

CHILDREN ENGLAND – WRITTEN EVIDENCE (PSR0013)

Introduction

This submission is from Children England, a membership organisation for charities and voluntary groups working with children, young people and families in communities across England. Our organisation was founded in 1942 as a forum for charities and government to collaborate in creating and delivering the new public services and duties towards children that would come along with the welfare state later that decade. Today, we continue to see the public and charity sectors as [symbiotic partners](#) in developing and delivering the public services that children, families and communities need.

Charities have had a long-standing and important role in creating and providing public services – by working with public bodies to deliver on their statutory duties to the public, and by providing wider services that deliver public benefit (the core requirement of charitable purpose) for children, families and communities outside of, and beyond, public sector duties. Some of our member charities had significant roles in creating and running the first public services for children, long before the state became involved, such as establishing children’s homes, and the beginnings of social work as a profession.

We and all our members are focussed on the rights and welfare of all children, so we also know how enormously significant *all* of our nation’s public services are for every child, whether they are delivered by charities or not. All children’s lives are profoundly affected by their experiences of schools and health services, of council services and functions, youth work, social care, policing and more, and we believe their views and experiences of public services should inform policy and practice.

Much of Children England’s evidence is from the data gathered by the joint children’s sector survey, “Responding to Covid-19: issues affecting services for children and young people.” This form has been completed by frontline professionals across statutory and voluntary sector providers since early April. The children’s charities involved in the initiative are The Children’s Society, Unicef UK, Action for Children, Become, CRAE & Just for Kids Law, Family Rights Group, Barnardo’s and Children England.

Our other evidence comes from ongoing surveys and forums with our members and with children and young people themselves, including their experiences during the pandemic but also of long-standing issues in public service commissioning and funding that we have developed policy responses to.

Summary

Our evidence below will make the following points, with supporting case studies, quotes and background information numbered in the Appendix.

- The voluntary sector is an established, integrated and vital part of public service delivery and has responded rapidly and flexibly to children's needs during lockdown. It is a crucial part of the crisis response and will be even more vital in helping communities to recover.
- Long-standing systemic problems in funding, commissioning and management of public services mean organisations and workforces were in precarious and siloed positions when the crisis began, which has put unnecessary pressure on services and in some areas has been exacerbated by sudden loss of fundraised income and inflexible commissioning.
- Where service delivery has worked well during the crisis, it is because of flexible commissioning, good open communication and trust in service providers. This creates an equal partnership where voluntary sector providers have the autonomy to do what they are intrinsically good at: adapt services to the needs and issues they see in their communities, and direct resources to where they are most needed.
- Statutory services can learn from the key strengths of the children and families voluntary sector including: trusting people (including children) to know their own needs and strengths; trusting practitioners to work with people to decide the best support; designing organisational structures and budgets to enable that trust, co-operation and flexibility.
- Existing inequalities for children and families have been exacerbated in ways that we are seeing many signs of but cannot know the full extent and complexity of. Retaining and building more trust-based

commissioning partnerships between statutory and voluntary agencies will be essential in enabling public services of all types to respond with the speed and flexibility our communities deserve.

- Sustained strategic investment, including in local authorities and the voluntary sector, will be essential in order to prevent the closure of many providers and the collapse of local government budgets. Competitive bidding for this funding, which undermines trust between partners, should be abandoned in favour of grant funding.
- Central government has a unique opportunity to provide leadership on these revitalising reforms to funding and commissioning of public services.

General

2. How have public attitudes to public services changed as a result of the Covid-19 outbreak?

Children England has been working with children and young people to research a new youth-led vision for the welfare state, and as the work has continued during lockdown we can provide qualitative evidence of their views. Younger citizens were, and remain, keenly aware of the importance of the institutions that support their health, education, housing and family wellbeing. All expressed appreciation for the intention of these services - and the efforts of professionals delivering them - but in various ways described the failure of systems to see the whole person, because of siloed working that aspires to meet pre-set outcomes rather than work with the child and their own aspirations.

A selection of verbatim comments from respondents aged 8 - 21 shows the breadth of constructive opinion on public services young people have to offer:

On education:

- *I think currently what isn't working about education is setting predicted grades or target grades because like for some students that could be seen as a bar like they can only reach that. It could be dividing the students like some will get better grades some will get lower grades and I think maybe focus more on teaching and then in the end see the grade.*

- *Purpose of education, personally I think it's to make the student pass the exams, but it should be to give students the tools to go out in life to succeed. In some aspects it is providing what young people need, but in other aspects not like saving and money problems.*

On disability:

- *Dorset council poo-poo'd my idea to get help with walking, but when we went to Great Ormond Street they said yeah no problem. But unfortunately they encourage you to use your local service. The biggest issue is that services aren't communicating with each other, they don't listen to other specialists.*

On health:

- *NHS transition, children services to adult mental health services. The obvious transition didn't happen, you're meant to have a transition overlooked by your CAMHS worker and adult services, but my file got lost, so when I turned up they had no record of me. So I had to start from scratch, in terms of trying to get into the service again, and that in itself was so stressful. They also didn't tell me that I would have to be transitioning, so on my 18th Birthday I got a letter basically saying goodbye. That just shouldn't happen.*

On housing:

- *I'm in supported accommodation at the moment, and without this, I could be in a much worse situation.*
- *I've come to realise that I won't own a house in my lifetime, but even rent is crazy. As a young person, having that instability of not knowing whether you'll be able to pay rent each month, that affects your mental health.*
- *I was on the homeless register for over a year, and yet no properties were available to me. The council would show me properties that 'met my requirements', which was apparently no housing at all.*

On youth services:

- *Not everyone feels at home when they're at home, so youth centres are essential to provide a space where young people can connect with other people. Just someone to talk to about deep and meaningful things or just the weather. Investing in community centres ...*

*understanding the mental health among the younger generation.
Communication and community is what needs to be invested in.*

Resource, efficiency and workforce

3. Did resource problems or capacity issues limit the ability of public services to respond to the crisis? Are there lessons to be learnt from the pandemic on how resources can be better allocated and public service resilience improved?

