



Public Services Committee

Uncorrected oral evidence: Role of public services in addressing child vulnerability

Wednesday 8 September 2021

4.05 pm

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

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Questions 242 - 246

Witnesses

I: Dr Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care, Care Quality Commission; Amanda Spielman, HM Chief Inspector, Ofsted.

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Examination of witnesses

Dr Rosie Benneyworth and Amanda Spielman.

Q242 **The Chair:** Welcome. It is good to see you both. You are the first witnesses to this inquiry we are seeing live. We still have some Members who are remote. There may be a Division in the next hour—you never know in this place—which means the bells will ring, but we do not have to run downstairs in order to vote. We are allowed to vote online as long as we are in the building, so I will not suspend the meeting, but when the bells are ringing it will be difficult to speak. We will just pause until they stop ringing and then we will be able to vote. Unfortunately, Members online will not be able to vote. One of the peculiarities is that although they are working, in terms of voting they are not acknowledged as working because they are not in the building. I think that is a bit of a problem, but we all have to live with these things in the short term.

Welcome to this session, where we are looking particularly at the position of vulnerable children in England. We have just had a session with two commissioners and a chief executive from the offices of the Children's Commissioner in the three devolved Administrations to draw on their experience.

Regulation is a very important part of the world of public services and children, so we wanted to have a session with you to look at it. I hope you feel that you can reflect on where you are now and think about what we have learned in the past 18 months that we can perhaps look at in future for regulation. I know that is speculation and we have not talked too much about that before, but I hope you feel that you are not prevented from talking about the future. Both of you have to look at how you are working across the piece, not just separately, at regulation for children. That is another important issue. I was saying just before you came in that yesterday the Prime Minister committed the Government to a White Paper on integration. We will have to see where that one goes.

I will put the first question. We are a bit short of Members today. Covid is having its effect even now. Before the Recess, we had a session when one of our witnesses was Sir Alan Wood, who earlier had completed his review of the new safeguarding practices introduced through the Children and Social Work Act 2017. He found that regulators did not have plans to develop a joint approach for assessing the impact of decisions made by statutory safeguarding partners on the quality of outcomes for children. We wondered whether you thought it was fair on his part to say that; what work you are undertaking to produce a joint framework for measuring the effectiveness of safeguarding arrangements and collaboration between agencies; and what specific outcomes for children you are looking to measure. Dr Benneyworth, maybe you could give us your views first from the CQC, and then I will turn to Amanda Spielman from Ofsted.

Dr Rosie Benneyworth: Thank you very much for inviting me along today. I would like to start by saying that we already work very closely

with the other inspectorates—Ofsted, HMIP, HMI Probation and others—to make sure that we look at safeguarding arrangements collectively. We have done that for some time and we have a framework in place to do it, mainly through our joint thematic area inspections. We are reviewing that framework at the moment to make sure that it keeps pace with all the changes that are happening and what we have learned over the last couple of years, so that the framework is nimbler, and that it has good line-of-sight multiagency safeguarding arrangements and looks at how we work together to minimise the collective burden of all our inspection agencies. We are looking to pilot those inspections over the coming few months. That is the plan.

At the CQC, safeguarding is a significant priority for us. In all our provider regulation we look at safeguarding in detail. One of the opportunities we have is that, as the Health and Care Bill is being progressed, we expect an amendment to it that will give the CQC powers to look at the health and care system and not just at providers. That will be a huge benefit in looking at how health and care providers and commissioners across the local system are working together on their safeguarding arrangements and making sure that they all work collaboratively to enable that to happen.

The Chair: Thank you. Amanda Spielman from Ofsted, welcome.

Amanda Spielman: Thank you. I echo very much what Rosie said. The first important thing to understand is that as inspectorates we look at all the component pieces of safeguarding for us in local authorities, including multiagency collaboration, which we use as a very strong focus on children, the decisions made for children, and the impact on their lives to test whether those arrangements are working well for them. There is a strong layer of scrutiny of safeguarding work, including the partnership piece, throughout what we do, which I believe flows through into the work of other inspectorates.

