



Research Report

# SAFEGUARDING PRESSURES PHASE 8

December 2022

The Association of Directors of Children's Services Ltd



The research was commissioned by the Association of Directors of Children's Services Ltd and undertaken by Carole Brooks Associates Limited on their behalf. The Association retains ownership of the data and of the publication rights to the report.

Views expressed in this report are based on evidence provided by local authorities and other sources during the project. Whilst every effort has been made to ensure the precision of the information contained in the report, we cannot guarantee its accuracy or currency.

**With many thanks, once again, to all local authorities and individuals  
who participated in this research.**

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Executive summary report

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## Foreword

Five years ago, ADCS published the position paper, *A country that works for all children*. In it we outlined the Association's collective ambitions for children and young people. In a country that works for all children, every child should be able to say: '*I am safe*' and '*I am happy*.' They should also be supported by public services that are properly resourced to help them thrive.

We are a long way from achieving this rightly ambitious aim and the evidence tells us that children and young people's needs are becoming more complex whilst the number who need our support has risen dramatically. The immediate impacts of the pandemic are now apparent as we are seeing increased prevalence of, and demand for, mental health services and an overlap with children's social care services, yet children face unacceptable waits for mental health support. We need commitment from all partners, including government, to improve the way we support children with their mental health and wellbeing, we must do better for them.

Phase 8 of Safeguarding Pressures brings the evidence base up to date, covering the brunt of the pandemic period from shortly after the first lockdown was announced in March 2020 up to the end of March 2022. It also allows us to compare data over the 14-year period the research has been conducted. Like the seven other phases before it, this latest report evidences significant and growing levels of need for help and support in local communities. We are now in a cost of living crisis that will likely result in many more children and families facing difficulties and, sadly, falling into poverty. Directors of children's services find ourselves responding to needs which, were it not for the pandemic experience, would have been met earlier in the system and not escalated to the point of crisis. Despite some investment over the past two years, largely as the result of local political decision making, the budget gap continues to grow. Indeed, the long-term impacts of the pandemic are yet to emerge but when they arrive, as things stand, the system won't be in a position to sufficiently respond.

It certainly feels like we are at a crossroads in children's services, with a number of national reviews published during the past year on top of new green and white papers. We continue to await the government's response to the *Independent review of children's social care*, now due in early 2023. There is an urgent need for government to draw together at a national level the many policy initiatives and pots of funding to create a sustainable, coherent, long-term plan for children and young people and the services that support them. We hope government's response meets our collective ambitions for children and young people. In the meantime, we will continue to bang the drum for a country that works for all children.

Steve Crocker

President of the Association of Directors of Children's Services



## 1 Introduction

The Association of Directors of Children's Services Ltd (ADCS) is committed to ensuring an evidence-based approach to the planning and delivery of children's services. As part of this commitment, ADCS has commissioned phase 8 of its Safeguarding Pressures research to examine changes in needs, demand and the delivery of children's early help, social care and associated services, set in the wider national policy context.

Since the first report (ADCS, 2010a), each phase of the research has focused on providing evidence of what was important to directors of children's services as well as emerging issues at that time. Phase 8 brings the evidence base up to date. In addition to the core features of Safeguarding Pressures research in providing a longitudinal view from 2008 to 2022 and look ahead five years to 2027, there is a specific focus on sufficiency of services, placements and the workforce this time.

An interim report was published on 1<sup>st</sup> November 2022 (ADCS, 2022b), providing early headlines from the evidence available at that time. It was accompanied by a special thematic report on children's mental health (ADCS, 2022a).

## 2 Summary of Previous Phases

Through each of the previous seven phases of Safeguarding Pressures research, a continued, though not universal, rise in safeguarding activity was evidenced and factors contributing to this rise appeared to be becoming more acute and more prevalent. Forecasts of increases in the number of children and young people requiring children's social care services, against a backdrop of reducing budgets and population increases in each phase, have been realised for many local authority (LA) children's services.

Phases 1 (ADCS, 2010a) and 2 (ADCS, 2010b) reported increases in demand for children's social care services due to factors such as the impact of the Southwark Judgement<sup>1</sup>; heightened anxiety and increased public and professional awareness (partly due to the death of Peter Connelly); and more coherent multi-agency processes resulting in improving identification of needs.

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<sup>1</sup> The Southwark Judgement, made by The House of Lords (G vs Southwark) in May 2009 is a piece of case law that obliges children's services to provide accommodation and support to homeless 16 and 17 year olds.

In phase 3 (ADCS, 2012), respondents were hopeful that once effective early help services were implemented, they would start to see a reduction in children's social care activity, but only after an initial rise as previously unmet need was identified.

Phase 4 (ADCS, 2014) found that whilst many of the previously reported issues for children contributing to the need for social care involvement remained, there had been a sharper focus on some cohorts or risks, such as child sexual exploitation (CSE), neglect and domestic abuse, as well as a greater prevalence of socio-economic factors. 79% of respondents were in the midst of reducing or re-designing early help into a more targeted service offer.

Phase 5 (ADCS, 2016a) evidenced that although there was a continuation of an upward trajectory of need and demand, the trend showed some signs of diminishing. There was evidence of the benefits of investment in early help services where these were established, but the impact of funding cuts was also becoming more evident. There were myriad factors outside of the direct influence of the LA which affected the provision of effective services to children and their families, but local leaders had managed to contain some of them – a situation that many felt was not feasible across the long term: *“looking forward, the anticipated increase in the number of children and families living in poverty alone would challenge the most innovative of LAs”*.

Phase 6 (ADCS, 2018) provided a compelling picture of the escalating needs of children and their families due, for example, to wider societal determinants and greater risks to children outside of the family home. The ripple effect of pressures in one part of the system, e.g. the pressures experienced by universal services, such as education, housing or health services, was evidenced to negatively impact on the lives of children to such an extent that they required more intensive levels of support. There was a sense that LAs had been constantly re-designing and re-configuring services to meet needs and manage the growth in demand. In many cases this was achieved successfully, but short-term funding sources and continued escalating need outside of the control of children's services risked future sustainability.

Phase 7 (ADCS, 2021a) provided evidence of short-term reductions in some areas of children's social care activity and captured the initial impact of the Covid-19 pandemic. Variation in activity between LAs was driven by a range of factors, such as loss of some core services at the start of the pandemic, levels of unaccompanied asylum seeking children (UASC), increased severity of presenting needs and complexity in children and families and funding. More positively, there was evidence that children's services leaders were implementing mitigating actions to address these factors wherever possible, and successfully introducing new models of practice. Children's services leaders were clear that a national, whole systems approach was needed to address these challenges. Responding LAs calculated a 9.1% (£824.1m) budget deficit.

## 3 Phase 8 Research Questions and Methodology

### 3.1 Research questions

The core objective for phase 8 research remains to understand safeguarding and early help activity, support for vulnerable children, and changes in the current and future contexts. Phase 8 focusses on changes in presenting issues and the sufficiency of provision to meet these needs, such as mental health, workforce and placements, plus the impact on children and LA children's services. Research questions fall broadly into the following four areas:

- 1 understanding safeguarding pressures: what changes are LAs experiencing in terms of early help and safeguarding activity, and what are the reasons for these changes
- 2 the impact of the wider determinants outside of the direct influence of children's services, including the Covid-19 pandemic (following on from phase 7), and children's mental health
- 3 sufficiency and resource in children's services: how insufficiency creates safeguarding pressures and impacts on LAs ability to meet the needs of children and young people. This includes workforce, finance, and also a new focus on services, placements and providers
- 4 managing change: capturing challenges and enablers.

For the purposes of this research, 'children's social care' incorporates any services provided under the *Children Act 1989* including: children in need, children in care, care experienced young people, fostering, adoption and permanency, child protection, social care strategy, commissioning and social work, and UASC. 'Early help' generally incorporates services provided outside of the statutory framework of the *Children Act 1989* by the LA, or other agencies and voluntary organisations, including targeted and specialist services and interventions to meet a variety of needs: parenting programmes, family support, school-based programmes, mentoring schemes, children's centres, family hubs and youth services.

New LAs, children's services trusts and alternative delivery models continue to be created. The term 'local authorities' (or LAs) has been used throughout as a generic term to refer to all of these arrangements. At the time of publication, there are 152 LAs, although there were 151 during the latest period of the research (2021/22).

Children and young people have told us that they do not like to be referred to as 'looked after children' or as 'care leavers'. While recognising this is the government terminology, this report uses the alternative terms, 'children in care,' and 'care experienced young people.'

## 3.2 Methodology

### 3.2.1 Sources

Four primary data sources and analysis methodology continue to be used as in previous phases (figure 1). Case studies have not been undertaken in this phase.

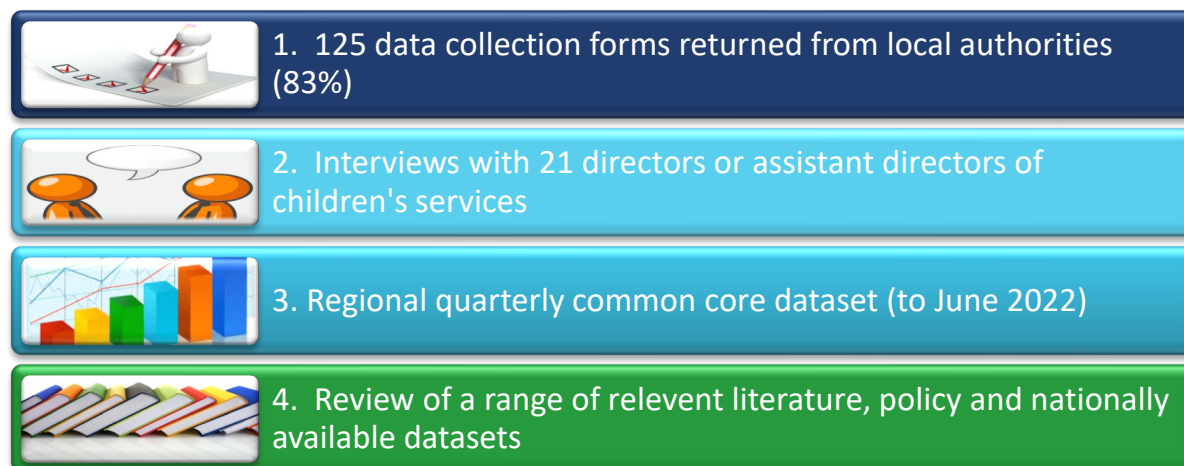


Figure 1: Summary of data sources

### 3.2.2 Data collection form

All LAs received a data collection form seeking national and local data and posing qualitative questions in the same format as previous years.<sup>2</sup> 125 LAs (83%) returned the data collection form, providing information covering 10.1 million (84%) children and young people aged 0-17<sup>3</sup> (figure 2). Responses were received from all types of LAs and all English regions (figure 3).

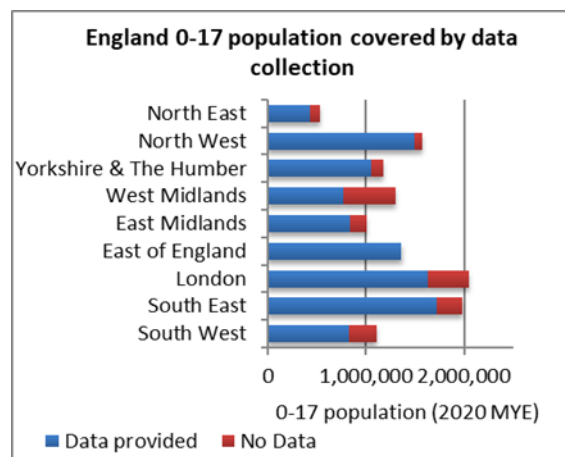


Figure 2: 0-17 population covered by responding LAs

<sup>2</sup> A copy of the data collection form is available on the [ADCS website](#)

<sup>3</sup> All population data is based on ONS 2020 mid-year population estimates (ONS, 2021a). 2021 estimates based on 2021 census, are not available at the time of writing this report. See population section for more information.



Region	Number of responses			0-17 population that responses cover (2020 MYE)			
	Respon-dents	Total LAs	% total LAs	Data provided	No Data	All LAs	% total 0-17pop.
North East	9	12	75%	424,967	108,673	533,640	80%
North West	21	23	91%	1,499,556	72,024	1,571,580	95%
Yorkshire and Humber	14	15	93%	1,055,965	118,395	1,174,360	90%
West Midlands	10	14	71%	764,572	541,758	1,306,330	59%
East Midlands	8	9	89%	834,808	173,092	1,007,900	83%
East of England	11	11	100%	1,356,372	0	1,356,372	100%
London	27	33	82%	1,625,612	421,988	2,047,600	79%
South East	14	19	74%	1,717,725	264,885	1,982,610	87%
South West	11	15	73%	820,958	291,942	1,112,900	74%
<b>England</b>	<b>125</b>	<b>151</b>	<b>83%</b>	<b>10,100,535</b>	<b>1,992,757</b>	<b>12,093,292</b>	<b>84%</b>

Figure 3: Responses by region

### 3.2.3 Semi-structured interviews

21 interviews were conducted with directors (17) and assistant directors (4) of children’s services from a cross-section of LAs. Nine questions were asked relating to historical and predicted changes, early help, funding, sufficiency, key current strengths and areas for improvement, as well as an option for the interviewee to make and further remarks.

Region		Type of Authority	
North East	3	London Borough	3
North West	2	Metropolitan	5
Yorkshire & The Humber	4	Shire	6
West Midlands	2	Unitary	7
East Midlands	2		
East of England	2		
London	3		
South East	3		
South West	0		

Latest Ofsted Judgements	
Outstanding	4
Good	9
Requires Improvement	3
Inadequate	5

Figure 4: Interviewees by region, type, Ofsted judgement

### 3.2.4 Quarterly regional data to June 2022

The nine Regional Improvement and Innovation Alliances (RIAs) collect a common core dataset of 30 metrics for benchmarking on a quarterly basis. From 1<sup>st</sup> April 2022, this regional function has been co-ordinated nationally by Data to Insight<sup>4</sup>. ADCS has collected data over the past two years to compare differences on a quarterly basis, including the latest available from April to June 2022.

### 3.2.5 Literature search and nationally available data

A wide range of relevant research, reviews, reports, and existing data provided a fourth source of information. These were not solely relating to children’s services but expanded into

<sup>4</sup> <https://www.datatoinsight.org/>

areas that relate to the lives of children and families, such as socio-economic, demographic and health data.

### 3.3 Definitions, data quality and limitations of the research

Notes to accompany analysis and key findings are provided below:

- direct quotations and examples from respondents have been provided, where appropriate, as a lens directly into LA experiences and views
- response rates are given as a percentage of those who provided information for that question with valid data only, resulting in different numbers of respondents quoted
- regional or other relevant trends, commonalities or outliers have been investigated and identified where relevant
- historically, Safeguarding Pressures research reports have been published before the Department for Education (DfE) statistical releases, thus providing more timely data relating to social care, and crucially, a narrative to accompany it. Safeguarding Pressures research data generally align with DfE published statistics, but it should be recognised that this research is a sample of LAs only, and as such rates per 10,000 and any extrapolated numbers, which are based on responses from all LAs at child level, may not match exactly to DfE statistical publications
- percentage change in the numbers and the rates per 10,000 of the 0-17 population will vary and both have been included in summary tables. The percentage change in rates shows the difference once any change in population has already been accounted for, whilst percentage change in numbers shows the true change in demand. This continues to be a critical difference to understand as increases in population continue to drive up demand in children's services.

## 4 Context

In the past two years, there has been a significant change in the context in which children and families are living, and children's services are operating. There were 12.1 million children aged 0-17 years in England in 2020 (ONS, 2021a). ONS report 13.1 million children and young people aged 0-19 years in the 2021 census (ONS, 2022a).

In the financial year 2020/21, LAs spent £41.5 billion on schools, education and children's services compared to £40.3 billion in 2019/20. School expenditure accounts for over two-thirds of this, continuing the trend seen in recent years. Within this, the total expenditure on children's services increased by 7% from £10.5 billion in 2019/20 to £11.1 billion in 2020/21,

of which 51% was spent on children in care (DfE, 2022a). Further details about population and funding are provided in chapters 5 and 23 respectively.

The timeline below illustrates the key context, events, reviews, and legislation which have impacted, and continue to impact, on children's services over the past 14 years and those that are likely to impact over the next period. A more comprehensive and scrollable timeline, together with a separate timeline illustrating the significant changes in context experienced in the past two years with a specific focus on the Covid-19 pandemic can be found on the ADCS website<sup>5</sup>.

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<sup>5</sup> <https://adcs.org.uk/safeguarding/article/timeline>

Key:
Context
Overarching
Health
Mental Health
Education
Early Help
Disability and SEND
Refugee and UASC
CCE and Youth Crime
Social work practice
Child Protection
Children in Care
COVID

	2014/15		2015/16		2016/17		2017/18	
<b>EVENTS</b>			May 2015: General Election in UK		Jun 2016: BREXIT Referendum		Jun 2017: General Election in the UK	May 2018: Independent Anti-Slavery Commissioner resigns
	Oct 2014: SoS announces Social Work reform	Mar 2015: Anne Longfield Children's Commissioner	2016-18 Justine Greening SoS for Education		Jul 2016: Change of Prime Minister & Cabinet	Feb 2017: CSA Centre of Expertise launches	Dec 2017: Board of the Social Mobility Commission resigns	Jan 2018: Damien Hinds SoS for Education
						2017-2018 Robert Goodwill Childrens Minister		2018 Nadhim Zahawi Childrens Minister
					Jun 2016: Ellie Butler SCR published	Jul 2016: Govt consults on mandatory reporting	2017: Residential care leadership board operating	Jan 2018: Govt dept DCLG becomes MHCLG
	Feb 2014: Adoption Leadership Board commences		Sep 2015: Syrian VPR Scheme announced	Mar 2016: Andrew Christie becomes ALB Chair	May 2016: National interim SCH co-ordination unit launched	Jul 2016: National UASC dispersal scheme (NTS) starts	2017: Staying close trialled via innovation programme	Mar 2018: Family Justice observatory development phase initiated
					Apr 2016: HE & FE transferred from BIS to DfE	Nov 2016: Calais Camps closed	Feb 2017: New Definition of CSE published	
<b>INSPECTION &amp; REVIEW</b>	Aug 2014: Ofsted Multi-agency inspection consultation		Mar 2015: Integrated inspections due to commence	Feb 2016: Ofsted launch JTAI inspections (CSE)	Jul 2016: Sir Martin Narey Review into Residential Care	Aug 2016: Govt launch national stocktake of fostering	2017: Bywater's Child Welfare Inequalities Project	2017: Lammy Review into Disproportionality Publishes
	Jul 2014: historical sex abuse review announced			Mar 2016: Wood Review of LSCBs		Jan 2017: Lenehen review "These are our children"	Sep 2018: Ofsted Child Sexual Abuse in Family JTAI	May 2018: Neglect JTAI launches
	Aug 2014: Jay Report - CSE in Rotherham	Feb 2015: Oxfordshire SCR on 'Bullfinch CSE' cases		2016: Charlie Taylor Youth Justice Review	May 2016: Govt accepts the 'Dubs' Amendment coming Bill	Sep 2016: CSE Rapid Response Unit launched	Feb 2017: HM Govt Tackling CSE progress report	Feb 2018: Fostering Stocktake completed
		Oct 2014: Ofsted CSE themed inspections		2016 Govt Tackling CSE Action Plan	Apr 2016: Ofsted SEND Area inspection launched	Sep 2016: Ofsted DA Themed JTAI	2017: SCIE review of children in care mental health	
		Mar 2015: Govt 'future in mind' report from Mental Health TF			Feb 2016: Independent Mental Health TF publish Five Year Forward View		Oct 2017: CQC publishes review of CAMHS	Jan 2018: implementing five year forward view
<b>LEGISLATION, GUIDANCE AND POLICY</b>	2013-2017: Welfare Reform Act Implemented				2013-2017: Welfare Reform Act Implemented		Jul 2017: Tax free childcare	Jan 2018: Universal Credit advance
	Children and Families Act 2014	Counter Terrorism and Security Act 2015	Apr 2015: Care Act 2014 implemented	Jan 2016: Govt publish Children's Social Care Reform	Education and Adoption Act 2016	Jul 2016: Govt Putting children first: our vision for children's social care	Gov publishes social mobility action pilot (2017)	Children and Social Work Act 2017
	2014: Statutory guidance children who go missing	Modern Slavery Act 2015	Serious Crime Act 2015	Mar 2016: Education White Paper	May 2016: Children and Social Work Bill	Counter-Extremism and Safeguarding Bill 2016	2017: Homelessness Reduction Act 2017	2017 Regional Improvement Alliances pilot
	2014: Care of unaccompanied and trafficked children	Mar 2015: Working together 2015 published	Deprivation of Liberty Amendment & code of practice	Oct 2015: Mandatory Reporting of FGM	Childcare Act 2016	Welfare Reform and Work Act 2016		New Keeping Children Safe in Education guidance 2018
	2014: Public Law Outline	2014: Staying Put duties on LAs	Children's Homes Regulations 2015		May 2016: Govt accepts the 'Dubs' Amendment	Immigration Act 2016	Sep 2017: Youth Custody Service Launched	Nov 2017: Guidance re Unaccompanied and trafficked CYP
	2014: Govt Care Leavers Strategy	2015: Re: N court Judgment re S20	2015: Promoting the educational achievement of CLA	2016: Special Guardianship Guidance	Mar 2016: Adoption: A Vision for change strategy	Sep 2016: Judgement re use of Scottish secure estate	Apr 2017: Regional Adoption Agencies Commence	Apr 2018: Care leavers now eligible for support up to age 25
	Jun 2014: SEND Code of Practice implemented	Sep 2014: Phased replacement of SEN with EHC plans	CA 1989 Vol 2 - Care Planning, Placement And Case Review (2015)	2016: Govt Care Leavers Strategy inc new duties				Sexual violence & harassment in Schools Guidance 2017
		2015 KSS Published	Sep 2015: The College of Social Work closes					
		2015: Comprehensive Spending review (2017-2020)		Feb 2016: SoS committed to a 'Fair Funding Review'	2016: Partners in Practice (8) announced by DfE	2017: London Policing and Crime funding reductions	Jun 2017: LGA state 2.3bn funding gap by 2020	Dec 2017: Provisional Local Govt Finance Settlement 2018-19
	Apr 2014: Further EIG funding changes to formula grant	2014: A better start Big Lottery Funding for 4 areas	2015-2020: Troubled Families Programme Phase 2		2016 - 2020: DfE Innovation Programme	Nov 2017: DfE Innovation Prog final evaluation report	Sep 2017: Free childcare for eligible 3 and 4 year olds	Dec 2017: DfE consult on new fair funding review
		Apr 2015: Public Health funding for 0-5s and HVs transfer to LA	Feb 2016: Funding for mental health (Future in Mind)		Dec 2016: High Needs Funding Reform Consultation	Sep 2017: Removal of ESG 'Soft' schools funding formula	Mar 2018: £17m funding for a further 8 Partners in Practice	

2018/19		2019/20		2020/21		2021/22		2022/23		
May 2018: Greater powers for social mobility commission	July 2019: Change of Prime Minister and Cabinet	Sep 2019: Government Prorogues Parliament	Jan 2020: UK leaves the EU	COVID PANDEMIC - PERIOD OF MEASURES (See separate timeline)				HM Queen Elizabeth II dies and Charles III becomes king	Sep 2022: Inflation (CPI) 10.1%	EVENTS
Jun 2018: reduction to 1.3m unemployed (4%)	July 2019: Gavin Williamson SoS for Education	Dec 2019: General election	Feb 2020: Vicky Ford C&F Minister	2020/21: IFS estimate 5m children living in poverty	Jan 2021: 'Brexit' Transition Period Ends	Aug 2021: Start of energy crisis	Feb 2022: Russo-Ukrainian War started	Jun 2022: WWC in CSC and the EIF announce merger plans	Sep 2022: Kit Malthouse SoS for Education	
2018: National stability forum announced	Jul 2019: Kemi Badenoch C&F Minister			Dec 2020: New Chair of National Panel announced	Mar 2021: New Children's Commissioner takes up role	Sep 2021: Inflation (CPI) 3.1%	Sep 2021: Nadhim Zahawi SoS for Education	Jul 2022: Michelle Donelan SoS for Education	Oct 2022: Gillian Keegan SoS for Education	
2018: Remit of ALB extended to include SGO's	2018: Gov Responds to Fostering stocktake			Dec 2020: First media reporting death of Star Hobson	Jan 2021: New Chair of ASGLB announced	Sep 2021: The Children's Commissioner's 'Big Ask' published	Sep 2021: Will Quince C&F Minister	Jul 2022: James Cleverly SoS for Education	Sep 2022: Kelly Tolhurst C&F Minister Nov 2022: Claire Coutinho C&F Minister	
Jul 2018: McFarlane new president of Family division		2019: Family Justice Observatory launches	Feb 2020: Scottish Care Review Reports	Dec 2020: First media reporting death of Arthur Labinjo-Hughes	Jan 2021: Chair of the English Care Review announced	Apr 2021: Hong Kong British Nationals (Overseas) Programme	Mar 2022: Homes for Ukraine Scheme and Ukraine Families Scheme launched	Jul 2022: Brendan Clarke Smith C&F Minister	Oct 2022: Reporting of allegations of abuse - Helsey Group	
June 2018: 18 Violence Reduction Units launched			2020: Resi Care Leadership Board disbands				Apr 2022: Afghan Resettlement Scheme revised		Dec 2022: ASGLB ends	
Jan 2018: Ofsted IACS Launched	Sep 2018: Ofsted cease SIF inspections	Mar 2018: DfE publishes CIN Review final report	Dec 2019: Government commits to a Care Review	Jun 2020: National Harm Panel Report (Private Law)			Mar 2022: CMA market study on CSC publishes	May 2022: Care Review final report publishes	Oct 2022: Safeguarding children with disabilities in residential settings review published	
Apr 2018: Inquiry into Child Sex Abuse Interim Report	Jan 2019: NAO report on pressures in CSC publishes	2019: SEND Review launched by the DfE	Feb 2020: National Panel publishes first review on CCE	Jun 2020: Charlie Taylor MMPR Review reports		May 2021: Wood review of MASAs	Sep 2021: National Panel published report on hidden men	May 2022: National Panel publishes Arthur and Star learning review		
Jun 2018: Care Crisis Review final report	2018: ICBI publishes report on best interests of UASC	Jan 2019: NHS Long Term Plan publishes		Jul 2020: National Panel publishes SUDI learning review		Jun 2021: Care Review Case for Change publishes	Oct 2021: IICSA final report into child sexual abuse	Apr 2022: Front door and CCE themed JTAs launched		
	Sep 2018: Care Crisis Review publishes	May 2019: Timpson Review of Exclusions publishes	2020: DfE consults on use of unregulated placements			Nov 2021: Somerset Judgement re Adoption	Mar 2022: SEND Review reports			
Children's Homes Regulations 2018	2018: President of FD Commences a Review of Family Courts	2019: DfE consults on a national EHE register	Oct 2019: CAMHS JTAI launched by Ofsted	Mar 2021: Public Law Working Group reports		Sep 2021: DfE ban on unregulated placements commences	Mar 2022: Schools White Paper publishes, inc EHE register			
Apr 2018: Support for mortgage interest payments cut	Amendments to a range of legislation including Immigration Act 2016				Jan 2021: Mental Health White Paper published	Apr 2021: Integrated Care Systems start to replace CCGs	Feb 2022: Levelling Up White Paper published	Mar 2022: SEND Green Paper published		
Draft DA Bill consultation 2018	Jul 2018: Transforming CYP Mental Health Green Paper	June 2018: 18 Violence Reduction Units launched	2019: Tackling Child Exploitation (TCE) Support Programme launched	2020: Govt plan investment in National Citizen Service			Jul 2022: Deadline for integrated Care systems to be in place	April 2022: Police, Crime, Sentencing and Courts Act - Royal Assent	2023: TCE Support Programme due to end	
Apr 2018: All Regional Improvement Alliances live in shadow form	Aug 2018: Govt publishes Civil Society strategy	2019: Serious Violence Bill								
Jul 2018: Working Together 2018 published	2019: Govt publishes serious violence strategy	Apr 2019: New arrangements to replace LSCBs			Sep 2020: KCSIIE updated	Apr 2021: Domestic Abuse Act 2021	Sep 2021: KCSIIE updated		Sep 2022: KCSIIE updated	
Jul 2018: CN vs Poole caselaw re duty of care linked to housing	2018: Child safeguarding practice panel in shadow form	Sep 2019: KCSIIE updated				Dec 2021: UASC National Transfer Scheme mandatory	Sep 2021: RSE becomes compulsory in all schools	Aug 2022: Increase in UASC NTS threshold (0.07-0.1)		
May 2018: Integrated Communities Strategy Green Paper		Sep 2018: DfE issue 'county lines' guidance		Sep 2020: MoJ Sentencing White Paper						
Mar 2018: deadline for transfer of Statements to EHCPs	Role of Virtual School expanded to adopted CYP									
2018: NAAS Phase 1	2018: What Works Centre in CSC launches		Dec 2019: Social Work England commences							
LGA state £3 Billion funding Gap by 2025	2018: OCC Report on Public Spending on Children in England: 2000 to 2020	Apr 2019: £84m Strengthening Families funding launched		Jul 2020: 3 yr Comp Sending Review Announced			Aug 2022: Family Hubs and Start for Life Programme (DfE, DH)			
Apr 2018: Home Office launch £22m EI youth fund for PCCs	Jul 2018: DfE launch £6.5m Social Mobility funding	Mar 2019: £200m Youth Endowment Fund launches	Mar 2020: Troubled Families Funding extended 1 yr	Oct 2020: 1 yr Funding Settlement (CSR cancelled)	Mar 2021: Troubled Families Funding extended 1 yr			2022-2025: Supporting Families programme (DLHC)		
2018: LGA (Newton Europe) report on costs published	Jul 2018: MHCLG launch £19m DV funding	Sep 2019: £500m Youth Investment Fund announced			Oct 2021: Outcome of 3-year CSR announced			'Hard' national schools funding formula		

Figure 5: Timeline excerpt. See <https://adcs.org.uk/safeguarding/article/timeline>

## 4.1 Legislation and Policy

Specific legislation and policy are referenced throughout the report to illustrate links between national policy and research findings. 86 LAs provided information about the impact of national legislation, policy or initiatives on safeguarding and children's services more generally in the last two years. The following legislation and policies are listed in order of reported impact:

- The outcomes arising from two major reviews and a government white paper have the potential to rewrite how services for children are legislated and delivered:
  - the *Independent review of children's social care* (IRCSC, 2022) was published in response to the 2019 Conservative Party manifesto commitment to review the children's social care system to make sure children and young people get the support they need. The report calls for a 'dramatic whole system reset.' Its findings and recommendations include changes in early help, child protection, family networks and transforming care and the care experience
  - a Green Paper following the Special Educational Needs and Disabilities (SEND) Review: *right support, right place, right time* (DfE, 2022b) proposes a new national SEND and alternative provision system with an emphasis on meeting the needs of children in mainstream education settings, with targeted support where needed, and where this isn't possible in high quality, specialist provision close to home
  - an education White Paper - *Opportunities for all, strong schools with great teachers for your child* (DfE, 2022c) proposes a transformation to teaching, schools and behaviour management. In response to the government's 'levelling up' mission, the paper commits to 90% of children leaving primary school having achieved the expected standard in reading, writing and maths within a fully academised school system by 2030.

The government has now committed to publishing responses to both the *Independent review of children's social care* and the *SEND and AP Green Paper* in early 2023. The former will include a response to the recommendations made in the National Child Safeguarding Practice Review Panel (CSPRP) review into the murders of Arthur Labinjo-Hughes and Star Hobson (CSPRP, 2022) and the recent Competition and Markets Authority (CMA) study of children's social care provision (CMA, 2022).

Respondents were generally in support of most of the *Independent review of children's social care* recommendations, with some common reservations being expressed about regional care cooperatives and proposals around the arrangement of child protection services. They were clear that the current SEND legislation and system is 'broken'.

The collective impact of three major policy reform programmes for children's services, which have not yet been brought together via a national strategy or overarching vision, along with difficult experiences in the recent past in implementing national policy, left respondents feeling both hopeful and anxious. The consequences will be significant if these reform programmes are not 'joined up', implemented in collaboration with the sector, and sufficiently funded. Respondents also noted:

- over the past two years, reforms have been introduced prohibiting the placement of under 16s in unregulated provision. Whilst LAs agree this is the right thing to do in theory, the current placement sufficiency challenges mean that LAs may have no other viable alternative open to them (see chapters 4.2 and 21.5)
- for those LAs that have been successful in bidding for new funding, clear benefits and positive outcomes from individual programmes and initiatives that they are participating in, such as DfE Innovation Programme, the Strengthening Families Programme, and Social Workers in Schools, are reported. The new Family Hubs and Start for Life funding was welcomed, but has created additional uncertainty around the potential impact on local planning. The continued government practice of short term funding pots awarded to selected LAs based on a bidding process continues to cause consternation amongst respondents (see chapters 20.7 and 23.3)
- the Liberty Protection Safeguards (LPS) were introduced in the *Mental Capacity (Amendment) Act 2019* and will replace the Deprivation of Liberty Safeguards (DoLS) system. The new LPS applies to a wider cohort than the previous DoLS. When implemented, LPS will apply to anyone over the age of 16, in any setting, who needs to be deprived of their liberty in order to enable their care or treatment and lacks the mental capacity to consent to their arrangements
- an increase in the use of the high court's inherent jurisdiction to allow for restrictions to be placed on a child's liberty are currently being seen (see chapter 16.3)
- home to school transport was first legislated under the *Education Act 1944*. The latest 2014 statutory guidance is a major concern for many respondents who reported the requirements are both outdated and create a significant and increasing cost pressure on LA children's services (see chapter 23.3)
- the impact of the introduction of the *Domestic Abuse Act 2021* was reported to be positive and has enabled local areas to ensure they have a robust domestic abuse offer and further develop their strategies, including a wider preventative approach (see chapter 6)
- national reports and reviews such as *Fieldwork report: National Review of Non-Accidental Injury in under 1s*, *The myth of invisible men*, *Safeguarding children under 1 from non-accidental injury caused by male carers*, and *It was hard to escape*, were cited as helpful. However, there was a strong view that the adverse publicity and

'blame' culture around recent high profile child deaths, and the media coverage that followed, had a negative impact on the social work profession, wider children's services and staff confidence (in some cases leading to staff being abused)

- respondents reported that Covid-19 legislation and guidance, including for schools, had a clear impact on work with families and required creative approaches in order to meet the needs of children and young people to keep them, and staff, safe. Regulatory flexibilities were used by some, but not all LAs. It was noted that government guidance was not always timely or sufficiently clear (see chapter 4.3)
- the Public Law Working Group report and recommendations regarding care proceedings were reported to have assisted in developing good practice and managing risk outside of the court arena (see chapter 16.2)
- integrated care systems (ICSs) were introduced under the *Health and Care Act 2022* to replace clinical commissioning groups, with the relevant provisions of taking effect from 1 July 2022. Some respondents reported the focus on developing ICSs has been "a distraction," others saw ICSs as having potential. However, the profile and importance of children on ICS Board agendas and impact of these reforms on children and families is not yet clear. In a recent value for money report on ICSs, the National Audit Office (2022), state that: "*at present, the inherent tension between meeting national targets and addressing local needs, the challenging financial savings targets, the longstanding workforce issues and wider pressures on the system, particularly social care, mean that there is a high risk that ICSs will find it challenging to fulfil the high hopes many stakeholders have for them.... If DHSC, NHSE and partners can address these challenges, then ICSs could bring real improvements in the longstanding challenge of bringing health, social care and other services together with the ultimate aim of improving the health and wellbeing of the populations they serve.*"
- refugee and asylum seeker legislation, policy and funding was raised by respondents, including resettlement schemes for people arriving from Hong Kong and Afghanistan and the introduction of different schemes for Ukrainians to stay with hosts or family members. Whilst respondents accept the latter was the right response and needed to be implemented quickly, it created difficulties as LAs were expected to mobilise without appropriate government guidance or commensurate funding. The full extent of its impact is yet to be determined, especially with regards to the private fostering legislation (see chapter 18)
- changes in December 2021 to make the National Transfer Scheme Protocol for UASC mandatory were raised alongside further changes in August 2022 to increase thresholds from 0.07% to 0.1% of an LAs child population plus a reduction in the transfer timescale to five working days



- the *Children and Social Work Act 2017* extended the cohort of care experienced children to whom support must be offered, to those aged 21-25 years. The number of care experienced children is increasing rapidly, particularly amongst the asylum seeking cohort, and yet the new funding allocated to support this extended duty remains out of kilter with the demand and expectations of the support offered (see chapter 19).

“The challenge in policy changes is always to provide a balanced and welcoming response but at the same time acknowledge both the capacity, the expertise and the cost of change. And the mistake of that is often made, and it's been made in this set of policy reviews [Independent review of children's social care and the National Review into the murders of Arthur Labinjo-Hughes and Star Hobson], is that we believe structural solutions will deliver whatever it is that is wanted and it won't, it's also a culture change. You can't change policy on the back of high-profile cases. It never works. We had the Munro review, good stuff came out of it and did we fully implement it? Probably not.” – *London LA*

## 4.2 Regulation and Inspection

Regulation and inspection, particularly of residential children's homes, was a major area of concern for many respondents. The regulatory framework was stated to have narrowed the way in which residential care is inspected, resulting in judgements of provision which were sometimes seen as pedantic and did not reflect the constraints in which LAs are operating, or the particular challenges encountered during the Covid-19 pandemic. This has a knock-on impact on the willingness of providers to care for children with complex needs for fear of an adverse judgement, increasing the prevalence of one to one provision, and removing huge amounts of sufficiency out of the system.

“It's completely risk averse. It is the only bit of the system where we don't apply relationship-based practice.” – *North East LA*

Regulatory judgements regarding matching decisions and the impact on subsequent inspection judgements for a home can be detrimental to the wellbeing of the child. This is especially true if Ofsted require a placement to be terminated with immediate effect or with very little notice. The impact on the child, in terms of feeling of abandonment, instability and upheaval, can be significant, especially if they need to move areas and schools. Such changes often take place at pace, with little or no planning, resulting in the child losing many of their protective factors which contribute to their safety, wellbeing and positive change.

Inspectors can appear to have an unrealistic view that there are alternative placements available that can better meet a child's needs, sufficiency is extremely challenging. There seems to be little consideration of the impact on the child and the reality that the only alternative option for some of these children is an unregulated placement.

More LAs are opening their own children's homes to increase placement sufficiency, at significant cost to themselves. Some LAs are in desperate need of residential care places for children with often complex needs, yet respondents report the time it takes to register a new provision with the regular remains too long.

There were positive findings relating to regulation and inspection. A number of LAs were able to have honest and frequent conversations with their local Ofsted HMI, including the use of unregistered placements due to a lack of viable alternatives.

"Even though we've got 10% more homes, we've got 40% less sufficiency because we've got all those four bed homes sat there with just one child in them, which in terms of cost is ludicrous. In terms of impact for that young person, what does that say to them? For example, we have had one young man who has been in four different homes that have been rated inadequate because of matching issues, we've also had unregistered [provision] which they [Ofsted] came and shut down. So, for this child, by the time he was 16 he had five different incidents where Ofsted have been into the home, and he'd effectively being told he shouldn't be there because of the risk he created by being there. So, what does that do in terms of a strengths-based discussion? He then ends up living in a provision all by himself? How is that good for a 15-16 year old lad? What message does it give him about being wanted and having a safe stable home?" – *North East LA*

### 4.3 The Covid-19 Pandemic

The Covid-19 pandemic and its impact on children and young people, their families, and services is well researched and reported, and therefore not repeated here (for example in ADCS 2020; NHS Confed 2021; Children's Society (2020); and Ofsted (2022a). A separate timeline with a specific focus on the Covid-19 pandemic can be found on the ADCS website.

A series of Unicef research reports put the experiences of the United Kingdom in a global context, reminding us that the impact of both the pandemic itself and measures to keep people safe from harm were felt the world over. As part of this series, Richardson *et al* (2022) depict a conceptual framework based on Bronfenbrenner's ecological model to help understand how factors related to the Covid-19 pandemic impact at different levels (from families to broad societal contexts) and how they affect children, often through a cascading sequence of effects. These factors have unequal impacts on children living within different

community and family contexts, depending on how the world around the child acts as a prism through which the impact is lessened or intensified, their protective factors and resilience.

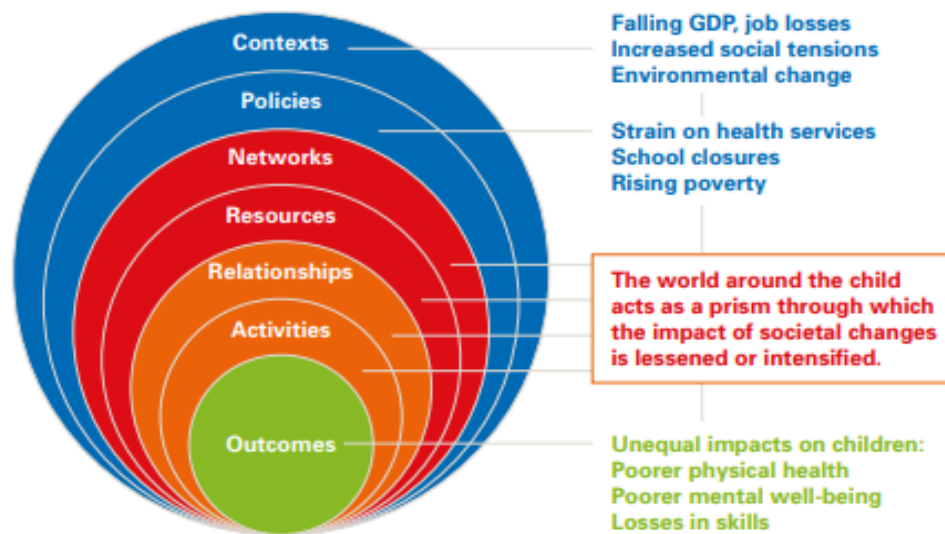


Figure 6: The cascading impacts of the Covid-19 crisis on child wellbeing (Richardson et al, 2022)

Safeguarding Pressures research respondents were clear that whilst there is wide agreement on the impact of the Covid-19 pandemic, and the necessity of actions to reduce both the spread of infection and resulting harm, other factors also came into play during this time.