The resource pressures on councils and charities, and the impacts for children, families and services, have been a well-evidenced and worsening problem for a decade. It is beyond any doubt that they have diminished the capacity, continuity and adaptability of services during the pandemic. Please see the appendix for information on *Perfect Storms*, our 2012 report that has sadly proven true over subsequent years.¹

In 2019 we [contributed to the inquiry](#) into children's services funding by the Commons Housing, Communities and Local Government Committee, and described not only the devastating impact of welfare cuts and caps on families, and of council cuts on services, but the importance of social infrastructure – all the non-statutory services that the voluntary and public sectors provide that, when thriving, help families thrive, and when missing, leave families struggling and isolated until they reach crisis.

The resulting [report of the Committee](#) brought together the systemic issues we've been highlighting for a decade. It quoted our call for a [Children Act Funding Formula](#) and urged the government to invest at least £3.1 billion of *additional* core grant funding in local children's services to address current pressures (even before Covid).

4. Did workforce pressures preceding the crisis, such as difficulties in the recruitment or retention of workers, limit the ability of public services to meet people's needs during the lockdown? How effectively, if at all, have these issues been addressed during the Covid-19 outbreak? Do public services require a new approach to staff wellbeing?

Staff performing the most vital roles - caring for and nurturing relationships with young and vulnerable children - have been persistently under-paid and under-valued in terms of training, support and development. This means

that, whilst frontline practitioners have come into the crisis committed to doing whatever they can to continue caring for children, their own families are vulnerable to the economic and social impacts of it and the pressures on them are significant.

One member of staff in an educational support charity said:

People like me who are key workers, on low pay and taken for granted because of our caring natures to our fellow human beings, are undervalued and underpaid. What incentive is there to key workers to continue when you know the Government are not behind you with PPE or a reasonable wage. A nurse came to me for food vouchers because they didn't have enough for food after they paid the rent and bills and having two boys of 9 and 13 and dad losing his job.

Whilst many in the childcare workforce have been furloughed and will be struggling on 80% of their usual wages, most in the residential care workforce have been working more hours both to replace colleagues who cannot work because of illness or shielding and to provide consistent care and reassurance to children who now have little other human interaction. Where the extra commitment of staff has made some children's homes a better place to be - more like 'a family' as some have said - this does not come without cost to the wellbeing and the families of the staff themselves.

The children's sector workforce have had to be extremely adaptable, as indicated below by service adaptations. Management and supervision has also adapted, recognising that different types of support are needed in remote and home working, and for staff facing new risks and pressures. However two things are extremely important to note for the future:

Children's frontline professionals are acutely aware that they are developing new practice in the absence of knowing 'what's best' and also in a climate of huge uncertainty about official guidance which has been unclear, absent or varied in its interpretation. Professionals need space to pause and reflect on what has worked well and less well, and to discuss as a sector what common approaches should be taken forward.

Whilst the responsibility placed on practitioners to judge what is best for the children in their care is welcome in itself, responsibility without proper

resource and support is unsustainable. For the practice workforce, the most important problem is perhaps the dominant management models that, whilst expecting practitioners to face risk and build relationships on which children's wellbeing depend, deny them the trust and autonomy to use their knowledge and make decisions flexibly around the child. Commissioners can support more devolved ways of working, and help to build trust throughout the workforce:

- by removing the performance targets that prioritise standardised activities and prevent autonomous, child-centred working
- by funding decent wages, training and development for frontline staff
- by working as equal partners with children's organisations and children themselves to learn from their experiences during the crisis and shape services and investment around their needs.

Technology, data and innovation

6. Has the delivery of public services changed as a result of coronavirus? For example, have any services adopted new methods of meeting people's needs in response to the outbreak? What lessons can be learnt from innovation during coronavirus?

Our members have reported two main types of change in their service delivery: moving support online / to phone and creating practical support that local families urgently need, such as food distribution and supplying digital devices. Communication between organisations has increased - although not without hindrance - as the role of some public services has receded and others have had to move quickly to fill the gaps. Where professionals believe a child needs extra help, effort has been made to form an informal 'team around the child'.

The voluntary sector has rapidly identified digital applications that can help to deliver services safely, including digital identification services like [Yoti](#) that assure people's identity when they cannot be proven in person. However many organisations are still in the early stages of testing these applications and developing appropriate protocols for their use: most technology has not been designed specifically with child protection and therapeutic relationships in mind. Services will need infrastructure support to review their suitability, assess alternatives and perhaps work with developers to create more bespoke child-centred solutions in the longer term.

Frontline professionals have said they lack the right IT equipment to provide the best service - trying to maintain a therapeutic relationship with a young person via video call on a phone, for example, rather than on a laptop.

The rapid response of the voluntary sector with practical support such as food, medicine and computer equipment demonstrates how quickly resources can be mobilised if the initiative is generated and empowered locally - in contrast to the government's national distribution schemes for digital devices and school meal vouchers which have proved difficult to implement quickly and equitably at local level. The value of local charities as social and logistical infrastructure should be recognised and invested in by commissioners.

7. How effectively have different public services shared data during the outbreak?

Data sharing between charities seems to be working relatively well, with new processes quickly being developed to ensure that data can still be shared appropriately in the event of staff absence or the closure of an organisation that would usually have held key information about a case. One member organisation for example has 'pooled' its cases so that all staff can stay informed about changing need, and cases can be re-distributed easily. Another has created a triage system so that it is clear which cases need urgent or detailed attention.

However some of these adaptations are needed to compensate for lack of effectiveness or clarity from statutory agencies. Members report making critical referrals to local authority services and receiving no follow up action, and therefore being obliged to retain the case themselves and develop child protection monitoring systems in response. Frontline professionals report thresholds seeming to have risen in some areas without explanation.

