

Lords Public Services Committee report ‘*Children in Crisis: the role of public services in supporting Vulnerable Children*’ – Government Response

## **Introduction**

Providing the right support at the right time for children and families is a priority across Government, particularly for those with vulnerabilities. We have a moral imperative to support those with special educational needs, with a social worker or facing other challenges; there is also a powerful economic case for intervening early to prevent problems escalating. Throughout the Covid-19 pandemic the Government has been focused relentlessly on these children and young people. This focus must and will continue.

Government activity to support vulnerable children and young people has many facets. These include co-ordinating policy development for a broad range of services that enable early identification and provide support to address child vulnerability and, in some circumstances, commissioning national programmes aimed at tackling the root causes of child vulnerability.

As set out in previous evidence to this committee, policy development and commissioned services include a strong focus on prevention and broadly take three dimensions:

- Universal support delivered through mainstream settings such as schools, primary and community health care and GP surgeries;
- Targeted support to provide help and support at the right time to children and their families to prevent needs from escalating, such as through Supporting Families; and
- Specialist support directed at specific children and their families to tackle particular issues they are facing and prevent escalation

Many of these services will provide support to the family more broadly, particularly parents who require additional support to manage and overcome their own challenges, including with their own mental health and wellbeing or drug and alcohol issues.

As noted in the report, there is clear evidence that these services make a difference - in prevention, early intervention, and targeted support where issues have emerged. Equally, we recognise that there will always be room for improvement in the support systems for vulnerable children and families. Departments have undertaken, or are undertaking, reviews into the services that support vulnerable children and families, including:

- The **independent review of children’s social care**, which is a manifesto commitment. The review is taking a fundamental look across children’s social care, with the aim of making recommendations to better support, protect and improve the outcomes of vulnerable children and young people.
- The **SEND Review**, which is considering the main questions relevant to children with special educational needs and disabilities. We will continue to ensure that any reforms resulting from these reviews strengthen the system for vulnerable children.
- A **Youth Review**, to develop a clear direction for the out-of-school youth agenda. The Youth Review is primarily focused on ensuring DCMS policy and programmes meet the needs of young people and level up opportunities across the country.
- The [Early Years Healthy Development Review](#). The Government is now delivering on the ‘Action Areas’ set out in the Review.

These reviews, in addition to the upcoming Schools White Paper and the recently published Levelling Up White Paper, are set to shape fundamentally the future landscape for public services and vulnerable children. Ahead of the completion of the programme, we welcome the scrutiny and challenge provided by the Lords Public Services Committee in this important area.

The Committee has undertaken a thorough and thoughtful investigation into child vulnerability and we particularly welcome the emphasis on early intervention and improving collaboration between services to deliver better outcomes. The Government has considered the recommendations made by the committee and is looking carefully at what more can be done.

**Recommendation 2:** *The Government should publish a national strategy on child vulnerability, supported by a multi-year cross-departmental funding allocation for early intervention. The strategy should include a joint outcomes and evaluation framework and be supported by a cross-Government data-sharing agreement. The strategy should set out clear cross-departmental milestones and targets for reducing the number of children aged 0–19 (i) with serious mental ill-health, (ii) who live in families where parental domestic violence, addiction or mental ill-health is present and (iii) who are at risk of becoming, or who are already, involved in serious crime. The Government should allocate sufficient resources to meet these targets.*

**Response: Partially accept**

The Government is committed to taking a strategic approach to vulnerable children, including working collaboratively across government. Children and young people can be vulnerable for a wide variety of reasons and their vulnerability can change over time and through circumstance. We do not believe a single strategy to cover such a broad spectrum of issues is the best way to drive coherence and impact – in fact its very breadth would risk it becoming unmanageable, and losing the agility to adapt to changing needs.

The need for flexibility has been particularly apparent in the recent wider context, when the lives and experiences of some children and young people have changed significantly due to the Covid-19 pandemic. Whilst the pandemic has worsened some of the challenges of tackling child vulnerability, it has also shown the value of adapting nimbly. The ability to adapt and respond to changing need remains important as the pandemic continues to affect day to day life and we learn to live with the virus.

Across government, we seek to think collectively, working across departmental boundaries, and with ambition, about child vulnerability. This thinking drives strategic work and leadership at all levels: across government through single plans and joint strategies that tackle the drivers of vulnerability; at programme level through joint plans to tackle complex, cross-cutting issues; and how we work with and support local areas, including across agencies. At the local level, the ability to innovate and tailor delivery is particularly important. Our priority is to sustain, rather than constrain, that combination of direction and flexibility, including building on local decision-making discretion where it has allowed programmes and services to reach the right children and families; the Holiday Activities and Food Programme, for example.

DfE's Outcome Delivery Plan (ODP) includes a delivery priority supported by DCMS, DHSC, DLUHC, DWP, HO and MOJ seeking to:

‘Support the most disadvantaged and vulnerable children and young people through high quality education and local services so that no one is left behind’. DfE’s ODP is published<sup>1</sup>, and includes activity underway, success metrics, and an evaluation plan for each outcome. The plan for supporting disadvantaged and vulnerable children focuses on ensuring safe and loving homes for all children, engagement with education, and quality of services supporting vulnerable children and families.

