



HOUSE OF LORDS

Public Services Committee

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1st Report of Session 2021–22

**Children in crisis:  
the role of public  
services in  
overcoming child  
vulnerability**

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See Appendix 1.

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Evidence is published online at <https://committees.parliament.uk/work/1049/the-role-of-public-services-in-addressing-child-vulnerability/publications/> and available for inspection at the Parliamentary Archives (020 7219 3074).

Q in footnotes refers to a question in oral evidence.

## SUMMARY

We face a crisis in child vulnerability. The numbers of vulnerable children were increasing before the COVID-19 pandemic. But since March 2020, the crisis has accelerated. Over one million children are now growing up with reduced life chances. Public services too often are unable to help children before it is too late. In our most deprived communities, too many children go into care, have poor health and employment outcomes, get excluded from school or end up in prison. If ‘levelling up’ is to mean anything at all, these children and their families should be at its heart.

In this report we call on the Government to publish a national strategy on child vulnerability, supported by substantial, long-term investment in local early intervention services. Children and their parents need help as early as possible to prevent temporary difficulties becoming enduring and entrenched problems.

Our inquiry showed that a lack of coordination by central Government and national regulators has undermined the ability of local services working with families to collaborate effectively, intervene early and share information to keep vulnerable children safe and improve their lives. Statutory agencies frequently fail to engage the voluntary sector or listen to service users when designing and delivering public services.

The Government does not recognise the need for a child vulnerability strategy. But poor national coordination leads many children to fall through the gaps. In 2019 the Children’s Commissioner’s Office warned that 829,000 vulnerable children were completely “invisible” to services, receiving no support. This unmet need is likely to have grown worse during the pandemic. We surveyed almost 200 professionals working with children and families in the private, public and voluntary sectors. They reported increases of well over 50% during the last eighteen months in the number of children and families requesting help with parental mental ill-health, or reporting domestic violence and addiction problems within the home.

This report makes recommendations for how central Government and local services should address this crisis. They include:

- There should be a statutory duty on local authorities, the NHS and police to collaborate to improve children’s life chances.
- Regulators should develop a joint framework for holding local agencies to account for how effectively they collaborate to improve long-term outcomes for children in their areas.
- Data-sharing guidance and training for frontline workers must place greater emphasis on the need to share data proactively to support safeguarding and early intervention.
- Local public services commissioners should ensure that users’ voices are heard by making co-production with children and parents a requirement for organisations commissioned to deliver children’s or family services.
- Local statutory services should work closely with the voluntary sector to identify and understand need in their areas.

In recent months, the Government has given some priority to vulnerable children. The Spending Review 2021 committed £492 million in investment for

early help services over the following three years. We welcome this recognition that child vulnerability is best addressed through early intervention. But these announcements follow a decade of underinvestment. £164 million per year, though a start, will not make up for the £1.7 billion yearly reduction experienced since 2010 by local authorities' existing early intervention programmes such as Sure Start and children's centres, family support and youth services.

Children living in our most deprived communities have suffered disproportionately from this retrenchment. Investment in early intervention services in the areas of England with the highest levels of child poverty fell by £766 million per year between 2010 and 2019. In those areas with the least child poverty, spending was reduced by only £182 million. Walsall, for example, has some of the highest levels of deprivation anywhere in England. There, early intervention spending fell by 81%. By contrast, Surrey—with much lower levels of deprivation—saw funding drop by only 10%.

Underinvestment has created worse outcomes for children and higher costs for the taxpayer. It has resulted in more children, particularly in the poorest areas, entering the care system with greater levels of need. Effective early intervention services reduce the role of the state in family life by supporting parents to meet their children's needs. Yet between 2010/11 and 2019/20, local government spending on early intervention fell by 48% to £1.8 billion, while money spent on later, costlier, and higher-intensity interventions—such as youth justice, looked-after children's services and safeguarding—increased by 34% to £7.6 billion.

Recent Government announcements have championed 'Family Hubs' as effective providers of early help. A small number have already been established. Family Hubs play an important role in improving early intervention support, facilitating integration and data-sharing among public services and enabling voluntary sector partnerships. The support that they give families fosters independence and resilience. While most Sure Start and children's centres offer only early years provision (0–5), Family Hubs help parents and their children between the ages of 0 and 19. This is the right approach.

But the Government has provided little more detail on what effective Family Hubs should look like. In this report we set out our own vision. We propose that certain fundamental characteristics should be at the heart of every Family Hub. Each one should employ full-time family coordinators, offer addiction and domestic violence services, provide support for parents with poor mental health and organise parenting classes.

The Government's Early Years Healthy Development Review set an ambitious goal that all families should be contacted by a local Family Hub as soon as a pregnancy is confirmed. But Ministers have yet to commit to a full national roll-out. The 2021 Spending Review put aside £82 million to fund additional Hubs in 75 further local authorities for three years. This commitment falls far short of the Early Years Review's proposals. Nor will it repair the creaking public services infrastructure on which vulnerable children rely. Sure Start funding fell by two thirds between 2010 and 2018. Children's centres are being closed in the most deprived areas at a faster rate than elsewhere.

This report therefore puts a national roll-out of Family Hubs at the core of a national strategy on child vulnerability. It proposes that the most deprived communities should be prioritised in the early stages of any such expansion. If

the roll-out of Family Hubs is too slow or limited to only parts of the country, many vulnerable families will continue to be left without support. A national strategy would enable the Government to match its stated ambition on child vulnerability with urgent action. Every child in crisis has the potential to go on to live a productive, fulfilling and rewarding life. We cannot afford to let them slip through the gaps.





# Children in crisis: the role of public services in overcoming child vulnerability

## CHAPTER 1: INTRODUCTION

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### Defining child vulnerability

1. Witnesses to our inquiry told us that there are many definitions of child vulnerability, which we explore in this report. Where we refer to ‘vulnerable children’, however, we focus on children aged 0–19 whose lives are not in immediate danger but who, without targeted support from public services, are at risk of significant harm, and whose life chances are likely to be diminished as a result. A common theme in our evidence was that these children are at higher risk of poor health, social, education and employment outcomes. They are more likely to enter the care system as a looked-after child due to the failure of public services to identify and respond to their needs. Our definition therefore includes the following groups of children:
  - children who are vulnerable due to circumstances in the home,<sup>1</sup> such as those living in families with parents who have serious mental ill-health;<sup>2</sup> with a parent or sibling with a health condition, and for whom the child has caring responsibilities;<sup>3</sup> where a parent is in prison;<sup>4</sup> where a parent is the victim of domestic violence;<sup>5</sup> or where serious parental substance or alcohol abuse is present.<sup>6</sup>
  - children with mental ill-health, disabilities or special educational needs;<sup>7</sup>
  - older children and teenagers at risk of sexual exploitation, criminal exploitation or involvement in violent crime.<sup>8</sup>
2. While we suggest that these vulnerabilities should be the immediate focus of public services, we caution against defining child vulnerability too narrowly. Risks to children evolve, inside and outside the home. They

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1 For an overview of vulnerability within the home see written evidence from the Children’s Commissioner’s Office ([PSC0043](#)).

2 For the gaps in provision for parental mental health see written evidence from the Early Intervention Foundation ([PSC0008](#)); written evidence from the Children’s Commissioner’s Office ([PSC0043](#)) and written evidence from the National Society for the Prevention of Cruelty to Children (NSPCC) ([PSC0042](#)).

3 For the vulnerability of young carers, see [Q 131](#) (Chineye Njuko).

4 For the effects on children’s outcomes of having a parent in prison see [Q 47](#) (Joy Shacklock).

5 For the lack of domestic violence support for mothers and the effects on children see [Q 143](#) (Natalie Perera); written evidence from the Early Intervention Foundation ([PSC0008](#)) and written evidence from the Children’s Commissioner’s Office ([PSC0043](#)).

6 For the pressures put on statutory services due to a lack of parental addiction services see [Q 99](#) (Josh MacAlister), [Q 142](#) (Dame Andrea Leadsom MP) and written evidence from the Children Commissioner’s Office ([PSC0043](#)).

7 For the lack of early intervention support in schools with mental health, disability or special educational needs or disabilities needs, see [Q 198](#) (Sir Kevan Collins), [Q 58](#) (Catherine Roche) and [Q 143](#) (Natalie Perera).

8 For the inadequacies of public services’ responses to criminal exploitation see [Q 23](#) and [Q 26](#) (Sarah Kincaid), [Q 101](#) and [Q 107](#) (Josh MacAlister) and [Q123](#) (Alan Pughsley).

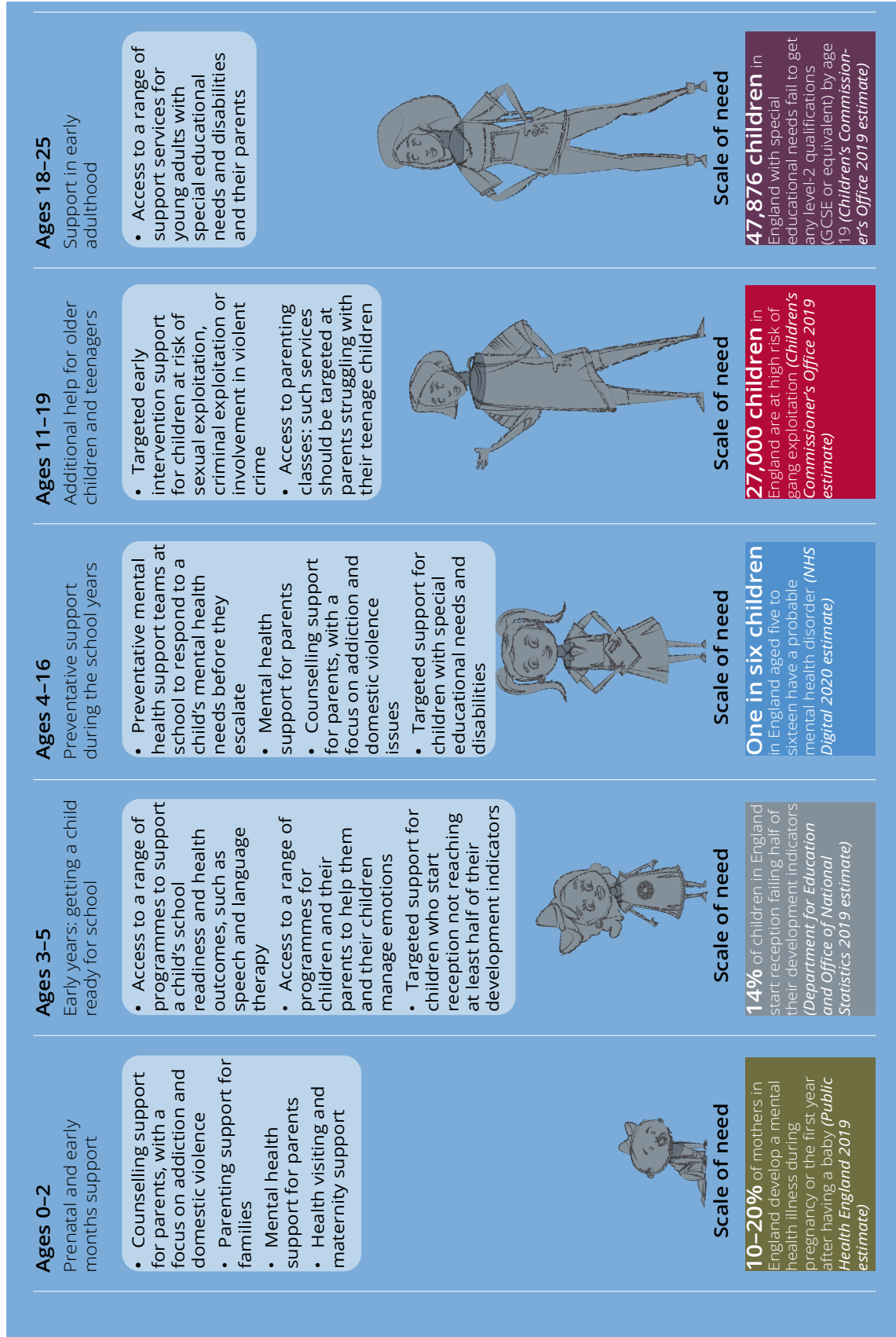
require public services to be flexible and responsive. We found significant overlap and interconnectivities between groups of vulnerable children—for example, children in families with abuse and addiction problems were more vulnerable to criminal exploitation.<sup>9</sup> There was also overlap between the effectiveness of the support that children received: we heard that different forms of vulnerability could be tackled effectively through investment in early intervention.

3. For most children, family and friends are best placed to provide support during times of difficulty. When parents struggle, children can often rely on grandparents, older siblings or those in their support network. But other families require intensive intervention from public services. We heard that for many vulnerable children, particularly those living in the most deprived areas, support networks are weak or non-existent. Increasing numbers of these children are entering the social care system. Witnesses told us that early intervention can strengthen vulnerable families' resilience, help parents before they reach crisis point and avoid intervention by social care services. Effective early intervention aims to reduce the role of the state in family life, not expand it.
4. Furthermore, children and their parents may need support from early intervention services at various points of their childhood: a child may be highly vulnerable at some points—for example, if they are required to take on caring responsibilities or suffer bereavement—but less vulnerable at others. Levels of vulnerability will differ for every child. In Figure 1 we set out how early intervention services should interact with vulnerable families at different stages of a child's life to improve their life chances. Witnesses told us that vulnerable families are often unable to access sufficient early intervention support.

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9 Written evidence from Ofsted ([PSC0040](#)) and [Q 54](#) (Javed Khan)

**Figure 1: When should early intervention services work with vulnerable children and their families?**



### Scale of child vulnerability

5. According to Government data, at least 1.6 million children in England required support from social care services between 2012/13 and 2017/18. These figures meant that by 2018, approximately one in 10 children in England had been in need at some point in the previous six years.<sup>10</sup> The main reasons that children needed help included serious parental mental health problems, children living in families where a parent was a victim of domestic violence, or parental substance or alcohol abuse.
6. In 2019 the Children’s Commissioner’s Office estimated that as many as 761,000 of the children known to social services might have received no support at all. It estimated that an additional 839,000 children who were vulnerable due to circumstances in the home were completely “invisible” to services.<sup>11</sup> During our inquiry we heard that the numbers of vulnerable children were likely to have increased as a result of economic pressures on children and their families and the effects of the COVID-19 pandemic.

