



Public Services Committee

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

Wednesday 8 September 2021

3 pm

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Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Davies of Gower; Baroness Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Lord Young of Cookham.

Evidence Session No. 30

Heard in Public

Questions 238 - 241

Witnesses

I: Sally Holland, Children's Commissioner for Wales; Mairéad McCafferty, Chief Executive, Northern Ireland Commission for Children and Young People; Bruce Adamson, Commissioner for Children and Young People, Scotland.

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Examination of witnesses

Sally Holland, Mairéad McCafferty and Bruce Adamson.

Q238 **The Chair:** Good afternoon, everyone. Welcome to the first post-recess session of the Public Services Committee of the House of Lords. As you can probably see, if you are looking in, some of us are still virtual and others are in the room. This is the first time we have held a meeting like this, and hopefully we will get through things happily and satisfactorily. We have two sessions this afternoon. There will be a slight pause in the middle.

We are very pleased to have with us this afternoon the three Children's Commissioners from the devolved Administrations so that we can get their views and ideas about what is going on with children in their area, and look at it in relation to what we are considering, which is vulnerable children in England. I am very pleased that we have with us Sally Holland, Children's Commissioner for Wales, and Mairéad McCafferty, chief executive from the Northern Ireland Commission for Children and Young People. I gather the commissioner is on leave at the moment. Welcome, Mairéad. Bruce Adamson is Commissioner for Children and Young People in Scotland. Welcome to all three of you. We are pleased that you are able to join us this afternoon.

As ever, I get to ask the first question. We have been talking a fair amount about a joined-up national strategy in England for vulnerable children and families. The Government here do not have one. We have been thinking about that and talking about it. We are particularly interested in a strategy that has shared data, funding and an outcomes framework. During the course of our inquiry, we have heard different views about such a strategy. Several have said that the lack of such a strategy has undermined the effectiveness of individual programmes, local integration and the Government's ability to evaluate their policy decisions adequately. What is the position in your area and how does the existence, or non-existence, of a cross-departmental strategy affect children's and families' outcomes? Just because of where you are sitting from my view, I will start with you, Sally, in Wales.

Sally Holland: Chair, thank you and the committee very much for the invitation to speak today. I would like to start with an overarching point on which all three commissioners are in agreement, which is that the most important element when talking about child and family vulnerability and reducing children's experiences of vulnerability is to have as a central part of any strategy the reduction of child poverty.

For those who do not know my background, before I became Children's Commissioner I was a professor of social science, so I keep a very close eye on the evidence of effective outcomes for children. There is very clear evidence that income, independent of any other kind of intervention or service or the experience of children, has an effect in increasing children's well-being and outcomes. There is clear and systematic review evidence, mainly from the States, as most such evidence is, that increasing children's incomes via family support in neighbourhoods, for example by

taking one neighbourhood and comparing it with another, reduces child abuse and neglect, increases educational outcomes, reduces involvement in crime and reduces maternal depression and many of the other things we wish to see.

It is important that we do not lose our focus on the fact that poverty is a kind of interconnecting link between many of the vulnerabilities that I know the committee has been focusing on. As commissioners, we are all united in our disappointment at the continuing high levels of child poverty throughout the UK. I say that very strongly from a Welsh point of view, as poverty levels are particularly high in Wales. I continue to press the Welsh Government on mitigating measures. Those poverty levels are underpinned and determined by tax and benefit levels, and the continuation of the two-child limit on child welfare benefits only increases child vulnerability in families living in poverty. The imminent removal of the £20 uplift in universal credit will also increase vulnerability. That is the overarching point I want to make.

To make sure that I answer your question properly, I want to talk about the national strategy in Wales. Overall, the national strategy is all-age rather than child-specific. It is underpinned by our Well-being of Future Generations (Wales) Act, which means that the Government and all public services are required to make decisions based on the long term, and make sure that that is done in a joined-up and participative way, involving citizens. Those are some of the underlying principles of that Act. It is operationalised in a number of ways.

The Government, when thinking about vulnerability in particular, have tended to use an ACEs lens; adverse childhood experiences have been a unifying theoretical lens that the Welsh Government have used. It is quite a critical one. It is not just trying to count ACEs and then saying, "We will give all the services to those with four or more", but helping services to understand early trauma and its impact, not only on children but on people throughout their lives, and making sure that that is what is responded to, rather than understanding behaviour as being naughty. It is making sure that the police, social workers and schoolteachers understand the impact of trauma on lives. Increasingly, that is starting to work its way into funding strategies as well.