This delivery priority is now underpinned by a strong Spending Review (SR) settlement that means we can invest to ensure children get the support they need. Together, the ODP and 3-year SR settlement – which includes £500 million investment in family services as just one example of how we are prioritising in this area – provide an ambitious but flexible cross-government framework to guide decision-making, spending, and delivery.

Whilst we do not feel a single strategy would be the most effective way of delivering support for vulnerable children, we know that working collaboratively across government is essential. That is why, sitting below this framework, joint strategies cover areas where particular focus is required to deliver the Government’s commitment, including on domestic abuse, serious violence and mental health.

While many government departments are necessarily involved, our national approach tries to replicate the approach we ask local areas to take, which is to include Health, Police and Social Care organisations (under DHSC, HO and DfE/DLUHC) as the three statutory safeguarding partners. These strategies also pay heed to the structure and type of services that support vulnerable children and young people (universal, targeted, and specialised). On broad, cross-cutting issues a range of groups co-ordinate, identify and govern activity. These include the Safeguarding Children Reform Implementation Board, which governs multi-agency safeguarding arrangements to ensure join-up at a national level, and the Building the Right Support Delivery Board, which focuses on improving services across education, health and social care for people with autism, learning disability or both, and mental health needs.

Universal offers include the NHS Long Term Plan, which commits to the development of a comprehensive mental health offer for 0-25 year olds, and the new Maternal Mental Health Services in every region in the country. The Healthy Child Programme provides an early intervention and prevention public health programme for children aged 0-19 and their families.

The £500 million Mental Health Recovery Action Plan was launched in

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<sup>1</sup> [DfE Outcome Delivery Plan: 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92222/odp-2021-2022.pdf)

March 2021 to respond to the impact of the pandemic on the mental health of the public, of which £79 million will be used to significantly expand children's mental health services

Targeted offers including the Supporting Families programme, which provides targeted, co-ordinated support for families affected by multiple and complex problems, including involvement in crime or anti-social behaviour; truancy; children who need additional support; worklessness, homelessness or financial difficulties; those affected by domestic abuse; and those with physical or mental health needs. This already provides an important way of identifying needs and tracking outcomes across a range of markers of vulnerability.

To divert vulnerable children and young people away from involvement in serious violence, the Government takes a public health approach, backed by cross-departmental oversight. This financial year (2021/22), we have made £130 million available to tackle serious violence, including murder and knife crime. This includes Violence Reduction Units (VRUs) which bring together local partners to tackle the drivers of violence in their area; and a range of new early intervention projects. We are also investing over £45 million to fund specialist support in mainstream and Alternative Provision (AP) schools in the areas where serious violence is most damaging to local communities.

For children and families that need more specialised support, NHS England and NHS Improvement is also expanding the capacity of inpatient Mother and Baby units. In addition, through our Children Affected by Domestic Abuse Fund, the Government is providing over £3 million to specialist services for children who experience domestic abuse. This includes one-to-one and group counselling sessions and early intervention schemes.

There is also cross-government commitment to understand and overcome barriers to effective data sharing, by investing in more cross-government data projects, and departments making more use of data analytic tools to pool and analyse datasets which they own. The Government is currently delivering the 'Data Improvement Across Government' programme to improve our cross-departmental evidence base, subsequent policy-making and service delivery for children and young people, particularly the most vulnerable.

The programme consists of a portfolio of complementary projects that are endorsed by government and key national data partners, which will create mechanisms to address the legal, ethical, technical, governance and cultural barriers that inhibit departments and the wider public sector from collaborating on research, analysis and data linkage. It

complements and builds upon existing data sharing initiatives and research programmes, such as the Child Protection Information Sharing system and the Family Hubs – Growing Up Well project.

DfE has also been working to improve its use of data to improve outcomes for vulnerable children. Absence and persistent absence of vulnerable children in mainstream, special and alternative provision settings has consistently been higher than all pupils and the gap has increased since the start of the pandemic. Improving attendance for all pupils has potential to improve the educational, income and wider outcomes of children.

Having better data is one thing that will allow us to achieve our goal to improve attendance. Access to better data at a national, regional and local level will both help highlight particular challenges and identify solutions that are currently working well and can be shared.

As a first step, in January 2022 DfE launched a trial to establish a timely flow of pupil level attendance data across schools, Local Authorities (LAs), Multi Academy Trusts (MATs) and DfE, through automation, without placing any additional administrative burdens on schools. This trial is part of our ambition to introduce more automated data collection in the future.

Across this range of activity, the government's overall approach to vulnerable children and young people is set to be given additional impetus and focus by several forthcoming milestones: the upcoming Schools White Paper, the SEND Green Paper and the findings of the Care Review. This foundation, along with prioritisation of funding for family services in the most recent Spending Review, will reinforce our strategic thinking and enable a renewed focus on working across boundaries for those who need it most.

