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Children

5.40 p.m.

Baroness Massey of Darwen rose to call attention to the need for the co-ordination of health and social services to improve the life chances of children and young people; and to move for Papers.

The noble Baroness said: My Lords, I am delighted to have secured this debate. I am pleased that it has attracted such a broad array of talented and committed speakers and support from many noble Lords who cannot be here today. I hope that the debate will be useful in pulling together concerns about children's services which seem to be ever present.

I must declare an interest as the co-chair of the All-Party Parliamentary Group for Children which, through its very dynamic membership, consistently raises issues related to the welfare of children. We maintain that all children deserve the best possible chance in life, not because they represent future generations but because they are children.

I shall focus on two services: health and social services. I shall give an overview of some concerns. I know that other noble Lords will be more specific and will give examples from their own interests and experience. I shall refer to co-ordination at national level, in government, and to action at local level. We know that practice is variable in different parts of the country. We know that there is much good practice about and many dedicated people. It is when things go badly wrong that there is an outcry and calls for improvement. The distressing case of Victoria Climbié is an example of what can go wrong.

I shall give examples of good co-ordination and some problems. I shall suggest to the Minister, who always listens, that four things might be considered to improve services. The first is the systematic involvement of children and young people in planning services. The second is looking at the needs and entitlement of children when making laws and policies—child impact analysis,

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as it is sometimes called. The third is ensuring that laws and policies are translated into action at a community level with community involvement. The fourth is the need, in my view, for a children's commissioner.

But, as a preamble, I relate some basic facts. The population of nought to 15 year-olds is just over 12 million. They have complex needs. In many ways the well-being of children and young people is improving and most young people, surveys show, regard themselves as being healthy. However, one in three children are still living in poverty, up to one in 10 have some kind of mental disorder and around 400,000 are living in need. More are being raised in

single parent families. The number looked after by local authorities has risen by 13 per cent since 1994. Numbers of disabled children are increasing and they are living longer. The number of asylum seeking families has increased. Their children need services too and clear information must be available to them. Eighty per cent of children in prison have suffered abuse and neglect; 50 per cent have been on child protection registers; well over half have been in care. Youth suicide gives cause for concern.

Much has been done by government, by local authorities and by the voluntary sector to improve the life chances of children, for example, the Children's Fund, Sure Start, Quality Protects, Connexions, health action zones, early years development and childcare partnerships, and by increases in regulatory standards and improved performance management. The 2002 spending review included a requirement to reform local and national infrastructure and simplify funding. It included a major investment and reform programme to enhance opportunities and services for young people. A network of children's centres is envisaged. A national service framework for child health is in progress. A Green Paper on children at risk, to which the all-party group contributed, is due out for consultation. Public service agreements for children across government departments were set in 2000. The Children and Young People's Unit is charged with developing a strategy and has consulted widely. But challenges remain and these relate substantially to how co-ordination of effort is encouraged and how systems can support dedicated people. Some would say that the more initiatives there are, the greater the difficulty of co-ordination and the greater the effort required. National and local maps of services for children are very complex.

The Cabinet Committee on Children and Young People's Services has, as its terms of reference, the co-ordination of policies to prevent poverty and under-achievement among children and young people, to monitor effectiveness of delivery and to work with the voluntary sector to build new alliances for children. This demonstrates extremely powerful willingness to integrate effort, and the voluntary sector's engagement is welcome. Its dedication has provided over many years a watchdog role, an advocacy role and examples of sound practice.

A report last year from the Association of Directors of Social Services recognises that improvements are being made but also refers to the challenges and states:

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"The focus must be on outcomes for children, thinking about children's services around agencies and funding systems to focusing on functions that cut across many organisations".

The Climbié inquiry called for greater efficiency within, and better co-ordination between, services dealing with children, with national standards,

training, resourcing and local leadership being called into question. New national and local structures are recommended. Lack of co-ordination of services is a common complaint in reports such as the interdepartmental childcare review, the Kennedy report and many voluntary sector reports. Departments within services sometimes appear to be unaware of what other departments are doing, let alone other organisations. As the Home Secretary said last week,

"The only sure fire way to break down the barriers between these services is to remove the barriers altogether".

I suggest that that will take an enormous amount of good will, flexibility and determination. The models being considered at community level, for example, children's trusts, drawing on expertise from community, private and voluntary sectors, may well help, but the issues of co-ordination will remain. That concern is borne out by experience at a local level. An analysis of health improvement programmes between 2000 to 2002 by the five major children's charities points out that,

"they demonstrated so clearly the fragmentation of children's services. Faced with a plethora of plans and initiatives, some addressing children and young people specifically, others including them within some generic provision, many lacking targets and milestones, it becomes very difficult to determine whether health needs are being met".

The area of child and adolescent mental health provides a good example of the challenges for co-ordination. The series of relationships which should work for effectively dealing with a problem is complex. GPs and health visitors need awareness to spot a problem. The relationship between adult mental health services and children's mental health services needs to be managed. Who is responsible for the 17 year-old who arrives in accident and emergency with a severe drug problem or who has taken an overdose?

Mental health is an important element across the whole of social services, from helping families to care for children, through residential care and adoption proceedings. However, child and adolescent mental health care services are inundated with needs they cannot meet. Co-operation with social services becomes strained. A worker may not know that other services are dealing with the same child, may not pass on information and may not co-ordinate interventions. Competing objectives may be a problem. Preventing family breakdown is a different objective to coping with an individual's mental disorder, even though they may overlap. The issue of confidentiality may pose barriers. Some areas have developed systems for involving all agencies so that they can share information about, for example, funding streams, can explore pressures on the different services and work out ways of keeping one another informed.

National Children's Homes points out that it sometimes finds it difficult at a local level to identify key people and make links, for example, in primary

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care trusts. Many voluntary organisations see themselves as excluded from the health agenda. They are concerned that issues related to children do not get enough priority within PCTs.

An emphasis on effective services is not about taking over from families. Effective services do not negate the need for effective parenting, which involves the care and supervision of children. I do not want to precede the debate of the noble Lord, Lord Northbourne, in a few weeks. Many effective services include parenting programmes as part of their remit, teaching skills of parenting, information about services and how to best get help from professionals.

Effective services also consult young people and families about their concerns and involve them in planning, delivery and monitoring of services. Responses to a consultation on family services by the National Family and Parenting Institute showed support for such involvement and for mergers between children's services and family services. We need simple and understandable models to be understood by all—politicians, local managers, professionals, parents and children.

Sure Start programmes provide many examples of collaborative working across services with children and families of many cultures. For example, in Hammersmith advice is given to families through several agencies, such as family support workers, on benefits, childcare and local services. Integration is such that issues picked up by one professional, such as a child psychologist, can be quickly shared with others, such as health visitors.

Cornwall social services has, for many years, had a joint consultancy team of experienced professionals from different agencies involved in child protection, including a social work consultant, paediatricians, a health visitor and a psychologist. The team also delivers training.

Overarching structures are essential at both national and local level. A children and families board with representation at Cabinet level and local structures has been suggested. Sure Start initiatives could be built on. However, what would give credibility and status to services for children and young people is a children's commissioner, independent of government, who might have a small staff with local representation, perhaps based on government office locations. Such a post would have the role of influencing policy and practice on children, advocating for children, undertaking investigations, helping to share good practice, monitoring legislation and consulting on proposed legislation. That would ensure that the impact on children of national and local policy could be examined.

It is perhaps ironic that later today we will consider the order for Northern Ireland on a children's commissioner. Wales has had a Children's Commissioner since 2001. The first annual report from that commissioner is very powerful, and demonstrates to me the potential for such an office to raise awareness of issues, and help professionals and organisations carry out dialogues and

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set strategic aims. I know that my noble friend Lady Gale will expand on that, so I shall not say more about it. Some local authorities also have their own commissioners, so there is much on which to build.

I believe that we are at a vital and promising time for children. There is commitment from the Government; there is good policy and good practice; there are exciting initiatives. All those are and will remain less effective without co-ordination between services. I suggest that a children's commissioner could assist that process.

Of necessity, I have been able only to sketch out some ideas and highlight my particular areas of concern for the Minister. They are the involvement of children and young people, delivery at community level, child impact analysis, and the creation of a children's commissioner. I look forward to hearing the views of other noble Lords and of the Minister. The issue needs urgent and continued attention. I think that we have the will and creativity to improve the situation for children and families, but we must maintain vigilance, creativity and advocacy for a group who need us to work on their behalf. The House has shown its concern for children in the past, and I am convinced that it will continue to do so. I beg to move for Papers.

5.55 p.m.

Lord Rea: My Lords, I congratulate my noble friend Lady Massey on her well-timed choice of subject, and on her clearly expressed and constructively critical speech.

So much legislation has been passed on the subject in recent years, with so much guidance and so many reports written, that it is difficult to cut a meaningful pathway through it all in a single relatively short speech. Of course, the Victoria Climbié case is uppermost in our minds at the moment. While mentioning that case, I should say that I am very sorry that the noble Lord, Lord Laming, was not able to take part in the debate. I am glad that my noble friend Lady Massey has broadened the terms of the debate so that we can discuss a wide range of factors that affect a child's life chances—not just those that help children in danger to avoid death, but those that enable children to achieve as near as possible to their full potential, as circumstances allow.

Of course, health and social services do not provide the basic physical and social fabric that underlies the health and full development of children. Those

services can be regarded as watchdogs to detect the early stages when things start going wrong, to prevent further damage, and to take steps to repair any harm that may have already occurred. Good physical and mental health and the social climate that maximises the life chances of children in the widest sense depend on many factors.

I want to summarise from a document called Framework for the Assessment of Children in Need and their Families, which was published by the Department for Education and Employment and the Home Office in 2000. The necessary factors favouring normal healthy development include, first, a stable and

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emotionally warm family background. That does not necessarily mean that the parents should be the biological parents. As well as that as the basis, there should be adequate housing, heating, clothing, nutrition, regular and sufficient family income, education and healthcare.

