HOUSE OF LORDS

Select Committee on Public Services

Corrected oral evidence: The role of public services in addressing child vulnerability

Wednesday 28 April 2021

3 pm

Watch the meeting

Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pitkeathley; Baroness Tyler of Enfield; Lord Young of Cookham.

Evidence Session No. 2 Virtual Proceeding Questions 9 - 16

Witnesses

I: Paul d'Inverno, Her Majesty's Inspector and Specialist Adviser, Child Protection, Ofsted; Nigel Thompson, Head of Children's Health and Justice, Care Quality Commission (CQC); Victoria Watkins, Deputy Chief Inspector for Primary Medical Services and Integrated Care, Care Quality Commission (CQC).

Examination of Witnesses

Paul d'Inverno, Nigel Thompson and Victoria Watkins.

Q9 **The Chair:** Good afternoon, everyone, and welcome to this public evidence session of the Public Services Committee and our inquiry into vulnerable children. We have two panels this afternoon and we are going to be discussing with them how public services best work together in order to make sure that they identify and look after vulnerable children. I want to thank the witnesses for coming in the middle of what is a very busy period for them.

For our first panel, we have three witnesses. We are very pleased that they are with us this afternoon. We have Paul d'Inverno, Her Majesty's inspector and specialist adviser on child protection at Ofsted; Nigel Thompson, head of children's health and justice at the Care Quality Commission; and Victoria Watkins, deputy chief inspector for primary medical services and integrated care at the CQC. Welcome to all of you.

I will ask the first question. Do not feel that everyone has to answer every question, but if you have something to contribute, when you come in after the first question, please make sure that you introduce yourselves, so that people can work out who you are and what your responsibilities are.

In 2019, the Office of the Children's Commissioner estimated that 761,000 children with vulnerabilities, for example those living in families where abuse, mental illness or addiction was present, were known to public services but did not receive support, and 829,000 children with the same sort of vulnerability were completely invisible to services and were not on anyone's radar. How do you think public services should change to make sure that the needs of vulnerable children and their families are met? What is your role in ensuring that outcome?

Paul d'Inverno: Our joint targeted area inspections have shown that no agency can provide effective help, protection and care to children in a local area alone. It needs to be a joint endeavour and the aim has to be to secure the right help at the right time. We need effective and early intervention and support right across education, health and care services, and a cost-effective route to better, more sustainable outcomes for children and their families, so that burdens on certain parts of the system are reduced.

To achieve that, we need strong multiagency leadership. We need a really good understanding in a local area about children's needs, characteristics and locations. We need that effective workforce that is able to identify children at an early stage, where they have needs or vulnerabilities. Crucially, the best work that we see is where there is strong multiagency leadership and working at a practice level. That can be supported well by a co-ordinated, cross-government strategy for children.

Our inspections will continue to focus and report on how well individual providers, agencies and local areas are meeting the needs of children. In

our various reports, we have disseminated good practice and areas for improvement in terms of local area and as a national overview report.

Victoria Watkins: Good afternoon. I am one of the deputy chief inspectors with CQC. I would absolutely echo all of Paul's strong messages there. This is absolutely about leadership in places across each and every one of the public sectors. This is around shared visions, strategies, oversight, scrutiny and assurance at all levels of the system, and all sectors, providers and services that touch children and young people directly or the family members who will, inevitably, be wrapped around children and young people in their home lives.

Those numbers are indeed concerning and there is more for us all to do. If I may, I will outline a little bit of detail in terms of the role and purpose of the Care Quality Commission, and then lead on into what we will be doing to keep a focus here. As the independent regulator of health and adult social care services in England, we monitor, inspect and rate services and providers. We do it in three ways for children and young people. Some of that is to do with the regulation of children's services and the plethora of agencies involved.

First, we keep a continued lens through our provider approaches, such as hospitals, GP practices and dentists. We look at how those services are recognising and responding to the needs of children and their family members.

Secondly, we think about children and young people in a place. We consider how all those individual services are coming together to think about the vulnerabilities of children and young people, and how they are working together as partners to recognise those needs and provide services in a joined-up way.

Lastly, as Paul has mentioned, we do a number of review approaches with our multiagency colleagues. Quite specifically, those reviews are focused on vulnerable children and young people, and safeguarding arrangements around them.