Policies on data sharing vary from one statutory agency to another - from school to school and from CAMHS to CAMHS for example - making it very difficult for other organisations to reach all the children and families who need their help. Some schools are sharing information with local charities and some cite data protection regulations as preventing them from doing so.²

Lack of clarity in government guidance, frequently expressed to us by sector professionals, may be partly responsible for inconsistencies and reluctance in data sharing, and in future central government departments should ensure it is absolutely clear in what circumstances agencies can share data on individual children and families. The top concern amongst frontline professionals completing the joint children's services form has consistently been 'reaching children and young people' and all are anxious that for every child whose needs they understand and are trying to meet, there are other children in distress but hidden to their service completely. Data sharing should be done according to the child's best interests. A supporting quote is at Appendix ³.

Channels of communication between central government and local children's charities have been quickly established and maintained, particularly between the Department for Education and several main providers of children's social care. One of our largest members says the weekly sector phone calls with officials from across government *"enable a real sense of joinedupness between Government and third sector, also ensuring the intelligence from our front line teams feed into the heart of the gov response. DfE in particular have been very open and transparent in those relationships."*

While these channels are relatively new and their scope and impact still being explored, we hope that they will continue and the climate of trust, partnership and two-way exchange of information can become established to enable better policy making and better preparedness for future crises.

8. Did public services have the digital skills and technology necessary to respond to the crisis? Can you provide examples of services that were able to innovate with digital technology during lockdown? How can these changes be integrated in the future?

Professionals trying to maintain supportive and therapeutic relationships with young people report that, at an organisational level, their service has adapted well to moving online. Many of our members reported needing help with digital development at the start of lockdown, and support from infrastructure bodies and sector experts has been very useful in sharing practice and learning between organisations. Some technology companies (Cast is one of these) have made their products and services free or

significantly cheaper to charities striving to provide support safely in new ways.

However some professionals also report widespread lack of the digital devices they need to provide the rich communication their service relies on. Some staff do not have laptops and rely on smartphones - some do not even have smartphones.

There is a need to resource IT skills, infrastructure and equipment thoroughly as public services come out of lockdown, and work to help children and families recover in whatever way works best for them. The 'digital by default' approach necessary during social distancing should be reviewed as soon as possible to assess exactly how much integration is appropriate for the needs of children and families. Digital services are not fully integrated within organisations or across service types but individual organisations are starting to develop their own plans for integration. The sector as a whole should be supported to agree common standards and platforms for digital services and commissioners should work with providers and the people who need them to devise services that optimise relationship-based practice and ensure equity of access. Commissioners must see this as a vital and natural part of any service design.

Inequalities

Questions 9 - 11 Reaching vulnerable children and the worsening of existing inequalities

Frontline children's sector staff are clear that significant existing inequalities have been exacerbated by the pandemic and associated government measures. They are also working diligently and passionately to mitigate those inequalities wherever they can. One of our members said:

"I have had to arrange with a local food bank for deliveries to be made to these families weekly. Also, these children fall behind in their school work as they have no IT equipment to access school work. Families should not have to rely on food banks and be kept in temporary accommodation for so long. More social housing needs to be built and an end to universal credit. The gap between those who have and those who don't have has become more noticeable during this period."

Children's charities delivering public services are experts at reaching families who need them, and every organisation we've heard from has described intensive efforts to identify and to meet increasing levels of need during the pandemic. Charities have opened food banks or started mobile food distribution in order to meet new need amongst families who can no longer afford to buy enough food. Some have created helplines for young people who are particularly vulnerable to isolation and mental health issues.

But most professionals express huge concern about children who may be going under the radar. The barriers to reaching vulnerable children are:

- Lack of face to face contact with children already accessing services
- Children with no confidential space to communicate their worries
- Families without digital devices and wifi
- Children with arising needs, unknown to statutory services
- Variation in school policies on sharing children's information
- Children vulnerable enough to have a school place but who aren't attending

Social workers express a feeling of powerlessness to help this last group, whose needs beyond the doorstep can't be assessed accurately enough to take further action. Lack of PPE, and clarity on its use, is stopping some social workers from making the home visits they believe are necessary. Clearer official guidance on schools' duty to share information, and on PPE, are essential.

Lockdown has been particularly tough for children and young people who don't feel safe at home, and for children in care who may have lost contact with important friends and trusted professionals. Government has offered no official guidance or recognition for under 18s and their distinct situations, and many young people feel confused about their rights and responsibilities under lockdown. While most parents and carers are putting huge effort into making homes safe and reassuring, it is natural that some young people will want to escape anxieties at home and contact other people. This leads them to the streets and exposure to other risks. The police have an important role in supporting young people at these particularly vulnerable moments. But social care professionals have reported instances of police treating young people's presence on the street purely as breaches of lockdown and taking a punitive approach, rather than trying to understand other dangers the young

person might be in and what help they might need. This could result in young people returning to unsafe situations at home or going missing.

In a period when safeguarding concerns for all children have been heightened, and efforts have needed to be focussed on trying maintain as much contact with, and knowledge of what's happening for, children and young people known to be particularly vulnerable, charities have been alarmed by the government's 'emergency' relaxation and removal of essential safeguards for children in the care system, by the passing of Statutory Instrument 445. Over 95 regulatory rights and safeguards, such as regular required social worker contacts, independent visits and independent reviews of the suitability and experience of children's care arrangements were changed overnight by SI445, rushed through Parliament without even the 21 day parliamentary scrutiny through which secondary legislation changes should go. Children England is part of the [#ScrapSI445 campaign](#) which, along with 53 other charities, many children's experts and practitioners, and (to date) at least 16,000 members of the public signing our petition, believes these deregulations were not only unnecessary and improperly passed, but particularly perverse at a time when every child in care should get more safeguarding, care and attention to their wellbeing, not less.