***Recommendation 1:*** *Cuts to early intervention funding since 2010 have led to worse outcomes for vulnerable children in England. They have not produced savings for the taxpayer: spending on costlier later interventions such as support for looked-after children in social care rose during the same period. The effects of this lack of investment have been felt disproportionately in the most deprived areas.*

***Recommendation 3:*** *Spending on early intervention services in the 20% of local authorities in England with the highest levels of child poverty fell by £766 million in real terms between 2010 and 2019. To underpin a strategy on child vulnerability and its ambitions for 'levelling up', the Government should restore ringfenced funding for early intervention to its 2010 levels. This money should fund family support*

*programmes such as the Family Nurse Partnership, Incredible Years and Preparing for Life, and prioritise the most deprived local authority areas. As part of this funding package, the Government should place a requirement on local authorities to evaluate local early intervention programmes across multiple service areas such as health, education, justice, social care and employment.*

**Response: Reject**

Ensuring that vulnerable children are supported and protected is a priority for government. We recognise that prevention and early intervention is key to tackling vulnerability at its root causes. Local authorities have the key day-to-day responsibility for delivery of children's social care, and we consider all options carefully to ensure that they can continue to deliver services effectively.

We recognise in particular the demand pressures on children's services and want to ensure that local authorities can continue to deliver early help and preventative services, as well as statutory services to protect children. This is why we are increasing investment in services.

Over the next three years, government is providing councils with £4.8 billion of new grant funding. This will enable the sector to maintain vital frontline services, including children's social care. This means that next year (2022-23) councils will have access to approximately £54 billion core spending power for their services, including children's social care, up from £50 billion in 2021-22.

This significant investment includes over £1 billion specifically for councils to meet adult and children's social care pressures and a new one-off 2022/23 Services Grant worth £822 million, which will be un-ringfenced in recognition that local leaders know the priorities for their local communities best. Local authorities, taking account of local needs, priorities and their statutory duties, have used this flexibility to increase spending on services for young people and children to £11.1 billion in 2020-21.

The 2021 Spending Review confirmed the continuation of the Public Health Grant, which will be maintained in real terms to support public health services for babies, children and young people. Associated resources have been updated to support decision-making on the commissioning and provision of public health support, which is relevant to local authorities as well as commissioners, health visiting and school nursing provider services, and partners including the NHS, voluntary sector, and children, young people and families. This is backed by a range of public health interventions to build healthy communities for

families and children and reducing inequalities and vulnerabilities. It continues to include a schedule of interventions, which range from universal services for all through to intensive support.

Indeed, in recognition of the proven success of early intervention and as noted above, the Chancellor announced a £500 million package of support to deliver early help to even more families and prevent high-cost statutory interventions at the 2021 Spending Review. This includes:

- funding for a network of family hubs (£82 million);
- parenting programmes (£50 million);
- local areas to publish their Start for Life offer (£10 million);
- breastfeeding support (£50 million);
- parent-infant mental health support (£100 million);
- workforce pilots (£10 million); and
- an additional £200 million towards expanding Supporting Families.

This additional £200 million for Supporting Families represents a 40% real-terms uplift in funding, taking total planned investment to £695 million over the Spending Review period, which will enable local authorities and their partners to provide help earlier and secure better outcomes for up to 300,000 families. The investment seeks to help rebalance the system towards tackling problems before they escalate, with scope in particular to reduce the demand for Children's Social Care.

Supporting Families does not mandate how local areas shape their early help systems, as we believe that local authorities and their partners are best placed to decide what their local offer for families should be and agree their own priorities and outcomes. Instead we provide guidance on what local areas should be looking to achieve, and support to help local areas to transform their services to achieve the programme's core principles of early intervention, a focus on data and outcomes, whole family working and multi-agency working.

Funding through the Supporting Families programme is allocated using a formula based on the Index of Multiple Deprivation. This formula has been updated, so more deprived areas receive more funding. This means that the programme is already contributing to government's ambitions to level up areas and communities that need additional support.

DCMS is also investing £560 million in youth services in England over the next 3 years. £368 million of this investment will provide up to 300

new or refurbished youth facilities in deprived areas across the country. £171 million is for the National Citizen Service to create hundreds of thousands of positive activities for young people. There is £22 million for youth services including: offering The Duke of Edinburgh's Award to every state secondary school; tackling teenager waiting lists in non-military uniformed youth groups (such as Scouts and Guides); funding the #iwill youth volunteering programme.

**Recommendation 11:** *As part of a national strategy on child vulnerability, the Government should strongly encourage local statutory services to collaborate with the voluntary sector—and small charities in particular—to identify and understand need in their areas, and to co-design and co-deliver the strategy at the local level*

**Response: Partially accept**

Although we do not agree that a single strategy is the right way to go, we strongly welcome collaboration between statutory services and the voluntary sector. Meaningful partnerships between charities and public bodies, from the earliest stages of policy development, help to ensure that policy takes account of the knowledge, experience and practice of the voluntary sector on the ground. **Strong partnerships with the voluntary sector can help to ensure that new policy is complementary to existing practice, driving better outcomes.**

For these reasons, whilst it is for individual departments with responsibility for relevant policy areas and local authorities to decide what level of engagement with the voluntary and charity sector (VCS) is appropriate, we support and encourage greater collaboration wherever possible.

This was demonstrated during the height of the Covid-19 pandemic in relation to child vulnerability when many VCS organisations provided guidance to local authorities on tackling emerging risks resulting from the pandemic. Charities also played a critical role in distribution of food and medical support, and the See, Hear, Respond programme was delivered by a consortium of VCS organisations to support vulnerable children during the first year of the outbreak. The Government provided significant funding to enable charities to continue operating, and we asked local authorities to honour contracts with VCS organisations delivering support for vulnerable children and families.

