



Research Report

SAFEGUARDING PRESSURES PHASE 6

November 2018

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, yet again, to all local authorities and individuals who participated in this research

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CONTENTS

Foreword.....	4
1 Introduction	5
2 Summary of Previous Phases	5
3 Phase 6 Research Questions	6
4 Methodology.....	7
5 Current Context	10
6 Demographic and Economic Factors	14
7 Parental Needs.....	23
8 Universal Services	24
9 Early Help	27
10 ‘The Front Door’ to Children’s Social Care.....	33
11 Children in Need	39
12 Child Protection	45
13 Children Looked After	50
14 Unaccompanied Asylum Seeking Children (UASC)	71
15 Care Leavers.....	73
16 Adolescents.....	76
17 Correlating Activity Across Children’s Services.....	80
18 Outcomes for Children and Young People.....	86
19 Workforce	88
20 Commissioning.....	91
21 Finance.....	92
22 Summary of Factors, Challenges and Enablers.....	100
23 Case Studies	104
24 Direction of Travel	113
25 Conclusion.....	119
26 References	122

Appendix A: Glossary of Definitions

Additional documents part of this research:

Timeline

Executive Summary Report

Foreword

In a country that works for all children every child should be able to say, *'I am safe' and 'I am happy'*. Whilst this is true for the majority, a growing number of children need help to secure their wellbeing and keep them safe from harm.

Local authorities are committed to improving children's life chances but children's services are under increasing pressure which is impacting on this goal. Figures from the National Audit Office show our budgets have been reduced by 50% since 2010, at the same time demand is rising and children's needs are becoming more complex. In addition, children's services face a £2 billion funding gap by 2020, just to stand still. Understandably, child protection work has been prioritised, but cuts to vital preventative services that prevent future demand have been necessary. The cuts we are having to make are counterintuitive as well as not being the right thing to do for children but without proper funding we are left with no choice.

In the sixth phase of Safeguarding Pressures research we are seeing further increases in safeguarding activity. Domestic abuse, poor parental mental health and substance misuse are becoming more common amongst the children and families we work with and it is clear that without addressing unmet parental need we cannot make sustained improvements in the lives of children. In phase 6, we can compare data over a ten-year period; and for the first time, predictive modelling is used to estimate future demand, making the latest iteration the most comprehensive and robust yet. This year, we received survey responses from 140 of the 152 local authorities in England, our highest ever response rate, providing information covering 11.3 million (95%) children and young people. I'd like to thank everyone involved in this research, to the contributing authorities for continuing to strengthen this valued evidence base by providing such rich accounts of your local experiences and to the research team for all your hard work.

A country that works for all children must invest in children and families but with Brexit taking up so much parliamentary time and focus there is a real risk that many of the issues raised in this report will remain unaddressed. This cannot happen in the interest of children now and in the future.

ADCS believes every child deserves a happy, safe childhood, we hope others do too.

Stuart Gallimore

President of the Association of Directors of Children's Services

November 2018



1 Introduction

The Association of Directors of Children’s Services Ltd (ADCS) is committed to ensuring an evidence-based approach to planning and delivery of children’s services. As part of this commitment, ADCS has commissioned phase 6 of its Safeguarding Pressures research to examine changes in demand and delivery of children’s early help, social care and associated services, set in the wider national policy context.

Since the first report in 2010 (ADCS, 2010a), each phase has focused on what was important to directors of children’s services and emerging issues at that time. Phase 6 now brings the evidence base up to date in the current context in which children’s services are operating, providing a longitudinal view of evidence over the past ten years (2008 to 2018) and looks ahead five years to 2023. We evidence that during that time, there have been constants and changes, challenges and enablers, and a growing interdependence and converging of pressures on children and families resulting in their need for support from statutory services.

2 Summary of Previous Phases

Through each of the previous five phases of research, a continued, though not universal, rise in safeguarding activity was evidenced. Factors contributing to this, for example domestic abuse and the economic downturn, appeared to be becoming more acute and more prevalent. Predictions of increases in the number of children and young people requiring children’s social care services against reducing budgets and population increase in each phase have been realised.

Phases 1 (ADCS, 2010a) and 2 (ADCS, 2010b) reported increases due to factors such as the impact of the Southwark Judgement¹; heightened anxiety and increased public and professional awareness (partly due to the death of Peter Connelly); and more coherent multi-agency processes improving identification of needs.

In Phase 3 (ADCS, 2012), respondents were hopeful that once effective early help services were implemented, they would start to see a reduction in referrals, children subjects of child protection plans and children looked after, but only after an initial rise in activity as cases of previously unmet need were identified. A focus on permanency for children looked

¹ 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.

after evidenced that there was an equal, and growing number of children leaving care through Special Guardianship Orders and Residence Orders compared to those leaving care through adoption.

Phase 4 (ADCS, 2014) found that whilst many of the previously reported issues for children and young people contributing to the need for social care involvement remained, there had been a sharper focus on some areas such as child sexual exploitation (CSE), neglect and domestic abuse, as well as greater prevalence of socio-demographic factors. However, there was also greater disparity between authorities. 79% of respondents were in the midst of reducing or re-designing early help into more targeted services. Some appeared to have ‘turned the curve’ to reduce children’s social care activity in one or more areas although understanding the prevalence and impact of early help services nationally was difficult.

Phase 5 (ADCS, 2016a) evidenced that the trend of rising activity since 2007/8 showed some signs of diminishing and greater variation for particular authorities, although overall the trend remained on an upward trajectory. There was evidence of the impact of investment in early help services where these were established, but the impact of funding cuts also very evident. Respondents demonstrated a proactive, thoughtful and evidence-informed approach to implementing change and re-designing services. There were myriad factors outside of the direct influence of the local authority which impacted upon the provision of effective services to children and their families but local leaders had managed thus far to contain some of them – a situation that may no longer be feasible, forecasting that *“looking forward, the increase in the number of children and families living in poverty alone would challenge the most innovative of authorities”*.

3 Phase 6 Research Questions

The core objective for phase 6 research remains to understand safeguarding activity and support for vulnerable young people, but with specific focus on resourcing and the impact of early help. Research questions fall broadly into the following four areas:

1. What changes are local authorities experiencing in terms of early help and safeguarding activity and do we know what the reasons for these are?
2. What is the impact of factors outside of the direct influence of the local authority? This includes the wider determinants of need.
3. Can we track the changes in funding and workforce for children’s services and what the effects have been?
4. What are the other current and potential challenges and enablers for children’s services?

For the purposes of this research, ‘children’s social care’ incorporates any services provided under Section 17 or 20 of The Children Act 1989, including: children in need, children looked after, care leavers, fostering, adoption and permanency, child protection, social care strategy, commissioning and social work, and statutory services for asylum seekers.

‘Early help’ generally incorporates services provided outside of the statutory framework of The Children Act 1989 by the local authority 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, and youth services.