Before the pandemic, I could not see a lot of evidence of a joined-up strategy in Wales for vulnerable children specifically beyond that ACEs lens, but I have to say that within days of the pandemic striking I saw a marked difference, and we may well have seen that throughout the UK. The Welsh Government set up a vulnerable children group within days of the start of the pandemic, led by senior civil servants with an internal working group and an external advisory group. They continue to meet to advise the Government on vulnerable children and their families' experiences during the pandemic and how to mitigate them. That has been a good experience. We plan to continue that cross-governmental approach, and the group is now advising and planning recovery funding

as well, with that cross-government lens. That has been an encouraging move forward in Wales.

The actual mechanisms in place to implement cross-agency strategies for vulnerable children have been much stronger at a regional and local level, where we have regional partnership boards set up under the Social Services and Well-being (Wales) Act 2014, which means that health, social services, education services and the voluntary sector must join together at regional level to plan services for those requiring additional help. The term used is "complex needs". Initially, they focused almost entirely on the oldest members of our society, but with my urging and government pushing and funding they have focused more and more on children in recent years. Focused funding from government means that we have seen some really strong programmes at a regional level through the statutory mechanisms of the regional partnership boards. Those are probably the most relevant things I can share from Wales.

The Chair: Thank you, Sally. Mairéad?

Mairéad McCafferty: In Northern Ireland, we now have a children and young people's strategy that is effectively what the UN committee described as a national strategy for children and young people. It is cross-departmental and involves all the children's authorities in Northern Ireland. That is every government department, all of our district councils, health and social care agencies, the Education Authority, the Housing Executive, the PSNI and probation boards. The strategy is very much at the initial stage, because, unfortunately, the fall of the Northern Ireland Executive and their restoration in January 2020 has delayed its publication and implementation.

Having said that, it was very much co-designed by the statutory, voluntary and community sectors, and informed by the voice and experience of children and young people in Northern Ireland. It is a mandatory obligation under the Children's Services Co-operation Act (Northern Ireland) 2015, which requires the Executive in Northern Ireland to develop, publish and deliver the strategy. We are currently in the process of looking at the delivery plan for it. The indicators are being developed as well. It is very much an outcomes-based approach, and we have that in our Programme for Government.

In our Programme for Government, we also have as the first outcome giving our children the best start in life. That speaks directly to the children and young people strategy as a vehicle for implementing that and delivering it for children and young people. We very much welcome it. We are disappointed that there has been a delay because of the Executive not being in place for three years in Northern Ireland, but certainly it is the direction of travel now. The Executive formally published it in December last year, and we will be looking at a delivery plan in the very near future.

Delivery and the focus on outcomes is very much led by the Children's Services Co-operation Act (Northern Ireland), which sets out the eight

well-being outcomes on which the Government plan to deliver in Northern Ireland. Economic well-being is obviously one of those key fundamental outcomes. Without repeating what Sally has just said about the impact of poverty, we are very mindful of the fact that Northern Ireland has a much higher cost of living and has very concerning levels of child poverty. We are co-designing and helping to inform the development of the anti-poverty strategy in Northern Ireland by the Department for Communities, but it will be cross-departmental and cross-agency, and very much informed by the statutory, community and voluntary sectors. You will be aware that we have welfare reform mitigations in place in Northern Ireland. We want to see those not just continued but expanded to take into consideration some of the elements omitted during the introduction period.

We have to be mindful of the various measures being looked at—for example, the ongoing current threat to universal credit. We wish to see universal credit prioritised for children. They should be front and centre. We are also mindful that, as Sally outlined, the impact of poverty on children's lives and outcomes is absolutely endemic. We cannot take any of these things in isolation. We want to see the children and young people's strategy implemented effectively and have been advising government on that, as well as on the delivery mechanisms it is currently working on.

One other thing I should point out is that the pooling of resources and budgets is absolutely fundamental. It was an issue for a while in the development of the strategy. We now have a mechanism. Because it is in the Children's Services Co-operation (Northern Ireland) Act, government departments and children's authorities can pool resources. They can share staff and resources; they can also pool budgets to deliver for children and young people.

While it is a bit early to say that there is a direct impact on children and young people, we can see already that this is shaping the culture across all our government departments. They are already very much working together in different areas to deliver for our children and young people. There is a way to go, but we are very encouraged by the direction of travel.

The Chair: Thank you. Bruce?

Bruce Adamson: Thank you, Chair and committee. It is wonderful to be joining you this afternoon. I strongly associate myself with what Sally and Mairéad have set out about poverty being the biggest human rights issue and driver of children being in vulnerable situations, and our serious concerns across the devolved nations about the impact of social security limits, such as the two-child limit and the intended cuts by removal of the uplift. Perhaps later in the session I can go further into poverty mitigation and the action being taken in Scotland, but it is very important that we set this as a human rights issue.