That is quite a package. However, it is one that the majority of children in the developing world now enjoy, but by no means all, as my noble friend pointed out. Infant and child mortality is now at levels so low that 40 or 50 years ago they would have seemed unachievable. Sadly, in many countries the majority of the child population lack most of those desirable supports, other than that of their families. If family support is solid, which it nearly always is, it is surprising how resilient children in the developing world are at withstanding the other forms of deprivation. They do so at a cost, of course.

In Victoria Climbié's case, she lacked not only a loving family in France and the UK, but every other supporting factor that I listed. It is a sad fact that a systematic assessment of the full extent of her deprivation was never made. That brings home the need for all practitioners in the caring professions to be critically aware of the part that social factors may play in generating the problems presented to them. Although the importance of those social factors is now stressed in training, attention in practice tends to focus on the presenting problem, which is often a physical symptom in medical practice or a request for administrative help from a social worker. The underlying family or social factors may be ignored or sidelined. However, attitudes are improving.

The inquiry headed by the noble Lord, Lord Laming, has followed the tradition of a number of others that have analysed the train of events preceding and leading up to a tragedy. One of the most famous of those was the Ritchie report on the murder of Jonathan Zito by Christopher Clunis some 10 years ago. In both that case and the Climbié case, there was a malfunction of the health and/or social services, usually at the interface between the two. In each case, there is a sad story of, for example, inadequate record-keeping, failure to pass on vital information and "passing the buck" without checking that the proper transfer of responsibility has taken place. In the case of such inquiries, those cumulative failures led to murder by, or of, a vulnerable person.

However, those tragedies are only the tip of the iceberg. The searchlight that those inquiries bring to bear on working practices is focused on one case—very much a worst case. The reports give an insight into the system—or lack of a system—the morale of those working in the service and the difficulties that they face. However, mistakes and ineffective working practices do not take place only in Ealing, Brent or Haringey, where Victoria Climbié lived. Some of the errors are understandable—perhaps inevitable—when staff are working under high pressure. In some areas, as my noble friend pointed out, better liaison has been achieved; that is usually due to better management, and morale is much higher, even in some deprived areas.

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However, I fear that Dr Julian Tudor Hart's "inverse care" law may still be operating, with less good care in more deprived areas. One of the difficulties is that in those areas there is often a rapid turnover of population and a high proportion of immigrants with language and cultural differences. The need therefore is for health and social services to be not only as well staffed as in more affluent areas but very much better staffed because the problems are more intractable and time consuming as well as more numerous. The work is extremely labour intensive as well as complex, so the need for better management and cohesion, which was advocated in the report of the noble Lord, Lord Laming, is particularly strong.

My noble friend on the Front Bench knows only too well what I have been talking about and what the noble Lord, Lord Laming, advocates; it is a very familiar story. To be fair, since this Government came to power, a huge amount of work has gone into legislation, guidance and reports that are aimed at improving the lives of families on low income and the welfare of their children. Doubtless, there would have been more tragedies if that work had not been set in motion. The difficulty is that while bad news is big news, good news does not usually reach the headlines. The fact that needy families have been rehoused, that immigrant children are doing well at school and that more single mothers are working, is confined to the back pages of the broadsheets, to special documentaries or to academic papers.

As a measure of what has been done, the appendix to Health for all Children by Dr David Hall and Dr David Ellman—its fourth edition was recently published—lists a positive cascade of government activities that have taken place since 1997. Under the heading, "Policy framework, legislation and policy", it lists: four special government units, 10 cross-cutting policy initiatives, six education policy initiatives, 11 health policy initiatives, four social care policy initiatives and six major reports, totalling 41 in all. All of them are relevant, wholly or partly, to the care of children in the community. That list does not include numerous guidance circulars to local government and health authorities and trusts. The criticism of all this is that such initiatives, while often issued after a consultation period, are "top down", and those working at the coal-face sometimes feel snowed under by the sheer volume of advice and guidance that they receive.

I turn very briefly to some of the points made by the noble Lord, Lord Laming, in his report. Many of his recommendations are aimed at improving working practices at the basic level and they have the ring of authenticity, as one would expect from someone whose life has been concerned with the social services. I shall mention one or two of his comments. Paragraph 1.21 stated that,

"the principal failure . . . was the result of widespread organisational malaise".

Paragraph 1.27 stated that,

"it was dispiriting to listen to the 'buck passing' from those who attempted to justify their positions".

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Paragraph 1.28 stated that,

"there were too many examples of those in senior positions attempting to justify their work in terms of bureaucratic activity rather than in outcomes for people".

There are many other cogent comments apart from the formal recommendations.

Finally, I would like to discuss in a few sentences the recommendations regarding training. The need for all social workers, paediatricians and general practitioners not only to receive initial training in the multidisciplinary aspects of child protection, but also to receive continuing education is emphasised. It is suggested that primary care practice staff should if possible also be appropriately trained.

Recommendation 14 is particularly important because it recognises that national training programmes for doctors, nurses, social workers and the police should include,

"effective joint working between each of these professional groups".

That brings me to my last point. I have mentioned in a previous debate the organisation known as CAIPE—the Centre for the Advancement of Inter-Professional Education. CAIPE holds that students or trainees of professions who are later going to collaborate will benefit from joint training in appropriate parts of their curriculum. That particularly applies to doctors and dentists training jointly with nurses, social workers and other members of the caring

professions. Preliminary evaluation shows that this can lead to a greater appreciation of the different roles of each profession and better subsequent joint working. The system is now in a trial phase at Southampton University and medical school. I advise my noble friend to send someone from his department to have a look at that programme. There is no area in which it would be more appropriate and necessary than in relation to child protection.

Finally, I would like to say that I support my noble friend's call for a children's commissioner both at central level and locally.

6.6 p.m.

Baroness Walmsley: My Lords, I thank the noble Baroness, Lady Massey of Darwen, for giving us the opportunity of debating this important topic. The topic can make the difference between life and death for a child. I intend to focus my remarks on child death and the physical abuse of children. It is a very appropriate time, as noble Lords have said, for such a debate, given that we have recently seen the publication of the report by the noble Lord, Lord Laming, into the events that led up to the death of little Victoria Climbié.

The Government have shown very good intentions and displayed much excellent action with regard to the well-being of children, although there is always more to be done. One of their best actions was to set up the Children and Young People's Unit, with its focus on the child. I believe that, when we go wrong in our services to children, it is usually because that focus on the child has

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slipped and attention has been paid instead to financial expediency, bureaucratic structures or professional territorialism.

The premise of the question raised by the noble Baroness, Lady Massey, is correct. We must have services that are linked in a real way, with real understanding and sharing of information, or the same tragedy will happen over and over again. However, I am sad to say that I do not believe that the proposals laid out in the Laming report go anywhere near far enough. I am not sure whether that is because the remit did not go far enough. The fact remains that opportunities have been missed for some reason or other. There are, of course, many excellent and hard-hitting aspects of the report, which I welcome, including the proposal for a children and families board at ministerial level. That puts children's welfare at the top of the political agenda, which is a very good thing. I also welcome a national agency for children and families and the new regulator, the General Social Care Council, which has recently come into existence. Moreover, I welcome the 24-hour telephone referral number and the prioritisation and fast response standards proposed by the noble Lord, Lord Laming, along with many other proposals in the report.

However, I have three major disappointments to register about the report. I was most concerned to see that the noble Lord, Lord Laming, expects a civil servant—the chief executive of the new agency for children and families—to take on the role of a children's commissioner for England. With great respect to the noble Lord, Lord Laming, that shows a deep misunderstanding of the role of the commissioner. How could such a person be independent of government and make severe criticisms if necessary? How could such a person focus entirely on the rights of children when he would also have responsibility for families? The two are not the same and their interests sometimes diverge quite markedly.

Why should England have a children's commissioner considerably less powerful than the one in Wales and much less powerful than those proposed for Scotland and Northern Ireland? Do English children have less need of protection? Of course not. We still have dozens of child deaths from abuse and neglect in England every year, which brings me nicely to my next disappointment.

Although the noble Lord, Lord Laming, addressed the issues of management accountability and performance monitoring thoroughly, he did not address the issues of how professionals should work together more effectively on the ground and how we learn the lessons from child deaths. He proposes a feasibility study into a national children's database covering all children under 16. Much more useful would be a systematic review of all child deaths so that we can learn the lessons of why children die from abuse and so inform future policy and practice.

A permanent database of all child neglect and abuse cases would be much more focussed on the problem and would be a better use of resources. The Government should also establish multi-disciplinary child death review teams on a statutory basis to

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provide consistent and thorough analysis of child deaths. Those would be one of the many ways in which health and social care professionals, working together could cast a light on the problems that would really make a difference.

That brings me to how professionals can work together more effectively day to day. We really do need multi-agency child safeguarding teams to improve professional communication and joint working—the things that broke down in the Climbié case and many previously. How many children have to die and how many worthy reports will highlight the need for that before action is taken?

My third disappointment is the fact that the Laming report did not propose scrapping the archaic law allowing reasonable chastisement of children. As I said earlier, that may be because the remit did not go that far and allow the noble Lord, Lord Laming, to make such a proposal. However, many people

believe that that defence cannot be used effectively to protect people who have really abused children. They would be wrong. In one case in May 2001, a father, who hit his four year-old son across the back with a belt three or more times causing bruising for refusing to write his name, was acquitted on that basis at Southwark Crown Court.

In 1998 the European Court of Human Rights ruled that UK law does not protect children adequately. It found that repeated caning of a young boy by his stepfather breached his rights to protection from inhuman and degrading punishment. That stepfather had successfully used the 1860 legal defence of reasonable chastisement in an English court to excuse his behaviour.

To quote David Hinchliffe MP, chair of the Health Select Committee in another place,

"We cannot go on kidding ourselves that there is no link between the fact that UK law still allows children to be hit and the fact that large numbers of children suffer physical abuse, sometimes with tragic consequences".

Previous inquiries into child assault deaths have failed to recommend law reform. It is sad that the recent report has made the same mistake. Child protection professionals are unanimous about that. The Children's Rights Alliance submission to the Victoria Climbié inquiry observes:

"Future social historians will ask with astonishment why the dozens of official inquiries into battered children that preceded this one did not make such a simple and obvious proposal".

