

James Shutkever – Written evidence (PSC0073)

Dear members of the Public Services Committee,

Further to the oral evidence session that I took part in on 09.09.2021 on the role of public services in addressing child vulnerability and the invitation from the Chair The Lord Bichard KCB to write to the Committee, I am writing this letter to expand on some of the topics that were discussed at the session. It is important to note that I am writing this letter in my personal capacity as a Social Worker and not on behalf of my employer Hertfordshire County Council (who have not seen or commented on this letter).

Firstly, I would like to add further commentary to the continuous thread of discussion throughout the session regarding how multiple agencies can work together to effectively safeguard vulnerable children and young people. In my experience, a major barrier to achieving this goal is a lack of consistent and comprehensive information sharing between agencies. I believe that a fundamental cause of this barrier is that different agencies record their contact with children, young people and families across various different systems, which other agencies rarely have access to. This means that key pieces of information which in isolation may not represent a risk to the child, but which in combination could well do, are being missed by professionals. For instance, a GP may have seen a 1-year-old boy for a case of recurrent nappy rash, a teacher at that child's older sister's school could find that she has had experienced headlice an unusual number of times, another teacher at the eldest sibling's college could note that their attendance was poor and finally a Community Mental Health Service may have recently begun to support their sole carer in coping with a diagnosis of depression and anxiety. If viewed in isolation, these individual factors may not present a picture of a family in need of support, but in combination they do. In this example, if the various agencies involved had access to the information held by the other services, then they would be far more likely to be able to identify this risk and take appropriate action. However, even if they had access to part of the information, take for example the educational provisions for the two elder children, then identifying this risk would have been notably more difficult. The same principle is also applicable even to those children and young people who are known to Local Authority Children's Services departments. If we consider that the hypothetical family outlined above were known to Children's Services and receiving support under the auspices of a Child in Need Plan, then there would undoubtedly be a higher level of information sharing between agencies, but there would still be a high likelihood that there would be limitations to how comprehensively this information was shared. For instance, the baby's Health Visitor might have noted that their weight gain trajectory had dropped when they were last weighed, the eldest child may have missed a week of college, the parent may have informed the Social Worker that a family member passed away recently and the Community Mental Health Service may have noted the parent to be

lower in mood in their most recent session. Again, in isolation, these individual pieces of information may not appear to be of particular significance as they may not be unusual for the family, and so they may not be shared between agencies, but collectively they indicate a growing level of risk and concern. In my view, a potential solution to both of the examples that I have provided here would be a centralised recording system that could be accessed by all services involved in the safeguarding of vulnerable children and young people.

Secondly, I would like to expand on my response to the question of whether children should be taught to self-identify their vulnerability as a way of reducing the number of children who are 'invisible' to services. During the session, I discussed some of the difficulties that vulnerable children and young people may experience in doing this. To elaborate on this matter further, it is important to highlight that it often takes a long time to build a strong and trusting working relationship with a child or young person in which they feel able to share their views, wishes and feelings, and that some children and young people are never able to reach this point regardless of the attempts of the professionals supporting them. In my view, it is therefore unlikely that many children and young people would feel able to actively approach professionals for support, and I believe that is particularly the case for some of the most vulnerable children and young people in our society. Moreover, when we are trying to safeguard the welfare of vulnerable children and young people, we need to be able to identify the potential risks to these individuals as early as possible. This short timeframe ultimately does not allow for the time and resources necessary to be able to develop a relationship with a child or young person in which they feel able to self-identify their vulnerability. Therefore, whilst it is crucial for professionals to develop these relationships with children and young people over time, as well as for children and young people to have the tools and knowledge to access support if they are able to verbalise their needs to a professional, the focus of safeguarding vulnerable children and young people must remain on the early identification of risk by professionals and improved information sharing between agencies.

Thirdly, during the evidence session I answered "yes, absolutely" to The Lord Bichard KCB's question of whether it was my view that the necessity of prioritising resources for fulfilling statutory requirements for children and young people could lead to a backlog within the social care system that was not dissimilar to that which has been seen in the NHS. I want to add to this that it is not only likely to be the case in the short-term post-pandemic, but that this could indeed be the case for years and indeed generations to come. A fundamental role of the services that support children, young people and families, and of Social Workers in particular, is to try to help break cycles of abuse, neglect, deprivation and vulnerability. This is just as applicable for children and young people as it is for parents and carers, and it is not unusual for us to encounter families who have experienced intergenerational patterns of abuse, neglect, deprivation and vulnerability. Indeed, in my experience it is more often than not that this is the case. Ultimately, if the resources available for supporting families to break these cycles are reducing, then the likelihood

of achieving positive outcomes for these families will also diminish. As I discussed during the evidence session, in the mid-term this could be a key contributing factor to the growth of having to prioritise resources for fulfilling statutory requirements, which then means that the needs of children, young people and families will be increasingly unlikely to be met when they are emerging, and will instead have to be met when they are more severe and complex and necessitate support of a statutory nature. Further still, we must consider the risk that, in the long-term, the children of this current generation of children and young people will have an even higher level of need and services will have even less resources to meet these needs.

Finally, I would like to address the question regarding the lack of an integrated government strategy on vulnerable children which there was unfortunately not time to discuss during the session. In my opinion, any such strategy necessitates the coming together of a large number of agencies who have the shared goals of safeguarding children and young people and securing positive outcomes for children, young people and families. In order to achieve these goals, there needs to be far greater communication between the different services and in particular, as explained above, a more comprehensive and consistent process for the sharing of information. Furthermore, it is too often the case that these services are working in isolation from each other, which means that opportunities for collaboration, curiosity and the sharing of skills and expertise are lost. There therefore needs to be a greater focus on the joining of agencies together as one team around the family, and in my view, this should form the bedrock of any integrated strategy on vulnerable children. If this can be achieved at a stage when a child, young person or family has an emerging level of need, in particular during the early years of a child's life which are so crucial to their development, then the chances of improving long-term outcomes for generations to come will grow immeasurably.

Thank you very much for the opportunity to speak at the oral evidence session and for inviting me to write this letter. It is a real privilege to be able to provide a voice for the children, young people and families that I support and to feel that these voices have been heard.

If you would like to discuss any of these matters with me further, then please do not hesitate to contact me using the contact details below.

15 September 2021