In Scotland, we have the “getting it right for every child” practice model, which aims to facilitate closer working between different agencies supporting all children and young people, and has the benefit of joining up that practice. While there is a national practice model, however, there is real variation across Scotland in local children’s services planning. Getting it right for every child is intended to be a human rights-based approach, so the strategy will be significantly strengthened by incorporation of the United Nations Convention on the Rights of the Child into Scots law. A Bill to that effect was passed unanimously by the Scottish Parliament at the beginning of this year. While subject to challenge in the Supreme Court by the UK Government, it evidences very strong and unanimous cross-party support within Scotland to create a justiciable rights framework that will cover all aspects of children’s lives. That sits very much at the heart of the strategy.

In essence, an effective strategy has to be a human rights strategy in order to tackle children, young people and their families in vulnerable situations. Children not only have the right to be protected from all forms of harm; they have the right to an adequate standard of living, and to the highest attainable standard of health; they have the right to an education that develops them to their fullest potential; and disabled children and care-experienced children have the right to special care and assistance. Children have the right to benefit directly from social security, and their families have the right to receive the support that we know is so essential for creating the atmosphere of happiness, love and understanding to which children are entitled.

The system in Scotland needs to continue to have built in at its core the right for children fully to participate in decisions that affect them. One of the core concepts that needs to sit in any cross-cutting strategy is the right of participation for children all across where those decisions are made, and that all those decisions would be made in their best interests and can be evidenced. Importantly, all available resources should be used to the maximum extent possible to fulfil their economic, social and cultural rights. Important work needs to be done in a strategy on human rights budgeting.

I know that another area of interest for the committee is the implementation of public health approaches to violence. Incredible work was done in Glasgow, but it has now been rolled out nationwide. It is not a new concept, or one that was invented in Scotland; the World Health Organization has been talking about it for many decades. The public health approach means gathering and analysing data to find the causes and address the solutions. We have had great progress in Scotland in addressing violence, recognising that it is preventable, and moving resources to prevention programmes, which involves a multiagency approach across a wide range of both the statutory and third sectors.

Another key feature is that it is about co-production. Sir Harry Burns, former chief medical officer in Scotland, who has researched that extensively in relation to inequalities, has highlighted that co-production

requires the ceding of power, which policymakers are often reluctant to do. Sir Harry emphasises the importance of services being caring and recognising the generational impact of trauma and poverty, rather than judgment, linking very strongly to the points Sally Holland was making about the adverse childhood experience work in Wales and other parts of the UK. Yet families and children tell us that they often do not see services as caring, particularly when it comes to the right to social security.

The “getting it right for every child” system underpins our justice work as well. We have a whole-systems approach that focuses on early and effective intervention in relation to child justice, but for all these things to work effectively it needs the incorporation of a rights framework that is justiciable domestically, and that is very much the intention in Scotland.

In the interests of time, I will stop there. We have done a lot of important work over recent years on the point that you made about the relationship between information sharing and the right to respect for private and family life. That has been subject to significant debate, but perhaps we will come back to that at a later stage.

The Chair: Thank you, Bruce. There is a lot in what each of you has said that I know we would like to pursue. We will not be able to pursue all of it. My colleague Jill Pitkeathley, who is at home and participating virtually, will ask the next question.

Q239 Baroness Pitkeathley: This committee is very interested in the importance of early intervention in addressing vulnerability in children. Therefore, we are very concerned about the statistic that shows that spending by local services on early help for families in England, such as mental health, addiction and domestic violence support for parents, has decreased by 35% since 2012, while spending on statutory services has risen by 26%. I would like to ask each of you whether services in each of your countries have been able to protect their early intervention budgets, and, if so, how. What have been the consequences of your Governments’ early-intervention spending decisions on the demand for statutory services and outcomes for children? Perhaps we will start with you, Mairéad, this time.

Mairéad McCafferty: We have just finished an early intervention transformation project funded by Atlantic Philanthropies and the Northern Ireland Executive. I think that in total it was worth £30 million over five years. At this point, it has been mainstreamed, which means that the learning from it has been mainstreamed across government departments, and that is very welcome.

We have the Children and Young People’s Strategic Partnership, comprised of the statutory departments as well as community and voluntary agencies. They are very much tasked with making sure that we deliver for children and young people, and early intervention is obviously one of the most fundamental areas of work in prevention. Overall, early intervention is something we have been very keen to create in the

context of having it at every age and stage, because we are mindful that people tend to think that early intervention is confined to the early years, but it can obviously be at different stages of a child's life as well. I will come back to that, if I may.

Baroness Pitkeathley: While you have the floor, may I ask about the early intervention work you have done to tackle the criminal exploitation of children?