4 Methodology

The project has been undertaken with reference to HM Treasury (2015) The Aqua Book: guidance on producing quality analysis for government. The same four data collection methods and analysis methodology as previous phases have been used (*figure 1*). This provides robust triangulation and longitudinal view of the evidence across the ten years since safeguarding pressures research began. During that time, we have seen the creation of new authorities and Children’s Services Trusts. At the time of publication, there are 152 local authorities and four Trusts (Birmingham, Doncaster, Sandwell and Slough). The term ‘local authorities’ has been used throughout as a generic term to refer to local authorities, Children’s Services Trusts and other alternative delivery vehicles.

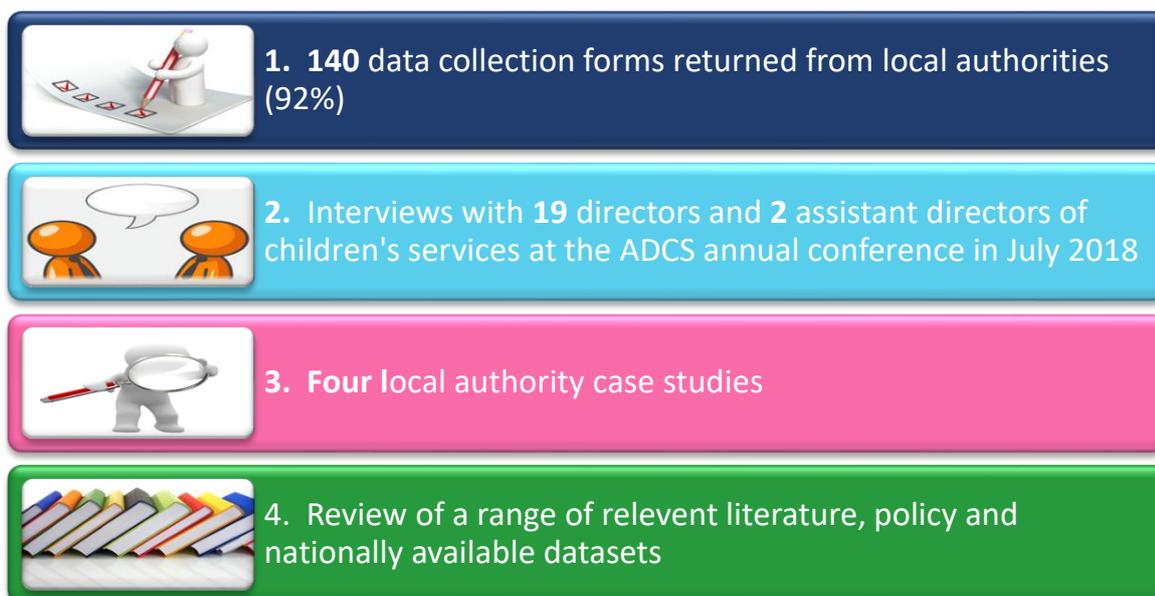


Figure 1: Summary of methodology

4.1 Data collection form

All local authorities received a data collection form seeking national and local data in the same format as previous years²:

- 43 data items relating to activity and characteristics of children and young people within early help and safeguarding services
- 19 qualitative questions aimed at safeguarding leads in each authority.

140 local authorities (92%) returned the data collection form, providing information covering 11.3 million (95%) children and young people aged 0-17³ (figure 2). Responses were received from all types of authorities and all regions, with 100% response rate from four regions (figure 3).

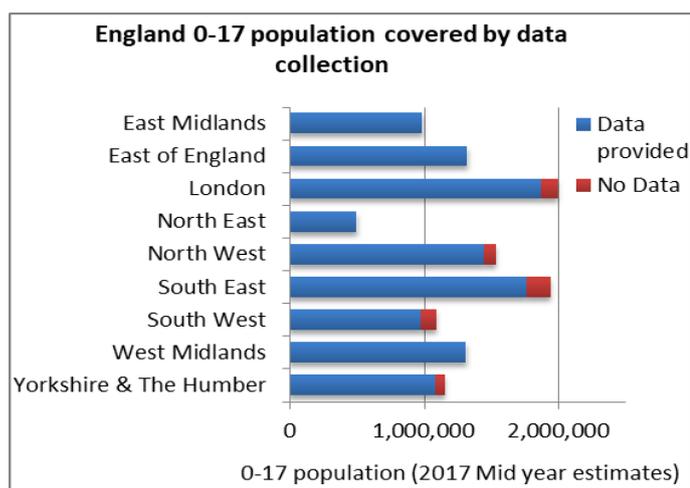


Figure 2: 0-17 population covered by responding authorities

Region	Number of Responses			0-17 Population that responses cover (2017 MYE)			
	Respon- dents	Total LAs	% total LAs	Data provided	No Data	All LAs	% total 0-17pop.
East Midlands	9	9	100%	988,743	0	988,743	100%
East of England	11	11	100%	1,324,441	0	1,324,441	100%
London	31	33	94%	1,879,676	121,683	2,001,359	94%
North East	12	12	100%	495,682	0	495,682	100%
North West	21	23	91%	1,450,990	92,286	1,543,276	94%
South East	17	19	89%	1,766,069	177,796	1,943,865	91%
South West	12	16	75%	976,548	119,929	1,096,477	89%
West Midlands	14	14	100%	1,314,633	0	1,314,633	100%
Yorkshire & The Humber	13	15	87%	1,088,410	70,071	1,158,481	94%
England	140	152	92%	11,285,192	581,765	11,866,957	95%

Figure 3: Responses by region

² A copy of the data collection form is available on the ADCS website:
<http://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-6>

³ Based on ONS 2017 mid-year population estimates (ONS, 2018a).

4.2 Semi-structured interviews

At the ADCS annual conference held in July 2018, 21 interviews were conducted with 19 directors of children’s services (including four ‘twin hat’ directors⁴) and two assistant directors, representing every region and type of authority (figure 4).

Region		Type of Authority	
East Midlands	3	London Borough	3
East of England	2	Metropolitan	3
London	3	Shire	6
North East	2	Unitary	9
North West	2		
South East	3	Latest Ofsted Judgements	
South West	2	Outstanding	0
West Midlands	2	Good	9
Yorkshire & The Humber	2	Requires Improvement	10
		Inadequate	2
Interviewee Role			
Director	19		
Assistant Director	2		

Figure 4: Interviewees by region, type of authority, Ofsted judgement and role

Nine questions were asked relating to historical and predicted changes, early help, attendance at school, adolescents, funding, challenges and enablers, as well as an option for the interviewee to add any other information.

4.3 Case studies

Four local authorities volunteered to be case studies to test out hypotheses from the data collection; to look at presenting needs; the impact of early help; and, funding. The case study authorities have consented to be identified and case studies are presented as short summaries in Section 23.