Since then, multiple local authorities have reported working more closely with the voluntary sector to identify families who needed help. There are also other areas where departments already work closely with VCS organisations to develop policy and to deliver and improve services for vulnerable children and families. For example, Supporting Families encourages local authorities and their partners to collaborate

with the VCS and specifically to improve the connectivity between VCS activity and formal early help activity. The Early Help System Guide provides key descriptors on how local authorities should take steps to involve and collaborate with the VCS and asks them to self-assess their current position and plan to improve their maturity in this area.

DCMS is putting together plans to support and encourage departments to grow the involvement of the voluntary sector in their policy development activities, with a focus on government policy priorities where the sector has significant value to add.

#### Collaborative working to improve outcomes

***Recommendation 4:*** *The Government should introduce a statutory duty on local authorities, the NHS and police to collaborate to improve long-term outcomes for children in their areas and to ensure that early help is provided to children living in families with serious parental addiction or domestic violence concerns, parental mental ill-health, those who are at high risk of criminal exploitation and young carers.*

#### ***Response: Partially accept***

We agree that local authorities should collaborate with the NHS, police (and other local partners) to improve outcomes for vulnerable children and families by working together and, where relevant, by providing early help for the whole family.

However, there is already legislation and guidance in place requiring local authorities to collaborate in the delivery of services for vulnerable children and families and we do not consider it necessary, at this time, to go further in law to secure integration at the local level.

Section 10 of the Children Act 2004 places a duty on the local authority to make arrangements to promote cooperation between the local authority and relevant partners and any other relevant body to allow it to carry out its functions in relation to children in the local area.

Section 16E of the Children Act 2004 (as amended by the Children and Social Work Act 2017) requires safeguarding partners (the local authority, clinical commissioning group and the chief of police) to make arrangements for themselves and relevant agencies to work together to safeguard and promote the welfare of children in their area. These three safeguarding partners have to set out how they are going to work with other relevant agencies, including schools. Once named by the partners as a relevant agency, those agencies must cooperate to allow the safeguarding partnership to carry out its functions.

Our statutory guidance for practitioners ([Working Together to Safeguard Children](#)) sets out the requirements for early help services, including a framework for assessment of need and evaluation of impact on the outcome for the child. The guidance also sets out requirements for joint assessment and provision from multiple agencies to ensure effective support and is frequently reviewed to identify improvements and updates. Whilst primarily focused on safeguarding, this guidance sets out principles that can be applied to the delivery of other services for children and families.

We have a range of means of assessing the effectiveness of this statutory framework, including single agency and joint targeted area inspection. We have regular dialogue with statutory partners at the national and local level as well as Ofsted and the other inspectorates.

More widely beyond statutory duties, effective partnership working across the key agencies is already being demonstrated by joint programmes supporting vulnerable children and families through early intervention.

The Supporting Families programme has long been a catalyst for local service transformation, breaking down silos across front-line public services and promoting integrated approaches and systems to drive better ways of working around complex families. Partnership working has been identified as strongly embedded in most areas, and almost all Supporting Families keyworkers (93%) think that multi-agency partnership working contributes significantly to the success of the programme.

Youth crime and problems in families are interconnected and require a response that is holistic and family focussed, using early help (which includes Youth Offending Teams) to reduce the risk of offending behaviour. MoJ works closely with the Supporting Families Programme to bring prominence to the work on tackling/preventing youth crime, and our £200 million, 10-year investment in the Youth Endowment Fund is testing what works best to prevent young people becoming involved in violence.

Government's work on Alternative Provision Specialist Taskforces is bringing together specialists from across education, care, health, justice and youth work to provide wraparound support for those most at risk of disengaging with education in Alternative Provision schools. Similarly, the SAFE (Support, Attend, Fulfil, Exceed) taskforces, led by a partnership of local mainstream schools, will directly partner with the police, children's social care, Violence Reduction Units (VRUs) and voluntary sector organisations to ensure young people at risk of serious violence remain engaged in education.

**Recommendation 5:** *The Department of Health and Social Care, the Department for Education and the Home Office should support agencies working with children in underperforming local systems to access advice from external experts on how to improve performance, integrate services, share best practice and learning and reduce school exclusions, absences and the numbers of children becoming NEET.*

**Response: Accept**

We agree that external experts play a vital role in improving the performance of agencies working with children in underperforming systems and strongly encourage this. We also know that there are still improvements to be made to the quality and consistency of local partnerships, and to the services they deliver, and we work with local partners to understand and address challenges.

We already have a range of mechanisms in place to deliver this: to help us improve and learn lessons where needed, deliver effectively across multi-agency partnerships and rigorously evaluate and share best practice.

Local child safeguarding practice reviews allow us to understand where collaboration between agencies has not worked as well as it could have done, and the independent [Child Safeguarding Practice Review Panel](#) is responsible for identifying improvements, working through actions and sharing learning with safeguarding partners.

To ensure effective delivery of the multi-agency safeguarding arrangements established under the Children Act 2004, three national safeguarding reform facilitators (covering police, local authority and health) provide operational insight to their respective sectors, and support to senior leads to ensure they understand their new responsibilities.

Government departments and local authorities are also provided with independent research and evaluation into best practice through the [What Works network](#), which covers a range of areas including children's social care, early intervention, educational practice, youth offending, youth employment and wellbeing.