We reported in phase 7 how in a matter of months, Covid-19 upended the lives of many children and families. Some services, including health visiting, and schools, were largely closed which made it harder to identify needs early and respond appropriately. Those services that were open, critically children’s early help and social care services, had to adapt to ensure that the welfare of children was safeguarded despite the impact of Covid-19. Children were risk assessed to inform individualised visit and support plans, with face-to-face visits continuing when necessary and services flexibly delivered.

A “pressure cooker” home environment played out in the increase in domestic abuse cases. Throughout the pandemic we have seen an increase in safeguarding concerns for children living in households experiencing parental conflict and domestic abuse, with more families who were just about coping before the pandemic subsequently requiring statutory support. Whilst in some areas parenting support groups, including domestic abuse perpetrator programs, weren’t available at all, some moved online. Where groups continued virtually, some families reported not having the financial or technological means to access them.

The reduction in interaction between some professionals and children, for example due to the closure of schools, leisure centres and social/recreational clubs, was a cause for concern. Places that would have been protective factors no longer featured in the daily lives of children. As restrictions started to ease and life started to look more normal, there were reports that rebuilding relationships between professionals and families, and rebuilding wider family networks after periods of isolation, was particularly challenging for some.

“I've got a cohort of probably 20 teenagers, who have absolutely no consciousness about abiding by any kind of regulation. I'm not talking about law-abiding because that's a slightly different issue. For example, I've got one child who has diabetes who doesn't want to take his insulin and he just wants to run with the crowd. I've got one whose permanence arrangements have broken down and when he's in the [children's] home he is fantastic, but the minute he leaves he is putting himself in positions where people want to fight with him. So that dysregulation, where that routine and those boundaries are more than being tested now, and there is no self-regulation.” - *North East LA*

There were added new stressors on caregivers who may have had to juggle work and caring responsibilities or forgo work. It is widely accepted that the Covid-19 pandemic left some children more vulnerable, experiencing disruption to their education and at a heightened risk of abuse, neglect, online and other forms of exploitation, and violence. Many parents of babies and very young children struggled with social isolation and this increased vulnerabilities for some children. There are reports that some children entering reception class were not school ready and LAs have seen a significant increase in the number of requests for education health and care plans (EHCPs).

At each stage of the pandemic, LAs report that they kept their responses under review to ensure that they kept children, and their staff, safe and acted in line with current guidance to prevent the spread of Covid-19. Agencies, especially children's services, police and schools, worked well together during the pandemic and the legacy of this remains to this day.

Not all children and adults had a negative experience during the pandemic, some excelled during this period, such as some children in care who valued the opportunity to build closer relationships with their carers and also benefitted from a more intensive education experience.

The evidence within this research report clearly shows that during the initial months of the pandemic, most areas did see a reduction in demand which soon returned to expected levels. For some, there has been, and continues to be, a substantial increase in demand and case complexity for all safeguarding partners and services.

“We're seeing a cohort of children who were at fairly key points in their development during the Covid-19 period, who we have probably, to an extent, lost in terms of the universal services now and it is more about how we rectify that throughout specialist services.” – *North East LA*

The UK Covid-19 Inquiry has been set up to examine the UK's response to, and the impact of, the Covid-19 pandemic, and learn lessons for the future. The findings from the Inquiry are likely to have an impact on how the country responds to any future pandemics, including the response of schools and wider children's services. At the time of writing this report, it is clear that the country, and children's services, cannot yet talk about being 'post-pandemic' nor do we fully understand the latent need and implications yet to emerge.

## NEEDS AND PRESENTING FACTORS

Information about why children and families require early help or social care services provides an insight into provision of support at different levels of need. These are categorised into the following:

- societal determinants: changes to the underlying factors and needs faced by citizens, including housing and poverty
- parental factors
- children's mental health
- extra familial risk and harm
- presenting need of children in early help and children's social care services
- other needs.

Respondents reported more acute presentation of some factors during the Covid-19 pandemic, and where appropriate, changes and presenting needs pre- and post-Covid are reported together by factor.

System factors, the way that the system of services responds to families requiring help, is detailed in chapter 20.

## 5 Societal Determinants

### 5.1 Population

There were 12,093,290 children aged 0-17 years and 13,330,355 million aged 0-19 in England in 2020 according to the latest available ONS mid-year population estimates (ONS, 2021a). Mid-Year estimates for 2021, which will be based on the 2021 census, are not available at the time of writing this report. It is not known what changes there are likely to be, but ONS report that in the 2021 census the 0-19 years population in England was 13,057,600, a 2.1% (272,755) reduction (ONS, 2022a).

Based on the 2020 mid-year estimates for ages 0-17 years, the population change varies between regions, with a reduction in the North East (-0.3%) and the most significant increase being seen in London (16.8%).

	Phase 1	Phase 5	Phase 7	Phase 8	Change		
	MYE 2007	MYE 2015	MYE 2019	MYE 2020	% P7-P8	P1-P8	% P1-P8
North East	535,427	524,417	532,057	533,640	0.3%	- 1,787	-0.3%
North West	1,517,333	1,521,365	1,563,460	1,571,580	0.5%	54,247	3.5%
Yorks & The Humber	1,121,576	1,145,643	1,169,941	1,174,360	0.4%	52,784	4.5%
West Midlands	1,227,887	1,261,883	1,299,803	1,306,330	0.5%	78,443	6.0%
East Midlands	944,555	971,538	1,002,649	1,007,900	0.5%	63,345	6.3%
East of England	1,233,788	1,299,984	1,346,457	1,356,370	0.7%	122,582	9.0%
London	1,704,615	1,952,870	2,032,427	2,047,600	0.7%	342,985	16.8%
South East	1,814,902	1,918,075	1,969,297	1,982,610	0.7%	167,708	8.5%
South West	1,052,701	1,082,081	1,107,477	1,112,900	0.5%	60,199	5.4%
England	11,152,784	11,677,856	12,023,568	12,093,290	0.6%	870,784	7.2%

Figure 7: Population by region. MYE = mid year estimate which are produced a year in arrears (e.g. 2020 MYEs published in 2021). Source: ONS mid year population estimates

ONS predict that by mid-2030, the number of children aged from 0 to 15 years will decrease by 1.1 million (8.8%). Conversely, the number of people of pensionable age is projected to increase by 1.3 million (11.3%) (ONS, 2021b). These predictions were calculated prior to the Covid-19 pandemic, the completion of the 2021 census, and the upward increase in migration seen of late, all of which may impact on predictions.

81% of respondents state that population and demographics (including housing and homelessness) are making a difference to social care and/or early help activity. This is higher than in phase 7.

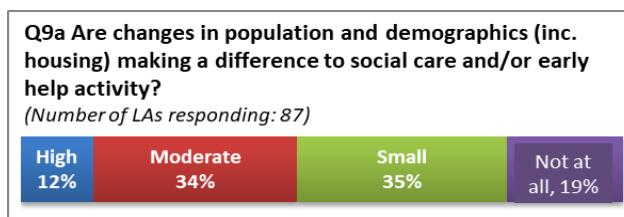


Figure 8: Questionnaire responses: impact of population (Source: SGP8)

The continued growth in population in most areas accounts for some, but not all, of the increase in demand for services.

## 5.2 Poverty

The impact of welfare reforms and the lack of affordable secure housing are contributing to the increased the numbers of children living in poverty and at risk of adverse childhood experiences. This is, respondents believe, a significant determinant of increased demand for early help and social care services.

The Indices of Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income-deprived families (MHCLG, 2020). The contributory causal link between deprivation, the need for family support, and statutory children's social care interventions is well established (Bywaters *et al*, 2016) and previous Safeguarding Pressures research phases have explored this issue in depth.

DWP (2022a) report that more than one in five children are living in poverty. In 2020/21, there were 2.92 million children and young people aged 0-19 living in relative low income households compared to 2.7 million two years ago. 81% of these are under 16 years old. However geographic variations are significant as the proportion of children living in low income households in individual LAs varies from 3% to 42%. In May 2022, there were 3.6 million UK households with at least one child in claiming universal credit (DWP, 2022b).

The continued impact of welfare reforms, families affected by the two child benefit cap, in-work poverty and the current cost of living crisis are significant determinants of levels of need and demand for help and support. Certain populations, including those living in rural areas, feel the impact of increased fuel costs, for example, on their ability to attend places of work, social engagements and appointments. The value of benefits has reduced, as the cost of living rises at a higher rate than any uplifts.

Children and families experiencing poverty are accessing additional support:

- the distribution of Covid-19 grant funding to vulnerable families (vouchers/ holiday activities and food programme) is providing much needed support
- in October 2020, 1.63 million school pupils (19.7%) were eligible for free school meals, an increase from 1.44 million (17.3%) in January 2020 (DfE, 2022a). Of those 1.63m children, 302,400 became eligible after the first national Covid-19 lockdown began
- in 2021/22, 1,570 families were claiming 'no recourse to public funds' support at a total cost of £13.8m in the 50 LAs responding
- food bank charities have reported an increase in demand. In 2021/22 the Trussell Trust distributed 2.1 million food parcels, a 14% increase on the previous year. 832,000 of these parcels went to families with children (Trussell Trust, 2022). The

Trussell Trust (2022) state: *“we know the main drivers of food bank use in our network are: problems with the benefits system (delays, inadequacy and reductions); challenging life experiences or ill-health; lack of informal or formal support.”*

Respondents state that sadly, these factors are likely to deteriorate further, both in the terms of the quality of life for children, their families but also the future impact on children’s services in providing the necessary help and support.

The cost of living crisis has further increased since Safeguarding Pressures Phase 8 research was conducted, with higher inflation projections expected until 2023 prior to reverting to levels around 2% by quarter one in 2024. If these projections are realised, more families will be pushed into poverty, despite recent benefit increases as part of the government’s Autumn Statement delivered on 17<sup>th</sup> November 2022.

### 5.3 Housing

The growth in the rate of new-build housing and government housing initiatives designed to support affordable and accessible homes is not keeping pace with population changes and demand. There are increased housing issues, such as the rising cost of housing across the country, which forces families into homelessness and movement between areas (e.g. from inner to outer London, and the home counties, or increasingly further afield). It is not yet clear how the current economic climate, and likely recession, will impact on this already worrying picture.

In 2021/22, the number of households with children who were either threatened with homelessness, or already homeless, had increased by almost a quarter (23.3%) compared to 2020/21. The government (DLUHC, 2022) reports a reduction in the number of households with children who were in temporary accommodation from 62,970 as at 31<sup>st</sup> March 2020 to 58,910 as at 31<sup>st</sup> March 2022. Of the households with children in temporary accommodation as at 31<sup>st</sup> March 2022:

- 1,700 were in bed and breakfast hotels
- 14,840 were in nightly paid privately managed self-contained accommodation
- 2,780 were living in hostels
- the remainder were in private sector, LA or housing association or other accommodation.



## 6 Parental Factors

Adults experiencing domestic abuse, mental health difficulties or substance misuse, remain some of the most commonly reported reasons why children come to the attention of early help and/or children's social care services.

The evidence gained through ADCS Safeguarding Pressures research affirms the increase and impact of a lack of parental capacity in providing an adequate caregiving environment for some children. 77% of respondents stated that parental factors make a high or moderate difference to social care and/or early help activity. The prevalence of parental factors in early help and social care assessments is detailed in chapter 9.

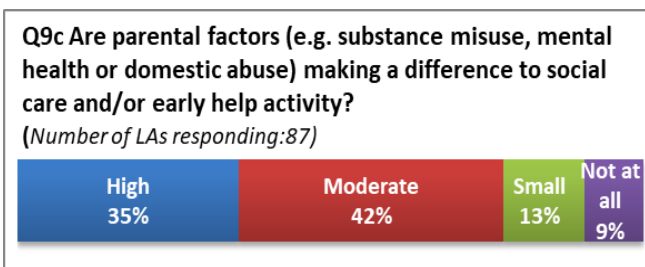


Figure 9: Questionnaire analysis: Parental Factors

The disruption to many services during the Covid-19 pandemic was reported to have resulted in some parental concerns being left unaddressed for extensive periods, which have then contributed towards negative impacts for children. A reduction in family resilience in the last two years for a variety of factors means that more parents are struggling.

Parental mental health, substance misuse and domestic abuse are the subject of much research, including Chowdhry (2018) who estimated that almost 400,000 children were living in a household where substance misuse, domestic abuse or moderate to severe mental illness had been reported and almost 100,000 where these three factors were current or recent.

Domestic abuse continues to be a significant concern, it was present in over 40% of the serious incidents reviewed by the National Panel in 2020 (CSPRP, 2021) and also in the national review into the murders of Arthur Labinjo-Hughes and Star Hobson. (CSPRP, 2022).

LAs reported rising prevalence of negative parental factors and shared the ways in which they are tackling the impacts, an example of which is provided below.

### EXAMPLE

Research completed in summer 2020 show that [domestic abuse] was evident in approximately a third of casework. Our research suggests that domestic abuse is a significant factor in 36% of children in need plans, 55% of child protection plans and 36% of children in care plans. We have used this evidence to develop practitioner guidance and investment from the DA fund to enhance our responses, particularly to engage with male abusers in new ways. We are currently undertaking research on the impact of parental substance misuse and mental health to inform similar action to address parental problems as they impact on parenting. – East Midlands LA

## 7 Children's Mental Health

There is significant evidence relating to the increasing poor emotional wellbeing and mental health needs of children, and their parents and carers, plus a body of national policy and service provision to both prevent and tackle this. The ADCS special thematic report on children's mental health (ADCS, 2022a), published alongside the Safeguarding Pressures Phase 8 interim report (ADCS, 2022b) early November 2022, contains further details.

The thematic report provides evidence of increasing mental health issues and challenges in accessing services, including:

- increasing rates of probable mental disorder from one in nine children and young people in 2017 to one in six in 2021 (NHS Digital 2021)
- 20% of children aged 9-17 years were unhappy with their mental health (Children's Commissioner, 2021)
- there has been a 23% increase in the number of children accessing support by mental health services at any time in 2021/22 to a total of 674,485 children, compared to two years ago (NHS England, 2022)
- 46% of Safeguarding Pressures respondents were of the view that there was never, or rarely, enough CAMHS provision in the right places to effectively support children. Further, 79% of respondents stated that there were never, or rarely, enough Tier 4 beds in the right places to effectively support children with the very highest levels of need.

The special thematic report concludes that a lack of emotional resilience, emotional wellbeing and poor mental health are the most significant factors impacting on all areas of life for children, sometimes with devastating consequences. An underlying theme is the resource pressures this creates for LAs as they attempt to meet actual levels of need in local communities and fund services to fill the gaps within the NHS provision.

The increase in demand seen in the past two years is forecast to continue exponentially, with worrying outcomes for children which will only continue into adulthood. The implementation of mental health support teams (MHSTs) in schools plus other community and early help-based provision are helping, but this is insufficient in some areas and access to more specialist services for mental ill-health, such as Tier 4 beds, is either taking too long to access, or is not available at all, with no alternative routinely being offered by health partners.

Whilst some respondents report interim local solutions and good working relationships with their NHS mental health providers in developing more permanent solutions, it is clear that this agenda requires further and urgent attention from central government departments,

working together with mental health commissioners and providers at a national level. This happened with Future in Mind several years ago but sadly this drive and investment has not had the desired impact for children across the country.

## 8 Extra-Familial Risks and Harm

Extra-familial risks and harm (EFRH) is defined as risks to the welfare of children that arise within their local community or peer group rather than from the home environment. Parents may not be aware that their child is at risk, or may be struggling to protect them, and the wider family, from exploitation and harm. There is evidence that younger children are becoming victims of EFRH. These extra-familial contexts which can pose a new set of complex risks at the interface with criminality include:

- radicalisation and violent extremism
- child sexual exploitation, or other extra-familial sexual abuse of adolescents
- criminal exploitation, including through county lines drugs distribution, and cuckooing of properties
- gang affiliation and serious youth violence
- peer on peer abuse (non-familial and non-sibling), including harmful sexual behaviours and domestic abuse among adolescent couples
- trafficking and modern-day slavery
- antisocial behaviour by and affecting peers.

### 8.1 National context

Heugler (2021) maps the policy and practice landscape of safeguarding young people from extra-familial risks and harms, concluding that: *“extra-familial risks and harms affecting young people have increasingly become a focus for policy and practice in recent years, both in social care and across wider public services fields, such as education or criminal justice. A complex array of factors has contributed to this, including: the increased public exposure of EFRH through reviews, inquiries and targeted inspections (as well as associated media attention); increased demands on social care systems paired with conditions of austerity; increased public reception of research findings on adolescent development, combined with a mismatch between what are increasingly recognised as adolescent needs and risks and the structure of services and systems to respond to them; and finally, in parallel with overall austerity measures, targeted government incentives for some approaches that considered innovative.”*

There has been an increase in the number of children where EFHR is a concern, but also better awareness, specialist knowledge and evolving approaches in relation to EFRH. Developments in national and local strategies to support this agenda over the past few years include funding and focus through, for example, Violence Reduction Units (VRUs) and the Tackling Child Exploitation Support Programme, which has been extended to March 2023.

Respondents reported the importance of having robust frameworks and strong partnerships to ensure a coordinated, multi-agency response to EFRH. Traditional responses to safeguarding risk have been identified by some respondents as not being as effective as other methods they are utilising, such as young people’s plans instead of child protection plans. The *Independent review of children’s social care* also suggests taking a different approach here.

“The LA has experienced an increase in safeguarding children at risk of exploitation post pandemic. This is likely to be due to the introduction of the exploitation hub and greater sharing of information and intelligence rather than being pandemic related.” – *Yorkshire and Humber LA*

Many children and young people who come into conflict with the law will have experienced adverse childhood experiences that have impacted on their lives and on their life chances. Recent strategies and reviews, including a move to child centred policing advocated by the National Police Chiefs’ Council, identify such young people as ‘victims’ themselves and potentially in need of safeguarding approaches as well as, or rather than, being seen only as a perpetrator of crime.

Some individuals experiencing EFRH are over 18 years of age yet remain vulnerable, for example, due to poor mental health, not being in education, employment or training (NEET), or turning 18 years old whilst receiving services (usually meaning a transition from children’s to adult services). Improvements in transitional safeguarding, including some local area EFRH services offering support to age 25 years were evident among respondents.

There were reports that exploitation did not stop during the Covid-19 pandemic lockdowns, it simply adapted to the environment and local partnerships needed to rapidly develop new ways of tackling this directly in the community.

## 8.2 Prevent and radicalisation

Respondents providing information indicated that ‘Prevent’ and radicalisation is a common factor seen in safeguarding, with an equal number reporting an increase, as reporting no change. Reasons for increases appear to be partly due to an improved identification of the risk factors but also an increase in prevalence itself. Poor mental health was cited as a

recurring factor making individuals more vulnerable to radicalisation. Respondents reported other factors, including: the impact of social media, the accessibility of extreme material online which purports different ideologies, and increases in misogyny and anti-LGBTQ+ views.

Prevent and anti-radicalisation systems were reported to be working well in respondents providing information. Key themes emerging from referrals to Channel Panels shared by responding LAs relate to isolation, neurodiversity, and children and young people seeking belonging via online forums containing extremist content.

### 8.3 Child criminal exploitation and youth violence

Most respondents reported that child criminal exploitation (CCE), youth crime and youth violence have increased locally. Changes in the past two years related to an increase in the involvement of girls, younger aged children and more vulnerable children, including those with poor mental health, and young people with Autism Spectrum Disorders (ASD). No areas or respondents reported a decrease in serious violence and criminal exploitation.

The high risk of harm and re-offending of children who are involved in CCE and/or serious youth violence requires high levels of resource, in some cases resulting in the child entering care.

“I think the frustration for me is that often it leads to us moving the child rather than dealing with the perpetrators. One of the big drivers is the police saying they don't want this child in London. But not understanding, in my view, the connectedness of a child to their controllers through their phones and other devices. So, you know, placing them a long way away doesn't make any difference because they can find exactly where they are, and get them to do things where they are.” – *London LA*

Respondents reported how they have developed, or are developing, robust approaches to prevent, disrupt and address CCE, often involving integration and collaboration with partners through the creation of exploitation hubs; multi-agency adolescent boards across adult and children's services; or youth mentors working in communities with young people. National and local projects, such as the DfE SAFE Taskforces and VRUs, were reported positively.

ONS (2022c) report that in the year ending December 2021 there has been an increase of 9% in the number of potential child victims of modern slavery referred to the National Referral Mechanism (NRM) compared with the previous year (from 5,028 to 5,468), although it is noted that the actual number is likely to be higher due to under identification.

### EXAMPLE

These issues are also being tackled through our Exploitation Hub, which has now been in place for 18 months and is a virtual multi-agency approach to identifying, screening, and sharing of intelligence around those at risk of exploitation. Exploitation triage is held daily and is represented by children’s social care, police, early help, adult social care, youth justice and street teams. Exploitation triage leads meet on a weekly basis through the Exploitation Delivery Group, to review any themes or issues which are then raised at the monthly Exploitation Panel and shared across the partnership. This involves a presentation by the Principal Exploitation Reduction Officer. This role is now well established, with a key focus on strengthening partnership responses to missing and exploited children, young people and vulnerable adults. – West Midlands LA

## 8.4 Children who go missing

110 LAs reported 38,192 children across 88,370 episodes missing from home at any time during 2021/22, with the average episode per year decreasing from 6.5 in 2019/20 to 2.3 in 2021/22. 112 LAs reported 9,421 children across 59,450 episodes missing from care at any point during 2020/21. This is an average of 6 episodes per child per year, higher than two years ago. However, it is possible that a small number of children are skewing the average.

## 8.5 EFRH as a factor in social care assessments

LAs collect data on EFRH factors in social care assessments, with CCE added as a factor in 2021/22. Published data for 2021/22 (DfE, 2022a) identifies an increase in the past year in the number of assessments with EFRH factors following a reduction the previous year. The reduction seen in 2020/21 is much more likely to be due to the 3% drop in the number of assessments completed in the first year of the Covid-19 pandemic than a genuine fall in the prevalence of these factors. This is a good example of the need to contextualise data to avoid misinterpretation.

Number of assessments completed with EFRH factors		
Factor	2017/18 - 2021/22	2021/22
Going missing		15,740
Child sexual exploitation		16,330
Trafficking		2,470
Gangs		11,600
Female genital mutilation		850
Faith linked abuse		1,960
Child criminal exploitation		10,140

Figure 10 – Exploitation factors identified at end of assessment (number).  
Note: An assessment can have more than one presenting factor. Source: DfE

## 9 Needs Identified in Children's Services

### 9.1 Needs identified in early help

LAs record a wide range of presenting factors in early help assessments, these are locally determined. The largest list shared by a responding LA included 63 separate factors to choose from. This makes analysis of the reasons why children and families come to the attention of early help very difficult. An illustrative example of the variety of options in four LAs is provided, below:

<p><b><u>LA1: Mirroring supporting families categories</u></b>            Alcohol or drug misuse            Domestic violence/ healthy relationships            Mental health            Learning, or physical disability or illness            Caring responsibilities            Money issues            ASB / crime            Education            Out of work            Neglect            Housing            Other</p>	<p><b><u>LA2: As social care categories of need</u></b>            Abuse or neglect            Child's disability            Parental illness or disability            Family in acute stress            Family dysfunction            Socially unacceptable behaviour            Cases other than children in need            Step-parent adoption</p>
<p><b><u>LA3: Categorised</u></b>            Development of baby, child or young person:            behavioural development            Family &amp; social relationships            Self-care &amp; Independence            Emotional &amp; social development            Health            Identity            Learning            Family and environment: family history &amp; wellbeing            Housing, employment &amp; finance            Social &amp; community elements            Support for parents            Wider family            Parents and carers: basic care, safety &amp; protection            Emotional warmth &amp; stability            Guidance, boundaries &amp; stimulation            Other: request for specific service            Blank</p>	<p><b><u>LA4: Primary reason only recorded</u></b>            Parents struggling with parenting            Mental health needs            Domestic abuse            CSE            Abuse - neglect            ASB / criminal behaviour            Child with disabilities            Drug / alcohol / substance misuse            Abuse - sexual            School attendance            Abuse - physical            Housing concerns            Abuse - emotional            Physical / learning disability            Other</p>

Figure 11: Examples of locally determined factors in early help

In terms of presenting factors, 47 LAs provided data, of which 22 record one main presenting factor per assessment only, and 25 record multiple factors per assessment. This means that in LAs only reporting one factor per assessment, it is likely that the child or family had other needs that have gone unrecorded, therefore, the true prevalence of specific issues, risks or challenges in these areas is likely to be underestimated.

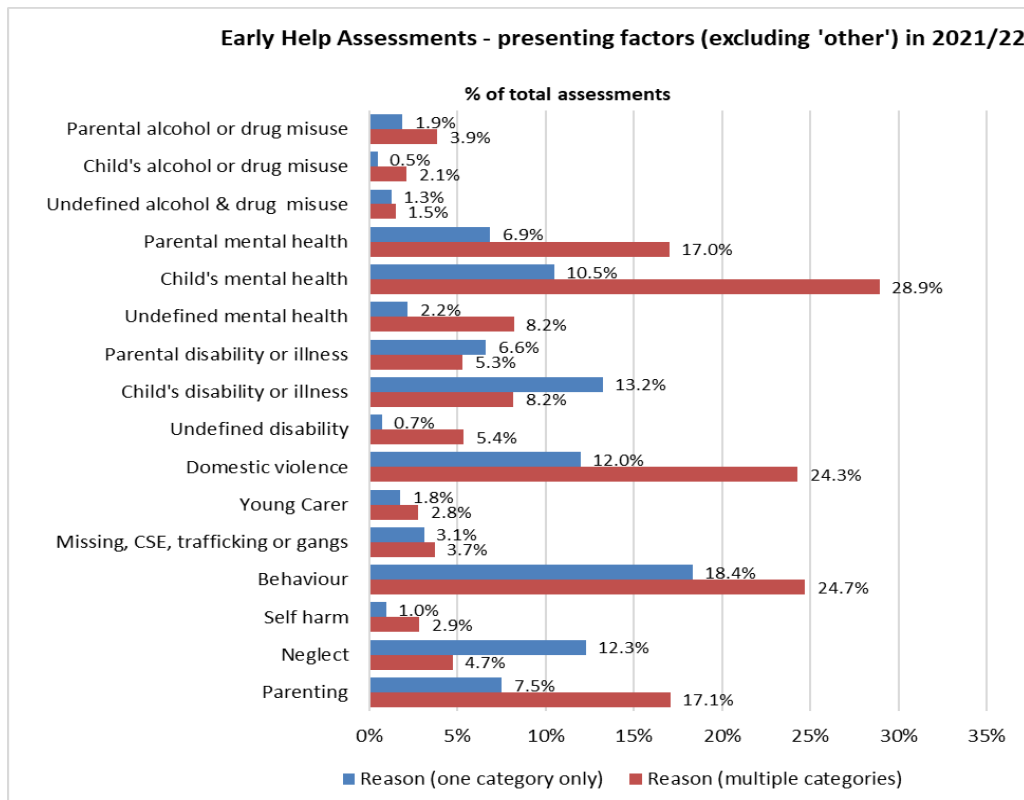


Figure 12: Early help assessments by presenting factor (Source: 2021/22 SGP8, 47 respondents)

Over 30% of assessments had other factors. The top three presenting factors are vastly different for those who only record one factor to those who record multiple and provide a skewed picture of need:

- multiple factors recorded: child's mental health (28.9%), behaviour (24.7%), domestic abuse (24.3%)
- single prevalent factor recorded: behaviour (18.4%), child's illness or disability (13.2%), neglect (12.3%).

## 9.2 Referrals

Referrals identify the *predominant* reason for the child coming to the attention of children's services, recognising that more than one primary need<sup>6</sup> is likely. This does not adequately capture the detailed picture respondents shared in relation to the increasing complexity of needs and circumstances of children and families now coming to the attention of social care.

<sup>6</sup> DfE guidance stipulates that codes should be selected 'top down' so the lower down the list, the less likely it is of being selected. This is important when looking at the data. For example, low income may not be selected if it is deemed that the family is in acute stress. In this example, the recorded need code would be N5 only.



DfE statutory categories are woefully inadequate at capturing the presenting factors behind referrals to social care.

117 LAs provided information which indicate little change in presenting needs in the past two years: 63.9% were primarily for ‘abuse or neglect’ (N1) compared to 64.2% two years ago and the proportion has more than doubled since 2007/8. However, referrals where the primary need code is ‘not stated’ (N0) has reduced dramatically over time and could account for some of this increase, but not all.

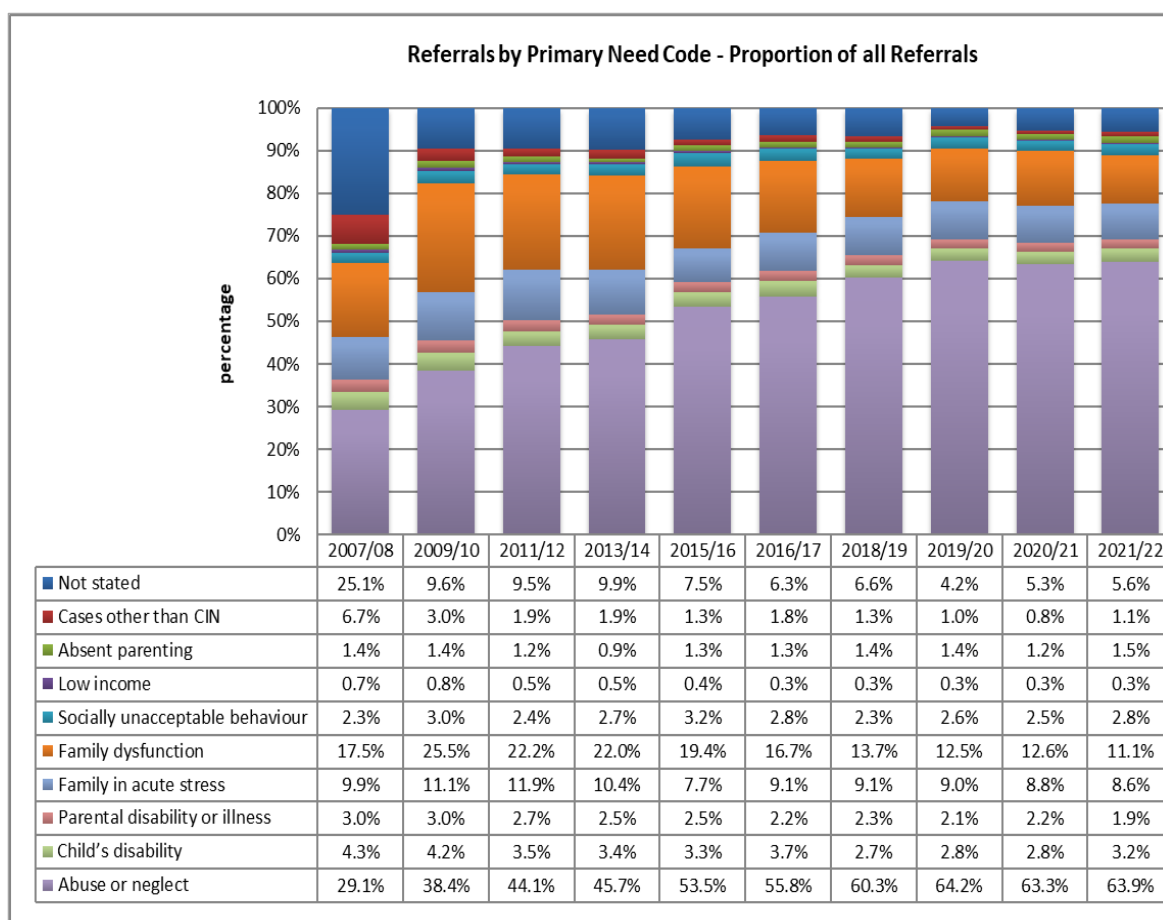


Figure 13: Referrals by category of need – proportion of all referrals (Source: SGP respondents, Phase 8 = 117 respondents)

### 9.3 Presenting factors in social care assessment

Changes have been seen in factors recorded in social care assessments over the four year period from 2017/18 to 2021/22 which chime with other evidence about the presenting needs of children and families, and the causes of need. Most notably:

- parental domestic abuse (27.5%), parental mental health (26%) and emotional abuse (17%) continued to be the most prevalent factors in social care assessment in 2021/22

- the factors which have seen the greatest increases in the past two years are child mental health (up from 12.4% to 13.6%); self-harm (up from 4.0% to 4.3%) and UASC (up from 0.48% to 0.63%).

The figure below illustrates the number of assessments where each factor was present.

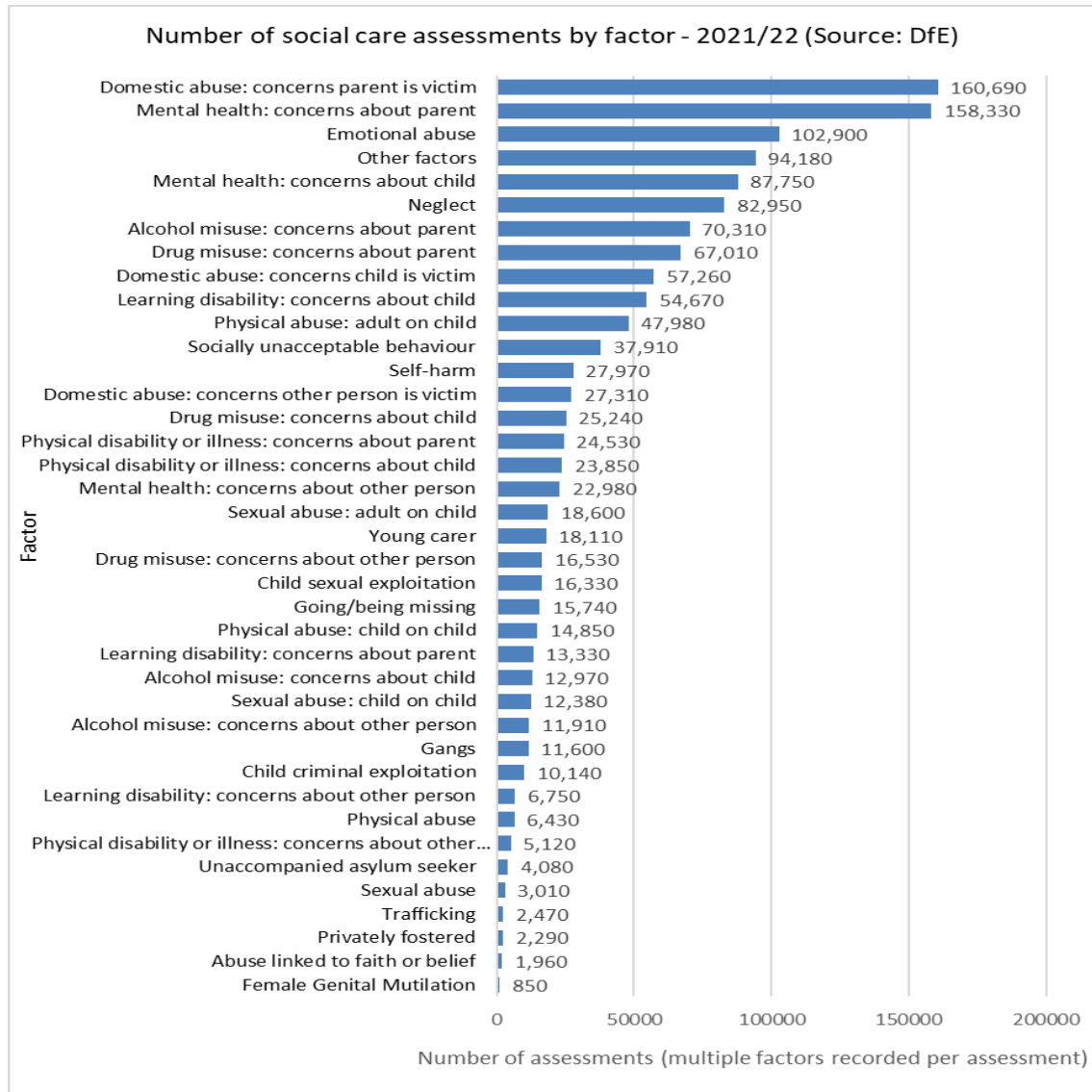


Figure 14: Number of presenting factors in assessments in 2021/22. (Source: DfE, 2022)

## 9.4 Categories of abuse – child protection plans

In 123 respondents, more children were subject of a child protection plan as at 31<sup>st</sup> March 2022 for neglect (46.9%) than other categories of abuse. There is little change in the categories of children subject of a child protection plan in the past six years. Categories are similar for children becoming subjects of child protection plans.

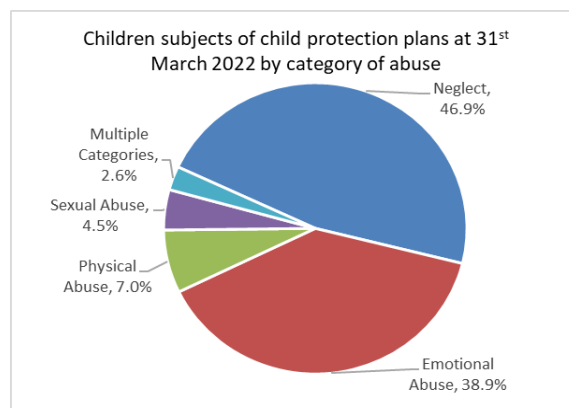


Figure 15: Child protection plans as at 31<sup>st</sup> March 2022 by category of abuse

## 9.5 Children entering care by category of need

The DfE categories for reasons children entering care are the same as for referrals, and again do not capture the spectrum of presenting needs or the granular intelligence required to understand these reasons effectively. 58.9% of all children entering care were primarily due to ‘abuse or neglect’ compared to 62.5% two years ago. More children are entering care due to ‘absent parenting,’ which aligns with the increased numbers of UASC arrivals; LAs with the highest proportion of children coming into care due to ‘absent parenting’ tend to have the biggest intake for UASC, for example Kent County Council.

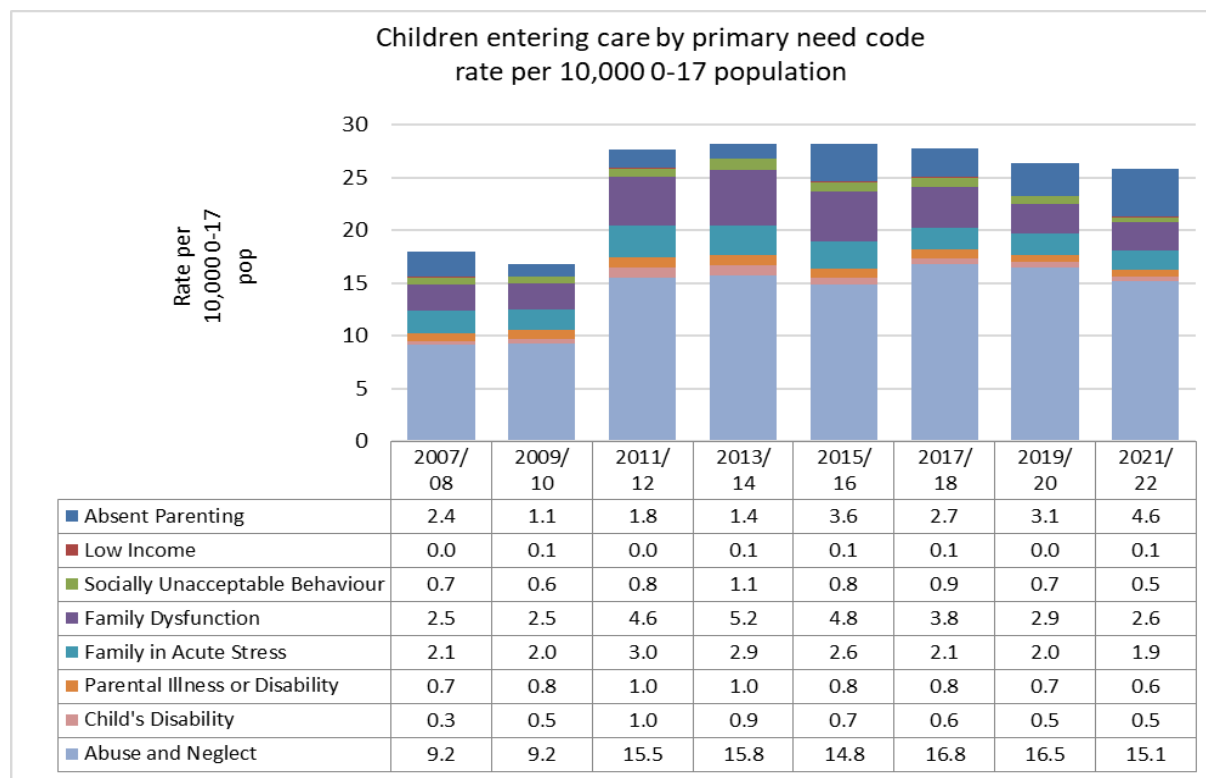


Figure 16: Children entering care by primary need (rate per 10,000 0-17 population) (Source: 2021/22 SGP8, 123 respondents)

The 46 respondents providing data report that there were 361 children aged 16 and 17 presenting as homeless in 2021/22.

## 10 Other Factors

There continues to be evidence of the ripple effect felt by LA children's services stemming from external factors beyond their control. Some of the factors are mentioned elsewhere in this report, such as housing and challenges faced by other partner agencies.