### *Impact of poverty on child vulnerability and demand for public services*

7. Not all vulnerable children are poor, and not all poor children are vulnerable. Martin Lennon, Senior Adviser on Children’s Services at the Children’s Commissioner’s Office told us that around 30% of “children who have been on a Child in Need plan or with social services in the last six years ... are not on free school meals.”<sup>12</sup>
8. However there is a clear correlation between poverty and higher rates of vulnerability.<sup>13</sup> The Resolution Foundation, a think tank, has found that child poverty rose over the last decade. In 2011/12, 27% of children were living in poverty; this number had increased to 31% by 2019–20.<sup>14</sup> Mike Brewer, Chief Economist at the Resolution Foundation, explained that while not “everybody in poverty on this measure” was a vulnerable child, “[it] is a good indicator of relative disadvantage among families with children.”<sup>15</sup> The Children’s Commissioner for England, Dame Rachel de Souza, told us that “about 60% of children in poverty have a secondary vulnerability, either special educational needs and disabilities (SEND) or risks at home.”<sup>16</sup>
9. We heard that poverty was closely linked to demand for children’s services. The Royal College of Paediatrics and Child Health (RCPCH) said that family poverty increases the risk that a child and their parents will have poor mental health, that a child will be involved in serious crime and that there will be addiction or domestic violence problems in their family.<sup>17</sup>

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10 Department for Education (DfE): *Children in need of help and protection: CIN review: final data and analysis* (June 2019), pp 5 to 8: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/809108/CIN\\_review\\_final\\_analysis\\_publication.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809108/CIN_review_final_analysis_publication.pdf) [accessed 4 November 2021]

11 Written evidence from the Children’s Commissioner’s Office ([PSC0043](#))

12 [Q 261](#) (Martin Lennon)

13 [Q 260](#) (Dame Rachel de Souza)

14 Resolution Foundation, ‘Pre-pandemic Britain experienced a mini living standards boom—alongside rising child poverty’ (25 March 2021): <https://www.resolutionfoundation.org/comment/pre-pandemic-britain-experienced-a-mini-living-standards-boom-alongside-rising-child-poverty/> [accessed 10 November 2021]

15 [Q 23](#) (Mike Brewer)

16 [Q 261](#) (Dame Rachel de Souza)

17 Written evidence from Royal College of Paediatrics and Child Health (RCPCH) ([PSC0019](#))

10. The Government announced in its Autumn budget of 27 October 2021 that it would reduce the Universal Credit taper rate—the amount in benefits that a claimant loses for each pound that they earn above a set work allowance—from 63p in the pound to 55p.<sup>18</sup> This was designed to lessen the impact on the incomes of the poorest families of the Government’s decision to end the £20-per-week Universal Credit uplift, which it had introduced during the COVID-19 pandemic. The Joseph Rowntree Foundation (JRF), a research organisation, had estimated that without the reduction in the taper rate an additional 200,000 children would have been “swept into poverty” by this decision.<sup>19</sup>
11. However, the JRF warned that children living in families with parents who were “unable to work or looking for work” would “not benefit from these changes”.<sup>20</sup> The Resolution Foundation reported that 75% of the 4.4 million families on Universal Credit would still be “worse-off as a result of decisions to take away the £20-per-week uplift despite the Chancellor’s new Universal Credit measures”. Dame Rachel de Souza warned that any “increase in poverty” would lead to “an increase in vulnerability” and greater “demand for children’s services”.<sup>21</sup>
12. Research carried out for our inquiry by Pro Bono Economics showed that public services in England’s most deprived communities are ill prepared for such a rise in demand. It found that real-term cuts since 2010 to the per-child spend on early intervention services (such as children’s centres, family support and youth services) were twice as large in local authority areas where child poverty was most widespread than in areas with the lowest levels of child poverty.<sup>22</sup> We explore the consequences of this reduction in early intervention spending in Chapter 2.

### *Impact of COVID-19 on child vulnerability*

13. The Office for National Statistics explained that the COVID-19 pandemic meant that it was not possible to produce as accurate a picture of the number of vulnerable children in England in 2021 as the Children’s Commissioner’s Office were able to do for 2019. Much Government data collection was suspended following the outbreak of COVID-19.<sup>23</sup>
14. However, witnesses said that the number of vulnerable children “invisible” to services was likely to have increased during the pandemic. The RCPCH noted that this was “in part because of increased stress on families who have lacked their normal support mechanisms”, and because children and young people had “had less opportunity to talk to or be noticed by trusted professionals because of the majority of children being out of school for a number of months and having less contact with their extended family and

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18 HM Treasury, *Autumn budget and spending review 2021: a stronger economy for the British people* (27 October 2021), p 66: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029974/Budget\\_AB2021\\_Web\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029974/Budget_AB2021_Web_Accessible.pdf) [accessed 4 November 2021]

19 Joseph Rowntree Foundation (JRF), ‘Universal credit: the impact of cutting the £20-a-week’ (26 August 2021): <https://www.jrf.org.uk/universal-credit-cut-impact-constituency> [accessed 21 October 2021]

20 JRF, ‘A tale of two budgets for low-income families’ (27 October 2021): <https://www.jrf.org.uk/press/tale-two-budgets-low-income-families> [accessed 4 November 2021]

21 [Q 260](#) (Dame Rachel de Souza)

22 Written evidence from Pro Bono Economics ([PSC0076](#))

23 Written evidence from the Office for National Statistics (ONS) ([PSC0048](#))

others”.<sup>24</sup> The Royal College of Nurses reported an increase in the number of children in food poverty as a result of the pandemic.<sup>25</sup>

15. We asked the National Children’s Bureau and Children England to circulate a questionnaire on the effect of COVID-19 on children’s services. They surveyed almost 200 professionals who work with children and families across the private, public and voluntary sectors. Since the outbreak of the pandemic:
  - 65% of organisations reported an increase in the numbers of children and families requesting their services because of domestic violence between parents;
  - 57% reported a “large” increase in the number of children and families requesting their services due to serious parental mental health problems;
  - 50% reported that of the families and children already receiving support from their organisations, there had been an increase in the severity of problems associated with parental addiction.
16. The effect of these pressures on children’s well-being is likely to have been severe: 90% of the organisations reported a growth in the number of children requesting their services due to poor mental health. We hope that our recommendations will help the Government to address these significant increases in the needs of vulnerable children.

## Background to inquiry

### *Lessons from COVID-19*

17. This is the second major report of the House of Lords Public Services Committee. We published our first report, *A critical juncture for public services: lessons from COVID-19*, in November 2020.<sup>26</sup> We found that COVID-19 and lockdowns had encouraged public services to introduce highly innovative approaches to meeting people’s needs.<sup>27</sup> This was particularly true of the local voluntary sector, especially where it partnered high-performing local authorities. That sector often filled the gaps in public services provision caused by the demands of the pandemic. Central Government was quick to establish furlough schemes and roll out a vaccination programme.<sup>28</sup>
18. But the COVID-19 pandemic exposed fundamental deficiencies in the delivery of public services that prevented or hindered people from accessing the support on which they rely. These included:
  - insufficient support over a long period for prevention and early intervention services;
  - over-centralised delivery of public services, poor communication from the centre and a tendency for Government departments to work in ‘silos’;

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24 Written evidence from the RCPCH ([PSC0019](#))

25 Written evidence from the Royal College of Nurses ([PSC0034](#))

26 Public Services Committee, *A critical juncture for public services: lessons from COVID-19* (1st Report, Session 2019–21, HL Paper 167)

27 *Ibid.*, para 3

28 *Ibid.*, paras 142, 143, 144 and 177



- a lack of integration between services, especially those working with vulnerable people;
  - an inability and unwillingness to share data between services;
  - inequality of access to public services and a lack of user voice.<sup>29</sup>
19. These structural weaknesses have an adverse impact on all service users but disproportionately affect the most disadvantaged groups—including vulnerable children. For example, we found that cuts to local authority budgets over the last decade had reduced their ability to provide early intervention support. The cuts contributed, in turn, to increased disparities between the educational attainment of children from disadvantaged backgrounds and that of other children. The COVID-19 pandemic further exacerbated such inequalities.<sup>30</sup>
20. We found that a tendency for siloed working at the national level could limit the ability of public services to protect vulnerable children. We heard how separate targets mandated by different Government departments for schools, local authorities and NHS children’s mental health services had disincentivised collaboration between public services. In the years preceding the pandemic, vulnerable children were already falling through the gaps between local agencies, “invisible” to social services, the NHS and the education system.<sup>31</sup> This lack of integration meant that many agencies were unable to share the data that they needed to determine which children needed their help.<sup>32</sup>
21. We concluded that these weaknesses in the delivery of services to vulnerable children required further investigation, and should form the basis of our second major inquiry, which we began in February 2021.

*Our key principles for public services reform*

22. Our first report called on the Government and other public services providers to tackle structural weaknesses and “lock in” the innovations introduced during COVID-19. To achieve this, we suggested that the Government prioritise six key principles for public services reform:
- the Government and public services providers should recognise the vital role of preventative services in reducing deep and on-going inequalities;
  - central Government and national service providers must radically improve the way that they communicate and cooperate with local-level service providers if they are to deliver effective public services;
  - charities, community groups and volunteers must be recognised as key public services providers, and given appropriate support to deliver those services effectively;
  - public services require a fundamentally different, vastly more flexible approach to the sharing of data;

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29 *Ibid.*, para 6

30 *Ibid.*, paras 45–52

31 *Ibid.*, paras 53–77

32 *Ibid.*, paras 166–168

- the integration of services to meet the diverse needs of individuals and the communities in which they live is best achieved by public services providers working together at the local level, and should be supported by joined-up working across Government departments at the national level;
  - public services should be ‘co-produced’: users must be involved in their design and delivery.<sup>33</sup>
23. Our recent inquiry confirmed that these principles can radically improve services for vulnerable children. Moreover, applying these principles to improve services for vulnerable children and families will bring significant benefits to all users of public services.
24. The Government responded to our first report in February 2021.<sup>34</sup> We welcomed its plans to revise guidance on data-sharing guidance in order to dismantle “barriers to sharing information about vulnerable children” by March 2021.<sup>35</sup> Its commitments to extend the Supporting Families Programme<sup>36</sup> (previously the Troubled Families Programme)<sup>37</sup> and “other community services that facilitate multi-agency support for families, such as Family Hubs” also represented a step in the right direction. The Troubled Families Programme has made some progress since 2015 in reducing the numbers of children going into care.<sup>38</sup>
25. The Government has made welcome efforts in recent months to deliver on these commitments. In August 2021, the Government said that £12 million had been awarded from the Treasury’s Shared Outcomes Fund to support councils to set up new Family Hubs in up to twelve new areas.<sup>39</sup> In October 2021 the Government published its Autumn budget and Spending Review. It announced an additional £82 million in investment over three years to support 75 local authorities in England to open new Family Hubs. The

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33 *Ibid.*, para 8. ‘Co-production’ is where providers work with service users as equal partners to design a new, or reform an existing, service or system for an agreed collective outcome. The approach is based on the principle that those who are affected by a service are best placed to help design it. ‘Co-production’ contrasts with a transaction-based method of service delivery in which people consume public services that are designed and delivered by providers. See Involve, ‘Co-production’: <https://www.involve.org.uk/resources/methods/co-production> [accessed 21 October 2021]

34 Cabinet Office, *Government response to Public Services Committee’s first report, “A critical juncture for public services: lessons from COVID-19”* (25 February 2021)

35 *Ibid.*

36 Supporting Families is a national programme that works with families in England to address multiple disadvantages through a whole-family approach, delivered by keyworkers working for local authorities and their partners. See Department for Levelling Up, Housing and Communities, ‘Supporting families’ (26 March 2021): <https://www.gov.uk/government/collections/supporting-families> [accessed 22 October 2021]

37 Ministry of Housing, Communities and Local Government (MHCLG), ‘Next phase of £165 million programme for vulnerable families launched’ (26 March 2021): <https://www.gov.uk/government/news/next-phase-of-165-million-programme-for-vulnerable-families-launched> [accessed 20 October 2021]

38 MHCLG, ‘National evaluation of the Troubled Families Programme 2015 to 2021: further findings’ (3 June 2020): <https://www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2021-further-findings> [accessed 4 November 2021]

39 DfE, *Family hubs: local transformation fund: application guide* (November 2021), p 9: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1030243/FH\\_Transformation\\_Fund\\_-\\_LA\\_Application\\_Guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030243/FH_Transformation_Fund_-_LA_Application_Guide.pdf) [accessed 9 November 2021] and DfE, ‘£20 million to provide more early help for vulnerable families’ (19 August 2021): <https://www.gov.uk/government/news/20m-to-provide-more-early-help-for-vulnerable-families> [accessed 22 October 2021]



Spending Review increased considerably the annual budget of the Supporting Families Programme from £160 million to £225 million.<sup>40</sup>

26. But at the time of publication in November 2021, the Government’s data-sharing guidance had not been updated.<sup>41</sup> Nor had the Government clarified how it would extend the Supporting Families Programme, how many Family Hubs it would open across England or how it would fund them in the long term. The Family Hub programme is still in its infancy—so far, 150 have been established. Under the most recently announced plans, Family Hub provision would continue to be patchy. And even where they already exist, Hub services often are not available to all vulnerable children and their families. In the absence of further action from the Government, this report explores the consequences of poor data-sharing practices and offers potential solutions (Chapter 5), and suggests a roadmap for the national roll-out of Family Hubs (Chapter 8).
27. Furthermore, the Government did not commit additional funding to improve school readiness.<sup>42</sup> In a recent short inquiry into the Government’s ‘levelling up’ strategy, we found that school readiness was closely linked to life chances. We called on the Government to prioritise investment for early intervention programmes to increase the literacy and numeracy levels of children starting school in deprived areas.<sup>43</sup>
28. In this report we examine the role of early intervention more broadly. We argue that the failure by successive Governments to invest in early intervention and family support has led to worse outcomes for children, higher costs for the taxpayer and increased pressures on statutory services. We explore the case for a national strategy on child vulnerability and what it should cover (Chapter 2).

### Reviews on schools, safeguarding, early years and social care

29. This report complements independent and Government reviews of various aspects of child vulnerability that had been completed or were on-going at the time of its publication.
30. Because our inquiry covered many of the areas investigated by these reviews, we took evidence from Ministers and several review leads, including:
  - Sir Kevan Collins, the former Education Recovery Commissioner, on the Government’s COVID-19 Education Recovery Plan. This report supplements Sir Kevan’s recommendations on how best to support

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40 HM Treasury, *Autumn budget and spending review 2021: a stronger economy for the British people* (27 October 2021), p 5 and p 9: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029974/Budget\\_AB2021\\_Web\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029974/Budget_AB2021_Web_Accessible.pdf) [accessed 4 November 2021]

41 DfE, ‘Information-sharing advice for safeguarding practitioners’ (4 July 2018): <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice> [accessed 22 October 2021]

42 HM Treasury, *Autumn budget and spending review 2021: a stronger economy for the British people* (27 October 2021): [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029974/Budget\\_AB2021\\_Web\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029974/Budget_AB2021_Web_Accessible.pdf) [accessed 4 November 2021] and Cabinet Office, *Government response to Public Services Committee’s first report, “A critical juncture for public services: lessons from COVID-19”* (25 February 2021)

43 Letter from Rt Hon Baroness Armstrong of Hill Top, Chair, Public Services Committee to the Prime Minister, Rt Hon Boris Johnson MP, on ‘Levelling up’ (20 May 2021), p 4 and p 6: <https://committees.parliament.uk/publications/5952/documents/67603/default/>

disadvantaged children catch up at school, by exploring how family help can improve vulnerable children's school performance;

- Sir Alan Wood CBE, Chair of the Independent Review of Multi-agency Safeguarding Arrangements. Sir Alan found that there had been insufficient collaboration between statutory child safeguarding partners such as local authorities, the NHS and the police. This report takes a broader view of the responsibilities of services working with children. We consider whether there should be statutory duty for agencies to collaborate to provide early intervention support;
- Rt Hon Dame Andrea Leadsom MP, who led the Government's Early Years Healthy Development Review. She called for greater support for families in the first 1,001 days after the birth of their child, including through the Family Hubs programme. We consider whether Family Hubs should support vulnerable families with children up to 19 years old;
- Josh MacAlister, Chair of the Independent Review of Children's Social Care on structural weaknesses in the social care system. This report does not explore reform of the children's social care system in-depth. Instead, it considers how early intervention support can address vulnerable families' needs before they escalate, to improve children's life chances and health and education outcomes. We investigate whether early help can prevent families from entering the social care system and the cost-effectiveness of such an approach. Certain families and children will nevertheless fall through the net and require intensive social care support, as Josh MacAlister's interim findings make clear.<sup>44</sup>

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<sup>44</sup> The independent review of children's social care, *The case for change* (June 2021): <https://childrensocialcare.independent-review.uk/wp-content/uploads/2021/06/case-for-change.pdf> [accessed 21 October 2021]

## CHAPTER 2: NATIONAL-LEVEL BARRIERS TO EARLY INTERVENTION AND INTEGRATION OF SERVICES

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*“[In] my role as a social worker ... in a family safeguarding team ... it is [my] job to be curious about ... factors that may indicate risk and liaise with other professionals to ... safeguard the welfare of vulnerable children and young people ... however the unfortunate reality is that, very often, our day-to-day work consists of ... firefighting ... [I have] to focus on ... the families ... in that high category of risk ... ultimately families who are at the lower end of risk are not getting the level of intervention that they would benefit from ... It creates this very vicious circle of spending on the complexity ... and then not funding [early help] ... we have families coming back in ... who have had emerging needs that have not been met, and then we are having to spend large amounts of money on the care and support for them.”<sup>45</sup>*

31. James Shutkever’s experience as a frontline social worker for Hertfordshire County Council echoed much of what we heard throughout our inquiry. Witnesses told us that reductions in central Government early intervention funding had led some local areas to withdraw support for parental mental ill-health, and addiction and domestic violence problems. These shortcomings had created significant pressures on children’s social care services, higher costs for the taxpayer and worse outcomes for children.
32. We heard that a lack of a joined-up national strategy on vulnerable children and families undermined the effectiveness of individual programmes, the integration of local services and the Government’s ability to evaluate its spending decisions. A successful national strategy would require shared data, funding and outcome frameworks.