For example, the [What Works Centre for Children's Social Care](#) seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and decision makers across the children's social care sector. The Centre brings together existing evidence, carries out new research and develops findings into guidance for social workers and decision makers within the sector. The Early

Intervention Foundation (EIF) has been funded by DfE to produce evidence of what works in early intervention, with additional funding from DWP and DLUHC. The EIF have produced a [guide to improving the evaluation of early help](#), which is accessible to the sector and is continually updated.

Departments are also working to improve access to advice for local practitioners through targeted programmes of work. For example, DfE is focusing on improving outcomes for children and young people in alternative provision, so that children who are at risk of becoming Not in Education, Employment or Training (NEET) or who have already been suspended or permanently excluded receive a full-time education and support suited to their individual needs. To support this we are investing £10 million in [behaviour hubs](#), Early Career Framework reforms, and revised Behaviour in Schools guidance and Suspensions and Permanent Exclusions guidance.

DfE also works closely with DWP in this area. The Jobcentre Plus Support for Schools programme works with local schools to offer young people who are at a particular risk of becoming NEET advice on the vocational routes available to them to achieve their ambition in the world of work. School advisers work closely with schools to support their statutory duty to deliver careers education and advice, assisting young people to make informed choices about which path to follow when they reach 18 or leave secondary education. School Advisers are also closely involved in supporting those young people with Special Educational Needs and/or Disabilities, and those educated in Alternative Provision establishments such as Pupil Referral Units.

The Secretary of State for Education has also established the Attendance Action Alliance of national leaders from education, children's social care and allied services to work together to raise school attendance and reduce persistent absence. This includes service providers and multi-academy academy trusts working to identify and disseminate best practice across schools and LAs through a range of webinars, case studies and videos.

***Recommendation 6: The Care Quality Commission, HM Inspectorate of Prisons, HM Inspectorate of Constabulary and Fire and Rescue Services and Ofsted should work with the Government to develop a joint framework for holding local agencies to account for how effectively they collaborate to improve long-term outcomes for children. This should include a shared understanding of what characterises best practice in early intervention and collaboration.***

***Response: Partially accept***

The inspectorates work jointly to evaluate services supporting vulnerable children, under powers set out in section 20 of the Children Act 2004, which specifies that *any two inspectorates can conduct a review of any children's services*. The inspectorates have an [established framework](#) which sets out how well local agencies are working in partnership to safeguard children, and this could provide a starting point for a joint framework to evaluate other areas such as collaboration and early intervention.

Since 2016, a programme of [Joint Targeted Area Inspections](#) (JTAs) has been running to inspect multi-agency safeguarding arrangements. JTAs are led by Ofsted and involve the Care Quality Commission (CQC), HM Inspectorate of Probation (HMIP) and HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). Each JTA focuses on a 'deep dive' theme' with roughly 6 inspections carried out per year.

We are currently piloting two complementary models that will both become part of the JTA programme – one that evaluates the effectiveness of the local multi-agency 'front door' and a second that takes a deep dive in a theme, such as 'the effectiveness of early intervention at reducing current and future risks to children and meeting their needs' and 'the multi-agency response to older children in need of help and protection focusing on risks outside of the family including exploitation'. We are confident these new models will allow us to hold local agencies to account for how effectively they collaborate to improve long-term outcomes for children.

DHSC, jointly with DfE and HO, will soon be inviting bids through the National Institute for Health Research for a project to evaluate the impact of the multi-agency child safeguarding reforms, and a core aspect of this will be identifying the best outcomes framework to apply to child safeguarding practice, including in early intervention and collaboration, to inform the work of DHSC, DfE and HO, and the respective inspectorates.

The inspectorates also carry out joint inspections of other services supporting vulnerable children and families, which require shared understanding of standards and expected outcomes. For example, DfE is working with Ofsted and CQC to improve the inspection process for organisations who deliver services to children and young people with SEND. The new framework will take account of the SEND review and will work with key partners in the SEND system like NHSE and DHSC to hold local areas to account. It will include a greater focus on the experience of children with SEND and their families and give more prominence to the quality integration and commissioning of education, health and care services. Elsewhere, HMI Probation (which is the

inspectorate for Youth Offending Teams) are leading an upcoming thematic inspection, working with Ofsted and Estyn, looking at challenges around access to Education, Training and Employment (ETE).

***Recommendation 7:*** *The Health and Care Bill should give the Care Quality Commission powers to hold Integrated Care Systems, service providers and local decision-makers accountable for inequalities in children's health outcomes. The CQC should regulate local-level commissioning decisions and collaboration between service providers in order to identify and meet the needs of vulnerable children.*

***Response: Partially accept***

Following the recommendation from the Health and Social Care Select Committee, the Health and Care Bill proposes a new duty for the Care Quality Commission (CQC) to review Integrated Care Systems (ICSs), looking at how Integrated Care Boards (ICBs), Local Authorities, and providers are working together to deliver safe, high quality and integrated care to the public. The assessments will also have a role in considering the role of public health and will identify whether ICSs understand and then meet the needs of people who use services and their communities, which includes children. This will include the role of the Integrated Care Partnership (ICP).

By offering independent assurance of ICSs, the CQC will help drive improvement, reinforce high expectations of quality of safety and strengthen public accountability.