In many of the recent high profile cases it is clear that discipline was a factor in the abuse. Manning said that Victoria Climbié's abuse began with little smacks and Kouao told the inquiry that there was nothing wrong with smacking. I do not support the Government's belief that all parents know the difference between abuse and discipline. The Government's own research found that one third of ordinary parents who hit escalate from mild slaps to "severe punishment". That is not to say that everyone who gives a mild slap to a child will become a child abuser.

Changing the law to give children equal protection to adults would support the health and social services professionals trying so hard to work together. It would

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empower ordinary people to speak out about child abuse when they see it and use the 24-hour helpline that the noble Lord, Lord Laming, proposes. Every system, however good, breaks down sometimes. The key to success is having a good fallback system. In my view, the general public are the fallback

system for health and social services as far as child abuse is concerned but we must make it clear to the public what are the standards that will best protect children. That is why the law needs to be clear and unambiguous. The experience of other countries that have banned physical punishment of children has shown that public reporting of clearly abusive behaviour increases when the law is changed. That means that intervention can happen earlier.

This debate is about what we can do to improve the life chances of children so we must learn lessons from the successes of other countries. In Sweden, in the 10 years following the ban on all physical punishment, vigorously supported by parental support and information, not one single child died as a result of parental physical abuse. In England and Wales, at least one child is killed by a parent or carer each week. We must be doing something wrong. I find it difficult to understand why the Government cannot see that.

Other organisations, including the NSPCC, of which I am a voluntary ambassador, and Africans Unite Against Child Abuse (AFRUCA), also pressed the noble Lord, Lord Laming, to propose law reform in their submissions to his inquiry. Phillip Noyes, policy director of the NSPCC said:

"We won't stop the punches and kicks if we continue to tolerate the smacks and slaps. Hitting children is wrong—full stop—and the law should clearly say so".

Debbie Ariyo, executive director of Africans Unite Against Child Abuse, said:

"AFRUCA firmly believes a change in the law against the physical punishment of children would help protect them from potential abusers. In particular, we are convinced such a law would significantly reduce the risks that African children and all children face and encourage more people to act when they see children being abused. This is an issue we hope to see in the debate about the Climbié Inquiry Report".

There is already a war on: the war against child abuse. Our defence is vision and resourcing. Investing in the prevention of child abuse will reap dividends far greater than any of us can imagine in alleviation of human suffering as well as ensuring that all our children grow up to be healthy, law-abiding, productive members of society. Many abused children, even if they survive, grow up to need major future intervention and expenditure in the health, education and criminal justice areas. Let us make a wise investment in the resources to prevent child abuse.

I hope that the Minister can reassure us that the new children's trusts will pilot multi-disciplinary practices and child death review teams and report back their success. I also hope that he will reassure us that the Government will do better than the watered down version of a children's commissioner for England proposed in the Laming report and that they will think

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again about law reform on physical punishment. I can assure the noble Lord that I shall never rest until they do.

6.18 p.m.

Lord Chan: My Lords, I congratulate the noble Baroness, Lady Massey of Darwen, on securing this debate on children and young people, who are much in the news and for whom the noble Baroness is clearly a champion. She has given us a helpful review of children's services. Other noble Lords have identified a whole raft of government initiatives relevant to the care of children and the failure of co-ordination of services that led to the death of Victoria Climbié. My concern for children arises from my professional background as well as from being a non-executive director of an NHS primary care trust in the North West. I shall focus on children living in poverty and report on a new training scheme for doctors and other professionals to protect children.

Our primary care trust map of where children live shows that the five poorest wards with severe deprivation have the highest proportion of children and young people. That pattern of distribution of our child population is also found in other regions of Britain where economic poverty, social deprivation and low educational achievement predominate. Nationally about one in four of our children lives in low income families.

Professor Aynsley-Green, the national clinical director for children in the Department of Health has asked repeatedly:

"Is it not outrageous that we in the fourth richest country in the world still have so many children living in poverty?"

In order to co-ordinate the work of local authority agencies, the NHS and the voluntary sector, local strategic partnerships have been set up with the encouragement of regional government offices. These LSPs are very good for networking but less effective when action is required on the ground. Neighbourhood forums are the mechanism for co-ordination of local authority agencies, the NHS, the police and voluntary community groups. Progress may be slow because there are insufficient resources and extra capacity to focus co-ordinated action where it is needed for children and their families.

The Government are to be congratulated on their commitment to helping children out of poverty by means of family benefits, the Sure Start programme and offering free nursery places to three year-old children, particularly in deprived districts.

Sure Start has been a success in most settings of deprivation because it has introduced new resources and taken an integrated approach with local government and other agencies to work with parents and children to promote

the physical, intellectual and social development of babies and young children. I have seen this work very well in the Wirral, where I live.

However, in order to serve children and parents at risk, co-ordination is essential among many agencies in mainstream services. Bureaucracy has to be reduced

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to a minimum, but someone has to take a lead. Is it not time to ensure that in all districts of deprivation Sure Start should take a lead, working with local people and families across education, local authority, social services and the NHS, together with voluntary groups? I hope the Minister will comment on that proposal.

I have detected an anomaly with service provision. It concerns the definition of children by age range. Sure Start limits its services to 14 year-olds with an extension to 16 years for the disabled child. In hospital, children's services continue to be available until the age of 18. Could those differences in the upper age limits for services lead to some children failing to be served?

I turn now to the Department of Health's proposals to improve nutrition for mothers and children, which were published on 14th November 2002. The Government are to be congratulated on reforming the Welfare Food Scheme to give pregnant women, mothers and young children in low income groups greater access to a healthy diet.

While working with all interested groups, including the food and dairy industry, it is important that the best nutrition is not compromised by disincentives for mothers to breastfeed their newborn babies and for children to indulge in snacks with high salt and sugar contents advertised on television and stocked in coin-operated machines.

The Government should spend some of their budget on advertisements promoting, and providing, more fruit, vegetables and cereal-based foods. What a young child eats will influence his or her future health as an adult who is unlikely to be obese. More must be done to dissuade children and young people from smoking cigarettes by giving them other forms of enjoyment, such as play and sport. Social workers should also be encouraged to give families advice on good nutrition and a healthy lifestyle.

I want to focus on how health, social services and other agencies can be encouraged to work together for the benefit and protection of children. Teamworking of professional people from different disciplines is best developed if they are encouraged to meet regularly as a priority with support from their managers. Training together to appreciate their different roles in protecting children is essential.

As a Fellow of the Royal College of Paediatrics and Child Health, I commend the college's new training programme to help new doctors, including GPs, to

have a basic understanding of teamwork with social workers, police and the judicial system. Doctors will be introduced to non-medical professionals and their responsibilities. Diagnosis of child abuse will be given as high a priority as serious life-threatening illness. That training programme has been designed in partnership with the NSPCC and is currently funded by a drug company. It will be assessed after a year.

The Royal College has also proposed establishing a register for child protection specialists from health, social care and other backgrounds. This register will be

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set up by the Council for the Registration of Forensic Practitioners based in the Home Office and the Royal College of Paediatrics and Child Health.

I also look forward to the Minister's comments and support for these two developments that are in line with the recommendations of the noble Lord, Lord Laming, after the Victoria Climbié inquiry.

The Government have introduced numerous initiatives for the benefit of children and their families, particularly for those living in deprivation. But many of those programmes are seen more as targets to be achieved rather than as a co-ordinated approach to improve the health and life chances of children.

National service frameworks have introduced standards of care for people with major life-threatening diseases and for older people. Soon we shall have a series of documents on standards of care for children in hospital, maternity services and the care of very ill newborn babies and children at risk. But NSF's are seen as standards for the health service. Is there room in the children's NSF for a co-ordinated approach to be taken by health professionals and the social services? That would give a strong signal that a document published by the Department of Health should be acted upon by the Department of Social Services and social workers.

In conclusion, I support the recommendations of the noble Baroness, Lady Massey, for a children's commissioner and for all government policies to be examined by impact assessment affecting children before they are introduced.

6.27 p.m.

Baroness Howe of Idlicote: My Lords, I too thank the noble Baroness, Lady Massey, for the opportunity to discuss the urgent need to co-ordinate services for children.

In recent years there have been, alas, far too many incidents of child murder and gross ill-treatment of children not to be appalled both by the details of these crimes and by our apparent inability, within a supposedly civilised society, to prevent such things happening.

The All Party Parliamentary Group for Children was reminded a few days ago by Professor Aynsley-Green that despite society's professed paramount concern for children's welfare, the services concerned have probably never been given the priority and resources required to achieve this aim. Cruelty, child abuse—physical and sexual—child labour, slavery and other forms of exploitation have almost certainly been with us throughout history; and though tackled to some extent in the Victorian era by the sterling and dedicated work of voluntary organisations, even today we are far from achieving the safe, loving home for all children that we hope to provide ourselves.

The Government are dedicated to getting all children out of poverty—we have heard this repeated also by my noble friend Lord Chan—but, as we know, one in three still are in poverty and the aim must be achieved within a generation. It is a brave aim and it will certainly help to prevent some, although not all, of the abuses that

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continue to be perpetrated against children, and which are inevitably spelt out in those children's subsequent behaviour.

The real problem is how to translate that oft-repeated good intention into actual practice on the ground. Perhaps the most appalling aspect of our latest report, by the noble Lord, Lord Laming, is the extent of the failure by practically all of the services that could and should have taken the necessary preventive action. Inevitably, those who received much of the blame were the hard-pressed front-line workers, but it was the lack of leadership and total unwillingness of those at the top to accept any responsibility for what took place that was the most shocking aspect of the case.

So what do we need to do? Many suggestions have already been made both in the report and our debate. A number of valuable government initiatives are under way. I, too, support the need for an independent children's commissioner for England. More resources must be found for the report's recommendations—not least for recruitment, training and retraining of staff involved in those services. Far greater priority must be given to providing services for families and children—especially, as others have said, locally. Greater co-ordination and information-sharing among all those services—including education and police—must be planned in detail. It is also important to ensure that those services are available wherever the need exists.