The relationship between central Government and local government, and national and local services

Questions 12-15

Why we believe competitive contracting is a serious problem for public services

Partnerships between the statutory and voluntary sectors in the provision of children's services have been undermined progressively by the proliferation of competitive contracting. Competition to win contracts destroys the hope of creating a culture of trust and collaboration between competitors. Contracts that insist charities subsidise public service delivery (to an [average loss of 11% amongst the largest charity providers](#)) have been driving down standards of service provision and creating unsustainable financial risk for the charity sector. Contracts that prohibit charities from using intelligence gained in service delivery to inform service and system change are preventing them from advocating for service users and addressing the root

causes of social problems. Contracting has been one of the key drivers in fragmentation and over-specialisation of public services and in driving up costs to the public purse. More fundamentally, the creation of competitive 'marketplaces' for services has commodified, targeted and categorised the children who need them, when they should all be entitled to adaptable public services and practices that respond to their diverse individual needs. Children England has long been a leading critic of the spread of competitive market approaches to funding and partnerships with the voluntary sector. We co-produced a charter for better commissioning for children, young people and families, to create a culture and spirit of social partnership between public and voluntary sectors, in our [Declaration of Interdependence](#) launched in the Financial Times in July 2014. The Declaration outlines reforms in both strategic approach and commissioning practice that can all be enacted locally.

Our experience is that most local commissioning and procurement practice is very 'cultural' and idiosyncratic to the lead personnel and local traditions, rather than being readily amenable to national policy dictation. The resulting long-standing variation in good and bad experience has been mirrored in the varied picture we are gathering of collaboration during Covid.

In areas like Plymouth, for example, the council has shown visionary leadership over many years in top-to-bottom system change, from pooling as many budgets as possible and reducing the whole council's work to four integrated strategies, to suspending service re-tendering for several years in order to genuinely co-produce new service designs with all existing services providers and community members, across public and voluntary sectors. This has resulted in their "Alliance Contract" for vulnerable adults with complex needs, bringing 26 different service providers together in one long-term collaborative contract, with no KPIs, and with commitments to open-book accounting and shared learning and practice. This shows how much scope there always has been for radical change and improvement within existing regulations and freedoms, and colleagues there report that their long-developed collaborative relationships have equipped them well to be rapidly responsive and adaptable in continuing to support vulnerable people during the Covid emergency. Plymouth's lead commissioner of the Alliance Contract is one partner among many in [the 'Human Learning Systems' approach](#) to rethinking public services (our CEO, Kathy Evans is also a

partner), and we would strongly recommend the Committee explore the Human Learning Systems philosophy and learning.

What Plymouth's example also shows is that reducing fragmentation and supporting genuine collaboration requires not just new commissioning models, but strong public sector and elected political leadership - and that kind of leadership needs to be shown both nationally and locally. As we emerge from the experiences of the pandemic, the Committee and national government have a crucial opportunity to show clear national leadership in heralding the kinds of changes in cultures and norms across public service commissioning that would set the context for much better ongoing practice. The following overarching messages, if consistently made and translated into practice, could radically alter the commissioning environment for all public services, for the better:

- 1) Public services are not 'products' to be bought and sold as short-term commercial transactions. All public service commissioners need to develop long-term relationships with all the relevant organisations on which the public relies.
- 2) Targets and KPIs are not proof of success for public services, and can act perversely to constrain practitioners from adapting and responding to the real needs of the public they serve. The desired outcomes for all people who use public services should be determined in dialogue with them, not imposed top-down, en masse, by contract terms.
- 3) ALL Payment-by-Results contracting should be suspended and renegotiated, as recommended by the Public Administration and Constitutional Affairs Committee following the collapse of Carillion.
- 4) All decision-making by any public officials regarding potential commissioning and procurement, its conduct and the appropriate eventual recipients of public funds, should be conducted in compliance with the [7 Nolan Principles for Public Life](#), and should hold all organisations (charities, social enterprises or private companies) who are recipients of public funds to the [same ethical standards](#).
- 5) Competitive tendering for public services should be used as a last resort, not the default setting for public service commissioning.
- 6) Wherever volunteer capacity or charitable funds contribute to public-benefit work, public funding of it should *a/ways* be pursued through grant-funded partnership agreements, not competitive tendering for contracts. No-one's volunteer's work or financial donation to charity

should ever be traded in a bidding war, or treated as if they are a 'contracted' public sector resource.

- 7) Reliance on cash or in-kind subsidy by voluntary sector organisations in order to provide *any* statutory service is unsustainable for both the organisation and the taxpayer - and should be avoided at all costs. Ensuring full cost recovery on contracts should be as important to public commissioners as it undoubtedly is to commissioned organisations.
- 8) Social value should *always* feature in any criteria for deciding between tenders for public supplier contracts (including those that would not be considered public services), and no tender should give more than 50% weighting to price.

While recognising that local procurement cultures are very difficult to change by national policy, we would urge Committee members to appreciate how chronic the risks to charities' and critical public services' sustainability are right now, as a result of the proliferation of competitive contracting for many decades. This is especially the case for both children's and adults' social care, two areas of public service where the 'marketplace' has been operating the longest.⁴

What has happened with commissioning and collaboration during the pandemic?

The Procurement Policy Notes issued by the Cabinet Office helpfully encouraged the review and flexible management of all public supply contracts in light of Covid pressures, including: altering payment terms and advance purchasing to ensure stability of cashflow for supplier organisations; flexibility with targets and KPIs, especially where PbR mechanisms are involved; prompt, and wherever possible immediate, invoice payments. Many in the sector report their contract managers showing such flexibility and partnership.