Local safeguarding partnerships themselves were conceived as a kind of mutual assurance and accountability mechanism between the partners, so there is already an assurance layer. With the independent scrutiny and governance arrangements on top of that, there is a further assurance layer. If we started blanket inspection of all that independent scrutiny, in a way we would be doing assurance of assurance of assurance. What we found with our previous social care inspection framework was that, if you go down a very process-based line looking at layers of assurance, you can lose sight of the children underneath, so we deliberately rebalanced to put more effort into looking at children's actual experiences. We carry that through strongly in what we do.

Because we recognise, and our work shows us, that areas of systematic strength and weakness, particularly weakness, come up in many of our inspections, those are the areas that we pick out and agree with CQC and other inspectorates, depending on where we are working, as deserving of the extra focus that a JTAI can give to escalate and highlight problems. I do not want to labour the point, but we are not the regulator in this

space; we are the inspectorate. That is the only power we have. The DfE is the body best thought of as the regulator with powers of intervention. We do a great deal to inform the intervention team in DfE about local authority effectiveness and concerns. I will not say more now, because I think quite a lot of what I want to say ties into your other questions.

The Chair: Thank you. You talked about thematic reviews, which I think have been really helpful to the outside world, as it were, and to the organisations you are inspecting and regulating. What is the focus of your joint target area inspections and thematic reviews, and what are you planning for the next period?

Amanda Spielman: The ones on the stocks at the moment are multiagency decision-making, domestic abuse and criminal exploitation. That is the list for us at the moment. More generally, not on JTAIs specifically, with the Covid disruption we have had to do a lot of rapid reprioritisation at various points, so I do not want to guarantee that nothing will happen to push us to vary that over the next year or so.

The Chair: Dr Benneyworth, do you have anything to add?

Dr Rosie Benneyworth: Only that the CQC has been running a series of provider collaboration reviews that have captured all the learning over Covid. We will be publishing one that looks at children and young people's mental health and what has been happening. That will come out this autumn.

We have published a number of other pieces of work on the impact of Covid. Fairly recently, we published a report on child mental health, as well as reports on neglect and knife crime. In respect of the recent reports on sexual harassment and abuse in schools in colleges, one strand was to look at local safeguarding partnerships. We did a report on the concerning misapprehensions that we found in some of them about the scale of abuse at the moment.

The Chair: I think that is part of what drove Alan Wood's comments to us. It was very current when he was in front of the committee.

Amanda Spielman: We did not quite answer part of your first question. As regards the extra layer of focus on the most important issues that JTAIs or an inspection of local safeguarding partnerships would represent, one of the reasons I like the JTAI model is that it lets us be flexible and responsive to the current most important apparent issues in the system. If we locked in a lot of system resource and funding on one particular aspect and in two or three years' time it became clear there was something else, it would slow down the process of responding to evolving need.

We are looking at a spectrum from the very lightest, which I do not think any of us does, all the way through to an extremely heavy model that absolutely locks in on this, and potentially loses sight of very important other things that local authorities have to be doing. Obviously, for us,

multiagency working is only one piece of the safeguarding service that they are expected to provide. I want to make sure that we keep a focus across the board, not just on one aspect.

The Chair: Thank you. That is very important.

Q243 **Baroness Tyler of Enfield:** In our inquiry so far, we have heard a lot about crisis support being prioritised over early intervention and that leading to poorer outcomes for children. When we heard from Josh MacAlister, he told us that since 2012 local spending on early help for families on things like mental health, addiction, domestic violence support, et cetera, had decreased by 35% while spending on statutory services had risen by 26%.