As the noble Baroness, Lady Massey, said, families and vulnerable children must also be consulted about their priorities for what services are needed. One of the most disturbing aspects of recent debates—whether on special needs or disabled children—has been the realisation that the actual level of services that in theory are provided depends on the area in which one happens to live. Today, we know far more about the importance of positive parenting—a rather chilling phrase, I find, but your Lordships know exactly what it means.

Most crucial is the warm, loving relationship between parents or carers and children. As we all know, even positive parents sometimes fail, but there is by now irrefutable evidence that "unhelpful parenting"—a perhaps rather euphemistic phrase—especially in the early months and years of a child's life almost inevitably results in anti-social behaviour, poor educational attainment and self-esteem, and can be the reason for subsequent physical and mental problems. No doubt my noble friend Lord Northbourne will expand on that.

It is therefore vital that we make the support of vulnerable families and children a number one priority for us all—and I mean all of us. We must acknowledge our individual as well as collective responsibility for what has happened. Your Lordships' collective responsibility for overseeing how public money is spent is certainly important, but so too is the role that each of us plays as a citizen in our local community. Volunteering is back in fashion—and so it should be. Longevity means a growing and talented pool of those over retirement age. Organisations such as REACH and the Experience Corps, which was set up about two years ago and has already recruited about 80,000 extra volunteers, are tremendous examples of what can be achieved.

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We must also hope that citizenship courses will alert the younger generation to the value of supporting their neighbours who are less advantaged. Who knows, the situation may be reversed at any stage of their lives. Parenthood—its duties as well as its joys—is part of that curriculum of citizenship, although I expect that my noble friend Lord Northbourne agrees that it needs far greater emphasis.

When I chaired a local government management board review into standards of care in residential homes in 1991–92, one of our recommendations was that each councillor should have a specific and continuing responsibility to visit at any time of the day and night and to report on one or two homes on a regular basis. That is the sort of additional voluntary commitment that some services will need. One reason for individuals to become more active citizens in such a way is that we must acknowledge that all the resources necessary to meet the considerable challenge are unlikely to be supplied from the public purse. There are always far too many legitimate demands on limited resources. I well remember Keith Joseph, when a health Minister, saying that it would be possible to spend the entire gross domestic product on the National Health Service. I suspect that the same is true today.

A charming quote used by Professor Aynsley-Green is that,

"children are the living message that we send to a time we will not see".

I fear that that may no longer be true. The longer we live, the more likely we are to see the fruits of our failures. Starting from now and using all the

resources available, we must reduce substantially the number of families and children we still fail. In failing them, we fail ourselves.

6.36 p.m.

The Earl of Listowel: My Lords, I join other noble Lords in thanking the noble Baroness, Lady Massey of Darwen, for introducing this timely debate. On a Friday afternoon about three years ago, I visited a mental health nurse at a hostel for young addicts in Kings Cross. She and three fellow mental health nurses were appointed to work in that project 12 months before, but her three fellow nurses had resigned. I spoke to her. She was utterly exhausted. After listening to her, I was distressed for the weekend. She asked: "Why were we put into this situation with so little support?"

The question that I shall address is whether we are providing adequate support from the Department of Health to those working in the front line with children in our social services. In particular, is such support adequate and consistent within children's homes? Appropriately trained psychologists, psychiatrists and psychotherapists must act as consultants to residential care staff in children's homes. I emphasise that that should be on a sustained and regular basis; that the adults to be supported should normally meet the consultant as a group; and that that support should normally take place in the children's home.

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The report of the Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes, *Choosing with Care*, published in 1992 and chaired by my noble friend Lord Warner, made important observations on that subject and on partnership with carers. Paragraph 8.26 states:

"Often the most cost effective and appropriate role for professional specialists is that of supporting staff in children's homes who are working directly with children".

Expert witnesses to the inquiry said that the best professionals,

"recognise that some continuing relationship with the home is the proper context in which to offer their expertise".

The report states:

"We consider that there is scope for using the professional NHS or educational specialists to train, advise and support staff in homes. This should have immense benefits in terms of cost, in that staff will be able to deliver services which would

otherwise require a great deal of input from outside the home; external professionals will be able to monitor the performance of staff in delivering treatment to children and the effectiveness of therapeutic regimes; and the status of staff will be enhanced as they take on a more professional role with respect to children".

We are moving towards the system that my noble friend Lord Warner and his colleagues envisaged. I welcome the development of new minimum standards for children's homes. One hopes that Dr Roger Morgan, director of children's rights at the National Care Standards Commission, will be able to use those standards to promote best practice. I also welcome the additional funding that Her Majesty's Government have provided for the child and adolescent mental health services to work specifically with children in care through Quality Protects.

Last week, I heard from the director of a major provider of services in the North West that there was no such support in their homes. In another recent conversation, I spoke to a children's home manager whose staff had a consultation with a child psychotherapist every three weeks. She wished earnestly for a better and more frequent service to the children and was confident that, if the consultations were more frequent, she could deliver a better service and better outcomes for her children.

I accept that there is a shortage of child and adolescent psychiatrists, psychologists and psychotherapists, and I know that the Minister is working to address that shortage. The noble Baroness, Lady Massey of Darwen, and several other Peers drew attention to that. One child and adolescent psychiatrist described consultants as being under siege and said that their offices would field calls and take referrals only from GPs. They added patients to waiting lists that stretched over several months. In some areas, child and adolescent mental health services do not consider looked-after children to have priority needs. Children in care may wait for several weeks or months before receiving specialist attention.

Professor Panos Vostanis, of Leicester University, recently described to me how he and his colleagues reached out into the community with their child and adolescent mental health services. They provide support to staff working with young offenders, families in

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temporary accommodation and other vulnerable groups. Professor Vostanis is increasing the capacity of staff to meet the needs of their clients without recourse to CAMHS, as the Choosing with Care report suggested. He also trains staff to identify and refer children and young people who can benefit most from CAMHS. Such early referrals are more economic than later interventions, by which time a crisis may have been reached. Professor Aynsley-Green, who is responsible for the children's NHS framework, urges professionals to come out of their bunker. That is what Professor Vostanis appears to be doing.

The Minister may recall our meeting with Philip Stokoe, several years ago. Mr Stokoe is a psychotherapist who not only trains social workers and residential social workers at the Tavistock Clinic to deal with the emotional content of their work but trains such frontline staff to train others. Perhaps we need to consider further more creative ways of meeting the demand for expertise in mental health.

The Minister will recognise the importance of stability in the chaotic lives of looked-after children. Consistent and adequate support from mental health professionals may increase that stability. I once visited a home provided by Centrepoin in Olympia for children and young people with what were described as medium support needs. The home met a higher level of need than that. One young woman had substantial scars on her wrist. Outreach workers particularly respected the establishment and referred their most difficult clients there.

The staff at Buffy House were supported each week by a psychotherapist. Over several years, he had provided group support to staff at the home. Although the staff dealt with some of Centrepoin's most difficult clients, the home had the lowest level of sickness leave in the Centrepoin organisation. Support of the kind that I describe appears to reduce stress on staff while encouraging them to reflect on their work. Those two factors should improve levels of staff retention, and children in care should benefit from a less transient staff population. We all know that there is a serious problem in children's homes with many agency staff flitting in and out of children's lives. I look forward to the National Children's Bureau report on staff retention, to be published shortly. It may provide more relevant evidence.

Before concluding, I shall raise with the Minister a concern that has just been raised with me. Mr John Denham, the Minister for Children and Young People, is this week considering an application for funding from the children's fund for the parents' information service of the children's mental health charity, Young Minds. It is a telephone service that provides high-quality advice to parents concerned about their children's emotional state. We all wish to prevent family breakdown, and it is better to avoid social and health services intervention where possible. I hope that the Minister will be prepared to convey my concern that the service should continue. I recently spoke at length to Juliet Buckley, a health visitor and one of the two people manning the service. I am confident that it is a valuable service.

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I welcome the commitment that the Government show to children and young people in care, and I look forward to the report that the Department of Health is putting together on the mental health of children in care. The current support from CAMHS is, I am afraid, inadequate and inconsistent. Social services departments are not buying in sufficient psychological support for their staff. More must be done. When the mental health nurse Gabriella Camires visited me, some time after our first meeting, I asked her, as she departed from the Peers' Entrance, why it was so important to have input of

the sort that I describe. She said that, without such support, staff were operating blind. I look forward to the Minister's reply.

6.47 p.m.

Baroness Blood: My Lords, I must first declare an interest as a non-executive director of the North and West Belfast Health and Social Services Trust.

Co-ordination between health and social services is a key and fundamentally important issue, if we are to improve the life chances of children and young people in this country. The debate is timely and topical, given recent tragic events. I welcome the chance to give a Northern Ireland perspective on a debate that has implications for all children and families in the United Kingdom.

Few issues concerning the most vulnerable children do not involve the interface between the two elements of service provision. Often, health and social services are different sides of the same coin. Working together, they can play a huge role in meeting the needs of children and improving their life chances.

Of course, there is no shortage of challenges at that interface. For instance, as the noble Earl, Lord Listowel, said, children looked after by the state frequently suffer from poor health and have low levels of educational attainment. That is not down to staff in the homes; it is down to the pressures on those staff, the lack of such staff and the fact that staff may change often.

Statistics show that children aged under 12 months are more at risk of abuse, but the number of post-natal home visits by midwives and health visitors fell by 20 per cent—from 6 million in 1990–91 to 4.6 million in 1998–99.

Thirty per cent of children and adolescents in Northern Ireland are affected by some form of mental health problem. Suicide rates are high in that group, mainly among young men. There are limited psychiatric facilities for children and adolescents, especially in north and west Belfast, where the Troubles have taken a heavy toll of mental health. A book on mental health in north and west Belfast, entitled *Caring Through the Troubles*, has just been published.

The Climbié inquiry has, yet again, graphically and tragically illustrated the outcome of poor co-ordination between health and social services. In Northern Ireland, we have also had child tragedies, such as the Magowan case, which prompted my colleague, Monica McWilliams MLA, to instigate an Assembly Health Committee inquiry into child

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protection. Unfortunately, it was unable to be completed before the suspension of the Assembly. However, it took extensive evidence from staff in both health and social services.