Education, schools and pressures in the health service were cited by respondents as having a significant impact on children, and their families, as well as detrimentally on children's services. Indeed, respondents cited the challenges and pressures on the SEND system (including the high needs block of funding) as a greater, if not equal concern to them as safeguarding services. These include:

- the number of children who are **electively home educated** (EHE) continues to grow. 126 LAs responded to the 2021 ADCS survey of EHE, providing data that show an estimated 81,196 children and young people were being electively home educated across the country on school census day in October 2021. This is an increase of 7% from the same school census day in 2020. Further, it is estimated that almost half (49.8%) of the children electively home educated at any point during 2020/21 academic year became EHE during the year, suggesting that the pandemic was a significant factor on the number of children and young people becoming EHE, health concerns were also a commonly cited reason given by parents (ADCS 2021b). More recent RIIA quarterly data collections show that 71,651 children were electively home educated across 144 local LAs as at 30<sup>th</sup> June 2022, a rate of 92.7 per 10,000
- due to dysregulation in children's behaviour, respondents reported schools are experiencing more challenging behaviours from pupils. Sadly, the response to this has often been exclusion. This chimes with latest national data (DfE, 2022a) which show that there continues to be inconsistent patterns of school attendance and the numbers of pupils who were suspended (fixed term exclusions) or permanently excluded has increased. In the autumn term 2021/22, there were 2,100 permanent exclusions compared to 1,700 in the previous autumn term. Suspensions have also increased from 160,000 in the autumn term 2020/21 to 183,800 in the autumn term 2021/22. The most common reason for suspensions and permanent exclusions was persistent disruptive behaviour (41% of all suspensions and 31% of all permanent exclusions in autumn term 2021/22)
- an increase in the number of early years children experiencing developmental delays, with gaps in age-appropriate speech and language acquisition, social skills, school readiness, social and emotional developmental milestones unmet

- there are distinct challenges in transition groups, i.e. infant to junior school and primary to secondary school, due to pandemic related gaps in learning profiles and social skills, which is manifesting in behavioural challenges in schools
- the negative impacts of social media on the aspirations of children, and their parents, unrealistic expectations and poor role models can add to, or further exacerbate, behaviour and mental health issues. Online bullying and other related impacts on emotional health and wellbeing were reported too
- increased requests for EHCPs for social emotional and mental health needs (see 10.1 below).

## 10.1 SEND

Respondents assert that SEND policy and practice has become as much, if not more, of a pressure than safeguarding. LAs are experiencing growing challenges in meeting the requirements set out in the statutory SEND Code of Practice (2014) in the context of increased demand, increasingly insufficient funding, the rising cost of provision for children with SEND, and the adversarial nature of the tribunal process.

The number of initial requests for an EHC needs assessment in 2020/21 increased by 23% from the previous year, and the number of EHCPs increased by 9.9% to 473,255 in January 2022. The number of new plans issued and overall number of EHCPs has increased year on year since 2014. 21% of all pupils with an EHCP in January 2020 were aged 16 to 19 years and 7% were aged 20 to 25 years. In addition, 12.6% of all pupils (1.13m pupils) in schools were receiving SEN support in January 2022, an increase of 12.2% from the previous year.

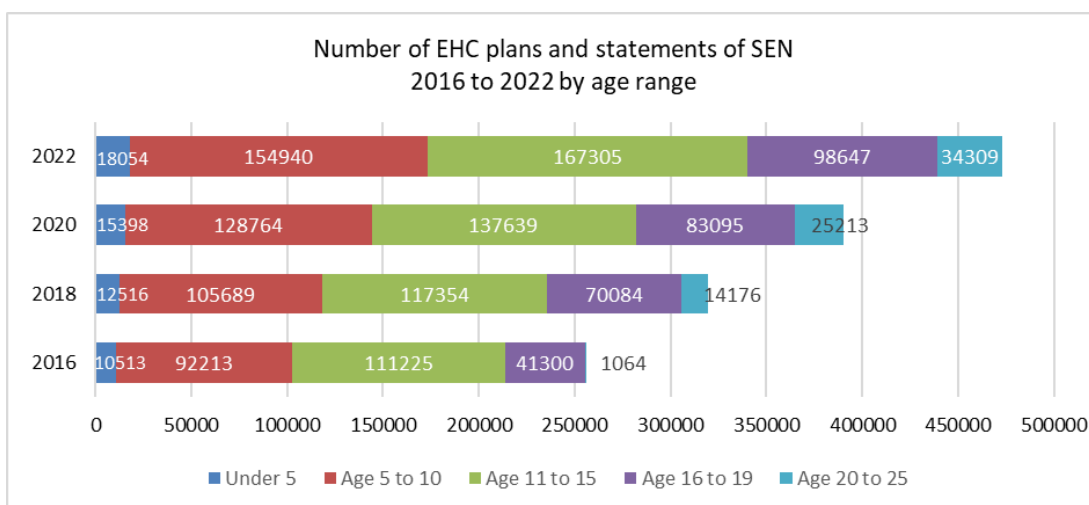


Figure 17: Children and young people with an EHCP by age. (Source: DfE, 2022)

“I think there is a confluence of the world of SEMH, SEND, safeguarding and care. The kind of pathways that policy has carved out for children with different types of needs historically had been pretty clear. You met a threshold you went into a pathway and followed a process and it got you to the end for good or for ill. I absolutely support the intention of the 2014 policy changes, that it all needs integrating, because children don't experience or develop problems that neatly fit into our current pathways, but I think the attention to what it means to integrate some of those services has caused a degree of systemic chaos. There are children who understandably, particularly post-pandemic, have social emotional and mental health needs, they're turning up in all sorts of pathways, and some of those pathways don't really know how to respond. So, is it a safeguarding issue? When a child's got severe anxiety and won't go to school, is it a SEND issue? Is it a family support issue? Is it a CAMHS issue? And I think because the systems are all still trying to behave as they always have done, it is creating a huge amount of uncertainty and that's playing out in terms of pressures, in that families themselves are now less clear about where to go for the help that they need”. – *Yorkshire and Humber LA*

## CHILDREN'S SERVICES ACTIVITY

### 11 Overview of Changes in the Past Two Years

All respondents stated that there has been an increase in safeguarding activity in the past two years, 41% of whom said the increase was high. Information about the nature of these changes are evidenced throughout this report.

**Q2 To what extent has your LA seen an increase in safeguarding activity in the past two years.**  
 (Number of LAs responding:98) Not at all = 0%



Figure 18: Questionnaire responses re increase in safeguarding activity

In general, respondents stated that referrals to social care during this period reflected greater complexity of needs. Families and children who were just about managing pre-pandemic were now in need of help, and were presenting at a later stage, once issues were escalating or entrenched. As a result, more children than before were immediately becoming subjects of child protection plans or proceedings.

“We are seeing more children go from 0 to 60 mph. Kids we've never really had any involvement with, going from nothing into an external residential placement, which is something that historically we've never really had... We have a theory that they would have been picked up either through early identification and come into our early help service through health visiting or universal services. Those families are now coming in at the point of crisis and often following a police incident rather than coming in via referral.” – North East LA

There continues to be a sense that early help and social care services were helping some children and families to maintain a ‘steady state’ rather than progressing positive change. Respondents felt these services were providing a greater ‘welfare’ element in their work with families than previously, sometimes via the provision of practical support under section 17 duties, buying beds, clothes and carpets, for example.

The assertion in the phase 7 report that: *“recovery and renewal as we learn to live with Covid-19 will require remedial action and reprofiling of resources to meet the emotional and mental health needs of a generation of children and young people to redress lost learning”*, is even more prescient than it was two years ago.

## 12 Early Help

### 12.1 National context

*Working Together to Safeguard Children 2018* (DfE, 2020) states that: *“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life”*. Whilst there is no legislative basis for early help, this guidance outlines duties for all partners in identifying, assessing, and providing a comprehensive range of early help services as part of a continuum of support.

The current framework for the inspections of LA children’s services (Ofsted, 2021a) provides evaluation criteria for early help as: *“Children, young people and families are offered help when needs and/or concerns are first identified. The early help improves the child’s situation and supports sustainable progress. The interface between early help and statutory work is clearly and effectively differentiated”*.

The non-statutory basis of early help allows flexible local solutions to be developed in response to need, but it does mean reliance on discretionary and often short-term funding,

which in turn depends on local leaders prioritising early help at a time when other significant pressures are vying for dwindling resources. The recently launched £302m DHSC and DfE Family Hubs and Start for Life programme 2022-2025 was welcomed by LAs amongst the 75 selected to receive funding, but it is also an example of the inconsistency, inequality and short-termist funding across the country.

*The Independent Review of Children’s Social Care (IRCSC, 2022)* has the potential to change the way in which support for children and families is designed and delivered, and it recognised that ‘early help’ can be a better space for engaging some families: *“For families who need help, there must be a fundamental shift in the children’s social care response, so that they receive more responsive, respectful, and effective support. To reduce the number of handovers between services, we recommend introducing one category of “Family Help” to replace “targeted early help” and “child in need” work, providing families with much higher levels of meaningful support”*. Some respondents were already of the view that their services were operating in a similar way.

## 12.2 Early help strategy and services

Safeguarding Pressures research has explored early help strategies, provision and activity since 2012 (ADCS, 2012). The term ‘early help’ continues to be used to describe a broad and varied range of services provided to children and families. These services appear to have developed over time, in some areas to be more targeted, and commissioned based on current and emerging need, such as greater support for children not attending school post lockdowns. Further detail about reasons for early help involvement compared to other services are detailed in chapter 9.

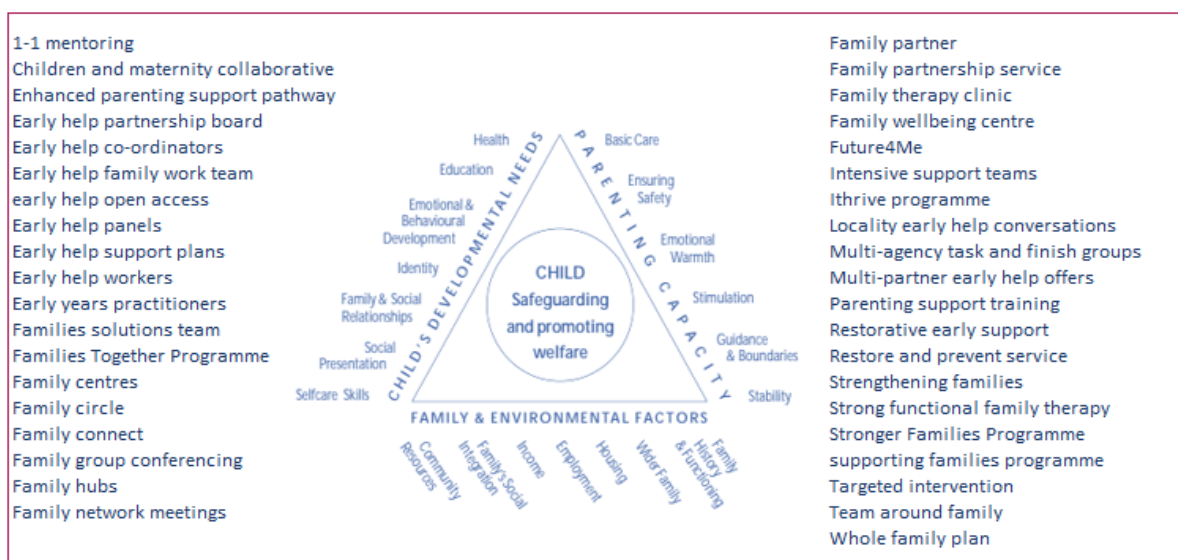


Figure 19: List of early help approaches and services mentioned by respondents in context of the dimensions of need from the Framework for the Assessment of Children in Need and their Families (2000)



The strength of partnership relationships, funding, and leadership appear to be key enablers in the effective design, provision and outcomes of early help services. There appears to be no 'right way' to provide early help.

Delivery and engagement of partners within the local area varies, especially in relation to the completion of early help assessments. There were many examples of strong commitment to working collaboratively with health partners and other agencies as well as the voluntary sector. Around half of LAs who talked about their partners in early help described a reticence or the inability of some partners to engage in early help assessments due to pressure on their capacity. Commissioning the voluntary sector as part of an early help offer was seen as a strength.

There are more LAs with integrated 'front doors' and pathways for children and families. Two respondents described their integration as a wider whole LA and local area approach, working with communities.

Data on early help activity is not collected nationally, which together with local area design and delivery of early help services, means that there is significant variation in the ways in which LAs record their early help activity and outcomes. This makes it challenging to present a consistent quantitative picture across England. There is, however, a body of qualitative evidence including 'what works,' such as the Early Intervention Foundation's report '*What works to improve the lives of England's most vulnerable children: A review of interventions for a local family help offer*' (Asmussen *et al.*, 2022). Here over 50 interventions and activities with evidence of improving child and family outcomes across five categories of vulnerability: problematic child behaviour; family conflict; parental mental health; domestic abuse; and, parental substance misuse, are identified.

Phase 7 explored how early help workers actively support social work teams in their day-to-day work, delivering interventions with families alongside qualified social workers. In phase 8, there was a sense of a more mature integrated early help system and continuum of support between universal and social care services. Three interviewees described how their early help services already work with children in need, in line with the *Independent review of children's social care* recommendations.

Phase 7 reported how traditionally, early help services have provided support for families who do not meet the threshold for social work intervention or are ready to be stepped down from a social work team. More LAs continue to develop integrated models and co-ordinated approaches, with evidence that investment in early help provision has been maintained by LAs.

Very few of the 96 respondents stated that there is more work to do on embedding effective early help. Two interviewees were from LAs where early help services, including youth services, had previously been reduced and they talked about how such services have since been reintroduced following recognition by the LA that reductions had significant and negative impacts.

“We have seen an increase in the number of requests for early help coming via a crisis route e.g. children's social care and police. However, at the same time, we have undergone significant transformation in the way early help services are delivered, with new staffing resources focussed on providing earlier support to try and avoid crisis responses by working more closely with schools etc to identify children and young people at an earlier stage. We have recorded these earlier interventions in a different way, through the use of early intervention conversations which has reduced the use of more complex early help assessments and plans.” - *North East LA*

From interviewees and the 96 respondents, there is now a much clearer sense than in previous phases of the impact of strong and successful early help offers. A greater number of LAs were able to provide examples of the positive impact of their early help services. Whilst some may not be subject to the purist statistical evaluation, such as the randomised control trials that are required by some organisations and in some arenas, the evidence through softer intelligence and evaluation, including feedback from service users, is compelling.

<p>Despite the increase in complexity experienced by families receiving support from early help services, the success rate for targeted case closures has improved over the last two years. During 2021/22, 75% of families receiving support from the Early Help Service achieved overall success outcomes in their plan at the point of closure. Only 5% of families receiving targeted early help support escalated to children's social care. – <i>North West LA</i></p>	<p>During 2021, we undertook a tracking exercise of all families that had been known to the Early Help Service between 2018-2020 to better understand long-term outcomes. Analysis showed that almost 90% of families who received support from the early help service between 2018 – 2020 remained at early help level or below for a minimum of 12 months post-intervention. – <i>Yorkshire and Humber LA</i></p>
<p>95% of children and young people responding to feedback surveys in early help agree that things have changed for the better as a result of the targeted support they and their families have received. – <i>South East LA</i></p>	<p>We have made substantial evidence-based investments in new services for children. There is clear evidence that investment has made a difference and is keeping more families together and lowering risk with greater success than ever before. However, this has been offset by the rise in demand and so although we can evidence at case level the preventative impact, the overall number of children in care has plateaued (having previously been falling) – <i>East LA</i></p>

Figure 20: Examples of measuring effectiveness of early help from respondents

Early help services are based on consent and pro-active engagement with children and families, this was noted to be an especially important factor. The impact of this can potentially be seen in data from 22 LAs who reported 14% (7,887 out of 56,466) of early help case closures were due to either the family withdrawing consent, disengaging or refusing services.

There are specific circumstances where existing interventions and service offers may not be meeting the needs of children and families, as noted by some respondents. The largest of these related to mental health (see chapter 7), but also:

- increased pressure on schools around pastoral support, attendance and behaviour
- some capacity issues are created due to staff shortages and recruitment and retention issues. This was especially noted for health visiting, occupational therapists as well as early help workers in a small number of local areas
- some early help services, and a range of other services at the prevention/early intervention level, are starting to develop waiting lists.

#### **EXAMPLE**

Multi-agency services for children and young people are delivered at an integrated neighbourhood level to ensure they meet local need. This includes local early intervention focussed governance (locality advisory boards, networks, multi-agency training and weekly multi-agency huddles). Through this 'team around the place' approach, emerging need, demand, performance and action planning is co-ordinated and responded to. Early help teams support families and local professionals through early intervention to reduce escalation, both with the completion of EHA's and Team Around Family meetings. In January 2022 Early Help Panels devolved to a local level to enable practitioners to access advice and support for families and provide a multi-agency holistic approach, this includes access to funded day care, food clubs and targeted family support interventions. This approach relates to both children and young people accessing safeguarding interventions and those accessing therapeutic services. An example of this is the recent SALT drop in pilot that saw only 9% of those who accessed the service referred to specialist services and 91% supported through early intervention. – *North West LA*

### **12.3 Early Help funding**

In phase 7 we reported the significant detrimental consequence on early help services should the then named 'Troubled Families' programme, and associated funding, cease as planned in 2021. MHCLG (now Department for Levelling up, Housing and Communities or DLUHC) with the Department for Education extended and reformed the funding to create the 'Supporting Families' programme (2022-2025), which continues to fund and be integrated with the wider early help offer in many LAs. The £302m DfE and DHSC Family Hubs and Start for Life programme 2022-2025, which launched this year, is also a source of funding for the 75 LAs selected to receive it.

Other sources of income for early help services were cited as: core LA funding; public health budgets; smaller disparate amounts from other sources; and, grant funding for specific initiatives. See chapter 23 for further information about funding for children’s services generally.

## 12.4 Early help activity

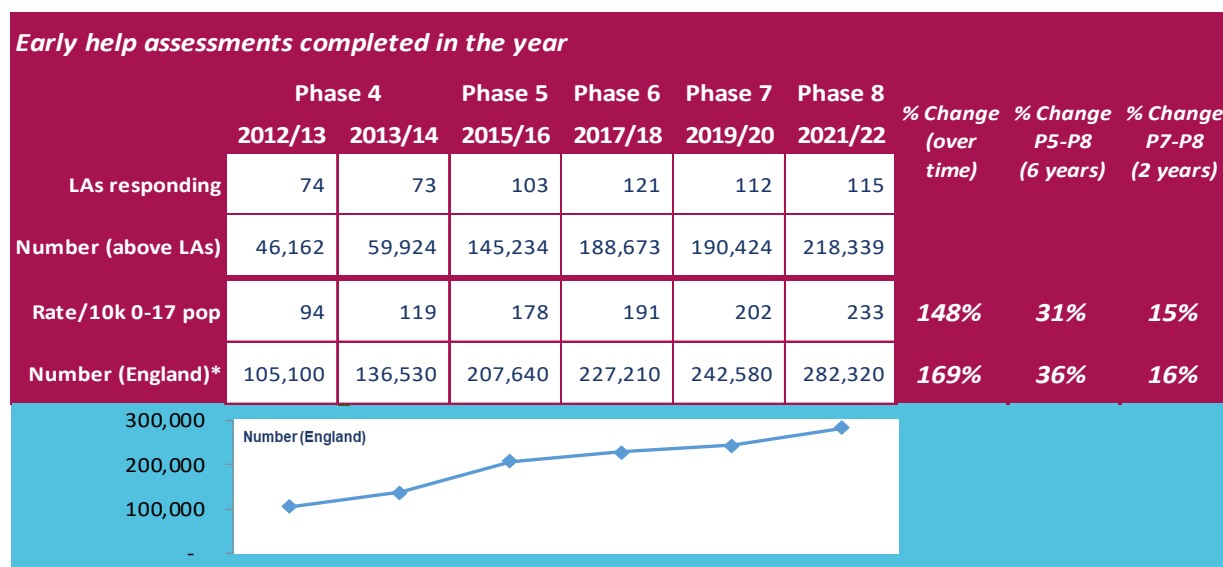


Figure 21: Summary of early help assessments completed in the year. (Source: SGP8 respondents.) \*note - the England number is extrapolated from LA responses based on proportion of England population.

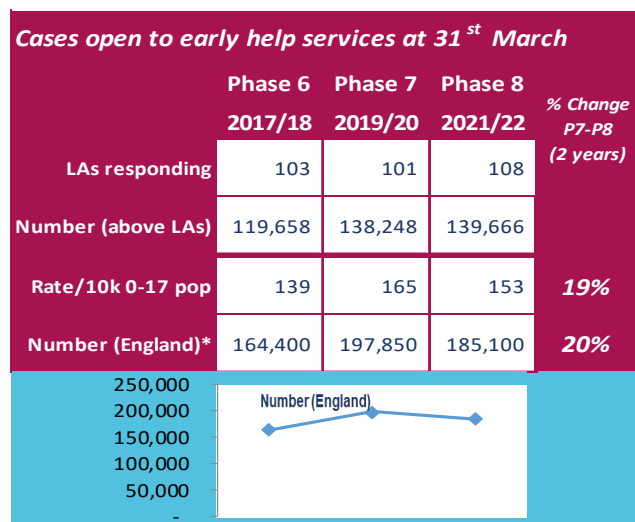


Figure 22: Summary of cases open to early help as at 31st March. (Source: SGP8 respondents) \*note - the England number is extrapolated from LA responses based on proportion of England population

115 responding LAs reported a total of 218,339 early help assessments completed during 2021/22. This extrapolates up to an estimated 282,320 early help assessments across all LAs in 2021/22, a 16% increase in the past two years. There were fewer cases open to early help as at 31<sup>st</sup> March 2022 (185,100).

The number of reported open early help cases are generally those open to LA early help provision only and not cases that may be open to partner agencies, in line with local definitions. While the data request for this research was for the number of unique children receiving assessments and support, some respondents included the numbers of families being supported. In these instances, it was not possible to identify if the assessment related to a household, or the individual child or children, within a household. So, it is likely that the number of children who are receiving early help services is under-reported. Respondents reported demand in some areas outstrips capacity to respond. Current data about the number of children open to early help may therefore not be reflective of true levels of need as many LAs report needing to implement waiting lists for such services.

In qualitative responses, 94% of the 88 respondents who quantified change stated that they had experienced an increase in early help activity, compared to 82% in phase 7.

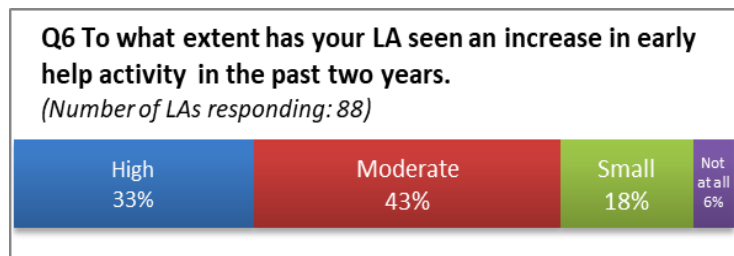


Figure 23: Qualitative question scale responses

“Over the past two years we have steadily seen an increase to our Early Help Universal Plus Service, with referrals currently at an all-time high. The predominant concerns we are seeing for families over the past six months are in relation to housing concerns, financial difficulties and poor mental health, much of which can be attributed to the impact of Covid-19 and the cost of living crisis. This has resulted in an increase in demand for services such as Peabody, housing solutions, CAMHS, talking therapies, employment support services and local charities/local area co-ordination support. As of the 2021/22 financial year to date, we have seen the highest ever amount of referrals received to our MASH front door progressing to early help services, currently standing at 35.5%. This can be seen as a positive as more families are accessing early help intervention services in a more timely manner, reducing the potential need for statutory services, in the future, due to an escalation in need.” - London LA

Whilst there is no in-year early help data, respondents report mixed effects of the Covid-19 pandemic on early help referrals and services, with the majority experiencing reduced activity during the pandemic, as their main referrers, e.g. schools, were largely closed to most pupils for long periods of time, or having limited contact with fewer children and families. Early help caseloads remained high due to the community-based response to the pandemic and because families were being supported for longer.

“There was a lot of additional activity during the pandemic. All early help services remained open and visiting families and so took on a lot of the Covid-19 Hub activity and helped make applications for funding etc. As some commissioned services stopped delivery during lockdowns, we created direct delivery teams for the first time, and these were very effective. More recently, there has been a review of the system, and we are moving to a more targeted model but will offer services across specific areas requiring more support. There has been a recent increase in requesting support around EHCPs and SEND generally, and cost of living concerns.” - East LA

## 12.5 Outcomes

The outcomes of early help assessments in 2021/22 have not changed significantly. On average, 10.7% of EHAs in the 45 responding LAs resulted in a referral to children’s social care, but fewer were stepped down to universal/other services. In 2019/10, a new category of ‘support/intervention provided’ was introduced which illustrates that nearly half of all EHAs result in provision of support.

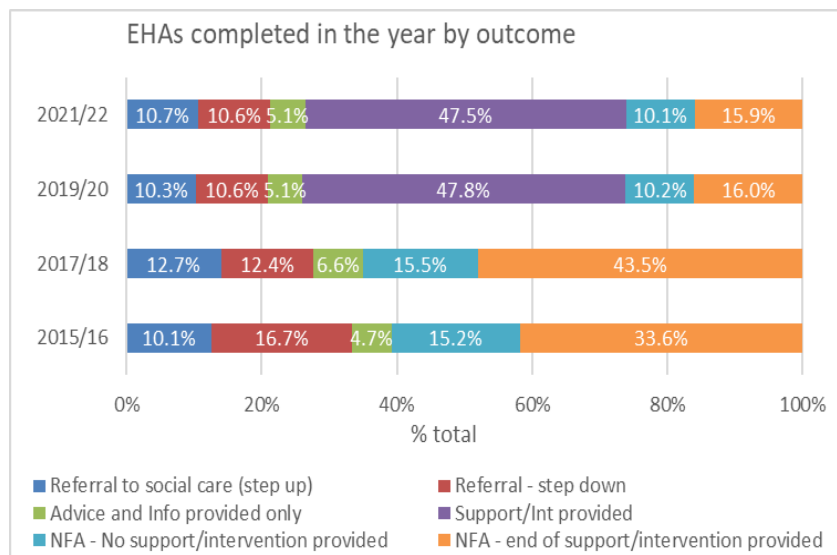


Figure 24: EHAs completed in the year by outcome (Source: SGP8 respondents)

An analysis of the reasons for involvement, and the presenting needs of children and families engaging with early help services, is provided in chapter 9.

## 13 ‘The Front Door’ to Children’s Services

### 13.1 National context and policy

Statutory core processes and children’s social care functions relating to referral, assessment and children in need have not changed significantly since the *Children Act 1989*. The latest guidance, *Working Together to Safeguard Children 2018* (DfE, 2020) sets out in detail the responsibilities of all partners and the LA to safeguard children. How LAs discharge these

duties using different models of social work practice has been subject to change in some responding LAs.

Implementation of recommendations in the *Independent review of children's social care* and the National Panel review into the murders of Arthur Labinjo-Hughes and Star Hobson, if accepted, are likely to result in significant change in social work practice on a number of levels, particularly in relation to the structure of child protection services and the associated workforce.

### 13.2 Thresholds for children's social care

Thresholds for statutory interventions are set in legislation and described in statutory guidance. However, the interpretation and application of thresholds, including models of practice at 'the front door' varies between LAs.

93 LAs provided commentary about thresholds. 75% of these LAs stated that there have not been changes to the thresholds impacting on either early help or safeguarding services, compared to 48% two years ago.

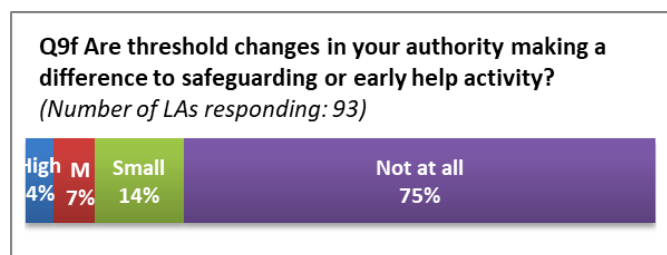


Figure 25: Qualitative question scale responses

Respondents noted that whilst there were no changes to thresholds, new approaches and different ways of working, i.e. implementation of relational practice and engaging family resources through family group conferencing, or similar, has prevented escalation to social care for some children. There was a view held by some respondents that during the pandemic, professionals became more risk adverse due to the partnership network supporting children and families not being fully in place.

Changes as a result of the pandemic impacting on thresholds were cited by some as:

- increased focus on non-accidental injuries to babies across the partnership following the National Panel report *'The myth of invisible men'*
- some changes in culture and practice amongst partners regarding contacts and referrals to statutory services as a result of the lack of community/early help and family support services available during early lockdowns
- high profile child abuse incidents have an impact on risk appetite leading to increased front door demand both with partners and with social care professionals.

Where responding LAs have made changes to thresholds, this is often to clarify the understanding of these thresholds and/or support more work by partners to prevent

escalation. There continues to be LAs who move away from the idea of ‘thresholds’ to models centred on conversations.

### 13.3 Initial contacts

Initial contacts to children’s social care, and associated information about the presenting issues, are not reported nationally, as it is below the statutory threshold for social care. However, this represents a significant amount of activity for LA children’s services which is not captured in national statistics. From 1<sup>st</sup> April 2022, this is one of the new measures to be captured on a quarterly basis via the recently refreshed RIIA dataset.

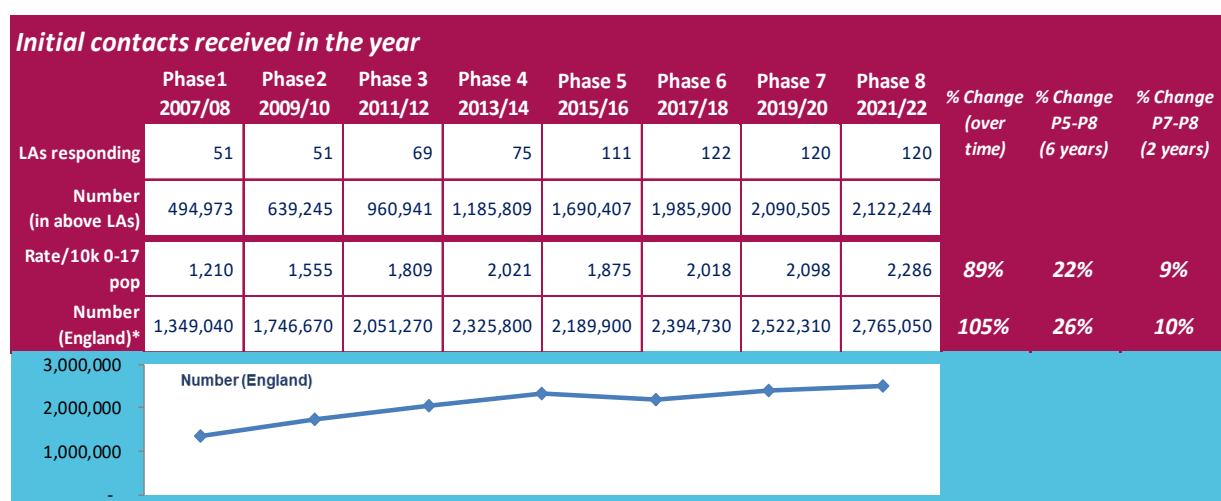


Figure 26: Initial contacts summary. \*Note - the England number is extrapolated from LA responses based on proportion of England population. (Source: SGP8 respondents)

120 LAs providing data received 2,286 initial contacts per 10,000 0-17 population in 2021/22. Extrapolating this number to the whole of England would indicate that 2.77 million initial contacts were received in the year, a 10% increase in the last two years. This suggests that an average of 7,575 contacts a day are received by children’s services ‘front door’ arrangements compared to 6,910 reported two years ago. It is not clear how many children this represents, as a proportion of children will have been the subject of multiple contacts during the year.

More LAs experienced an increase in contacts than in previous phases of this research. The variation in front door models and integrated pathways for early help and social care may be a contributing factor to the rise in contacts, as might the ongoing impact of the pandemic.

The RIIA dataset report for quarter 1 in 2022/23 shows that there were 714,812 initial contacts in 150 responding LAs in the first quarter of this year, suggesting a further increase in this activity in 2022/23.



LAs were asked to provide information on the outcomes of initial contacts to understand the proportion that go on to social care referrals. The way that LAs have changed their ‘front door’ arrangements to joint social care and early help arrangements is further evident in the higher proportion which are passed to early help.

Whereas the outcome of 28.9% initial contacts were referred to social care and 8.0% pass to early help in 2014/15, slightly fewer were referred to social care (23.9%) and twice as many were passed to early help (16%) in 2021/22. Nearly 10% fewer were recorded as ‘no further action’.

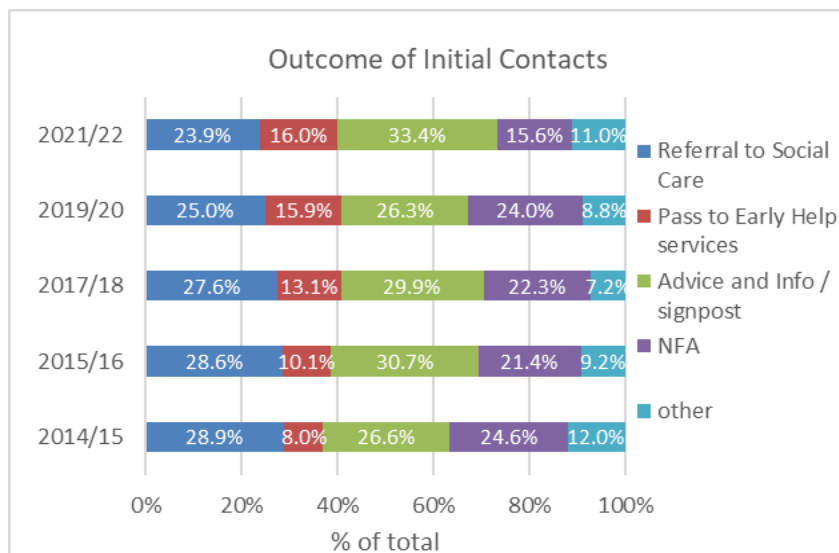


Figure 27: Outcome of Initial Contacts. (Source: SGP8 respondents)

### 13.4 Referrals

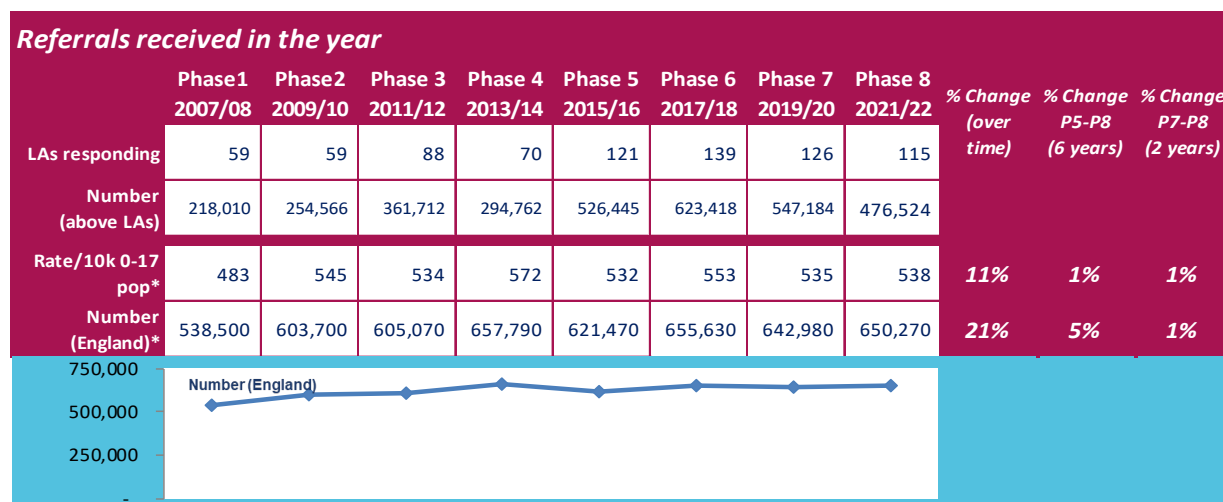


Figure 28: Referrals summary. \*Note – Source: for rate and number (England) are from DfE statistical publications and therefore represent the whole country (DfE, 2022a).

DfE (2022a) report 650,270 referrals in England in 2021/22, equivalent to a rate of 538 per 10,000 0-17 population and an increase of 21% since 2007/08. The reduction seen in 2020/21 has been reversed to pre-pandemic rates, but averages continue to mask significant disparity between different LAs.

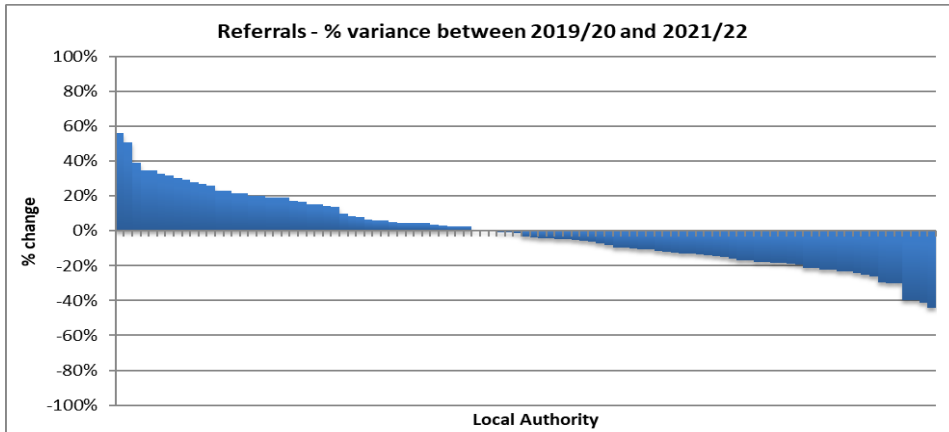


Figure 29: Referrals percentage variance between 2019/20 and 2021/22 (Source: SGP7 and SGP8)

**EXAMPLE**

We are starting to see increased demand at the front door with contacts increasing by around 12% between 2020-21 and 2021-22. However, much of this increase was seen between December 2021 and March 2022 which is likely to be in response to national circumstances and high profile cases. Up until recently the increase in contacts has not been translating into an increase in referrals, although this is now starting to become apparent. Despite recent increases, demand is not back to pre-pandemic levels, however, this is more likely to be due to the work that we have undertaken at the front door and with our partners in understanding thresholds. – West Midlands LA

**13.5 Source of contacts and referrals**

The reported drop in contacts from education sources and increase from police during the first year of the pandemic is evidenced in this figure. Since 2015/16, contacts from education have increased from 13.2% to 15.8%; from health services from 13.5% to 16.4%, and contacts from police have reduced from 36.3% to 33.4%.

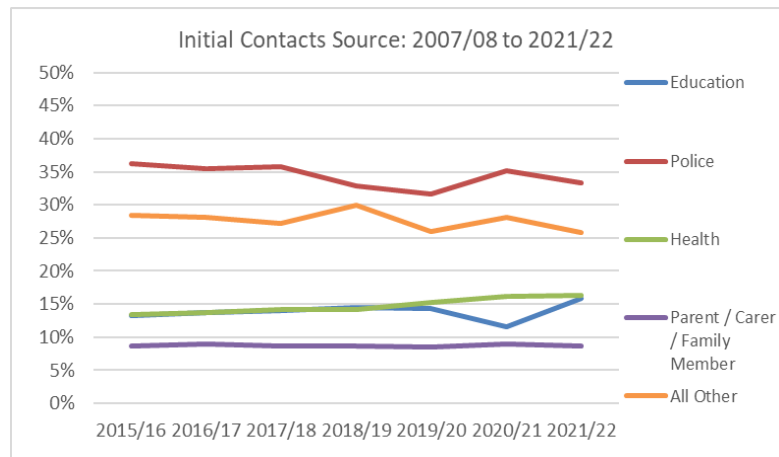


Figure 30: Contacts by source (Source: SGP8 respondents)

Police continue to be the biggest source of contacts and referrals by far, representing approximately a third of both contacts and referrals. A detailed breakdown of the source of referrals over the past three years illustrates the changes in the first year of the Covid-19 pandemic (2020/21), there was a shift from referrals from education and health towards the

police, and a higher proportion from A&E indicating that children were being referred at the point of crisis rather than primary prevention.

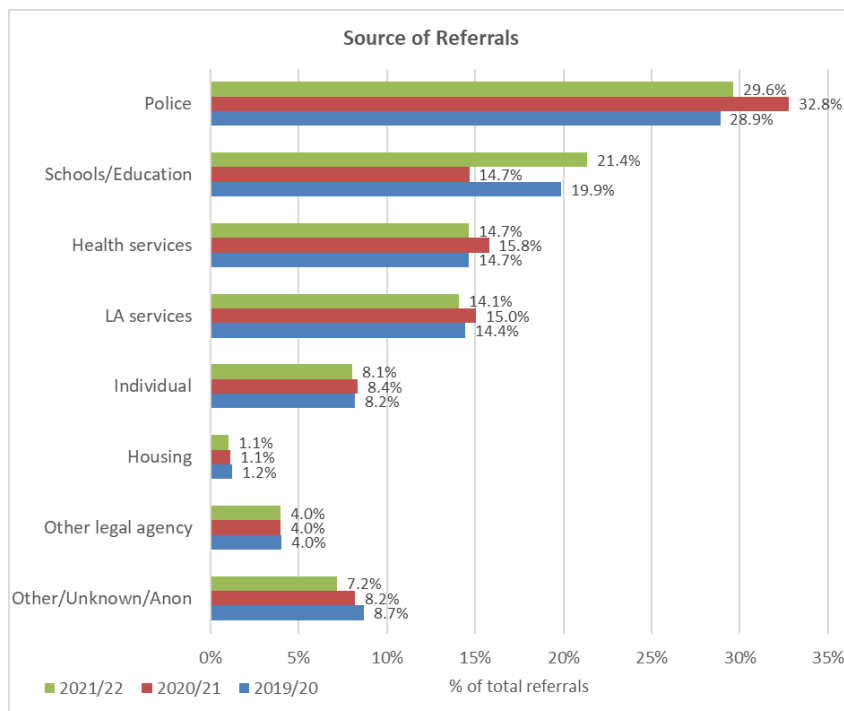


Figure 31: Referrals by source: DfE categories.

