**Profile and Reason for Submission**

I am a historian of the welfare state in Britain since 1945 specialising in the bureaucratic construction and local level operationalisation of social policies.

At present, I am Research Associate in the Department of Public Health and Policy at the University of Liverpool. My role examines the historical regional operation of the National Health Service (NHS) in the Merseyside region from 1948 to the present day. Prior to this, from 2016 to 2017, I was employed as a Post-Doctoral Teaching Fellow in Early Childhood Studies at Liverpool Hope University where my role related to specialist content on child protection, social policy and multi-agency working.

I completed my doctoral thesis in 2017 at Lancaster University which examined the operation of health, welfare, social and children’s services in the statutory and voluntary sector in North West England from 1943 to 1974 (Lambert, 2017). I have also published on local decision-making with ‘problem families’ (Lambert, 2016a), provided a critical overview of the development of the Troubled Families Programme (TFP) with Dr Stephen Crossley of Northumbria University (Lambert & Crossley, 2017) as well as outlining the pitfalls of the TFP model in relation to children’s services (Lambert, 2016c) and the fluctuation of concern between parents and children in social work practice since 1945 (Lambert, 2018).

My expertise relates to historical understanding the conception, operationalisation, evaluation and reform of welfare services and their impact and influence upon current developments. I have previously submitted evidence on historic precursors to the TFP (Lambert, 2016b), highlighting a failure to learn from policy experiences in the past.

This evidence provides a historical dimension to understanding current dilemmas in children’s services, concentrating upon previous debates on funding concerning (a) the fulfilment of statutory duties; (b) the provision of non-statutory services; (c) the modelling of sustainable services; (d) the design and delivery of children’s services.

**Executive Summary**

1. Contemporary debates and dilemmas around funding are directly informed by the history of children’s services from the post-war welfare settlement to the present day.
2. Inequality has always underpinned children’s services and their associated difficulties of meeting statutory obligations. These apply in the following areas:
	1. Children and families. The so-called ‘client’ or ‘subject’ group which provide the foundational rationale of children’s services are primarily those in or experiencing material poverty and its attendant inequalities.
	2. Local authorities. The division of government responsible for providing children’s services has intensified the effects of (a) as those areas with the greatest demand have historically been those with the fewest resources.
	3. Staffing. Linked with (b) is the problem of trained, capable and professionally qualified staff required for the proper functioning of children’s services. Poorer authorities have always struggled to recruit and retain sufficient staff.
3. Models and processes for funding in children’s services have been intertwined with, and are inextricable from, those relating to other branches of the welfare state concerning children and families.

**History**

1. Children’s services have existed in the currently understood definition – that of a dedicated branch of social workers with statutory responsibilities for the welfare of children and families – since 1948 with the creation of Children’s Departments and the appointment of Children’s Officers (Holman, 1998). Legislation concerning statutory responsibilities for child welfare dates to 1872 but responsibility was diffuse across a range of central and local government duties until the findings of the Monckton and Curtis Reports in 1945 and 1946 advocated a single authority responsible for children’s welfare and wellbeing (Hendrick, 1994). Responsibility for children’s services was subsumed within Social Service Departments from 1971 to 2004, when they were separated into Children’s Services under a Director (Frost & Parton, 2009). However, specialist units, services or sub-departments for children within Social Service Departments were emergent from their inception – often established in response to local scandals and serious case reviews (Parton, 2014) – increasing in number from 1989 (Parton, 2009; Rowlands, 2011).
2. Policies concerning the provision of children’s services have always represented a pragmatic compromise in practice, and have never existed as a comprehensive plan or blueprint except on paper. From their establishment in 1948, reforms in children’s services have been propelled by scandals and reaction to crises rather than by design (Butler & Drakeford, 2005): in 1974, 1989, 2004 and 2017. Legislative shifts mirror political reactions to public outcry over inadequacies and failings in cases. Changes have been accompanied by serious case reviews which emphasise individual or organisational rather than systemic or structural failings of responsibility. These undermine professional standing, autonomy and morale (Butler & Drakeford, 2011; Rawlings et al, 2014), and fail to consider appropriate resourcing.
3. The functions and forms of children’s services have proliferated since 1948 (Baldock, 2011; Parker, 2015). However, core service functions remain concentrated upon safeguarding and protecting children from abuse and neglect at a familial level through personal social service (Packman et al, 1986) despite evidence and expertise of others forms of potential abuse in recent history (Crane, 2018). Familial neglect and abuse, in turn, rests upon assumed and ambiguous maternal responsibilities for child care which lack a statutory footing, but have been historically realised through children’s services in practice (Featherstone, 2006; Lambert, 2017).
4. The relationship between the expansion of children’s services (para 4), the policy and political reasons for their growth (para 5) and their functions (para 6) does not relate directly to, or correlate with, levels of funding. Funding of children’s services has mirrored the permanent revolution of their structures at the local authority level. Despite growth during the ‘golden age’ of the welfare state from 1948 to 1970, funding was contingent on the relative position of children’s services, the rateable value of the local authority, existing processes of referral and provision, central government block grants, and national and local political choice (Packman, 1968; Boaden, 1971; Davies et al, 1972; Brown, 1975). Greater centralisation and oversight after 1974 local government reorganisation, along with block grants supporting specific schemes has reduced, but not removed, many of these forms of variation (Parton, 2014; Parker, 2015). However, the growth of contract culture and new public management in service provision since 1989, extended in 2004, has served to retrench and reinforce variability of funding with an onus on the cheapest form of care (Jones, 2015) along with the differential impacts of recent austerity measures on local authorities across a range of services (Bywaters et al, 2018). The lack of clarity over what services are provided and their statutory maximum and minimum limitations has been a consistent problem in enforcing standardised funding.
5. Contemporary discussion over funding for children’s services cannot be disentangled from their historical development. This relates to (para 4) definition of services and target groups; (para 5) political and policy reasons for growth and change; (para 6) changing functions and purviews of children’s services; and (para 7) the resourcing for each of these concerns. Contemporary debates and dilemmas around funding are directly informed by the history of children’s services from the post-war welfare settlement to the present day.