However, the policy notes are only advisory, not mandatory. We continue to urge for them to be strengthened to apply to all commissioning. While there has been a great deal of positive feedback from our members about widespread adoption of contract variation and flexibility, some charities are still struggling to get flexibility, prompt payments, or variability from contracts tightly specified before the emergency. We are also concerned that the latest issue of the Policy Procurement Note broadly encourages a return

to previous commissioning and contracting practice as soon as practicable, rather than seeing the earlier flexibilities as laying the ground for a more relationship-based approach to commissioning and procurement long into the future.⁵

Serious concerns remain about the levels at which charities and voluntary groups have been either overtly or invisibly subsidising under-funded public contracts, and as charities' non-contract income sources (such as trading and fundraising income) are deeply hit by the lockdown, such subsidies will become more rapidly unsustainable, putting essential public services at risk.

In a rapidly changing context it can be hard to garner snapshots of the ways in which collaboration, integration and flexibility in commissioned relationships have been unfolding. We have attached in the appendix case studies of our members, Resources for Autism⁵, and The Rainbow Trust Children's Charity⁶. We continue to gather examples from our members to support and inform longer-term recognition of the value of collaboration rather than competition.

The importance of an enduring infrastructure for place-based approaches

Local and regional infrastructure bodies can play an important role in supporting partnership working both within the Voluntary and Community Sector and between VCS organisations and public services, and during the pandemic many have proved essential partners with their councils in coordinating local volunteering efforts and adapting local responses. While a small charity may be well aware of the value of partnership working, and understand what it has to offer such a partnership, it is much less likely to have the resources on its own to explore potential partnerships, and an understanding of the ecosystem in which it will be operating. Infrastructure bodies can provide opportunities to build collaborative relationships, tools to evaluate the risks and benefits, and ongoing support to help the partnership progress and adapt to changes, and we believe they will remain (and must be invested in) as essential in creating better local partnerships and collaborations to serve the public.

Role of the private sector, charities, volunteers and community groups

20. What lessons might be learnt about the role of charities, volunteers and the community sector from the crisis? Can you provide examples of public services collaborating in new ways with the voluntary sector during lockdown? How could the sectors be better integrated into local systems going forward?

The most important lesson to be learned from the role of the voluntary sector during lockdown is that relationships between charities and the state that are based on trust and equal partnership bring about better responses to the needs of local communities. We have described the move away from rigid contracts that restricted providers to narrow specifications and targets, towards partnership working that liberated charities to do what they knew to be right for children, families and other vulnerable people. If we're to serve communities better in future, it cannot be cast off as a temporary approach. It must become the normal way for the state and the voluntary sector to work together, supported by more inclusive democratic and planning processes that foster trust and understanding as a pervasive culture - not just a contracted approach.

As described in previous answers, the local partnership approach is not new and the voluntary sector is not an external or 'unintegrated' provider of public services. Charities created many of the services the public now relies on, including children's homes, ChildLine and the NSPCC's child protection helpline. Whether they are funded through the public purse or voluntary income, these are vital parts of our society's infrastructure. What dictates how well these services can respond to public need is how power is shared between the state and other organisations - and with communities themselves. Some localities have been successfully sharing power and community intelligence for some time but what this crisis has shown is central government recognition that funding and commissioning predicated on stringent targets that do not reflect the complexity of people's lives, and payment structures that do not invest trust in providers, are not fit for purpose.

The children's services who feel that they are reaching and helping children most effectively during lockdown are usually those whose commissioners have observed the new procurement note and moved from a command and control relationship to one of open communication and flexibility.

From the individual perspective of a mental health practitioner:

"For a start - work with the people and goodwill you have. Make decisions clinician led - based on sound research and experience - believe your frontline people and work on building trust... Everything is very bureaucratic and top down. We know our communities and our families and carers . There is no 'solve' but there is scope to bring our responses into a human scale . People can only move out of crisis mode if they are able to see their services and people in those services able to contain and frame what is happening. As long as we are in crisis - we have little chance to support others out of theirs. All the services need to share an understanding of child development, attachment and loss - sadly we have all diverged."

The majority of services expect levels of need to rise and emerge in unpredictable ways over the next few months. Action for Children and the Early Intervention Foundation [reported on the impact of coronavirus on vulnerable families](#):

The situation will be made more challenging by the fact it's very difficult to predict exactly what the needs of families will be post-lockdown. The lack of face-to-face contact in recent months means services may well have been less effective; despite the best efforts of councils and schools to maintain contact where possible and to innovate.

Only as the lockdown is more widely eased will the full extent of the impact of Covid-19 on children and families become apparent. This will almost certainly result in an increase in referrals to children's social care and other specialist services.

Charities need to be able to adapt their services for children who have been through an unprecedented experience and will have unique mental, physical and educational needs. The landscape in which services are operating has changed a lot since the start of the pandemic, with new initiatives and infrastructure emerging such as mutual aid groups which could usefully be integrated into the local voluntary sector and others, such as food banks and distribution, which should not be viewed as a desirable long term 'fix' for poverty and hunger, but a sign of the need for policy change. Flexibility and co-operation will be absolutely essential in understanding how to embed and react to the learning from the pandemic. To understand the changes and to

plan for sustainable public provision to aid the recovery, public commissioners should work in partnership with the voluntary sector, whether that's at council level, in NHS services or elsewhere, with open, honest communication and transparent decision-making processes. Representatives of a genuinely diverse range of local voluntary and community organisations should be included in those decision-making processes.

Inflexible forms of funding like payment by results will not be appropriate. Commissioners should consider whether a contract is needed in each case, or whether grant-funding will give voluntary service providers the adaptability they need. As described by the [Grants for Good coalition](#) of infrastructure bodies, grants enable charities to use several natural strengths with public benefit, including working with local communities to design services, skilling up local volunteers and innovating where a new approach needs to be tested.

Crucially, the grant process also drains fewer resources from applicant charities, where competitive tendering costs much more time and money from bidders, even where unsuccessful. The voluntary sector, as emphasised often and urgently by infrastructure bodies, lost £4.3 billion in the first 12 weeks of the crisis alone, and [faces a £12.4 billion shortfall for the year because of coronavirus](#). Only a fraction of this has been recuperated through government support so far.