“There are ongoing concerns and discussions about the role of universal services such as health visitors in identifying safeguarding concerns at an early stage. This is evidenced through our neglect needs analysis which shows that while the majority of children who are known to services for neglect are aged under 5, the majority of their referrals come from school who have identified the neglect through the needs of older siblings. Often, by the time this is identified, the neglect is entrenched and needs are more acute.” – West Midlands LA.

### 13.6 Outcome of referral

96 LAs providing referral outcome data evidenced the different ways that LAs are managing their front door. All LAs use the outcome of ‘assessment required’. Of note:

- some LAs report one outcome only on their system whilst others can report multiple outcomes attached to a single referral
- two LAs who provided commentary stated that all referrals result in an assessment
- 67% of referrals have an outcome of ‘assessment required’. This is a slight reduction on previous years. There has been a small decline in the proportion that are no further action. The proportion of ‘other’ has remained constant

- 49 out of the 96 responding LAs do not have an outcome of ‘pass to early help’. It is therefore presumed that, where there is an integrated ‘front door’, this screening occurs between contact and referral
- ‘other’ includes: child protection transfer in; private fostering agreements; requests for section 7 and 37 reports; aiming high support requests; special guardianship order support; UASC age assessment; and exploitation screening.

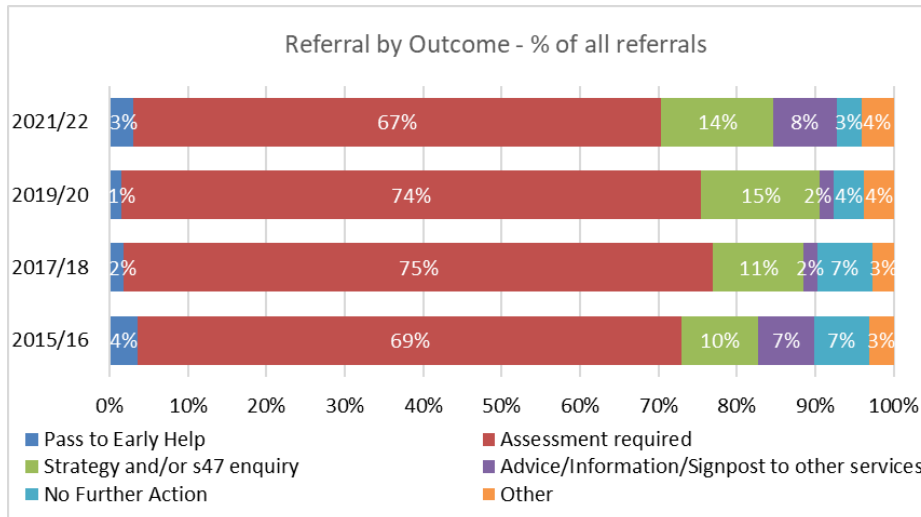


Figure 32: Referrals by outcome – proportion of all referrals (Source: SGP respondents)

## 14 Children in Need

### 14.1 Assessments

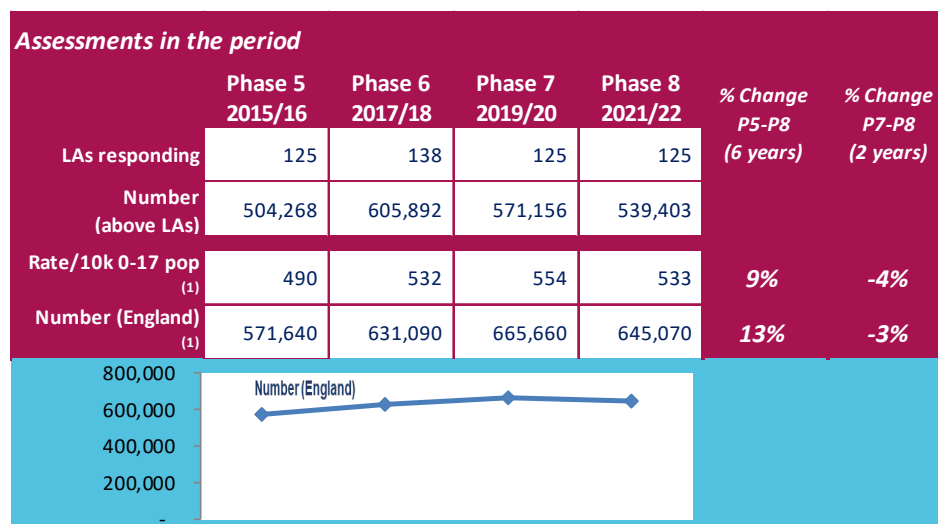


Figure 33: Summary single assessments completed in the year. (\*Note – Source: for rate and number (England) are from DfE statistical publications and therefore represent the whole country (DfE, 2022a)).

DfE (2022a) report that there were 645,070 social work assessments completed in England in 2021/22. Up to 2020, the number of completed assessments has increased each year since

2015. The number of completed assessments declined in 2021, however, it should be noted that referrals to children's social care services fell during the Covid-19 pandemic. Completed assessments increased once again to 645,070 in 2022 (up by 3.1% compared to 2021), as the immediate impact of Covid-19 receded. Responses to this research shows there are variations between LAs. Presenting factors in assessment correlated to need and timeliness of assessments are reported in chapter 9.

## 14.2 Children in Need

A child in need is defined under the *Children Act 1989* as: “a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children’s social care services, or the child is disabled.” Nationally published data on children in need include those who are subjects of child protection plans or in care. Safeguarding Pressures research also collects the number of children in need only, omitting those who are subjects of child protection plans, or in care, to give us a true picture of section 17 activity.

### 14.2.1 Children in need (including child protection and children in care)

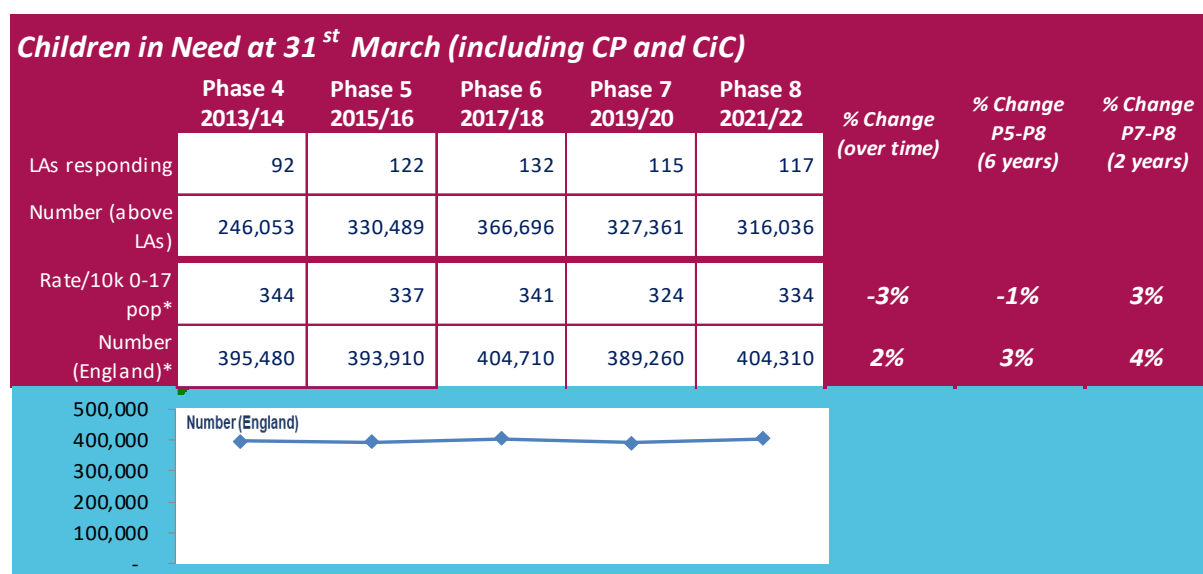


Figure 34: Children in need summary – children in need including children subject of a child protection plan or children in care. \*Note – Source: for rate and number (England) are from DfE statistical publications (DfE, 2022a).

DfE (2022a) report that there were 404,310 children in need as at 31<sup>st</sup> March 2022, a 4% increase in the past two years. The England average masks significant variation between LAs; of the 115 respondents to Safeguarding Pressures research, the average ranged from 154 to 743 children in need (including CP and CiC) per 10,000 0-17 population as at 31<sup>st</sup> March 2022.

RIIA data for quarter 1 in 2022/23, provided by 149 LAs, suggest that there were 367,592 children in need as at 30<sup>th</sup> June 2022, this is a rate of 335 per 10,000 0-17 population.

### 14.2.2 Children in need (excluding child protection and children in care)

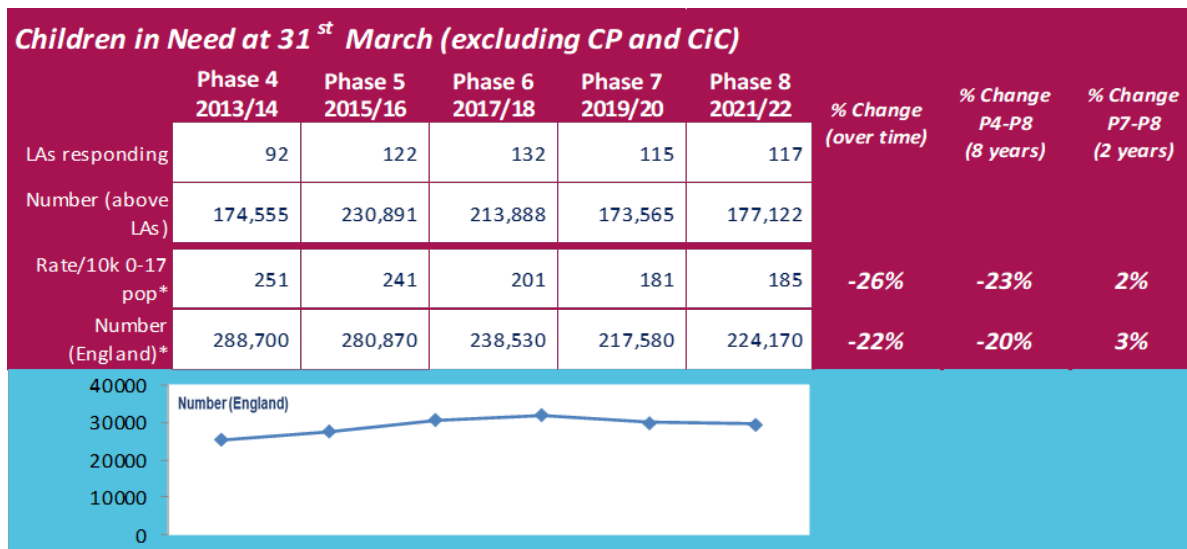


Figure 35: Children in need summary – children in need who are NOT subject of a child protection plan or in care.  
\*Note 1 – extrapolated numbers are based on SGP respondent data.

117 respondents report a more significant decrease over time in the number of children in need as at 31<sup>st</sup> March 2022, excluding those who are subject of a child protection plan or in care, a reduction of 7% from 2009/10 and 22% from 2013/14. This could be the result of a number of factors: that more work is being done at early help, that children are worked with for less time, or that escalating need and the level of complexity in families means that more children are meeting the threshold for child protection or coming into care.

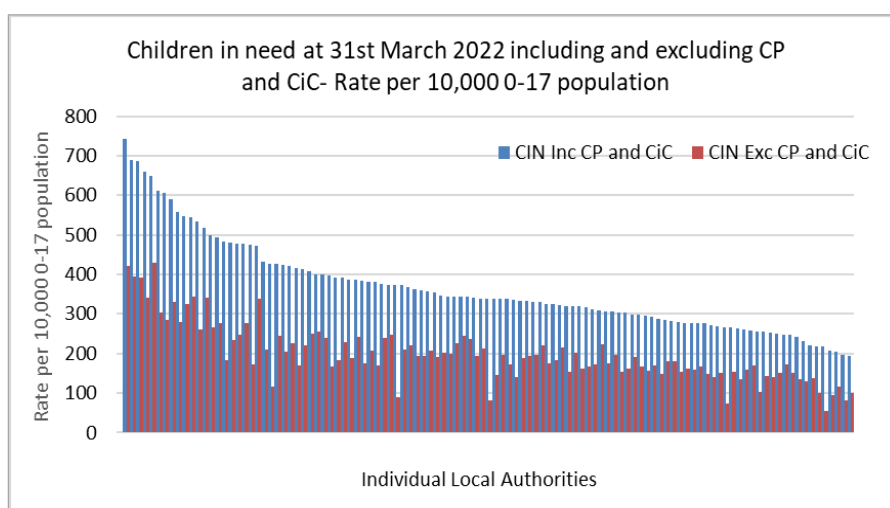


Figure 36: Children in need as at 31<sup>st</sup> March 2022 (rate per 10,000 0-17 population). Each LA is represented by two columns – a blue column which indicates the number including CP and CiC, the red column is children in need only. The blue ‘gap’ above the red columns are therefore those which are children in need only.  
(Source: SGP8)

### 14.2.3 Children in need with a disability

49,680 children in need were recorded as having a disability as at 31<sup>st</sup> March 2022, representing 12.3% of the total (DfE, 2022a). There has been very little change in the proportion over the years, but there are significant changes in type of disability recorded. The proportion of children with Autism Spectrum Disorder (ASD) has increased from 28.8% of the total in 2012/13 to 36.5% in 2020/21 and a steeper increase to 39.0% was seen in 2021/22. The second largest proportion of children in need with a disability have a learning disability (29.1%). The proportion of children in need with physical disabilities has decreased.

## 15 Child Protection

### 15.1 Section 47 enquiries and initial child protection conferences

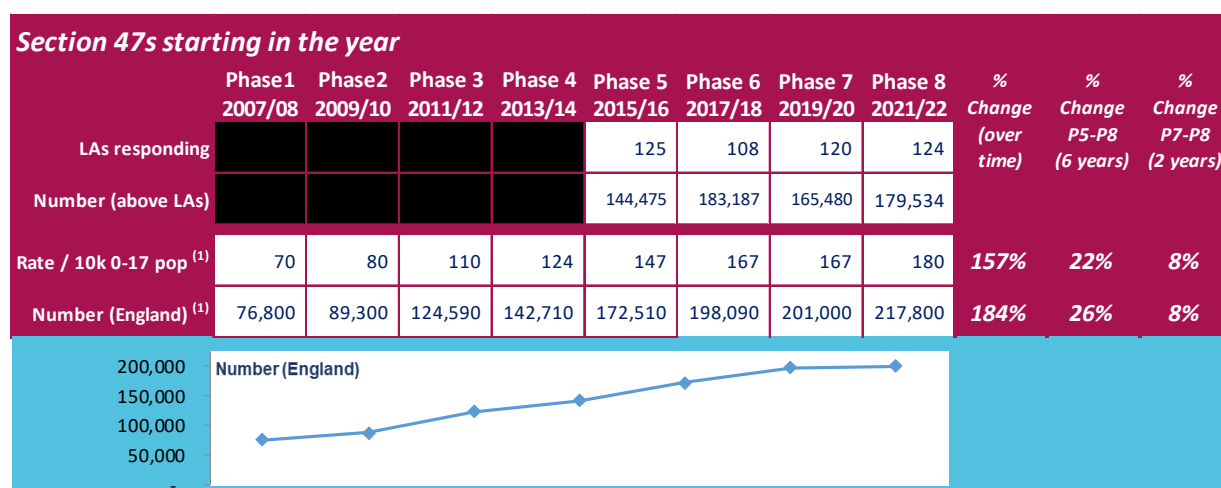


Figure 37: Summary section 47 enquiries in the year. \*Note – Source: for rate and number (England) are from DfE statistical publications and therefore represent the whole country (DfE, 2022a).

DfE (2022a) report 217,800 section 47 enquiries undertaken in England in 2021/22, an increase of 8% in the last two years and continuing the significant upward trend of 184% since 2007/8. Whilst data is reported in two year bands in the figure above, the number of section 47 enquiries did reduce slightly in 2020/21 which reflects the reported reduction in social care activity at the beginning of the Covid-19 pandemic. Regional variations in the number of section 47s continue to be significant.

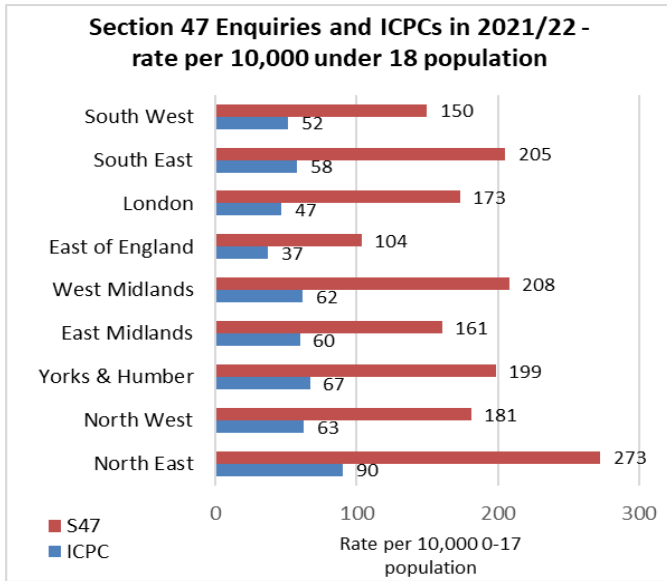


Figure 38: Rates of Section 47 enquiries and ICPCs in 2021/22. (Source: SGP8, 124 respondents)

RIIA data for quarter 1 of 2022/23, provided by 148 LAs, suggest that the increase in section 47 assessments could continue. 52,508 section 47 assessments were completed in this three-month period, a rate of 47.9 per 10,000 0-17 population.

**EXAMPLE**

Last year we completed 2,068 section 47 investigations. This is the first time we have completed over 2,000 and is a 14% increase on the average of the last seven years. More importantly than the increase in number is that of complexity. Front line staff are reporting cases are much more complicated. This is likely to be an impact of Covid (mental health pressures for both children and adults) and a potential risk of children not being visible. – South East LA

Whilst there has been a continued increase in the number and rate of section 47 enquiries, data show that initial child protection conferences (ICPCs) have reduced.

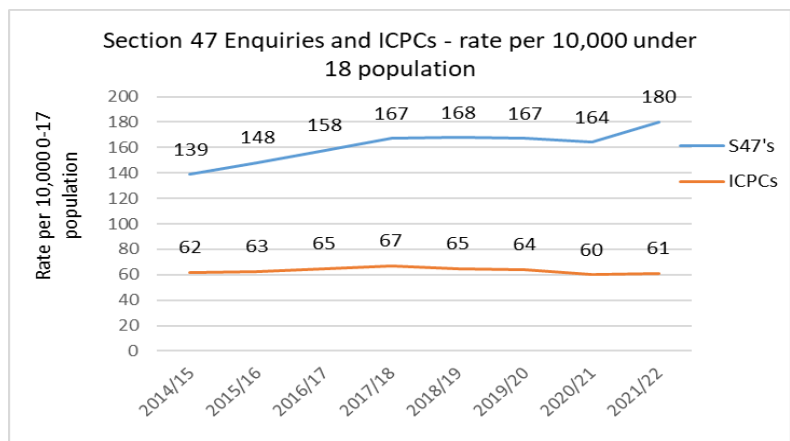


Figure 39: Section 47 and ICPC rates per 10,000 0-17 population (Source: DfE 2022)

“This is a direct result of professional concerns for children, and seemingly driven by factors, such as high-profile child deaths, and the consequential national publicity. Our longstanding experience of rises in demand such as we are experiencing now, is that this becomes the new norm rather than reducing to previous levels. – South East LA



## 15.2 Child protection plans

### 15.2.1 Children becoming subjects of child protection plans

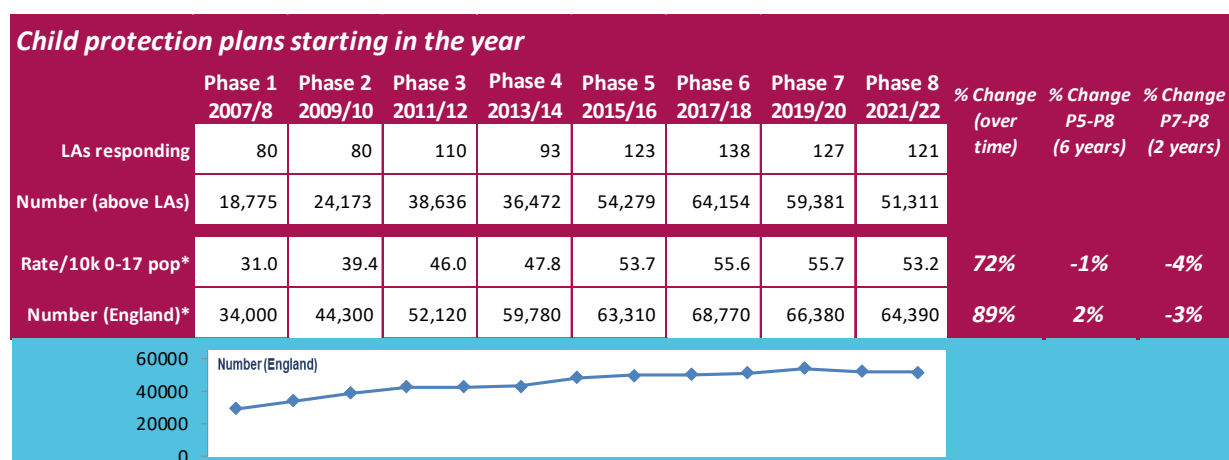


Figure 40: Children becoming subjects of plans summary. \*Note – Source: for rate and number (England) are from DfE statistical publications and therefore represent the whole country (DfE, 2022a).

The year-on-year increase in the number of child protection plans seen up to 2019/20 has tailed off despite increases being seen in referrals and section 47 assessments. 64,390 child protection plans started in 2021/22, representing 64,170 children, down from 66,000 in phase 7 of this research and 68,000 in phase 6.

RIIA data for quarter 1 2022/23, provided by 149 LAs, report that 15,290 child protection plans started in the three-month period.

### 15.2.2 Children subjects of child protection plans as at 31<sup>st</sup> March

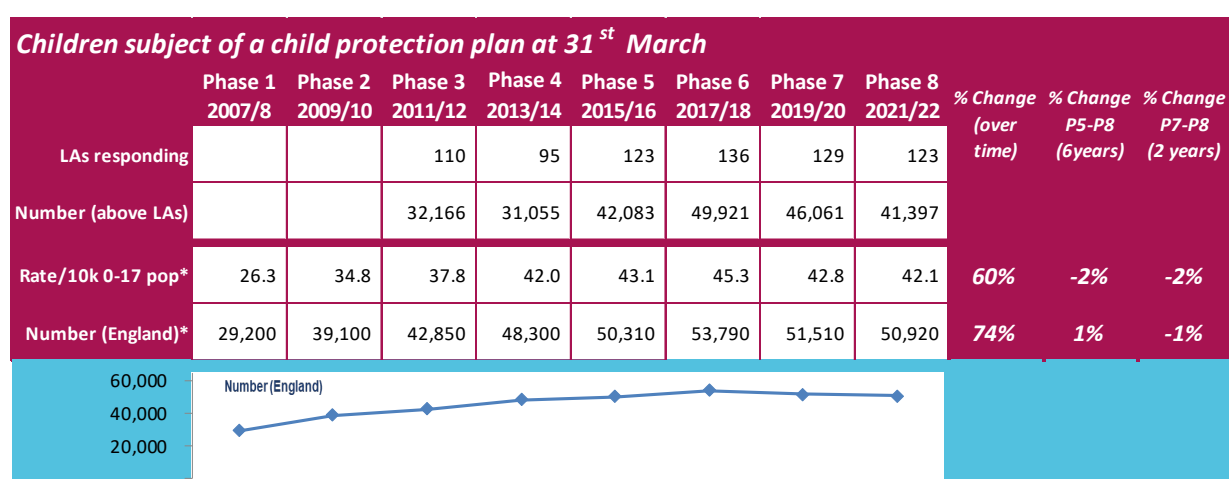


Figure 41: Child subjects of child protection plans as at 31<sup>st</sup> March summary. \*Note – Source: for rate and number (England) are from DfE statistical publications and therefore represent the whole country (DfE, 2022a).

DfE (2022a) report that 50,920 children were subjects of child protection plans in England as at 31<sup>st</sup> March 2022, a rate of 442.1 per 10,000 0-17 population. This continues the downward trend seen since 2017/18 after a decade of increases.

RIIA data for quarter 1 2022/23, provided by 149 LAs, show that 51,073 children were subject of child protection plans as at 30<sup>th</sup> June 2022, a rate of 46.6 per 10,000 0-17 population.

“Through the implementation of our Family Solutions Plus model we had started to see a significant decrease in child protection cases. Fewer children were becoming the subject of a plan and were on a plan for less time. Front door demand has increased, however, performance on timeliness remains good, with children on plans for a shorter time.” – *South East LA*

### 15.2.3 Children ceasing to be subjects of child protection plans

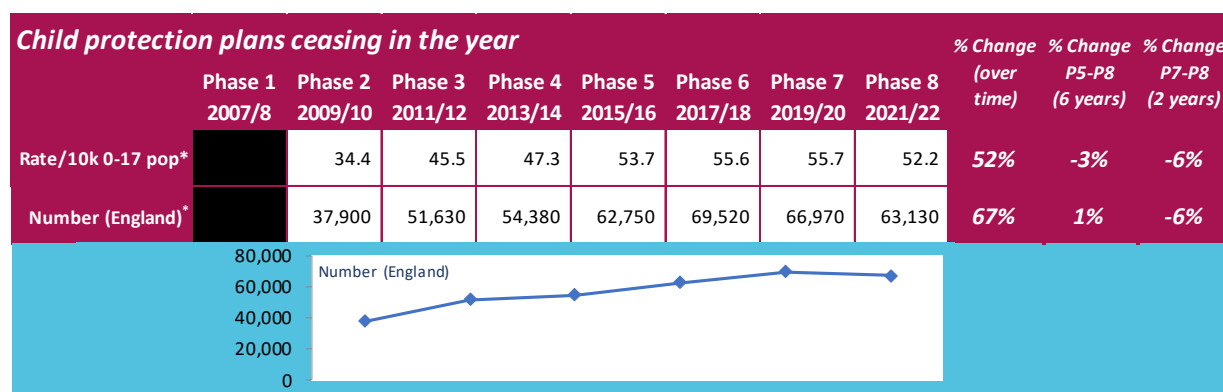


Figure 42: Children ceasing to be subjects of child protection plans summary. \*Note – Source: DfE (2022)

Information about children ceasing to be subjects of child protection plans is not collected as part of safeguarding pressures research. The figure above provides DfE data for 2021/22 in order to provide a complete picture of children starting, ceasing, and subject of a plan as at 31<sup>st</sup> March 2022. There were 63,130 child protection plans ceasing in 2021/22, continuing the reducing trend seen since 2017/18.

#### EXAMPLE

The number of children subject to child protection plans increased to the highest ever levels in August 2020. Analysis suggests this was related to a slow down in plans ending rather than a significant increase in plans starting. Children being less visible and professional nervousness was likely to underpin this change and after reaching the peak in August, numbers have subsequently returned to pre-covid levels by March 2021, with gradual reductions in numbers month on month. We also saw an increase in repeat child protection plans during 2020/21. Cases showed an over representation of families with risk linked to domestic abuse - where previously stable situations showed re-emergence of issues and this likely represented the family network becoming weaker during the period of unprecedented stress and changes within family dynamics. - *East Midlands LA*

## 15.3 Child safeguarding reviews

*Working Together to Safeguard Children 2018* (DfE, 2020) introduced changes to the way safeguarding children reviews are undertaken and The National Child Safeguarding Review Panel have now published a number of themed national learning reviews and briefing papers.

43% of the 89 responding LAs stated there had been no change in the number of local safeguarding reviews or the reasons for undertaking one, 48% reported a small or moderate change. Those that did experience an increased number commented that some were a tangible impact of Covid-19, particularly in relation to non-accidental injury to babies and safe sleep/overlay child deaths, as well as increased suicides and self-harm in older children.

Tragic child deaths in the past two years have been the subject of review as well as much media attention. Whilst respondents commented on their learning from reviews, it was also reported that high profile national child abuse cases, such as the murders of Arthur Labinjo-Hughes and Star Hobson, have had an impact on demand and how social workers are being received, affecting their ability to do work, and develop meaningful relationships, with families. Respondents report there has been a general reduction in staff motivation directly linked to these issues. Increasing anxiety in professionals in relation to safeguarding is creating additional demand and activity as perceptions of risk change, and become more averse.

DfE (2022a) report that 442 serious incident notifications were received in 2021/22, a reduction of 17% on the previous year which was the highest peak of 536. DfE note that it is not possible to ascertain from the figures whether the increase in 2020-21 and the subsequent decrease in 2021-22 was linked to the Covid-19 pandemic. However, the *Child Safeguarding Practice Review Panel Annual Report 2020* (CSPRP, 2021) states: “evidence from our analysis of serious incident notifications and rapid reviews is that the Covid-19 outbreak continues to present a situational risk for vulnerable children and families, with the potential to exacerbate pre-existing safeguarding risks and bring about new ones.”

## 16 Court and Care Proceedings

### 16.1 Private Law Proceedings (sections 7 and 37)

LA children’s social care services have traditionally undertaken a small amount of work in private law proceedings when directed by court to produce a report under section 7 or section 37 of the *Children Act 1989* e.g. where the family is already known to children’s services. Otherwise Cafcass will undertake these assessments and reports for the courts.

There were 3,006 section 7 or 37 reports plus addendum reports started in 2021/22 within 51 responding LAs, a rate of 6.77 per 10,000 0-17 population. 75% of the 76 local LAs providing qualitative information report an increase in the number of requests for reports from the courts.

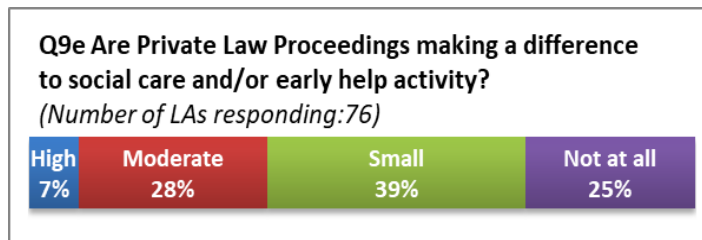


Figure 43: Responses to qualitative question 12 (Source: SGP8 respondents)

Cafcass also report an increase: *“the biggest increases have been in private law proceedings. We worked with 102,486 children in private law proceedings in 2021/22 compared with 82,818 in 2017/18, an increase of 23.7%. Around two thirds of the children we work each year are involved in private law proceedings and a third are involved in public law proceedings. But the percentage of children involved in private law proceedings has increased from 64.9% in 2017/8 to 68.8% in 2021/22.”* (Cafcass, 2022).

Both court delays and protracted private law proceedings result in an increase in duration, complexity, and expectations, which in turn impacts negatively on social work capacity as well as on children and families themselves. For example:

- delays in the courts and capacity issues in Cafcass intensified during the Covid-19 pandemic, resulting in the implementation of prioritisation protocols in different regions at different times
- delayed decision making resulted in longer durations and private law cases remaining open to children’s social care as a child in need (CiN) for longer. For the children and families, this can result in unnecessary intrusion of regular CiN visits and meetings, even when assessments have not raised any safeguarding concerns
- a lack of legal aid is resulting in growing numbers of parents representing themselves, this has slowed some casework and, in some instances, additional allegations made in court have led to further requests for updated reports from children’s social care
- there are a small but significant number of children who are subject to lengthy private proceedings owing to alienating behaviours. This manifests in hostility towards one parent as a result of potential manipulation by the other parent. These proceedings are complex and require finely balanced assessment and decision making. It is sometimes difficult to ascertain whether the child’s hostility results from psychological manipulation or whether there are trauma related factors owing to previous childhood experiences
- a small number of LAs reported that interim care orders are being made by local Judges within private proceedings without previous LA involvement.

**EXAMPLE**

One LA has recently become involved in a pathfinder pilot project with Cafcass and the Courts, with the aim of reducing parental conflict and adversarial court proceedings. Child impact reports are provided as an alternative to section 7 reports. - South West LA

**EXAMPLE**

Increased social worker caseload: in just one of the area teams, there were 21 children open at CiN level for over three months or longer whilst awaiting court hearings to present section 7 reports. This represents a caseload for one whole time equivalent social worker for this one area team. -North West LA

## 16.2 Public Law Cases (Care Proceedings)

Cafcass (2022) reports that although there has been an overall reduction in new applications for public and private proceedings since the onset of the pandemic, the long-term trend over the last five years has been an increase in the number of children they work with each year from 127,670 children in 2017/18 to 149,018 in 2021/22, an increase of 16.7%. This is in part due to delayed discharges from the system, with the pandemic heightening existing capacity challenges in terms of judicial sitting time, court space and the availability of experts to undertake specialist assessments for the courts. This impacts on both children, families, social care services and other related professions, such as LA legal services.

The national rate of care applications in 2021/22 was 9.6 per 10,000 of the 0-17 population, a reduction from 10.8 two years ago. However, there is significant variation between individual LAs.

There is a statutory requirement for each public law application to be concluded within 26 weeks (*Children Act 1989, s32(1)*). These timescales are not consistently being met. As at 30<sup>th</sup> June 2022 the national average was within 46 weeks, with average durations in different locality areas ranging between 22 and 63 weeks.

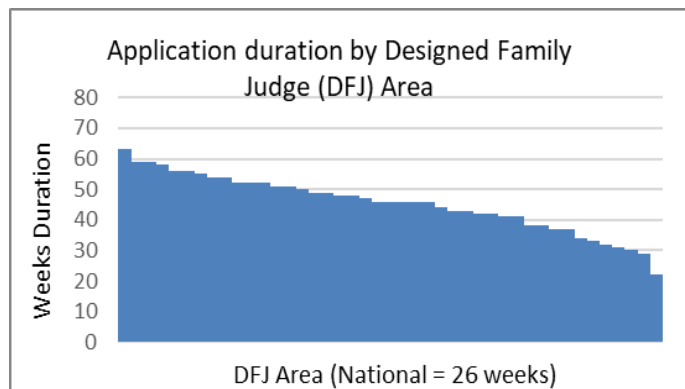


Figure 44: Care applications by duration, Q1 2022/23 as at June 2022. (Source: Cafcass)

75% of respondents report that they have experienced changes in court decisions which have impacted on the plans for children and young people, fewer than in phase 7.

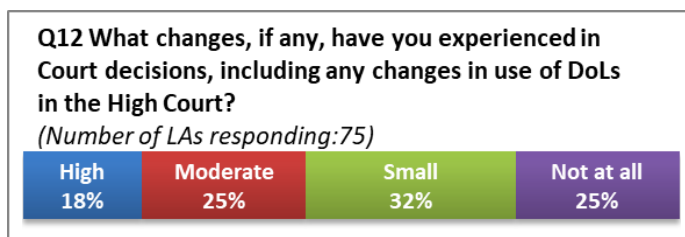


Figure 45: Responses to qualitative question 12 (Source: SGP8 respondents)

Respondents also reported additional challenges, including:

- the impact of delay on children, carers and adoptive parents who are waiting longer for permanence arrangements to be approved by the courts so they can move on as a family
- greater costs for social care as they continue to fund the statutory social work activity, contact arrangements and placements whilst children are still in care before moving to their permanent home, as a result of delayed hearings
- some respondents described a continued increase in courts placing children at home with parents on care orders, despite Public Law Working Group Best Practice Guidance stating: *“whilst there may be good reason at the inception of care proceedings for a child to remain in the care of their parents and subject to an interim care order pending the completion of assessments, there should be exceptional reasons for a court to make a final care order on the basis of a plan for the child to remain in the care of their parents”*.

The Public Law Working Group’s Best Practice Guidance (PLWG, 2021) was welcomed by respondents as a mechanism to deliver improvements, and some reported that they are working more closely with their District Family Judge to try and resolve issues locally when they arise.

### **16.3 Deprivation of Liberty**

There has been an increase in applications seeking authorisation to deprive children of their liberty under the inherent jurisdiction of the high court due to the need to safeguard more high-risk children in care. These orders are often sought to use restrictive practices to manage complex mental health presentation and behaviours, including harm to self and others, in the community due to a lack of Tier 4 beds and secure welfare placements. This course of action is considered as a last resort by respondents.

The Nuffield Family Justice Observatory (2022) report that in the first four months of the national deprivation of liberty court, there have been a total of 459 new applications. 14 of these applications were ‘repeat’ applications within the same case, meaning that a total of

445 children have been subject to deprivation of liberty applications at the national deprivation of liberty court from 4 July - 31 October. 55.2% children were aged 15-17 years.

“We have seen greater scrutiny of care plans when seeking authorisation of a deprivation of liberty in the high court, including details of the proposed placement, support services, contact and the other options considered and discounted before giving approval to the placement. This can be difficult to provide when these placements are often required in response to crisis and seeking approval as an option of last resort when a more suitable option e.g. secure welfare bed, is not available.” – *London LA*

## 17 Children in Care

### 17.1 National and policy context

Phase 7 reported how recommendations of a number of reviews had not been sufficiently implemented e.g. Munro 2011, *Children’s residential care in England* in 2016, *Foster care in England* in 2018. The *Independent review of children’s social care* (DfE, 2022) recommends a significant policy shift which aims to transform the care system as well as children’s care experiences and outcomes. Historic and recent case law, e.g. the Southwark Judgment relating to accommodating 16 and 17 year olds, continues to have an impact on the number of children in care. Changes to legislation and guidance are illustrated in the timeline in chapter 4. The reasons for children coming into care are provided in chapter 9.

## 17.2 Number of children in care

### 17.2.1 Children entering care

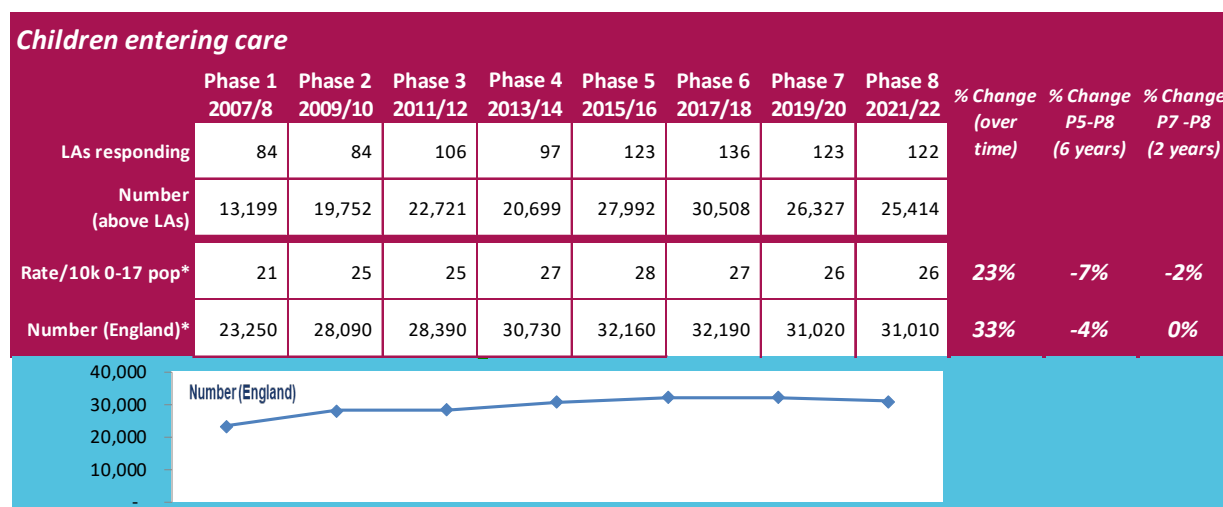


Figure 46: Children entering care summary. \*Note – Source: for rate and number (England) are from DfE statistical publications and therefore represent the whole country (DfE, 2022a).

Whilst there has been virtually no change in the number of children entering care in 2021/22 compared to two years ago (31,010 and 31,020 respectively), there was a significant decrease (28,470) in the intervening year during the pandemic, and the number of children entering care has returned to levels seen in 2020. Variation between LAs and regions remains significant.

RIIA data for quarter 1 2022/23, provided by 149 LAs, show 7,804 children entering care across the three-month period, a rate of 6.9 per 10,000 0-17 population. This suggests there could be an increase in the number of children entering care in 2022/23, although it is likely this is linked to the higher numbers of UASC arriving in the country.