### Long-term costs of underinvestment in early intervention

33. Dr Javed Khan OBE, Chief Executive of Barnardo’s, explained that reducing investment in early intervention did not create savings.<sup>46</sup> Research commissioned by Barnardo’s and its partners found that between 2010/11 and 2019/20, local government spending on early intervention projects (such as children’s centres, family support services and youth services) had been cut by 48% to £1.8 billion. Local government spend on costlier later interventions—such as youth justice services, looked-after children’s services and safeguarding—had increased by 34% to £7.6 billion.<sup>47</sup>
34. In the 2021 Spending Review the Government committed £492 million in additional investment for early intervention services over the following three years. This included money for the expansion of Family Hubs and the increase in the Supporting Families budget. There was funding for early years services, including £50 million for parenting programmes, £50 million for breastfeeding support and £100 million for infant and perinatal mental

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45 Q 249 (James Shutkever)

46 Q 54 (Dr Javed Khan OBE)

47 Barnardo’s et al., *Children and young people’s services: spending 2010–11 to 2019–20* (July 2021), pp 7 and 8: <https://www.barnardos.org.uk/sites/default/files/2021-07/Spending%20on%20children%27s%20services%20in%20England%20-%20July%202021.pdf> [accessed 22 October 2021]

health.<sup>48</sup> The additional £164 million per year is significantly lower than the £1.7 billion reduction in local authorities' annual early intervention spending since 2010.<sup>49</sup>

35. Barnardo's warned that local authorities' reliance on late intervention had led to worse outcomes for children and created spiralling costs in children's social care. It found that spending on looked-after children had risen from £51,724 per child in 2010/11 to £61,805 in 2018/19.<sup>50</sup> The Children's Services Development Group, an organisation representing children's services providers, agreed that inadequate early intervention support had increased the cost of children's social care. It stated that the number of looked-after children in England had "risen steadily in the past decade, from 65,520 on 31 March 2011, to 80,080 on 31 March 2020".<sup>51</sup>
36. We found that investing relatively small amounts per child in services that are able to intervene early, by supporting parents to care for their children when first experiencing difficulty, results in better outcomes for children. It also reduces the need for high-cost interventions later in the cycle for families already at crisis point, such as when social care services take responsibility for their children. Local authorities have shifted funding from early intervention to these later interventions. Because effective early intervention means that later intervention is less necessary, investing in early intervention makes such a shift less likely.

### *Investing in early years*

37. Many witnesses made the case that investment in early years support (from birth to five years old<sup>52</sup>) should be a priority for the Government. Academics Dr Polly Vizard, Dr Tina Haux and Professor Anna Vignoles highlighted the "very robust evidence of impact" of established early years programmes. These included the Family Nurse Partnership<sup>53</sup> (a recent evaluation found that it had had a positive impact on children's health and education outcomes), the 'Incredible Years' programme<sup>54</sup> (which had been shown to improve children's cognitive outcomes) and 'Preparing for Life'<sup>55</sup> (which was found to narrow the disadvantage gap in school readiness). The witnesses said that the Treasury should consider rolling out some of these programmes

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48 HM Treasury, *Autumn budget and spending review 2021: a stronger economy for the British people* (27 October 2021), p 68: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029974/Budget\\_AB2021\\_Web\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029974/Budget_AB2021_Web_Accessible.pdf). [accessed 9 November 2021]

49 Written evidence from Pro Bono Economics (PSC0076)

50 Written evidence from Barnardo's (PSC0026) and Barnardo's et al, *Under pressure: children's and young people's services 2010–11 to 2018–19: a summary* (May 2020), p 5: <https://www.barnardos.org.uk/sites/default/files/2020-05/Summay%20of%20the%20analysis%20and%20deep%20dive%20reports%20-%20May%202020.pdf> [accessed 11 November 2021]

51 Written evidence from the Children's Services Development Group (PSC0017)

52 HM Government, 'Early years foundation stage': <https://www.gov.uk/early-years-foundation-stage> [accessed 21 October 2021]

53 A health-focused programme, in which a vulnerable family is allocated a support nurse from birth. See Early Intervention Foundation (EIF), *Family nurse partnership, EIF guidebook* (January 2021): <https://guidebook.eif.org.uk/public/files/pdfs/programmes-family-nurse-partnership.pdf> [accessed 21 October 2021]

54 A low-cost programme that targets children between the ages of three and six with challenging behaviour. See Early Intervention Foundation, *Incredible years preschool, EIF guidebook* (July 2016): <https://guidebook.eif.org.uk/public/files/pdfs/programmes-incredible-years-preschool.pdf> [accessed 21 October 2021]

55 Orla Doyle, 'A parenting pre-school programme implemented in Ireland', *Journal of Political Economy*, vol 128(6), (June 2020): <https://www.journals.uchicago.edu/doi/abs/10.1086/705707> [accessed 5 November 2021]

nationally if it wanted to reduce the “economic cost of lost opportunities in the early years”.<sup>56</sup>

38. They also highlighted<sup>57</sup> research by the London School of Economics and Political Science (LSE)<sup>58</sup> estimating that the economic cost of failing to invest in the early years in 2018/19 was £16.13 billion. This headline estimate covered costs associated with child injuries and mental health problems; children’s social care; crime and antisocial behaviour; school absence and exclusions; and youth economic inactivity. It included the long-term costs of later mental and physical health problems, and social consequences such as homelessness.
39. Dame Andrea Leadsom MP told us that her review of child health inequalities had identified the first 1001 days as a priority for investment by the Treasury.
- “There is a lot of work being done on persuading the Treasury that investing in this area can genuinely save money. ... the LSE [has shown] that £16 billion in just one year was spent on children and young people who have serious problems that were all traceable back to their earliest experiences. You cannot say that you will save £16 billion by investing earlier—of course not—but you can certainly argue that you will save a good portion of that.”
40. She pointed to several examples of how this money could be spent better. They included “investing earlier, effectively, in teaching parents that you must speak to your baby” through to parenting support services. She advocated addiction support for parents: “if they drink excessively in pregnancy and their baby suffers foetal alcohol syndrome, it predisposes their baby to 75% of the IQ of a normally healthy infant.”<sup>59</sup>

#### *Early intervention support for older children*

41. While we heard that investment in the early years should be a priority and represents the best protection against vulnerability in later life, we were told that money should be made available to fund early intervention programmes for children aged five to 19. Witnesses said that the risk resulting from vulnerability within the home—such as parental addiction, domestic violence, criminal exploitation or poor parental mental health—although reduced by investment in the early years can emerge at any stage during a child’s life.<sup>60</sup>
42. Natalie Perera, Chief Executive of the Education Policy Institute, cited the research of another witness, Professor Kirabo Jackson, Abraham Harris Professor of Education and Social Policy, Institute of Policy Research and School of Education and Social Policy at Northwestern University, Illinois,

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56 Written evidence from Dr Polly Vizard, Dr Tina Haux and Professor Anna Vignoles ([PSC0061](#))

57 *Ibid.*

58 London School of Economics, ‘Lack of early years support costs England over £16 billion a year’ (18 June 2021): <https://www.lse.ac.uk/News/Latest-news-from-LSE/2021/f-June-21/Lack-of-early-years-support-costs-England-over-16-billion-per-year> [accessed 21 October 2021]

59 [Q 140](#) and [Q 142](#) (Dame Andrea Leadsom MP)

60 See [Q 43](#) (Dr Joy Shacklock).



United States.<sup>61</sup> He found that early intervention funding provided through the Head Start<sup>62</sup> scheme in the 0 to 5 phase, when

“combined with additional funding in the school-age [five to 19] phase, particularly targeted on disadvantaged areas, leads not only to improved educational outcomes but to higher graduation rates, higher labour market earnings and lower incarceration rates.”<sup>63</sup>

43. The Early Intervention Foundation stated that an “understanding of what works” in early intervention required “a sustained focus and considerable national investment” in evaluation. For example, it had:

“identified more than a hundred programmes designed to support children affected by domestic abuse, but fewer than a third had been evaluated. Those that had often suffered from methodological weaknesses, including poor study design and small sample sizes.”<sup>64</sup>

*Early intervention and ‘levelling-up’: support for deprived communities*

44. The research by Pro Bono Economics found that between 2010 and 2019, real-terms spending on early intervention declined by 48% in England. These reductions were greatest in the poorest areas.

“Spending on early intervention services in the areas of England with the highest levels of child poverty fell by £766 million between 2010 and 2019, a real-terms reduction of 53%. This halving of spend resulted in an average per-child reduction of £141 in the areas where child poverty is highest. In areas of England with the lowest levels of child poverty, spending on early intervention services reduced by £182 million or 38% over that period, an average per-child reduction of £61.”

**Figure 2: Change in real-terms spending on early intervention children’s services per child in England, 2010/11 to 2019/20**



Source: Written evidence from Pro Bono Economics (PSC0076)

61 C Kirabo Jackson and Rucker C Johnson, ‘Reducing inequality through dynamic complementarity: evidence from Head Start and public school spending’, *American Economic Journal: economic policy* vol. 11(4), November 2019, pp 310-49: [https://works.bepress.com/c\\_kirabo\\_jackson/32/](https://works.bepress.com/c_kirabo_jackson/32/) [accessed 9 November 2021]

62 Head Start is the US equivalent of the UK’s Sure Start programme. See Department of Health and Social Services, USA, Office of Head Start, ‘About the office of Head Start’: <https://www.acf.hhs.gov/ohs/about> [accessed 21 October 2021]

63 Q 144 (Natalie Perera)

64 Written evidence from the Early Intervention Foundation (PSC0008)

45. Walsall, for example, has some of the highest levels of deprivation anywhere in England. Spending on early intervention services there fell by 81% over the decade. In Liverpool, also among England's most deprived areas, spending fell by 65%. Surrey has much lower levels of deprivation, but overall spend on early intervention children's services fell by 10% over the decade. A small number of local authorities with low deprivation, such as Buckinghamshire, increased spend on early intervention services between 2010 and 2019.
46. Pro Bono Economics warned that funding reductions had produced "a vicious circle affecting both children's outcomes and the public purse" in deprived areas. The inability of their local authorities to "invest in preventative measures achieved through early intervention services" had increased "demand for late intervention services, such as care placements". This demand had, in turn, led to "further cost increases" for the most deprived local authorities and a "further worsening of outcomes" for the poorest children.<sup>65</sup>
47. The Government has stated that its ambition is to reduce geographical disparities in outcome. Despite the strong evidence that early intervention support can improve the life chances of disadvantaged children, to date the 'levelling up' strategy has not prioritised investment in early intervention services in the most deprived areas. At the time of this report's publication, the Government's promised white paper on 'levelling up' had not materialised; we will assess its proposals in the light of the evidence that we heard during this inquiry.
48. The Minister for Children and Families, Will Quince MP, and the Minister for Vaccines and Public Health, Maggie Throup MP, told us that the Government had not decided where the additional £164 million per year for early intervention announced in the 2021 Spending Review would be spent. They did not confirm whether the Government would prioritise the 20% of local authorities with the highest levels of child poverty, which had seen a £766 million real-terms reduction in annual early intervention spending between 2010 and 2019.<sup>66</sup> In Chapter 8 we discuss the role that Family Hubs can play in providing the national infrastructure to deliver effective early intervention services.

### **No national strategy on vulnerable children: consequences at local level**

49. Robert Arnott, then Director of Strategy at the Department for Education (DfE), reported that the Government had no "single strategy" on child vulnerability:
- "We have had a series of programmes ... thinking about, for example, children who need social care or those with special educational needs, or children being drawn towards the criminal justice system. What we have not had is a unifying single strategy that runs across those."<sup>67</sup>
50. Will Quince MP told us that a national strategy on child vulnerability was "potentially not the right approach". He said that there was no "clear definition across Government of a vulnerable child", and that "when

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65 Written evidence from Pro Bono Economics ([PSC0076](#))

66 [Q 275](#) (Maggie Throup MP and Will Quince MP)

67 [Q 3](#) (Robert Arnott)

something is across Government you have to make sure that it is manageable and that someone ultimately is responsible.”<sup>68</sup>

51. The Early Intervention Foundation wrote that the lack of a shared outcomes framework across departments meant that the Government could not assess whether interventions benefited children and families:

“The Department for Education leads on schools and children’s social care, and shares responsibility for early years and mental health with the Department of Health and Social Care (DHSC). The Ministry [of] Housing, Communities and Local Government (MHCLG)<sup>69</sup> runs the [Supporting Families] programme, while the Home Office takes the lead on youth violence and domestic abuse, and the Department [for] Work and Pensions leads on tackling reducing parental conflict. This fragmented policy landscape works against the application of evidence in forming policy and initiatives.”<sup>70</sup>

52. Will Quince MP suggested that a national strategy on child vulnerability could “stifle innovation” at the “local level”.<sup>71</sup> However other witnesses told us that a lack of national coordination translated into poor integration between local services. For example, although witnesses welcomed the initial results of the Supporting Families Programme,<sup>72</sup> they warned that its failure to share data with other agencies inhibited its effectiveness. Dr Joy Shacklock, Safeguarding Clinical Champion at the Royal College of General Practitioners (RCGP), reported that health care professionals often did not know that the families with whom they were working also received help from Supporting Families. This was true of other areas of statutory support: “we often do not know when social care is involved with a family [and] GPs across the country tell me that they do not always know that a child protection process is going on for a family, never mind any of the lower [intervention] strategies.”<sup>73</sup>
53. The Children’s Commissioner’s Office called for “genuine integrated working across Departments” to address poor information-sharing and disjointed working. They said that this should include: “dedicated staff, a shared outcomes framework, shared data and shared funding allocations”.<sup>74</sup>

### *Joint bids*

54. In the absence of any such strategy, many witnesses said that some small-scale pilot early intervention programmes had encouraged departments and agencies to work together and develop shared outcomes frameworks. They recommended that departments submit ‘joint bids’ to HM Treasury’s Spending Review process, through which small-scale cross-departmental pilot programmes had won funding in the past.<sup>75</sup>

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68 [Q 271](#) (Will Quince MP)

69 Since renamed the Department for Levelling Up, Housing and Communities.

70 Written evidence from the Early Intervention Foundation ([PSC0008](#))

71 [Q 271](#) (Will Quince MP)

72 See written evidence from Greater Manchester Combined Authority ([PSC0020](#)), written evidence from the Local Government Association ([PSC0016](#)) and written evidence from the Early Intervention Foundation ([PSC0008](#)).