My question is what role the regulator has to play there. I heard what Amanda has already said about who the regulator is, but is there more that the regulator could do? Could the role be strengthened in holding local agencies to account for what they are doing on early intervention, including collaborating with other agencies? Would it be fair to say that regulators so far have not been able to address the imbalance, and could they?

The Chair: Can we pause while the bells are ringing? Did you hear the question?

Dr Rosie Benneyworth: Yes.

The Committee suspended for a Division in the House.

The Chair: I hope that is it. I apologise. That is what we have to put up with as things are getting back to, as they say, normal. I am not sure about it myself.

Dr Benneyworth: Early help, early support and prevention are absolutely critical. Over the last few years, the CQC has been highlighting this in all the services we regulate in our state of care reports, showing how damaging it can be without early support in all areas, and how that leads to crisis situations for people using services. We very much support people getting early intervention so that they get the right care.

I was a GP for 15 years. During that time, I saw day in, day out the impact, particularly on children and young people, when they were not able to access early support and help. At the moment, the CQC does not have powers to look at commissioning decisions; we are able to look only at the providers legally registered with us. We do not have a remit to look at the spending of local authorities.

As I mentioned earlier, we are expecting an amendment to the Health and Care Bill that will enable us to look at commissioning. While we will not be able to comment on specific spending decisions, it will enable us to look at local areas and comment on all pathways for all population groups. That will enable us to look at commissioning decisions as well as provision, to make sure that people are getting help early enough in their

pathway to avoid crisis situations at the end. As regards the proposed amendment, we will be looking at a series of actions to escalate concerns that we find, to hold systems to account for delivery, including working with local systems, the integrated care partnership board and the integrated care board to make sure that they have action plans if deficits are identified. There will be escalation routes to NHS England and other bodies such as DHSC, and an escalation route to the Secretary of State. We feel that having that amendment is critical for us to be able to move our regulation forward to look at how people experience care right through the pathway, and not just at the acute crisis end.

Amanda Spielman: Josh MacAlister is absolutely right. This is certainly something that we have been talking about and publishing about ever since I started at Ofsted, in annual reports, features, many events, conferences and commentaries. For example, our knife crime report emphasised the effect of the loss of local services. Most recently, what is often putting school budgets under the most pressure is not providing the education piece; it is because schools are stepping in to buy in services they used to get via local authorities or health trusts. We have spoken about that a great deal.

If I could step back very briefly, it might be helpful if I talk about how we think we influence the system. One is our frameworks themselves, which have a very strong focus on safeguarding, but early health and protection is one half, essentially, of the main social care inspection framework for local authorities, so it is a very big piece of the discussion.

The second piece is the dialogue that we have at inspections. A substantial amount of time goes into talking about the early help area. The judgments reflect that structure in the framework, so significant weight is given to that. You can see it flowing through into our judgments; there are many mentions of early help and the strengths or weaknesses in it. Obviously, all the reports that we publish go to DfE for its decisions about whether and when to intervene and take action. Then there is the dissemination and aggregation of all our evidence into insight speeches and annual reports. In all of those, I think we have a strong push on early help and protection.

Having said all that, it does not surprise me that the impact of funding reductions in local government has been huge. I have talked about this. If you are faced with a choice between taking money away from something for which you will get prosecuted or jailed if you do not do it or something for which you will receive criticism but nothing worse, it is a bit of a no-brainer. We keep up the pressure through inspection. Croydon is an example where I think there was a focus visit rather than a full inspection. The follow-up to them said that if they continued with the programme of reductions to early help that they were contemplating, they would very likely come out "Inadequate" in the next full inspection. I think we very much have a focus and grip in this area as far as is compatible with our role in the system.

Baroness Tyler of Enfield: Thank you very much for that. Is there

anything further you can say? I think you have made very clear your role in the system, but is there anyone else in the system you think could be stepping up more on the issue so that local authorities really have to explain their decisions?