## 17.2.2 Children in care as at 31<sup>st</sup> March

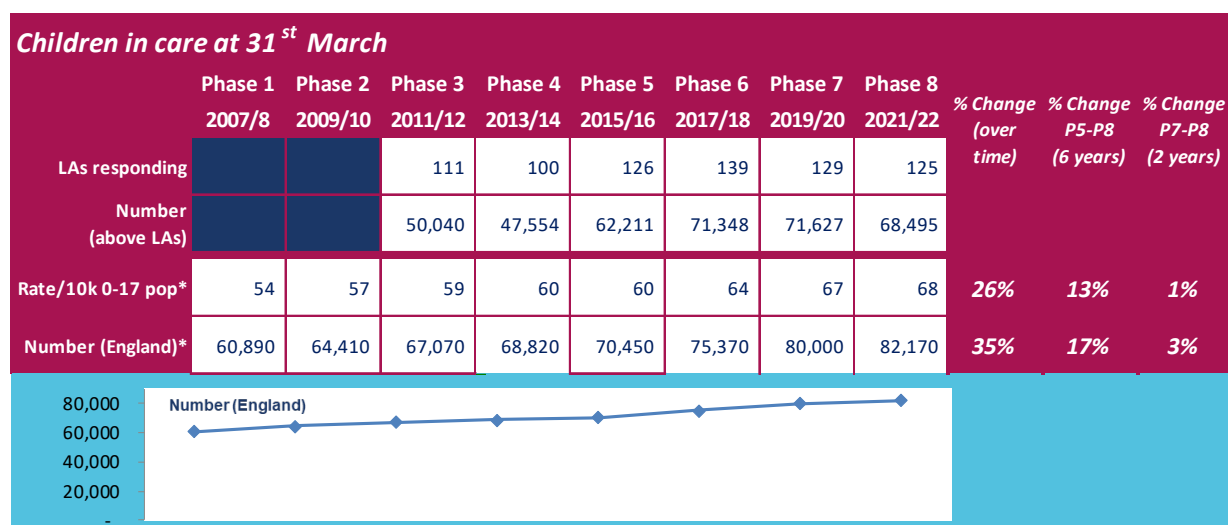


Figure 47: Children in care as at 31<sup>st</sup> March summary. \*Note – Source: for rate and number (England) are from DfE statistical publications and therefore represent the whole country (DfE, 2022a)

DfE data (DfE, 2022a) shows the number of children in care as at 31<sup>st</sup> March 2022 has continued to increase, by 3% in the past two years and by 35% since 2008. These figures do not include children who are in care under a series of short break placements, which has continued to decrease to a rate of 0.38 per 10,000 0-17 population.

RIIA data for quarter 1 2022/23, provided by 149 LAs, show 82,407 children in care as at 30<sup>th</sup> June 2022, a rate of 75.2 per 10,000 0-17 population. This suggests there has been an increase in the number of children entering care during this period.

## 17.2.3 Children ceasing to be in care

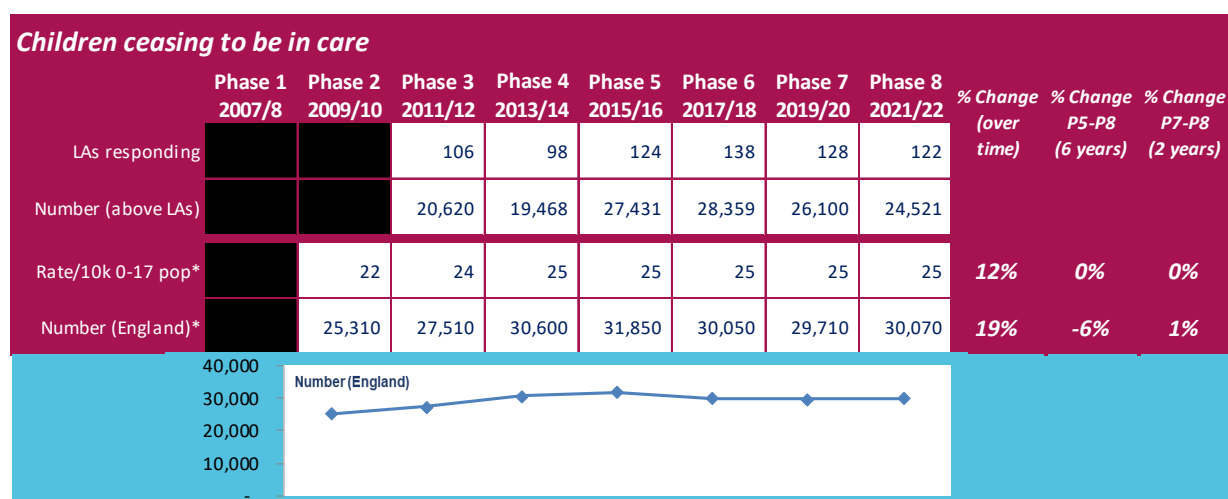


Figure 48: Children ceasing to be in care summary. \*Note – Source: for rate and number (England) are from DfE statistical publications and therefore represent the whole country (DfE, 2022a)

There has been very little change in children ceasing to be in care over the past six years. 30,070 children ceased to be in care during 2021/22, a rate of 25 per 10,000 0-17 population. Again, this average continues to mask significant variances between local LAs.

### 17.2.4 Children ceasing to be in care by reason

The categories DfE use to capture the reasons for children leaving care have changed over time and now provide greater detail. For example, ‘age assessment determined child aged 18 or over’ provides us with information about UASC who had entered care but are in fact adults, and ‘aged 18 (or over) and remained with current carers (including staying put arrangements)’ provides information about ‘staying put’ arrangements. Whilst these changes are important, they make comparison over the years challenging.

122 LAs provided valid data on the reasons for children leaving care. In summary:

#### Decrease:

- Fewer children are returning home to live with parents, relatives or other person with parental responsibility as part of care planning process
- 10.3% ceased for any other reason (E8) is likely to have reduced as the categories available for reporting have increased
- The proportion of children leaving care due to being sentenced to custody (E9) has reduced to 0.7%
- Fewer children are leaving care due to adoption (E11 and E12) 9%

#### Little change:

- Child died (E2)
- Move to independent living with or without formalised support (E5 and E6) has fluctuated, now 13%
- Transferred to adult services (E7) (1.7%)
- A small proportion (0.7%) of children leave care due to age assessment determining the child is aged 18+

#### Increase:

- Care taken over by another LA in the UK (E3) year on year increase to 3.3% in 2021/22
- A higher proportion (7%) of children left care to live with parents/ relatives/ other with no parental responsibility (E13)
- Children with an SGO, RO or CAO has increased significantly to 16%

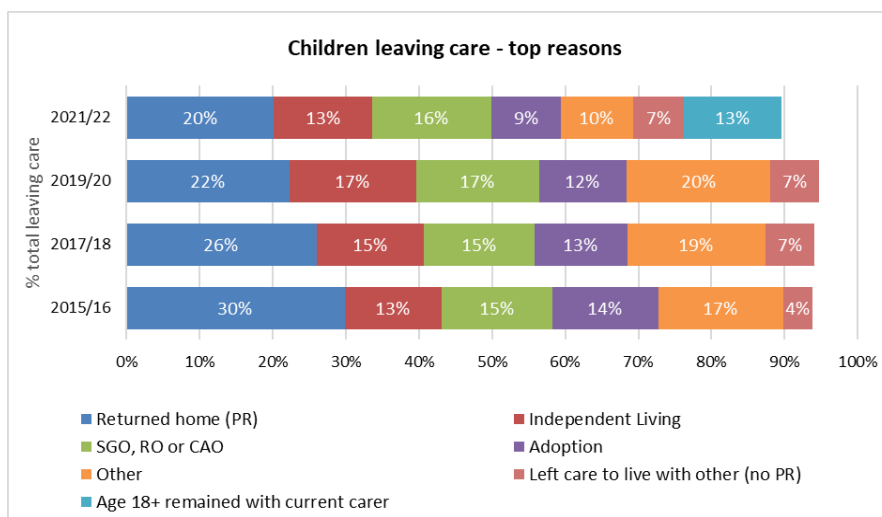


Figure 49: Children leaving care by reason ceased - main grouped reasons. SGO = special guardianship order, RO = residence order, CAO = child arrangement order (Source: SGP8 respondents)

### 17.3 Children in care by legal status and type of plan

The legal basis under which a child can come into care has not changed since 2012. There have, however, been changes in the profile of the legal status of children in care with more now subjects of a full care order or interim care order, and fewer children subject of a placement order or accommodated voluntarily under section 20.

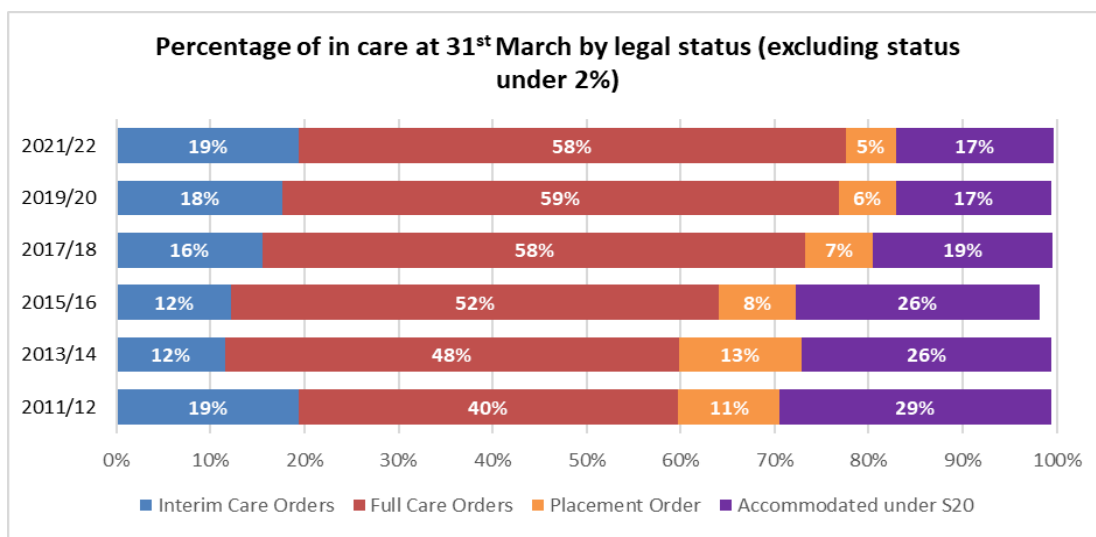


Figure 50: Percentage of children in care by legal status as at 31<sup>st</sup> March. (Excluding Detained on child protection grounds and youth justice legal statuses which are under 2%). (Source: SGP respondents)

58.3% of all children in care as at 31<sup>st</sup> March 2022 in 124 responding LAs were subjects of full care orders and 19.4% were subjects of interim care orders. The reduction in the number of placement orders continues to reflect the slowing down of adoption as a permanence outcome for children. There has been no change in the number of children in care as at 31<sup>st</sup> March who are detained on child protection grounds<sup>7</sup> (0.1%) or youth justice legal statuses<sup>8</sup> (0.2%).

Whilst it could be expected that the proportion of children accommodated voluntarily under section 20 would have increased due to the large and increasing number of UASC children being cared for, the number of UASC children are small compared to the number of children in care as at 31<sup>st</sup> March and so the overall impact is minimal, the older age profile of UASCs is important to note, with many being 16 or 17 years when entering care.

<sup>7</sup> Under police protection and in LA accommodation or emergency protection order

<sup>8</sup> Remanded to LA accommodation or to youth detention accommodation, detained in LA accommodation under PACE including secure accommodation, or sentenced to youth rehabilitation order.

### 17.3.1 Type of plan

Deeper analysis of the broad types of care plans for children assists in understanding how many were expected to remain in long term foster care; return home to live with their birth parents; remain in long term residential placements; or had a plan for adoption, supported or independent living, or another planned outcome.

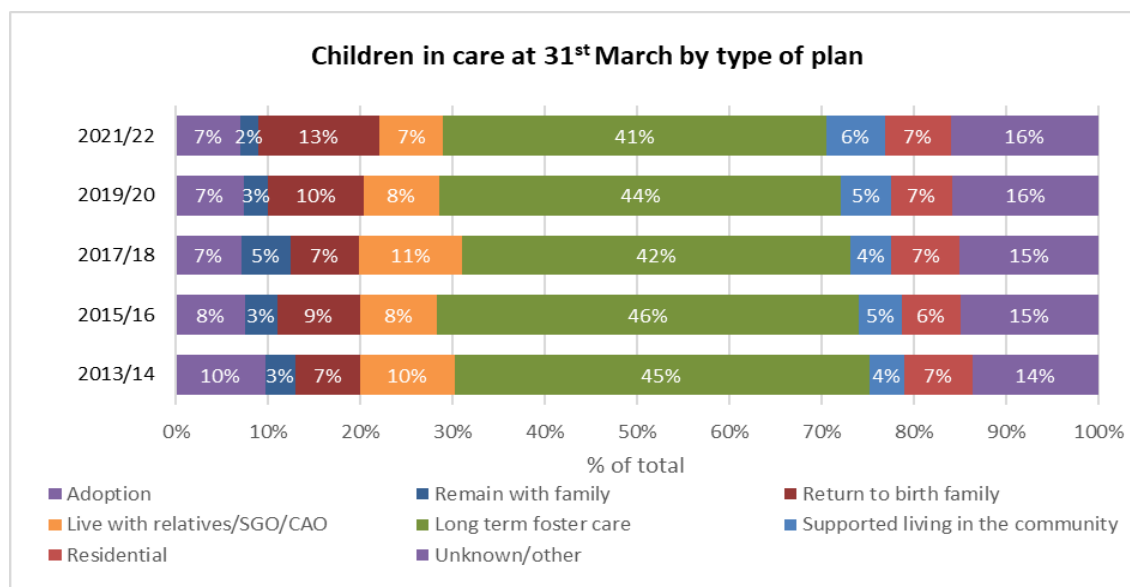


Figure 51: Type of plan (Source: SGP8 respondents)

86 LAs provided information about the type of plan for children in care as at the 31<sup>st</sup> March 2022 compared to 27 respondents in 2014. In addition to the more robust sample of responses, there are some notable differences, which need to be considered alongside the context of increasing numbers of UASC, who are likely to remain in care until their 18<sup>th</sup> birthday and increasing number of children in care generally. Of note:

- the proportion of 'other/unknown' includes children whose permanence plan had not been confirmed at that stage (i.e. still in proceedings)
- fewer children have a plan of adoption, but more have a plan to return to their birth family, where this is safe and appropriate to do so
- a larger proportion of children have a plan of 'long term foster care' or 'supported living in the community' (independent living) which illustrates that whilst for some children permanency (whether through adoption, SGO or returning home) is the goal, there are a large cohort of children for whom the plan will be to remain in care until their 18<sup>th</sup> birthday. Respondents note there are resource implications in terms of placement sufficiency, cost and continued social care involvement for such arrangements.

In 2017/18, responding LAs reported a significant increase in the number of children whose plan for adoption had been reversed because the court did not make a placement order,

representing 34% of all reversal decisions. This proportion has reduced to 18% in 2021/22 for the 592 children in 118 responding LAs who had a decision changed from the initial plan for adoption by the courts. More reversals are now due to ‘any other reason’ (32%) and ‘child’s needs changed’ (28%).

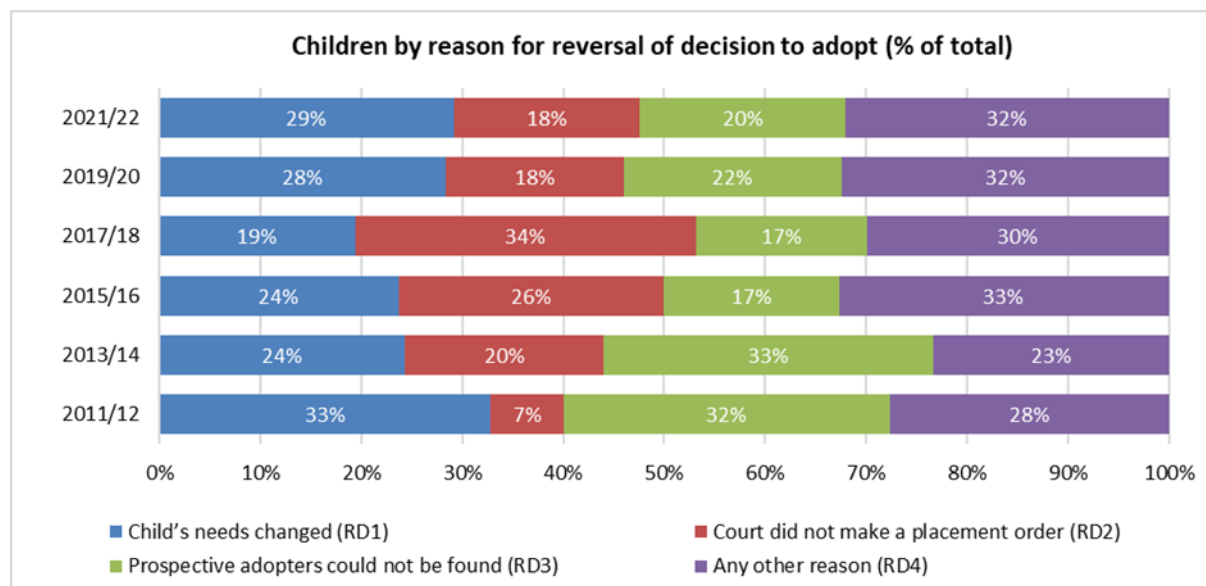


Figure 52: Reversals of adoption decisions by reason - % of the total. (Source: SGP)

There were fewer agency decision maker decisions (-3%) and placement orders granted (-2%) in 2021/22 compared with the previous period, but an increase in adoption orders (3%) and special guardianship orders (6%) granted. During the same period there were fewer adoption registrations (-22%) and approvals (-4%) but more approved adoptive families waiting to be matched (17%).

## 18 Unaccompanied Asylum Seeking Children (UASC) and Refugees

A special thematic report on unaccompanied asylum seeking and refugee children was published in November 2016 as part of Safeguarding Pressures phase 5 (ADCS, 2016b). The report provided information about the needs of this cohort and how these needs were being met. It concluded that the number of UASC in England had doubled in two years, but with significant variation in distribution across the country. ADCS estimated that the level of under-funding was in the region of £34,000 per UASC per year. Subsequent phases of Safeguarding Pressures research have continued to capture the changes that have taken place. Phase 8 brings the evidence base up to data via data from 119 LAs, responses to qualitative questions from 102 LAs, and 21 interviews.

## 18.1 National context and policy

In November 2017, the UK Government published its *Safeguarding strategy for unaccompanied asylum seeking and refugee children* (Home Office and DfE, 2017). A year earlier, the voluntary National UASC Transfer Scheme (NTS) was predicated upon each LA accepting UASCs representing up to 0.07% of its child population to ensure more equitable distribution of new arrivals across the country. However, a relatively small number of local LAs (primarily the 'port' authorities) continued to support disproportionately larger numbers of UASC, with some local LAs unwilling or unable to participate in the voluntary scheme. In December 2021, the scheme became mandatory, which has resulted in some LAs now caring for higher numbers of UASC than previously was the case.

In August 2022, the NTS rate was increased from 0.07% to 0.1% of a LA's child population and, in a push to end the use of hotels to accommodate UASC, the ten-day transfer deadline was reduced to five working days. Both changes were implemented with immediate effect and the *National Transfer Scheme Protocol for Unaccompanied Asylum Seeking Children* (Home Office and DfE, 2022a) (Home Office and DfE, 2022b) was updated to reflect this.

The UK also continues to provide support for other key groups of migrants and asylum seeking families, for example:

- the Homes for Ukraine Scheme and Ukraine Families Scheme: launched in March 2022, the schemes provide visas to Ukrainian nationals who are staying with either immediate family, or a verified sponsor, for up to three years. Since its launch, the Homes for Ukraine Scheme has expanded to take applications from children and young people under the age of 18 years who are not travelling with, or joining, a parent or legal guardian. As at 30<sup>th</sup> June 2022, a total of 151,482 applications were received across both visa schemes, of which 133,854 had been granted
- the Afghan Citizen Resettlement Scheme (Home Office, 2022), formally launched in January 2022. It creates three pathways by which eligible people will be prioritised and referred for resettlement to the UK. Families arriving via the scheme were initially placed in temporary bridging accommodation, many are still waiting to be placed in permanent accommodation
- in April 2021, the government launched the Hong Kong British Nationals (Overseas) Welcome Programme (DLUHC, 2021) providing British National (Overseas) status holders from Hong Kong, and their eligible dependants, with the opportunity to come to the UK to live, study and work, on a pathway to citizenship. In February 2022, the scheme was expanded to allow some adult children of British National (Overseas) status holders to apply to the route independently from their parents.

Many of the arrivals under these different schemes will have experienced significant trauma prior to arrival, requiring additional support from children’s services and universal services, particularly schools and the NHS. Government needs to ensure sufficient services and provision is both considered and in place to ensure appropriate support is available for new arrivals to the country.

“We know from other LAs that any asylum hotel which might be set up within our LA is likely to result in a number presenting as unaccompanied asylum seeking young people. This would have a significant impact on placement sufficiency, budget requirements, service needs and the required workforce. – South West LA

## 18.2 Number and characteristics of UASC

This section provides an overview of the number of unaccompanied asylum seeking children, including where they have come from and their characteristics.

### 18.2.1 Number of UASC

DfE (2022a) states that the number of UASC increased by 1,430 (34%) between 2020/21 and 2021/22, however, there was a decrease of 18% in the previous year which was likely due to the pandemic. There were 5,570 UASC in care as at 31<sup>st</sup> March 2022, 10% more than as at 31<sup>st</sup> March 2020 (prior to the pandemic). In a Migration Observatory briefing (2022), Walsh states that the Covid-19 pandemic substantially reduced asylum seeking and refugee resettlement in the UK in 2020, although in 2021, asylum seeking was at its highest level since 2003.

Number of Unaccompanied Asylum Seeking Children in care as at 31 <sup>st</sup> March						
	2011/12	2013/14	2015/16	2017/18	2019/20	2021/22
North East	20	20	20	50	50	120
North West	90	60	120	290	420	550
Yorkshire and Humber	90	50	130	260	250	350
West Midlands	270	130	380	500	420	490
East Midlands	160	140	280	280	250	310
East of England	190	190	460	500	580	670
London	920	980	1,490	1,520	1,770	1,580
South East	430	450	1,360	860	1,040	1,120
South West	60	40	100	300	240	390
<b>England</b>	<b>2,230</b>	<b>2,060</b>	<b>4,340</b>	<b>4,560</b>	<b>5,080</b>	<b>5,570</b>

Figure 53: Number of UASC in care as at 31<sup>st</sup> March by region showing the lowest (green) to highest (red) prevalence for that year. (Source: DfE, 2022a)

119 Safeguarding Pressures respondents providing information about the UASC in their area in 2021/22 indicated that numbers have grown significantly. In these areas alone, 4,365 were

in care as at 31<sup>st</sup> March 2022<sup>9</sup>. Only two LAs reported a decrease, and there continues to be significantly greater LA and regional variation despite the broadening of the NTS, as depicted in the figure below based on latest DfE published regional data for 2021.

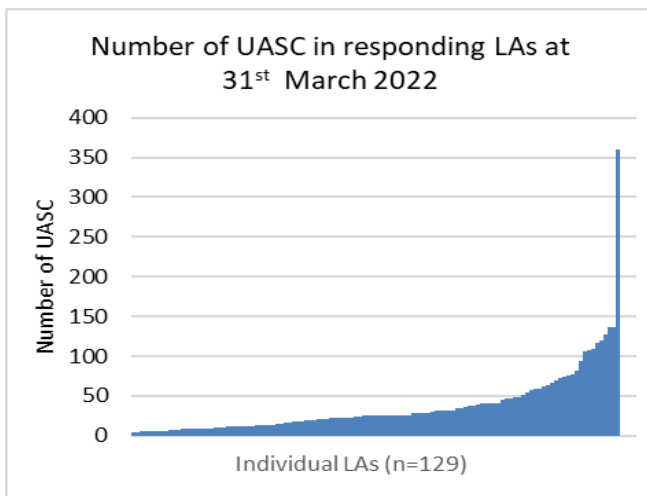


Figure 54 : Number of UASC as at 31<sup>st</sup> March by LA. (Source: SGP8 respondents)

RIIA data for quarter 1 2022/23, provided by 136 LAs, suggest that there is little change, with 5,565 UASC in care as at 31<sup>st</sup> June 2022<sup>10</sup>. Increases are being seen in the South East, North East, West Midlands and East Midlands, with no change in the North West or South West and slight reductions in the Eastern and London regions.

DfE does not report children starting or ceasing to be in care who are UASC. This information is collected for this research, illustrating the greater volume of children who are supported in-year.

In responding LAs in 2021/22, 4,710 UASC came into care (rate of 4.93), 7,640 were in care at any time in the year (rate of 7.99), and 3,251 left care (rate of 4.56) in the year. From April 2022 onwards, RIAs will collect this information on a quarterly basis as well as UASCs who are care experienced. This will provide more frequent insights at a more granular level than is available via this research.

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<sup>9</sup> This number has not been extrapolated to an all England figure due to the unequal distribution of UASC through the country and small number.

<sup>10</sup> Data not available from the LAs in Yorkshire and Humber region.



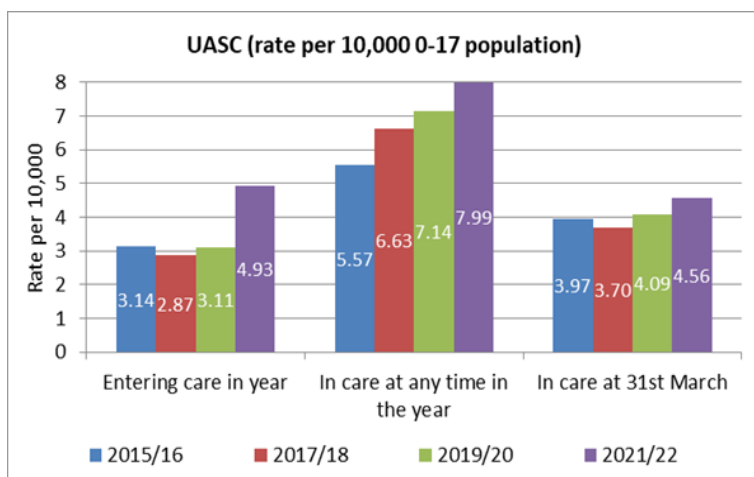


Figure 55: UASC starting, in care at any time and in care as at 31<sup>st</sup> March in responding LAs (Source: SGP8 respondents)

### 18.2.2 Age and gender breakdown

According to respondents, 94% of unaccompanied children as at 31<sup>st</sup> March 2022 were male and the majority aged 16 and 17 years (86.1%). 14.2% were age 10 to 15 years and 0.1% were aged 10 years or under. These proportions have remained fairly static over the last six years.

There were 2,889 recorded age disputes between July 2021 and June 2022, of which 2,214 were resolved, 49% were judged to be over 18 years and 51% under 18 years (Home Office, 2022b). Current Home Office policies and practices relating to initial age assessment suggest that where a claimant's physical appearance and demeanour does not very strongly suggest they are significantly over 18 years of age, the individual should be treated as a child and referred to an LA. Respondents continue to be concerned about the robustness of Home Office led age assessments, particularly where individuals are placed as adults in dispersal centres and asylum hotels and subsequently come forward to their new host LA claiming to be under 18 years of age.

Respondents report that age assessments are resource heavy and highly litigious, but are set against the responsibility of LAs to all unaccompanied children who have a right to care and support, and the safeguarding risks of placing vulnerable children alongside adults.

#### EXAMPLE

An LA had three asylum hotels. From these hotels, 64 children previously deemed to be adults came forward claiming to be children. All had to be accommodated by the LA which led to a spike in their numbers of children in care. For all 64 people, there was a need for age assessments, and the LA and partners met their education, health and support needs. – London LA

### 18.2.3 Countries of origin of UASC

There has been little change to where most asylum seeking children originate from. Afghanistan, Iran, Sudan and Eritrea are the most common countries of origin, although respondents reported arrivals from 84 different countries of origin compared to 63 two years ago. This presents a significant challenge in delivering 'child centred' support that is sensitive and inclusive to a child's cultural identity and needs.

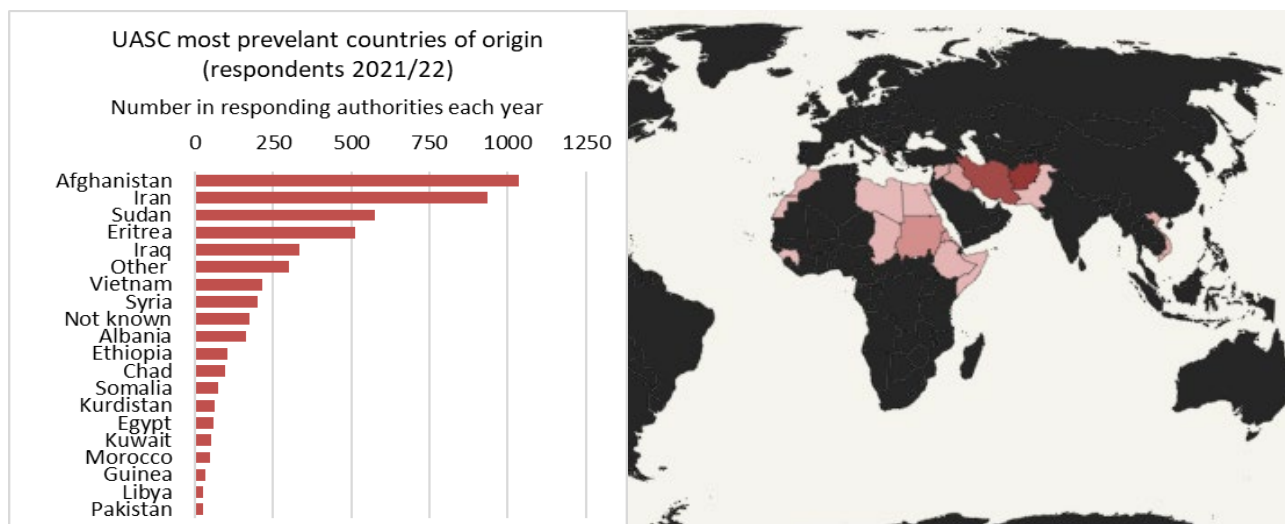


Figure 56. Table and chart of the most prevalent country of origin for UASC as at 31<sup>st</sup> March 2022 in responding LAs (Source: SGP8 respondents)

### 18.2.4 Meeting the needs of UASC

Both the children's social care system and the immigration and asylum system have responsibilities towards UASC. Respondents felt that these two systems have distinct objectives, timeframes and funding arrangements and are not aligned. Delay in Home Office processing in the immigration and asylum system impacts on the wellbeing of the child as well as the length of time that social care, and other services, are required to provide statutory support, at significant cost. For those UASC who received a decision in 2020, the process peaked at 550 days (Walsh, 2022).

Unaccompanied and separated children are among the most vulnerable cohorts and many have been exposed to violence and trauma, presenting with a range of physical and mental health needs. An absence of medical or schooling records means the LA is largely dependent on a child's own account in their assessment of risks and needs. The high risk of trafficking and children going missing requires this assessment to be done at pace. Importantly, respondents reported that many UASC engage very well with services and seek to make the most of the opportunities they are offered.

Many unaccompanied asylum seeking young people have a distinct preference for an urban placement location. This is for many reasons, including the fact that larger cities afford

greater access to services and goods which meet their cultural, religious and identity needs. This causes significant difficulty in managing the administrative element of the NTS.

“There has been an increase in UASC numbers and former UASC care experienced young people. Alongside this, there have been longer delays in Home Office resolution of immigration status, and hearing of appeals which has a significant impact on LA budgets as former UASC care experienced young people are unable to claim benefits.” – London LA

### 18.2.5 Placements

Respondents report that, compared to previous years, a higher proportion of UASC in care as at 31<sup>st</sup> March were placed in residential care (44%), while the proportion in foster care has reduced from 55.3% in 2015/16 to 37.4% in 2021/22.

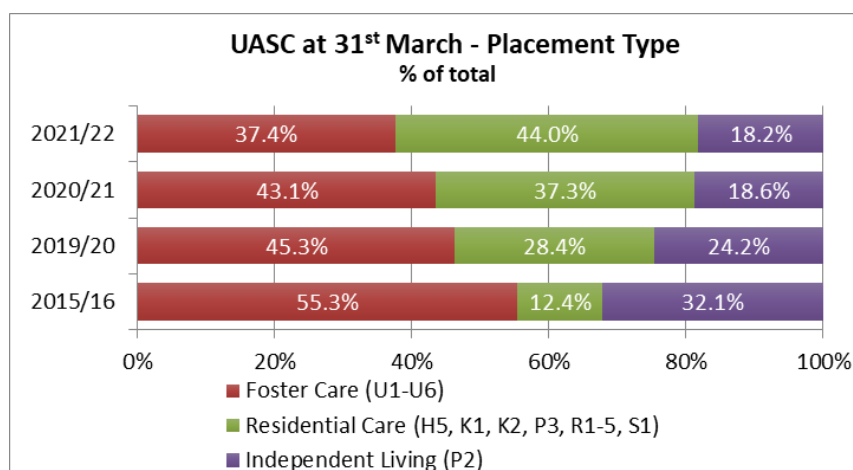


Figure 57. UASC Placement type (Source: SGP8 respondents)

It is not uncommon for UASC to be placed outside of their home LA due to a lack of local placement sufficiency or difficulties in meeting their cultural needs within local communities. This reality means that children are often accepted into care by a LA only to be placed and receive services in another.

### 18.2.6 Resources and funding

Respondents reported that Home Office funding for UASC continues to be insufficient to meet costs, despite the welcome increase in funding for care experienced children in 2020.

Current Home Office Funding Rates	£
Age 0-18 LAs below 0.07 rate	£114.00 <b>per person per night</b>
LAs at or above 0.07 rate and individual children transferred from LAs above 0.07% to LAs below 0.07	£143.00 <b>per person per night</b>
Former UASC care experienced young people	£270 <b>per person per week</b>

Figure 58. Current Home Office funding rates for UASC f (Source: Home Office, 2022c)

Whilst it is considered that the Home Office funding just about covers the cost of a placement, it does not cover the social work time and other statutory provision that is required. The care leaver funding is woefully insufficient in funding LAs to meet the needs of

former UASC care experienced young people, leaving many LAs with significant budget deficits.

The impact of the growing backlog in the Home Office processing asylum applications has also resulted in delays in young people moving into independence. UASC care experienced young people who are awaiting a determination of immigration status have no recourse to public funds. As such, local LAs must meet the cost of provision of services and support which, under different circumstances, would be centrally funded via the welfare system. As the number of care experienced young people continues to grow, so does the number who have no recourse to public funds.

#### **EXAMPLE**

For each UASC under the age of 18, as a transfer from the NTS, the LA receives £143 per night per child, totalling £1001 a week. Dependent on the nature of the placement identified, with costs currently ranging from £650 a week to approximately £1000 a week, this funding only covers placement costs. It does not provide for any other statutory provision such as social work time, clothing allowances, or other costs associated with bespoke care plans. For former UASC care experienced young people, the LA receives £270 a week. All of our care experienced UASC are currently in provisions which cost £650 a week. As such, and before factoring in any other element of support, the LA is working on a deficit of £380 a week (£19,813.20 a year). The accommodation provider we commission for a large number of our UASC young people has now confirmed increased costs from £650 to £850 a week, which is an additional financial risk. – *South West LA*

### **18.2.7 Care experienced former UASC**

DfE (2022a) report a total of 11,650 care experienced young people as at 31<sup>st</sup> March 2022 who are former UASC. The increase in the number of former UASC care experienced young people between 2018 and 2022 is significant (64% increase).

Of the 119 respondents, the LA and regional variations in the number of former UASC care experienced young people are significant. Four LAs had more former UASC care experienced young people) than UASC in care.

## **19 Care Experienced Young People**

### **19.1 National context and policy**

The *Children and Families Act 2014* introduced 'staying put' duties on LAs to provide care experienced young people with the opportunity to remain with their former foster carer after they reach the age of 18 years. The *Independent Review of Children's Social Care*

recommended that ‘staying put’ and ‘staying close’ (a similar entitlement for care experienced young people who lived in a residential children’s home) should become a legal entitlement, extended to age 23 years, offered on an opt out basis. If accepted by government and implemented, this will require significant investment to expand provision.

Section 3 of the *Children and Social Work Act 2017*, which came into effect on 1<sup>st</sup> April 2018, placed new duties on LAs to offer the support of a personal advisor to all care experienced young people to the age of 25 years instead of age 21 years. Whilst the responsibilities are for those aged over 21 years are less extensive in terms of the provision of education, employment or training and accommodation, the additional cohort of young people entitled to support required increased workforce demands in LAs.

Despite raising the age for support several years ago, DfE does not yet collect or report data on care experienced young people aged 22-25 years. As such, there is no national picture of the availability or scope of services, and outcomes for this growing group of young adults. Consequently, there is little understanding of the demand on services and impact on budgets.

## 19.2 Number of care experienced young people

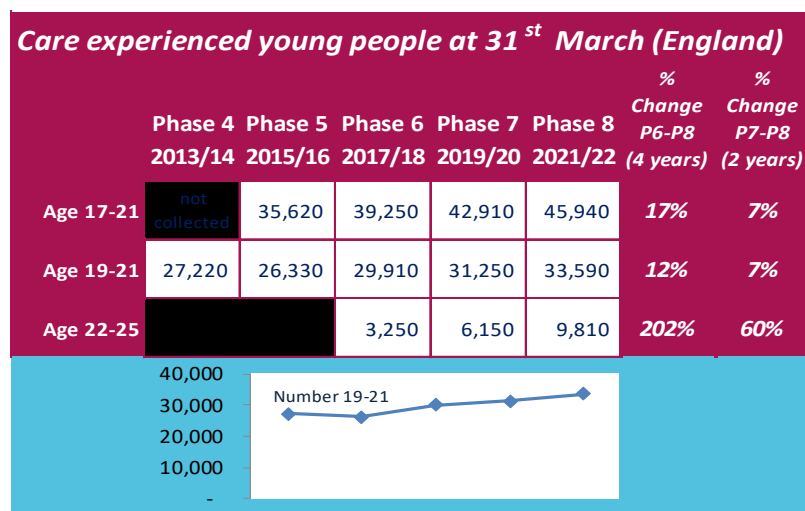


Figure 59: Care experienced young people – summary. (Sources: Age 17-21 and 19-21 DfE, Age 22-25 SGP8 respondents.)

There were 45,940 care experienced young people aged 17 to 21 years in England as at 31<sup>st</sup> March 2022, an increase of 7% in the last two years (DfE, 2022a). Extrapolated data from 123 respondents indicates that there are an additional 9,810 care experienced young people aged 22 to 25 in England. There are wide variations between LAs, and across regions, in the rate of care experienced young people. Reasons for this may be due to the proportion of UASC, and the growing trend for older age children coming into care, often due to risks and harms outside of the family home.

## 20 A Whole System View: Correlations and Factors Across Early Help and Social Care

An important facet of ADCS Safeguarding Pressures research is to correlate and triangulate a range of evidence to provide a system-wide view. This section aims to do that, providing evidence relating to:

- ages of children receiving children’s services
- timeliness and duration of a range of activity such as assessments, child protection plans and children in care
- repeat activity, or ‘the revolving door’
- other correlations.

### 20.1 Ages of children receiving social care services

#### 20.1.1 Child protection and children in care

The ages of children receiving social care support has changed over the years. The age profile of children becoming subjects of child protection plans has continued to shift towards older children. 4.4% of children starting a plan were aged 16 and 17 years compared to 3.9% two years ago. 5.4% of children subject of a child protection plan as at 31<sup>st</sup> March 2022 were aged 16 years and over compared to 4.7% two years ago.

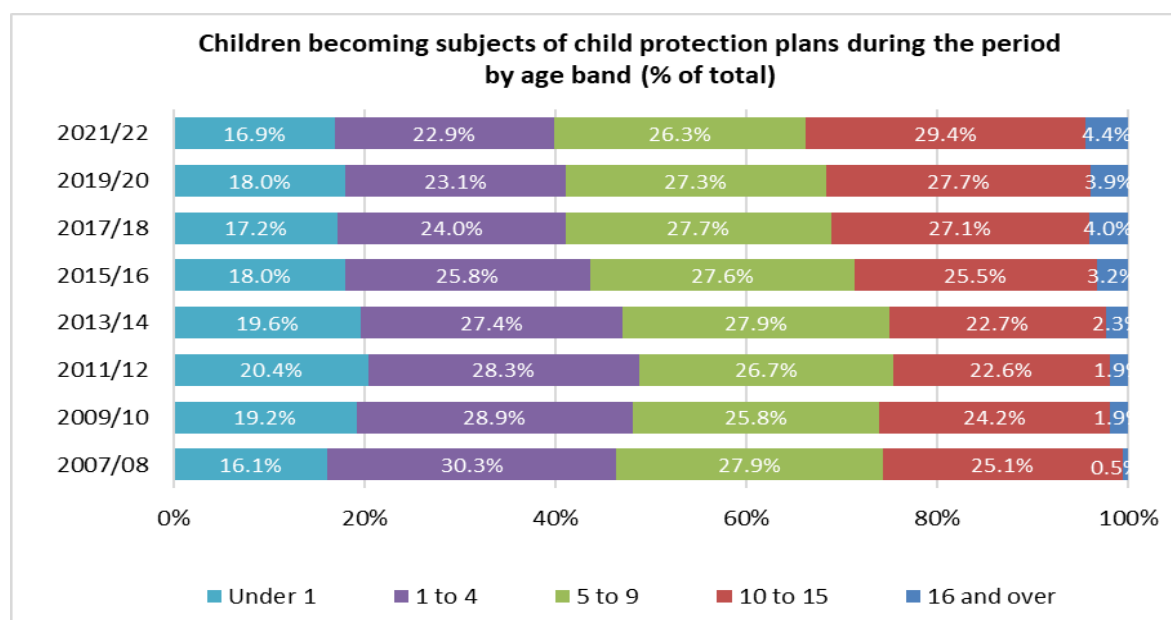


Figure 60: Children becoming subjects of child protection plans during the period by age banding - % of the total (Source: SGP respondents)

The proportion of under 1s, 1 to 4, and 5 to 9 age groups entering care in 122 responding LAs has remained fairly steady with decreases in the 10 to 15 age group and significant increases

in the 16 years and over age group. The number of children aged 16-17 years who have come into care continues to increase year-on-year, to 26.5% of all children entering care in 2021/22.