We will be continuing, through each of those approaches, to work with Paul and colleagues at Ofsted, with Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, and with HM Inspectorate of Probation, to ensure that we keep that focus and continue to provide independent assurance, share the learning and the positives, and drive improvement where it is needed.

The Chair: Why do you think the Office of the Children's Commissioner was able to identify so many children who seemed invisible to services? What is going on there?

Victoria Watkins: This goes back to the whole system and all public service sectors coming together to understand the needs of the specific children and young people population group in a place, as they can vary

from one place to another, and equally the needs of the adults and family members wrapped around.

We know from our multiagency reviews and our single-provider approaches that there are often fracture points and gaps between the services, where children and young people fall through, and their needs are not recognised and responded to. That is why, with our multiagency and CQC approaches, we want to think about children and young people not just through the single-provider approach, not just as a plan in the wider system, but by the tangible quality, experiences and outcomes that we can look to, in order to truly get to the heart of experiences in care for children and young people moving around those services.

Paul d'Inverno: I would echo some of those points, because they are so important, but that understanding in a local area of the needs, vulnerabilities, characteristics and locations of children is critical. Within that, it is also critical that our workforce across agencies can identify children's needs at an early stage.

During the pandemic, we have been particularly concerned about young babies as well as vulnerable adults and children living with domestic abuse. Disruption to schooling and universal health services has meant that there have been far fewer professionals with a line of sight on those children and the ability to identify their needs and risks. As these services are restored, we are continuing to be most concerned about children who are still not in school because the system has lost sight of them.

Q10 **Lord Young of Cookham:** You have talked so far about children in a generic way but, of course, children have very different needs: a three year-old is very different from a 13 year-old. To what extent do you have to prioritise and decide which particular groups of children are the ones most at risk? To what extent are you able to specialise, in that different age groups will need different skills and solutions? How do you break children down into their component parts and how do you prioritise?

Nigel Thompson: I am head of inspections at the Care Quality Commission. I am responsible for our children's inspections and for our inspections of the secure estate.

That is a very difficult question to answer: how do you prioritise different groups? It is really important that each local area has a very clear understanding of the needs of different groups across their area and their responsibilities. For example, it is recognised that some children and young people with SEND or mental health issues will have more than one issue. We talk about children who live at home with domestic violence, for example.

It is really important to have a clear and shared view of vulnerability across the agencies working together, and to recognise the circumstances that have led them to be in that situation. It is important to think that children and young people may not necessarily be vulnerable in

themselves, but be in vulnerable situations or circumstances. That is a fairly critical issue.

The Chair: I have so many colleagues who want to come in. I am going to bring them in, and you can deal with them together.

Lord Hogan-Howe: Good afternoon. Does each of your organisations have a clear definition of vulnerability?

Lord Hunt of Kings Heath: Paul and Victoria made powerful points about multiagency working, and CQC identifying the fractures and gaps between services. Ultimately, at local level, whom do you finger if things go wrong? If things go wrong because agencies are not pulling their weight together, what interventions do you have, or ought you to have, to get them to work together?

The Chair: They are two very challenging questions.

Victoria Watkins: I will take the second question while it is fresh in my mind. Where are the hooks and the lever points for us? This is about reporting and playing back findings and being very clear if there is a need for improvement at a partnership or system level. Where we need to take action because of a fundamental failing in the health system, we are able to do that through our provider regulatory enforcement action and, indeed, we do that. It is about a holistic approach at each tier of the system: reviewing, reporting and influencing at system level, with all partners and sectors working together. Ultimately, if we need to take regulatory action at provider level, we will.

Paul d'Inverno: There is very clear accountability for local authorities and we can hold them to account through our inspection judgments. The DfE will intervene accordingly, if it is concerned.[1] What we have found in our area SEND inspections is less clarity about accountability and responsibility, which leaves us with challenges as an inspectorate about incentivising change.

Different agencies have different definitions of vulnerability, because they are used for different purposes. Ultimately, what is important in the definition of need is that children receive the right help at the right time, so that they receive help early. Within children's social care, for example, statutory intervention is defined through the Children Act 1989. It is clear that state intervention needs to be proportionate, so it has a narrower definition of vulnerability and when statutory intervention takes place through children's social care. But early help is critical in preventing needs and risks escalating, so that fewer people need that statutory intervention.