73 [Q 48](#) (Dr Joy Shacklock)

74 Written evidence from the Children’s Commissioner’s Office ([PSC0043](#))

75 See written evidence from the Children’s Commissioner’s Office ([PSC0043](#)) and written evidence from the Local Government Association ([PSC0016](#)).



55. We heard from Robert Arnott of the DfE that it was unlikely that his department would submit a joint bid on early intervention to reduce child vulnerability, because historically the Treasury had tended to provide large-scale investment for programmes that were the responsibility of a single department.<sup>76</sup>
56. On 10 August 2021 we wrote to the then Chief Secretary of the Treasury, the then Secretary of State for Education, the then Secretary of State for Housing, Communities and Local Government and the Secretary of State for Health and Social Care. Our letter called on the three departments responsible for children’s and family services to work closely with the Treasury to propose a trial ‘joint bid’ for a multi-year early intervention strategy to address the underlying causes of child vulnerability ahead of the 2021 Spending Review. We argued that the national roll-out of the Government’s Family Hub programme should be the prime focus of such a joint bid.<sup>77</sup>
57. The Government responded on 3 November 2021. Its letter set out the funding commitments made in the Spending Review but did not engage with our call for a joint bid.<sup>78</sup> In the 2021 Spending Review the Government announced several targeted funding allocations for individual departmental initiatives—such as breastfeeding support, the Supporting Families Programme and perinatal mental health.<sup>79</sup>
58. **Cuts to early intervention funding since 2010 have led to worse outcomes for vulnerable children in England. They have not produced savings for the taxpayer: spending on costlier later interventions such as support for looked-after children in social care rose during the same period. The effects of this lack of investment have been felt disproportionately in the most deprived areas.**
59. **The Government should publish a national strategy on child vulnerability, supported by a multi-year cross-departmental funding allocation for early intervention. The strategy should include a joint outcomes and evaluation framework and be supported by a cross-Government data-sharing agreement. The strategy should set out clear cross-departmental milestones and targets for reducing the number of children aged 0–19 (i) with serious mental ill-health, (ii) who live in families where parental domestic violence, addiction or mental ill-health is present and (iii) who are at risk of becoming, or who are already, involved in serious crime. The Government should allocate sufficient resources to meet these targets.**

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76 [Q.7](#) (Robert Arnott)

77 Letter from Rt Hon Baroness Armstrong of Hill top, Chair, Public Services Committee to Rt Hon Gavin Williamson CBE MP, Secretary of State for Education, Rt Hon Robert Jenrick MP, Secretary of State for Housing, Communities and Local Government, Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care and Rt Hon Steve Barclay MP, Chief Secretary to the Treasury (10 August 2021): <https://committees.parliament.uk/publications/7055/documents/73515/default/>

78 Letter from Kemi Badenoch MP, Minister of State for Equalities and Levelling Up Communities, Will Quince MP, Parliamentary Under-Secretary of State for Children and Families and Maggie Throup MP, Parliamentary Under-Secretary of State for Vaccines and Public Health, to Rt Hon Baroness Armstrong of Hill Top, Chair, Public Services Committee (3 November 2021): <https://committees.parliament.uk/publications/7760/documents/80848/default/>

79 HM Treasury, *Autumn budget and spending review 2021: a stronger economy for the British people* (27 October 2021), p 68: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029974/Budget\\_AB2021\\_Web\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029974/Budget_AB2021_Web_Accessible.pdf) [accessed 5 November 2021]

60. **Spending on early intervention services in the 20% of local authorities in England with the highest levels of child poverty fell by £766 million in real terms between 2010 and 2019. To underpin a strategy on child vulnerability and its ambitions for ‘levelling up’, the Government should restore ringfenced funding for early intervention to its 2010 levels. This money should fund family support programmes such as the Family Nurse Partnership, Incredible Years and Preparing for Life, and prioritise the most deprived local authority areas. As part of this funding package, the Government should place a requirement on local authorities to evaluate local early intervention programmes across multiple service areas such as health, education, justice, social care and employment.**

### CHAPTER 3: LOCAL-LEVEL BARRIERS TO EARLY INTERVENTION AND INTEGRATION OF SERVICES

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*“For me the biggest challenge I faced growing up was the ... chaos [in] my home life ... It was just me and my dad who lived together. My dad was a drug addict, an alcoholic and he had mental health issues. I had many, many services involved with me ... social services ... young person’s mental health services ... at one point I must have had 15 people working with me ... All the support ... was short-term and I knew it could disappear at any moment ... I was on a child protection plan one minute and then the next minute they said I didn’t need one ... I was really let down by all these services.”*

61. This is what Danielle, 19, from the North East of England, told us about her difficulties in navigating numerous agencies during her teenage years. Danielle ended up homeless at 16. She felt that if the services had cooperated to identify the underlying cause of her vulnerability—her father’s addiction and mental health problems—they could have intervened earlier to prevent her falling through the gaps: “if they’d helped my dad a bit, then maybe things would have been different and that would have helped me as well.”<sup>80</sup>
62. Danielle’s experience is far from unique. While we heard that some local areas were exemplars of best practice, there was a broad consensus among witnesses that a lack of central Government funding and coordination inhibited local services from providing adequate family support. But we also heard that in many local areas agencies failed to take responsibility for early intervention support and the integration of services.

#### **Criminal and sexual exploitation and involvement in violent crime**

63. One area in which early intervention can improve children’s outcomes is in preventing their exploitation by criminal groups. Josh MacAlister, Chair of the Independent Review of Children’s Social Care, told us that gangs and criminals exploited teenagers in ‘county lines’, violent crime and other illegal activity such as sexual exploitation by taking advantage of the “the space between ... the police and children’s social care, [and] also to some extent health services ... and recruiting other young people who might be starting secondary school and [are] at risk of being excluded.”
64. He warned that local agencies were reluctant to take responsibility for early intervention. He pointed to an example of a 16-year-old who was passed back and forth between children’s social care and the police:
- “The police did not want to charge [him] because they knew he was vulnerable. They were picking him up in different parts of the country. Social care was saying, ‘this is more of a police issue’. The police were saying, ‘this is more of a social care issue’.”<sup>81</sup>
65. We also heard how criminals target vulnerable children online. Detective Inspector Chris Rabey, a child victim of abuse specialist for Kent Police, called for greater “accountability for the tech companies that provide the platform for offending to occur [and] service providers, so that people

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80 Written evidence from We Are Agenda focus group ([PSC0067](#))

81 [Q 107](#) (Josh MacAlister)

who commit crime online are easily identifiable.”<sup>82</sup> In July 2021 a joint Parliamentary committee began scrutinising the draft Online Safety Bill. Once they are published we will examine the committee’s recommendations in the light of the evidence that we heard during our inquiry.<sup>83</sup>

*Reducing school exclusions, absences and NEETs*

66. Sarah Kincaid, Assistant Director at Crest Advisory, a think tank that specialises in crime reduction, told us that in recent years she had seen an increase in child involvement in violent crime: “Our research shows [that this is] driven ... by challenges and difficulties in the home, including domestic violence and substance misuse” and by “exclusions from school increasing over previous years”. She stated:
- “if we were to choose one thing to protect children who are at risk of violence, vulnerability and exploitation, it would be to keep children in school wherever possible. There is very strong evidence, both in the research and among practitioners, that permanent exclusion from school is almost a superhighway into crime. That is for various reasons. There are often drivers behind those, but it gets to a point where children lack a routine. They have time on their hands, and their exposure to people who might want to cause them harm becomes greater.”<sup>84</sup>
67. Lucy Heller, Chief Executive of Absolute Return for Kids, a charity that aims to improve outcomes for children through education, said that the rise in exclusions could partly be addressed by incentivising schools to “take the right long-term decisions for [vulnerable] children and their long-term interests, rather than the immediate term”. She felt that local authorities should make greater use of the powers that they had to hold schools to account.<sup>85</sup>
68. Witnesses warned that children who did not attend school might be at increased risk of sexual and criminal exploitation and involvement in violent crime. Jon Yates, Executive Director of the Youth Endowment Fund, a charity, told us that “the correlation between persistent absence” and involvement in violent crime was “greater than the correlation between exclusion and violence”. He called for public services to prioritise “school presence”.<sup>86</sup>
69. Lucy Newman, a teacher at a London secondary school, proposed that schools be supported to connect vulnerable children with professionals in various employment sectors so that the children could benefit from careers advice. “We know that if you are NEET [not in education, employment or training] you are much more vulnerable to being exploited.” She said: “meeting four different professionals a year in careers education, for example, can make it 86% less likely that you will be NEET.” She warned that although research showed clearly that such programmes had “a big impact ... without any funding for it schools are really struggling.”<sup>87</sup>

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82 [Q 236](#) (Chris Rabey)

83 Draft Online Safety Bill (Joint Committee), ‘Summary’: <https://committees.parliament.uk/committee/534/draft-online-safety-bill-joint-committee/>

84 [QQ 26–27](#) (Sarah Kincaid)

85 [Q 66](#) (Lucy Heller)

86 [Q 145](#) (Jon Yates)

87 [Q 248](#) and [Q 249](#) (Lucy Newman)

### Supporting local areas to integrate and improve early intervention provision

70. Witnesses told us that there may need to be a specific legal duty for local agencies to cooperate on behalf of vulnerable children. The Children and Social Work Act 2017 placed a duty on safeguarding partners—the police, NHS and local authorities—to work together to safeguard and promote the welfare of all children in local areas. This means that the three agencies must cooperate to protect children at risk of immediate harm.<sup>88</sup> It does not compel services to cooperate to intervene early to support children at risk of poor long-term education, health or well-being outcomes.<sup>89</sup>
71. Barnardo’s has called for “a statutory duty on the relevant public authorities to commission specialist domestic abuse support” for children who have witnessed domestic violence in the home.<sup>90</sup> Imran Hussain, Director of Policy and Campaigns at Action for Children, told us: “there is a really good argument to be made that local authorities also need a duty on them for early help.”<sup>91</sup>
72. Dr Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care at the Care Quality Commission, said that there was “no doubt that, when providers or systems are struggling” to meet the needs of vulnerable children in their area, “there needs to be improvement support for them”. She said that such support could come from local or regional agencies, or a national body. Without “expertise, capacity and capability” from external organisations, “improvement does not happen”, she concluded.<sup>92</sup> In Chapter 8 we explore the role that Family Hubs can play as part of a national strategy on child vulnerability in improving service integration and early intervention at the local level.
73. **The Government should introduce a statutory duty on local authorities, the NHS and police to collaborate to improve long-term outcomes for children in their areas and to ensure that early help is provided to children living in families with serious parental addiction or domestic violence concerns, parental mental ill-health, those who are at high risk of criminal exploitation and young carers.**
74. **The Department of Health and Social Care, the Department for Education and the Home Office should support agencies working with children in underperforming local systems to access advice from external experts on how to improve performance, integrate services, share best practice and learning and reduce school exclusions, absences and the numbers of children becoming NEET.**

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88 [Q 3](#) (Fran Oram)

89 Written supplementary evidence from the DfE ([PSC0062](#))

90 Written evidence from Barnardo’s ([PSC0026](#))

91 [Q 55](#) (Imran Hussain)

92 [Q 244](#) (Dr Rosie Benneyworth)

## CHAPTER 4: REGULATION, INSPECTIONS AND ACCOUNTABILITY

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*“My mum was an addict ... Life was pretty hard, to be honest. I was always trying to look after my mum and take care of my [younger] sister. I was struggling at school ... there was really no one to help me do my homework or anything. My mum would always wake up late, so I would get to school very late. I was behind for the whole of primary school ... I was at the bottom of every class ... school did not ask what problems I had or why I was coming in late ... It was clear that I was struggling, but they did not help. This began to affect my own mental health, but my GP didn’t notice.”*

75. Leah, from the South West of England, aged 15, described what it is like to be “invisible” to public services.<sup>93</sup> Like Leah, vulnerable children are at considerable risk of falling through the gaps between health, education and children’s social care provision.
76. We investigated the role played by regulators and inspectorates—the Care Quality Commission (CQC), Ofsted, HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)—in holding schools, local authority services, the NHS and justice services accountable for how they support children in Leah’s situation. We considered whether such organisations should do more to ensure that services detect and respond to need, collaborate more frequently and take more responsibility for children’s long-term outcomes.

### National regulation and local accountability

77. Sir Alan Wood CBE, Chair of the Independent Review of Multi-agency Safeguarding Arrangements,<sup>94</sup> told us that when children were failed by local systems, this was in part due to “systemic failings” in the “assurance and accountability” arrangements of the three local-level statutory safeguarding partners—the police, local authorities and the NHS:

“When we look at independent scrutiny and challenge ... it tends to be what the chief executive is doing, what the chief constable is doing, or what the chief operating officer is doing. There is very little evidence of scrutiny of what the three of them are doing together. The most effective thing about the statutory partnership role is that they are a team, so it is not about simply looking individually at what they are doing.”<sup>95</sup>

78. Sir Alan’s review called for national inspectorates and regulators to “develop a model that can provide an analysis on how things are impacting on children and what characterises best practice”. He found that CQC, Ofsted, HMIP and HMICFRS had no plan in place to develop a joint approach to such a model. “This is a serious gap,” he concluded.<sup>96</sup>

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93 [QQ 162–68](#)

94 DfE, ‘Wood review of multi-agency safeguarding arrangements’ (14 May 2021): <https://www.gov.uk/government/publications/wood-review-of-multi-agency-safeguarding-arrangements> [accessed 21 October 2021]

95 [Q 92](#) (Sir Alan Wood)

96 DfE, ‘Wood review of multi-agency safeguarding arrangements’ (14 May 2021), p 7: <https://www.gov.uk/government/publications/wood-review-of-multi-agency-safeguarding-arrangements> [accessed 21 October 2021]



### Joint working between regulators and inspectorates

79. We heard from Nigel Thompson, Head of Children’s Health and Justice, Care Quality Commission, Victoria Watkins, Deputy Chief Inspector for Primary Medical Services and Integrated Care at the CQC and Paul d’Inverno, Her Majesty’s Inspector and Specialist Adviser for Child Protection at Ofsted. They could not confirm whether their local inspection teams had a shared understanding of the responsibilities of local agencies such as the NHS, schools, police and local authorities for safeguarding, early intervention and supporting children’s life chances.<sup>97</sup>
80. Later in our inquiry we took evidence from Dr Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care at the CQC and Amanda Spielman, HM Chief Inspector at Ofsted. Responding to the concerns of the Independent Review of Multi-agency Safeguarding Arrangements, Amanda Spielman described how the organisations chose areas in which to work together. Areas of “systematic weakness” were revealed during inspections; “those are the areas that we pick out and agree with CQC and other inspectorates ... as deserving of the extra focus that a JTAI [Joint Targeted Area Inspection] can give to escalate and highlight problems,” she said. Dr Rosie Benneyworth set out how this approach had led to JTAIs on child mental health, neglect, knife crime and sexual harassment and abuse in schools and colleges.<sup>98</sup>
81. The CQC called for the Health and Care Bill—which at the time of this report’s publication had passed its initial Commons stages—to give it the “ability to look at [the] care of children across all settings” as part of its regulation of Integrated Care Systems (ICSs). The Government moved an amendment at committee stage imposing a duty on the CQC to review the overall functioning of health and social care services.<sup>99</sup> The CQC explained that its ambitions were “wider than SEND and safeguarding” and that it wished to “focus on reducing health inequalities” by holding to account ICSs for poor commissioning decisions, providers for insufficient collaboration and local authority leaders for failing to meet children’s needs.<sup>100</sup>
82. Leaders of local service providers told us that a shared regulatory and inspection framework across agencies would support improvements. Mark Douglas, Strategic Director of Children’s Services at Bradford Council, said: “if you look nationally, there is often some variability in the approach of individual inspectors ... they should be working within a framework.” He added that this would allow them “to work alongside authorities such as Bradford that have become ‘inadequate’, to support the improvement work”.<sup>101</sup>
83. Annie Hudson, Chair of the Child Safeguarding Practice Review Panel, agreed: “If you work in a local authority, you can be inspected by at least three, if not four, inspectorates ... They do not necessarily operate to similar standards or approaches.” If you are asking local areas “to be very joined-up

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97 See [QQ 12–14](#)

98 [Q 242](#)

99 Integrated Care Systems bring together local NHS organisations, councils and other local stakeholders to manage resources and improve the health and care of a local population. See Public Bill Committee on the Health and Care Bill, 26 October 2021, [cols 631–691](#).