Mairéad McCafferty: The particular circumstances of Northern Ireland are such that we are living with the legacy of the conflict. We have been working for a number of years, quietly in the background, to look at how we address the impact of paramilitary-style assaults and the growth of a gang culture in Northern Ireland, with criminal gangs exploiting children and young people. Because of that work, we have presented a paper to three departments, obviously the Department of Justice, and the Departments of Health and Education in Northern Ireland. We want government departments to work together to tackle this. We see that exploitation and criminal coercion very much in the safeguarding context. It is a bit like child sexual exploitation. It has to be seen in that context, because the children and young people are victims, and need to be seen as such.

We are mindful that children, young people and families are being excluded from communities and threatened; they have been assaulted and sometimes shot. We have had representations made to the office, including times when young people in Northern Ireland have been shot and assaulted by gangs. It is key for us that that is resourced effectively.

The Northern Ireland Executive established a tackling paramilitarism task force. We are now looking at implementation of its action plan. I think this is the third year of it. They have allocated resources to it. There is quite an extensive action plan, with different elements. Part of that is about what we do in early intervention, looking at preventing children and young people becoming involved in paramilitary gangs. There are obviously other elements. It talks about adults and wider societal issues in Northern Ireland as well. We are pleased to see that it has targeted the community and voluntary sector in supporting those. We know that it has involved statutory partners—the youth service, the Education Authority and the Department of Education—in looking at some of the reasons why children and young people have become involved in gangs and criminal groups.

We are mindful that the impact of the trauma of the conflict in Northern Ireland transcends generations. We know that the intergenerational trauma that has impacted families has been manifest on the ground in some communities, with children and young people becoming involved in activities through choice, enticement, coercion or criminal exploitation. We very much want to see a cross-government approach to tackling the systemic issues that have led to that. It is not something that can be resolved overnight, given the history of Northern Ireland, but we have a

commitment from the Health, Justice and Education Ministers that they want to work together to look at the work plan.

They have tasked their senior officials group on child protection, which is absolutely where this needs to sit, to take it forward in its work plan. It is early days. We presented the final paper to the department only last month, but we are very encouraged that government is taking this seriously. The tackling crime and paramilitarism action plan being implemented currently is also having an impact, but we have to see all the strategic partners taking responsibility in their role to make sure that we eradicate this much more effectively, which is why the early intervention side of things is so important, getting them at the education stage, and making sure that our youth workers are supported to divert children and young people away from those kinds of activities in their local communities.

Baroness Pitkeathley: Thank you very much, Mairéad. Can we come next to Bruce in Scotland?

Bruce Adamson: It is a really insightful question. Early intervention is absolutely key to a rights-based approach. It sits very much at the heart of the approach across Scotland in relation to mental health and other forms of health in relation to child justice. All across, there is a focus on early intervention, but, as with England, budgets have been under significant pressure and that has made things very difficult. It is important to remind ourselves of the obligation to use available resources to the maximum extent to ensure the fulfilment of rights and take a rights-based budgeting approach.

In Scotland, it is important to note that the distinction between statutory and non-statutory is, from a rights point of view, an artificial one, because the Government retain the responsibility to ensure that resources are used to realise children's rights. It is important that, when they can be delivered by third sector partners, that does not remove the obligation on the state to ensure the fulfilment of those rights. It is important that we take budget decisions that ensure that children's rights are realised. We know from all the evidence and from children's experiences that early intervention is most effective. That is very much the intention of the rights framework set out in the convention on the rights of the child, but the budget has been very challenging and I do not think we are doing it as effectively as we need to.

It is worth noting that in the Programme for Government yesterday the Scottish Government announced additional funding for a number of early intervention measures, including £500 million over the next five years to create a whole-family well-being fund to provide support across a range of areas including mental health, child poverty, alcohol and drug misuse and educational attainment. The focus of that fund is very much on supporting early intervention. The Government's stated aim for the programme is to reduce the need for crisis services. An associated aim set out by the Government is to end the use of food banks as a primary

response, by providing emergency income, money advice and holistic support services.

There is a strong commitment; it is very much built into our approach, but additional funding is absolutely needed, because the early intervention services are not able to operate to fulfil children's rights at the moment. We welcome that additional funding, but we need very close focus on the way we budget for early intervention services.

Baroness Pitkeathley: That is very helpful. Thank you. Sally?

Sally Holland: Wales has faced many similar problems to England in that our social services spend is being pushed more and more to the sharp end to support the statutory services. If you look at the statistics on funding, social services in Wales have not been cut quite as drastically as in England, but the need has been very high because we have a much higher proportion of our population of children living in the looked-after system than the rest of the UK. The need has been very high.