Assessing collaboration or joint working would be a required part of these reviews, and the priorities the Secretary of State sets for these reviews will have to include priorities related to the integration of services. The CQC intend to look at children's health services where appropriate in their reviews of ICSs and continue to build on their good relationship with OFSTED to allow them to work with them in areas that span children's health and social care.

On inequalities, pushing for equality of access, experience, and outcomes from health and social care services is one of the CQC's core ambitions in their strategy. The CQC intend to do this in their work related to children's services. On local-level commissioning decisions, the CQC will work closely with NHS England as they develop their approach to these reviews to ensure that their work aligns with NHS England's oversight of ICBs so that unnecessary duplication is avoided.

DfE is working closely with DHSC and NHS England to ensure that the

needs of children are effectively prioritised in the ICS system. This includes having a specific children's lead in every ICB; tailored guidance to highlight the responsibilities for those with oversight for children; and clarity over the discharge of statutory responsibilities on SEND and Safeguarding under the new arrangements.

#### Sharing health data

**Recommendation 8:** *The Department for Education, the Department of Health and Social Care and NHS England should set out how they will ensure that schools and early years services can access NHS-held data appropriately in order to identify which children are failing their development indicators when starting school.*

**Response: Partially accept**

**Recommendation 13:** *The Government should commit to introducing a digital Red Book for children and young people aged 0–19. This health record should be made available to all statutory agencies and voluntary organisations working with vulnerable children and young people.*

**Response: Partially accept**

We recognise that sharing data appropriately between services is a key building block for effective public services. We know of some examples of local areas achieving a significant level of data sharing between health and non-health services, but we recognise this is still a challenging issue faced by many local areas.

The Personal Child Health Record, also known as the 'Red Book', is a universal offer for all children, focused on supporting them from birth to school-age. It contains a record of a baby's birth, screening, vaccinations, growth and development. It is held by parents, but also accessed by health professionals. NHSX is developing a Digital Personal Child Health Record (DPCHR) available for all newborns, supporting them through the early years. Professionals would record information once, and it will flow to parents (through a DPCHR) and to other professionals, through their information systems.

There are currently no plans to extend this for older children as the Government is focused on developing a DPCHR first. Once the digital record has been created, the Government will explore options of extending the 'red book' beyond school-age.

Health needs, including development indicators, are identified in partnership with parents/carers, children and young people using an approach that builds on their strengths as well as identifying any

difficulties. Clinical judgement will be used alongside formal screening and assessment tool and engagement with the whole family is an important component.

Parents/carers will also be able to contribute information in a DPCHR, and if they wish, share it with professionals, such as statutory agencies and voluntary organisations.

It is important that all data and information on every child is shared safely and appropriately. School Nurses already work closely with Health Visitors in identifying the children that require tailored support at school, as these children enter the school system. School Nurses work within schools to ensure that schools are providing that tailored support that each child needs.

The school nursing service also provides targeted support to children and young people. The confidential nature of the service supports young people to make early disclosure of abuse and concerns about their welfare. School nurses play a key role in the provision of health and developmental support given to vulnerable children.

Sharing of patient information for safeguarding purposes is already supported by legislation, including Working Together, and by professional codes, including the General Medical Council's (GMC) guidance on confidentiality. Safeguarding responsibilities apply through all elements from identification of risk and need, to early help and targeted work, and formal child protection.

The adoption of family hub models provides an opportunity for local areas to improve data sharing between services, including health data. The Family Hubs – Growing Up Well project is currently working with five local authorities to develop scalable digital and data solutions that will improve information sharing and the family experience of services.

The introduction of a family hub model to an area provides an opportunity for health and local authority services to engage and to bring forward new data sharing agreements which can help to deliver for families locally. The National Centre for Family Hubs, run by the Anna Freud Centre and commissioned by DfE, plans to publish an advice module for commissioners and service designers in local areas that includes advice on data sharing as part of its implementation toolkit for family hubs.

#### Guidance

***Recommendation 9:*** *The Department for Education should work with the Information Commissioner's Office and the Central Digital and Data*

*Office to revise their child safeguarding guidance. The guidance must place greater emphasis on the need to share data to support safeguarding and early intervention. The organisations should set out how they will ensure that local service leaders and frontline staff receive training on the importance of sharing information proactively to improve outcomes for children and families.*

**Response: Partially accept**

The Government and the Information Commissioner's Office (ICO) are discussing the scope, shape and utility for a sector specific guidance for children's safeguarding, in the form of a toolkit that would complement the ICO's Data Sharing Code of Practice, which was issued in September and came into force on 5th October. The ICO's data sharing code is an important document that provides practical advice to organisations on how to carry out responsible data sharing.

[Working Together to Safeguard Children](#) 2018 (updated December 2020) is our statutory guidance for safeguarding partners and is aimed at any practitioner working with a child. This sets out very clearly that data sharing is essential to protect vulnerable children. It says clearly that consent is not required for data sharing.

The Working Together guidance specifies that it is the responsibility of the employer (such as the local authority or other agency) to ensure staff are trained in their responsibilities and procedures to follow, which include any in relation to information sharing.

We are currently revising the 2018 non-statutory information sharing guidance, *Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers*, with input from ICO. This revision will clarify the issue of consent for the purpose of sharing information between safeguarding partners to improve practitioners' understanding of information sharing to support better safeguarding of children. We will publish the revised guidance in due course.