4.4 Literature search and nationally available data

A range of relevant research, reports, and existing data provided a fourth source of information. This included historical DfE data; research reports relating to children’s services and national policy documents.

4.5 Notes on limitations of research, data quality and definitions

Response rates are given as a percentage of those who provided information for that question with valid data only. Findings from all four sources have been triangulated so that where appropriate, a synopsis of a range of evidence is provided in ‘key findings’ in each section. Where possible, regional or other trends, commonalities or outliers have been

⁴ These are directors who hold the statutory responsibilities for both children’s and adult services.

identified. Direct quotations from respondents have been provided where appropriate. Definitions are provided in a separate glossary (Appendix A).

In previous phases, rates per 10,000 of the 0-17 population and percentage change for that year were used to identify the change in activity irrespective of any population increases. Numbers were extrapolated from the respondent sample to all England where appropriate. However, given the population growth over the past ten years, referring to the rate per 10,000 of the 0-17 population does not reflect the true volume of changes in activity. In phase 6, the rate per 10,000 of the 0-17 population continues to be used, but there is a greater focus on the actual or extrapolated all England numbers to show the levels of activity and demand across the country which includes population changes.

In some instances, for example the summary tables for key activity, DfE published data for all England have been included to provide a comparison year-on-year. Whilst historical research data does generally align with DfE returns, it should be recognised that this research is a sample of authorities only and as such rates per 10,000 and any extrapolated numbers may not match exactly to DfE statistical publications which are based on responses from all authorities at child level.

5 Current Context

There are 11.87 million children and young people in England (ONS, 2018a). The total net planned spend in 2017/18 by local authorities on schools, education and children and young people's services was £52.13 billion and the non-education budget covering children's services and youth justice for 2017/18 was £7.61 billion. Further detail about population and funding is provided in sections 6 and 21 respectively.

The timeline overleaf illustrates the key context, events, reviews, and legislation which impact upon children's services, and subsequent sections commence with a short overview of the national context for that area, prior to presentation of key findings where appropriate. A more comprehensive timeline on the ADCS website⁵ provides more detail about the key current legislation and policy spanning 15 years.

Additionally, there has been an emergence of new terminology over the past two years, such as 'contextual safeguarding' as an approach to understanding, and responding to, young people's experiences of significant harm beyond their families, including exploitation

⁵ <http://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-6>

by criminal gangs and organised crime groups such as county lines; trafficking; sexual exploitation and the influences of extremism leading to radicalisation.

Consideration of the nation-wide context, the common drivers apparent to some degree everywhere, and local authority specific pressures is critical to understand changes in the needs of children and their families, in demand for services, and the delivery of services themselves. The concepts of attribution and deadweight (knowing what it is that generates change, if it has had an impact at all) are also important factors to consider.

Key:	Context	Overarching	Health	Education	Disability and SEND	Early Help	Child Protection
2012/13		2013/14		2014/15		2015/16	
2012-17 Edward Timpson Childrens Ministers	Dec 2012: Appointment of Chief Social Worker		2014-16: Nicky Morgan SoS for Education	Oct 2014: SoS announces Social Work reform	Mar 2015: Anne Longfield Children's Commissioner	2016-18 Justine Greening SoS for Education	
Jul 2012: Unemployment Figures Peak to 2.59m	Nov 2012: Election of Police & Crime Commissioners					7 May 2015: General Election in UK	
2012: Death of Poppi Worthington SCR			Sep 2013: First media reporting death of Daniel Pelka				
				Feb 2014: Adoption Leadership Board commences		Sept 2015: Syrian VPR Scheme announced	Mar 2016: Andrew Christie becomes ALB Chair
		Jul 2013: EIF becomes independent charity					
Jul 2012: Berelowitz Report on CSE	Jul 2012: Prof. Munro's Progress Report published			Jul 2014: historical sex abuse review announced			Mar 2016: Wood Review of LSCBs
Jun 2012: Rochdale CSE Trial and Report					Mar 2015: Govt 'future in mind' report from Mental Health TF		2016: Charlie Taylor Youth Justice Review
	Dec 2012: Publication of Interim Report on CSE			Aug 2014: Jay Report - CSE in Rotherham	Feb 2015: Oxfordshire SCR on 'Bullfinch CSE' cases		2016 Govt Tackling CSE Action Plan
May 2012: Interim Ofsted Inspection Framework implemented			Sep & Nov 2013: Ofsted Single Inspection start	Aug 2014: Ofsted Multi-agency inspection consultation	Oct 2014: Ofsted CSE themed inspections	Mar 2015: Integrated inspections due to commence	Feb 2016: Ofsted launch JTAI inspections
5 Welfare Reform Act (2012)		2013-2017: Welfare Reform Act Implemented					
Health & Social Care Act 2012	Localism Act 2012			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
2012: LASPO Act				2014: Statutory guidance children who go missing	Modern Slavery Act 2015	Serious Crime Act 2015	Mar 2016: Education White Paper
		Apr 2013: Working together 2013 published		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
Mar 2012: Publication of Adoption Action Plan & Scorecards				2014: Public Law Outline	2014: Staying Put duties on LAs	Children's Homes Regulations 2015	Immigration Act 2016
Jun 2013: New Adoption & CLA reform regs come into force	2013: Govt Further Action on Adoption	2013: NICE standards on health and wellbeing of CLA	Jul 2013: B-S and B court judgements re adoption	2014: Govt Care Leavers Strategy	2015: Re: N court judgment re S20	2015: Promoting the educational achievement of CLA	2016: Special Guardianship Guidance
				Jun 2014: SEND Code of Practice implemented	Sept 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
Apr 2012: CWDC Ceased & taken over by DfE	Aug 2012: HCPC registrar for SWs started	April 2013: Childrens Improvement Board abolished			2015 KSS Published	Sep 2015: The College of Social Work closes	Dec 2015: PM names eight LAs as 'Partners in Practice'
		2013/14: Change to Govt funding formula			2015: Comprehensive Spending review (for 2017-2020)		Feb 2016: Secretary of State committed to a 'Fair Funding Review'
Apr 2012: PCTS change (inc CCGs)	Feb 2013: Start up funding for EIF	Apr 2013: EIG funding changes	Oct 2013: Launch of DfE Innovation Programme	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	
		Apr 2013: Public Health funding for 5+ transfers to LA	Sept 13: Free funding for 2 year olds starts			Apr 2015: Public Health funding for 0-5s and HVs transfer to LA	Feb 2016: Funding for mental health
2012/13		2013/14		2014/15		2015/16	