[1] A local authority children's services department is likely to face government intervention through the DfE following an Ofsted inspection grading as 'inadequate' or if an 'area for priority action' is raised at a focused visit, under the current Inspection of Local Authority Children's Services (ILACS) framework.

Nigel Thompson: I support Paul's summary. It is really important that agencies have a common view and an agreed sense of what vulnerability is in their local area.

The Chair: Would you look at that when you are doing a joint inspection?

Nigel Thompson: Yes.

Q11 **Lord Bichard:** I want to stay with this important issue of multiagency working. As I understand it, safeguarding is now a statutory joint responsibility for local authorities, the NHS and the police, but developing the life chances of vulnerable children is not a statutory responsibility. There is a responsibility on the local authority to co-operate with other agencies, but there is not the same statutory responsibility on those agencies to co-operate. Would it make sense to have a statutory joint responsibility for developing the life chances of vulnerable children?

Paul d'Inverno: On that specific question, we would need to submit something in writing. We have looked through all our joint targeted area inspections and identified what we see as the key ingredients for effective multiagency working at both a strategic and a practice level that makes a real difference to children and families. We set this out in our commentary. What I am saying is that we see examples of really effective multiagency working through the different agencies at a leadership level that, within the current legislation, makes a significant difference to children's and young people's lives.

Part of those ingredients is wider active engagement in multiagency safeguarding arrangements. It is critical that agencies understand their respective roles, as well as their roles in the multiagency partnership. You need support and challenge within the multiagency system, continuous learning and development, and good systems in place, with confident and knowledgeable staff. We have identified that those key ingredients and effective, ambitious, child-centred leadership can make a real difference in that multiagency space. That could be further supported by better joined-up government policy in this area.

Lord Bichard: If there is joint statutory responsibility, you have the power to enforce it. If there is not, you are in a slightly weaker position. Is my supposition about the statutory situation correct or do I have it entirely wrong? Is there a difference between safeguarding and developing life chances?

Victoria Watkins: I would support, echo and agree with everything that Paul has presented to the committee. It is about those ingredients: clarity, accountability, shared vision and partnerships, as well as the thread of ambition running through every single sector and public service, and through the intentions and action plans of a local area. Not to focus on the statutory footings here, in CQC, where we are involved in the multiagency work, we have different powers, for example, where we undertake our provider-level assessments and inspections. With each of

those comes different mechanisms to feed back to the system to take action.

We take action where we need to at provider level. We are working up and thinking about our approaches as we see, for example, in the health and care world, ICSs evolve and what the powers or approaches will look like at CQC. We are giving much thought to it. As it stands, the statutory arrangements are around safeguarding and we follow those up with our multiagency partners in the approaches that we have talked to with Ofsted, HMIC and HMIP.

Q12 **Lord Hogan-Howe:** I want to pursue the definition point, because I did not quite think the answers addressed the question. I was asking whether each of your organisations had a definition. If I have understood your answers correctly, you do not, but you expect the organisations that you inspect to have a definition and then make sure that they are consistent. Is that fair?

Nigel Thompson: In a sense, there is a wide range of definitions of vulnerability that we have already talked about. There are some very formal definitions in terms of the settings that people are in.

Lord Hogan-Howe: Do you have one of your own?

Victoria Watkins: I would need to look into whether we have a shared definition across the agencies. Ultimately, for it to be meaningful and something that we can translate into every single sector through the scrutiny or regulatory lens, we would want to ensure that it aligns. If it is acceptable, can we come back to you with a definition and what we are currently using at CQC?

The Chair: Yes, that is fine.

Paul d'Inverno: We use *Working Together* in defining the different levels of need. There is a continuum of need that is often used through multiagency safeguarding arrangements and local areas, which starts from the universal level of need and goes up to the highest level of need and risk.

Lord Hogan-Howe: Are you saying that you have a definition?

Paul d'Inverno: We look at what is in *Working Together*, and how it describes children's needs and the responsibilities within there, rather than having something specific. I can give you a written submission for that as well.

Lord Hogan-Howe: The Early Intervention Foundation told us that services working with children tend to prioritise crisis support over prevention. How do you ensure that the services that you inspect and regulate take preventive approaches to child vulnerability?