The voluntary sector has already demonstrated that it is never more needed than it is during this crisis. Every public service commissioner will be able to point to charities in their area doing more with less to ensure older people remain connected to vital supplies, victims of domestic violence can still find refuge and parents who have lost their jobs can still feed their children. As the crisis turns into a long, challenging period of recovery, with economic damage possibly lasting years, [charities will be critical to that recovery](#).

For the most vulnerable in society, including children, a return to the pre-pandemic status quo would be simply unjust. However if the government invests in public services - through sustained, system-wide funding rather than ad hoc competitive funding streams - the statutory and voluntary sectors can work together to build back to a much fairer and more

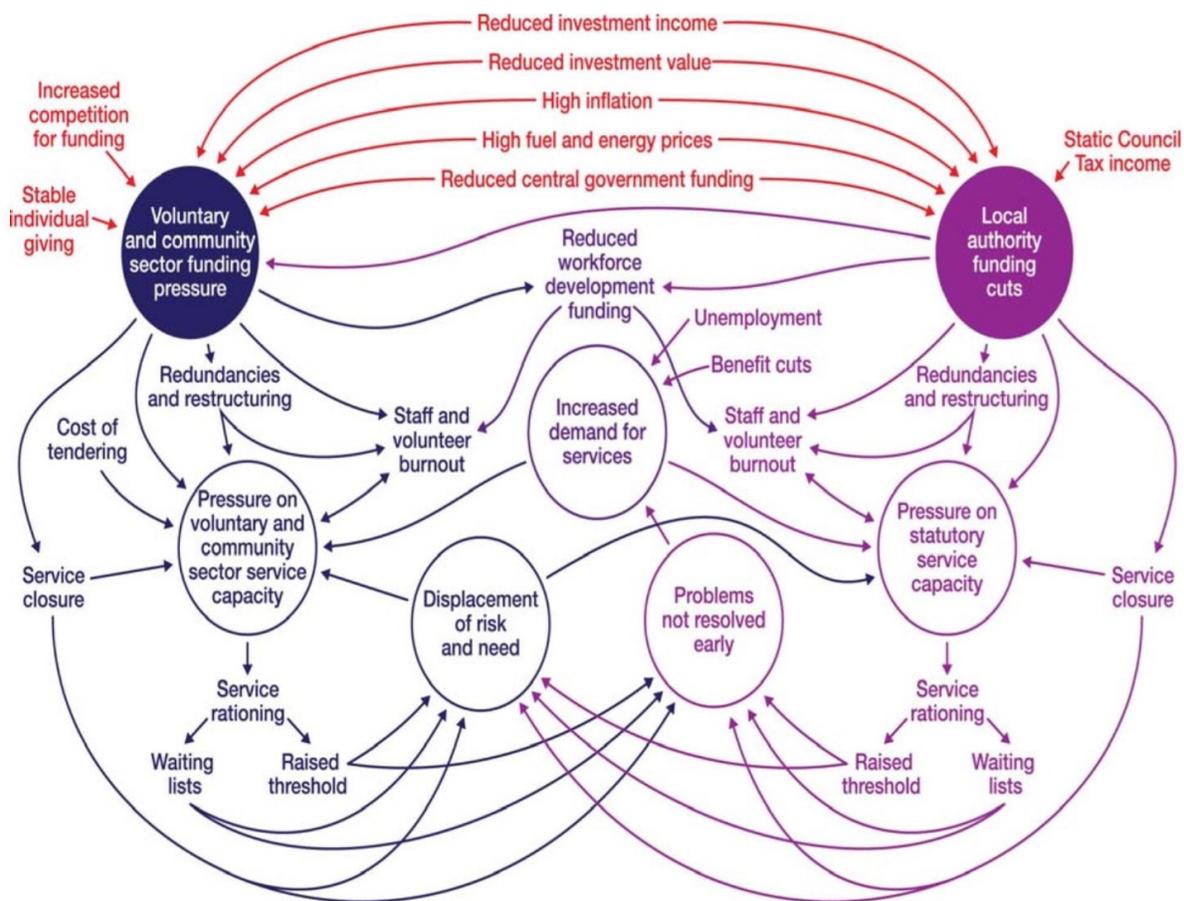
supportive society. Children's charities are a ready-made source of ideas and services, built around the needs of children themselves, which can inform that revitalised social infrastructure, from models of therapeutic support in schools to parent-led support groups for families with a disabled child. Read the appendix for a case study of our member Rainbow Trust Children's Charity, who provide children's palliative care, to see how essential - socially and economically - children's charities are to public services.⁶

Appendix: Children England submission to the Lords Public Services Committee - supporting evidence

Question 3. Did resource problems or capacity issues limit the ability of public services to respond to the crisis? Are there lessons to be learnt from the pandemic on how resources can be better allocated and public service resilience improved?

Supporting evidence 1

In 2012 Children England published [*Perfect Storms*](#), a groundbreaking modelling study of the ways in which the economic crash and subsequent austerity pressures were already seriously affecting the operating conditions for local children's services - both charitable and statutory. In it, we used the diagram below to portray the circular depletions of capacity, and knock-on effects of cuts in local areas, subsequently reduced capacity to resolve problems early, and people's needs (and organisational risks and liabilities) being displaced from one service to another.



Perfect Storms concluded that continued cuts to local authority funding, and the ways in which the ecosystem of community services for children was having to respond to budget cuts already, would result inevitably in the steady erosion of early intervention capacity and rising numbers of children and their families reaching crisis points and being taken into care – meaning that the long term effect of year-on-year cuts would in fact be *rising* children’s services bills. This has sadly proved over subsequent years to be true.

Question 7. How effectively have different public services shared data during the outbreak?