The Government are using a number of different ways to tackle that. One is of real relevance to England. There are very shared services in residential care and foster care services across England and Wales. Lots of Welsh children are placed in England, and lots of English children are placed in Wales. This year's new Welsh Government have pledged to remove profit from children's looked-after services. I think that is a very bold policy. They said they would do it in this government term, which is five years. I am very pleased. I called for it because children asked me to call for it. They said they thought they were in a marketplace, and were being bought and sold in a marketplace, which touched me to the core.

The big concern is the huge amounts being paid to support some children with very complex needs on a week-by-week basis. Thousands and thousands of pounds are being spent. They are often placed a long way from home—for example, from south-west Wales right across to the north of England. That is at the sharp end. We need to reduce costs there so that more can go into early intervention. As others have made clear, that is where the evidence shows that it works, but there are some promising developments at the early end.

To go back to the regional partnership boards, the Government put out targeted funding for those, so they have to spend it on certain areas. Initially, it was mainly on keeping older people out of hospital; that was the absolute focus, but now it is focused more and more on keeping children out of the care system and supporting them earlier. There is real potential for shifting where funding is going and where we are spending money, so that it helps children earlier in a more joined-up way through initiatives. They have to spend that money in a joined-up way. It has to be shared across services that are working together, across health, social services, education and the voluntary sector.

To give one example of how that money has been used in a really good way, Gwent covers five local authorities in south-east Wales, and that is

one health board area. It has set up something they call SPACE-Wellbeing panels. Child and adolescent mental health services, local authority children's services, education, school counselling, young carer groups in the voluntary sector, sport and leisure services and housing—all the kinds of people who can help children—are part of a well-being panel that meets every week. Any referrals from GPs, families themselves, schools, et cetera, are looked at by the panel, and it agrees on one service to offer a range of services to them, usually within a fortnight. It is a much earlier response and it stops families being shuttled about on lots of different waiting lists. Their CAMHS waiting lists are at zero, so children are not waiting for expensive appointments with a psychiatrist, for example. That will, we hope, keep many more children supported at home rather than coming into care, because it covers behavioural issues as well as mental health and general well-being.

I am really excited by that possibility. I am trying to get all the other areas of Wales to take it up and make sure that the regional partnership boards involve their citizens and children in planning the services. Again, good progress is being made on that.

Baroness Pitkeathley: Thank you very much. You answered a question about preventive services without my having to ask it.

The Chair: Baroness Pinnock is going to ask the third question.

Q240 **Baroness Pinnock:** Thank you so much for this fascinating insight into how the devolved nations operate their children's services. It has been a good afternoon so far.

Can you help me on data sharing? A recurring theme in the evidence we have had in previous sessions is lack of integration around the needs of children and poor data-sharing arrangements between various local services. That is in England. We do not really know how it works in the devolved nations. The outcome of it is that some more vulnerable children have become invisible, apparently, or have failed to receive adequate support. I am interested to hear whether you have had the same experience in the devolved nations. If not, we would love to learn how you have overcome the barriers.

I will throw in one extra bit. We also found out about difficulties with the NHS sharing data. Is that an issue you have come across, and have you been able to overcome it? Shall we start in the far north, with Bruce?

Bruce Adamson: My pleasure. It is very sunny here in Edinburgh today, which is unseasonable.

I am very pleased to start on this one; Scotland has a lot of experience to share on the issue. It is important to understand the value of information sharing to ensure that children receive the protection and support they need. It is also important that that information is shared appropriately and effectively, as it can constitute an interference with the right to private and family life. Given that interference in private and family life, we have to make sure that it is necessary, proportionate and in

accordance with law. Save for exceptional circumstances where there is risk of harm, the starting point in most cases should be to do it with the consent of the child or, where appropriate, their parents. The big issue has been around consent to sharing.

Extensive information-sharing provisions were put into the Children and Young People (Scotland) Act 2014. They were incredibly contentious in Scotland. There was a challenge in the Supreme Court, where Clan Childlaw, one of our law centres, argued successfully that there were inadequate protections for children's privacy and, therefore, that it was incompatible with Article 8 of the ECHR, which protects the right to respect for private and family life. The Scottish Government struggled to attempt to address that ruling. Subsequent legislation to try to remedy it ultimately failed, and it was abandoned and repealed. We are still stuck with the challenge of ensuring that we have information sharing between agencies in a rights-respecting way and that, where it is done, the starting point is on a consensual basis, working with children and young people.