Paul d'Inverno: There is a challenge at the moment in terms of the demand on acute services for children with higher needs and risks. The

demand on those services puts pressure and maybe makes fewer resources available to early intervention. Within our inspections, we have a very strong focus on children getting the right help at the right time. We report on that individually within inspections as well as within the multi-inspectorate overview reports that we have written. We have found that, in local areas and within SEND, children do not consistently get the right help at the right time and that there is a need for greater prioritisation of early help.

To build on that, moving forward, our next joint targeted inspection theme is going to be on early intervention, so that we can disseminate and provide more information on this important area of work.

Lord Hogan-Howe: Is there a clear model of the preventive things that work for vulnerable children, or is it a long list from which you have to try to determine what is most effective?

Paul d'Inverno: Again, there are ingredients rather than specific things that work. We can look at areas and give examples of what has been effective in a certain theme. For example, in one area, in a mental health JTAI looking at children living with mental health, there was a really good model of support for professionals. They all had access to specialists in CAMHS and educational psychologists, who supported the level of understanding of those professionals across the workforce. That meant that those children were identified early, which led to a much quicker response and made a difference to those children's lives.

We can pick up lots of these individual examples, but there is often that key ingredient. It is a multiagency one, where different professionals communicate effectively and use their own expertise, which they share together, both to identify children at an early stage and to intervene. If you have an effective multiagency safeguarding hub, where professionals are all working together with their own expertise and sharing information, there can be a much more effective and earlier response in the identification of need and risk in those circumstances.

Lord Hogan-Howe: How does the CQC inspect and regulate preventive approaches to child vulnerability?

Nigel Thompson: As Victoria described earlier in relation to CQC's role in this system, when we regulate providers we seek assurances from them as to how well they are considering child vulnerability, and whether they are identifying it early enough and asking the right questions, in line with Paul's comments. Although we are asking questions of providers as to how they identify vulnerable children and young people, and whether their staff are competent and understand the issues, the local area strategy is what is going to determine how much focus across the area is on prevention. That is going to be set by individual agencies and jointly through the health and well-being boards.

It is important for us to ensure that agencies, including their third-sector partners and not just statutory bodies, can understand together the

needs of the local area and then work together to identify and assess children and young people who may be vulnerable. Paul made reference to the SEND programme and we have similar issues in health with weaknesses in the arrangements between partners across a local area in identifying, assessing and meeting the educational, health and social care needs of children and young people.

There are inconsistencies and delays in the identification of children's and young people's needs, with not enough of a system-wide focus on meeting universal needs, a lack of clarity about who is responsible for what between organisations, a fracture, as Paul has indicated, in the way in which professionals in those services are working together, and a lack of accountability.

Lord Hogan-Howe: I have the same follow-up question as for Paul. In considering the organisations that you inspect and whether they have a good or poor preventive model, or how they are working, do you have a model of your own that you compare when you go into these places, or do you just ask them what they are doing and then decide whether it is good or bad?

Nigel Thompson: We do not take a view that people deliver their services in the same way. We accept that, across the country and in different areas, there will be different models of delivery. For example, in the thematic review that CQC carried out of mental health services, it was clear that there are a number of models for how these services will be delivered, some of which were very effective and some less effective. It was more about looking at outcomes rather than the way they are being delivered: does the model in a particular area deliver the right outcomes for children and young people? The key focus for our work is on the outcomes that are being delivered, rather than the way in which they are being delivered.

Lord Hogan-Howe: Is the challenge to that approach that you end up with a lot of inconsistency across the country? That seems to say that there is no great clarity with evidence that certain preventive things work really well and everybody should be doing them.

Nigel Thompson: Perhaps I am not explaining myself very well, but having a focus on outcomes means that there is not a focus, in our activity, on process. We are really keen to think about the outcome for children and young people. That is not to say that we do not recognise where there is good practice. Throughout our reporting arrangements, and particularly through the SEND and JTAI work, we are very clear in trying to identify what works well and thinking about how we can share good practice across the sector.

Lord Hogan-Howe: In the inspections that you do, whether annual or every couple of years, you need evidence to show whether the outcomes that have been achieved are related to present-day actions rather than something that happened 10 years ago. What evidence do you rely on to know what works?

Nigel Thompson: We look at the outcomes that we are seeing on inspection. We carry out thematic reviews as well, so we look at the way in which services are being provided by different providers and in different areas, and compare outcomes.