Supporting evidence 2

One national children’s charity with an existing contract with schools reports:

"Keeping communication open between appointed school contacts and other support service has been vital to ensure [our] families have been supported as best as they can in the current circumstances"

But even within this charity's own branches, there are different experiences of how efficient schools have been at sharing information. A staff member in a different branch said:

"...not all educational settings are doing visits and many [children] are going unseen for periods of time. As we are outside agencies to school we have not been allowed to attend so most 1:1 support has stopped, we are offering support via the telephone, and in settings if this is allowed. It has meant that we have had to change the way we work and ensure we are sharing information with other professionals who work with the children and young people."

One boarding school counsellor reported:

"Our pupils are "scattered" across the UK as a result of COVID-19 school closure, and it has been almost impossible to get, for example, CAMHS in our area to communicate about a pupil with CAMHS in the child's home area. I have been asked to make the phone calls and do the liaison and follow-up as CAMHS in one area seems to have no clear way of speaking to CAMHS in another location! ...it seemed very inefficient!"

Supporting evidence 3

A mental health professional in the NHS said:

"There is a wealth of diverse and specialist knowledge and experience out there. The NHS, Education and Social Care and Youth Justice systems have been run down and fragmented for a decade or more - and we are paying the price. Some amazing work is done through serious work in charities by volunteers and trainees. It all feels very factional and territorial and that is largely because of funding and access to training etc. Even in statutory services we do not share computer systems, referral criteria, transfer of information. We are totally hamstrung by data protection and technical divides. Taking a 'rights of the child' stance and modelling how we go forward on that, could help to draw the services together. Thinking in terms of rights overrides a great deal of the dilemmas of thresholds and hierarchies of services and the postcode lottery of care. Some charities are streets

ahead of NHS in terms of understanding of mental health and children - they seem to have been better placed to respond quickly to community need in terms of IT and autonomy to make clinical decisions. In NHS we are swamped with box ticking and covering our backs - blinded by 'risk'."

Questions 12 - 15

Why we believe competitive contracting is a serious problem for public services

Supporting evidence 4

The recent report published by LGA on the levels of [profit-making, debt and risk in the children's care provider 'market'](#) makes for salutary reading that should prompt urgent national action.

Our CEO, Kathy Evans, wrote a piece in Civil Society outlining [the deep systemic 'business' risks for service delivery charities](#), that have come into starker relief since the crash of Carillion. For more detail on the structural risks of market collapse created by competitive tendering for public goods and services, this [book chapter examines](#) the nature of monopsony and oligopsony markets (which many public service 'markets' are), and how market forces in them will lead inevitably to new monopolies or collapse.

What has happened with commissioning and collaboration during the pandemic?

Supporting evidence 5 - commissioning case study: Resources for Autism

We have had to reimagine our organisation in a week. Move our services online and carry on direct facing work with those most in need. Our provision changed form and to an extent reduced. We then entered into a dialogue with commissioners about contractual implications of that. We have had good and bad experiences with commissioners.

Good (Area A)

What have commissioners done to help?

Since the start, they have assured us that they will honour their contractual obligations even in framework contracts. They have sent clear information regarding returns. They have developed clear forms for

emergency funding. They have paid over and above contract for additional C-19 work i.e sending Home Isolation Packs to families.

What has the impact been on beneficiaries?

We have been trusted to continue our service to Area A families without fear of loss of income. We developed Autism Specific Home Isolation packs within a couple of weeks and Area A paid for them and arranged for them to be delivered to 150 families. Families reported feeling very seen and supported by this initiative and we had so much positive feedback at a time that so much was uncertain and distressing for some of our families. Two other Local Authorities followed the example and asked us to provide the same for their families.

What has influenced the approach of these commissioners?

Individual relationships
Particular government guidance

Bad (Area B)

What have commissioners done?

Have sent no clear information about our existing block contract and whether they will honour commitment and have yet not paid. Have rejected our request for financial assistance. Have sent various emails asking for information but seems like a one way street where they talk and we listen. Have rejected the idea of supporting us to either finance or deliver the Isolation Packs to families.

What has been the impact on beneficiaries?

None. We have protected our families from that commissioning dynamic and used our own funds to provide the extra services to Area B families. However, we are considering in the long term to make the difficult decision to withdraw from that area as the relationship is not built on trust and contract pricing has not been reviewed in 7 years, despite numerous requests.

What has influenced the approach of these commissioners?

Individual relationships: the Senior Commissioner has a different approach to providers and it feels a bit more of a paternalistic dialogue rather than a discussion of equals. Default approach is not one of trust which impacts on how creative we can be in our ability to reimagine the offer.

What are your biggest concerns for future delivery?

- Our service cannot be delivered effectively remotely or under social distancing rules.
- Loss of voluntary income affecting our ability to deliver contracts.
- Lack of clarity until when commissioners will honour procurement guidance (currently running out in June) and pay normal amounts for adapted/reduced service. In order for us to plan our provision for the next three months and decide whether we should take more staff off furlough, we need assurances that commissioners will carry on paying us for the foreseeable future even if service is reduced. Otherwise it is too much of a risk for us and we have already lost enough income from parental contributions. None of our commissioners have so far said anything about how long they will support us even though money for this financial year should have been ring fenced. This makes our ability to plan ahead close to impossible if you are a provider that wants to continue offering support on the front line rather than cease service and put everyone on furlough. We are expecting demand to spike in September but if we do not prepare for it now then we won't be able to serve those families.

Question 20 What lessons might be learnt about the role of charities, volunteers and the community sector from the crisis? Can you provide examples of public services collaborating in new ways with the voluntary sector during lockdown? How could the sectors be better integrated into local systems going forward?

Supporting evidence 6 - Case study: Rainbow Trust Children's Charity

About our service

- Rainbow Trust Children's Charity supports families when a child has a life-threatening or terminal illness. Emotional and practical support from a Rainbow Trust Children's Charity Family Support Worker can enable the whole family to cope better in the most difficult of circumstances, providing tailored support based on what the family would find most helpful. Our charitable social care support helps to join up the gaps between hospital, hospice and home.