Looked After Children inc Permanency	Refugee and UASC	CSE and Missing	Social work practice				
2016/17		2017/18		2018/19		2019/20	
Jun 2016: BREXIT Referendum	2017-2018 Robert Goodhill Childrens Minister	Jun 2017: General Election in the UK	2018 Nadhim Zahawi Childrens Minister	May 2018: Greater powers for social mobility commission	Mar 2019: UK leaves the EU		
Jul 2016: Change of Prime Minister & Cabinet			Jan 2018- Damien Hinds SoS for Education	Jun 2018: reduction to 1.3m unemployed (4%)			
June 2016: Ellie Butler SCR published	Jul 2016: Govt consults on mandatory reporting	Feb 2017: New Definition of CSE published	Oct 2017: What Works Centre (CSC) in development	Apr 2018: Support for mortgage interest payments cut 2018:			
May 2016: National interim SCH co-ordination unit launched	Jul 2016: National UASC dispersal scheme (NTS) starts	2017: Residential care leadership board operating	Jan 2018: Govt dept DCLG becomes MHCLG	Remit of ALB extended to include SGO's	2018: National stability forum announced		
Apr 2016: HE & FE transferred from BIS to DfE	Nov 2016: Calais Camps closed	2017: Staying close trialled via innovation programme	Mar 2018: Family Justice observatory development phase initiated	Jul 2018: McFarlane new president of Family division	2018: Gov Responds to Fostering stocktake	Family Justice observatory pilot delivery phase 1 starts	
Jul 2016: Sir Martin Narey Review into Residential Care	Aug 2016: Govt launch national stocktake of fostering	2017: Bywater's review on deprivation	Apr 2018: Inquiry into Child Sex Abuse Interim Report				
Feb 2016: Independent Mental Health TF publish Five Year Forward View	Jan 2017: Lenehen review "These are our children"	2017: SCIE review of children in care mental health	Jan 2018: implementing five year forward view	Children's Homes Regulations 2018			
May 2016: Govt accepts the 'Dubs' Amendment coming Bill	Sept 2016: CSE Rapid Response Unit launched	Feb 2017: HM Govt Tackling CSE progress report	Feb 2018: Fostering Stocktake completed	Jun 2018: Care Crisis Review final report	2018: ICBi publishes report on best interests of UASC		
April 2016: Ofsted SEND inspection launched	Sept 2016: Ofsted CSE and Missing 'deep dive' JTAI report published	Ofsted commence Child Sexual Abuse in family JTAI	Jan 2018: Ofsted ILACS Launched		Sept 2018: Ofsted cease SIF inspections		
2013-2017: Welfare Reform Act Implemented		Jul 2017: Tax free childcare	Jan 2018: Universal Credit advance	Apr 2018: Support for mortgage interest payments cut			
Education and Adoption Act 2016	Jul 2016: Govt Putting children first: our vision for children's social	2017: Homelessness Reduction Act 2017	Children and Social Work Act 2017	Draft DA Bill consultation 2018	Jul 2018: Transforming CYP Mental Health Provision Green Paper		
May 2016: Children and Social Work Bill	Counter-Extremism and Safeguarding Bill 2016		2017 Regional Improvement Alliances pilot	Apr 2018: All Regional Improvement Alliances live in shadow form	Aug 2018: Govt publishes Civil Society strategy	Sept 2018: DfE issue 'county lines' guidance	2020: Sex & Rel Ed becomes compulsory
Childcare Act 2016	Welfare Reform and Work Act 2016	Gov publishes social mobility action pilot (2017)	New Keeping Children Safe in Education guidance 2018	Jul 2018: Working Together 2018 published	Govt publishes serious violence strategy	Apr 2019: New arrangements to replace LSCBs	
May 2016: Govt accepts the 'Dubs' Amendment	Immigration Act 2016		Nov 2017: Guidance re Unaccompanied and trafficked CYP	Jul 2018: CN vs Poole caselaw re duty of care linked to housing	2018: Child safeguarding practice panel in shadow form		
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	May 2018: Integrated Communities Strategy Green Paper	Role of Virtual School expanded to adopted CYP		
			Sexual violence & harassment in Schools Guidance 2017	Mar 2018: deadline for transfer to EHCP	Amendments to a range of legislation including Immigration Act 2016		
				2018: NAAS Phase 1	Jul 2018: Social Work England in shadow form		Sept 2019: Social Work England commences
	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	LGA state £3 Billion funding Gap by 2025	2018: OCC Report on Public Spending on Children in England: 2000 to 2020		
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 2018: Home Office launch £22m EI youth fund for PCCs	Jul 2018: DfE launch £6.5m Social Mobility funding		Mar 2020: Troubled Families Funding ceases
Jul 2016: Funding for mental health	Dec 2016: High Needs Funding Reform Consultation	Sept 2017: Removal of ESG. 'Soft' schools funding formula		2018: LGA (Newton Europe) report on costs published	Jul 2018: MHCLG launch £19m DV funding		
2016/17		2017/18		2018/19		2019/20	

Figure 6: Timeline (Excerpt. Please see www.adcs.org.uk/safeguarding/article/safeguarding-priorities-phase-6 for full timeline)

6 Demographic and Economic Factors

6.1 Population

6.1.1 Changes in 0-17 age population

According to the latest population estimates for 2017, the total 0-17 age population for England was 11,866,957, 21.3% of the population as a whole (ONS, 2018a). This was an increase of 714,173 children (6.4%) from ten years ago according to the 2007 mid-year estimates. Growth in population over the past ten years, but more critically the past five years, accounts for some, but by no means all, of the increase in demand for services.

Between 2013 and 2017, the 0-17 population by region has increased year-on-year in all regions and by 3.1% nationally. The greatest increase has been in London (6.1%), and the smallest in the North East (0.5%). There is slight regional variation in the proportions of the total population who are aged 0-17 ranging from 19.7% in the South West to 22.7% in London.

	2013	2014	2015	2016	2017	% Change
North East	525,046	524,997	524,417	525,739	527,411	0.5%
North West	1,509,521	1,514,874	1,521,365	1,532,692	1,543,276	2.2%
Yorkshire and The Humber	1,137,668	1,140,971	1,145,643	1,152,461	1,158,481	1.8%
East Midlands	960,989	965,734	971,538	980,408	988,743	2.9%
West Midlands	1,250,946	1,256,994	1,261,883	1,271,037	1,282,904	2.6%
East of England	1,275,888	1,287,537	1,299,984	1,314,377	1,324,441	3.8%
London	1,886,785	1,919,972	1,952,870	1,984,733	2,001,359	6.1%
South East	1,890,174	1,904,216	1,918,075	1,933,193	1,943,865	2.8%
South West	1,069,434	1,076,406	1,082,081	1,090,637	1,096,477	2.5%
England	11,506,451	11,591,701	11,677,856	11,785,277	11,866,957	3.1%

Figure 7: Population by region

6.1.2 Population projections

The latest 25 year population projections are based on the 2016 estimates and recent trends in births, deaths and migration (ONS, 2018b). The ONS notes *“The subnational population projections are not forecasts and do not attempt to predict the impact that future government or local policies, changing economic circumstances or other factors might have [an effect] on demographic behaviour.”* Any population changes, as a result of Brexit for example, are not anticipated and such changes will be reflected in future projections only when they become evident in data.