The Central Digital and Data Office (CDDO) in the Cabinet Office provides guidance on data sharing best practice to Departments. DfE will work with CDDO to ensure that updated guidance for practitioners builds on best practice where it relates to data sharing.

**Recommendation 10:** *The Cabinet Office should update its guidance for local commissioners to ensure that users' voices are heard by making co-production with children and parents a requirement for organisations commissioned to deliver children's and family services.*

***Response: Partially accept***

The voices of children and young adults with relevant experience, and their parents and carers, are crucial if we are to improve outcomes for children. For this reason, co-production with children and families is a cornerstone of policy development in a number of areas.

[Guidance issued by Cabinet Office](#) in 2020 takes into account ‘social value’ in the award of central government contracts, which also applies in the commissioning of local children and family services. This model includes collaboration with users and communities in the co-design and delivery of contracts as an activity to be considered when awarding contracts for services.

Co-production is also a key principle in the delivery of key policy areas, for example in the SEND Code of Practice. Local authorities, health bodies and service providers are expected to work closely with parent carers of children with SEND by working in partnership with them through Parent Carer Forums to develop and design services and policies at an individual, local and national level so that they better meet the needs of users.

The SEND Review’s ‘Strategic Participation’ contract also supports coproduction at a national level, including via FLARE, a national engagement group of disabled young people with representation from each region, and the National Network of Parent Carer Forums

That is also why the Youth Justice Board works alongside a group of Youth Advisory Network Ambassadors, aiming to ensure their needs are understood and that they have meaningful opportunities to influence the decisions that may affect them.

In addition, we are ensuring that the voices of parents and carers with young babies are heard locally and nationally. [The Best Start for Life: a Vision for the 1,001 critical days](#), published by the Early Years Healthy Development Review led by Dame Andrea Leadsom MP in March 2021, committed to working with local partners to establish Parent and Carer Panels. These panels will enable parents and carers who are pregnant or have a baby under the age of 24 months to work with local service commissioners and leaders to codesign and evaluate services.

We also pay close attention to children’s voices as represented by others. For example, Ministers have engaged with the Children’s Commissioner’s survey ‘the Big Ask’, which provided vital insight into children’s experiences of the Covid-19 pandemic.

Family Hubs

**Recommendation 12:** *Family Hubs will need a high degree of autonomy to decide how best to use local assets—such as existing children’s centres and local voluntary organisations—and to identify the unique needs of their community. However, in the absence of a clear vision from Government on minimum requirements for Family Hubs, we propose that the following fundamental characteristics should be at the heart of every Hub to ensure that they meet the needs of vulnerable children and families in their area:*

- *Intensive early years (0–5) provision for families, with a focus on child health and school readiness;*
- *An open-access service, which any family with children aged 0–19 (and young adults with special educational needs and disabilities) can access if they need information, advice or guidance for family, relationship and other parenting issues;*
- *A central point for vulnerable families with children aged 0–19 to access or be directed to early intervention support and services. This provision should cover support for young carers, parenting classes (including specialist support for parents with teenagers), parental mental health services, domestic violence and addiction support services, parental relationship support (including post-separation support), children and young people’s mental health services and support for children involved in serious criminal activity;*
- *Services offered through the Family Hub should be co-produced with local children and families;*
- *NHS services (such as health visiting and maternity support), agencies tackling criminal exploitation (such as police and youth offending teams), local authority services (such as the Supporting Families Programme and children’s social care) and schools—the public service which has the most interaction with children—should be key partners in delivering Family Hub provision. They should have shared targets and integrated budgets;*
- *The voluntary sector should support the delivery and co-production of Family Hub services, working with statutory services to agree shared targets;*
- *To support early intervention, Family Hubs should create data-sharing agreements with local NHS services, local police, schools, local authorities and local voluntary organisations. While these agreements should be adapted to local needs, the Government should work with Family Hubs to develop a template agreement.*

**Response: Partially Accept**

We welcome the committee’s feedback and thoughts on family hubs, which we will consider carefully.

We agree that local areas know their local population and circumstances best, and therefore decisions on how best to meet local population needs should be, and are, for the local area to decide. The Government views family hubs as a way of building on what we have learnt from children's centres and the innovations, pioneered by various councils, which have taken place in the last decade. As such, the National Centre for Family Hubs will work to ensure that councils understand how children's centres can best be incorporated into family hubs networks, where it is appropriate.

As part of the supporting guidance for the recent £12 million Family Hubs Transformation Fund we published a draft [Family Hub Model Framework](#). One of the main purposes of the fund and the framework is to help develop and inform the practice and characteristics which make-up an effective a family hub. As such, we plan to develop the framework to reflect the latest evidence on effective family hub characteristics as we progress. The model framework expands on the three principles of family hubs: that they are firstly, a way of joining up locally to improve access to services; secondly, a way to improve the connections between families, professionals, services, and providers; and thirdly as a means to put relationships at the heart of family help.

Within the basic model, a family hub network should have a single access point where a family can visit – physically and/or virtually – to access information or advice on a wide range of family issues spanning the 0-19 age range, and/or be referred onwards appropriately, where needed. Services should span 0-19 (25 for children with SEND) and should include publishing a Start for Life offer (0-2s).