100 Supplementary written evidence from the Care Quality Commission ([PSC0075](#))

101 [Q 72](#) (Mark Douglas)

and provide joint collective leadership” the same must be “true across the inspectorates”, she added.<sup>102</sup>

84. **The Care Quality Commission, HM Inspectorate of Prisons, HM Inspectorate of Constabulary and Fire and Rescue Services and Ofsted should work with the Government to develop a joint framework for holding local agencies to account for how effectively they collaborate to improve long-term outcomes for children. This should include a shared understanding of what characterises best practice in early intervention and collaboration.**
85. **The Health and Care Bill should give the Care Quality Commission powers to hold Integrated Care Systems, service providers and local decision-makers accountable for inequalities in children’s health outcomes. The CQC should regulate local-level commissioning decisions and collaboration between service providers in order to identify and meet the needs of vulnerable children.**



## CHAPTER 5: BARRIERS TO SHARING DATA ON VULNERABLE CHILDREN

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*“[Many of the children I spoke to] told me that if they wanted to access help they would have to go through avenues where their parents would be involved, which could discourage them to share information with services ... [Others said that] when they [did] speak to someone, they were discouraged that they were not able to speak about multiple issues at the same time ... One child was in hospital for a suicide attempt, and even then, at that crisis point ... they had to repeat their story to professionals multiple times ... it took five months for them to be referred to a counsellor for support.”*

86. Hannah, aged 16, from London, a volunteer for Children England, painted a clear picture of how poor data-sharing can affect vulnerable children.<sup>103</sup>
87. Paul Willmott, Chair of the Cabinet Office’s Central Digital and Data Office, warned us that public servants faced a “complex dilemma about our duty of privacy and how we contrast that with doing the right thing”.<sup>104</sup> Frontline professionals working with personal data balance the advantages of sharing data to make public services work better with the need to ensure that information is kept safe.
88. However, witnesses suggested that requirements for parental consent before data could be shared, and uncertainty among frontline professionals about thresholds for sharing data on at-risk children, inhibited the sharing of vital information. The Family Hubs Network corroborated Deborah’s experience: it described how children and families were often “bounced from one service to another and have to repeat their story again and again”.<sup>105</sup>
89. Witnesses told us that poor data-sharing between Government departments and local agencies endangered vulnerable children and their families by undermining safeguarding arrangements and preventing referrals for early help.

### **NHS: “weak link” in data-sharing arrangements**

90. A common concern raised by witnesses was that, in most local areas, services working with children are unable to match unique pupil identifiers on the national pupil database with children’s NHS numbers. This limits the ability of early intervention services to reach the most vulnerable children and track children under five across health, social care and education services.<sup>106</sup>
91. Effective data-sharing could support early intervention services to prioritise the 14% of children who start reception failing half of their development indicators. The RCPCH called for “a unique, consistent identifier for children” to allow “professionals interacting with children to share information easily and better provide for their needs”.<sup>107</sup>

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103 Some names have been changed at the request of witnesses. See written evidence from Children England focus group ([PSC0066](#)).

104 [Q 19](#) (Paul Willmott)

105 Written evidence from the Family Hubs Network ([PSC0052](#))

106 Written evidence from the Children’s Commissioner’s Office ([PSC0043](#))

107 Written evidence from the RCPCH ([PSC0019](#))

92. We heard that officials in central Government and NHS England, as well as local-level health agencies, too often fail to recognise that they share child safeguarding responsibilities with non-NHS partners, which can impede information-sharing. Simon Bailey, Chief Constable for Norfolk and the Child Protection Lead at the National Police Chiefs' Council, told us:

“I do not see enough recognition that safeguarding and the welfare of children is one of [the NHS's] primary responsibilities ... my own experience is that trying to work with health in this space is terribly, terribly difficult. Colleagues across the whole of the policing sector would say that is the case.”<sup>108</sup>

93. Dame Andrea Leadsom MP, Chair of the Early Years Healthy Development Review,<sup>109</sup> argued that Family Hubs should play a greater role in breaking down resistance to data-sharing between the NHS and other agencies. We explore her proposals in Chapter 8.<sup>110</sup>

### Data-sharing problems in wider public sector

94. While the evidence suggests that the NHS is particularly poor at sharing data, witnesses described barriers across the public sector. Different departments within local authorities often failed to share information with each other, as did statutory services and the voluntary sector. There was a general concern that safeguarding responsibilities were perceived to involve responding to emergencies rather than preventing harm, with the result that information on vulnerable children was often shared when they were already in crisis.
95. Dr Joy Shacklock, Safeguarding Clinical Champion at the RCGP, explained that “the law and the guidance are very clear when there are very clear safeguarding concerns, but what we struggle with is when we do not know.” For example, “there might be a mild mental health issue with one of the parents and you start to have some worries, but ... it does not reach a threshold for safeguarding.” She added: “professionals should be allowed to share minor concerns to get information from other agencies ... rather than having to wait” for a crisis.<sup>111</sup>
96. In January 2021 we held an evidence session on the Information Commissioner's Office's new data-sharing code with the Information Commissioner, Elizabeth Denham CBE, and her Deputy, Steve Wood. We were concerned that in the section of the code on ‘data-sharing and children’ there was not a presumption that data should be shared as early as possible when it is in the interests of a child. Instead, the language used was largely negative: “sharing children's data with third parties can expose them to unintended risks.”<sup>112</sup>

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108 Q 75 (Simon Bailey)

109 Q 140 (Dame Andrea Leadsom MP)

110 Department of Health and Social Care (DHSC), *The best start for life: a vision for the 1,001 critical days*, CP 419 (25 March 2021): <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days> [accessed 21 October 2021]

111 Q 53 (Dr Joy Shacklock)

112 Oral evidence taken before the Public Services Committee non-inquiry session on the implications of the new data-sharing code for public services (13 January 2021), Q 2 (Elizabeth Denham) and Letter from Baroness Armstrong of Hill Top, Chair, Public Services Committee to Rt Hon Oliver Dowden CBE MP, Secretary of State for Digital, Culture, Media and Sport (3 February 2021): <https://committees.parliament.uk/publications/4561/documents/46151/default/>

97. The Information Commissioner’s Office told us that as a result of this engagement it had “committed to working with Government and other stakeholders on a number of actions to address on-going concerns and issues with data-sharing in public services and specifically around children’s safeguarding.” It planned to make “changes to the language in the code around children, [as] requested by the Public Services Committee”. The amended code was issued in September and came into force on 5 October 2021.<sup>113</sup>
98. The Information Commissioner’s Office also acknowledged our concerns that there was “a particular and unique challenge in the sphere of child safeguarding” that should be “addressed through tailored [data-sharing] solutions” beyond the code. Following our suggestion, the Information Commissioner’s Office organised a series of workshops with public services stakeholders where it heard their concerns that existing DfE guidance placed “a significant emphasis on obtaining consent for sharing safeguarding information”. The Information Commissioner’s Office therefore planned to work with the DfE to carry out a “full review ... of its information-sharing advice”. The Information Commissioner’s Office has committed to producing data-sharing toolkits for public services working with children on the frontline, to reflect any updated guidance from the DfE.<sup>114</sup>
99. **The Department for Education, the Department of Health and Social Care and NHS England should set out how they will ensure that schools and early years services can access NHS-held data appropriately in order to identify which children are failing their development indicators when starting school.**
100. **The Department for Education should work with the Information Commissioner’s Office and the Central Digital and Data Office to revise their child safeguarding guidance. The guidance must place greater emphasis on the need to share data to support safeguarding and early intervention. The organisations should set out how they will ensure that local service leaders and frontline staff receive training on the importance of sharing information proactively to improve outcomes for children and families.**

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113 Written supplementary evidence from the Information Commissioner’s Office ([PSC0080](#))

114 Written evidence from the Information Commissioner’s Office ([PSC0033](#))

## CHAPTER 6: USER VOICE

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*“I feel [that public services] just ignore children’s voices. When my mum was going through issues with her mental health, they asked her if she needed any services and she said we were fine. I felt like I needed help, but nobody listened to me. No one wanted to hear my voice.”*

101. Emma, aged 21, from the North East of England, told us that throughout her childhood her views had not been taken seriously by the various professionals supporting her mother.<sup>115</sup>
102. In our first inquiry we argued that involving disadvantaged groups in the design of services makes public services more responsive to marginalised communities’ needs.<sup>116</sup> For this inquiry we organised six focus groups and seven evidence sessions with parents and children.
103. Their evidence shaped our recommendations. Like Emma, many of the children and families reported that statutory agencies too often deliver support without listening to the people using their services. We heard that for services for vulnerable children and their families to be successful, they need to be responsive to individual need. To achieve this, they should be ‘co-produced’ with the people who rely on them. Engaging with users allows service providers more effectively to understand, identify and meet the needs of vulnerable children.

### Effective co-production

104. The Cabinet Office is the central Government department responsible for issuing guidance for public services commissioners. The Shared Health Foundation wrote that “central Government should support participatory research in marginalised communities and work to do co-production effectively, not just tokenistically.” It called for all local commissioning<sup>117</sup> board meetings to have “at least one engaged expert by experience”<sup>118</sup> present, and for commissioners to “actively and consistently engage with communities in policy decisions”. It said that commissioners should “engage with both those who do and don’t use services”.<sup>119</sup>
105. Cathy Ashley OBE, Chief Executive of the Family Rights Group, told us that the use of co-production in children’s social care was limited. She said that children in the care system regularly requested ‘kinship care’—when a child lives with a relative or family friend rather than with a foster family or in a care home—but were often ignored. She called for children suffering from the consequences of family breakdown to have a greater say in their future.

“The best way of doing that ... is through co-production and having young people, kinship carers and families working with the local authority

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115 Written evidence from We Are Agenda focus group ([PSC0067](#))

116 Public Services Committee, *A critical juncture for public services: lessons from COVID-19* (1st Report, Session 2019–21, HL Paper 167), paras 78–86

117 Commissioning is the process which regulates how public bodies such as local authorities or NHS organisations procure services from public services providers including charities and businesses.

118 Experts by experience are individuals consulted by a public service or commissioning board on how a service that they have used or needed (usually within the previous five years) could be improved or redesigned.

119 Written evidence from the Shared Health Foundation ([PSC0013](#))

to co-produce a kinship, family and friends care policy. Unfortunately, that often does not happen.”<sup>120</sup>

106. Although we heard that the use of co-production in children’s services was rare,<sup>121</sup> witnesses pointed to some examples of best practice.<sup>122</sup> In 2015, the DfE funded the ‘FACT22’ early intervention pilot in Cheshire, run by Catch22 and Cheshire East Council. The local authority commissioned Catch22 to co-design a service with young people, their families and the community. Together they designed a programme which involved volunteer peer mentors and role models supporting “lower-risk” families to “prevent the escalating needs, risks and costs associated with intervening too late”. Since 2015, Cheshire East has:
- halved the re-referral rate into social care services from 23% to 12.7%;
  - reduced the average social worker’s caseload by 30%;
  - reduced reliance on costly agency staff;
  - achieved 95% engagement from families.
107. These results have allowed statutory services in Cheshire East to prioritise ‘higher-risk’ families. FACT22 and the DfE’s evaluation of the programme found significant benefits in drawing on local people’s knowledge of their community through co-production.<sup>123</sup>
108. Mairéad McCafferty, Chief Executive of the Northern Ireland Commission for Children and Young People, told us how the Northern Ireland Executive used co-production to shape its national programme for vulnerable children:
- “In Northern Ireland, we now have a children and young people’s strategy ... 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.”<sup>124</sup>
109. **The Cabinet Office should update its guidance for local commissioners to ensure that users’ voices are heard by making co-production with children and parents a requirement for organisations commissioned to deliver children’s and family services.**

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120 [Q 95](#) (Cathy Ashley)

121 See [Q 95](#) (Cathy Ashley).

122 Written evidence from Barnardo’s ([PSC0026](#)) and oral evidence taken before the Public Services Committee one-off evidence session on procurement and public services, 9 June 2021 (Session 2021-22), [Q 3](#) (Julian Blake, Matt Ilic and Ed Wallis)

123 David Nolan *et al*, *Project Crewe: FACT22 service longitudinal evaluation* (March 2020): [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/933118/Longitudinal\\_-\\_Crewe.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933118/Longitudinal_-_Crewe.pdf) [accessed 21 October 2021]

124 [Q 238](#) (Mairéad McCafferty)

## CHAPTER 7: LOCAL VOLUNTARY SECTOR

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*“The police dismissed what happened to us ... They said, ‘It is just [your husband’s] behaviour’, and I was told to manage my fear and my children through counselling ... but I needed [more] support with my daughter ... she was easily triggered by the violence she had witnessed and would hurt herself. I couldn’t cope.”*

110. Maria, from Birmingham, told us that mainstream statutory services had failed to recognise that she and her three children required intensive trauma therapy. Maria had been the victim of serious domestic violence for several years, and her children had witnessed much of the abuse.
111. Maria was eventually referred to WE ARE, a small charity in Birmingham that forms “long-term and meaningful relationships” with mothers recovering from the effects of domestic violence, so they can better support their children.

“The group therapy I have received from WE ARE has made me more resilient and better able to support my child ... I’m now able to calm [my daughter] down; my strength had been passed onto my children—they are now doing much better at school as a result.”<sup>125</sup>

112. A common theme that emerged from our focus groups and evidence sessions with parents and children was that voluntary sector organisations were often better placed than statutory services to identify and respond to needs, and to co-design services more effectively. We heard that the voluntary sector was able to engage vulnerable families whom statutory services could not reach.
113. However, charities told us that their effectiveness was limited by the unwillingness of some local statutory authorities to form partnerships. Many charities struggle to secure long-term funding from commissioners as a result.