The 0-17 age population is projected to increase to 12.5m in 2025 and between 2025 and 2037, 0-17 population is forecast to reduce back to 12.2m. There is a sharp increase forecast for the next five years. Previous ONS projections, that all regions would experience

an increase in the 0-17 age population, is no longer the case. Projections for Yorkshire & the Humber, and the North East show slight overall reductions between 2016 and 2041.

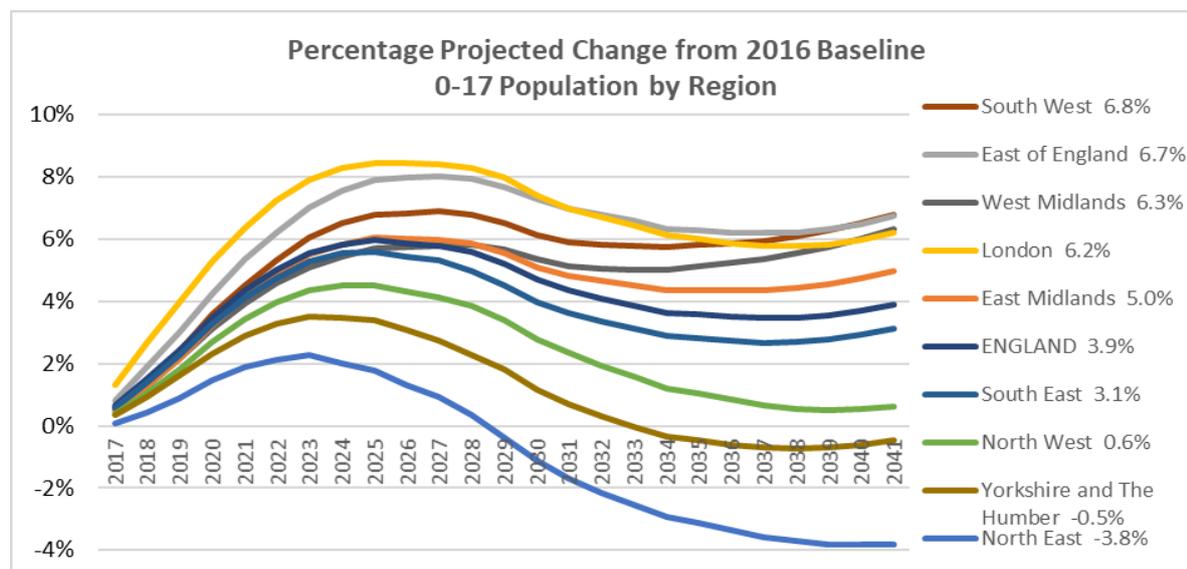


Figure 8: Percentage projected population change by region (Source: ONS)

This growth in the number of children, especially in the next five years, will need to be considered when planning and funding services.

6.1.3 Population aged 18-24

Children’s services have a statutory duty to care for and support some cohorts of young people over the age of 18. Historically, this has been disabled children and care leavers to the age of 21, but recent legislative changes have seen this extended for both cohorts to 24 years of age.

There are 4,828,279 young people aged 18-24 in England (ONS, 2018a) and although population predictions show an overall 7% decrease between 2016 and 2025, it is likely that the proportion of young people who are supported by children’s services in this age group will increase. This will be driven by the increase in numbers of children looked after (including Unaccompanied Asylum Seeking Children) who go on to become care leavers, and the number of children with an Education Health and Care (EHC) plan, the education component of which continues until the age of 25.

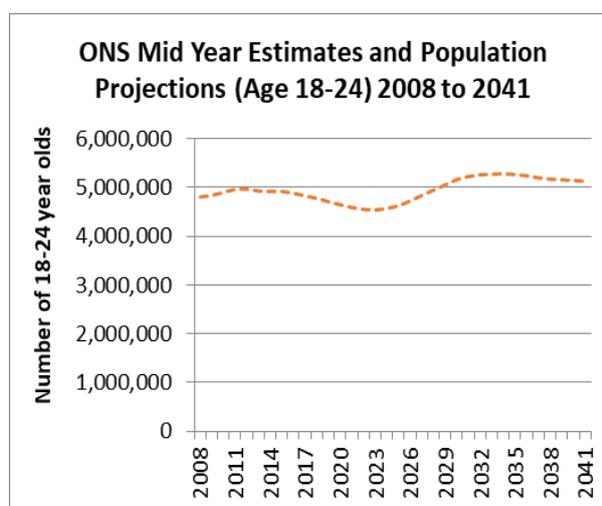


Figure 9: 18-24 population

6.1.4 Population movement

Changes in population due to people moving into and out of a local authority area, either through internal or international migration is a factor affecting demand for children's services. International migration receives the most attention in public debate, but the data are difficult to gather and interpret, particularly at sub-national levels (ONS, 2018b), and are always at least two years out of date.

The ONS summary data on migration *within* the UK for children and young people aged under 14 and also 15 to 19 age groups illustrate that local authorities are facing very different patterns of population change. Data on population movement for young people aged between 15 and 19 shows that 19-year-olds are particularly mobile. This could be due to young people moving for education or employment at age 19, but other regional changes include:

- The East Midlands has seen the highest net inflow from other parts of the country in 2016 (31.9 moves per 1,000 people)
- All regions apart from London and Yorkshire & the Humber saw a net inflow of people in 2016, but there is considerable in-region variation in net outflows and inflows (ONS, 2017a)
- London saw the highest net outflow to other parts of the country in 2016 and this has been a steady pattern for a number of years (38.3 moves per 1,000 people).
- Seven London Boroughs had the largest overall migration of families in 2017, with mass migration (over 1,000 people) moving for example from Enfield to Hertfordshire; Newham and Barking to Thurrock. A very large proportion of all individuals moving out of London remain in the South and South East of England. Birmingham is the only authority outside of the South of England that appears in the top 10 destinations.

6.2 Poverty, low income, unemployment

The link between deprivation, the need for family support, and statutory children's social care interventions is well established (Bywaters *et al*, 2016) and forms an important part of the safeguarding pressures evidence base. The Indices of Deprivation Affecting Children (IDACI, 2015) has not been updated in the last two years and is therefore likely to be out of date for many areas which have experienced change in demographic, social and economic factors. This lag in identification of current and projected deprivation in a local area is troublesome if it is to be used as part of a funding formula or needs analysis for the future of local government funding.

6.2.1 Children living in relative poverty

The percentage of children living in relative poverty is rising, and there is an upward trend in the proportion living in poverty in working households. 30% of children are living in households where earnings are less than 60% of median income, after housing costs (AHC) in 2016/17 compared to 28% five years previously.