Amanda Spielman: This will sound flip, but I genuinely think the Treasury is the key to this more than anything else. Local authorities over the last few years have been making incredibly tough choices about priorities. On the one hand, we report. You will know that the profile of local authority inspection judgments has at times been terrible. I think they have got better at making choices and decisions, but there is no question: in some cases, what drops out is a service that is not good enough for children. One of the reasons why in many of our inspections we look at the overall effectiveness of a service—the children’s-level view of it—is that the leadership and management effectiveness is to try to distinguish the situations where leaders and managers are doing everything they reasonably can in the circumstances and the things that are to do with external factors.

Baroness Tyler of Enfield: Thank you. Maybe that is a point we will follow up with Ministers next week.

Dr Rosie Benneyworth: Early help and prevention need to be everyone’s business; it cannot just be delegated to certain groups of people. For example, in the health sector, all parts of it—the acute sector, hospitals, community services, mental health services and GPs—need to look at prevention and working with their local community, the voluntary sector and all the different agencies in that local community. That is the only way we will tackle some of the wider determinants of health and well-being that are causing the inequalities we see. We need to get the message out that everyone must take responsibility for that.

Lord Hunt of Kings Heath: Dr Benneyworth, I was very interested in the amendment to the Health and Social Care Bill to which you referred. I think Ministers have made some statements in the Commons on that. How do you envisage that it will actually work? Will you dig deep into the individual experiences of patients so that, for example, you can find out whether different agencies are not talking to each other, or there is no integration between GP, health visitor and hospital? Will you get down to the practical stuff?

Dr Rosie Benneyworth: Yes. That is very much the plan. We are looking at three different levels: leadership and governance arrangements in the system; integration of patient pathways—people who use services pathways; and quality and safety. We know that there are often gaps between the providers where people can be at risk of harm—for example, with the transfer of medications.

We now have quite a lot of experience working across systems, with various bits of work we have done over the last few years. To give an example, we recently undertook a review into “Do not attempt cardiopulmonary resuscitation”. What we did with that, as we do with our

special educational needs and disability inspections, was case-track people right the way through the system, so that we look at people's experiences as they travel between all the different providers. That is able to triangulate some of the information we hear from system leaders and test out whether provision in the system is working for people.

A key theme of our strategy going forward is regulating through the eyes of the people who use services. We already get a lot of information from people who use services. We think that is really important, and we want to grow it as much as possible.

The Chair: Thank you. Lord Young will ask the next question.

Q244 **Lord Young of Cookham:** My question follows on from Lord Hunt's question about integration, collaboration and data sharing. When we heard from Sir Alan Wood back in June, one of the things he said was that there were too many examples of the police, social services and the NHS not collaborating enough with schools. We heard examples of children being knocked backwards and forwards between the police and other agencies. Quite often, it is in the school where the vulnerability first appears in the statutory framework.

My question is for Amanda Spielman. When you are doing your inspections, can you broaden your remit to some extent and look at agencies that are not education, and see whether the school has the strong links with other social agencies that ensure that, when there is a problem, there is, as it were, a hotline so that they can follow a case through and make sure that support is given where it is needed?

Amanda Spielman: We very much look at both school referrals in relation to children and LADO referrals of concerns about adults. For the most part, we find that schools are pretty clear about what they should be doing. Of course, there are exceptions, but we have not found that to be a widespread problem.

There are unquestionably information-sharing problems. There are at least three points I want to make on that. One is that, when all or most of the children in a school live in a given local authority area, the local authority gets the whole picture and has a good sense about the school, as well as specific children who may be complex cases. Where things break down, I can think of several examples in recent years of schools where few, sometimes even none, of the children live in the local authority where the school is located. The school may be reporting, absolutely properly, incidents and concerns to the home local authority about a number of children, but nobody is in a position, until school inspection rolls around every five years or so, to say, "Hang on a minute. The big picture here shows there is something wrong with this institution".