Lord Hogan-Howe: I will come to Ofsted for my final question. What are the things you have found on inspection that are blockages to people working across agencies on prevention?

Paul d'Inverno: The first is probably one that I have mentioned before. You have to have that right relationship and strategy at the top leadership level in that multiagency partnership. They have to have shared ambition, priorities and vision. In order to translate that, they then need the same tools, a model of working and a commitment to that particular way of working.

Some of the barriers to that are not having that integrated multiagency vision to start off with; not having the tools to translate it into practice; and not having systems in place so that you can share information about children effectively when it needs to be shared. Some of the time, it may be about the level of prioritisation as part of your vision that you have given to prevention.

A really critical barrier is that individual agencies do not fully understand their role in prevention within that multiagency partnership. Another critical part of understanding roles is understanding thresholds, when you need to refer on to children's social care, and what other pathways are available to get the right support at the right time. It is also about making sure that those are known to professionals, and available to professionals, families and children.

Q13 **Baroness Pitkeathley:** I do not doubt your commitment to joined-up approaches. You have all talked about multiagency working, and shared scrutiny, outcomes and vision. I just want to come at this from the other way round. Imagine I am a vulnerable child. I am a 13-year-old carer. I have a mother who is a wheelchair user with a severe physical disability. I have a father who is addicted to alcohol. What are the joined-up services that you offer me? What do they look like to me? How do I know that I am going to benefit from your shared outcomes?

Nigel Thompson: In some areas, we have seen a lot of activity in terms of having a single route into services. We have seen co-located services and examples of agencies where social care and health have worked together in a local area with a single point of access. That works really well, without a doubt.

Where we have seen this work really well is where services are centred on and mapped around young people and their families. The complexity, particularly of health, leads to this being a particular challenge in how children and families find their way around the system. Referral processes are often very complex and difficult to navigate, but it is obvious that, in some areas, some services have done that very well. In a

number of our reports, we have described and given examples of where that has worked really well.

For example, in my area that we looked at during our mental health thematic, we saw some really good evidence of investment in early intervention. We saw a lot of really good work, where schools were seeing a reduction in referrals to mental health services, for example, having developed a whole-school approach, with strong collaboration between a primary school and a local mental health trust.

In other areas, we have seen multiagency partnerships. In one area, we saw 15 parts of the system that were involved in children's and young people's well-being, including the police, social care, specialist CAMHS services and early help services, to ensure that support was provided in a timely and appropriate way. There was also a single point of access for children and young people. There are examples of where we have seen that.

It really is about strong partnership working and collaboration. As Paul indicated earlier, part of that is about having strong, collaborative leadership in the local area.

Baroness Pitkeathley: Victoria, perhaps you would like to come in and indicate how the young vulnerable child I have described is going to receive those services. How are they going to look?

Victoria Watkins: I will start by reiterating one of the points that Nigel made there. Where we see it done well, so that the young person in your example can feel well supported, this is about rewinding to the point of interpreting the needs of children and young people, planning to meet and deliver those needs, and having the views and thoughts of children and young people at the heart of what the service provision of all those partners looks like in a place. It is important to stress that point.

In the example you have given, we would expect that young person to be recognised through multiple lenses: adult mental health, substance misuse, some of the complex plethora of health services for the parent and, equally, their own child-specific services, such as educational support.

They may or may not have a social worker, but they will certainly have a huge variety of health, social care and education professionals around them. We would expect to see, either through our single-agency approach or with our partners, each of the agency representatives that the family or young person was accessing recognise those vulnerabilities and seek to ensure that support, provision and the necessary arrangements were in place, in order to keep that young person safe and well in their own environment.

We are hearing some really good examples of this, where the ethos is all around what works for the young person to keep them accessing the

support in the right place at the right time for them. There are lots of really good examples but I am mindful of time.

Baroness Pitkeathley: Paul, how would you ensure that this vulnerable child does not fall prey to somebody recruiting to a gang, for example? If there is a multiplicity of people involved with the child, does the child not feel a bit confused about that?

Paul d'Inverno: To echo some of those points, it is really important for professionals to think "family" and "child", and to have models of practice that allow that integrated approach. Ultimately, you need to work with both the family and the child in an integrated way, rather than within silos. We have seen some really good models of multiagency working, with adult services as well as a range of children's services within safeguarding hubs, where they can think about the best support for that family as well as for that child. They can think about intervening with the family rather than in isolation.