### Role of local civil society and innovation in voluntary sector

114. We heard that marginalised families were often reluctant to request state support. Many feared the involvement of social services in their family life. Instead, vulnerable children and their parents were often more likely to trust local civil society institutions—particularly small voluntary organisations and community groups.<sup>126</sup>
115. Leah told us that her mother “did not want any help” from statutory agencies with her addiction: “it was mainly because she was scared of social services taking me and my sister away.” Fortunately, the family was supported by M-PACT, an addiction charity. Leah said:

“Because [M-PACT] deal with those things more often, they have a better understanding. ... They know how to help and they have been doing it for a long time. They have seen loads of families come in with all sorts of problems. I feel like they could help on so many levels ... I trusted M-PACT a lot.”<sup>127</sup>

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125 Maria (Q 133) and written evidence from We Are Agenda focus group (PSC0067)

126 Q 148 (Karen Davison)

127 Q 164 and Q 175 (Leah)



116. We heard examples of how some statutory services had collaborated with the voluntary sector at the local level to use the sector's links with the community and improve outcomes for vulnerable children. In Essex, Barnardo's delivers a Child and Family Wellbeing Services programme. The programme aims to provide families with "free and easy access to local health services in the community; whether in a local clinic, children's centre, or in a family's home". It offers health visiting, parenting advice and school nursing for ages 0–19 and young people with SEND up to the age of 25.
117. A recent DfE and Barnardo's evaluation of the programme found that:
- 89% of children and young people said that they felt safe after accessing support from the programme;
  - 85% of young parents (aged 13–19) living in the most deprived areas made more positive lifestyle choices after receiving six months' post-birth support;
  - 97% of young people with special educational needs felt more ready for the next stage of life after receiving support;
  - 93% of looked-after young people aged 14–18 felt more ready for the next stage of life after receiving support;
  - 90% of children and young people who identified as young carers had improved emotional well-being after 6 months post-intervention.<sup>128</sup>

### Barriers to collaboration

118. But although some innovative local statutory services have developed strong partnerships with the voluntary sector, in many areas small charities often struggle to form relationships with local agencies and commissioners. Changing Lives, a charity supporting vulnerable people in crisis, explained: "while there are areas of good practice, the voluntary sector can be 'looked down on' by statutory services when they do not see the value of flexible, trauma-informed services in meeting the needs of families." At one local meeting, a social worker had said to a Changing Lives support worker: "you're not a professional, why are you here?" The organisation reported that this was a "common experience".
119. It called for "voluntary sector agencies, which are often the services with the most contact with vulnerable families" to be "invited to safeguarding meetings" and for meeting notes to be "shared with voluntary sector agencies to ensure proper safeguarding". This situation could be "improved" by "formal partnership working" through multi-agency safeguarding hubs.<sup>129</sup> The Shared Health Foundation added that co-producing services with vulnerable families was "most effectively supported by the voluntary, community and social enterprise sector who engage them on a daily basis".<sup>130</sup>
120. In Chapter 8 we explore how some local areas have leveraged the skills and knowledge of the voluntary sector through Family Hubs.
121. **As part of a national strategy on child vulnerability, the Government should strongly encourage local statutory services to collaborate with**

128 See written evidence from Barnardo's (PSC0026) and the DfE (PSC0045)

129 Written evidence from Changing Lives (PSC0014)

130 Written evidence from the Shared Health Foundation (PSC0013)

**the voluntary sector—and small charities in particular—to identify and understand need in their areas, and to co-design and co-deliver the strategy at the local level.**



## CHAPTER 8: ROLE OF FAMILY HUBS IN ADDRESSING CHILD VULNERABILITY

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*“I have been attending the Family Hub for some time now. I was having problems when my son’s dad was being abusive to me and smoking skunk [a strong cannabis strain] in front of the kids. If it wasn’t for the Family Hub, I wouldn’t have been able to get out of this tough situation. The staff have always been friendly, helpful and reliable. I really enjoyed attending the sessions they directed me to at a local church, where I learnt stuff that made me a better mum—like how important it is for kids to eat breakfast, healthy snacks and meals. I also learnt how to read and play with my children.”*

122. This is what we heard about Jade from Doncaster, aged 23 and a mother of two, with a three-year-old son and a daughter of eight. Doncaster Borough Council told us that at first they were concerned about Jade’s ability to care for her children. Jade is now able to meet their needs: “[she] interacts more readily with professionals, other adults and families and, most importantly, her children, as a more confident parent.” Doncaster is one of a small number of local authorities in England with an established Family Hub network.<sup>131</sup>
123. In this chapter we argue that the Government should set out plans for a national roll-out of Family Hubs. The best outcome for children is that their parents look after them well, and the aim of public services should be to help them to do that. Services should support families to build independence and resilience. An expansion of Family Hub facilities would enable more parents like Jade to benefit from services such as parenting sessions and addiction and relationship support. Family Hubs can play an important role in addressing the structural weaknesses in children’s services that we have identified, including poor service integration and data-sharing, insufficient voluntary sector involvement and inadequate early intervention support.
124. Many witnesses identified the Family Hub model as an opportunity to build on the advances made by Sure Start and children’s centres, which focus on the early years. We considered whether Family Hubs should go further by providing support to families with children aged 0–19 and young adults with special educational needs and disabilities.

### What are Family Hubs?

125. Family Hubs aim to provide families with a central access point to integrated services. This might be in a dedicated building called a ‘Family Hub’, a building which serves another purpose in the community—such as a school, community centre or place of worship—or a virtual access point.<sup>132</sup> The Government has committed to “championing the Family Hubs approach”. In partnership with the Anna Freud Centre it launched the National Centre for Family Hubs to provide “expert advice, an evaluation innovation fund to build the evidence base and data and digital products to help professionals”.<sup>133</sup>

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131 Written evidence from Doncaster Council (PSC0077)

132 Written evidence from the Family Hubs Network (PSC0052)

133 Written evidence from the DfE (PSC0045); supplementary written evidence from the DfE (PSC0062). See also Anna Freud National Centre for Children and Families, ‘National Centre for Family Hubs’, (May 2021): <https://www.nationalcentreforfamilyhubs.org.uk/> [accessed 5 November 2021].

126. We heard that, because the model is in its early stages, further evaluation of Family Hubs will be necessary to understand fully how they can be effective. Witnesses advocated drawing on the significant amount of research on the earlier Sure Start programme and similar models such as Head Start in the United States, which they cited as successful examples of early intervention and prevention programmes.<sup>134</sup> This evidence base could inform the wider roll-out of Family Hubs.

### How Family Hubs help vulnerable children and their families

#### *Service integration*

127. Witnesses told us that Family Hubs were well placed to facilitate service integration at the local level to the benefit of vulnerable children and their families, and that they brought together disjointed central Government programmes. For example, the Family Hubs Network pointed to how the introduction of Family Hubs in Essex had allowed agencies to agree for the first time “county-wide targets” and an “integrated budget”.<sup>135</sup>
128. Schools are the public service with which children have most regular contact. We heard that teachers were often the first to detect early signs of child vulnerability. However, most schools lack the capacity to act on such concerns. Solace Women’s Aid reported:

“Children are most likely to disclose abuse in the home to adults they know and trust, and teachers and childcare staff are well placed to identify signs of abuse in children’s homes and to become trusted adults in children’s lives. Schools are also under immense pressures however, and training on domestic abuse is not statutory for teachers but down to individual headteachers.”<sup>136</sup>

129. Saleem Tariq OBE, Director of Children’s Services at Leeds City Council, suggested that the Family Hub model of service integration could address this lack of capacity. He said that Hubs could help teachers form “strong relationships” with “family support workers” in “early help and intervention services” to which vulnerable children could be referred for support.<sup>137</sup>

#### *Data-sharing*

130. Dame Andrea Leadsom MP told us that barriers to data-sharing on babies mirrored those affecting how public services shared data on vulnerable children. Rather than being stored in one place, such data were often distributed among GPs’ surgeries, Integrated Care Systems and NHS trusts, with no single authority responsible for sharing information with other services. Her solution was to introduce “a digital version of the Red Book”<sup>138</sup> that NHSX<sup>139</sup> has committed to delivering for every new baby from

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134 See [Q 255](#) (Naomi Eisenstadt); [Q 144](#) and [Q 145](#) (Natalie Perera).

135 Written evidence from the Family Hubs Network ([PSC0052](#))

136 Written evidence from Solace Women’s Aid ([PSC0022](#))

137 [Q 211](#) (Saleem Tariq)

138 The ‘Red Book’ is a personal child health record provided to parents by the NHS on the birth of their child. It is used by baby clinics, GPs and health visitors to record a child’s weight and height or any accidents or illnesses a baby may have had: See NHS England, ‘Your baby’s health and development review’ (5 April 2020): <https://www.nhs.uk/conditions/baby/babys-development/height-weight-and-reviews/baby-reviews/> [accessed 22 October 2021].

139 NHSX is a joint unit bringing together teams from the DHSC, NHS England and NHS Improvement to drive the digital transformation of care.

April 2023”.<sup>140</sup> This would allow the various “professionals and volunteers” brought together in a Family Hub to be able to access a baby’s records in one place. While Dame Andrea’s focus was largely on the health of “foetuses and infants up to the age of two”, she argued that if the Red Book became “a life-long health record that is useful for schools it will be excellent”.<sup>141</sup>

### *Voluntary sector*

131. We heard from children and their families that it was easier to build trust and a personal relationship with voluntary sector workers because parents were often reluctant to approach statutory services directly for support. Leah’s mother found the support that she needed only when she contacted an addiction charity.<sup>142</sup> The Family Hub model can be effective in breaking down traditional barriers between the statutory and voluntary sectors, which has enabled Hubs to engage with hard-to-reach parents. Our Time explained that it was able to “form very strong relations” with Westminster City Council through its local Family Hub, where the charity had trained two teams to help parents with mental ill-health.<sup>143</sup>

### **Role of Family Hubs in providing early intervention support from 0–19**

132. Witnesses said that Family Hubs could support early intervention services in every local authority area. Natalie Perera, Chief Executive of the Education Policy Institute, told us that in order to achieve this ambition Family Hubs would need to “learn from the best practice that is available”, such as from Sure Start in the UK and Head Start in the United States.<sup>144</sup>
133. Naomi Eisenstadt CBE, Independent Chair of the Northamptonshire Health and Care Partnership and Honorary Research Fellow in the Department of Education at the University of Oxford, advised that Family Hubs “redesign some of the things that we did very well for Sure Start, but also pick up some of the mistakes we made”.<sup>145</sup> Professor C. Kirabo Jackson explained how his research on Head Start had shown that significant investment in the early years, followed up with “support for children from cradle to 19”, was a highly effective model in preventing child vulnerability and improving later life chances.<sup>146</sup>
134. Other witnesses advocated this approach. They called for a Family Hub to be established in every community to provide a holistic service to which any family with children aged 0–19 could be referred to or self-refer for early support.<sup>147</sup> The Family Hub Network said that while investment should focus on the early years, “families with children aged 0–19 [should] have

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140 DHSC, ‘Government publishes review to improve babies’ and children’s healthy development’, (25 March 2021): <https://www.gov.uk/government/news/government-publishes-review-to-improve-babies-and-childrens-healthy-development> [accessed 5 November 2021]

141 [Q 140](#) (Dame Andrea Leadsom MP)

142 [Q 169](#) (Leah)

143 Written evidence from Our Time ([PSC0031](#))

144 [Q 144](#) and [Q 145](#) (Natalie Perera)

145 [Q 255](#) (Naomi Eisenstadt)

146 [Q 255](#) (Professor C Kirabo Jackson)

147 [Q 48](#) (Dr Alison Steele)

somewhere they know they can go if they need information, advice or guidance for family, relationship and other issues.”<sup>148</sup> Barnardo’s agreed:

“Support for families and the early years, especially during the first 1001 days, is essential in ensuring children get the best start in life. This support should be seen as an essential part of a wider holistic family offer (0–19) which can be offered via integrated Family Hub models.”<sup>149</sup>

135. The Minister for Children and Families, Will Quince MP, told us: “I see family hubs as being ‘Sure Start+++’. We are building on what we learned from Sure Start” by extending it beyond 0–5 to include “the whole family”.<sup>150</sup>

### National roll-out of Family Hubs

136. The Government has spent a relatively small amount on Family Hubs, with a focus on trialling new Hubs. In August 2021 the DfE announced a £12 million grant from the Treasury’s Shared Outcomes Fund to support councils to set up new Family Hubs in up to twelve new areas.<sup>151</sup> In the 2021 Spending Review, the Government committed £27 million start-up investment per year over the following three years for 75 local authorities in England (50% of all local authorities with children’s services) to set up new trial Family Hubs.<sup>152</sup> By way of comparison, Sure Start accounted for £1.8 billion of public spending (in 2018/19 prices) in 2009/10.<sup>153</sup> The Government has not yet announced long-term funding for Family Hubs.<sup>154</sup>

137. These announcements compare with the recommendations of Dame Andrea Leadsom MP’s Early Years Healthy Development Review:

“It is our vision that all families can expect to be welcomed to their local Family Hub from the moment their pregnancy is confirmed up until their child turns 19 ... Family Hubs will be open-access and any parent or carer can ‘drop in’ to their local Hub when they need to. For this reason, we envisage Family Hubs as being baby-friendly, welcoming for families and located in accessible places.”<sup>155</sup>

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148 Written evidence from the Family Hubs Network ([PSC0052](#))

149 Written evidence from Barnardo’s ([PSC0026](#))

150 [Q 273](#) (Will Quince MP)

151 DfE, ‘£20 million to provide more early help for vulnerable families’ (19 August 2021): <https://www.gov.uk/government/news/20m-to-provide-more-early-help-for-vulnerable-families> [accessed 22 October 2021]; DfE, *Family hubs: local transformation fund: application guide* (November 2021): [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1030243/FH\\_Transformation\\_Fund\\_-\\_LA\\_Application\\_Guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1030243/FH_Transformation_Fund_-_LA_Application_Guide.pdf): [accessed 5 November 2021] and [Q 275](#) (Will Quince MP)

152 HM Treasury, *Autumn budget and spending review 2021: a stronger economy for the British people* (27 October 2021), p 5 and p 9: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029974/Budget\\_AB2021\\_Web\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029974/Budget_AB2021_Web_Accessible.pdf) [accessed 4 November 2021]

153 Institute for Fiscal Studies, *The health effects of Sure Start* (June 2019), p 6: <https://ifs.org.uk/uploads/R155-The-health-effects-of-Sure-Start.pdf> [accessed 22 October 2021]

154 HM Treasury, *Autumn budget and spending review 2021: a stronger economy for the British people* (27 October 2021), p 5 and p 9: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029974/Budget\\_AB2021\\_Web\\_Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029974/Budget_AB2021_Web_Accessible.pdf) [accessed 4 November 2021]

155 DHSC, *The best start for life: a vision for the 1,001 critical days*, CP 419 (25 March 2021), p 73: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/973112/The\\_best\\_start\\_for\\_life\\_a\\_vision\\_for\\_the\\_1\\_001\\_critical\\_days.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf) [accessed 5 November 2021]

138. Dame Andrea told us:

“We very much advocate open-access and universally available Family Hubs for every family in England ... It is [a] bit like a GP surgery where everyone goes, so it does not stigmatise you.”<sup>156</sup>

139. Minister for Children and Families, Will Quince MP, told us that his personal aspiration was to “go much further” than what the Government had currently committed to. He added that the roll-out of Sure Start was “not consistent as it was expanded across the country. I want to make sure that we get this right, and that means not rushing to do the whole country in one go.”<sup>157</sup>