Related to that, a point I have made to this committee before is that we make life hard for ourselves in this country by having different boundaries for every public service. There are so many places where different and overlapping sets of bodies involved in any given case make

it much harder to get local co-ordination. I feel myself coming on a bit Napoleonic here.

Lord Young of Cookham: Is it better in unitary authorities?

Amanda Spielman: I would have to ask my colleagues that question. I am sorry. I would be happy to write to you about whether we think we can differentiate, but I do not want to talk off the top of my head.

The third point is that we have an extremely powerful data privacy regime that people genuinely find intimidating. It is not super-prescriptive; it sets up a lot of very difficult decision-making, even in very small bodies like primary schools. It is genuinely hard, and takes an enormous amount of time and attention for people to try to act responsibly, with very heavy sanctions hanging over them, and a lot of lawyers ready to point out the risks of sharing. I understand why people are more hesitant about information sharing than we would like. I think it is a regime designed very much around the need to protect privacy, putting the needs of children and the value of information sharing for children a long way behind that. I think that is the only sensible way to put it.

Lord Bichard: It is an issue about which we have become increasingly concerned. Has Ofsted ever made the point you have just made; in other words, has it ever drawn attention to the problems of data sharing and suggested that maybe government needs to have another look at it?

Amanda Spielman: I am pretty sure I have spoken about this in public, but I cannot be absolutely certain. I know I have spoken about it at internal government meetings of various kinds. I spoke to the Information Commissioner about it a few months ago. I cannot remember the exact date, but I had a meeting with her partly to talk about the impact of the data protection regime on information sharing for children.

Although it is not directly in this area, Ofsted has just done some work—this was my idea and initiative—to put together a joint dataset, hosted by the ONS Secure Research Service and bringing together DfE, Ofqual and UCAS information, following up all the difficulties with assessment, qualifications and university admissions over the last year. It is a joined-up dataset that approved researchers can use. I understand that at first we had quite significant pushback on the process from privacy campaigning organisations, but I think it took us about a year to get it up and running. We were told that it was one of the fastest examples people had ever seen. The team worked so hard at overcoming the obstacles. This is genuinely difficult stuff to do in practice.

The Chair: It is.

Lord Young of Cookham: Maybe we would like a memorandum from you as to exactly what you have been doing and what the issues are, if that is possible.

Dr Benneyworth, in answer to the first question from the Chair, you

mentioned some pilot inspections over the coming months. I think they were on the subject of integration and collaboration. Could you say a little more about those pilot inspections and what you plan to get out of them?

Dr Rosie Benneyworth: This is work happening on the joint thematic area inspections, which are combined inspections that we do with Ofsted and HMICFRS. We have been reviewing the framework. It started pre-pandemic but was delayed during the pandemic review.

The work looks at how we can make those inspections nimbler so that they reflect the changes that have happened across the landscape and ensure that the inspections reflect those changes, looking at the line of sight with the multiagency safeguarding arrangements. I believe there are three pilots looking at the front door in relation to safeguarding and how people are identified. There is one concerned with domestic abuse and another concerned with criminal exploitation. We will be undertaking those pilots in the coming few months, in autumn, and looking at a new framework.

Lord Young of Cookham: That is very interesting. Is there a role for a body like NHS Improvement in all this, or do you think the arrangements you have just referred to take the trick?

Dr Rosie Benneyworth: There is no doubt that, when providers or systems are struggling, there needs to be improvement support for them. We often see, certainly in our provider regulation at the moment, that, if people do not get support with improvement, sometimes improvement does not happen. We need expertise, capacity and capability in those providers. I suspect it will be the same in the systems.

Lord Young of Cookham: Where does that support come from?

Dr Rosie Benneyworth: It could come from a body, but it could also come from local agencies working together to deliver support, or the regional agencies.

Amanda Spielman: I think I should talk about the Department for Education work here because that is the closest. I do not know a huge amount about NHS Improvement, but from my understanding of what it does—I think it is now quite integrated with NHS England—the DfE intervention team performs a lot of those functions.

