strong relationships with the schools no matter whether they are academies or maintained schools, or what structure they sit in. We believe that, on the ground, teachers need relationships, but social workers need relationships with family support workers. That does not change based on what system the school is operating in. They are all our children.

Through the pandemic, the co-ordination role that the local authority has taken with schools has cemented those relationships. I have met primary school heads this week and post-16 providers; I will meet early years later in the week, and then on Monday secondary school heads to take those relationships forward. We want to talk about how we keep all the

good things that strengthened during the pandemic and take them forward in our early help and support offer.

Baroness Pinnock: Thank you very much for all that detail. That has been extremely helpful. Andy, in Birmingham what plans do you have for rollout of family hubs? Is it going to be a similar model to the Leeds one or will you have your own bespoke one?

Andy Couldrick: It is a rather chastening truth that while they have 56 children's centres in Leeds, in Birmingham there are 10. They are currently operated as part of the public health contract for early years health. There is a lot we can do to develop the offer there, to use them as critical local hubs to start to integrate service delivery.

My concern is based on the experience I had when I worked once in a city that was a stark combination of significant wealth and significant deprivation cheek by jowl. A brand new Sure Start centre was built in the middle of a deprived community that became completely colonised by the affluent families that lived around the edge of that community. Those who needed it were squeezed out because it no longer felt like a place that was theirs. There is something about, wherever you develop these hubs, making sure that you use your collaborative intelligence to make it available and targeted to those who are going to get the most benefit from it. The danger is that when it is for everybody those who need it most are the most likely to miss out.

Baroness Pinnock: Do you think a national strategy would help?

Andy Couldrick: Anything that aligned national intent would be a good thing, in my judgment. It sometimes feels to me that it is competitive rather than collaborative. I look at the safeguarding agenda and it feels to me like there is an arm wrestle going on between DfE and the Home Office, which as that plays out for us becomes difficult and confusing.

This is not meant as a political comment, because I have no political comments to make, but it is probably true for any Government that if you create an overarching strategy you probably have to start to think about the cost of implementing such a strategy. That links back to your earlier conversation with Sir Kevan about the availability of the scale of investment that might be required.

Baroness Pinnock: Jane, the last slot is yours. Could you respond to this question about how helpful a national strategy would be but also perhaps comment on NHS involvement in Birmingham in a family hub programme?

Jane Powell: A national strategy, if we were to have such a thing, needs to reflect the way families experience vulnerability. It is multi-layered, complex and individualised, and the response needs to be flexible and locally driven. It needs to be place based, so there would need to be sufficient scope for wherever that family finds itself for the response to meet its needs.

A strategy also needs to reflect truly what families want. I have worked alongside children's centre provision for many years since they started as Sure Starts. I agree with Andy that we have often not quite got it right in what has been delivered from a Sure Start and how accessible that is. My experience would be of a Sure Start centre with a gym that no family would ever use because they did not feel they had the right clothes or equipment to access it because the other people using it looked different to them. We need to get our offer right, so I am not sure that the place it is offered from is as important as the quality of the offer. We can offer lots of parenting courses but if they are not the right thing for the family to accept, all the parenting courses in the world are not going to make a difference in that local area.

It is also important to streamline the journey from whoever is seeing the family and identifying that they need a bit of extra help, whether it is a teacher, a nurse or a health visitor. That process needs to be as slick, efficient and timely as it can be. Again, it is not so much about where it is offered from; it is about how I can easily—which we set up in Birmingham in the pandemic—go online in a single place, fill in a single form and know that that family are going to get £50 that enables them to pay for the data they need for their child to access the curriculum. If that is quick and easy, whether it is the teacher or the emergency department doctor, they will make best use of it. It is pathways as much as the provision.

Q212 **The Chair:** There are lots of things I want to ask. They are two very different cities: Leeds is one of the largest cities in the north but in relation to Birmingham is quite small. My experience in Birmingham was very much that it was the biggest authority in the country by a mile but never got to grips with devolution. Maybe that is the issue around your children's centres and children's hubs that you are thinking about for the future, because that is a big issue. You said, Saleem—and I am looking for you to tell me that this is right—that there was a lot of political direction at the beginning of the process of change in Leeds and that the political determination to do what is difficult in spending terms has been there all the way through, as well as officers wanting to drive it. Am I right in saying that?

Saleem Tariq: Totally. Strong political support was an essential component in the journey that we took. When we made decisions about investment in particular approaches and services, it took people to hold their nerve through a period when things did not immediately start to improve and not flip-flop around into different ways just because you had been doing something for two years and it had not yet shown the results that you needed. Holding the nerve through those difficult periods, knowing that the changes would come, was very important.

The Chair: Andy, is that an issue for you? Do the council show that they feel that what you are doing is theirs, and that they will carry on doing it, or is it an issue that outside—technically, they still own the CIC, I understand that—there is not the political drive for a long-term intervention?

Andy Couldrick: No, I would not say it was. Across the country, the relationship between children's trusts and their councils has been fraught and difficult in some places. That has absolutely not been the case for us. We have always felt that we were key strategic partners, as well as owner and commissioner.

There was a pivotal moment in Birmingham, long before I got there, when the then DfE commissioner, Lord Warner, said to the council, both member and officer, "It's time that you stopped pointing the fingers at your social workers and asking them why they cannot do better and you started asking yourselves why you are not enabling them to do better". The focus on the corporate body, HR, legal and the role of the politician began to shift from that point and was probably part of what nudged them down the road to eventually making a decision to set up the children's trust.

Now they are absolutely focused on the need to do better for all of their children. They face some significant challenges still, not least in the SEND space. An Ofsted letter published today reflects that. But I do not think we would point to a lack of political engagement in and support for what we are trying to do.

The Chair: I just felt that there was that difference that we needed to get a bit more clarity on.

It has been a fascinating afternoon. Thank you to all of you. There may be things that we have not had time to cover but you think we should have covered. Please write to us with any word that you have or anything else that you think we need to take account of. We would be very grateful for that. You have been a very important part of our evidence over the period, and when we come to write our report what you have been saying will be very helpful to us. Thank you very much and I now formally end this session.