Those debates took place before the general data protection regulation and the Data Protection Act 2018 came in, but at the heart of the problem was the extent to which personal information could be shared without knowledge and informed consent and the risk of breaching the duty of confidentiality. It is really important that that is the starting point. We need to build information-sharing systems that ensure that children and families can get the support they need, recognising that it is an interference with their right to respect for private and family life, and ensuring that it is done in a way that is proportionate and necessary, as we have strong foundations within child protection.

In my view, in merely providing support or, in the case of our 2014 Act, on the basis of well-being, welfare and safety, it is very difficult to come up with a non-consensual way of sharing information that takes a rights-based approach. I think the starting point in addressing this needs to be the way in which we involve children and young people and their families. I think it is working effectively in Scotland on that consensual basis. That is the way the 2014 Act in Scotland is being taken forward. Information sharing is taking place, but the starting point is consent. I think we need to be very careful in going past consent, and to be very limited in the way we do that.

This is particularly concerning in the context of child justice. In the context of the very low age of criminal responsibility in Scotland, which is being moved from eight to 12, with lots of discussions around information sharing for children whose behaviour will now fall outside the criminal system, there is a real worry that we are going too far in relation to the information that can be shared and that we are losing sight of the purpose, proportionality and necessity of that sharing. In Scotland, we have been discussing this very extensively. I am not suggesting that we have the answers, but a rights-based approach that starts with consensual sharing will always deliver better results.

Baroness Pinnock: That is fascinating. Thank you. Let's go to Wales, and Sally.

Sally Holland: This probably goes beyond England. Sometimes, there is misunderstanding between agencies about proportionate data sharing and the fact that agencies are required to share data if it is for the purpose of safeguarding children. We have seen inquiry after inquiry where we think, "If only all that information had been put together, we would have understood the situation of that family better". I endorse all that Bruce has said about the balance of different rights and I will not repeat it, but it is always an issue we need to think about.

In Wales, we have seen a step up in cross-agency data sharing during the pandemic. I suspect that some of those arrangements will continue. There has been much better communication across different branches of local authorities during the pandemic. Early on, we were all concerned about children not being in school who would normally rely on that support. They might have been struggling with getting food, might not feel safe and might not be getting all their other needs met.

Our local authorities worked really hard to develop a RAG rating for children—those who we thought would generally be okay and could have universal support that was offered to everyone; and those who we needed to keep a much closer eye on and agreed that they could have home visits safely during the pandemic by different agencies, et cetera. People felt that there was much more joined-up support for families, and families, including foster carers, said the support was much better and more proactive during the pandemic than they had experienced in the past. I hope we can learn lessons from that to make sure that it is done better. In Wales, we have much more uniform delivery of many of our services. For example, we do not have academy schools or free schools, so it is easier to have a system of provision and data sharing across schools in a local authority.

One specific area where I and my Government have looked into the pros and cons of data sharing and have worries about invisible children has been around electively home-educated children. That has been a really tricky issue, right across the UK. I do not think any of the nations have got it right yet in making sure that those children have all their rights. There are very varied experiences. Many are thriving, but some are really struggling. I do not think anyone has yet found the right regulatory route to make sure that those children get the education they need and have their other rights—to be safe, to be listened to, and to be seen and heard.

Our Government were going to bring in new regulations for a shared database where health boards would share data with local authorities on which children were resident in their area, so that they could cross-check to see how many were in school and how many they knew were being educated at home. It was going to be a very complex system. It did not go through because of the pandemic, but many families expressed concerns about it. Personally, I think it would be better to use the more

proactive route of asking and requiring families to register that they are home educating, rather than the state trying to use lots of mechanisms to find out who they are and where they are. That addresses some of the issues that Bruce outlined. If we look at specific populations of children, we see that they are a small but growing population; some are not vulnerable at all but some are very vulnerable. That helps us to think through some of the pros and cons of different forms of data sharing.

Baroness Pinnock: Thank you for sharing those specifics. Mairéad, give us your views on this.

Mairéad McCafferty: Sometimes, the size of Northern Ireland lends itself to easier processes and systems, but we are mindful that certainly during the pandemic, as others have said, the sharing of data and information was key, particularly when we were looking at vulnerable and seemingly invisible children and young people. Our Government and the Departments of Health and Education worked very closely together to develop a vulnerable children and young people's plan. That was very much about making sure that those who were probably most at risk and regarded as potentially invisible during the pandemic could be picked up.

We know, for example, that child protection referrals dropped for a while. That was a concern for the PSNI and the Department of Health, so we looked at ways of making sure that we were picking them up. The Education Welfare Service worked very closely with social workers and made sure that they shared the data that was appropriate. We are mindful of all the various regulations around that to make sure that it is done appropriately. For example, we needed to make sure that vulnerable families and children were accessing free school meals over the summer period, so the Department for Communities worked very closely with the Education Authority in Northern Ireland to make sure that no one was lost. That also applied to asylum seekers and refugees; the fear was that these were marginalised children and young people and families, who could become invisible and potentially fall through the gaps. A lot of work was done by government departments to make sure that they pulled that information together in a way that was obviously rights compliant and proportionate.