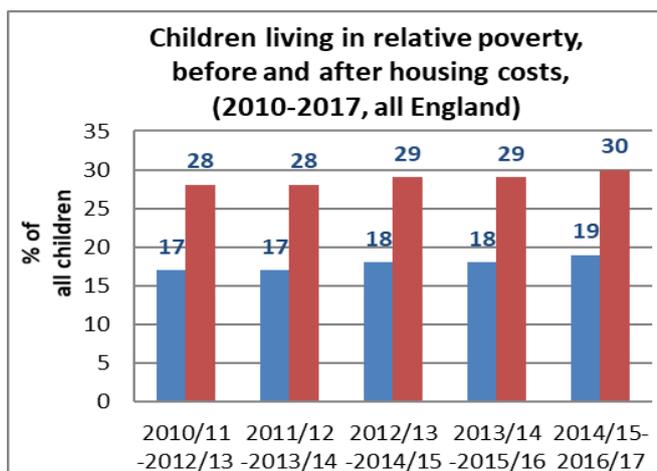


Figure 10: Proportion of children living in relative poverty 2010 - 2017

There are regional variations in child poverty, with the greatest increase in the last period in the North East. London has one of the lowest relative poverty rates *before* housing costs, and one of the highest *after* housing costs.

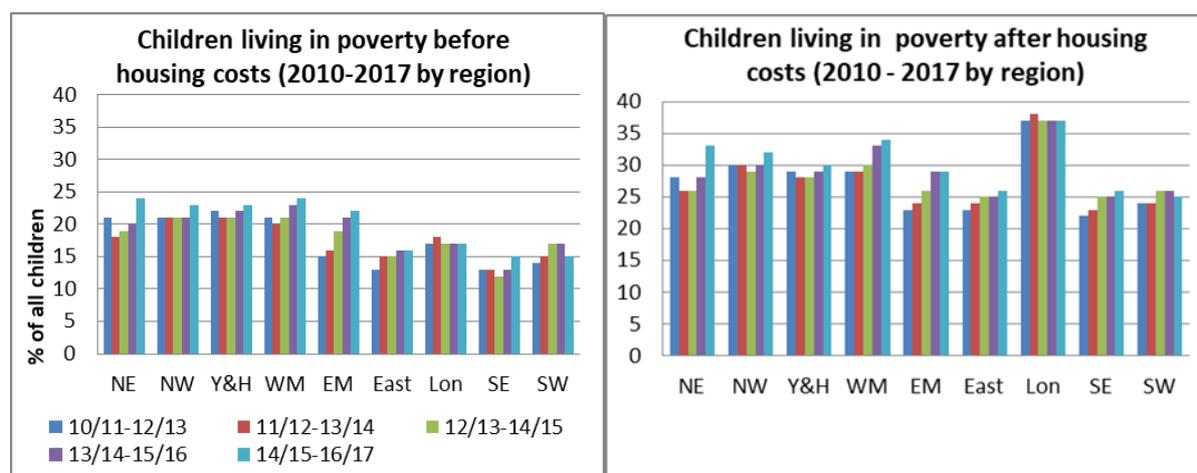


Figure 11: Child poverty before and after housing costs, by region

6.2.2 In-work poverty

66% of all children living in relative poverty are living in a household where at least one person works (ONS,2018c). The Nuffield Foundation (Hick and Lanau, 2017) estimate that:

- Single-earner households are more at risk of relative poverty than households where more than one earner is on a low income
- Tenants in social housing, and increasingly, private rented accommodation are at most risk
- Those experiencing in-work poverty were more at risk of worklessness, and those moving from worklessness into work are more likely to experience in-work poverty.

6.2.3 Families affected by the benefit cap

Those families that rely on benefits of various kinds for their income have come under significant pressure due to the capping of benefit payments. Whilst the number of families affected is relatively small (50,000 households across England), these families are likely to be facing increasing debt, rent arrears and other financial pressures. The number of such families has tripled since the cap was introduced in January 2017, with 9,000 families losing more than £100 per week, including 8,000 families with three or more children (Fitzpatrick *et al*, 2018).

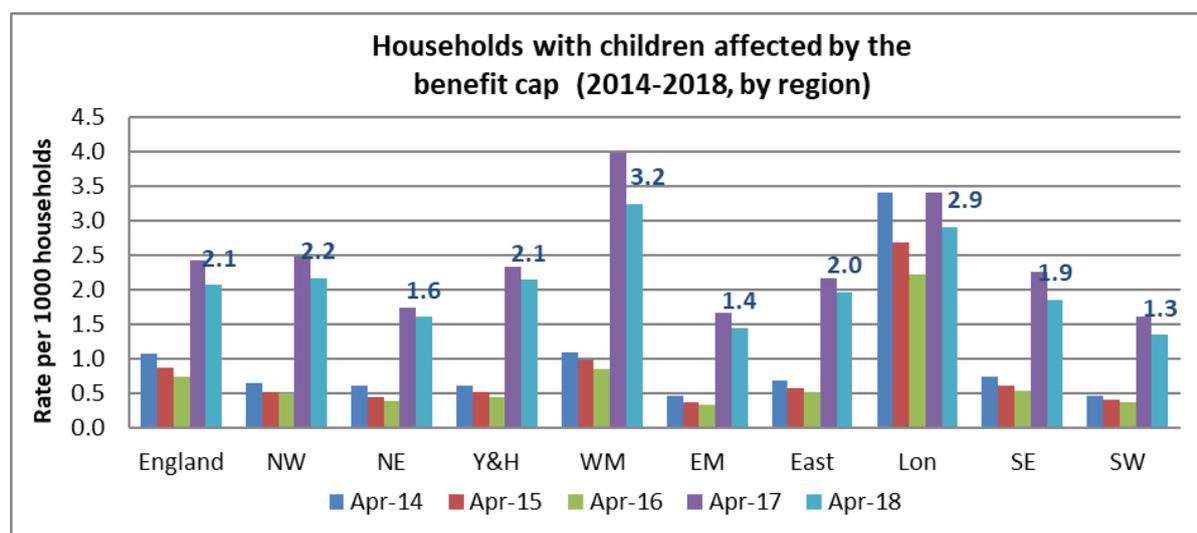


Figure 12: Households with children affected by the benefit cap, rate per 1,000 households

Kelly *et al* (2018) conclude that benefit reforms implemented since 2015 (including the forthcoming roll-out of universal credit) will, if fully implemented, further reduce the incomes of low-income families with children by between 10% and 15% relative to a situation where no reforms are made.

6.2.4 No recourse to public funds

For a small number of families, financial hardship is exacerbated because they have no recourse to public funds (NRPF). These are families who have no legal entitlement to financial support or assistance from the state, largely due to their immigration status. There may not be safeguarding or other social care concerns, but children’s services are providing assistance to many of these families under section 17 of the Children Act 1989 to prevent their destitution. Key findings from respondents about the number of families supported are provided in the section 11.