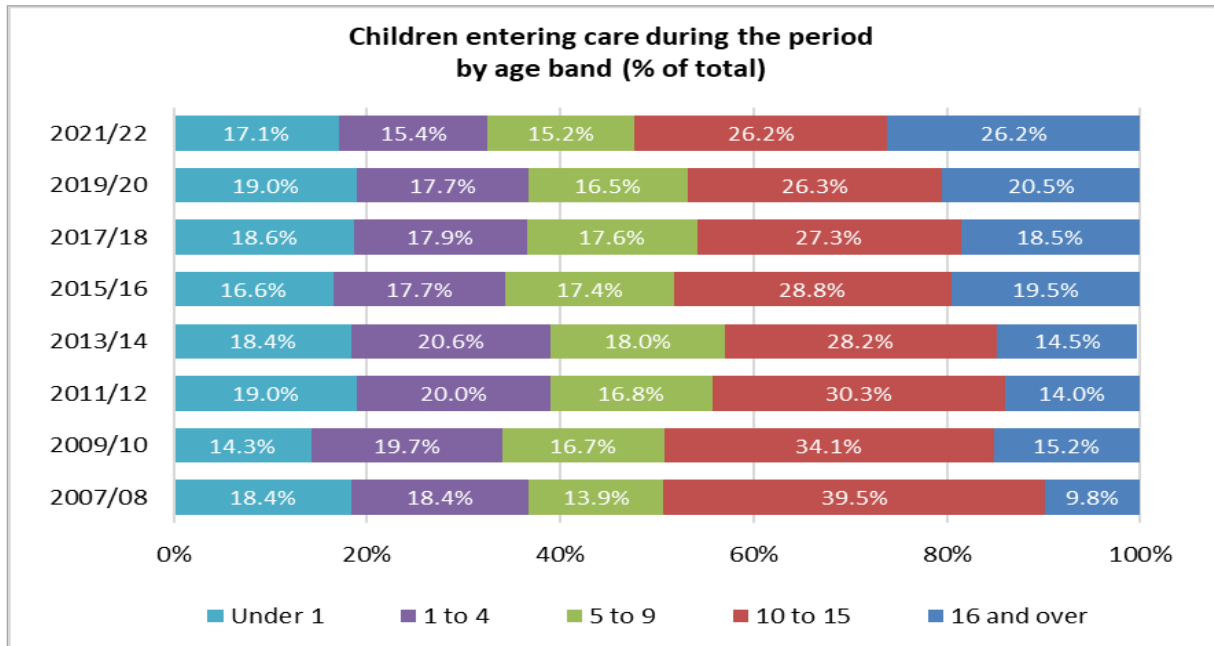


Figure 61: Children entering care during the year by age band - % of the total (Source: SGP respondents)

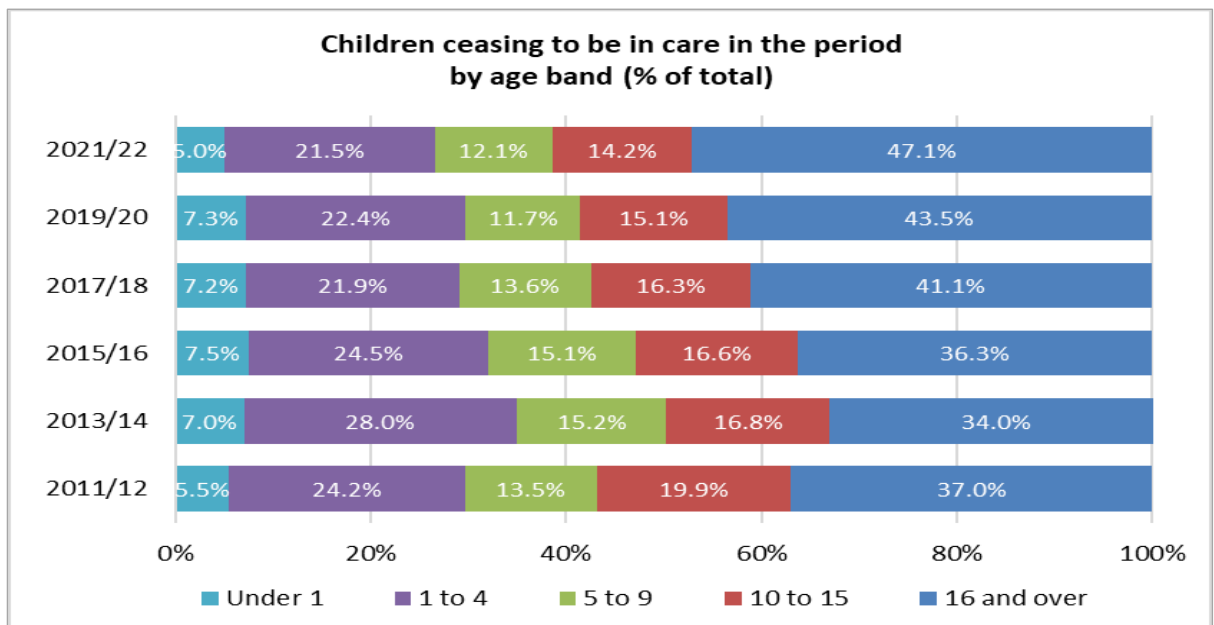


Figure 62: Children ceasing to be in care in the period by age band - % of the total (Source: SGP respondents)

The age profile of children in care as at 31<sup>st</sup> March shows an older age profile, reflecting those children who are remaining in care, e.g. in long term foster care, or UASC, as well as those coming into care at an older age range as detailed above.

## 20.1.2 Adolescents

In previous research phases, it was noted that the physiological and psychological changes that occur in puberty can increase adolescents' appetite for risk-taking behaviour and while this activity is normal and part of healthy development, it can mean that adolescents are sometimes at heightened risk from perpetrators of abuse and exploitation. These can stem from two types of factors, which are not mutually exclusive:

- family based: parental conflict, attachment difficulties, homelessness, domestic abuse
- external factors: 'extra-familial risk and harm' such as child criminal and sexual exploitation, serious youth violence, gang activity and radicalisation. Chapter 8 provides further information about EFRH.

Respondents evidence both an increase and a high proportion of children aged over 16 years who need support and social care interventions. 74% of respondents stated that for adolescents, there has been a moderate to high change in their needs or service provision, generally linked to an increase in mental health needs and in some instances, due to family breakdown, leaving the family home voluntarily or being removed. These responses are also likely to include some EFRH.



Figure 63: SGP8 questionnaire responses re changes for young people aged 15-25 years.

### EXAMPLE

We have seen an increase in complexity of cases and risky behaviours amongst our older children in care and care experienced young people. We have introduced high risk multi-agency panels to ensure visibility and agree shared actions to improve the safety and life experience of our most vulnerable children in care and care experienced young people. We have also created a coordinated multi-agency response to young people where CSE and CCE may be a feature of risk - this attempts to coordinate risk management across agencies such as children's social care, police and health. During 2021/22 we have been piloting new ways of responding to CCE/CSE by applying a new contextual safeguarding approach focused on peer assessment and support. This is something we aim to develop further, and we have increased our capacity by creating a specific CCE team. In addition, we have strategically strengthened our response to 16/17 homelessness with a strong offer to this cohort of young people who often have high levels of vulnerability, including risk of exploitation, and emotional vulnerabilities. This has meant that our cohort of children in care has become older at the point of admission. Pressures in health services, particularly availability of Tier 4 beds for mental health needs, cause significant issues for this age group, with gaps in resources placing pressure on residential beds and challenges to manage high risk behaviours, such as self-harm and suicide in the community.  
– East Midlands LA



## 20.2 Timeliness and duration

### 20.2.1 Timeliness of social care activity

LAs continue to operate in a timely manner despite the increase in demand, evidencing the efforts made to avoid delay and avert drift for children:

- in 2021/22, 84.5% of assessments were completed within the 45 day timescale and since 2015/16, the national average of timeliness of assessments has not changed significantly, remaining between 81.5% (2015/16) and 87.6% (2020/21). The proportion of initial child protection conferences held within 15 working days of a section 47 enquiry has improved in the past two years from 77.6% to 79.2%. This is despite the rising rates of section 47 enquiries
- child protection cases reviewed within the timescales have reduced slightly in the past two years from 91.0% in 2019/20 to 89.3% in 2021/22 but with little change in the preceding years.

### 20.2.2 Timeliness of other activity

Children are waiting longer in other arenas, some of which are detailed elsewhere in this report:

- the special thematic report on mental health (ADCS, 2022a) outlines delays and waiting lists for mental health services
- chapter 12 highlights the emergence of waiting lists in some areas for an early help service
- chapter 16 outlines the impact of the pandemic and increase in family courts not meeting public law outline timescales
- only 59.9% of EHCPs (excluding exceptions) were issued within the 20 week deadline in 2021. Timeliness has been around the 60% mark for the past six years.

### 20.2.3 Duration

There has been little to no change in the duration of episodes of children in need, child protection plans or children in care over the past two years. Comparing the duration of the three main activities illustrates that over half of children in need episodes last for under six months. These averages again mask significant variation across the country whereby LAs have different strategic approaches to the use of section 17 children in need status. 13 LAs have more than 15% of their children in need ceasing after 2 years or more.

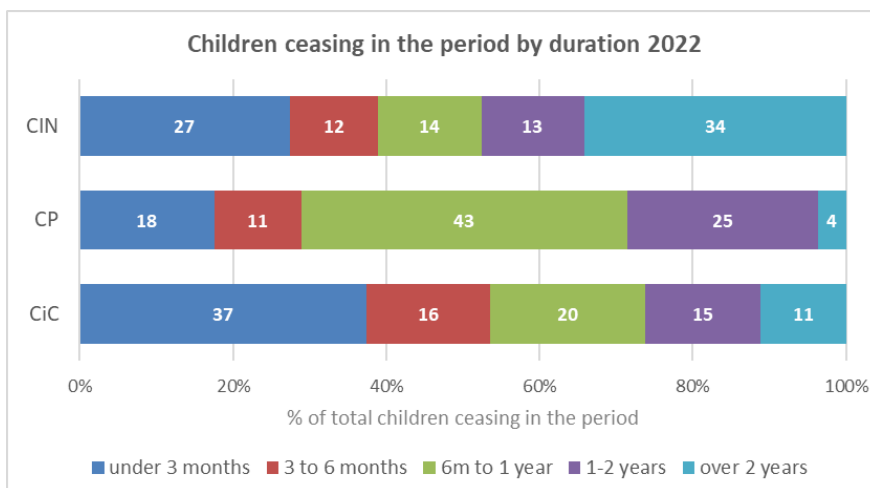


Figure 64: Duration of plans – children in need, child protection and children in care -% of those ceasing (Source: DfE 2022a)

### 20.3 Repeat activity

Some children require multiple interventions over time as their home or family circumstances change. Repeat activity, or ‘the revolving door’, can occur and does not necessarily mean that there has been a failure in the system to address the needs of children and young people.

The proportion of referrals that are re-referrals within 12 months has changed little in the past six years, with a slight reduction from 22.6% in 2019/20 to 21.5% in 2021/22 (DfE, 2022a).

DfE measures the number of children who are subjects of child protection plans for a second or subsequent time ever. A second or subsequent child protection plan could be for a different reason or the same one. There is some perversity in this measure because as time goes on and more children become subjects of child protection plans, there is a greater probability of more children having subsequent plans and therefore the percentage is expected to increase. This has proven to be the case where the proportion of children has increased year-on-year from 17.9% in 2015/16 to 23.3% in 2021/22, representing 14,990 children. Regional data collections record children who have been subjects of a second or subsequent plan in the last two years, which is a more useful measure of the effectiveness of child protection plans. 115 responding LAs report that 10.1% of children were subject of a second or subsequent child protection plan in the last two years in 2021/22.

2,728 children re-entered care for a second or subsequent time in 2021/22, in 110 responding LAs. This equates to 11.3% of children who came into care who had a previous episode of care. This has changed very little over the past two years. The age breakdown of children re-entering care also remains broadly the same over the past decade, with the highest age groups being 10-15 years and 16 years old and over.

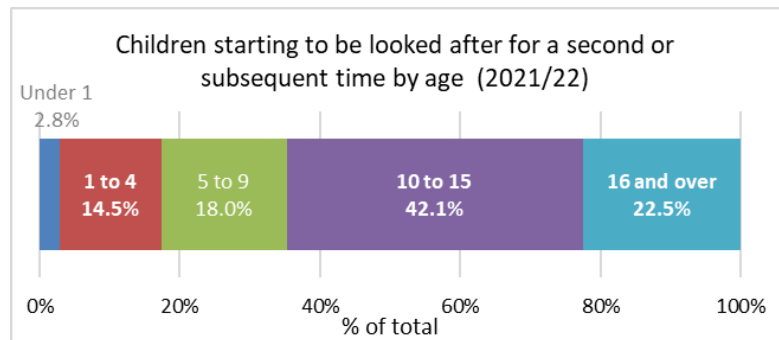


Figure 65: children entering care for a second or subsequent time by age (Source: SGP8 respondents)

117 LAs provided information about children returning to care having previously achieved permanence through adoption, special guardianship order or residence order/child arrangement order in 2021/22. In these LAs, 2.2% of children returned to care after or during their previous permanence arrangement, with no significant change in numbers over the past six years.

Overall, most respondents reported a reduction or no significant change in their 'revolving door'. Where there has been a decrease in repeat activity, this was attributed to the changes implemented via new models of practice, strengthened practice and improved decision making that helps to balance concerns and strengths as well as work with partners in understanding thresholds. Some LAs reported that repeat referrals are mainly related to domestic abuse.

"Whilst our data has improved across the key measure of repeat activity, we know that we do often work with the same families repeatedly. Some families might have periods of involvement end and then return to services quite quickly, but as their last referral was more than 12 months ago, they do not fall into the repeat category. We also see some families come back to services who might not have been open for some time to children's social care and might have been receiving a service from our early help teams or from universal services. We anticipate that as it becomes harder for families to cope financially, that some of the families we have previously supported successfully may return to our services as pressure builds on family life." – North West LA

## 20.4 A system view

### 20.4.1 Comparing activity

Comparing the historic levels of children’s early help and social care activity clearly shows an increase in early help assessments, initial contacts<sup>11</sup> and section 47 assessments, with a slight reduction in activity in 2020/21 during the first year of the pandemic reported by respondents.

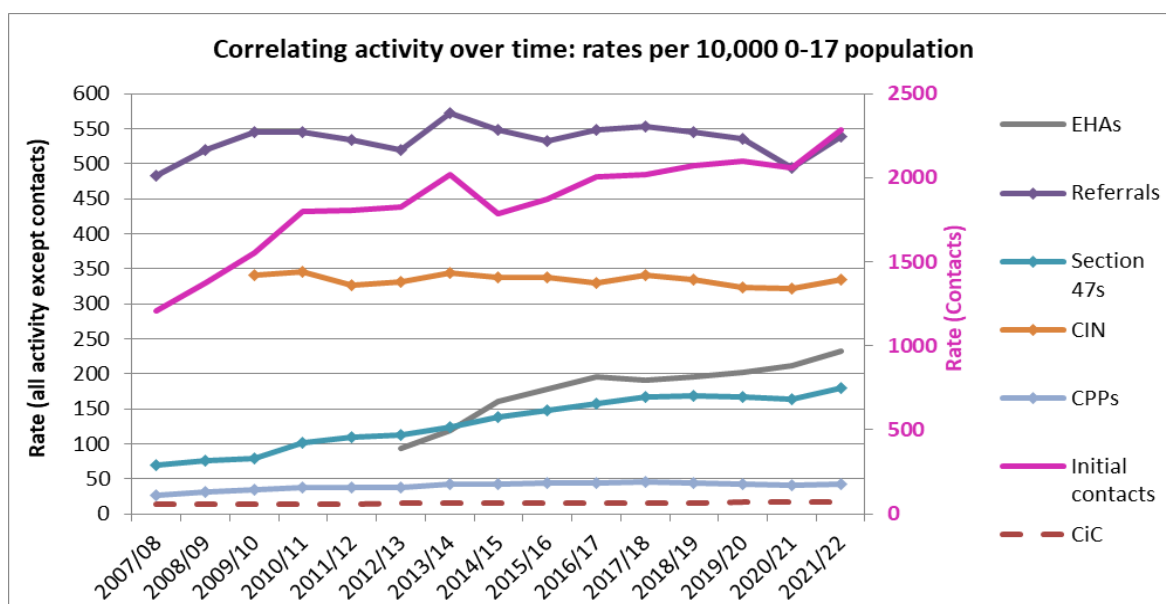


Figure 66 - Correlating activity over time (Source: SGP respondents – EHAs and Initial Contacts. DfE – referral, S47, CiN, CP, CiC).

Previous Safeguarding Pressures reports have mapped this activity against poverty (IDACI) and population trends, which clearly evidenced that for many LAs, but not all, those local areas with the highest levels of deprivation are likely to have higher rates of safeguarding activity. Whilst poverty and population are significant factors, there is also evidence of lower rates in LAs as a result of other factors, such as implementing new models of practice, which are explored throughout this report.

### 20.4.2 Closure reasons

The chart below maps the closure reasons throughout early help and social care cases to show the journey of the child through the system, and how frequently activity results in no further action.

<sup>11</sup> Note: Initial contacts are mapped on a secondary (pink) axis on the right so that changes over the years between different activity types can be seen.

## CLOSURE REASONS EARLY HELP TO CHILDREN LOOKED AFTER

Early Help Assessments					
Referral to social care (step up)	Referral - step down	Advice and Info provided only	Support/ intervention provided	NFA - No support/ intervention	Other
11%	11%	5%	48%	10%	16%

Contacts				
Referral to Social Care	Pass to Early Help services	Advice and Info / signpost	NFA	Other
24%	16%	33%	16%	11%

Referrals					
Strategy and/or s47 enquiry	Assessment required	Pass to Early Help services	Advice/Info or signpost elsewhere	No Further Action	Other
14%	67%	3%	8%	3%	4%

Children in need							
Adopted	Died	Residence Order	Special Guardianship Order	Transfer to another LA	Transfer to Adult Social Services	Other incl. no longer in need	Unknown
1%	0%	0%	1%	4%	1%	93%	1%

Children looked after												
Returned home (with PR)	Left care to live with person with no PR	Residence or child arrangement order	Special Guardianship Order	Adopted	Independent living	Accommodation on remand ended	Sentenced to custody	Care taken by another LA	Residential care funded by adult services	Age assessment - child aged 18+	Age 18 remain current carer	Care ceased other reason
21%	7%	4%	13%	10%	14%	1%	1%	3%	2%	1%	14%	11%

Figure 67: Outcomes (closure reasons) across early help and social care activity (2021/22). % of total outcomes, with a data bar illustrating that percentage. Source: SGP8 respondents apart from CiN which is DfE.

## 20.5 Regional Variations

Regional variations are evident in all aspects of children’s services activity, as evidenced here. In some instances, this is due to one or two LAs impacting on a regional average. For example:

- an LA in the North East, with significantly high rates of both deprivation and activity, inflates the regional average, and in the Eastern Region, two LAs have low activity rates which deflates the regional average
- rates of children in care and care experienced young people across the country can differ significantly dependent on the number of UASC and former UASC care experienced young people resident in the local area

Using research based on England averages provides useful ‘state of the nation’ intelligence, but as we have evidenced in this report, context is everything – locally, regionally and nationally – and cannot always be easily explained.

## 20.6 System factors: Models of practice

The application of new models and cultures of service organisation and delivery that were reported in phase 7 have continued. A number of such innovative services, such as the DfE Strengthening Families programme, have been found through evaluation to be effective at reducing demand (for example, Fitzsimons *et al*, 2020 and Sebba *et al*, 2017, and What Works for Children’s Social Care) and have been adopted by an increasing number of LAs in an attempt to spread the good practice, and to reduce demand to children’s social care.

The House of Commons Public Accounts Committee (2022), reporting on the effectiveness of the DfE in their evaluation of innovations in children’s social care concludes that DfE has: *“further to go to embed a culture of evaluation in social care,”* so that the opportunities to secure better outcomes for children are not lost when dedicated funding for these innovation projects ends. However, not all LAs received additional grant funding from the DfE, or other government departments, and some were repeatedly unsuccessful in bidding selections. Some resorted to developing their own programmes, funded by the LA or through revised ways of working.

Safeguarding Pressures research does not explore different models of practice, or programmes, in great detail, but there was evidence of innovation and positive change throughout the information provided by respondents. Where these have been successful, LAs report decreases in children entering care and being subject of a child protection plan, for example.

It is critical that the increase in children’s services activity in the past two years is not viewed as a failure of these programmes or efforts, and consider how much higher levels of need and demand would be if they had not been implemented.

Where planned improvement and investment would likely provide demonstrable outcomes in a ‘steady state’, the disordered and often chaotic landscape of increased demand, the ongoing impact from the Covid-19 pandemic on services and communities as well as placement pressures, introduce a number of often unforeseen variables that impact negatively. These ‘shifting sands,’ and the changing operative context must be actively considered when evaluating success.

“We have learned to be hugely creative. We’ve had to take so much money out while at the same time dealing with increasing pressure and demand; we’ve managed to do it and we’ve done it safely. We shouldn’t be distracted from that by high-profile cases, which are the top of a triangle and don’t reflect how many children and young people have been diverted from harm...it’s about doing things creatively, differently and safely. And we have a lot of expertise in that area” . – London LA

# RESOURCES

## 21 Placement Sufficiency, Quality and Cost

### 21.1 Policy and context

Legislation and regulation in respect of placements for children in care is lagging behind the practical realities LAs face and there is a growing body of research and analysis relating to placements, providers and costs. For example:

- How LAs plan for sufficiency: children in care and care leavers (Ofsted, 2022d)
- Private provision in children's social care (The Children's Commissioner, 2020)
- Largest national providers of private and voluntary social care (Ofsted, 2021b)
- Inspection outcomes of the largest children's social care providers/largest-national-providers of private and voluntary social care (Ofsted, 2022c)
- Unlocking the facts: young people referred to secure children's homes summary report (What Works for Children's Social Care, 2020)
- Are local authorities achieving effective stewardship for children's social care services? (What Works for Children's Social Care, 2022)
- Outsourcing and children's social care: A longitudinal analysis of inspection outcomes among English children's homes and local authorities (Malthe Bach-Mortensen et al, 2022)
- Children's social care market study (Competition and Markets Authority, 2022)
- Profit making and risk in independent children's social care placement providers (Rome, 2022, 2021, 2020, 2020).

It is important to remember that the majority of children in care are placed with families or in settings where they do exceptionally well. It is a small, yet growing number of children in care for whom it is increasingly difficult to find an appropriate registered placement, which meets their needs at a realistic cost and supports them to thrive. Sufficiency, quality and/or cost of placements for children in care is one of the biggest concerns for nearly all LA children's services leaders responding to this research.

As more children require specialist support and interventions, together with the instability in the placement market, the demand on LAs to provide the right homes for children in care is becoming ever more challenging. This is resulting in children being placed, and on occasion moved at short notice, in placements that may not sufficiently meet all of their needs as set out in their care plan, and which may be at a distance from, and at a significant cost to, the LA.

This chapter presents findings for each type of placement, including the number of children in such placements, and issues of sufficiency, quality and costs. It provides an overall summary across all placement provision, including LA experiences and actions, to address issues in the ‘market’.

## 21.2 Type of placement

Analysis of the types of placements for children in care as at 31<sup>st</sup> March 2022 are provided below.

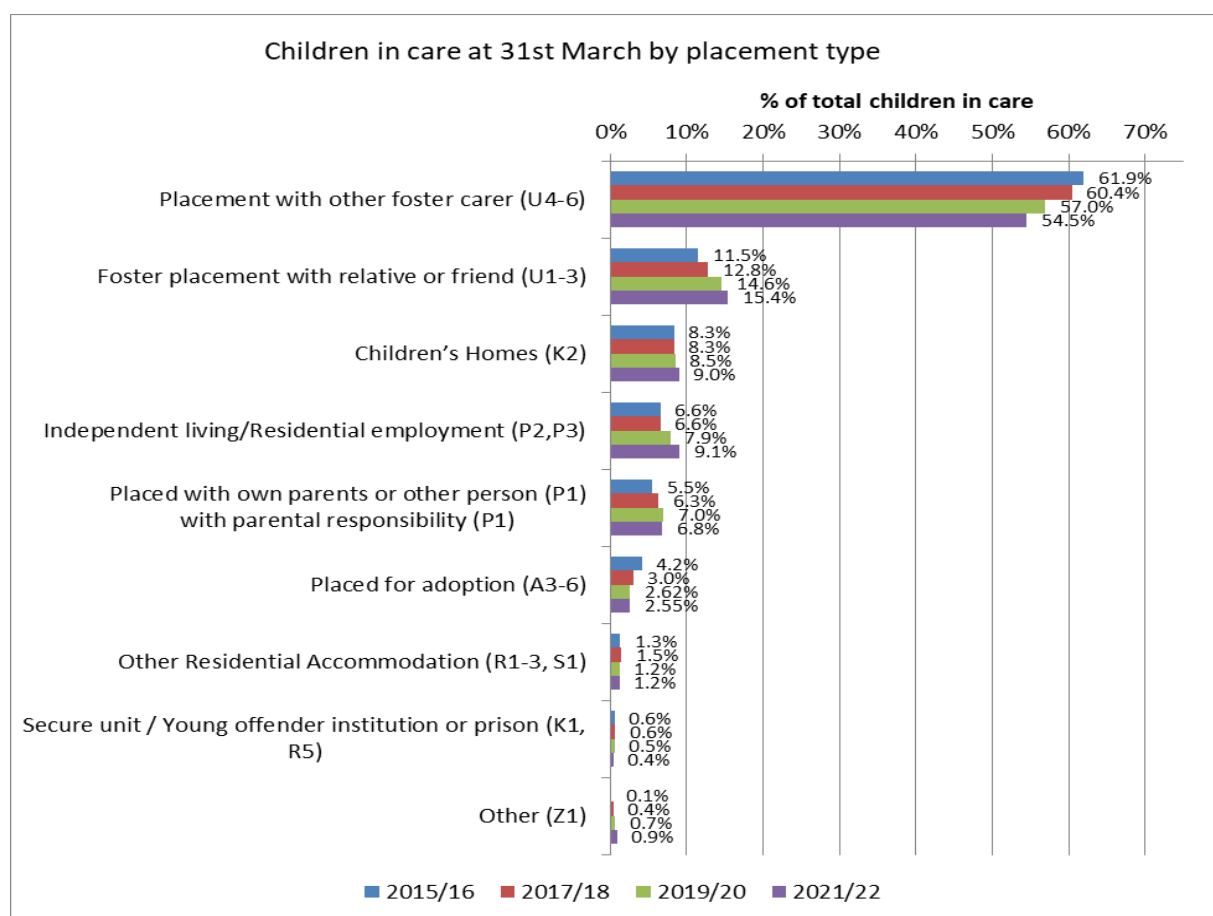


Figure 68: Percentage of children in care as at 31<sup>st</sup> March by placement type. (Source: SGP respondents).

There are slight but important changes in where children in care are placed compared to previous years based on data from responding LAs. There are fewer children placed with ‘other foster carer’ or placed for adoption, and more in a fostering placement with relative or friend, in independent living or placed with parents. Of note:

- the proportion of children placed for adoption has reduced to 2.6% of all children in care
- the proportion in independent living has increased to 9.1%, which is likely to be as a result of the increase seen in UASC and numbers of older children in care



- a higher proportion of children than previously were living in a foster placement with relative or friend (15.4%)
- approximately half (54.5%) were placed with ‘other foster carers’<sup>12</sup>, i.e. not foster carers who are friends or family, this is fewer than previously
- there was a slight increase in the proportion who are living in registered children’s homes (9.0%)
- an extremely small number of children were living in other residential accommodation such as NHS establishments, residential schools, mother and baby units (1.2%); secure units, young offenders institutes or prisons (0.4%); and ‘Other’ (0.9%).

It is the last three bullet points listed above that are causing the most challenges in terms of sufficiency, quality and cost for LA children’s services leaders.

### 21.3 Placement providers

125 local LAs provided detailed data relating to 67,057 children and their placement provider as at 31<sup>st</sup> March 2022. Fewer children were in a placement provided by their own LA (49.1% compared to 52.5% in 2018). The proportion placed in private provision increased from 34.1% to 37.5%, this does not include children placed in another LA’s provision. 13,666 (24%) of children in foster care across 102 LAs submitting data were placed via an independent fostering agency (IFA).

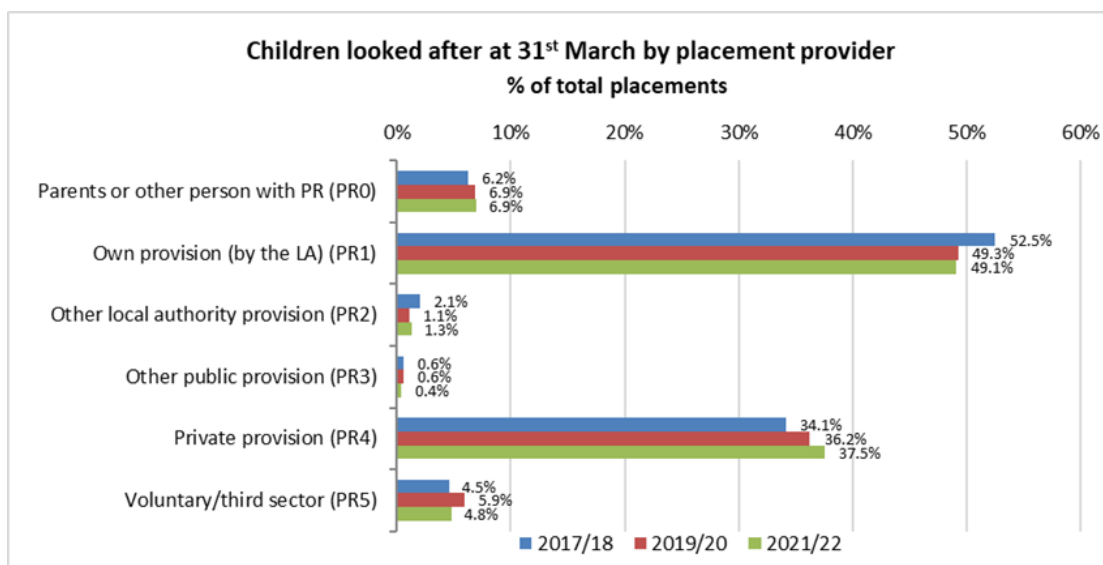


Figure 69: Children in care as at 31st March by placement provider (Source: SGP8 respondents)

<sup>12</sup>Both foster placement with relative or friend, and other foster placement refer to either long term fostering, fostering for adoption, or concurrent planning.

DfE (2022a) report that 56% of all foster care placements as at 31<sup>st</sup> March 2022 were inside the placing LA's boundary, slightly fewer than the previous year. However, the majority of children in care (72%) were still placed within 20 miles of their home. Those placed outside of the local area will include some in-house LA foster care placements, but evidence suggests that a growing number of children are placed outside of the local area boundary due to placement sufficiency issues, however, this does not always mean children are placed at a distance. Whilst it is usually desirable to place children as near to home as possible, with some exceptions, the reality is nearly half of children in care are placed in another LA, who may need to provide support services, such as education, further adding to resource pressures. As one respondent stated: *"we have 450 children living in our area who are the responsibility of another LA - we need to unwrap it all"*.

## **21.4 Placement Stability**

There is little change in the stability of placements for children in care, but with continued variation being seen between different LAs. DfE report that 71% of children in care reach the average long-term stability measure (children in care for 2.5 years who had been in the same placement for two years or more or placed for adoption) while 6% meet the average short term placement stability measure (three or more placements in the year). As sufficiency challenges grow, the number of children in care increases and their needs become more complex, it can be surmised that placement stability may be negatively affected.

## **21.5 Types of placement**

### **21.5.1 Placed at home with parents**

6.8% of children in care were placed at home with parents as at 31<sup>st</sup> March 2022 in 124 responding LAs. This has changed little over the past two years, despite Public Law Working Group guidance to the contrary. There is, however, significant regional variation, with higher rates of children placed at home with parents in the North West, North East, West Midlands and Yorkshire and Humber, than in regions further south.

### **21.5.2 Foster care**

#### **Children in foster placements**

124 respondents reported that 54.5% of their children in care were in a foster placement with 'other foster carer' as at 31<sup>st</sup> March 2022. The majority of these are long term foster placements. More children are in placements with a relative or friend either in long term

fostering (connected carers/kinship care) or with/without plans for fostering for adoption or concurrent planning compared to previous years.

### Sufficiency

70% of the 94 respondents were of the view that there was never, rarely or sometimes sufficient LA foster placements in the right places to effectively support children. This is slightly lower than for IFA placements (82%).

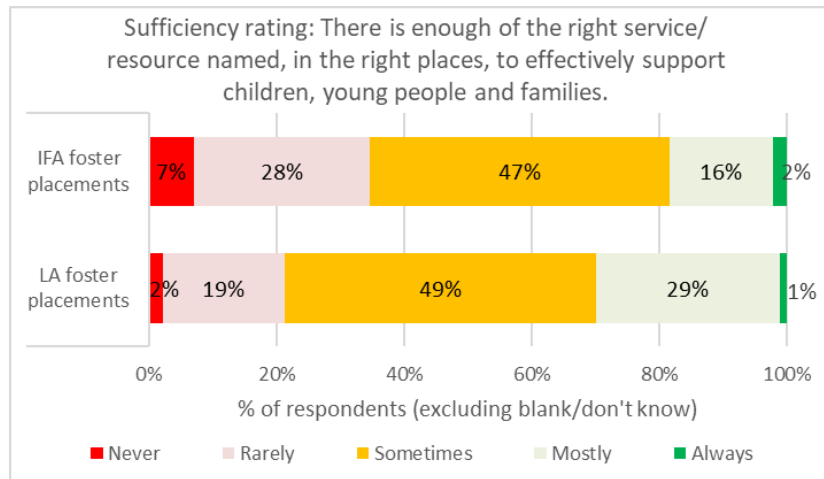


Figure 70 – Sufficiency of foster care

placements (Source: SGP8 respondents)

Ofsted (2022b) reports that despite the numbers of fostering households and foster carers in England being at their highest ever levels, they are not keeping up with demand in the sector and the increases are in family and friends foster care rather than mainstream fostering provision. As at 31<sup>st</sup> March 2022:

- there were 43,905 fostering households in England. Of these, 36,050 offered mainstream fostering provision and 7,855 were family and friends households
- between 31<sup>st</sup> March 2018 and 2022, the number of approved family and friends households has increased from 14% to 18%, and the number of approved mainstream fostering households has decreased by 4%. Overall, the number of fostering places has decreased by 5% to 74,660 as at 31 March 2022
- whilst the number of filled mainstream fostering places has remained fairly static, the number of vacant mainstream fostering places has decreased by 23%
- overall, there was an 18% decrease in the number of newly approved households between 2018 and 2022.

IFA foster carers are used by respondents when their own in-house resources have been explored and they are unable to find a suitable match to meet the needs of children requiring a placement; usage varies across the country. One respondent reported that they have not commissioned any new IFA foster placements for several years. However, for many respondents there appeared to be a lack of availability of both their own and IFA foster carers with an increased demand, both due to the number of children in care and the gradually increasing numbers of care experienced young people who choose to ‘stay put’.

There was evidence of proactive foster carer recruitment and retention strategies by LAs, but in a more challenging context than before. The Covid-19 pandemic has seen carers re-evaluate their circumstances and cease fostering due to health concerns often linked to older age profiles; the impact of increased costs of living and their ability to afford to foster; and the challenge in recruiting from the same pool of carers as IFAs who have substantial marketing budgets.

Ofsted’s own research, along with that carried out by the Competition and Markets Authority (CMA, 2022), stresses the importance of matching and having the right placement available at the right time. While the number of children in care continues to grow, one of the most significant challenges is finding a suitable match for children amongst the available carers. (Ofsted, 2022b).

“We have currently got ten children in residential, with a plan for fostering, and there are no foster carers available, and we're not talking about quite complex children. There are some quite young children, who in any other time, we would have had no problem at all finding them a foster carer. We have no choice but to place them in a residential placement but issues escalate and it can be very difficult to integrate back into family placements when you do find a carer.”  
 – North East LA

## Quality

88% of the 92 respondents were of the view that the majority of LA foster care placements were of an adequate quality that makes a positive difference to the lives of those children receiving it. Respondents were less positive about IFA placements, where 69% were deemed to be of adequate quality.

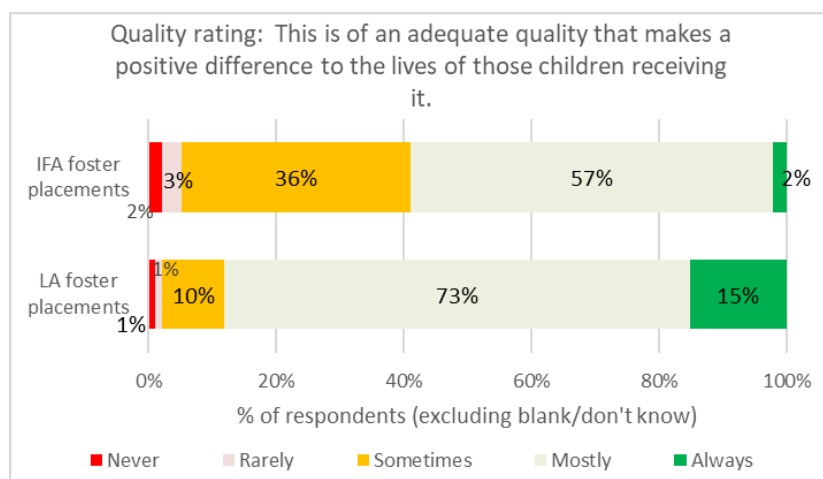


Figure 71 – Quality of foster care placements (Source: SGP8 respondents)

For those few children where the most suitable placement is not available, there are potential implications for unplanned endings and placement moves. Respondents suggested that finding foster carers who are willing and able to accept sibling groups or children with more complex needs was difficult, and IFA carers tend to be more selective.

## Solutions

LAs continue to be proactive in ongoing recruitment activity and developing the in-house offer to their foster carers. Regional commissioning frameworks; close working with IFAs to create a system to support local children; and development of schemes such as Mockingbird and specialist services to support both foster carers and individual placements were common. In addition, LAs reported they have or are:

- reviewing 'staying put' policies to include IFA placements
- implementing of a retained in-house foster carer scheme to allow time to plan access to local IFA carers
- developing a new dynamic procurement system to facilitate agile pathway planning and management
- introducing therapeutic teams to support placements.

Respondents were positive about the future in terms of the *Independent review of children's social care* recommendations regarding kinship care, family networks pre-proceedings, but less positive about the continuing high cost of IFA placements and sufficiency of foster placements generally without swift government intervention.

### 21.5.3 Adoption

In responding LAs, 2.6% of all children in care were placed for adoption as at 31<sup>st</sup> March 2022. This is the same as two years ago and significantly less than six years ago.

There were fewer prospective adopters as at 31<sup>st</sup> March 2022. The Adoption and Special Guardianship Leadership Board (ASGLB, 2022) report:

- 3,740 registrations in the year (a 22% decrease)
- 2,990 approvals (a 4% decrease) and a 16% decrease in prospective adoptive families not yet approved as at 31<sup>st</sup> March 2022.

### 21.5.4 Independent/ semi-independent living

There were 6,191 children in independent or semi-independent living arrangements in responding LAs. A higher proportion of all children in care were in independent living in 2021/22 (9.1%) than two years ago (7.9%). LAs with a higher proportion of children in care placed in independent or semi-independent living were those with a high proportion of unaccompanied asylum seeking children (UASC).

### 21.5.5 Secure welfare and youth offending placements

The numbers of children in secure children’s homes, young offender institutions or the last remaining secure training centre are small and have changed very little (0.6% of children in care as at 31<sup>st</sup> March 2022). However, this does not reflect the cumulative in-year numbers of children requiring this type of placement, which will be higher.

There are currently 13 secure children’s homes registered in England offering a total of 233 beds for either justice or welfare purposes as at 31<sup>st</sup> March 2022. Of these, 12 are run by LAs and one by a voluntary organisation. There are no secure children’s homes in London or the West Midlands (Ofsted, 2022).

91% of respondents stated that there were never or rarely enough welfare secure placements in the right place to effectively support children.

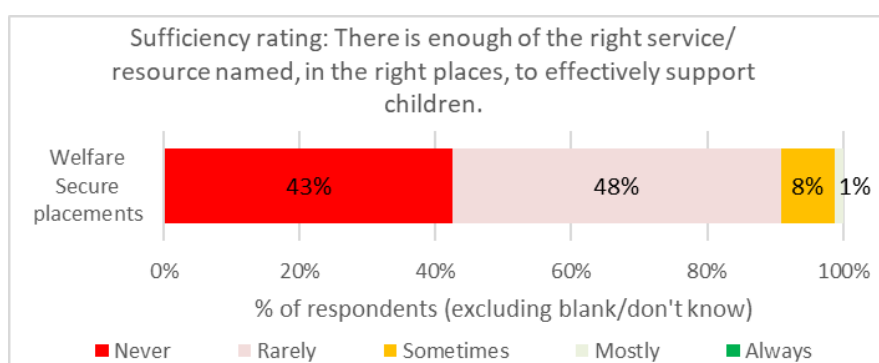


Figure 72 – Sufficiency of welfare secure placements (Source: SGP8 respondents)

When asked about the quality of welfare secure placements, 44% of respondents felt that it was of an adequate quality that makes a positive difference to the lives of those children receiving it.

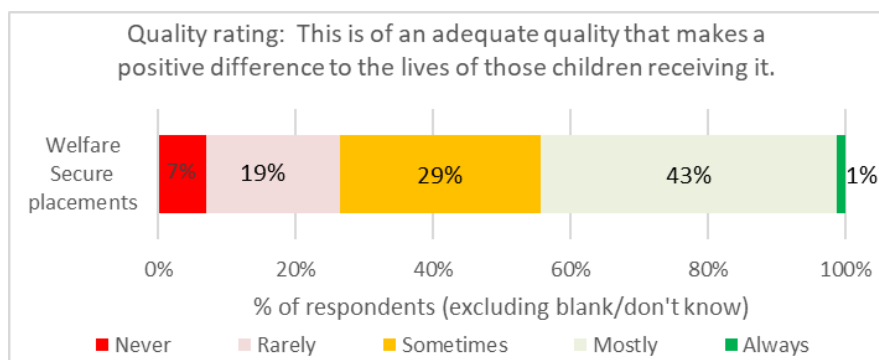


Figure 73 – Quality of welfare secure placements (Source: SGP8 respondents)

The secure welfare estate has continued to come under significant and increasing pressure with supply and demand issues, although not all LAs will have a need for secure welfare placements, it is difficult to predict future need and usage.