Northern Ireland has been fortunate to operate an integrated model of health and social services provision. There has been common management at trust and board level between health and social services professionals. Frequently, staff will be based at common localities and regular contact takes place between health visitors and social workers. In dealing with the complex needs of children and their families, this approach is essential.

In North and West Belfast, the trust has been moving towards a healthy living centre—we hope to build three—which will be in partnership with the Belfast City Council, the Belfast Education and Library Board and the North and West Health Board. It will be a unique partnership to set up a "one-stop shop" where the local community will have access to all the professional workers—for example, GPs, health visitors and social workers—and an information bureau. We also have a number of health action zones. I consider that to be good practice both in terms of value for money and ensuring that the needs of the community can be met in an integrated manner.

However, even with the integration of health and social services there are blocks and difficulties to improving co-ordination. It is important to learn from our experiences. Evidence given to the Assembly Children Protection Inquiry indicated that while an integrated health and social services structure assisted, to a degree, professional people communicating and working together, there still remained room for improvement. Lack of inter-agency communication is an issue raised time and time again, while domination of the health budget by the acute hospital sector, funding being diverted from family and child care programmes and the low status and general invisibility of childcare issues have not helped to improve the situation.

I am delighted to report very significant developments taking place in Northern Ireland. As the noble Baroness, Lady Massey, said, the children's commissioner for Northern Ireland—legislation will be passing through your Lordships' House after this debate—will play a key role in promoting the wider welfare of children across all disciplines. We look forward to that.

A DHSSPS strategy for children's social services and publication of new inter-agency child protection guidance co-operating to safeguard children both involve significant interface between health and social services. There will also be the creation of a child protection advisory group at the highest level within the department, comprising senior officials—that is most important—from health, social services and other professions. It will assist the department in disseminating key messages from case management reviews which will involve lessons from both health and social services.

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My noble friend Lady **Howe** made me think when she spoke earlier. It makes me rather annoyed when people speak of children being our future. Children are here and now. It is as if, in speaking about children being the future, we are saying that we shall put a little bit in now and another little bit next week—rather like saving for one's pension, but maybe I should not speak of

pensions. Children are here and now and the problems are here and now. That is what we should be dealing with.

For example, in Northern Ireland there is a Sure Start programme, but it had to be fought for. We had a real fight to get Sure Start in Northern Ireland, and there still are issues for which we need to fight.

In conclusion, I welcome this debate. We have a wealth of expertise across the United Kingdom on working relationships between health and social services and how this can lead to improved outcomes for children. We should be using it.

6.54 p.m.

Baroness Gale: My Lords, I thank my noble friend Lady Massey for introducing this important debate. Since the appointment of a children's commissioner for Wales, there has been much discussion about the need for similar posts in the rest of the United Kingdom. It is good to know that later today an order is to be moved for a children's commissioner for Northern Ireland. The Scottish Parliament is at present debating a similar Bill. It appears that only English children and young people will be without a champion to listen to them and to be a voice for them.

There are many organisations in England which believe that there should be a children's commissioner for England. This week I received a booklet from the Children's Rights Alliance for England called *The Case for a Children's Commissioner for England*. There are over 180 organisations affiliated to the idea. It summarises what is happening in other parts of the UK and the rest of the world on these issues and puts the case for a children's commissioner for England.

The alliance outlines what government provisions are already in place for the protection of children—a children's rights director and the national clinical director for children—which significantly add to the existing safeguards for vulnerable children. All those campaigning for a children's commissioner have welcomed the two new posts but say that there are many ways in which they do not—individually or between them—cover the range of functions required of a children's human rights institution. That, of course, was never to be their function.

In Wales, we are fortunate to have a children's commissioner. The post has greatly improved the life chances of children in Wales. Looking at the way in which the children's commissioner for Wales has been operating, the first annual report makes interesting reading. In the short time that there has been such an appointment, it has proved its worth. Wales is ahead of the rest of the United Kingdom on this matter.

The Labour Party manifesto for the Welsh Assembly elections in 1999 contained the commitment for an independent children's commissioner, as recommended

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by the Waterhouse report *Lost in Care* on the North Wales child abuse scandal. Following the first Welsh Assembly elections in May 1999, the Assembly proceeded to ensure that this appointment was made. The Children's Commissioner for Wales Act was implemented by the Westminster Parliament.

The post has now been in position since May 2001. In his first report, Mr Peter Clarke, the children's commissioner, said:

"Much of what I have heard has saddened me especially the fact that so few young people feel they are respected by us adults. My work has also brought into close focus the ways in which children can be seriously harmed by adults either deliberately or by carelessness.

"But much has brought joy, especially the creativity and skills that young people show and their willingness and capacity to discuss the issues that affect them".

The commissioner has the power to review the effect of policies and delivery of services to children, extending the commissioner's remit well beyond services directly provided for children—for example, social care, health and education. The powers also cover policies and practice of the Welsh Assembly itself. The commissioner can consider and make representations to the Assembly about any matter affecting the rights and welfare of children in Wales. This means that he can deal with issues such as a Home Office-run juvenile offenders' institution, the family court and benefit matters, not within the remit of the Assembly.

His powers are designed to be sufficient to act as an informed champion of children and their rights. They include authority to give advice and guidance to children and a requirement to ascertain the views of children and young people. Those are only some of the powers, but they give a flavour of the work that the commissioner is undertaking in Wales on behalf of children.

When the post was first established the idea was given a strong emphasis on a power to influence and to help bring about a change in the culture in which children in Wales grow up. The commissioner must have regard to the United Nations convention on the rights of the child in everything he does. Children's rights must underpin all his own and his team's activities. The main way in which most of those rights are realised is through active participation. That empowers young people and enlightens adults whose work and attitudes affect them.

There is general praise and recognition for the work of the children's commissioner in Wales and beyond. There are children's commissioners in many countries; for instance, Australia, Costa Rica, France, Denmark,

Sweden, Poland, Hungary and Nicaragua to name but a few. In England, there are two regional commissioners in Oxford and London. These have been established by NGOs and local government. In the UK, we see one already established in Wales and the likelihood of there being one in Scotland and another in Northern Ireland in the foreseeable future. That poses the question: where does that leave the children of England?

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The NSPCC, in its initial response to the Laming report, welcomed the recommendations for a ministerial children's and families' board, the new national agency for children and families and the new local national agency for children and families. Together with many organisations, the NSPCC, while welcoming the recommendations, says that it supports the idea of a children's commissioner in England to act as an independent champion and watchdog for children. The noble Lord, Lord Laming, in his report, proposed that a civil servant should take that role, together with his responsibilities as chief executive of a key government agency. The post will be less powerful than a children's commissioner in Wales and significantly weaker than the proposed children's commissioner in Northern Ireland and Scotland. Children in England need a separate children's commissioner who can be their powerful and independent advocate.

In conclusion, the theme running through the post of children's commissioner in Wales is that it is independent. For any children's commissioner to succeed, the post must be independent. It would not work if the person were a civil servant. The commissioner is free to act on behalf of children throughout Wales in a way which would be difficult for a civil servant. We must act in the best interests of the children.

The sad thing about the recommendations of the North Wales inquiry and the Victoria Climbié inquiry is that, despite many agencies working on behalf of children, they failed the children they were meant to protect. Unfortunately, it seems that things happen only when children have already suffered. That is one of the reasons why I strongly believe that the excellent example we have in Wales should be repeated throughout the United Kingdom. I and other noble Lords have mentioned the likelihood of children's commissioners for Northern Ireland and Scotland.

It seems to me that where there is devolved government, there is more of a determination for a post of this nature. I am not sure what that says about England: perhaps it will want to go down the road of devolution. Can the Minister say whether there are plans for an independent children's commissioner for England along the lines of the one in Wales? Wales has proved that it can work and for any noble Lords who have an interest in these matters—and those in the Chamber today have already expressed an interest—I would recommend that they read the annual report of the children's commissioner for Wales. I am sure they will agree with me that it makes excellent reading and is a good way forward in the way we should be safeguarding and protecting our children.

7.4 p.m.

Lord Northbourne: My Lords, I, too, am grateful to the noble Baroness, Lady Massey, for introducing this important debate. I am afraid that I shall disappoint my noble friend Lady **Howe**, but I shall give your Lordships a break and shall not talk about parenting. I believe that this is an organisational issue.

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In 1918, Lord Haldane was given the job of writing a report about the future of the British Civil Service. I shall quote from Section 18, which states:

"Upon what principle are the functions of Departments to be determined and allocated? There appear to be only two alternatives, which may be briefly described as distribution according to the persons or classes to be dealt with, and distribution according to the services to be performed".

He then proceeded to demolish the former alternative with the famous words,

"Now the inevitable outcome of this method of organisation is a tendency to Lilliputian administration".

A little later he went on to say,

"The other method"—

that is, distribution in accordance with the job to be done—

"and the one we recommend for adoption, is that of defining the field of activity in the case of each Department according to the particular service which it renders to the community as a whole".

I am sure that Lord Haldane made the right judgment at the time—and it may still be the right judgment—but that decision lies at the root of the problem we are discussing today. No one department of state is responsible for guaranteeing and paying for the services which children and their families may need.

I looked at the Children Act 1989 to see whether the situation had been changed. Section 17 places a duty on local authorities to safeguard and promote the welfare of children in their area. In that Act, there is a new emphasis on working with families to provide for the needs of children. Furthermore, local authorities are directed to work with and facilitate the work of others. The emphasis of the Act is not only, or mainly, on children at risk,

but more emphasis is given to the problems of children in need. I believe that supporting children in need is the best way to prevent children from becoming children at risk and to challenge disadvantage—but that is an aside.

Sections 17 and 27 of the Act would seem to impose on local authorities an obligation to work with other services to provide for children in need and to mobilise and facilitate working with other agencies. Does that not imply that local authorities must take the lead, organise the work, take responsibility and provide the funding to achieve success in that work together? Without leadership, this change is never going to happen—a point made by my noble friends Lord Chan and Lady **Howe**.