Co-production is a feature of family hubs, and the framework reflects the importance of community ownership and co-production. Parent and carer panels will be established across 75 local authorities to give a voice to service users, including those who are less frequently heard such as male carers or those from black, Asian and minority ethnic (BAME) backgrounds, are at the heart of service design and delivery.

We recognise the important role that each service and profession (statutory and non-statutory) plays as part of a connected, effective family hub network, including the community, charity and faith sectors. The framework sets out an expectation that these partners and others should work together as part of the family hub network around families to give them the support they need, accessed via a clear, universal 'front door', and underpinned by shared outcomes and effective governance. The framework sets out that within mature family hubs, partners in the family hub network should pool together budgets and resource from a range of funding sources, such as health, education,

social care, crime and justice, and others, where this will help to achieve shared outcomes for families. For example, the Start for Life offer will also include Universal+ services that targets specific support to those families experiencing the toughest times, from language barriers to debt advice, and from domestic abuse to drug and alcohol support.

Some local authorities have already adopted family hubs, using existing funding streams such as Supporting Families funding. The renewed focus for DfE on establishing family hubs as a leading delivery model nationally will both build on and accelerate this work. Many more local authorities may choose to co-locate their intensive family support workers with others like health, voluntary and community services within family hubs in 2022 and beyond.

There are many 'behind the scenes' challenges to achieve our ambition for family hubs. We agree that improving how information is shared between professionals across a range of services in a family hub, how families access and navigate these services, will be key to the practical implementation of the family hub model. Through the Family Hubs-Growing Up Well project, DfE is partnering with five local authorities to develop solutions to address these challenges, using digital and data to inform innovation. We anticipate that the solutions developed will improve how professionals collaborate and plan for families, young people, and children and crucially, improve the 'user experience' of families accessing services. Solutions will be replicable and scalable so that they can be used by many local authorities across England.

We agree that the framework should continue to evolve in the broad direction outlined by the committee, mindful of the need to balance local determination with clear, evidence-based interventions. We will set out more detail on this as our plans for the funding announced at SR develop.

***Recommendation 14:*** *The Government should set out how it will implement learning from existing Family Hubs and evaluate similar integrated early intervention models such as Sure Start and Head Start in the US.*

***Response: Partially Accept***

The Government views family hubs as a way of building on what we have learnt from children's centres and the innovations, pioneered by various councils, which have taken place in the last decade. Having a strong evidence base is vital in making change effective and taking the right approaches to transformation, implementation and delivery.

We have already looked to evaluations of similar types of integrated models, such as children's centres, to learn from this and develop our policy. There may be further past evaluations we could consider, and we welcome the committee sharing those with us as we continue to build our understanding. We plan to develop the Family Hub Model Framework to reflect the latest evidence on effective family hub characteristics as we progress.

We have engaged extensively with local authorities to build intelligence on the local service landscape. We are using this intelligence to support our work to champion family hubs and expand the footprint of the model. In addition, we are undertaking and have commissioned a number of studies to build a substantial evidence base, including:

- Through an evaluation innovation fund, we have commissioned Ecorys UK and Sheffield Hallam University to work with six local authorities to generate learning and tools which will be disseminated via the National Centre for Family Hubs.
- We have commissioned a set of behavioural insight projects in four local authorities to build the evidence-base on what works to ensure take-up of specific family hub services by particular demographics evidenced to under-engage with family support (e.g. fathers, parents that speak English as an additional language).
- We are funding a new birth cohort study, Children of the 2020s, that will longitudinally track 8,500 babies and their parents over time. This survey will include use of various family hub services and contact with professionals.

As we build the evidence base and consolidate learning, we will continue to reflect, iterate and develop our policy. We will also work closely with DHSC on evaluation of the package of start for life and family hub programmes announced at the most recent Spending Review.

***Recommendation 15:*** *The Government should urgently publish a strategy for delivering the national roll-out of its Family Hub programme. In the initial stages of the roll-out it should prioritise the 20% of local authorities in England with the highest levels of child poverty. The strategy should include a long-term funding settlement, which provides the costs of ensuring that every Family Hub employs a full-time senior leader and a team of family coordinators.*

***Response: Partially accept***

We are delighted with the recent £300 million announced at Budget to transform ‘Start for Life Services’ and create a network of family hubs in 75 upper tier local authorities. This investment will provide thousands of families access to more support, ensuring babies have the best start in life.

It is critical that this investment benefits families most in need, helping to deliver this Government’s levelling up ambitions. The Department for Education and Department for Health and Social Care are working together to determine the best approach for selecting local authorities and distributing the funding.

This £300 million investment builds on the existing £39 million to champion family hubs, which includes:

- a new £12 million Family Hubs Transformation Fund which will support at least 12 local authorities in England, that do not currently have family hubs, to transform to a family hub model of service delivery and open family hubs by March 2024.
- grants to accelerate the opening of family hubs across all regions of the country
- a new national centre for family hubs to provide expert advice and guidance
- an evaluation innovation fund to build the evidence base
- data and digital products that will support the practical implementation of family hubs by helping local professionals to share information more effectively and improve how families access and navigate services

We will take into account the learning from the work above, from the emerging evidence base, from stakeholders and from the committee’s findings as we shape the long-term vision for family hubs. We thank the committee for its recommendations and will set out more detail on the family hubs policy, including delivery of the £300 million investment, in due course.