The Secure Welfare Coordination Unit (SWCU), a small unit based in Hampshire County Council and grant funded by the DfE, is a dedicated single point of contact for LAs requiring placements. From the work of the Unit, we know that at any one time, around 50 children each day (up from 25 last year) are waiting for a secure children’s home place and around 30 (up from 20 last year) are placed by English LAs in Scottish secure units due to the lack of

available places. *'The Promise, the Scottish Care Review,'* (Scottish Government, 2020) has recommended that Scotland looks to limit cross-border placements from English LAs. This will have significant repercussions on sufficiency of placements for some of the most vulnerable children in England. Secure welfare provision, as other areas of care, is also struggling with workforce sufficiency. This impacts on capacity as at times, not all 233 beds are available to commissioners as units restrict placements/ close wings due to the pressures of managing the complex needs of individual children and staff shortages.

For those few children where a secure welfare placement is in their best interests, placements are not readily available and waiting lists are extensive. Experiences include:

- one respondent had not been successful in securing a bed in a secure children's home when needed across a two year period
- one respondent reported they had not needed a secure welfare placement since 2017
- for every two to three vacancies in secure welfare placements, there were 60 referrals

Where secure welfare placements are required and not available, LAs reported that they are using non-secure provisions such as bespoke unregistered provisions within the community, supported by a deprivation of liberty order when necessary (see chapter 16). The cost implications for LAs funding bespoke packages are very high and depriving a child of their liberty in an unregistered placement is always a last resort.

LAs are exploring a range of solutions to mitigate the lack of secure welfare provision:

- establishing children's homes to accommodate children with complex needs and/or high risk behaviours
- adopting the No Wrong Door approach – supporting children in alternative accommodation with extensive support
- regional consideration regarding developing additional secure provision and appropriate step down. The London region is currently building a new secure unit, led by an LA in partnership with the London Mayor's Office and the DfE.

**EXAMPLE**

Investment from the DfE to develop a new secure unit in London. This is a partnership that has health, the Mayor's Office, an education provider, LAs, children's voices and an architect working on the design. It is quite exciting as a collaborative project. – *London LA*

### 21.5.6 Residential settings

10.2% of children in care as at 31<sup>st</sup> March 2022 in responding LAs were placed in residential settings, including children's homes or other residential care homes, NHS/health trusts or other establishments providing medical or nursing care, residential schools, family centres or mother and baby units. This is higher than previous years.

Ofsted report on the largest national providers of private and voluntary social care residential settings, including children's homes as at 31<sup>st</sup> March 2022 (Ofsted, 2022d):

- there were a total of 2,706 children's homes of all types actively operating in England, offering a total of 12,700 places for children. Of these, 2,096 homes (77%) were in the private sector and 469 (17%) were run by LAs and health authorities. The remaining 141 (5%) were in the voluntary sector
- there were 59 residential special schools registered as children's homes, with a total of 1,790 places. The majority of these were under private organisations, owning 51 (74%) of the schools with 1,240 (69%) of the places. Voluntary organisations owned 15 homes (22%) with a total of 480 places (26%). LAs owned three homes (4%), offering a total of 80 places (4%)
- between 31<sup>st</sup> March 2020 and 31<sup>st</sup> March 2021, the number of homes run by the private sector has increased by 12%, local and health authority run homes grew by 9% and the voluntary sector homes declined by 12%
- as at 31<sup>st</sup> March 2021, there were a total of 277 private companies owning multiple children's homes. The majority of these (218 companies, 79%) owned 5 or fewer homes each. The largest company owned 196 homes.

In linking Ofsted outcomes with quality of children's home provision, Malthe Bach-Mortensen *et al* (2022) found that that: *“the outsourcing of these services has not delivered as promised in terms of securing high service quality for children in care. While this is of significant concern given the focus of these services on society's most vulnerable service users, caution is needed in terms of regulating the sector going forward. Many of the problems faced by LAs are exacerbated by a lack of appropriate places, and the role of for profit providers cannot be replaced without substantial coordination and long-term planning.”*

### 21.5.7 Tier 4 Mental Health Beds and therapeutic safe placements

The Safeguarding Pressures Phase 8 special thematic report on mental health (ADCS, 2022a) provides more detail about the use and sufficiency of Tier 4 beds and therapeutic safe placements. In summary, 79% of respondents stated that there were never or rarely enough Tier 4 beds in the right places to effectively support children. The lack of alternatives put



forward by health partners and the resource implications of this for LAs this were frequently raised by respondents as a major area of concern.

### 21.5.8 Unregulated placements

In September 2021, it became unlawful for children in care under the age of 16 to be placed in 'unregulated provision' (*The Care Planning, Placement and Case Review (England) (Amendments) Regulations 2021*). Whilst respondents do not question the aspiration behind the change as the right thing to do, the continued and necessary use of unregulated placements for those under 16 years is a direct result of the shortage of suitable registered placements. The timing of the introduction of the reforms when the impacts of the pandemic were still being felt, the lack of thinking about viable alternatives for LAs to use coupled with a rising crisis in placement sufficiency means that implementation has been unfeasible in practice. It is not yet clear that government appreciates the scale of challenges here.

Of the 79 respondents stating whether the ban on unregulated placements is making a difference to social care activity, 58% reported that it has.

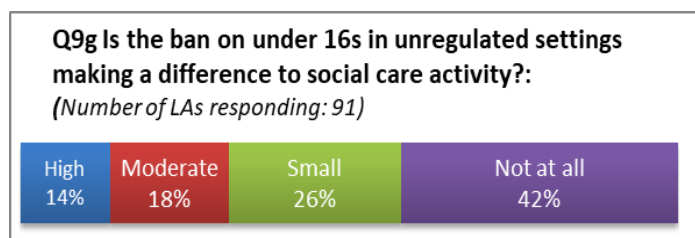


Figure 74: Questionnaire responses re unregulated settings

Respondents reported that either:

- they will not use unregulated placements for children under 16 years
- there is a conscious decision not to use unregulated provision unless as a very last resort, in crisis and in the absolute absence of any other alternative’.

Where an unregulated placement with wrap around support is used for a young person under the age of 16, this is often out of necessity and as a last resort as no registered placement can be found. This can be for a number of reasons however respondents report an unwillingness of private providers to work with the most complex children, or giving short notice of the termination of a placement for fear of jeopardising their Ofsted judgement.

“Children are not always living in suitable arrangements quickly enough. We share the national challenge of gaining high quality suitable care arrangements for children, and face very high costs from providers who are able to choose between referrals and often do not want to meet the needs of children with the most complex needs, sometimes citing fear of Ofsted judgement falling as a result.” - South West LA

Where short term arrangements are made whilst a registered provision is found, respondents report that there was always stringent senior management and multi-agency oversight. LAs openly communicate with Ofsted to explain the circumstances and the actions being taken to

address the situation. Ofsted’s approach of sending warning letters to LAs was widely viewed by respondents as ‘not helpful,’ given the lack of alternative options.

“While this issue impacts an extremely small number of children, it has caused a number of significant issues in finding suitable placements for some young people with very complex needs and in some cases difficult decisions have had to be taken. We have implemented a robust process for ensuring that all relevant risk assessments are completed and any unregulated providers that we do need to use are rigorously quality checked and seek robust legal advice ensuring that deprivation of liberty orders are in place where appropriate and there is relevant understanding of inherent jurisdiction. All placements are signed off by the DCS. – *West Midlands LA.*”

### 21.5.9 Care experienced young people

DfE report that 29% of care experienced young people aged 17 to 21 years as at 31<sup>st</sup> March 2022 were placed in independent living, 22% in semi-independent transitional accommodation, 11% with parents, and 11% were living with their former foster carer (‘staying put’) (DfE, 2022a). The number and proportion of 18-year-olds who were still living with their former foster carers three months after their 18th birthday (‘staying put’) increased slightly to 62% in 2022, up from 60% in 2021 and 55% in 2017/2018. The number of 19- and 20-year-olds still living with their foster carers increased slightly to 31% (from 30% in 2021). Whilst respondents were positive about ‘staying put’ as a good outcome for care experienced young people, there is a resultant pressure on available fostering placements that urgently needs addressing.

Less than 5% of care experienced young people as at 31<sup>st</sup> March 2022 were judged to be in unsuitable accommodation, an improvement on previous years (DfE, 2022a). Only 6% of respondents stated that accommodation for care experienced young people was rarely of an adequate quality that makes a positive difference to the lives of young people.

The increased cost of living and lack of affordable housing for some care experienced young people is being addressed by LAs in a range of ways, e.g. acting as a guarantor for their care experienced young people; allowing them to access private rented accommodation; focusing on the development of 16+ commissioning frameworks; or developing training flats in order to prepare care experienced young people for independence.

## 21.6 Placement costs

Respondents were candid about the rising costs of placements to meet the needs of a growing number of children with complex needs. The concerns expressed about the rising costs of placements were not limited to the five placement types referenced in figure 75, concern was raised across the board.

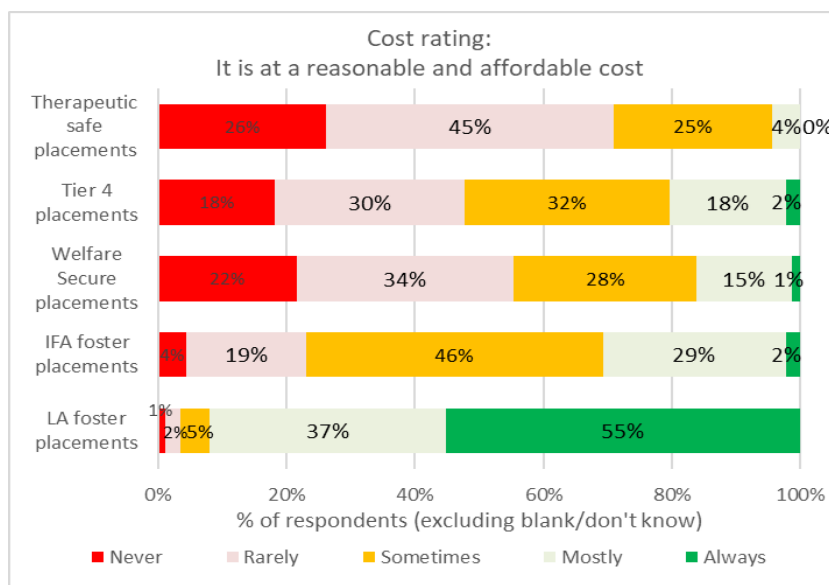


Figure 75: Placement costs (SGP8 respondents)

Respondents provided examples of current placement costs:

Average weekly cost of unregulated placements increased from £2,341 in December to February 2020/21, to £7,538 in the same period in 2021/22 as the number of unregulated placements increased from 4 to 10. - <i>One region's analysis</i>	Average weekly cost of all new external placements for children aged 12 to 15 increased from £3,214 in December to February 2020/21, to £5,513 in the same period—in 2021/22. - <i>One region's analysis</i>	£20k a week for a private placement provider for high-end young people who bounce around youth justice/Tier 4 – <i>London LA.</i>
£10,000 a week for an unregulated placement - <i>North West LA</i>	£15-20k a week (£1m a year) - <i>South East LA</i>	At present we have a £23k a week placement, a £13k a week placement, and regularly £9k a week placements – <i>West Midlands LA</i>
Average cost of a residential placement has risen by over 20% in two years – <i>South East LA</i>	A placement was £12k a week. £30k a week bespoke package for a child self-harming and no Tier 4 bed, cost met by the LA. – <i>South West LA</i>	Current average residential placement cost of £15,000 a week - <i>London LA</i>

Figure 76: Examples of placement costs. (Source: SGP8 respondents)

The rising and untenable costs of some types of placements have been the subject of a number of reports, as mentioned in the policy and context chapter. Rome (2020) has been charting the price trends and costs of children's home placements and concluded that the weekly cost of placements in independent children's homes has increased by 40% since 2013.

The weekly costs for foster care and residential placements overall as reported in the DfE Section 251 return (DfE, 2022a) also report increases:

- fostering: the average weekly cost in 2020/21 was £615 with a maximum cost of £1,190 and a minimum of £265
- residential: the average weekly cost in 2020/21 was £4,575 with a maximum cost of £10,590 and a minimum of £1,125. There was an average increase of 26% between 2017/18 and 2020/21 (maximum 244% and minimum -57%). These significant variances highlight the impact of a small number of high-cost placements on annual expenditure.

The CMA final report of the market study into children's social care provision (CMA, 2022) concluded that overall, there are significant problems in how the placements market is functioning, particularly in England and Wales:

- a lack of placements of the right kind, in the right places, means that children are not consistently getting access to care and accommodation that meets their needs
- the largest private providers of both residential homes and IFA placements are making materially higher profits, and charging materially higher prices, than would be expected if this market were functioning effectively
- some of the largest private providers are carrying very high levels of debt, creating a risk that disorderly failure of highly leveraged firms could disrupt the placements of children in care.

In analysing profit making and risk in independent children's social care placement providers, the LGA (Rome, 2022) reports that aggregate profits amount to £333 million, 14.2% higher than the previous year and a margin of 19.8% (up from 18.8% in the 2021 study on a like-for-like basis).

## 21.7 Solutions

Respondents reinforced the importance of co-designing solutions with children, and parents, where appropriate. LAs are mitigating the shortage of suitable placements, both on a child-by-child basis, and as part of more strategic approaches:

- sub- or pan-regional commissioning and building provision, e.g. North London commissioning work and Yorkshire and Humber new Tier 4 unit. There was evidence of continued collaboration both between LAs, and between LAs and their partners

- building local provision to meet demand including ‘Tier 3.5’ provision, in the absence of, or as step down from, Tier 4 beds. More respondents are building their own children’s homes than reported in previous phases of this research
- implementing a new therapeutic team to support children in placements; ‘parachute teams’ and wrap around community support
- creating a local offer of small bespoke solo provision with psychologist support
- developing new mental health crisis pathways and mental health liaison being offered to children and their families in order to provide more support whilst they await suitable and stable placements
- specialist residential support team established to support in-house provision to undertake formulations and better understand needs and potential strategies to safely place children.

Respondents, Ofsted, LGA, the Children’s Commissioner and more recently the CMA have been clear that *“this market is not working well and that it will not improve without focused policy reform”*. (CMA, 2022). The impact of dysfunction on children is profound and there is a real sense of frustration from respondents that they are doing all they can but are stuck in a cycle of crisis responses which will not improve without whole system reform.

## 22 Workforce

### 22.1 National context and policy

The ADCS position paper *‘Building a workforce that works for all children’* (ADCS, 2019) urged the government to: *“develop and invest in the wider workforce to develop a workforce that is able to respond at the earliest possible opportunity to address effectively the complex and multifaceted issues, which cannot be the responsibility of statutory services alone”*. Other recommendations made in this paper included greater investment in the early years workforce and leadership development being more readily available for all aspirant and serving directors of children’s services.

There has been investment by DfE in developing leaders of children’s services, social workers and social work practice since, such as supporting the recruitment and retention of social workers through investment in fast-track initial social worker training programmes, and in professional development programmes for both new and aspirant directors. Most recently, Frontline has been awarded a £7 million contract to deliver the Social Work Leadership

Pathways Programme, the national practice leadership development programme for social workers.

The *Independent review of children's social care* recommended the government invest £253 million over four years on a range of workforce measures including: new national pay scales, routes to build expertise and remain in practice, more flexible working, an early career framework for social workers, and tackling reliance on agency social workers. It also recognised the need to improve the diversity of leadership in children's services. If implemented, the review will have a significant role in shaping the children's services workforce of the future.

## 22.2 Workforce data

The latest published children's social care workforce data (DfE, 2022a) relates to a snapshot as at 30<sup>th</sup> September 2021<sup>13</sup>. Respondents report that the social work workforce challenges, including the use of agency staff, have become more acute, and underline the difficulties in relying on a point in time census or snapshot. These published figures also do not fully illustrate the capacity challenges during the Covid-19 pandemic, such as the proportion of staff who were self-isolating or shielding and unable to carry out face to face work e.g. home visits. A longer-term trend appears to be greater numbers of staff seeking flexible or part time working options, masking further reductions in capacity. It is also important to note that there are significant variations between LAs and regions in terms of recruitment, retention and sufficiency of social workers.

In order to capture a fuller picture of the challenges faced by the sector, ADCS recently surveyed LAs about the social work workforce and the use of agency social workers. Both the DfE published data and headlines from the 108 LAs responding to the ADCS data collection are provided below:

As at 30<sup>th</sup> September 2021, there were 32,502 children and family social workers, an increase of 2% compared to 30<sup>th</sup> September 2020; just under half (48%) were reported as being case holding compared to 51% in 2020 (DfE, 2022a). Whilst the data indicates a 2% increase in staff who were qualified social workers, there was a 3% reduction in the number who were case holding. In the context of increased demand, complexity and impacting factors already evidenced in this report, this means that the size of the workforce is not keeping up with demand for children's social care services. Information from respondents and the ADCS data

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<sup>13</sup> Data as at September 2022 is likely to be available in February 2023.

collection indicate that the lack of sufficiency in the social care workforce is likely to have deteriorated further since September 2021.

There were 6,522 vacancies as at 30<sup>th</sup> September 2021 (FTE), an increase of 7% from the same date in 2020 and the highest number in the last five years (DfE, 2022a). ADCS data collection reports an increase in the average vacancy rate amongst the 108 respondents from 14.6% as at 30<sup>th</sup> June 2021, to 19.0% as at 30<sup>th</sup> June 2022.

16% more children and family social workers left their posts in 2021 compared with 2020 – the highest level in five years (DfE, 2022a). 23% of the 3,630 social workers who left permanent LA social work roles in 2020/21 moved to agency social work roles.

There were 5,977 agency workers as at 30<sup>th</sup> September 2021 (FTE), an increase of 3% compared to the same point in 2020. Just over three quarters (76.3%) of agency social workers were covering vacancies, a similar rate to last year (DfE, 2022a). ADCS data shows that as at 30<sup>th</sup> June 2022, 16.7% of the social work workforce were agency workers compared to 15.6% the previous year. Again, the average masks significant variations in LAs, ten respondents reported that over a third of their workforce were agency social workers, with one LA reporting almost two thirds (63%) of its social workers were agency staff.

The use of agency project teams, where an agency provides a team of social workers, sometimes with their own manager and administrative staff, is a growing phenomenon and not captured in any published data. Across the 108 respondents to the ADCS workforce data collection, 68 agency project teams (530 workers) had been used between January and June 2022 compared to 16 (110 workers) in the same period the previous year. Many respondents reported being unable to get a single social worker to cover a vacancy, instead agencies are routinely only offering the use of project teams.

There is little national data on the early help workforce.

### **22.3 Workforce sufficiency**

A sufficient, skilled workforce was reported as one of the key challenges at present. Respondents report that recruitment and retention of experienced social workers has further deteriorated since earlier phases of this research. However, sufficiency is not limited to social workers, it is being keenly felt across other professions such as:

- children's home residential staff, particularly registered managers
- educational and clinical psychologists
- business support staff
- occupational therapists

- speech and language therapists.

There appears to be varying reasons for this, one of which is thought to be the opportunity Covid-19 afforded to people to reassess their priorities and their work-life balance, with some choosing to work part-time, take early retirement or leave their profession to pursue other forms of work.

44% of respondents stated that there was never or rarely sufficient social workers in the right places to effectively support children. Only 2% stated there is rarely sufficient senior leaders.

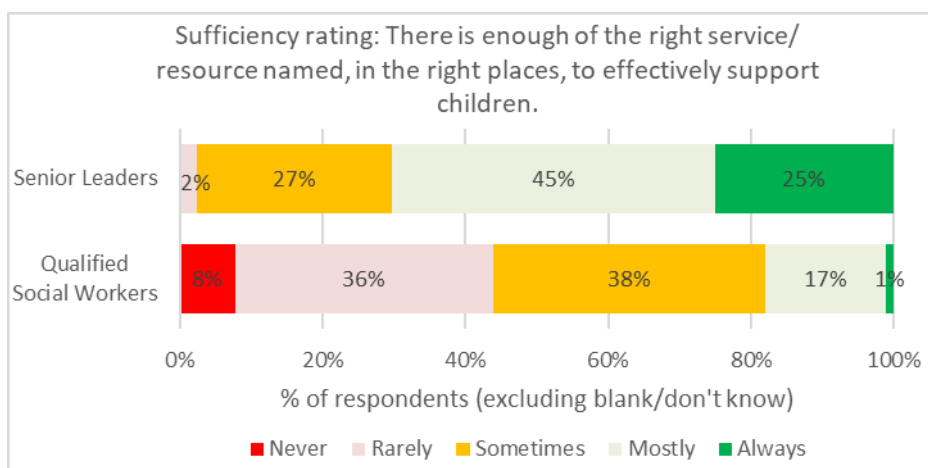


Figure 77: Social care workforce sufficiency questionnaire (SGP8 respondents)

### 22.3.1 Senior leaders

Whilst 70% of respondents reported there was always or mostly sufficiency of interim strategic and senior leaders, some reported providing premium packages to attract quality candidates, as recruitment to some roles could be a challenge. A large proportion of respondents are focusing efforts on 'growing their own' through succession planning and leadership development and promoting from within their own workforce.

### 22.3.2 Social workers

Whilst the rationale for some of the recruitment and retention difficulties are unknown, a large number of social workers have left LA direct employment to join employment agencies, which offer increased flexibility and competitive incentives.

Respondents suggested that some professionals, including social workers, felt they were no longer able to act as the 'agents of change' that they had hoped to be. This was more acutely felt throughout the pandemic. These feelings are exacerbated by the poor media attention that the social work profession receives which underlines the high stakes blame culture and undervalued contribution in the public sector. As one respondent said: *"they are the forgotten fourth emergency service for some children and families."*

The geographical location of an LA, current Ofsted inspection judgement, and how well staff feel valued within the organisation are also push or pull factors for workers when considering



their future employment options. The combined impact of a decade of public sector pay freezes and the cost of living crisis is beginning to impact staff with regards to travel costs, or simply the cost of working at home with rising energy prices. Some staff are taking second jobs or moving to better paid jobs in other sectors to make ends meet.

“Increases in the workloads of social workers, who are exhausted and depleted, having had to work tirelessly to safeguard children throughout the pandemic, is leading to an increase in the number being signed off sick. In addition, we have experienced challenges with retaining safeguarding social workers and in recruiting appropriately experienced and skilled workers to manage the increased workload and complexity of the cases. Social workers are trying to manage very high-risk concerns in regards to young people who are experiencing mental health issues, when they are not appropriately skilled or qualified to do so. This places a further burden on a very stretched workforce.” – *London LA*

Agency staff continue to be a more costly solution to LA employed social workers. Respondents were mixed in their responses about agency staff, some of whom are highly valued and offer additional capacity as and when needed. Others reported an increasing number of agency social workers who are newly qualified, and unwilling to undertake some aspects of social work practice. The limited training, development and reflective supervision offer from employment agencies means that some agency staff do not always have the right knowledge or skills, this is particularly true for newly qualified staff, who are increasingly being drawn to agency work. LAs do resource training for agency staff at a cost, however, this does not represent value for money if a worker then chooses to leave in a short period of time. Churn in agency staff is another issue respondents raised.

The inability to source individual agency social workers is a new phenomenon. The growing practice of some employment agencies only selling project, or managed teams of social workers to LAs rather than individual workers (even if the LA only needs one worker) has increased over the past two years, as evidenced by the ADCS workforce data. Some respondents reported this is unpalatable but the only alternative available in order to fill social work vacancies. A freedom of information request to all LAs in England by Children and Young People Now magazine exploring the use of so-called “managed teams” reveals that collectively, 43 LAs have paid £41.1m over the last five years by agencies (Simpson, 2022).

“Before the pandemic I didn't have enough social workers but could get some from an agency. Post pandemic, I haven't got enough social workers and now I can't get any from an agency. And in trying to maintain a level of service that is safe, I'm having to do a deal with the devil and bring in project teams at extreme cost. A good example of this is a project team that I've recently had to agree to is seven social workers and a manager. But we are paying for 13 people because they are bringing their own administration, business services and arguably all things that I don't really need that I already have the infrastructure for. But that's the model and there's no deviation from their model.” – *West Midlands LA*

### 22.3.3 Other professions

There are insufficient residential care home workers and an acute and growing shortage of registered children's homes managers. This is impacting on LAs ability to maintain high care standards and in some cases to keep children's homes open.

At the start of the Covid-19 pandemic, health visiting services in England, which were already woefully understaffed from years of budget cuts, had staff redeployed to frontline hospital settings leaving a significant gap in the crucial early years workforce. The Chief Nurse for England has since confirmed that in the case of another pandemic, health visitors and community health professionals will not be re-deployed. There are growing vacancies reported for professionals who both identify the needs of children and families and also provide essential support, for example, health visitors, school nurses, occupational therapists and speech and language therapists.

A significant number of respondents stated that an ongoing shortage of educational psychologists in their area is having a significant impact on their ability to meet statutory duties and undertake assessments for EHCPs within target timescales.

## 22.4 Impact

The impact of the current workforce crisis includes:

- there is a greater risk that the needs of some children and families are not identified or met
- higher caseloads for social workers, which can cause additional pressures such as morale and stress
- potential delay in undertaking a range of assessments and increased waiting lists for community based and specialist services

- some social work agencies demand protected caseloads for their workers, this impacts upon permanent staff who may have a greater caseload as a result
- where there is a change of worker, children and families find themselves 'having to tell their story more than once' and spend time re-establishing a relationship, potentially resulting in delays to support and change work
- increased budget pressures on LAs due to funding social work agency staff or project teams as the only short-term option to manage the statutory workload
- LAs are not able to adhere to agreed regional memorandums of understanding regarding pay rates for social workers
- lack of placement sufficiency for children in care as children's homes struggle to recruit.

## 22.5 Solutions

Most respondents are clear that a national, whole system solution is required. Locally, they have continued to use strategies to boost the recruitment and retention of social workers, including both experienced, newly qualified and those in an assessed and supported year in employment (ASYE). There was evidence of some programmes for professionals extended beyond the traditional ASYE development programmes to all case holding professionals, including early help. For example:

- 'growing our own' through ASYE and professional development programmes, including opportunities for social workers to develop their leadership capabilities and development of career progression plan for social workers, advanced social workers and social work apprenticeships
- national programmes such as social work apprenticeships, social work academies, Step Up and Return to Social Work are continually used
- overseas recruitment
- investigating push/pull factors more deeply to target remedial work
- over recruiting of ASYE social workers
- temporary appointment of family support workers to undertake specific non statutory interventions to relieve pressure on social workers, and recruitment of intensive support workers (non-qualified social workers)
- creation of a team of nine peripatetic social workers to flexibly move around services where needed

- a model of locality social workers to cover the full range of children’s social care, reducing the impact of children experiencing changes in social worker and supporting positive relationships and attachments
- independent 1-2-1 and group clinical supervision for all social workers, focussing on staff wellbeing and resilience
- linking in with universities, e.g. engaging qualified occupational therapists and the use of occupational therapist apprenticeships.

**EXAMPLE**

We have piloted locally an unqualified child and family support worker role, thinking about where that could be offered for bespoke pieces of work alongside the allocated social worker and supporting family time. There’s lots of different pieces of work that don’t necessarily require a dedicated social worker. That pilot has been really positive and those workers have been really well regarded. – *South East LA*

Respondents were clear how much they value their staff and spoke about the passion and tenacity of social workers in supporting children and their families. As one respondent said: *“we have many great social workers, we just don’t have enough”*.

Ofsted (2022d) acknowledge that the pandemic has exacerbated long-standing staffing challenges in children’s social care, which in turn have serious consequences on the number of social workers available to work with families, and staff to work in children’s homes. They conclude that due to the staffing crisis: *“too many children, with increasingly complex needs, are not getting the help they need.”*

The continued challenge for respondents in respect of the recruitment and retention of experienced social workers is strongly linked to a need to raise a positive profile for the profession and remove the current ‘blame’ culture, while also addressing the untenable issues regarding social work agencies. There is a strong feeling that social work employment agencies should have greater regulation, perhaps through Social Work England, and that action should be taken by government to reduce “profiteering”. Respondents continue to raise the need for there to be national reform on how social care agencies and agency social workers are regulated, without destabilising an already fragile insufficiency of social workers.

## 23 Finance

### 23.1 National context and policy

The continued impact of budget constraints, changes in expenditure and future funding uncertainty on LAs and children's services cannot be overestimated. LAs have for a long time, and continue to, review, restructure, rationalise and realise more effective ways of doing things, in a context of rising demand and spiralling costs.

Public sector budgets have been under strain since austerity policies were introduced in 2010. Government fiscal policy and settlements to children's services either through the LA funding formula, or directly from the DfE, have changed over the past two years. This includes the impact of the government's 2021 Spending Review and more recent budget and fiscal statements; changes to LA funding through a greater proportion of business rates; and, the impact of the Covid-19 pandemic in additional costs and loss of income for LAs through, for example, tourism. Further challenges to LA budgets are likely to become more acute in the coming years, due to the current and projected increases in demand, and the cost of living crisis and resulting inflationary increases to operational costs. The full impact of government policy and fiscal plans will undoubtedly continue to be felt for some time.

Interpreting nationally reported data is therefore challenging and the confidence levels in reporting of information in the DfE Section 251 returns is not high, due in part to complexity but also differences in local area processes (Newton Europe, 2018, Holmes, 2021).

### 23.2 Financial data

At the time of writing this report, the latest published DfE Section 251 financial data (DfE, 2022a) is:

- planned LA and school expenditure 2022/23
- LA and school expenditure 2020/21.

Planned and actual expenditure vary between LAs and the complexity of reporting and understanding income and expenditure across the country cannot be underestimated. To illustrate these difficulties, published schools' expenditure figures only include LA maintained schools (not academies); gross figures include details of grants paid, which are variable and not consistent across all LAs; all figures reported are in cash terms and therefore do not take into account inflation; and movements to and from reserves are excluded from reported figures.

The application of various grants, over differing time periods, either to all, or more often only a selection of LAs as a result of a competitive bidding process results in a level of complexity that was not possible to unpick or summarise as part of this research. This makes the narrative more important, to understand how funding drives children's services.

### **23.2.1 Planned Expenditure 2022/23**

In April 2022, LAs total net<sup>14</sup> planned expenditure on education and children's and young people's services was £66.9 billion for the financial year 2022/23. This consists of:

- £54.0 billion (80.8%) for schools (before academy recoupment), £2.3 billion higher than in 2021/22
- £2.6 billion (3.8%) for other education and community spend, £0.2 billion higher than in 2021/22
- £10.3 billion (15.3%) for children's and young people's services, £0.7 billion higher than in 2021/22.

The children in care budget line represents 52.6% of the total planned expenditure for children and young people's services (£5.4 billion), a 10.4% increase from 2021/22. The largest increases in planned expenditure from the previous year related to supporting UASC (53.0%), the education of children in care (17.1%) and residential care (16.2%).

Whilst both gross and net financial data is available, the charts below illustrate gross expenditure to provide a fuller picture of expenditure including grants. Budgets for children in care have increased by 28% since 2019/20, the year prior to the Covid-19 pandemic, and services for young people have increased by only 1%, despite the evidence of increasing demand and more complex needs.

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<sup>14</sup> Gross total cost includes all expenditure attributable to the service/activity, including employee costs, expenditure relating to premises and transport, supplies and services, third party payments, transfer payments, support services and depreciation. Net total cost is defined as gross total cost (as above) less income, with income defined to include income from fees and charges and specific, special and supplementary grants which can be attributed to services.

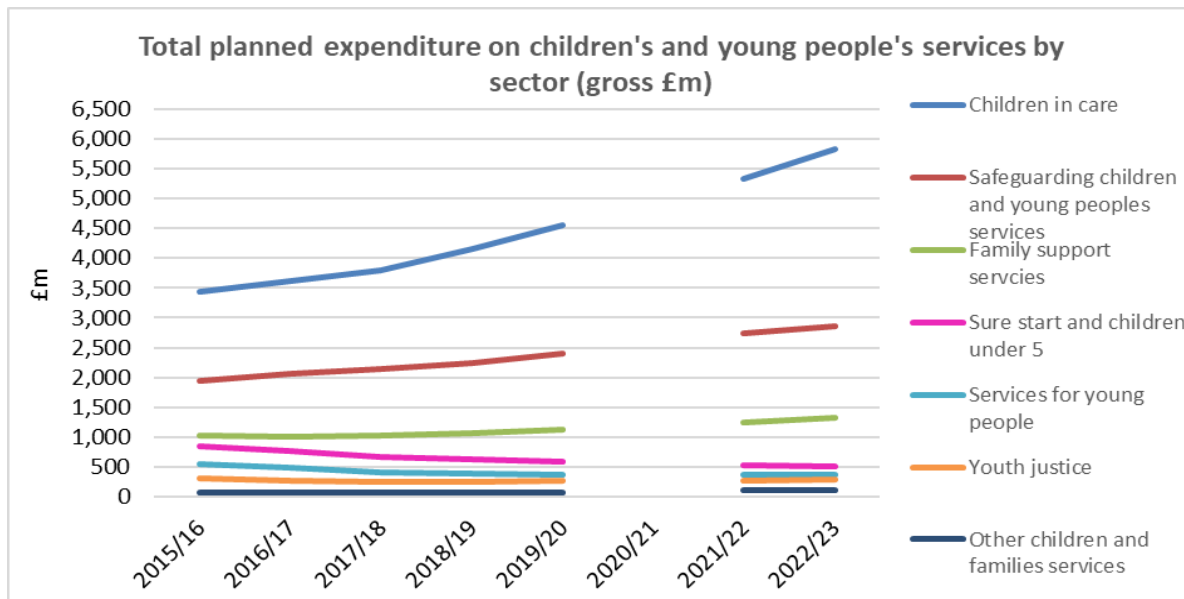


Figure 78: Total planned gross expenditure on children's and young people's services. To reduce burdens on LAs during the Covid-19 pandemic, DfE did not collect data for 2020-21. (Source: DfE 2022a)

### 23.2.2 LA expenditure 2020/21

DfE report that LAs spent £41.5 billion on schools, other education, and children's and young people's services in 2020/21<sup>15</sup>; an increase of 3% from 2019/20. Of this:

- two thirds (£27.4 billion) was spent on schools; the same proportion as 2019/20
- total expenditure by LAs on children's and young people's services was £11.1billion, 6% more than in 2019/20
- the weekly cost of residential care increased by 9.8% between 2019/20 and 2020/21
- the increases in spend on privately owned provision for children in care were significantly higher between 2019/20 and 2020/21:
  - spend on services for children in care in in-house provision increased by 3.1% compared to 11.0% in private provision
  - spend on family support services within in-house provision increased by 4.2% compared to 25.4% in private provision
  - spend on safeguarding children and young people's services in-house provision increased by 9.8% compared to 19.5% in private provision.

<sup>15</sup> Expenditure for 2021/22 is not available until December 2022.

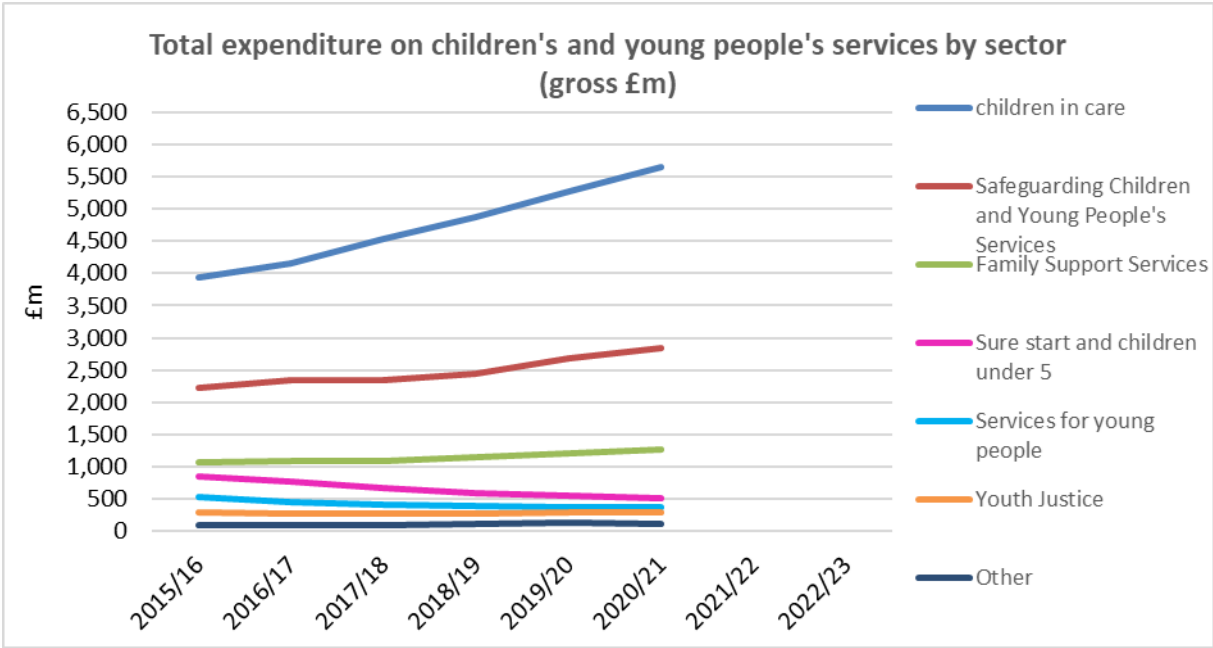
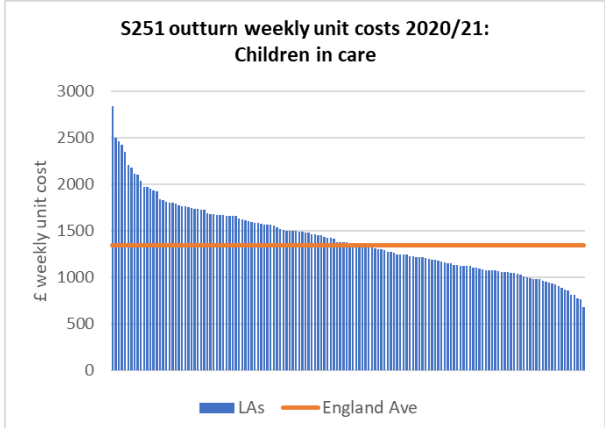
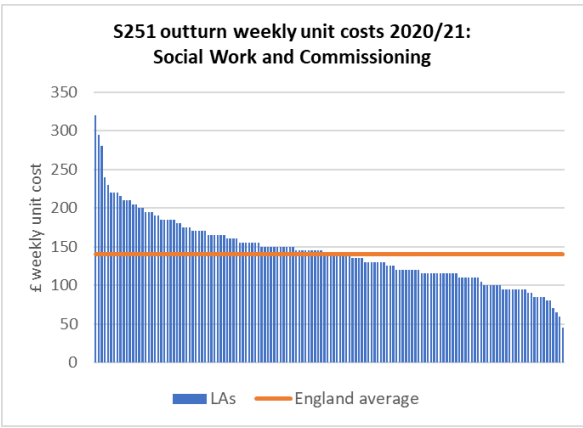


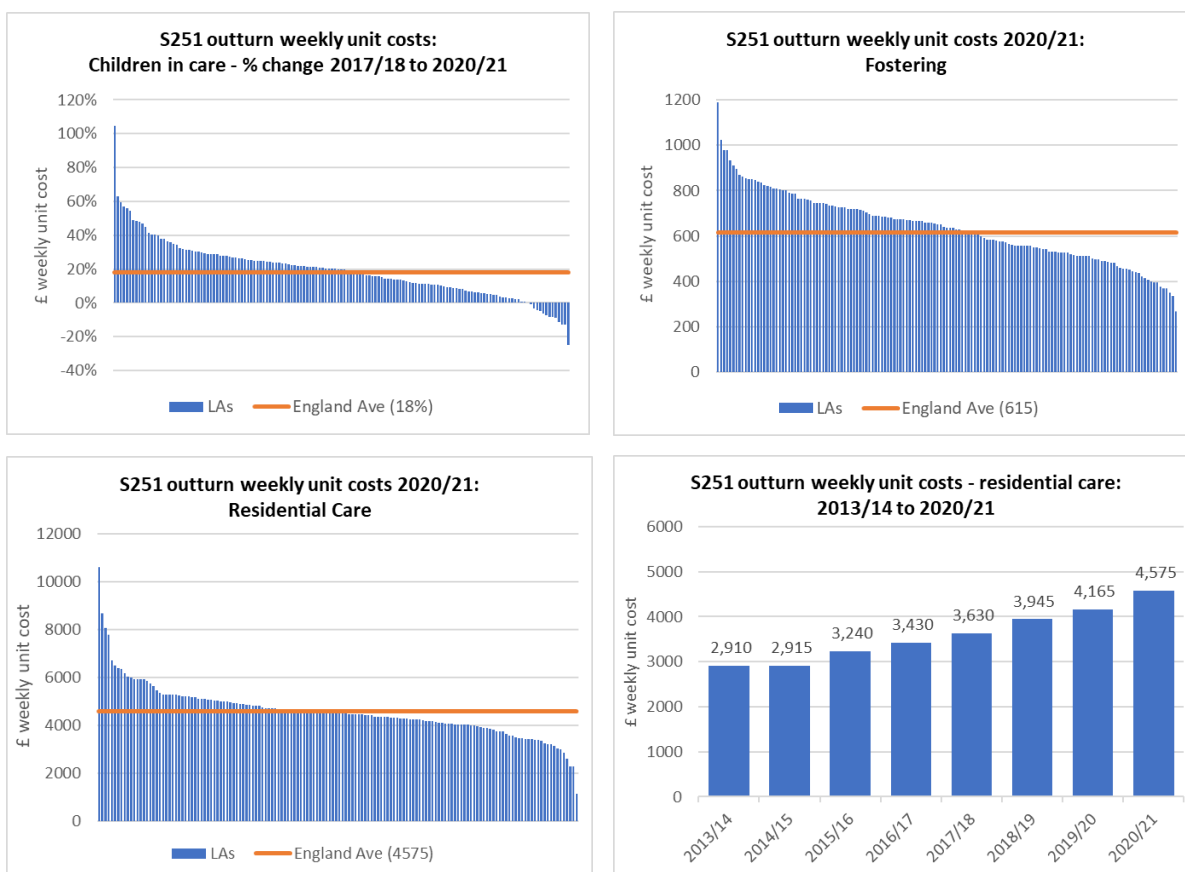
Figure 79: Total gross expenditure on children and young people's services. (Source: DfE 2022a)

The DfE Section 251 data provides evidence of significant variations between LAs, with the caveat of the robustness of this information. For example:

- social work: the average weekly cost was £140, with a maximum of £320 and a minimum of £45
- children in care: the average weekly cost was £1,340, with a maximum of £2,835 and a minimum of £680. There was an average increase in costs of 18% between 2017/18 and 2020/21 (the maximum increase was 105% while the minimum was -25%).