Impact of COVID-19 on the families we support

- Families with children undergoing cancer treatment or organ transplants and those with compromised immune systems fall into the most clinically vulnerable group. They are currently being advised to shield as a household to minimise the risk to their child's health. Confusing messages about shielding and social distancing are adding to the anxiety that they feel.
- As the lockdown eases for other parts of society, these families face uncertainty about the ongoing risk to their child, and whether or not healthy siblings can return to school when there is an ongoing risk of infection. Treatment has been delayed for many children, and we hear that many services have cut back or ceased because of the pandemic. At the same time previous networks of support from friends and family have reduced in light of social distancing guidance.

In our most recent survey of families receiving support from Rainbow Trust:

- Half of parents responding said their family is receiving support only from Rainbow Trust or from Rainbow Trust and just one other source.
- 41% of respondents said their child's medical treatment had been affected.
- 48% of respondents said their family situation is 'worse' or 'much worse' than before the pandemic and the lockdown.
- 59% say their mental health is 'worse' or 'much worse' than before the pandemic.

Delivery of service during the pandemic

Family Support Workers are continuing to support families however they can, offering virtual support, using WhatsApp, video calls and phone calls, and with the resumption of some face to face support where families request it and following social distancing guidance.

Examples include:

- With outpatient and routine appointments being cancelled, Family Support Workers are relieving pressure on vital NHS staff by giving emotional support to worried parents or parents may be awaiting vital test results which are held up by the strain on the health system.
- Sibling support has always been a significant part of Rainbow Trust's support for families. With many unable to attend school at this time, especially if the household is shielding, siblings of seriously ill children have lost an important outlet, where they would have normally been distracted or comforted by classmates and teachers. Family Support Workers are giving regular video and telephone support to these siblings, such as sharing of competitions, exercise routines, interactive cooking sessions, and story times. Importantly this can provide parents with some time to themselves while their children are occupied.
- Where families used to be able to get their medicines and groceries relatively easily, Family Support Workers are working hard to source and deliver the vital items they need to keep going, like medicines, milk and nappies.
- Transport to hospital is being provided where families have no other way to attend essential appointments, such as for dialysis.
- Where one parent may need to self-isolate to protect their child, Family Support Workers are providing emotional support and, where relevant, delivering breast milk from new mothers to their babies on the neonatal wards in situations where they are unable to visit.

- For some parents whose children have recently died, their Family Support Worker is the only emotional support available to them as they face the distressing prospect of holding a very different funeral for their child than they would have anticipated in normal circumstances. The continuity of support from a trusted Family Support Worker plays an important role at this time when many other professionals and services may cease contact.

Statutory funding and how our services save money for the health and care system

- Rainbow Trust relies almost entirely on the generosity of the public. Statutory funding came from just two local authorities in 2018-19, in Short Breaks funding, and made up just 1.2% of its annual income that year.
- NHS England has historically ruled our non-clinical emotional and practical support to be out of scope for palliative care funding streams.
- Too often the responsibility for funding social care support for families where a child has a life-threatening or terminal illness has fallen between CCGs, who see it as social care, and Local Authorities, who see it as palliative care or who interpret their obligation to provide Short Breaks as only relating to permanently disabled children and their families, rather than those with a serious fluctuating condition, and an uncertain prognosis.
- Three years ago Rainbow Trust published a report, *Hidden Savings: How Rainbow Trust Children's Charity saves money for the health and social care system*. (www.rainbowtrust.org.uk/hidden-savings) This set out a conservative estimate that the charity was saving at least £2 million each year for the health and social care system by enabling families to cope better with the demands of caring for a seriously ill child.
- Examples of savings include supporting a family to manage their child's condition at home (therefore reducing the length of stays in hospital); supporting families to keep up appointments (saving the

cost of Do Not Attends); supporting parents who may otherwise feel overwhelmed and might require support from social services or mental health services; supporting siblings with nursery or school drop offs who might otherwise miss school altogether when parents have to prioritise medical appointments.

- Recent updated calculations show that, with the same methodology, in light of a significant rise in the number of families being referred to Rainbow Trust for support year on year, estimated annual savings for the health and social care system now total £3.9 million (not yet published but in progress).
- For context, among children's hospices who responded to a 2019 survey by Together for Short Lives, an average of 21% of their income had come from a mix of statutory sources in 2018/19 (including the NHS England Children's Hospice Grant, local CCGs and Local Authorities), although this average hides wide variations. Source is the pdf on the right hand of this page:
<https://www.togetherforshortlives.org.uk/changing-lives/speaking-up-for-children/policy-advocacy/statutory-funding-in-england/>
- Like the majority of charities, Rainbow Trust faces a significant drop in income in the next financial year.

Endorsements from NHS professionals:

'As an organisation, their forward thinking, flexibility and willingness to help and support families in any way families need at any particular point in time, is something I haven't experienced anywhere else... Rainbow Trust support workers work alongside the clinical team providing a truly holistic approach to care for the family. Many support workers attend essential meetings as part of the wider multidisciplinary team, thereby sharing key information which form part of planning care for the baby/child and their family... Not only do Rainbow Trust provide invaluable support for families, but they also support clinical teams, in that they can provide an insight into what is important for families.'

Alex Mancini, Pan London Lead Nurse for Neonatal Palliative Care Chelsea & Westminster Foundation Trust – April 2020

'The Rainbow Trust team are making a huge difference to our families...The staff on NICU [Neonatal Intensive Care Unit] would find a difficult job, hard in these unprecedented times, even more difficult without the ongoing support of The Rainbow Trust.'

Carol Buxton, Family Support & Infant Feeding Specialist, Neonatal Intensive Care Unit, Queen Alexandra Hospital, Portsmouth – April 2020