There are at least two big strands. One is partners in practice. Those are very much about interventions where necessary, including appointing commissioners and funding support for struggling local authorities from other local authorities, as well as setting up and funding What Works centres for children in social care to disseminate research and good practice. I looked in our annual report for last year; we published 14 social care-related reports and blogs of various kinds. We feed our insights into that DfE dissemination piece as well. For me, that is the closest analogue in the system as we have it. It is a smaller world because of the finite number—150—of local authorities.

Lord Young of Cookham: When you refer to DfE, do you find out what happened?

Amanda Spielman: When we go back and inspect?

Lord Young of Cookham: Yes.

Amanda Spielman: We see what has happened and whether it has been successful, so that our subsequent inspection reports capture the effectiveness of interventions.

The Chair: Thank you.

Q245 **Lord Bichard:** One of the criticisms that has been levelled in the past against the inspectors is that their inspections are too narrowly focused, and are too much about the process and not enough about the outcomes. A chief operating officer from Newcastle hospital told us, "Well, they say we're outstanding, yet the outcomes in my area are appalling". In my own area, I have heard primary head teachers say, "All the pre-school provision in this area is rated good or outstanding. I can't believe it, given the quality of most of the children we are receiving".

When I ran a university, one of the ways in which I was held to account was that I had to show how many of my graduates were in work six months after they left the university. We could, for example, look at how any children from particular schools encounter the justice system after their departure. The term NEET is familiar to you. We could look at how many pupils from a particular school end up as NEET. Are we too narrowly focused in our inspections? Could we do more to look at outcomes and, therefore, the broader issues?

Dr Rosie Benneyworth: It would be very difficult for one single regulator to look at this on their own. That is why it is so important that we work together as regulators to look at this. Many of these outcomes look very much at the wider determinants of health. From a health point of view, we need to be working with the providers we regulate to ensure that they consider how they collaborate with local partners to look at the wider determinants of health. We do not have a remit over a lot of those other bodies, but we can look at how health and social care partners are working with their local communities to identify their population needs and address them. I am delighted that the chief operating officer of a hospital is raising this. We need all chief operating officers of hospitals to be thinking about the broader picture and outcomes more generally, and all the people working in all health and care sectors.

I do not think there is a single bullet for outcomes. We are looking at how we move to more outcome-based measurement, and measure the things that will drive improvements and the things that add value for people using services. It is imperative that all parts of the system work together to look at that.

Lord Bichard: When you look at a hospital before any inspection or engagement, do you look at those broader issues and raise them, take

them into account and seek some explanation for them?

Dr Rosie Benneworth: Yes. We look at things like cancer outcomes and other such outcomes. I can clarify this with the hospital team; I am not sure whether we look at specific children's outcomes in hospitals. I can write to clarify that. Our opportunity with the amendment to the Bill is about how we can look at overall outcomes for a system. At the moment, we can look only at the outcomes within a provider, rather than the outcomes across a local system in health and care. As we all know, very often an outcome for a person or a patient is not just the care they receive by the time they get into hospital; it is the journey they have had up to that point. In social care, it is support in care homes and other places. It is how agencies work together to be able to deliver good outcomes. The opportunities with integrated care systems are very much to look at the broader determinants of health and start to address them in a way we have not done to date.

Lord Bichard: What about Ofsted and schools?

Amanda Spielman: It is very much part of inspection to look at what schools are doing to prepare young people for the next step. There is a whole series of obligations for schools on careers education, allowing colleges and employers to come and talk to young people and following the Gatsby benchmarks for good careers education. That is a component.

Lord Bichard: Excuse me for interrupting, but they are all inputs and activities; they are not outcomes.

Amanda Spielman: It is true. There is an interesting question about what the outcomes would be, because most of the labour market outcomes would be quite lagged. By the time you had some meaningful information, you would be looking at the school four, five or six years ago. At the moment, a principle of inspection is that you are reporting on an institution as it now stands, not on the people running it five, six or 10 years ago.