6.3 Housing and housing costs

Housing costs represent a significant proportion of any family’s outgoings, and so affect the resources available to families. The home environment and the quality and security of housing also affects children’s wellbeing. Throughout this research, the impacts of poor housing and high housing costs have been evidenced by respondents. Over the last 15 years, the cost of social rents has risen in relation to income for the lowest 10% of earners, but there was a 0.7% decrease between 2010 and 2016. There are wide regional differences in the proportion of income spent on housing. In London, the average weekly private rent is nearly half average weekly income. (ONS, 2017).

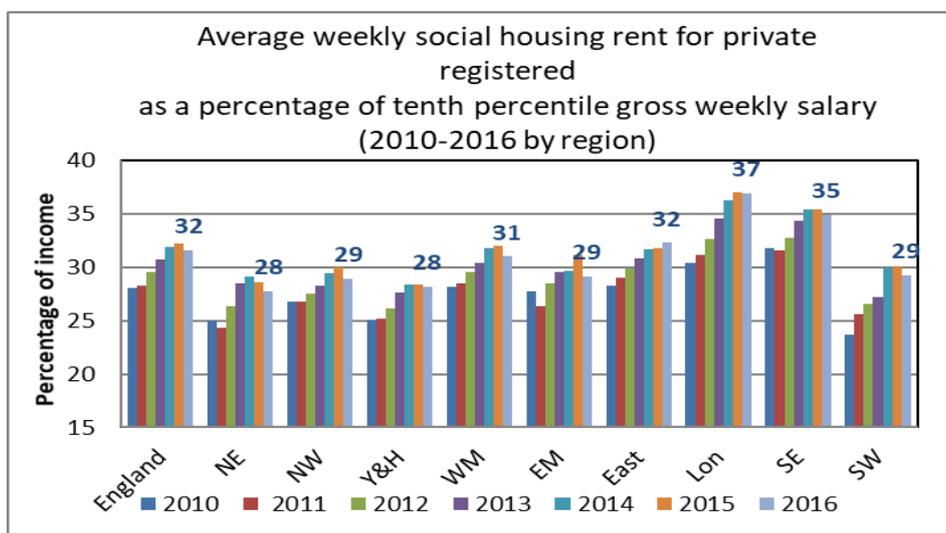


Figure 13: Average weekly social housing rent as a percentage of weekly income.

For some families, the cost of housing relative to their income is insufficient to avoid rent arrears and ultimately, eviction. Families who are made homeless can apply to the local authority for support with accommodation. The vast majority of families (72%) who are homeless or are living in temporary accommodation are from London although the number of families in temporary accommodation outside London has nearly doubled since 2012.



Figure 14: Families in temporary accommodation

After a steady decline, there has been an increase in the rate of households with children being accepted as unintentionally homeless and in priority need of housing outside of London in 2016/17.

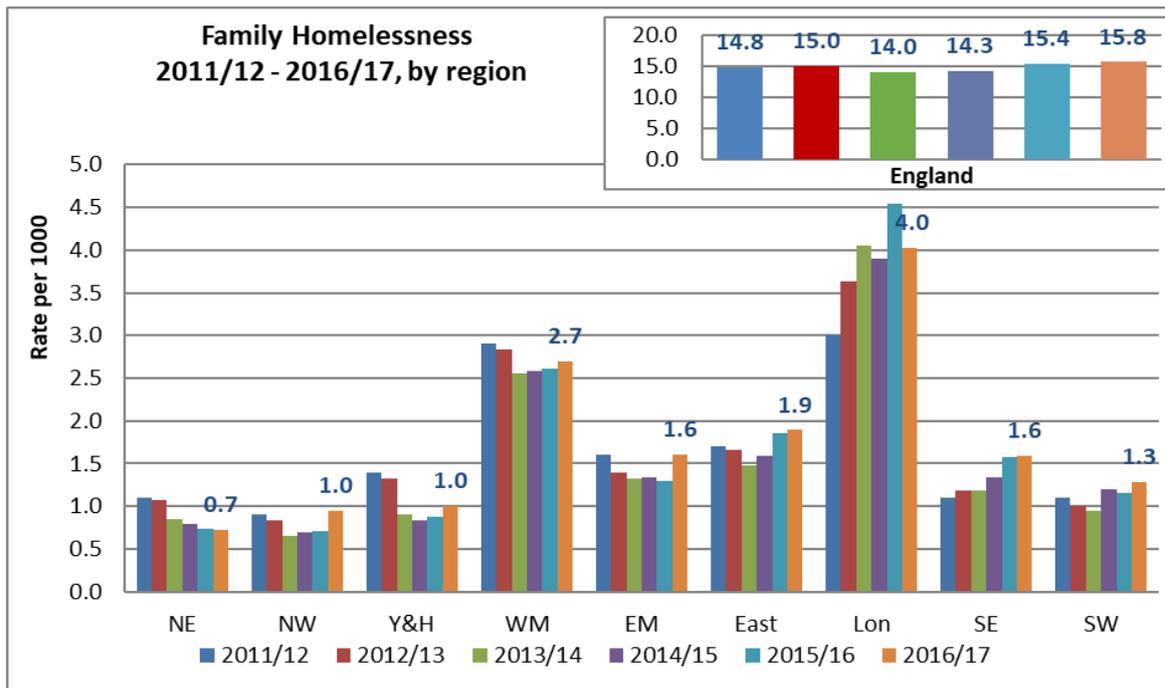


Figure 15: Family homelessness 2011/12 – 2016/17 by region

Youth homelessness measures the number of households led by a young person aged between 18 and 24 who have been accepted as homeless. This does not include young people living in households with one or more older adults, or those ‘sofa surfing’. There has been an overall decrease in the rate of homeless young people by this measure, due in part to fewer, new households being formed by young people under 25, which in turn is as a result of changes to housing benefit for this group (Fitzpatrick *et al*, 2018).