Many local authorities' social services departments today have inadequate human and financial resources, even to protect children at risk. I know of a case of a social worker in one of the deprived boroughs of London who had a caseload of 82. I know of cases where children at risk have not for a time had an allocated social worker.

So what are we going to do? The Government are working hard at this issue and with some success. However, because there is no clear definition of responsibility and no clear funding responsibility, children are falling through the net. What percentage of local authorities are funding and delivering

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preventive and family support services to the standards envisaged in the Children Act 1989? If some are not, why not and what are we going to do about it?

Anecdotally, perhaps I might tell your Lordships that yesterday I spoke to some of my colleagues in the children's department at Toynbee Hall. I asked the lead person, "What do you think about this issue?". He said, "I'll tell you what happens in practice". There is in place there a befrienders operation and he told me that in practice when a case is raised members of the departments concerned are called together at a meeting. They all sit around the table, have a cup of coffee and talk about the case. Then, as the meeting draws to an end, everyone starts sitting on their hands and remembering that they have something else to do. No one wants to take the lead because that would involve a lot of work and the funding would have to come from their budget. It is a structural problem.

My vision is of one department of state being responsible for organising care services and for buying in the services they need from other departments of state. I know that today's debate is concerned only with social services and the National Health Service but, because education starts at birth, in my view there is a strong argument for the Department for Education and skills to take responsibility for this issue right from day one. It could buy in the health and social services it needs. I see the noble Lord shaking his head but this is only an idea. There must be a better way of doing this so that people know where they stand. There must be someone in charge who knows where the money is

coming from. In that way, the outcome could then be evaluated and we would all know where we are going.

7.11 p.m.

Baroness Barker: My Lords, I, too, thank the noble Baroness, Lady Massey, for giving the House a welcome opportunity to focus on the issue of children's health and social care. Her masterly introduction set the scene for an enormously valuable debate, which has focused, as it should, on the central issue of co-ordination. It also has given us an opportunity to consider what should be included in the forthcoming Green Paper on children at risk.

As many noble Lords have said, the Climbié report is not only a searing response to the tragedy of what happened to one little girl but a starting point for the development of quality practice and, crucially, a debate about structures. Although I respect what the noble Lord, Lord Laming, has said, I have misgivings about the national structures he advocates.

It is a very sad reflection that social care is an issue which rarely achieves prominence in the media outwith the tragic times when a child dies as a result of abuse. We should not forget that every day social workers, teachers and NHS staff protect children and that, as a result, this country's record of child murders and abuse has been improving.

A lot of people came to the Laming report with preconceptions, looking for confirmation of their own pet ideas. Not me. I read it from scratch, completely

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afresh, and three issues jumped out at me. The first was the failure of anyone involved to talk to Victoria herself. Throughout the 11 months in which Victoria was in this country, across the many agencies involved in her case there was complete confusion about who was the client. Tragically, despite the evidence from an early stage that it was a child protection case, there was an ongoing failure to see Victoria rather than her mad aunt as the client. Organisations and systems mattered more than simply doing what was obviously right—that is, talking and listening to children.

The second issue was the failure of each agency which came into contact with Victoria to record, use and share information with other agencies and to follow routine good practice. There was evidence of organisations chasing targets instead of thinking and doing the right thing. We need to address that issue, too.

The third issue was that no one in any agency saw themselves as being either responsible or accountable for what happened to Victoria. The noble Lord, Lord Laming, devotes much of his report to the failure of agencies, corporately or operationally, to see themselves responsible for the end output for children.

Those initial thoughts lead me to the opinion that child protection and good care of children happens locally in families, communities and local authorities. That is where the search for answers must begin and end. Whatever the Government do should reflect that.

In another context, the Minister is only too well aware of my views on going abroad and searching for models of social care, bringing them back and adopting them in this country. I do not advocate that we should adopt them wholesale, but there are one or two models we should look at in terms of their applicability here.

The first proposal is advocated by the Family Rights Group and concerns family-led decision making. The proposal for family group conferences began in New Zealand, where it has been very successful in identifying children at risk and developing support and has succeeded in reducing the number of children and young people in care. It has also reduced the use of custody for young offenders.

The rationale for family group conferences is that where a child is at risk, or offends, decision-making tends to be carried out by professionals, often without the participation of extended family members. Yet most children who are at risk either remain in or, after a short gap, return to those families and communities. It is those families and communities who are best able to safeguard children and to help them become active and responsible adults.

We have used family group conferences in this country, to a limited extent so far, and I suggest that the Government should look at this successful model—particularly its success in avoiding custodial sentences—being extended across all local authorities.

A separate piece of research conducted in Kirklees involved case conferences for families of people who had been involved in child protection. It found a number of good and bad things. Parents reported that

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big case conferences involving lots of professionals were intimidating and confusing; medical staff often did not explain or keep parents informed and were felt to be patronising. Conversely, parents found that having police explain injuries to them was important because it enabled them to understand what might have happened. The support offered to families under protection plans was helpful, especially when it continued after deregistration. Feedback to parents was not believed until it was put in writing.

That is one example of some good work carried out under Quality Protects. The extension of Quality Protects until April 2004 is most welcome but, in view of the need at the moment to maintain consistency of personnel in services, a point raised by the noble Earl, Lord Listowel, will the Government consider extending Quality Protects for a few more years?

Child protection is, and will remain, a key function of health and social care agencies. The Government's proposal on children's trusts deserves to be looked at but, before going down the route of restructuring, it should be borne in mind, as the noble Baroness, Lady Gale, said, that child protection services are always reactive. They come into play only when something adverse has happened to a child.

The focus of children's services should be preventive and designed to create positive outcomes for children. If the starting point is the design and delivery of services which promote the well-being and health of children—that is, preventive—where should they be sited? I listened to what the noble Lord, Lord Northbourne, and the noble Baroness, Lady **Howe**, said about being where children are. I believe, unlike the noble Lord, Lord Northbourne, most children are in school, but they are also in communities where they also come into contact with health services. We need to look more imaginatively at where care services are based.

In September 2002, the ADSS published *Tomorrow's Children*, a brief, extremely good report about the current state of children's services and future models. I commend it to noble Lords. In that report the ADSS readily admits that there has to be closer working, and that structural barriers have to be removed. It cites a model of service development from the state of Vermont in the USA. There, rather than restructuring organisations, a multi-agency approach, including families and community organisations as well as health, education and social services, has been developed.

The key to what has been a successful strategy is that the aims are joint and clear and are set in conjunction with children and families themselves. For example, its aims are that children should live in stable families; that children are ready for and thrive in school; that young people choose healthy lifestyles. Resources are, by agreement, devoted to those outcomes. It looks for improvements in immunisation rates, reductions in teenage pregnancies and a decline in child abuse victims. The strategy has worked because every agency has taken responsibility in all that it does and has followed through on that. Crucially, behind the strategy is one simple principle—children's services are a state not a federal matter. So it is local decision making and local outcomes that are important.

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It may be tempting for Ministers to go down the route of placing responsibility for children's services with one lead agency, and for that to be health. Like the noble Lords, Lord Rea and Lord Chan, I would advocate against doing that. To do so would be to take a narrow medical view of children's lives.

More children in this country die in road traffic accidents than die from abuse. Playing fields are being closed down, physical education is in decline. Open spaces are of enormous importance to children's health, as are housing conditions. All are important determinants of health. Local authorities are well placed to take a holistic view of the provision of services. I agree with the

noble Lord, Lord Chan: LSPs are very good in terms of what they do, but they are no substitute for statutory, voluntary and private organisations with their own clearly defined roles and remits.

In all of the many policy papers that have been produced within the past two years in anticipation of the Laming report, two factors stand out. The first is the need to involve children and families in decision-making—not merely in consultation, but in decision-making. They are the people who view the problems and can see the solutions, and are best placed to deal with them in the longer term. Without their active involvement, all the intervention in the world will not make a difference.

The second is the need for clear lines of accountability. Much has been said about a national children's commissioner. There will be a need for such an advocate for children. But in all organisations, at all levels, front-line staff, managers and users need to be involved, along with strategic planners, and to focus on practical outcomes for children; and they must have the confidence to act when those outcomes are not met.

In the short time available to me, I cannot let this opportunity pass without making one simple statement: unregulated private fostering is wrong. It is dangerous for children; it should stop; and we should start to eradicate it now. Noble Lords have heard me speak on this subject previously and I shall not talk about it at considerable length now.

I hope that the Government are bold and radical in their response to the Laming report. I hope that in their radical and cross-cutting thinking, they will be brave enough to recognise that the answers are not within government; they are at the front line, and it is the role of government to listen, not to set more targets.

7.22 p.m.

Earl Howe: My Lords, I, too, am grateful to the noble Baroness, Lady Massey, for initiating this most timely debate. One of the benefits of a Motion such as this is that it encourages, as we have seen, some wide-ranging contributions. But we are all closely aware of the thread that has run through each of them; namely, the special duty that society has towards some of its most vulnerable members. The interaction between

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the NHS and social services impacts on three groups of children in particular: children at risk; children in care; and children in need of support.

These categories are not, of course, mutually exclusive, but is it perhaps unsurprising that a number of speakers have chosen to concentrate on the first of them: children at risk. The urgency of protecting children from serious physical abuse is very much on all our minds. Only two weeks ago, we were able briefly to debate the report of the noble Lord, Lord Laming, into the tragic

death of Victoria Climbié. Since then, we have had an opportunity to reflect on its recommendations. I hope that the Minister will at least be able to say a little about the way in which the Government are approaching what we all agree is a critical and pressing task.

Many speakers—I think particularly of the noble Baroness, Lady Gale—have powerfully trumpeted the advantages of a children's commissioner. I have a great deal of sympathy with the noble Baroness's comments. The noble Baroness, Lady **Howe**, whose experience in these matters is considerable, spoke eloquently about effective parenting and made an excellent case for fresh thinking in child support.