Within that, what is critical for that child is that they have a trusted relationship with a professional. We find that that makes a huge difference, where that professional understands risks and needs. We know that a trusted relationship with a professional will mean that that child is more likely to be able to, over time, speak about things that they are worried about and about their own life. That, in itself, will better support safety planning around risks at home or in the community.

Baroness Pitkeathley: Are you indicating a relationship with one trusted professional?

Paul d'Inverno: It depends on the individual child, but a trusted relationship with one particular professional would be really useful. It is about effective co-ordination of all professionals and agencies in a way that feels co-ordinated and not overwhelming. You think about what it is like for the child and for the family. It all needs to be thought through in a child-centred way as to how you meet the needs of that child within that family.

Baroness Pitkeathley: Victoria, what is the safeguarding role that you see for health visitors and midwives? Is it sufficiently strong?

Victoria Watkins: Health visitors and midwives, as with any other role in and across the health and care system, have a responsibility to understand their team, their service responsibilities and the approaches to safeguarding children and young people, keeping them safe and protecting them from harm. We would expect any professional in any service to ensure good practice and the ability of the service to monitor.

While health visitors and midwives play a significant named role in the system, the fracture points, gaps and risks for children and young people that we have highlighted through the last half an hour or so highlight that safeguarding absolutely needs to be a role for everybody in the system. There need to be the appropriate resources, training, guidance and

support for each and every one of those professional team members to deliver on that wealth.

Q14 **Lord Bichard:** You talked about children being at the centre of service provision, which must be right. How do you ensure that children are at the centre of the inspection processes? For example, when you go into an area, do you have some way of checking out the lived experience of children there, what the problems are or how the services are perceived by the clients?

Nigel Thompson: We do this across a lot of our work in CQC. With reference to the SEND programme in particular, we carry out a significant amount of work to ensure that, when we go into a local area, we talk to local families, children and young people. We run focus groups. We also run webinars to enable to us to talk to children and young people. We do quite a lot of work on assessing the performance of local areas by looking at pathways and at how children and young people travel through the system. We identify cases before we go into a local area.

As well as looking at those cases, we will also ask to talk to the families and children, so that they can talk to us about their experiences and give us their views about the services they are receiving. At the same time, as part of the work we do, we look at how well the local area is talking to children and young people, and involving them in the development of their services, and whether they are getting feedback on those services.

Lord Bichard: Chair, to save time, maybe Paul could give us a short note afterwards on how Ofsted taps into lived experience.

The Chair: Thank you very much. If you do not mind, Paul, that is what I will do.

Q15 **Lord Hunt of Kings Heath:** The theme of this afternoon's questions and responses so far has really been multiagency working and, as has been described, the fracture points and issues around a lack of shared vision, clarity and accountability. I wanted to ask our witnesses whether this reflects the lack of a cross-government strategy at national level.

I ask this because, in an earlier evidence session, Robert Arnott, director of strategy at the Department for Education, said that there was no cross-government strategy on vulnerable children. I wondered whether you agreed with that. Are you surprised by that response? What is the impact on vulnerable children of the lack of a clear, visible strategy from central government?

Paul d'Inverno: We agree with that. There has been some improvement in cross-government working. The DfE leads for children, but policy decisions that affect children and families are made across government.

In the same way that the best practice we have been talking about is the one where multiagency working is embedded at leadership and practice level through all the elements of shared ambition, shared vision and joint ways of working, it is really important that that multiagency working is supported by a joined-up approach by government, so that there is real

clarity about each agency's role and contribution to the multiagency working.

It is an opportunity to increase joined-up policy thinking across government, which would support some of the really good multiagency working that we have been describing.

Lord Hunt of Kings Heath: Victoria, does CQC share the assessment of Robert Arnott about the lack of a cross-government strategy?

Victoria Watkins: We absolutely support that. Not just in our children's reports, but in many of our system-area reports for all population groups, we can see the thread from where there is clarity of national strategy rolling through to regional, system, local and service clarity. That informs and supports a consistent approach, where consistency is due. As Nigel said earlier, there is always a time and a place for things being done differently, because systems and the needs of young people vary across these areas. As we have talked to quite recently in another thematic report, there needs to be consistency and strategy at national level to enable systems to mobilise, function and assure themselves.