Lord Bichard: That would not be the case with NEETs.

Amanda Spielman: It would not be the case with NEETs. There is certainly a piece around that. I think we have that information. Inspectors are provided with all the information we can draw about the school from the data accessible to us. That is structured to highlight anything that looks anomalous, weak or, as a matter of fact, strong. That informs the inspectors planning the inspection and developing the lines of inquiry. The personal development strand of the inspection framework very much picks up on preparation for life: are young people being put on the path for a decent next stage?

Lord Bichard: Do you actually have data on how many students from a particular school turn out to be in the NEET category?

Amanda Spielman: That is a question I cannot answer. I do not think so, but I could be wrong.

Lord Bichard: If you do not have the data, what you are saying is that we cannot really look at the outcomes, because our inspectors are not getting the information that would enable them to ask the questions.

Amanda Spielman: A number of components contribute to the likelihood of a young person being NEET, doing well academically, doing well by taking part in school life, developing good habits of behaviour and developing responsibility. We can look at all those things in the context of the effectiveness of the school in promoting them. The better a school does on that, the greater the likelihood of a young person moving on to a constructive next stage, but I cannot say offhand that data is available to us to tell us whether last year's year 11 or year 13 are all in college, university or employment.

Lord Bichard: Surely, that data is quite important, is it not? I am not alone in thinking that our careers system is not working as effectively as we would like. There is a danger, is there not, that by focusing on a particular school and the activities and inputs, you are missing the fact that not a lot of kids from that school get into work and they end up as NEET? Maybe some of the girls are not getting access to professions that have been dominated by men.

Amanda Spielman: There is a strong focus on all of them, but it is particularly strong in the post-16 inspections. With independent learning providers and apprenticeships, we talk to employers to make sure that apprentices are doing well enough that they are likely to have long-term jobs at the other end, and it is not just something that badges them for a bit as apprentices and then leaves them to find their own way. We are talking to DfE at the moment, because it is particularly interested in meeting local skills needs. We are looking at how we can build in a stronger employer element. I completely agree with you that it is important.

The work that we have been doing to look harder at that, and the trend to join up administrative datasets and make it easier to follow through at institutional as well as individual level, is incredibly important. That is why I put so much effort into it. I am trying to make sure that we draw on all the data available to us. That is just opening up. We have been slightly frozen for the last 18 months. We restart inspections next week after 18 months of all routine inspections being suspended, so this is a frustrating moment for me to be talking to you, because all or most of the evidence I have from which to speak is much more behind in time than it normally would be.

Lord Bichard: You are a very influential organisation. If you do not have the data that you think you need to judge some of those outcomes, you can certainly ask for it, as indeed the CQC could, and it would be likely to be taken seriously. What you are telling me is that some of the data is not there and you think it probably ought to be, so it is quite important for you to be saying that loud and clear to the Government and the statisticians.

Amanda Spielman: I wish we were seen as important as that in terms of giving us data. One of the reasons most of the focus is on colleges is that the proportion of children who do not go on to some kind of post-16 education is now very small indeed. The vast majority of children go on to post-16 provision of some kind, and labour market entry at 16 is now absolutely minuscule. The greatest value in this work, looking specifically at NEETs and labour market outcomes, would be in the post-16 education area where we already do much more than in schools. The careers and pathway piece and the advice and guidance piece we do in schools to make sure that young people are heading for the right courses is really valuable.

We have done a bit of aggregation of local skills needs. We published a report a couple of years ago. I remember it, partly because I took a bit of a bashing on Twitter from every luvvie in London. We commented on the fact that quite a number of colleges were using some BTEC courses that it was particularly easy and attractive to recruit young people to and turning out a great many people with those qualifications, even in areas where it was very clear that there was extremely limited demand. One of the examples I gave where the mismatch seemed to be greatest was the BTEC in performing arts, which was naturally interpreted as my saying that performing arts qualifications had no value. That was not at all what I was saying. It reflected an important mismatch.