Despite the passionate pleas of the noble Baroness, Lady Walmsley, the Laming report pointed the finger, more than anything else, not at flaws in the legislative framework but at poor professional practice. It is against that background that the report's recommendations for improving accountability and creating new working structures should be viewed. In keeping with much of the interesting speech by the noble Baroness, Lady Blood, what emerges time and again in the report's findings is that the health service, social services and the police do not communicate properly—or frequently do not. While that is not a novel observation—indeed, it has featured in numerous similar reports over the years—it has brought home to all of us that these systemic flaws in communication do need to be addressed. The answer in the Laming report is to propose radically revised arrangements for collaborative working.

One experiment which I shall follow with considerable interest is the children's trust. We first heard about this idea last October when it was announced by Mr Milburn. As I understand it, a children's trust will comprise a partnership of local organisations which will both commission and provide services for children in a joined-up fashion. The obvious question is whether we actually need a new kind of structure in order to ensure that the services are joined up, or whether it will be sufficient to invent new and better ways of getting the different agencies to talk to one another and to streamline procedures. Personally, I am drawn to the latter rather than the former.

Ministers have been careful to say that children's trusts should not be seen as care trusts for children. That is important. It implies that the accountability of each constituent organisation in a children's trust need not be diluted in any way. A separate legal entity, with its own management hierarchy, would imply that

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member organisations would no longer be fully autonomous. The danger of that sort of arrangement is that no one is quite clear where the ultimate responsibility for anything actually lies.

The trick that has to be pulled with a children's trust is to break down the boundaries between services without breaking down the autonomy of the

agencies themselves. We constantly need to bear in mind what the ultimate point is: it is to deliver better outcomes for children, not to build empires. The prize, if it can be attained, will be very considerable: better case management, because there should be a better flow of information between service providers; quicker and more effective delivery of services, as a result of having a range of professional disciplines working alongside one another; harmonised procedures and less bureaucracy, so that with any luck we may be able to rely on one assessment process rather than several; and so on.

Will the Minister confirm that the Government do not envisage any need for further primary legislation to create fully fledged children's trusts? There are already mechanisms in place, it seems to me, which can be used to further the aims that I have just outlined, not least the ability to pool budgets between the NHS and social services.

We need to devote some thought to the advantages of co-location. That issue has a particular relevance if we are to achieve another potential benefit of a children's trust, mentioned by the noble Baroness, Lady Barker; namely, to be able to identify and prevent problems and crises before they occur. I do not say that, with modern communications and better procedures, co-location is essential; but we all know from our own experience how valuable it is to have on the same corridor as yourself someone with specialist expertise to whom you can talk informally. If children's trusts are to work, I tend to feel that they will work because of the people in them and the professional relationships that they forge.

Running parallel to the pilot children's trusts is the national service framework for children, mentioned by the noble Baroness, Lady Massey and the noble Lord, Lord Chan. This is an immense, but, I am sure, worthwhile task. Indeed, we have only to think about some of the more dispiriting conclusions of the noble Lord, Lord Laming, to appreciate the scope for improvement in delivering children's services—which inevitably pre-supposes the need to define a set of nationally recognised standards. That, in turn, as the noble Lord, Lord Rea, reminded us, makes us think about the effort devoted to training.

We have mentioned social work on several recent occasions in the Chamber. I do not propose to say much on the matter today. But we would do well to listen to the wise advice of bodies such as the NSPCC in this context. One paragraph of its recent report *Someone to turn to* caught my eye. It states that only social workers who have studied and had a practice placement in childcare should be able to undertake work with children and families. There should be an accreditation process for those who carry out

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assessments of children in need and Section 47 inquiries. It recommends that continuing registration as a social worker working with children and families should be linked to evidence of competence to undertake complex childcare work. I agree with that 100 per cent.

One of the many sensible observations of the noble Lord, Lord Laming, is that any case of deliberate harm to a child is a serious and potentially fatal condition that deserves the same quality of diagnosis and treatment as a brain tumour or heart disease. Child protection work is not for the untrained amateur. I have spoken more than once about the real risks of falsely diagnosing cases of child abuse. The high-quality debate initiated last week by my noble friend Lord Hodgson about attention deficit disorder and ADHD brought us back into this territory. The theory of Munchausen's syndrome by proxy—unverified as it is by any peer-reviewed research—provides untrained and inexperienced social workers with a ready-made label to attach to any behaviour in a child that cannot easily be explained. It is much easier to blame parents than to investigate what are often very complex, interwoven conditions such as ADHD or Aspergers syndrome, which require specialist help and attention.

Once the label of child abuse has been attached to a parent it is extremely difficult to remove. Yet we know that there are many hard-to-diagnose conditions that have been mistaken for parental maltreatment with devastating consequences for families. There is no substitute for taking the time to listen to parents' concerns and to children. In turn, that means that social workers should be encouraged to return to the essence of their job—to be supportive to children and families. The comments of the noble Lord, Lord Northbourne, on the Children Act 1989 were right. I have heard of too many cases in which social services have adopted an adversarial approach. That approach is then carried forward into care proceedings, which, parents feel, are more like a prosecution than an effort to secure a child's welfare. Such aggression and stigmatising does no good to anyone if the aim—as it should be—is to help families and to try to ensure that they can eventually be reunited.

We have not debated to any great extent the training of doctors and health workers. The regular revalidation for GPs that the noble Lord, Lord Laming, talks about needs to be thought through in detail. One successful and proven idea, discussed in this week's BMJ, is practice-based workshops. Their aim is threefold: to inform GPs about their medical and legal obligations; to ensure that they are aware of the referral pathways that they should use; and to make them aware of the support available to them. Inter-professional collaboration can be brought to life only by discussing actual cases encountered by GP practices to which doctors can readily relate.

Other issues to be looked at are children's trusts, better co-ordination between agencies and improved training. However, some problem areas will not be solved by those elements alone. In particular, we have simply not made the progress that we should have done to meet the needs of disabled children. Anyone who read the report by Barnardo's published last

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autumn Still Missing Out? will have been struck by the conclusion that none of the recent initiatives to help disabled children has succeeded in improving their lives significantly. Like the noble Earl, Lord Listowel, I think also of

children's mental health services, where many organisations—NICE, Young Minds and others—have highlighted the paucity of appropriate provision for teenagers with mental health problems. Those are matters of real concern. They bring home not simply the importance of resourcing in the form of funds, which we all know is a pre-requisite for the NSF, but the importance of resourcing for key specialist areas, in which there are critical shortages in many parts of the country.

As is clear from this debate, the Government are working across a wide front. I welcome the sense of urgency that they have articulated to date. Thanks to the noble Lord, Lord Laming, the forthcoming national service framework, the General Social Care Council, Sure Start and the forthcoming Green Paper on children, there is now a real momentum to improve children's services. Like other noble Lords, I welcome that, but it is our job to maintain that momentum.

7.35 p.m.

The Parliamentary Under-Secretary of State, Department of Health (Lord Hunt of Kings Heath): My Lords, it is a great pleasure to respond to what has been an excellent debate. It has covered many important aspects of the services available in this country to support and improve the life chances of children and young people. My noble friend Lady Massey made some striking comments at the beginning of her speech. She expressed her concerns about the inequalities in life for so many children, whether they are in absolute poverty or affected by such factors as poor health outcomes. I am always struck by figures that show that the average life expectancy of boys born in Manchester is probably up to nine years shorter than that of boys born in parts of Surrey. Similar gaps exist within Manchester.

I agree with my noble friend Lord Rea that the Dr Julian Tudor Hart inverse care law has often been a feature of health service experience over the past 50 years. That makes it more important than ever that the targets set in Our Healthier Nation to reduce health inequalities are tackled vigorously. The noble Lord, Lord Chan, is right that that will succeed only if there is vigorous action at local level by NHS bodies working in concert with their colleagues in local government and the statutory and voluntary sectors.

In response to the noble Earl, Lord Listowel, the outcomes of looked-after children, as we have discussed several times in the past few years, have been awful as regards their expectancy in work, their future stability and, sadly, the amount of contact that they will have with the police and the courts. Many end up in prison. The legislation that we have passed to improve the outcomes for looked-after children give us hope that we are establishing a much better framework in which to improve their life chances. But, my goodness me, there is an awful lot to do.

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Several noble Lords spoke about the legislation on the safety and welfare of children. The noble Earl, Lord **Howe**, listed the legislation and actions

concerned. I accept the assertion by my noble friend Lord Rea that it can sometimes be confusing for fieldworkers. I shall discuss the Laming report later. It was striking that he referred to the confusion of guidance on aspects of child protection. Perhaps it is no wonder that some fieldworkers were confused about their own responsibilities. One of the quick outcomes of the report is that we have pledged to produce, within three months of the publication of the Laming report, new, much shorter and clearer guidance that will reach every one of the 1 million professional staff dealing with the safeguarding of children.

The debate takes place at a pivotal time. We are shortly to publish the first part of the national service framework on children's services. I assure the noble Lord, Lord Chan, that that will be aimed as much at local authorities as it is at the National Health Service. At the same time we are working on the Green Paper on children at risk.

I have no doubt that the co-ordination of services will be a theme throughout those important publications. As the noble Lord, Lord Chan, said, a single agency or service alone cannot meet children's needs. Any number of initiatives have been based on the requirement to work together. Sure Start and education action zones are good examples of that. We also know that there has not been enough action to make that working together really effective.

I shall come in a moment to the points raised by the noble Lord, Lord Northbourne. Whatever structure we eventually come up with, there will still be a need for statutory agencies to work together.

There are examples in which that is happening. Interestingly, there have been significant achievements between health and local authorities on the pooling of funds. The significant fact is that they are almost all in the sphere of adult services, with very few in children's services. That is one area that we could encourage health and local authorities to think through right away.

I was interested in the comments of the noble Baroness, Lady Blood, about the advantages of the integration of health and social services within one statutory organisation in Northern Ireland. I can see the advantages, but even she said that, despite that integration, there are funding issues. There are tensions between resources allocated to family budgets and those allocated to acute hospitals. That is a caution. It shows that there are clear advantages in an integration of statutory services, but it does not solve every problem overnight. There will always be tensions between different functions within the same statutory agencies.