Lord Hunt of Kings Heath: Given that there seems to be general acceptance that there is not such a cross-government strategy, without anticipating any recommendations we make, the obvious question is this: what would you like to see government do to pull this together?

Nigel Thompson: I was going to emphasise some of the points that Paul and Victoria made. The solution in relation to the strategy is that adequate and effective support across this whole area requires a joined-up approach at government level.

To the question of what would be different, one of the real issues is ensuring that government departments are aware of the impact of changes taking place in other sectors. A good example in health would be the development of integrated care systems. All government departments need to know and understand the implications of the changes in health and how they impact on their own areas of responsibility. That makes having a strategy really important.

As Victoria said, we have, in the past, made recommendations for cross-government oversight, for example, in relation to children's and young people's mental health services. We recommended in that report that government demonstrates visible and joined-up leadership, and that the inter-ministerial group on mental health issues that oversees cross-government work drives change across the system in relation to mental health. In a sense, a strategy for vulnerable children feels similar.

Victoria Watkins: With the clarity, direction and steer can come the trickle through to the assurance and, ultimately, the improved outcomes and experiences for children and young people. I have nothing miraculously different to add, other than full support.

Paul d'Inverno: Clarity and priorities would support multiagency safeguarding, with agencies working effectively together, so that, when policies are considered across government, there is a joined-up approach to achieving policy objectives.

Lord Hunt of Kings Heath: Would cross-departmental targets plus a lot of joint funding help? Would those be levers that could change the game at local level?

Paul d'Inverno: I would like to take that away, think about it and write back to you.

Lord Hunt of Kings Heath: Victoria, what are the essential levers that could be used in central government to help and assist what you are seeking to do, which is to pull services together? We know from previous experience that, sometimes, cross-departmental targets could work. Joint funding is used in healthcare a lot. What are the things that you would like to see?

Victoria Watkins: To keep the focus away from targets or incentivisation, for me, it would be three things: clarity on priorities, on outcomes, and on the commitments, the shared partnerships and the vision of the partners. I would stress that it should be outcomes-focused, going back to our earlier discussion, driven by and based on the views and contributions of those vulnerable children, young people and families, who know best what those outcomes need to be.

Lord Hunt of Kings Heath: If you have any further thoughts, perhaps you could write to us following this session.

Q16 **Lord Bichard:** We do not have a great deal of time left and, Chair, you may want to encourage the witnesses to answer the questions after the meeting, but an important issue is that of data sharing. Our first report drew attention to the way in which public services seem to find it difficult to understand the legal basis for sharing data. I wanted to ask the witnesses to what extent inspections currently look at whether providers understand the legal basis and, indeed, whether the inspections conclude that data sharing is being practised effectively.

In answering that question, either now or later, it has been put to us that there is a particular problem with the NHS sharing data and that maybe family hubs will provide an opportunity for that to be done more effectively. I am interested to know what CQC thinks about that.

Finally, Paul, it has been put to us that schools routinely do not know whether a child is linked up with a social worker. Should they? What is Ofsted doing to encourage that? I am in your hands, Chair, as to how we deal with the question, but that is the question.

The Chair: Those are some really serious things. Can I ask the witnesses whether we would get better answers if we let you do this in writing, because we are running out of time, or do you have a really quick, succinct answer?

Paul d'Inverno: I would like to put it in writing, because our inspections have found concerns with regard to information-sharing. We are still finding too many examples of confusion and poor practice in relation to information sharing. There are issues with the systems, the confidence and knowledge of staff, and the general understanding of when information should and can be shared. I would like to cover that in more detail in writing.

The Chair: We would be grateful. We are in almost continual discussion with the Information Commissioner about precisely these issues, so it would be good to hear directly from you at Ofsted, as well as from CQC.

Victoria Watkins: We will send through far more detail. If I could just mention a couple of things, the first is to confirm that we look at approaches to and standards for information sharing through all our approaches. What I would like to get across is something that matters to children and young people, as well as people's experiences more widely: the biggest challenge that we find, as Paul has indicated, are the interoperability challenges between different sectors, service types and agencies. We will happily send you a lot more detail, but I wanted to make that point here for the record.

The Chair: Thank you all very much. I am really grateful. Inevitably, we all could have asked a lot more questions, and I certainly would have liked to, but thank you very much for your contributions this afternoon.