There is a very difficult balance. We are a highly permissive country. Our approach is that young people ought to have very free and open choice at a number of stages, in choosing GCSEs and post-16 courses and beyond. At the same time, we want to find ways to steer and manage. Colleges and sixth forms do quite a difficult job, on the one hand, in offering the freedom that we believe young people are entitled to and, on the other hand, trying to steer people intelligently towards things that give them the best opportunities as they complete their courses. I think it is genuinely a hard responsibility.

Lord Hunt of Kings Heath: I do not know to what extent you use value-added stats any more to judge schools. To what extent could that act as a proxy for determining outcomes from a particular institution, in the sense that institutions that during the course of a young person's education have added value, based on assessment, would be expected to continue in after years?

Amanda Spielman: We use a range of information and performance tables that are published. Progress 8 is the biggest secondary value-added measure. There are value-added measures at primary school. The aim of inspection is to complement those, to get underneath and say, "That gives us a first idea of what the position may be".

What we learned during 15 years when inspection was very outcomes-focused—in the previous framework, we had an outcomes judgment in its own right—was that an enormous amount started to happen underneath that, which in some cases seriously compromised education and led people to strip out absolutely everything that did not contribute to a test

result that would go into the measure. It led to significant pressure on children to do the qualifications and courses that were likely to contribute most points to a value-added measure. All sorts of things were going on underneath. This framework has been designed to look underneath, and to push on the substance of education and the integrity with which the school is operating to work in the best interests of children. I think that is incredibly important.

There is no value-added measure you can design that does not have some unintended consequences and limitations. Progress 8 is pretty good; it is a lot better than the measures that went before it. We have seen some progressive improvements, but it has its own set of unintended consequences. If we narrow ourselves, we lose sight of some really important points.

I refer you to work by people such as Professor Stephen Gorard that looks at contextual value-added measures. His analysis showed that it was a much more unstable measure than anybody had expected when they first designed it. When the first value-added measures were being built, the assumption was that they would turn out to be stable. They did not. They have turned out to be surprisingly volatile, so judging a school by the latest set of value-added metrics would be quite high risk. We need a broader picture. This year and last year there are no measures, so we have to get good at the empirical look at what is there on the ground.

Q246 The Chair: That brings us back to the basic issue. What we have learned over the last 18 months, and what we showed in our first report, is that we were seeing children become vulnerable in ways we had not anticipated, and we were not measuring and taking into account the right things. I am now going to ask you whether you can go away and think about this and perhaps write to us about it.

Amanda Spielman: About what?

The Chair: What I am going to say. Given what we have learned about the vulnerabilities in the systems we have and your involvement in those systems, what changes would you like to make, looking at schools, the health service, the integration of that and the effect of that on children, and what additional powers do you think you need to meet that whole issue? Some of us would say that we have been too focused in the last few years on academic work. It is not that it was not important; it was and is important to concentrate on that. Now, post Covid, we know that it is much broader than that, and deeper than we have been able to measure and sort out in the past. The same is true in hospitals and in healthcare. I just want you to go away and think about that.

We have reached the end of our public session. I know colleagues have other things they need to go to, as I am sure you do, too. What else should we as parliamentarians be doing and asking the Government for to make sure that you can be as effective as possible, so that in a decade or two decades we have fewer vulnerable children?

Amanda Spielman: I am happy to do that. We put a great deal of thought into that in making representations, so we would be happy to write to you.

The Chair: Brilliant. Thank you very much indeed. I am sorry about the interference from the bells. We are really grateful to you for coming and giving your insights and experience. We all have a lot to do to make sure that we meet the needs of vulnerable children so that there are fewer of them in the future. Your organisations have a huge part to play in that. Thank you.