*Prioritising local areas of highest need*

140. There are currently only 150 Family Hubs in England.<sup>158</sup> However, we heard that the estimated 3,000 existing children’s and Sure Start centres (including linked sites) could provide the necessary infrastructure for a national roll-out of Family Hubs, with their funding reallocated to Hubs. Mark Davies, a Director at the DHSC, told us: “The Government would not be starting from a completely blank canvas; there are already services in place ... a number of local authorities maintain the Sure Start model.”<sup>159</sup>

141. In 2019 the Institute for Fiscal Studies demonstrated that much existing Sure Start infrastructure was under threat: “In the decade since [2010] the context has been one of funding cuts, consolidation and centre closures, with [Sure Start] funding falling by two-thirds to £600 million in 2017/18.”<sup>160</sup> Pro Bono Economics told us that cuts to Sure Start and children’s centres were concentrated in the most deprived local authorities.<sup>161</sup>

142. Poorer areas, therefore, have a greater short-term need for Family Hubs. Witnesses said that the financial pressures on public services were likely to increase as they emerge from the COVID-19 pandemic, particularly in areas with high rates of poverty. Families with domestic violence, parental mental ill-health and addiction problems; children who are at risk of criminal exploitation; and children with SEND and mental health needs tend to be concentrated in such areas.<sup>162</sup> Despite the Government’s stated ambition to ‘level-up’ underperforming areas, Will Quince MP told us that it had not yet decided whether the poorest local authorities would be the priority for Family Hub investment.<sup>163</sup>

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156 [Q 141](#) (Dame Andrea Leadsom MP)

157 [Q 275](#) (Will Quince MP)

158 Children’s Commissioner’s Office, *Children’s Commissioner’s proposals to help children by helping families* (September 2021): <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/09/Family-Hubs-policy-paper.pdf> [accessed 22 October 2021]

159 [Q 4](#) (Mark Davies)

160 Institute for Fiscal Studies, ‘The health effects of Sure Start’, (3 June 2019): <https://ifs.org.uk/publications/14139> [accessed 5 November 2021]

161 Written evidence from Pro Bono Economics ([PSC0076](#))

162 Written evidence from the RCPCH ([PSC0019](#))

163 [Q 279](#) (Will Quince MP)



*Family Hubs: fundamental characteristics*

143. The Family Hubs Network wrote that the Government should place a number of conditions on local authorities receiving Family Hub funding. These included:
- Family Hubs should employ one or two full-time senior officials to “integrate and connect existing support services delivered by public, private or voluntary sector partners” in order to “develop a whole-family, relational approach”;
  - Local authorities should invest in buildings or “repurpose existing infrastructure, such as children’s centres”;
  - Family Hubs should employ a team of full-time coordinators to “help services work better together in a locality”.<sup>164</sup>
144. The Children’s Commissioner for England, Dame Rachel de Souza, was concerned that investment in Family Hubs would focus “on capital programmes” rather than recruiting the “[right] professionals and people who are needed in the local area”.<sup>165</sup>
145. Westminster City Council told us that it had employed one full-time Family Hub Manager and a team of five ‘Family Navigators’ who work across three Family Hubs to bring together “schools and GP practices in the local area, acting as a bridge to help these providers support families into the services needed and then coordinating the network around a family”. Westminster said that ideally each Hub would have three full-time ‘Family Navigators’.<sup>166</sup>
146. On 2 November the National Centre for Family Hubs published a Family Hub Implementation Toolkit for local authorities. It did not describe the fundamental characteristics of Family Hubs, but set out “three key delivery principles” that should “underlie all Family Hubs”: there should be access for families for children of all ages, all services should work together for families and they should prioritise strengthening family relationships.
147. **Family Hubs will need a high degree of autonomy to decide how best to use local assets—such as existing children’s centres and local voluntary organisations—and to identify the unique needs of their community. However, in the absence of a clear vision from Government on minimum requirements for Family Hubs, we propose that the following fundamental characteristics should be at the heart of every Hub to ensure that they meet the needs of vulnerable children and families in their area:**
- **Intensive early years (0–5) provision for families, with a focus on child health and school readiness;**
  - **An open-access service, which any family with children aged 0–19 (and young adults with special educational needs and disabilities) can access if they need information, advice or guidance for family, relationship and other parenting issues;**

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164 Written supplementary evidence from the Family Hubs Network ([PSC0052](#))

165 [Q 268](#) (Dame Rachel de Souza)

166 Written evidence from City of Westminster Council ([PSC0078](#))



- **A central point for vulnerable families with children aged 0–19 to access or be directed to early intervention support and services. This provision should cover support for young carers, parenting classes (including specialist support for parents with teenagers), parental mental health services, domestic violence and addiction support services, parental relationship support (including post-separation support), children and young people’s mental health services and support for children involved in serious criminal activity;**
  - **Services offered through the Family Hub should be co-produced with local children and families;**
  - **NHS services (such as health visiting and maternity support), agencies tackling criminal exploitation (such as police and youth offending teams), local authority services (such as the Supporting Families Programme and children’s social care) and schools—the public service which has the most interaction with children—should be key partners in delivering Family Hub provision. They should have shared targets and integrated budgets;**
  - **The voluntary sector should support the delivery and co-production of Family Hub services, working with statutory services to agree shared targets;**
  - **To support early intervention, Family Hubs should create data-sharing agreements with local NHS services, local police, schools, local authorities and local voluntary organisations. While these agreements should be adapted to local needs, the Government should work with Family Hubs to develop a template agreement.**
148. **The Government should commit to introducing a digital Red Book for children and young people aged 0–19. This health record should be made available to all statutory agencies and voluntary organisations working with vulnerable children and young people.**
149. **The Government should set out how it will implement learning from existing Family Hubs and evaluate similar integrated early intervention models such as Sure Start and Head Start in the US.**
150. **The Government should urgently publish a strategy for delivering the national roll-out of its Family Hub programme. In the initial stages of the roll-out it should prioritise the 20% of local authorities in England with the highest levels of child poverty. The strategy should include a long-term funding settlement, which provides the costs of ensuring that every Family Hub employs a full-time senior leader and a team of family coordinators.**

## **SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS**

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1. Cuts to early intervention funding since 2010 have led to worse outcomes for vulnerable children in England. They have not produced savings for the taxpayer: spending on costlier later interventions such as support for looked-after children in social care rose during the same period. The effects of this lack of investment have been felt disproportionately in the most deprived areas. (Paragraph 58)
2. The Government should publish a national strategy on child vulnerability, supported by a multi-year cross-departmental funding allocation for early intervention. The strategy should include a joint outcomes and evaluation framework and be supported by a cross-Government data-sharing agreement. The strategy should set out clear cross-departmental milestones and targets for reducing the number of children aged 0–19 (i) with serious mental ill-health, (ii) who live in families where parental domestic violence, addiction or mental ill-health is present and (iii) who are at risk of becoming, or who are already, involved in serious crime. The Government should allocate sufficient resources to meet these targets. (Paragraph 59)
3. Spending on early intervention services in the 20% of local authorities in England with the highest levels of child poverty fell by £766 million in real terms between 2010 and 2019. To underpin a strategy on child vulnerability and its ambitions for ‘levelling up’, the Government should restore ringfenced funding for early intervention to its 2010 levels. This money should fund family support programmes such as the Family Nurse Partnership, Incredible Years and Preparing for Life, and prioritise the most deprived local authority areas. As part of this funding package, the Government should place a requirement on local authorities to evaluate local early intervention programmes across multiple service areas such as health, education, justice, social care and employment. (Paragraph 60)
4. The Government should introduce a statutory duty on local authorities, the NHS and police to collaborate to improve long-term outcomes for children in their areas and to ensure that early help is provided to children living in families with serious parental addiction or domestic violence concerns, parental mental ill-health, those who are at high risk of criminal exploitation and young carers. (Paragraph 73)
5. The Department of Health and Social Care, the Department for Education and the Home Office should support agencies working with children in underperforming local systems to access advice from external experts on how to improve performance, integrate services, share best practice and learning and reduce school exclusions, absences and the numbers of children becoming NEET. (Paragraph 74)
6. The Care Quality Commission, HM Inspectorate of Prisons, HM Inspectorate of Constabulary and Fire and Rescue Services and Ofsted should work with the Government to develop a joint framework for holding local agencies to account for how effectively they collaborate to improve long-term outcomes for children. This should include a shared understanding of what characterises best practice in early intervention and collaboration. (Paragraph 84)
7. The Health and Care Bill should give the Care Quality Commission powers to hold Integrated Care Systems, service providers and local decision-makers

accountable for inequalities in children’s health outcomes. The CQC should regulate local-level commissioning decisions and collaboration between service providers in order to identify and meet the needs of vulnerable children. (Paragraph 85)

8. The Department for Education, the Department of Health and Social Care and NHS England should set out how they will ensure that schools and early years services can access NHS-held data appropriately in order to identify which children are failing their development indicators when starting school. (Paragraph 99)
9. The Department for Education should work with the Information Commissioner’s Office and the Central Digital and Data Office to revise their child safeguarding guidance. The guidance must place greater emphasis on the need to share data to support safeguarding and early intervention. The organisations should set out how they will ensure that local service leaders and frontline staff receive training on the importance of sharing information proactively to improve outcomes for children and families. (Paragraph 100)
10. The Cabinet Office should update its guidance for local commissioners to ensure that users’ voices are heard by making co-production with children and parents a requirement for organisations commissioned to deliver children’s and family services. (Paragraph 109)
11. As part of a national strategy on child vulnerability, the Government should strongly encourage local statutory services to collaborate with the voluntary sector—and small charities in particular—to identify and understand need in their areas, and to co-design and co-deliver the strategy at the local level. (Paragraph 121)
12. Family Hubs will need a high degree of autonomy to decide how best to use local assets—such as existing children’s centres and local voluntary organisations—and to identify the unique needs of their community. However, in the absence of a clear vision from Government on minimum requirements for Family Hubs, we propose that the following fundamental characteristics should be at the heart of every Hub to ensure that they meet the needs of vulnerable children and families in their area:
  - Intensive early years (0–5) provision for families, with a focus on child health and school readiness;
  - An open-access service, which any family with children aged 0–19 (and young adults with special educational needs and disabilities) can access if they need information, advice or guidance for family, relationship and other parenting issues;
  - A central point for vulnerable families with children aged 0–19 to access or be directed to early intervention support and services. This provision should cover support for young carers, parenting classes (including specialist support for parents with teenagers), parental mental health services, domestic violence and addiction support services, parental relationship support (including post-separation support), children and young people’s mental health services and support for children involved in serious criminal activity;

- Services offered through the Family Hub should be co-produced with local children and families;
  - NHS services (such as health visiting and maternity support), agencies tackling criminal exploitation (such as police and youth offending teams), local authority services (such as the Supporting Families Programme and children's social care) and schools—the public service which has the most interaction with children—should be key partners in delivering Family Hub provision. They should have shared targets and integrated budgets;
  - The voluntary sector should support the delivery and co-production of Family Hub services, working with statutory services to agree shared targets;
  - To support early intervention, Family Hubs should create data-sharing agreements with local NHS services, local police, schools, local authorities and local voluntary organisations. While these agreements should be adapted to local needs, the Government should work with Family Hubs to develop a template agreement. (Paragraph 147)
13. The Government should commit to introducing a digital Red Book for children and young people aged 0–19. This health record should be made available to all statutory agencies and voluntary organisations working with vulnerable children and young people. (Paragraph 148)
  14. The Government should set out how it will implement learning from existing Family Hubs and evaluate similar integrated early intervention models such as Sure Start and Head Start in the US. (Paragraph 149)
  15. The Government should urgently publish a strategy for delivering the national roll-out of its Family Hub programme. In the initial stages of the roll-out it should prioritise the 20% of local authorities in England with the highest levels of child poverty. The strategy should include a long-term funding settlement, which provides the costs of ensuring that every Family Hub employs a full-time senior leader and a team of family coordinators. (Paragraph 150)

## APPENDIX 1: LIST OF MEMBERS AND DECLARATIONS OF INTEREST

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### Members

The Members of the Public Services Committee at the time of this report were:

Baroness Armstrong of Hill Top (Chair)  
 Lord Bichard  
 Lord Bourne of Aberystwyth  
 Lord Davies of Gower  
 Lord Filkin  
 Lord Hogan-Howe  
 Lord Hunt of Kings Heath  
 Baroness Pinnock  
 Baroness Pitkeathley  
 Baroness Tyler of Enfield  
 Baroness Wyld  
 Lord Young of Cookham

### Declarations of interest

Baroness Armstrong of Hill Top (Chair)  
*Ambassador for Action for Children*  
*Consultant on women's services, Changing Lives (non-remunerated)*  
*Member, Strategic Group, Fulfilling Lives, Newcastle / Gateshead*  
*Member of the Steering Group, Gambling Policy and Research Unit, Behavioural Insight Team (in partnership with Cabinet Office)*  
*Trustee, GambleAware*

Lord Bichard  
*Vice President, Local Government Association*

Lord Bourne of Aberystwyth  
*Governor and Deputy Chair of International Students' House*  
*President of Remembering Srebrenica*  
*Owner of freehold property in Hampshire which is let out*  
*Barrister*  
*Author of legal textbooks*

Lord Davies of Gower  
*No relevant interests to declare*

Lord Filkin  
*No relevant interests to declare*

Lord Hogan-Howe  
*Non-executive director, Cabinet Office*

Lord Hunt of Kings Heath  
*No relevant interests to declare*

Baroness Pinnock  
*Councillor, Kirklees Council, which has responsibilities for children's services*  
*Vice-President, Local Government Association*

Baroness Pitkeathley  
*Vice President, Carers UK*  
*President, National Council of Voluntary Organisations*

**Baroness Tyler of Enfield**

*Non-executive director and board member of Social Work England (term of office expired August 2021)*

*Co-Chair, All-Party Parliamentary Group on Children (non-remunerated)*

**Baroness Wyld**

*Non-executive board member, Ofsted. Due to this interest Baroness Wyld did not participate in the consideration of paragraph 86.*

*Non-executive board member, Department for Digital, Culture, Media and Sport*

*Member of Court, University of Newcastle upon Tyne*

**Lord Young of Cookham**

*No relevant interests declared*

**Specialist Adviser**

**Anne Longfield CBE**

*Children’s Commissioner for England 2015—February 2021*

*Chair, Commission on Young Lives, hosted by Oasis Charitable Trust (from September 2021)*

*Chair, Independent Oversight Board of NHS Children and Young People Quality Improvement Taskforce*

*Independent Chair, NHS Building the Right Support Children and Young People’s Steering Group*

*Board member, Northern Powerhouse Partnership (from June 21)*

*Board member, MCR Pathways (from November 21)*



## APPENDIX 2: LIST OF WITNESSES

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Evidence is published online at <https://committees.parliament.uk/committee/430/public-services-committee/publications/> and available for inspection at the Parliamentary Archives (020 7219 3074).

Evidence received by the Committee is listed below in chronological order of oral evidence session, and then in alphabetical order. Those witnesses marked with \*\* gave both oral evidence and written evidence. Those marked with \* gave oral evidence and did not submit any written evidence. All other witnesses submitted written evidence only.

Some names have been changed at the request of witnesses.