**Inequality**

1. Based on the historical outline above, it is evident that inequality has underpinned children’s services and their associated difficulties in fulfilling service and statutory responsibilities from their inception in 1948. The distribution of resources across a number of domains informs the basis for this inequality, but relate to three principle areas: (para 10) children and families as the ‘client’ group; (paras 11 and 12) local authorities as the site of service implementation; (para 13) staffing of services, their attendant workloads, remuneration and responsibilities.
2. The focus of children’s services upon familial abuse and neglect (para 6) at the local level effectively identifies and targets children and families in, or experiencing, material poverty and the cumulative marginality and inequality which stems from this position. This has been identified as common to both the ‘golden age’ of children’s services (Lambert, 2017) and contemporary practice under austerity (Bywaters et al, 2018). Accordingly, areas, communities and localities with greater numbers of children and families experiencing deprivation at an aggregate level place greater demand upon children’s services at the point of provision. Child poverty means family poverty and the attention of the state and its services.
3. Webb & Wistow (1987: 123) noted over thirty years ago that personal social services ‘are largely a local phenomena’ despite their national statutory footing and character. Local authorities are, and have always been, the principal providers of children’s services. As noted above (para 10), areas with greater deprivation experience higher levels of service demand than more affluent areas. However, under local authority funding models since 1948, deprived local authorities have had fewer resources than their more affluent counterparts despite changes in block grant financing and funding for specific policy prescriptions (Rao & Young, 1997; Chandler, 2013). The local provision of a national service serves to reinforce inequalities in child care and welfare, as poorer authorities have a greater financial demand to resources children’s services which are more heavily pressed.
4. Within the welfare state, the central responsibility and funding of the NHS provides a useful counterpart to understand change over time. Initial funding represented a continuation of pre-nationalisation levels, reinforcing funding inequalities by supporting prestigious London teaching hospitals and the South East of England at the expense of the rest of the United Kingdom (Gorsky & Millward, 2018). However, from 1974 the Resource Allocation Working Party developed a funding model which accounting for relative deprivation, morbidity and mortality in order to create a more equitable and standardised model of financing (Welshman, 2006). Although this was moderated politically to accommodate the affluent South, it demonstrated the capacity of central government to affect change through a nationalised system of oversight. This has been reversed and inequalities reinforced since the creation of the internal market and the purchaser-provider split since 1991 through a model which focuses on overall constraint (Bevan & Robinson, 2005).
5. Staffing children’s services reproduces and reinforces the inequalities noted in relation to the children and families affected (para 10) and the ability of local authorities to resource provision through local fiscal policies (para 11) in relation to nationally framed and financed ones found in other areas of welfare (para 12). Staff quality – in terms of training and qualifications – and quantity – in terms of ratios and numbers to meet demand – have been a persistent problem from the inception of children’s services (Davies, 1968; Grey, 1969). Higher pay, lower caseloads and greater promotion prospects underpin continued historical geographical differences between the North and South of England (Rodgers, 1964). Inspections of children’s services have repeatedly remarked upon the impact of this at the local level and the ability of services to meet demand, from 1948 to the present day.
6. Inequality for the subject families and children of services, the local authorities responsible for them, and the staff who work in them has been a perennial problem in terms of resourcing since 1948 and the creation of children’s services. National funding models which remove responsibility from local authorities, as demonstrated with the NHS and RAWP, have the potential to reduce inequalities, but would require a more comprehensive inquiry into their operation, including their history.

**Connectivity**

1. Children’s services, their responsibilities and resourcing, do not exist in isolation, but are intimately connected with other aspects of their welfare and state provision for their wellbeing. In terms of children, these include education – early years, primary, secondary, further and higher – health – public, mental, acute and community – housing, offending and youth justice, and many others. In short, adequate resourcing and provision in children’s service cannot be meaningfully disentangled from the other services which affect children’s lives, and the potential additional or reduced costs to children’s services. Services for children are encompassing and complex.
2. The relationship between rising demand in children’s services and the consequences of austerity for local authorities have been well documented (Gardner, 2017; Gray & Barford, 2018). However, the growth of children’s services during the ‘golden age’ was also linked to the relative position and provision of services, with contestation over costs distributed by budget-holding local services and authorities largely determining what acceptable provision and costs were permissible (Lambert, 2017).
3. Efforts to overcome service interconnectivity through payment-by-results systems in other areas of services relating to children and families – most notoriously the TFP – have comprehensively failed (Lambert & Crossley, 2017) and should provide a warning to undertaking such an exercise in statutory children’s services (Lambert, 2016c). The removal of statutory requirements in Local Safeguarding and Children’s Boards – which have existed in one form or another since 1950 (Lambert, 2017) – and their replacement with permissive alternatives reflects a countervailing trend in efforts towards statutory integration, coordination and resourcing (Jones, 2018). Financial models which create a market for private contracting of children’s services do not account for their long, connected, complex and dependent history.

**Conclusion**

1. History is integral to understanding the current crisis in children’s services in terms of both funding and provision. They have provided the shape of current inequalities and interconnectivity and reflect the complex realities of providing a local service underpinned by national statutory responsibilities and obligations. Unless lessons are learned from this history, the welfare and wellbeing of children, families and their services will be jeopardised.

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