Children's trusts have great potential to solve some of the problems that have been identified. They will be piloted later this year. Importantly, they are to be led by local authorities. I accept the point that the noble Baroness, Lady Barker, has made. The aim is to pool

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knowledge, skills and resources to provide more seamless local services for children. I shall not be drawn on the question asked by the noble Earl, Lord **Howe**, about primary legislation. I note his cautions on the issue. I also take his point about co-location. However, children's trusts have the advantage of creating a unified service, but in concert with the existing statutory agencies. Of course I note what the noble Earl says about accountability and autonomy. We shall certainly have to address that. I have also taken on board the suggestions of the noble Baroness, Lady Walmsley, in that area.

I accept the point made by the noble Lord, Lord Chan, about the leadership in developing co-ordinating programmes. What he seeks is very much the focus of children's trusts through the involvement of children and of voluntary organisations. Children's trusts could provide a statutory framework, which can include Sure Start programmes and other services.

My noble friend Lady Massey was worried about voluntary agencies being frozen out. There is no intention of that. We have made that clear in the recent guide to potential applicants for children's trusts.

On Quality Protects, the noble Baroness, Lady Barker, and the noble Lord, Lord Chan, referred to an extension for a few years. The five-year special grant is due to come to an end in March 2004, but that resource will continue to flow, although it will then be in the form of the formula grant to local authorities. We will work with the LGA, the ADSS and other organisations to embed the success of the Quality Protects initiative and to sustain the local initiatives. Everyone has seen the real benefit of this. I would be very surprised if local authorities did not want to continue the initiatives and the enthusiasm that have been put in train.

My noble friend Lady Massey asked about the extent to which we listen to young people. We do listen to young people. I was interested in her suggestion of child impact analysis. As a department at the centre, and in the guidance that we are giving to local statutory agencies, we emphasise the need to listen to children. The department has created a national young people's reference group. I have agreed that the department will meet representatives of the UK Youth Parliament to talk through some of the issues that have been raised.

I turn to the issue of a children's commissioner and a cross-government approach to co-ordinated and clear accountability. I understand why people want a children's commissioner to be appointed. The noble Lord, Lord Northbourne, would go further. He wants one government department to be responsible for all children's services. Of course I understand why he wants that. The problem is the same as in Northern Ireland. Even if we did that, we would not get rid of tensions between different aspects of those children's services. The other problem with taking children's services away from certain departments is that their statutory agencies would still have an impact on children. Some of the boundary issues that the noble Lord is concerned about would continue. I do not detract from why he wants clear accountability.

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However, my experience of Whitehall is that it is much more difficult to shuffle the pack around without creating some other boundary issues that have not been thought of until they are encountered in practice.

That is why we have gone for the approach of the noble Earl, Lord **Howe**, of trying to get better co-ordination between existing departments. It is why John Denham has been appointed the Minister for young people. I shall pass the points made by the noble Earl, Lord Listowel, about the Young Minds helpline to him. It is why we have the Children and Young People's Unit. The noble Baroness, Lady Walmsley, is right about the impact of that. It is why we appointed the first-ever national children's rights director for England within the National Care Standards Commission. It is why we established a children's task force in my department, chaired by Professor Al Aynsley-Green. All noble Lords who have met him will have been impressed by his dedication and determination. He is not backward in telling Ministers what he thinks needs to happen in this area.

I understand why noble Lords want us to appoint a children's commissioner. I am also grateful to my noble friend Lady Gale for the information she gave about what is happening in Wales. We are watching what is happening in the devolved administrations with great interest. Each children's commissioner in each of those countries has different responsibilities. I must not anticipate the Northern Ireland position until the appropriate order has been debated tonight.

It also has to be proven that the idea would add value. There is a great risk of it becoming a symbol around which everyone unites, but be nothing more than a symbol or a token. Such a person would be ineffective in the structure of government within England. It is very important that we do not rush into this just because people think it is a good idea. We would have to be certain that it was going to be effective. We will consider what the noble Lord, Lord Laming, has said in this context. I note the issues that noble Lords raised. They do not like his recommendation that such a commissioner would be in his proposed national agency, which in turn would be responsible to a ministerial children and families board. We have a lot of thinking to do in that area.

We debated the Victoria Climbié tragedy only two weeks ago, and it featured in many points raised by noble Lords tonight. As my noble friend Lord Rea and the noble Baroness, Lady **Howe**, suggested, this is not just a question of the tragic circumstances of Victoria Climbié. Unfortunately, many of the points that the noble Lord, Lord Laming, found have been replicated in many inquiry reports in the past 20 or so years. However, as my noble friend Lord Rea identified, what made her case so appalling was that she was not hidden from the statutory authorities. She was known by three housing authorities, four social services departments, two separate child protection teams, two different NHS hospitals and a specialist centre managed by the NSPCC. There were 12 occasions when the relevant services had the opportunity to intervene and protect her, but they

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failed to do so. As the noble Baroness, Lady Barker, said, there was a signal failure to talk to Victoria herself.

Frontline workers have to accept personal responsibility for their own failings, but so must managers and leaders. What is so telling about the report and recommendations of the noble Lord, Lord Laming, is that senior people must also accept responsibility. How often in the past has the unsupervised and poorly trained frontline worker made the ultimate sacrifice when senior people, who should have taken responsibility, have not taken it.

The noble Baroness, Lady Barker, identified that the basic failures included the failure to write records, to record discussions in case conferences, and to write minutes that set out which person was to take on which responsibility. That is very striking. It is because of those basic failures that we are asking the various inspectorates responsible to do further monitoring of services in north London to ensure that the basics are being undertaken. We have also made it clear, through the Home Secretary to the police and through my right honourable friend the Secretary of State for Health to chief executives of local authorities and the health service, that this must be a priority. We will check up that the basics are being implemented.

The noble Earl, Lord **Howe**, brought us to the important issue of training. I assure him that we will take the recommendations of the noble Lord, Lord Laming, fully on board. Social work training is being fundamentally overhauled and we are asking the bodies responsible—the police, social services and NHS staff, including doctors—to oversee a review of training needs with a focus on inter-agency training.

I agreed with the point made by my noble friend Lord Rea, and was interested in what he said about the Southampton medical school. The noble Lord, Lord Chan, also raised the question of a training programme with the NSPCC and his own Royal College. That was also extremely interesting. However, we must accept that there are big recruitment and retention problems in the area of child protection, and in social services in particular. The noble Baroness, Lady **Howe**, mentioned that, and she is right.

I am glad to report an upturn in the number of applications from people applying to train as social workers. That is the first encouraging sign for a long time. We must build on that but, in doing so, we must build up the confidence of social workers. I agree with the noble Baroness, Lady Barker, and the counsel to the Victoria Climbié inquiry, who made clear that every year hundreds of children benefit from efficient and timely intervention by social workers, police officers and hospital staff. We have to do everything we can to build up confidence in the profession of social workers especially. We need to attract and retain good people.

Social workers have, again, taken the brunt of the criticism in the media, but anyone reading the report would testify that social workers are not the only ones to blame. Frankly, I was ashamed of the record of the

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National Health Service, because it let Victoria Climbié down, as did the Police Child Protection Unit. It is important that we do not simply scapegoat social workers in this area.

The noble Lord, Lord Northbourne, asked about Section 17 of the Children Act 1989. It places a duty on a number of named statutory authorities, including health services, to co-operate with councils with social services responsibilities in relation to their role. I listened to what he said about clear accountability. Who is responsible ultimately for making sure that the process works effectively? Who is responsible for funding?

The noble Lord, Lord Laming, proposes a variety of suggestions. He proposes at local level a local members committee for children and families. Responsible to that would be a management board for services to children and families, which would be chaired by the chief executive of the local authority. Below that would be a director for children and families services, appointed by the management board to ensure inter-agency arrangements. Below that would be the existing statutory agencies.

We will have to study that carefully, because we must ensure that it all hangs together. I understand why the noble Lord, Lord Laming, wants to place responsibility, especially on the local authority chief executive. However, we must ensure that in going down the route of clear accountability, we do not create a plethora of other structures and organisations that confuses rather than makes it clear who is responsible.

The noble Baroness, Lady Walmsley, asked me to discuss the issue of chastisement. I am not keen on chastisement of children. Parents need some discretion. There is a clear distinction between reasonable chastisement and child abuse, and I am doubtful of the wisdom of looking to legislation in that area.

The noble Baroness, Lady Barker, made a point about private fostering. As she knows, there is a legislative framework. It is not especially effective and we will consider what the noble Lord, Lord Laming, has to say in that area.

The noble Baroness, Lady Blood, raised important issues in relation to mental health, echoed by the noble Earl, Lord Listowel. Mental health services for children and adolescents are important, and I will take account of those comments.

I am getting hints that I have come to the end of my time. It has been a splendid debate. All the comments have been helpful, and I shall ensure that they are fed into the department in relation to our response to the Climbié

case, the Green Paper and the national service framework. What is clear is that all of us want a better deal for children in our society, and we are all determined that it will happen. There are complicated issues to sort out, but we are determined. I am indebted to my noble friend Lady Massey for enabling us to debate this subject tonight.

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7.59 p.m.

Baroness Massey of Darwen: My Lords, I have very much enjoyed this debate, and I hope that other noble Lords have too. It has been stimulating, well informed and provocative, and I thank all noble Lords who have taken part.

It was good to hear the views from Northern Ireland and Wales. Other noble Lords have demonstrated the conviction that I expressed earlier: this House is knowledgeable about children's issues and concerned for children's welfare. We shall all be determined and unrelenting in our pursuit of issues raised today, in efforts to improve practice that affects children.

I thank the noble Baroness, Lady Barker, and the noble Earl, Lord **Howe**, both of whom are deeply and genuinely concerned about the issues relating to children and families in social care. I thank my noble friend the Minister for his usual thorough and genuinely responsive comments. I saw that he was writing notes during every speech. Again, I thank noble Lords for their participation. I beg leave to withdraw the Motion.

Motion for Papers, by leave, withdrawn.