Without repeating some of the points that have already been made, we think it is absolutely key that we have a joined-up approach on data sharing in the interests of children and young people, while also being mindful of the right to privacy and the issue of consent. That is always front and centre in access to information about children and young people. For example, in the integration of some of the work, our inspectorate bodies—our criminal justice inspectorate, our education and training inspectorate, and the health inspectorate body, the RQIA—tend to work together when they are doing inspections of our juvenile justice systems. We already have that sort of integration, but we also make sure that the data that is shared is proportionate and within a rights framework.

Baroness Pinnock: Thank you all very much indeed. Lots of questions

came to mind while listening to that.

The Chair: Yes, I know. There are so many things we want to follow up, but time is always our enemy. I move now to question 4, from Lord Davies.

Q241 **Lord Davies of Gower:** Good afternoon to the panel. One of the interesting and impressive issues to come out of this inquiry has been in relation to family hubs. Quite a number of witnesses to the inquiry have identified family hubs as the best available model to facilitate service integration, data sharing and that sort of thing. Can you give us your experience in the devolved nations? Do you have any similar multiagency models? Shall we start with my favourite nation, Wales?

Sally Holland: In Wales, the Sure Start programme became the Flying Start programme; it was maintained and increased and went in a slightly different direction from the services in England. Some people have criticised the Flying Start model because it is postcode dependent and, obviously, there are children who need it who do not live in the specific postcodes. The Welsh Government say to me that they would like to expand it everywhere, but it is an expensive model; it includes free childcare and lots of family support, enhanced health visiting and various other support services.

I agree that a physical centre can be a really strong model; it is important that it is not stigmatised, and not seen as somewhere families with problems go, but is a genuinely helpful community model. I think that is where adding childcare as part of the Flying Start model has been helpful, because it is something people really want. Having things like paediatric visits, health visitor clinics and that kind of thing mean that it is somewhere everyone goes. If someone needs to go off quietly for a substance misuse interview or a protection meeting, people will not know why they are going into the building.

As you will be aware, Lord Davies, in Wales we have some really rural areas, where physical drop-in might not work in quite the same way and might not reach as many families. That is where a virtual model like the SPACE-Wellbeing panels in Gwent that I mentioned earlier can be really good, because they are a way of people doing work for families, bringing services together and making sure that someone goes out and offers the family a range of services together. Conwy in Wales has revisited the idea of family centres. In my career as a social worker, before becoming an academic, family centres have come and gone in popularity, but Conwy in north Wales has revisited that and is very successfully bringing in sets of services for children of all ages, including child and adolescent mental health services, taking them out of the clinic and into the community in lively and accessible children's centres.

That has been our experience in Wales. Flying Start has some good evidence behind it, as well as having good outcomes, alongside what we now see as long-term outcomes from the Sure Start programme in England, where children as adolescents have better outcomes than those

who did not receive Sure Start programmes. I am really keen to see more of that in Wales and throughout the UK.

Lord Davies of Gower: Thank you very much for that; it is really interesting. Shall we go to Scotland?

Bruce Adamson: We take no offence at your favouritism of Wales; it is a beautiful country, as is Scotland, where the sun is shining today, which, as I said earlier, is a very rare occurrence.

I strongly associate myself with what Sally said about the real value of physical spaces, particularly the issue of stigma and making sure that access to services is done in a non-stigmatising way. Children's centres were not rolled out across all of Scotland, although they continue to operate in some areas. They sit very firmly within the "getting it right for every child" practice model. The named person service, which was going to be a statutory non-consent service, has now switched to being on a consensual non-statutory basis for families, but is attempting to achieve similar aims. From the perspective of the child and the family, it is a single point of contact to access a full range of services and the consensual sharing of information for the purpose of getting better access to rights.

It is important in de-stigmatising this that the starting point is that these are rights to services and support in relation to education, healthcare and the alleviation of poverty, which is such an important issue in Scotland. The key to the success of that is very much based on effective supporting relationships and relationships of trust. That approach needs real resourcing to work effectively and allow for the sharing of information to be done in a much more effective way. We know that focusing on those relationships with families and children is the most effective thing. It needs to be a lot more joined up. We are still ending up in situations where children are invisible, and we still have the same tragedies in Scotland as in other parts of the UK. Early and effective intervention and a whole-systems approach is absolutely key to that. In addressing adversity, addiction, poverty, mental illness, trauma—all of that—having a central point of contact and a non-stigmatising place you can go to is really important.