### Oral evidence in chronological order

	Robert Arnott, Director of Strategy, Social Mobility and Disadvantage, Department for Education	<a href="#">QQ 1–8</a>
	Mark Davies, Director, Department of Health and Social Care	<a href="#">QQ 1–8</a>
	Fran Oram, Director for Children’s Social Care, Practice and Workforce, Department for Education	<a href="#">QQ 1–8</a> <a href="#">QQ 269–282</a>
	Kirby Swales, Deputy Director, Changing Futures and Supporting Families Team, Ministry of Housing, Communities and Local Government	<a href="#">QQ 1–8</a>
*	Paul d’Inverno, Her Majesty’s Inspector; Specialist Advisor, Child Protection, Ofsted	<a href="#">QQ 9–16</a>
*	Nigel Thompson, Head of Children’s Health and Justice, Care Quality Commission	<a href="#">QQ 9–16</a>
*	Victoria Watkins, Deputy Chief Inspector for Primary Medical Services and Integrated Care, Care Quality Commission	<a href="#">QQ 9–16</a>
*	Joanna Davinson, Executive Director, Central Digital and Data Office (CDDO)	<a href="#">QQ 17–22</a>
*	Simon Eccles, Chief Clinical Information Officer, NHSX	<a href="#">QQ 17–22</a>
*	Paul Willmott, Chair, CDDO	<a href="#">QQ 17–22</a>
*	Mike Brewer, Deputy Chief Executive and Chief Economist, Resolution Foundation	<a href="#">QQ 23–33</a>
**	Dr Jo Casebourne, Chief Executive, Early Intervention Foundation	<a href="#">QQ 23–33</a>
*	Sarah Kincaid, Assistant Director, Crest Advisory	<a href="#">QQ 23–33</a>
*	Jenny Coles, Immediate Past President, Association of Directors of Children’s Services	<a href="#">QQ 34–41</a>
*	Councillor Lucy Nethsingha, Lead Member, Local Government Association Children and Young People Board, and Director of Children’s Services, Cambridgeshire County Council	<a href="#">QQ 34–41</a>

- \* Dr Joy Shacklock, Safeguarding Clinical Champion,  
Royal College of General Practitioners [QQ 42–53](#)
- \* Dr Alison Steele, Officer for Child Protection, Royal  
College of Paediatrics and Child Health [QQ 42–53](#)
- \*\* Andrew Fellowes, Associate Head of Policy and Public  
Affairs, National Society for the Prevention of Cruelty  
to Children (NSPCC) [QQ 54–57](#)
- Imran Hussain, Director for Policy and Campaigns,  
Action for Children [QQ 54–57](#)
- Dr Javed Khan, Chief Executive, Barnardo’s [QQ 54–57](#)
- \* David Carney-Haworth, Founder, Operation  
Encompass [QQ 58–67](#)
- \* Elisabeth Carney-Haworth, Founder, Operation  
Encompass [QQ 58–67](#)
- Lucy Heller, Chief Executive, Absolute Return for  
Kids [QQ 58–67](#)
- \* Catherine Roche, Chief Executive, Place2Be [QQ 58–67](#)
- \* Dr Andrea Cooper [QQ 68–72](#)
- \* Mark Douglas, Director of Children’s Services,  
Bradford Council [QQ 68–72](#)
- \* Annie Hudson, Child Safeguarding Practice Review  
Panel [QQ 68–72](#)
- \* Simon Bailey, Chief Constable, Norfolk Police,  
and Child Protection Lead, National Police Chiefs’  
Council [QQ 73–81](#)
- \* Tim Bowen, President, National Association of Head  
Teachers [QQ 73–81](#)
- Dr Polly Vizard, Associate Professorial Fellow and  
Associate Director, Centre for Analysis of Social  
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- \* Andy Dempsey, Director of Partnerships and Strategy, Gloucestershire County Council [QQ 146–150](#)
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- \* Chief Constable Alan Pughsley QPM, Chair, National Police Chiefs’ Council Crime Co-ordination Committee [QQ 213–222](#)
- \* Professor Simon Kenny, National Clinical Director for Children and Young People at NHS England and NHS Improvement [QQ 223–230](#)
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- \* Jon Rouse, City Director, Stoke-on-Trent Council [QQ 223–230](#)
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- \* Fran Oram, Director for Children’s Social Care, Practice and Workforce, Department for Education [QQ 269–282](#)
- \* Will Quince MP, Minister for Children and Families, Department for Education [QQ 269–282](#)
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- Action for Children
- \* Bruce Adamson, Commissioner for Children and Young People, Scotland ([QQ 238–241](#))
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- \* Robert Arnott, Director of Strategy, Social Mobility and Disadvantage, Department for Education ([QQ 1–8](#))
- \* Cathy Ashley OBE, Family Rights Group ([QQ 90–98](#)) [PSC0032](#)
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- \* Simon Bailey, Chief Constable, Norfolk Police, and Child Protection Lead, National Police Chiefs’ Council ([QQ 73–81](#))
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- Mike Brewer, Deputy Chief Executive and Chief Economist, Resolution Foundation ([QQ 23–33](#))
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- \* David Carney-Haworth, Founder, Operation Encompass ([QQ 58–67](#))
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- \* Jenny Coles, Immediate Past President, Association of Directors of Children’s Services, Hertfordshire County Council ([QQ 34–41](#))
- \* Sir Kevan Collins, former Education Recovery Commissioner ([QQ 194–205](#))
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- Joanna Davinson, Executive Director, Central Digital and Data Office ([QQ 17–22](#))
- Karen Davison, Strategic Manager for Early Help, Inclusion and Vulnerable Children, Children and Young People’s Service, Durham County Council ([QQ 146–150](#))
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*	Mark Douglas, Director of Children’s Services, Bradford Council ( <a href="#">QQ 68–72</a> )	
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*	Simon Eccles, Chief Clinical Information Officer, NHSX ( <a href="#">QQ 17–22</a> )	
*	Naomi Eisenstadt CB, Independent Chair, Northamptonshire Health and Care Partnership, and Honorary Research Fellow, University of Oxford ( <a href="#">QQ 252–256</a> )	
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*	Professor Leon Feinstein, Director and Professor of Education and Children’s Social Care, Rees Centre, Department of Education, University of Oxford ( <a href="#">QQ 90–98</a> )	
*	Andrew Fellowes, Associate Head of Policy and Public Affairs, National Society for the Prevention of Cruelty to Children ( <a href="#">QQ 54–57</a> )	
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*	Lee Golze, Assistant Director Partnerships, Early Intervention and Localities, Children and Young People, Doncaster Council ( <a href="#">QQ 146–150</a> )	
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*	Lucy Heller, Chief Executive, Absolute Return for Kids (ARK) ( <a href="#">QQ 58–67</a> )	
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* Professor C. Kirabo Jackson, Abraham Harris Professor of Education and Social Policy, Institute of Policy Research and School of Education and Social Policy, Northwestern University, Illinois, United States ( <a href="#">QQ 252-256</a> )	
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* Detective Chief Inspector Anthony Jones, County lines and gangs specialist, Metropolitan Police ( <a href="#">QQ 231-237</a> )	
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- \* Mairéad McCafferty, Chief Executive, Northern Ireland Commission for Children and Young People ([QQ 238–241](#))
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- \* Councillor Lucy Nethsingha, Lead Member, Local Government Association Children and Young People Board, and Director of Children’s Services, Cambridgeshire County Council ([QQ 34–41](#))
- \* Lucy Newman, Teacher, London secondary school ([QQ 247–251](#))
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- \* Fran Oram, Director for Children’s Social Care, Practice and Workforce, Department for Education ([QQ 1–8](#)) and ([QQ 269–282](#))
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- \* Simon Parker, Director for Transformation and Policy Capability, Policy Lab, Department for Education ([QQ 99–112](#))-
- \* Elina Pekkarinen, Ombudsperson for Children, Finland ([QQ 252–256](#))
- \* Natalie Perera, Chief Executive, Education Policy Review ([QQ 143–145](#))
  - Chris Pope [PSC0036](#)

- \* Jane Powell, Associate Director of Nursing; Head of Safeguarding, Birmingham Women’s and Children’s NHS Foundation Trust ([QQ 206–212](#))

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- \* Chief Constable Alan Pughsley QPM, Chair, National Police Chiefs’ Council Crime Co-ordination Committee ([QQ 213–222](#))
- \* Will Quince MP, Minister for Children and Families, Department for Education ([QQ 269–282](#))
- \* Detective Inspector Chris Rabey, Child victims of abuse specialist, Kent Police ([QQ 231–237](#))
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- \* Catherine Roche, Chief Executive, Place2Be ([QQ 58–67](#))
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- \* Dr Joy Shacklock, Safeguarding Clinical Champion, Royal College of General Practitioners ([QQ 42–53](#))

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- \* Sheridan ([QQ 134–138](#))
- \*\* James Shutkever, Social worker and Frontline Fellow, Hertfordshire County Council ([QQ 247–251](#)) [PSC0073](#)
- \* Junior Smart OBE, Development Manager, SOS Project, St Giles Trust ([QQ 213–222](#))

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Dame Rachel de Souza, Children’s Commissioner for England ([QQ 257–268](#))
- \* Amanda Spielman, HM Chief Inspector, Ofsted ([QQ 242–246](#))
- \* Dr Alison Steele, Officer for Child Protection, RCPCH ([QQ 42–53](#))
- \* Kirby Swales, Deputy Director, Changing Futures and Supporting Families Team, Ministry of Housing, Communities and Local Government ([QQ 1–8](#))

- \* Mark Sweeney, Director General, Cabinet Secretariat,  
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- \* Saleem Tariq OBE, Director of Children’s Services,  
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- \* Maggie Throup MP, Minister for Vaccines and Health,  
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- \* Anna Vignoles, Director, Leverhulme Trust ([QQ 82–](#)  
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- \* Dr Polly Vizard, Associate Professorial Fellow and  
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- \* Victoria Watkins, Deputy Chief Inspector for Primary  
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- \* Paul Willmott, Chair, Central Digital and Data Office  
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- \* Sir Alan Wood CBE ([QQ 90–98](#))
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- \* Jon Yates, Executive Director, Youth Endowment Fund  
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### APPENDIX 3: CALL FOR EVIDENCE

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On 13 November 2020 the House of Lords Select Committee on Public Services published its first report, *A critical juncture for public services: lessons from COVID-19*.

This wide-ranging report included a number of findings on children and public services:

- A historical lack of support for early intervention and preventative services has widened the education attainment gap for disadvantaged children and led many families—struggling with addiction, domestic violence and mental health—to “crisis point”.
- Inadequate integration between public services has meant that vulnerable children do not receive the support that they need. Many are “invisible” to public services.
- Public services working with children and families are often unwilling or unable to share data, and struggle to understand the legal basis for sharing information about vulnerable children. These factors have restricted public services’ ability to collaborate and fulfil their legal duty to share data to keep children safe.
- During the COVID-19 pandemic the crisis in child vulnerability accelerated, and the number of vulnerable children “invisible” to services increased significantly.

Our second major inquiry, ‘The role of public services in addressing child vulnerability’ will follow up on these concerns and ask whether reforming public services can address the growing problem of child vulnerability. The inquiry will cover how public services support mothers and families during pregnancy, and how they support children in their early years and school years.

The inquiry will focus on public services for children, parents, guardians and families in England. In Northern Ireland, Scotland and Wales, responsibility for many public services rests with the devolved administrations, and it is the role of the devolved parliaments to scrutinise public services there. However, the Committee hopes to learn from best practice in the devolved jurisdictions, both to draw comparisons and apply lessons learnt.

#### What we want to learn from you

The inquiry will consider public services in the broadest possible sense—we will explore community-level initiatives and the role of the private, voluntary and charitable sectors in the delivery of services to children and families. The Committee is especially interested in collaboration, or lack thereof, between local authorities, social services, the voluntary sector, the NHS, the education sector, the police and other public services working with children and families.

The Committee recognises that child vulnerability comes in many forms, and our focus includes, but is not limited to:

- Children with special educational needs, disabilities and/or poor mental or physical health;
- Young carers;
- Children at risk of or experiencing neglect or abuse;

- Children living in homes where domestic abuse is taking place and/or where parents are suffering from mental ill health or addiction;
- Children living in deprivation;
- Children without access to digital technologies;
- Children in the care system;
- Children at risk of or experiencing criminal exploitation, for example involvement in gangs;
- Children experiencing homelessness or poor housing conditions;
- Children at risk of any other serious harm.

Diversity comes in many forms, and hearing different perspectives means that committees are better informed and can more effectively scrutinise public policy and legislation. They can undertake their role most effectively when they hear from a wide range of individuals, sectors or groups affected by a particular policy or piece of legislation. We encourage anyone with experience of or expertise in the issues under investigation—particularly those working directly with children and families or frontline services—to share their views with the Committee, in the full knowledge that their views have value and are welcome.

We would also like to encourage anyone to get in touch who can support the Committee to take evidence from vulnerable children and their families.

The Committee is seeking input on the following questions:

- (1) How is child vulnerability best defined?
- (2) How well do public services address underlying causes of child vulnerability within families, such as domestic abuse, mental ill-health and addiction?
- (3) How should central Government coordinate public services to support vulnerable children to recover from the effects of the COVID-19 pandemic?
- (4) How well does central Government coordinate the activities of the various Government departments working with vulnerable children, parents, guardians and families?
- (5) How should central Government work with public service providers to integrate public services to meet the needs of vulnerable children, parents, guardians and families?
- (6) Do vulnerable children, parents, guardians and families receive sufficient support from early intervention and preventative services? If not, how might such support be improved? Can early intervention and prevention deliver more efficient and effective public services?
- (7) At the local level, where does responsibility rest for addressing cross-cutting issues that affect children's vulnerability, such as parental mental health, addiction and domestic abuse issues? How are those who are responsible for such issues held to account, and how might such accountability be improved?



- (8) What practical steps can the Government and providers of public services take to encourage different agencies—such as NHS bodies, councils, schools and the police—to share data that helps keep vulnerable children safe, and to support early intervention and preventative services?
- (9) How effectively do statutory services collaborate with the voluntary sector and community groups to support vulnerable children and their families? Could such collaboration be improved?
- (10) The Government has stated its ambition to ‘level-up’ underperforming regions. How could the Government’s ‘levelling-up’ agenda address regional and local disparities in children’s education, health and well-being outcomes?

The Committee is interested in hearing about policy responses to the problems facing vulnerable children, parents, guardians and families. Please include practical solutions to the issues that you identify in your written evidence.

## APPENDIX 4: NOTE OF COMMITTEE VISIT TO BESSBOROUGH FAMILY HUB, LONDON SW1 ON 16 SEPTEMBER 2021

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### Public Services Committee visit to Bessborough Family Hub, Westminster

#### *Note by the Clerk*

1. Four Members of the House of Lords Public Services Committee visited the Bessborough Family Hub, Bessborough Street, Westminster, on 16 September 2021.
2. Members attended a “rhyme time” session with parents and children who were clients of the centre. They heard from a client, the mother of a child with special educational needs, who explained that because the Family Hub brought together in one place the services upon which she relied, she found that the Hub provided more effective support than children’s centres in the London Borough in which she had previously lived. Members also heard about how the client’s Family Navigator, employed by the centre, helped the client access the services that she needed.
3. Other clients told Members how the centre assisted them with financial issues. Often this was by sign-posting clients to agencies that could help. The clients said that this support had had a positive impact on their and their families’ lives. Through the Hub they were able to meet other people with similar issues, which enabled them to develop social networks for them and their families.
4. The staff of the centre made a presentation about the Family Hub. They discussed with Members how the Hub was funded, and their expectations for the Government’s planned expansion of Family Hubs. They talked about how the centre recruited and retained staff, and the Hub’s links with local providers of public services such as GPs’ surgeries.
5. Members attending the visit were:  
Baroness Armstrong of Hill Top (Chair)  
Lord Hogan-Howe  
Lord Hunt of Kings Heath  
Baroness Tyler of Enfield

Tristan Stubbs  
Clerk to the Committee  
16 September 2021