Figures 80 81 82 83 84 85: Section 251 weekly unit costs (Source: DfE)

### 23.3 Children's services budgets

Over the past two years, it appears that children's services funding has been largely protected, and in some cases, LAs have invested to reflect increased demand. Of the 80 respondents providing information, three quarters reported an increase in their base budgets, with only 9% reporting no change. Whilst LAs are required to set balanced budgets, many have been unable to keep pace with increasing inflationary costs and rising demand, resulting in overspends, even where uplifts in children's services budgets have been secured. For LAs with no investment or continued/ new saving targets, the increasing demand and inflationary costs have been even more keenly felt.

## Children's Services Funding Examples

<p>The current quarterly projection for 2022/23 is an overspend of £4m which equates to 8% of the net budget £50m. It is to be noted that a savings and efficiency target of £9.3m was identified for the 21/22 budget which reduced the children's budget in 2021, and it is anticipated further budget cuts will be necessary in 2022/3 and 2024. – <i>North West LA</i></p>	<p>There is not currently a 'gap' in the children's services budget, however, this is dependent on grant funding of various types which is often confirmed on an annual basis, and also the current economic outlook may affect this in the near future and medium term. – <i>West Midlands LA</i></p>	<p>We underspent in the previous two years and so our budget was reduced by c£1m, initially with little impact but the emergence of some new young people into the system with extremely complex needs, coupled with the lack of placements generally, means that we now wish we'd kept the c£1m as we're projected to overspend by at least £1.6m this year. - <i>South West LA</i></p>
<p>Funding has been increased to children's social care. This has come about due to the re-profiling of existing budgets combined with growth funding from the LA budget. This increase in funding has been used to increase social work capacity, introduce a career grade to retain experienced social workers and the piloting of a dedicated business support function for each social work team. Beyond the growth funding we have an enduring financial pressure resulting in budget overspends for children's social care. The commitment from leaders is to fund what is needed to deliver effective services. – <i>Yorkshire and Humber LA</i></p>	<p>Following a significant children's services budget pressure in 2018/19 the LA agreed a two year budget strategy (2019/20 &amp; 2020/21) for children's services to reduce cost pressures by £8.2m and generate budget savings of £11.7, total £19.9m. The budget savings and cost reductions are linked to reduction in caseloads and placement costs (including placement mix). The budget savings have not yet been fully achieved and have been reprofiled into future financial years. The current plan is to deliver budget savings of £6.4m over the next two years (2022/23 &amp; 2024/25), with the majority of the savings linked to a reduction in placement spend. – <i>Yorkshire and Humber LA</i></p>	<p>£5.1m in 2022/23 and a further £3.3m in 2023/24 is included in the medium term financial strategy for demography and inflation, mainly in relation to children's placement costs. This is in addition to other growth of £1.3m and £0.5m respectively for ongoing/new commitments. In addition, there is Covid funding of £2.9m in 2022/23 that has been used for early help and front door services. At the time of budget planning, these appeared to be sufficient. However, given the rise in costs, increasing numbers of expensive residential care placements and staffing pressures, this has created significant in-year budget pressures. – <i>South East LA</i></p>

The top four current funding pressures cited by children's services leaders are largely outside of their direct control:

1. placement costs for children in care, specifically independent fostering agencies and external residential placements (see chapter 21)
2. agency social work and the growth of managed project teams (see chapter 22)

3. increase in demand for services and complexity of presenting needs (see chapters 5-21)
4. SEND and high needs funding, including home to school transport. Whilst SEND is not central to Safeguarding Pressures research, this continues to be a growing pressures for children's services (see chapter 10).

Budget pressures are almost exclusively demand-led and appear to be a result of factors outside of the control of the LA, including Covid-19 and in some cases as a direct result of government policy. For example, one respondent reported that the Home Office use of local hotels for Afghan refugees and the need to provide childcare and education, as well as wider services for children in refugee families, has led to an increase in the LA's in year children's services expenditure of over £2m.

Factors reported to be impacting on children's services budgets and spend are illustrated in the figure below.

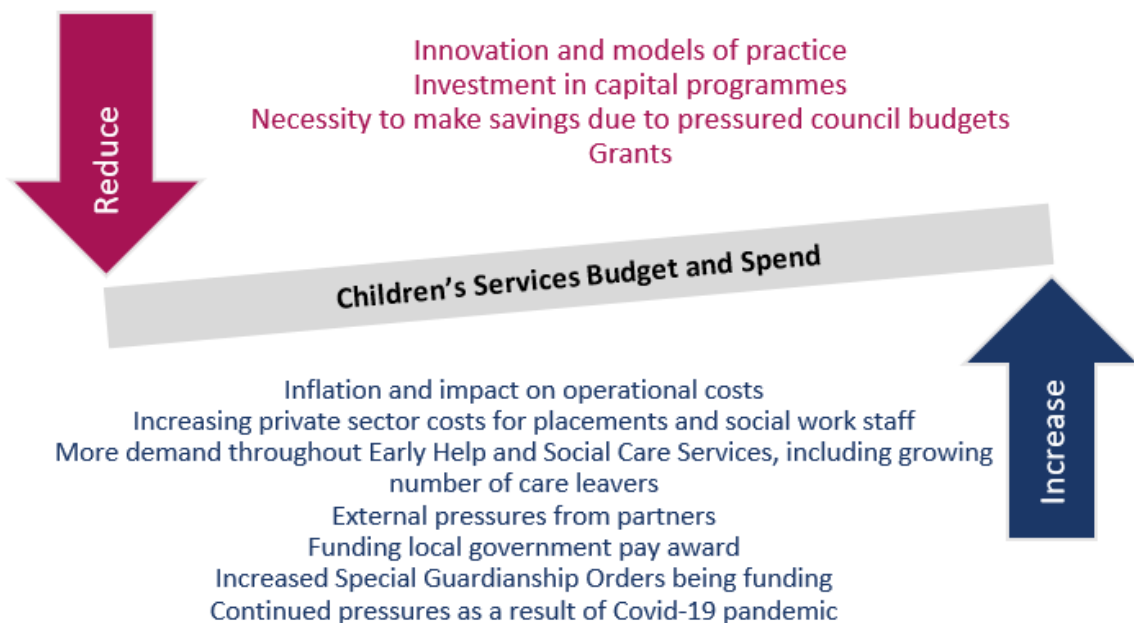


Figure 86: Factors reported to be impacting on a children's services budget and spend

Where additional investment in children's services has been secured from the wider LA budget, this was often made on an invest to save basis, linked to transformation projects. Given the emerging financial context and changes in demand, savings targets are clearly at risk, however, respondents were clear that such projects have helped suppress the potential for even greater needs and demand pressures in the system.

In terms of early help, a greater number of respondents report that their LA has continued to invest in the early help offer. As with other LA budgets, early help is still subject to savings targets. The continuation and expansion of the Stronger Families Programme is welcomed and along with additional funding for Family Hubs in 75 LAs, this will allow further development and sustained provision of early help. One respondent suggested that without the Stronger Families funding, they would see a reduction in the LA's ability to support 600-800 families a year. However, the new outcomes framework to accompany the funding was deemed to cause a new burden on LAs as changes to client record management systems are needed in order to collect the information required as part of the grant conditions.

### 23.4 Grant funding

70 respondents providing information about grant funding were in receipt of at least one grant during the last two years. This is not surprising as some short-term grant funding was devolved to all LAs as part of the national pandemic response, such as the HAF, worth £200 million per year over three years from 2021 onwards.

DfE and other departments, agencies and organisations continue to offer grants for specific programmes. Many of these, for example the DfE Innovation Programme, Strengthening Families Programme, and Family Hubs were welcomed by respondents where their LA had benefited from such funding.

The inequity in short term funding to a limited number of local areas, often through bidding processes, continues to cause consternation to respondents. Whilst those in receipt of funds welcome the focus and investment, others felt very keenly that the significant resources required to submit a bid, which may well be unsuccessful, are not cost effective. Concerns have also been regularly raised by respondents about the sometimes unclear or unfair rationale as to the selection of winning bids.

"There are 50-60 children's services grants including schools. Whilst these grants are of assistance to ensure we can meet new need/requirements, responding to frequent and different funding streams all with different reporting requirements is exceptionally inefficient and resource intensive." – *South East LA*

## 23.5 SEND budgets

The County Councils Network (CCN) and the Society of County Treasurers (SCT) most recent analysis of high needs block deficits has identified deficits in SEND budgets stand at approximately £2.4bn in 2022/23 – six times higher than levels in 2018/19. It is projected this figure could rise to £3.6bn in 2025 (CCN and SCT, 2021).

The high needs block, which funds SEND and alternative provision, is consistently overspent in a significant number of LAs, largely due to the increased number of children with EHCPs and previously reported impact of the ‘broken’ SEND national policy and system. The DfE has established two programmes to address overspends (or underfunding). The Safety Valve Programme commits LAs to significant reforms to address in-year and cumulative deficits in exchange for additional government funding to meet the extent of cumulative deficits. The £85m Delivering Better Value Programme will provide dedicated support to 55 LAs with high needs block deficit issues.

Deficits are currently reported separately to the main LA budget. This is due to be reviewed next year and could have very serious consequences if these deficits move onto the balance sheet, some LAs will go bankrupt overnight such is the level of financial deficit. Respondents to this research consistently report that SEND pressures continue to be as greater a challenge to LAs as safeguarding pressures in terms of required spend.

### **EXAMPLE**

Children’s services is currently forecasting approximately £10m overspend in this year, of which £7m relates to the high needs block. The provisional increase for 2023/24 still leaves a current deficit of at least £6m a year based on the latest projections. In order to meet demand, we are likely to need in the region of £1.3m to increase our family services and educational psychology teams to support the rise in EHCPs. – *East LA*

## 23.6 Quantifying funding pressures

Funding pressures have been quantified throughout research phases:

- phase 1 of this research (2010) found that overspends due to increased safeguarding demand were between 6% and 8%
- in phase 6 (2018), 83 LAs estimated an average shortfall of 10.4% in their children’s services budget, equating to an additional £840million in-year simply to ‘steady the ship’
- in phase 7 (2020), 63 respondents reported an average shortfall of 9.1% of their children’s services budget, equating to an additional £824.1m to close the budget gap in-year.

Despite evidence of increased budgets as a result of LAs prioritising spend on children and children's services, in August 2022, 65 respondents reported a shortfall in 2022/23 of £334.8m. Extrapolated to all 151 LAs, the total required now to close the budget gap in-year is £778m, this equates to 7.5% of the national children's services budget. This budget gap reflects the fact that many children's services budgets have been uplifted in the past two years, including in 2022/23. The financial situation and budget gaps of many LAs would be much starker if this additional funding had not been found.

## **23.7 Future financial changes**

Respondents continue to report the immense value they place on their elected members and LA leadership teams working together with them to manage and shape funding for children's service as effectively as possible. The sustainability of this at a time when LA income is reduced and expenditure on adult social care and other areas is also increasing is a concern. 27% of responding LAs stated that they are required to make substantial savings from 2022/23 onwards, and more are anticipating these will be necessary.

There is future uncertainty about central government policy and the cost of implementing the new reforms for care, schools and SEND, as well as economic changes such as future inflation rates and the cost of living crisis.

Despite the best efforts of LAs and children's services leaders to shape their services and intervene early to reduce demand and costs, an effective service cannot be delivered in a financially sustainable way without addressing the underfunding in base budgets and the causal factors such as private organisations profiteering on the back of vulnerable children and out-dated government policy on areas such as home to school transport.

## **24 Summary of Factors, Challenges and Enablers**

### **24.1 Summary of factors**

Throughout this research report, evidence has been provided from 125 LAs, this has been triangulated with a wide range of other sources, including government data and research reports, to highlight the drivers of activity in early help and social care, and how approaches are being taken to ensure the best possible outcomes for children and their families.

It has been evidenced that an increasing number of children and families require support from early help and social care due to factors that could be ameliorated at an earlier stage. The report has also evidenced that a significant range of external factors, such as sufficiency challenges and rising costs, are impeding LAs in undertaking their duties to not just assist children to be safe and well, but to thrive as they move into adulthood. These factors are summarised in the table overleaf.

This latest phase of Safeguarding Pressures has evidenced how children's needs are becoming more complex and the prevalence of the interlocking enablers and factors (pages 120 and 121) illustrate that children's services have also become more complex and multi-faceted.

The system factors that have enabled local areas to mitigate potentially greater increases in need and demand plus examples of innovation and development of services are cited in chapter 20.

	CAUSES AND DRIVERS	PRESENTING NEEDS	EFFECTS
<b>SOCIAL FACTORS:</b> changes to the underlying needs faced by the local community and parents	<ul style="list-style-type: none"> <li>Population change</li> <li>Immigration, increasing migration and UASC</li> <li>Welfare reforms</li> <li>Unemployment/ insecure work</li> <li>Cost of living and energy crises</li> <li>Poverty</li> <li>Social media and cyber-bullying</li> <li>Lack of affordable housing</li> <li>Lack of support networks and isolation</li> <li>Organised crime and exploitation</li> <li>Adverse childhood experiences</li> <li>Effects of the Covid-19 pandemic</li> <li>Impact of the war in Ukraine</li> <li>Media reporting of child deaths</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in family resilience and ability to 'cope'</li> <li>Greater demand for support from early help, social care, youth justice and other services</li> <li>Homelessness, eviction, housing issues</li> <li>Migration from high cost urban areas to other LAs</li> <li>Domestic abuse</li> <li>Lack of emotional resilience</li> <li>Children who have missed developmental milestones in Covid-19</li> <li>Poor parental mental health</li> <li>Parental drug and alcohol abuse</li> <li>Child's mental health</li> <li>Behavioural issues</li> <li>Greater complexity /multiple issues</li> <li>Neglect (intentional and unintentional)</li> <li>Social isolation</li> <li>Revolving door and episodic need for support from services</li> <li>Delays</li> <li>Poorer school attendance, more EHE</li> <li>More complex and multiple needs presenting</li> <li>Poor attainment</li> <li>Child disengagement from education and other services</li> <li>Exposure to online harms</li> </ul>	<p>For children and families:</p> <ul style="list-style-type: none"> <li>More people requiring high level intervention, such as social care</li> <li>Poor health</li> <li>Social isolation</li> <li>Poor employment prospects</li> <li>Poor mental health</li> <li>Suicide and self-harm</li> <li>Unhealthy relationships</li> <li>Crime and exploitation, including gangs and serious violence</li> <li>Child deaths</li> </ul> <p>For services:</p> <ul style="list-style-type: none"> <li>Workers leaving their professions</li> <li>Increased demand and costs</li> <li>Increased demand for EHCPs</li> <li>Industrial action</li> </ul>
<b>SYSTEM AND PRACTICE FACTORS:</b> the way that the system of services responds to families requiring help	<ul style="list-style-type: none"> <li>Thresholds</li> <li>Changes in organisations (e.g. ICSSs)</li> <li>Information sharing and systems</li> <li>Reduction in Tier 4 mental health services</li> <li>Placement sufficiency</li> <li>Placement market profit-making organisations</li> <li>Workforce sufficiency (e.g. SW, EP, HV, OT, SALT)</li> <li>Delays in care proceedings in the courts</li> <li>Waiting lists for some support or interventions</li> <li>How effectively partners work together</li> <li>Inspection and regulation</li> </ul>		
<b>INFRASTRUCTURE:</b>	<ul style="list-style-type: none"> <li>Budgetary challenges and short term funding</li> <li>Effectiveness of commissioning</li> <li>Government legislation, policy and funding</li> <li>Political change</li> <li>Geography – challenges for rural/coastal populations</li> <li>Local government reorganisation</li> <li>Becoming a children's trust</li> <li>Isolated issues (IT outages)</li> <li>LA structures</li> </ul>		

Figure 87: Summary of factors, causes and effects. Each root cause could have its own root cause. Presenting issues and effects are likely to be as a result of more than one factor



Consideration of the drivers, mitigating factors and potential solutions is needed to frame thinking and planning for the future. Respondents were clear that this is already taking place locally, and leaders continue to do this, making the most of the enablers.

## POSSIBLE ENABLERS

### Social Factors:

- Community engagement

### System factors:

- Making use of technology, including virtual meetings
- Strong partnership working, especially with schools
- Corporate and political commitment to children's services
- Strong and stable leadership in children's services
- Joint commissioning and integrated commissioning teams
- Strong, effective and dedicated workforce
- Co-development of services with children and families
- Greater mobilisation of the third sector
- Sector led improvement and joint working across local areas, including sub-regional commissioning
- 'Grow you own' and building a good workforce through programmes such as social work apprenticeships
- Investment in effective early help and earlier targeted intervention, and interface between early help and social care
- Better identification of risk (e.g. CCE, trafficking)
- Developing community assets and finding community solutions
- Focus on evidence-based programmes
- Different ways of working, and implementation of practice frameworks and transformation programmes – e.g. strengths- based approaches, such as restorative practice, No Wrong Door, Family Safeguarding.

### Infrastructure:

- Supporting Families Programme
- LA commitment to increase/maintain children's services budget
- New initiatives such as Family Hubs

Figure 88: Summary of enablers

## 25 Future Predictions

### 25.1 Certainties

During 2022, there have been changes as a result of local government re-organisation with further change expected. Northamptonshire Council became North Northamptonshire and West Northamptonshire from 1 April 2022; district and county councils in Cumbria will be

replaced by two new unitary LAs from April 2023; Doncaster children's services are no longer in a Trust; and other LAs have adopted alternative delivery models.

## 25.2 Predictions

Predictions for the future have been provided in a number of the research and policy papers referenced in this report. All point to a worsening situation and poorer life chances for children. Some examples of those predictions are:

- the *Independent Review of Children's Social Care (2022)* "without a dramatic whole system reset, outcomes for children and families will remain stubbornly poor and by this time next decade there will be approaching 100,000 children in care (up from 80,000 today) and a flawed system will cost over £15 billion per year (up from £10 billion now). Together, the changes we recommend will shift these trends and would mean 30,000 more children living safely and thriving with their families by 2032 compared to the current trajectory."
- County Councils Network (CCN), the Association of County Chief Executives (ACCE), and Newton Europe forecast between 86,000 and 95,000 children will be in care by 2025 and if nothing changes, then by 2024/25 English LAs will be spending £7.4bn annually on supporting children in care (up more than £2bn from the £5.3bn spend in 2019/20). This is nearly double the £3.8bn being spent in 2014/15. (CCN and Newton, 2021)
- analysis by think-tank the Social Market Foundation predicts a shortage of 25,000 foster carers in England by 2026 (Oakley, 2021).

Respondents were more certain about the direction of travel for children's services than they have been in previous phases of Safeguarding Pressures research. Of the 97 respondents, 60% predicted a general continued rise in demand in the next two years, compared to 48% two years ago. Many of the key changes that respondents predicted two years ago, indeed throughout Safeguarding Pressures research, have been realised.

Key changes that respondents identified two years ago and current predictions for the next two years are listed below.

Predictions		Phase 7 2021-23	Phase 8 2023-25
Societal determinants	• Increase in poverty and worklessness	✓	✓
	• Ongoing and increasing parental factors (domestic abuse, poor mental health and substance misuse)	✓	✓
	• Increase in health inequalities	✓	✓
	• Potential increase in anti-social behaviour and community unrest, particularly in the areas of highest deprivation	✓	✓
	• Increase in crime rates across all ages	✓	✓
	• Increase in children affected by, or vulnerable to, exploitation	✓	✓
	• Increased need for emotional wellbeing and mental health services	✓	✓
	• Lack of employment opportunities for 16-25 year olds.	✓	✓
Presenting needs	• Increasing immigration and growing UASC population	✓	✓
	• Impact of school closures on educational outcomes (widening the gap for disadvantaged children)	✓	✓
	• Ongoing rise in number of families requiring a service both in children's services and SEND	✓	✓
	• Increase in childhood neglect and family breakdown	✓	✓
	• Negative long term impact for children experiencing hidden harm	✓	✓
	• An upward trajectory of admissions to hospital and care due to poor mental health including self-harm, eating disorders, and drug use	✓	✓
System factors	• Investment into robust early help services	✓	✓
	• Further deterioration in recruitment and retention. Reduced resilience of staff - more leaving the sector meaning an inexperienced workforce, also making succession planning difficult		✓
	• The lack of suitable, affordable placements and rising costs		✓
	• Continued budget pressures. More LAs issuing 114 notices		✓
	• Increasing numbers of care experienced young people	✓	✓
	• The length of time children are in care and/or on child protection plans is likely to increase as management of risk is affected due to the Covid-19 pandemic	✓	
	• LAs continuing to implement new ways of working to greater impact for children	✓	✓
	• Family Hubs		✓
Anticipated national legislation and policy change	• Domestic Abuse Bill	✓	
	• SEND Review and Schools Bill, and its implementation	✓	✓
	• <i>Independent review of children's social care</i> and its implementation	✓	✓
	• Local government reorganisation and Local Government Reform Bill	✓	✓
	• Decisions on the future of Troubled Families funding	✓	
	• Shaping of the provider market to ensure placement costs are sustainable and meet children's needs	✓	
	• Negative impact on the profession of high-profile child deaths and reviews		✓
	• Changes within the government and political uncertainty		✓

Figure 89: Predictions in Safeguarding Pressures research phase 7 and phase 8

The four greatest certainties expressed for the next two years were:

1. continued budgetary pressures for LAs, especially with the increasing age profile and pressures in adult social care; and a potential for less income through business rates
2. the cost of living crisis and financial pressures on citizens will see more children living in poverty and exacerbate parental factors that contribute to child harm, such as parental conflict or domestic abuse
3. children's poor mental health will continue to deteriorate and needs will go unmet without radical change in approaches and significant investment from health services
4. a continuing rise in the cost of placements, along with placement sufficiency and related quality challenges if there is no change in legislation or market development.

The trajectory for the future of children, families and of children's services themselves is dependent on many factors which provide hope for many respondents, but also concerns in terms of the realisation of opportunities against a worsening community and welfare state infrastructure for families.

The majority of respondents anticipated a rise in demand for early help and children's social care such as child protection plans, children in care and care experienced young people, at the same time as demand rises across health and education services.

Continued financial pressures for LAs and partners together with no clear resolution to the staffing crisis in social care, and other areas of the wider children's workforce, are likely to make it increasingly difficult to manage the increased demand.

Future predictions are informed by recent and current levels of activity set against local decisions to invest in early help services. The implementation of new models of practice and approaches has offset some of the increases in need and demand we have already, or may well experience, in the future. The positive impact of these must not be underestimated or undermined. Without these actions things would be a great deal worse for children and families and for children's services.

## 25.3 Perceptions

“I think part of the challenge, in particular in schools, is that the regulatory frameworks which are used to judge schools are so stringent. All the ‘fluffy stuff’ that schools used to do with children has gone. So we talk about curriculum that meets the needs of children across the board. I absolutely get that. But for some children the context within which they live and learn is so extreme that actually just getting them into school can be an achievement. Instead of working with the children to regularise their behaviour, we have to put them in a maths and English class, and that just doesn’t work. Schools know our children better than their social workers and early help workers as they spend all day with them. My view is we should be investing in schools. I don’t think social workers in schools is the right answer, but that welfare support within school, pastoral care, alternative curriculums within the school that allow the vulnerable children to re-engage without the stringent regulated focus on attainment.” – *North East LA*

“I think one of the challenges for us is a recognition that services that young people need just don't exist. And that's both in the medium level of need, but also, in the high-end. We've still got the traditional service model that has been there forever that tries to fit those young people into a box based on the way services have been set up, when what we need is much more responsive flexible services but we can't release the resource that is tied into those high and specialist services to enable us to do that.” - *South West LA*

“It feels that we will increasingly be providing welfare services as well as safeguarding” – *London LA*

“It is anticipated that the cost of living crisis for families will have a significant impact on demand for safeguarding services. This will impact on resourcing and LA budgets - with other increases, including energy price increases, having a direct negative impact on families and services. There is potential that links between the cost of living crisis and poverty may translate into greater levels of not in education, employment or training, youth justice activity, family stress and dysfunction, substance / alcohol misuse, debt and domestic abuse.” - *Yorkshire and*

“The ban on under 16 year olds in unregulated placements will continue to have an impact on our ability to find affordable places for some of our most complex children and placement sufficiency is likely to be a continuing challenge. Ongoing delays and backlogs in the court will continue to increase the length of time of proceedings and the implementation of LPS is likely to impact on how we support some of our most vulnerable children in care. The changes in health with the move into ICSs is likely to bring challenges, and we have already had some instances where the lead provider model has caused some issues in relation to support for children in care who are placed in children's homes. The ability for unilateral decision making through this model without consultation will provide challenges in ensuring that the partnership is strong enough to manage and mitigate this risk. Ongoing pressures in health generally with increasing backlogs and insufficient services in some areas will continue to put pressure on our ability to meet the needs of the most vulnerable children.” - *West Midlands LA*

## 25.4 Potential solutions

Respondents have provided examples of where they are implementing local or regional solutions to reduce demand and improve services, as reported throughout this research. Some solutions, such as those supported via DfE grant funding, were cited to be having some impact. Further potential solutions driven by national government were also suggested, which to some extent mirror those put forward in previous phases of research:

1. whole-government approach to children and families where legislation, policy and funding is 'joined up' with a longer term commitment to enable and sustain change. This would include changing funding methods away from piecemeal pots of money for some LAs, to providing more realistic base budgets for all LAs
2. national agenda for change, with eradication of child poverty at its heart, that sets out and is equipped to deliver change that centres on the aspirations and wellbeing of citizens and communities, and which each government department and LA has a part to play in
3. developing and implementing recommendations from the *Independent review of children's social care*, SEND and AP Green Paper and Schools White Paper must involve the right people; be widely piloted in advance of full-scale implementation so lessons can be learnt and plans revised; and be appropriately resourced
4. build commissioning arrangements at the scale that make sense, learning from those instances where it is already working well. Health partners could be instrumental in this
5. develop a national workforce strategy, drawing in regulation and pay scales for social work, and to some extent, other related professions, to reduce the number of costly agency workers
6. implement a whole system review of children's emotional wellbeing and mental health services and develop a national strategy that supports the needs of children today
7. government should intervene in the current placement crisis where private providers are profiteering, so that there are sufficient quality placements that meet the needs of children in the right place, at the right time, at a reasonable cost
8. eradicate immediate or unplanned placement endings, including those from providers who deem a child is 'fit for discharge,' or where the regulator has given immediate notice to end a placement. Set a mandatory notice period or placement planning period for providers that centres on the child's best interests.

## 26 Conclusion

The research is clear that whilst the large majority of children in England are happy, healthy, safe and do well, there is a small minority who are vulnerable and at risk of harm, or who are committing harm, and will experience reduced life chances into adulthood as a result. This cohort will increase without an urgent national and whole systems approach.

The increases in the levels of need in communities is translating into demand for early help and children's social care services, in part this is resulting from failure to prevent, identify and respond to the needs of children (especially those aged 16-17 years old) and their families. The figures below and on page 130 provide a summary of how many children require these services and the changes evident since the advent of Safeguarding Pressures research in 2010.



Figure 90: Rates per 10,000 of the 0-17 population (Source: DfE except EHA and initial contacts where sources are SGP8 respondents).

Children's services leaders are clear that the number of factors outside of their control have increased. Many of the pressures result from:

- societal factors: global and societal failures and pressures, as well as unforeseen crises such as the Covid-19 pandemic, resulting in increased poverty, domestic abuse and parental issues which impact on parenting capacity
- system pressures arising from court delays; placement and workforce sufficiency and regulation; funding and availability of other services such as those for children's poor mental health.

Meeting the needs of children's mental health was a significant worry for respondents. Gaps in services and long waiting lists for CAMHS or community provision has resulted in children and families reaching crisis point and LA children's services are picking up the responsibilities for this with no additional resource to do so. There was an overwhelming feeling that the support

from children’s social care has become the last resort for some of these young people whose mental health needs should have been appropriately met earlier and by other partners.

Education and health systems are under pressure, SEND is now a major issue for many LAs with an increasing numbers of EHCPs, pressure on high needs funding and spend on home to school transport.

Interviewees were largely consistent in their summation of their top pressures, things that they are worried about and things that are working well:

Pressure	Worried about	Working well
<ul style="list-style-type: none"> <li>• Placements</li> <li>• SEND and high needs block</li> <li>• Home to school transport</li> <li>• Workforce sufficiency, especially social workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Placements</li> <li>• Workforce, including recruitment and retention</li> <li>• Rising poverty and cost of living – impact on children, families and staff</li> <li>• Funding (specifically not being able to make the savings being asked; increase in placement costs; short-term govt funding, and unfunded burdens in new legislation, especially SEND)</li> <li>• Increase demand for SEND services</li> <li>• Impact of inspection regimes</li> <li>• Current and future national policy</li> <li>• High stakes accountability and culture of blame when things go wrong</li> <li>• Succession planning and leaders of the future.</li> </ul>	<ul style="list-style-type: none"> <li>• Working in partnership in the local area and in sector led improvement (RIAs)</li> <li>• Implementing and sustaining strong practice models</li> <li>• Staff passion and tenacity, impact of ASYE and workforce programmes</li> <li>• Schools – a significant number of good or outstanding</li> <li>• Learning culture</li> <li>• Early help offer, and LA leadership, understanding and investing in early help</li> <li>• Better recognition of neglect</li> <li>• England has one of the safest child protection systems in the world.</li> </ul>

There is evidence that children’s services leaders are proactively engaging and influencing both national and local thinking on the actions needed to improve a range of outcomes for children, young people and families. Early help services have continued to develop a strong synergy with social care and many partnerships have been strengthened during the Covid-19 pandemic.

There was a strong feeling that if policymakers across myriad government departments and agencies are not effectively addressing the challenges brought to light in this, and other research, the sector will continue to do all that it can to make the case for change whilst



responding to the needs of local communities. However, if left unaddressed, these challenges have the potential to overwhelm the children's services system, including children's social care, and undermine any progress that may be gained from the recommendations set out in the *Independent Review of Children's Social Care* and the DfE's SEND and AP Green Paper. The reform programmes as set out by government offer a range of opportunities that system leaders are keen to press on with, but they must be appropriately funded. Maintaining the status quo feels increasingly untenable for children, families and public services.

"I've never seen it like this in all my career. The irony about the last 10 years is that each year, I've thought 'OK, I don't know how we'll sustain this year' but somehow we do. What I see each and every year, is a group of people under pressure and against the odds, trying to make it work. The pressures are way more complex, for a leader as well as the services being delivered. There is so much pressure, but on the plus side, what I hope is that on some of the stuff we've been talking about, government could intervene tomorrow, and it would almost change overnight." – *East Midlands LA*

## Safeguarding Pressures: Change in children's services activity

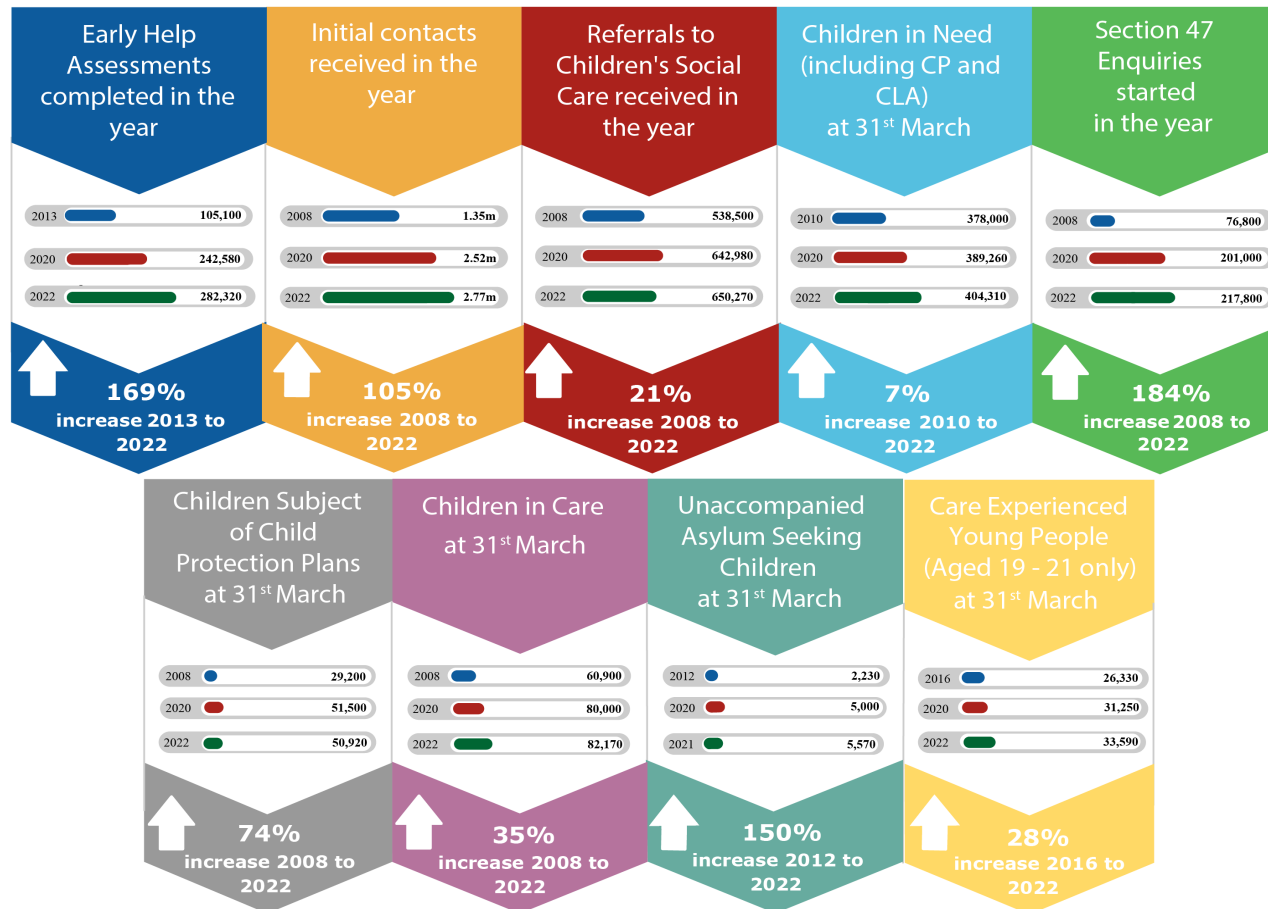


Figure 91: Where nationally available data is not available, results from responding LAs has been extrapolated to an all-England total based on proportion of population covered. Source of latest data: Regional quarterly datasets extrapolated to all England.

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## Appendix A: Glossary of Definitions

This glossary provides definitions and descriptions of some of the terms and activity included in the Safeguarding Pressures report, to help readers who may not be familiar with this detail. Further guidance can be found in the DfE publication links below:

[Working Together to Safeguard Children \(2018\)](#)

Adoption Legal Status	<p>There are four legal statuses under the Adoption and Children Act 2002 for children who are placed for adoption:</p> <ul style="list-style-type: none"> <li>• Placed for adoption with consent with current foster carer (A3)</li> <li>• Placed for adoption with placement order with current foster carer (A4)</li> <li>• Placed for adoption with consent not with current foster carer (A5)</li> <li>• Placed for adoption with placement order not with current foster carer (A6)</li> </ul>
Care Experienced Young Person (Care Leaver)	<p>The <i>Children (Leaving Care) Act 2000</i> states that a care leaver is someone who has been in the care of the local authority for a period of 13 weeks or more spanning their 16th birthday. The <i>Children and Families Act 2014</i> introduced 'staying put' duties on local authorities to provide care experienced young people with the opportunity to remain with their former foster carer after they reach the age of 18, and section 3 <i>Children and Social Work Act 2017</i>, which came into effect on 1st April 2018, placed new duties on local authorities to offer the support of a Personal Advisor to all care experienced young people to the age of 25 instead of age 21.</p>
Changes to legal orders	<p>In 2005, the freeing order (freed for adoption under section 18 of the <i>Adoption Act 1976</i>) was replaced by a placement order (under the <i>Adoption and Children Act 2002</i>) for children for whom adoption is the plan.</p>
Child Sexual Exploitation	<p>DfE (2017) defines child sexual exploitation and provides guidance. DfE (2017) published Child sexual exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation which defined CSE as: "Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>
Children in Need	<p>Children in Need (CiN) are defined nationally as any case open to children's social care including children subjects of child protection plans and children in care, as well as disabled children and care experienced young people aged over 18 who are supported. It includes children who have had a referral but may not yet have had an assessment as to whether they will require services.</p>
Contextual Safeguarding	<p>An approach to understanding, and responding to, young people's experiences of significant harm beyond their families, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking; sexual exploitation and the influences of extremism leading to radicalisation.</p>
Decision to Adopt is reversed	<p>Data about the number of children where the decision to adopt has been reversed, defined as "This decision would be taken after a review has been made of the child's case under regulation 36 of the Adoption Agencies Regulations 2005. If it is decided that the child should no longer be placed for adoption, the local authority should revise the child's care plan and apply to the court to revoke the placement order. Any suspended care order will be resurrected. The local authority is required to regularly review the child's case." (DfE, 2015c).</p>
Education, health and	<p>A pupil has an EHC plan when a formal assessment has been made. A document is in place that sets out the child's need and the extra help they should receive. Prior to September 2014, a</p>

care (EHC) plans and statements of SEN	statement of SEN was used. The period for local authorities to transfer children and young people with statements of SEN to EHC plans started in September 2014 and ended in 2018. Following the introduction of EHC plans in September 2014, statements of SEN and EHC plans were grouped together within the data.
Foster care	At present, DfE collect six categories of foster care placement data from local authorities: <ul style="list-style-type: none"> <li>• with relative or friend- long term fostering (U1)</li> <li>• with relative or friend who is also an approved adopter – FFA/concurrent planning (U2)</li> <li>• with relative/friend who is not long-term or FFA/concurrent planning (U3)</li> <li>• with other foster carer- long term fostering (U4)</li> <li>• with other foster carer who is also an approved adopter – FFA/concurrent planning (U5)</li> <li>• with other foster carer- not long term or FFA/concurrent planning (U6)</li> </ul>
Initial Contact	Local authorities are required to submit data about referrals to children’s social care as part of the DfE Children in Need Census, but there is no requirement to report initial contacts. Whilst there is no nationally agreed definition and the subject of much debate, it is generally accepted that an initial contact is any contact received by local authority children’s services about a child, who may be a Child in Need, and where there is a request for general advice, information or a service. It may, or may not be accepted as a referral. This guidance was provided to authorities when submitting their data for the ADCS Safeguarding Pressures research.
Placement Stability	Long term stability of a child’s placement is currently defined as the percentage of children in care aged under 16 as at 31 <sup>st</sup> March who had been in care continuously for at least two and a half years who were living in the same placement for at least two years, or are placed for adoption and their adoptive placement together with their previous placement last for at least two years. Short term placement stability is defined as the percentage of children in care as at 31 <sup>st</sup> March, excluding those placed for adoption, who had three or more placements in the year. As three or more is an indication of potential placement instability a low proportion is better.
Referral	A referral is defined by DfE as ‘a request for services to be provided by local authority children’s social care via the assessment process outlined in <i>Working Together to Safeguard Children</i> , 2018 and is either in respect of a child not previously known to the local authority, or where a case was previously open but is now closed. New information about a child who is already the subject of an open case does not constitute a referral’.
Relative Poverty	This is one measure of poverty (also see Absolute poverty). A household is in relative poverty if its income is below 60% of the average (median) net household income in the same year. In other words, the pound amount of the poverty line changes each year based on current average income in the country. Many experts prefer the relative poverty measure, because it shows the number of households significantly below today’s normal living standards. In contrast, the UK’s absolute poverty measure becomes increasingly out of date over time.
Re-Referral	A re-referral is defined as a second referral within 12 months between start date of current referral and start date of previous referral.
Section 47 enquiry	A section 47 enquiry refers to enquiries conducted under the provisions of section 47 of the <i>Children Act 1989</i> where there are reasonable grounds to suspect that a child is suffering or is likely to suffer significant harm.
SEN support	Extra or different help is given from that provided as part of the school’s usual curriculum. The class teacher and special educational needs coordinator (SENCO) may receive advice or support from outside specialists. The pupil does not have an education, health and care plan. SEN support replaced the former School Action and School Action Plus categories from 2015.
Youth justice legal statuses	Children on remand or committed for trial, children detained in local authority accommodation under section 38(6) of the <i>Police and Criminal Evidence Act 1984</i> and children sentenced to <i>Children and Young Persons Act 1969</i> supervision order with residence requirement.



## The Association of Directors of Children's Services Ltd (ADCS)

ADCS is the national leadership association in England for statutory directors of children's services and their senior management teams



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