In Scotland, so much of that is delivered by our third sector, which has real skills in that. One of the things I am concerned about is the lack of sustainable funding, particularly when services are delivered by the third sector. That means we need to make sure that we have proper funding and support in place. The response to the Covid pandemic over the last 18 months has demonstrated how a powerful and flexible system of getting in and around families and providing that support is the most effective way of doing things. There has been a lot of learning over the last 18 months when people have not been able to go to physical places, but we have moved to digital support. I strongly associate myself with what Sally said earlier about the value of a physical place that is non-stigmatising, but we also need to capture the learning over the last 18

months of how we can deliver these things through virtual means as well, particularly bearing in mind our rural and island communities in Scotland.

Lord Davies of Gower: Thank you very much. Last but not least, we come to Northern Ireland.

Mairéad McCafferty: The sun is shining here as well. I strongly recommend visiting Northern Ireland.

As I said earlier, in Northern Ireland we have the Children and Young People's Strategic Partnership. That was set up to improve access to early intervention services, to assess levels of unmet need and to bring together collaboration between the statutory and voluntary and community sector agencies to make sure that we deliver, particularly for vulnerable families. That is already there.

We have 29 family support hubs across Northern Ireland currently. They are working very well. It is so important to have that local focus for local communities and local needs, and to ensure that whatever information needs to be shared is appropriate to provide support for vulnerable children and families. That is working. We are mindful that funding for family support hubs has been protected. We would all like to see it increased and enhanced, but it is certainly a success story, which is why there is such support for it.

I am mindful of time, so I will mention this quickly. On Sure Start and the early intervention model, currently we have 39,000 children under four in families that are eligible for Sure Start support in Northern Ireland. They come from the 25 most disadvantaged wards in Northern Ireland. We were very pleased to hear recently that that is to be extended to another 22 super output areas as well, albeit on a temporary basis, but with the intention that it will be sustained going forward because of the vital need and the fact that it is successful on the ground.

The data collated through the Children and Young People's Strategic Partnership is published and put on its website. It puts out a lot of data and information related to geographical areas and the situation in terms of need and what is regarded as unmet need in different areas. That is in the public domain; it is very welcome, because, as we know, sometimes access to information and data can be a bit of a struggle. It is very much the case that we want to encourage that transparency to inform planning for services going forward as well.

Lord Davies of Gower: Thank you very much indeed.

The Chair: Does anyone have any last questions?

Baroness Tyler of Enfield: I want to pick up a point that Bruce made about the voluntary sector. During our inquiry, we have often heard that the voluntary sector is best placed both to identify and to respond to children and family needs. In your nations, how well do the statutory and voluntary services work together, and do you think there is anything that English services could learn from your approach?

The Chair: Can I ask you to answer really quickly because we are running out of time?

Sally Holland: It is a statutory requirement in Wales under the Social Services and Well-being (Wales) Act that local authorities must work with the voluntary sector to plan and provide services. They must also work with local citizens. As my final point, I think services are much more effective if they involve the people we are there to serve, including children themselves.

Bruce Adamson: Scotland has an amazing, vibrant third sector. It is important to recognise that there are really skilled professionals, rather than volunteers, working in the third sector. The kind of knowledge and expertise that they bring is really important. There is really good working across the sectors, but there is an issue around sustainability of funding that we need to address. We need to keep those skilled professionals who are able to build up relationships. That is really important, particularly as during Covid the third sector in Scotland did a lot of the poverty alleviation work. A lot of the funding in emergency hardship funds was delivered by the third sector because those people had the relationships; they knew the communities and they were able to get the money to the families and children who needed it. That was an interesting experience over the last 18 months. The third sector has been very well placed to ensure that money gets to the children and families who need it.

Mairéad McCafferty: I quickly reiterate that the threat to the infrastructure of the third sector is ongoing and a cause for concern. We have flagged this up with government as well. We are mindful that it is very much about local solutions for local communities; they know best what their needs are and how to actually resolve those needs. It is one of the perennial problems, but the vulnerability in supporting local communities has been exacerbated during the pandemic, so that is something the Government will have to grapple with. We cannot rely on the third sector and name them in statutory instruments without supporting them and resourcing them. I am mindful of time, but I wanted to get that in.

The Chair: Thank you all very much. We are really grateful to you for sharing with us the experiences of each of the Children's Commissioners in the three devolved Administrations. I think it is fair to summarise it by saying that you and your Administrations are all very committed to improving the position for vulnerable children, but we all still have a long way to go. I am pleased that you all recognised that this afternoon.

Thank you very much indeed. I hope that we will be able to keep in communication on issues in future. I now suspend this sitting.