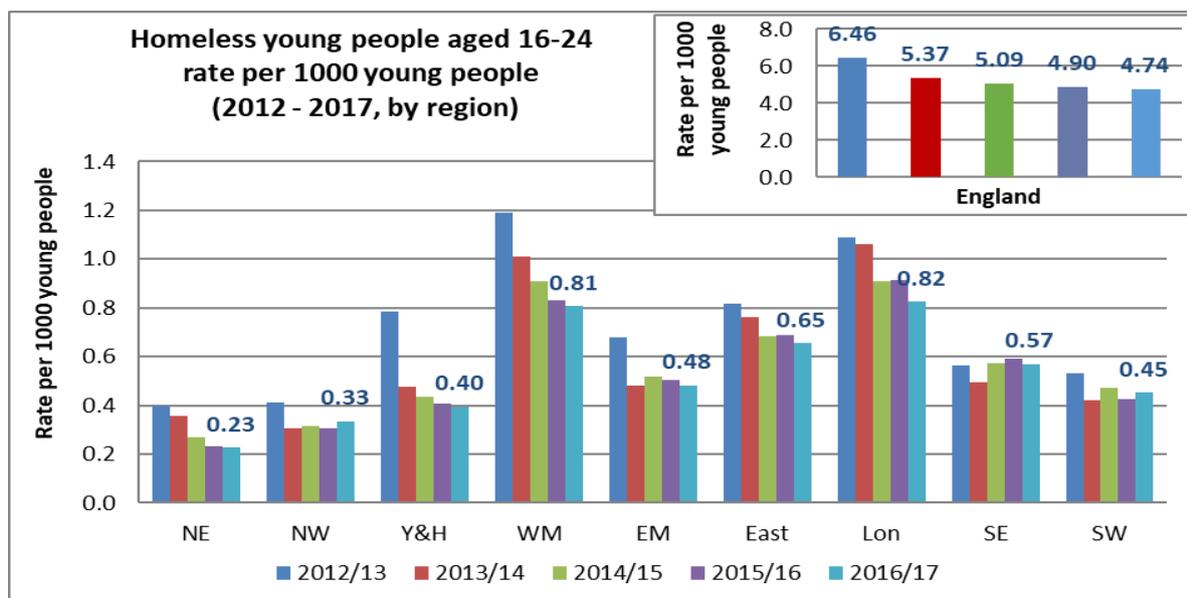


Figure 16: Homeless young people aged 16-24 (rate per 1,000)

6.4 Key findings

We asked research respondents if changes to population and demography were making a difference to safeguarding and/or early help activity. Just over half reported a high or moderate impact.

For interviewees and respondents, poverty, as a result of welfare reforms, was cited as one of the biggest changes in the last two years. We heard that nationally, there has been a 13% increase in the number of families referred for 3-day supplies from food banks. In some local authorities, the increase is even higher. Shortage of affordable housing stock, overcrowding and houses of multiple occupancy, high private rental costs, inward migration, an increase in evictions and homeless applications all mean that more families are in need of support and are presenting to children’s services.

The Immigration Act (2016) penalises landlords and lettings agents who administer tenancies to families without leave to remain in the UK. This has led to more children and families who are Appeal Rights Exhausted (ARE) presenting as homeless and has increased budgetary pressures on Children's Services.

Respondents reported a distinct shift in families moving themselves, or being rehoused by other authorities out of high cost housing areas such as London and the South East to areas of cheaper housing. This ‘churn’ in population adds to social isolation, puts pressure on in-year school admissions, and the feeling of ‘starting again’ for some of these families and services they will need to access.

Local Authority Case in Point: Views from Both Sides	
An LA under pressure – outward migration: There is an increased pressure on families due to housing issues which are particularly acute within London. Housing pressures include a shortage of housing stock, high rental costs, and eligibility for housing. Housing issues are impacting on the most vulnerable within [LA], with the number of children in temporary accommodation increasing by 20% over the past year. Crowded housing conditions are also placing pressure on families coping mechanisms and dynamics, particularly for adolescents. – Inner London LA	An LA under pressure – inward migration: We are seeing an increase as a result of homeless families being placed from other local authorities - often without any prior notice or any consideration being given to their support needs and the impact on families of being moved away from their communities. We have also experienced a significant increase in the number of transferred child protection conferences as a result of families being placed in the area by other local authorities. – West Midlands LA

Local Authority Case in Point: Outer London LA

There are approximately 94,000 children and young people under the age of 19 years old living in [LA] representing 25% of the Borough's total population. [LA] population has increased consistently year-on-year and is estimated to reach 98,914 by 2020 - a growth of 6%.

This change in population has included:

- * 19% of children under five (5,000 children) living in low income families
- * 14% of children and young people under the age of 19 being aged 16 – 17 years old
- * 16 - 17 year olds accounting for some of the highest demand within early help and social care, for example, [LA] has a notably higher proportion of children in care aged 16+ compared to the national average
- * increased diversity, with those from the minority ethnic groups accounting for 52% of all children living in the area versus 30% nationally
- * since the significant welfare reform that took place in 2012 there has been a year-on-year increase in the number of homeless families. Although this has stabilised at the high end, there has still been an increase of approximately 60% for homeless families and 30% for homeless vulnerable adults.
- * Increase of families requesting housing and subsistence support as a result of having no recourse to public funds.

These factors have impacted upon safeguarding and early help demand, resulting in an increase in referrals to services and the need for practice and service improvements to ensure the needs of service-users are adequately met and risks reduced.

Taking action to tackle the cumulative impact of welfare reforms is one of the top five demand pressures experienced by local authorities. This means more families where there are no immediate child protection concerns becoming homeless or presenting at the 'Front Door'⁶ because the pressures on them have become intolerable, leading to reduced resilience and diminishing capacity to parent children effectively.

The impact of welfare reforms and the lack of affordable, secure housing have increased the numbers of children living in poverty and at risk of adverse childhood experiences. This is, respondents believe the primary cause of increased demand for early help and social care services. The combination of changes in housing benefit and universal credit, reductions in disability benefits and child benefit is having a disproportionate impact on vulnerable families.

The summary heatmap in Section 17 shows population change and deprivation against early help and social care activity collected from local authorities. It illustrates that the greatest increases in child population tend to be in areas of the highest deprivation as measured by the IDACI 2015 although there is a variance in social care activity.

⁶ 'Front Door' is a term commonly used to describe the point of access for referral to children's social care and, increasingly, early help services.

7 Parental Needs

7.1 National context

A recent report from the Office of the Children’s Commissioner (Chowdry, 2018) provides estimates of the numbers of children living in households with adults experiencing domestic violence, mental health difficulties or substance misuse, and the numbers of children living with adults experiencing more than one of these challenges, as follows:

- More than 25% 0-15 year olds live with an adult who has ever experienced domestic violence, of whom 4% has been in the last year
- 30% of children live with an adult with moderate or high mental ill-health symptoms
- 10% of children live with an adult reporting substance misuse
- 15% live with two or more of these issues while 4% live with all three
- Roughly 190,000 children were living with an adult dependent on alcohol in 2014/15, with significant regional differences.

Adults experiencing domestic violence, mental health difficulties or substance misuse, formerly known as the ‘toxic trio’ and now ‘trigger trio’, remain prevalent risk factors in children’s lives and one of the most common reasons why children come to the attention of early help and/or children’s social care services.

7.2 Key findings

Interviewees felt that the unmet needs of parents are adversely impacting upon the safeguarding and wellbeing of children. The impact of, and increase in, factors affecting parenting was reported by respondents to be one of the biggest changes in the last two years, often resulting in highly complex work to redress acts of omission in parenting.

116 authorities provided information about the impact of parental factors. 49% stated that changes in parental factors are making a moderate to high difference to safeguarding and/or early help activity but for many this was a consistent feature with estimates of between 80% and 100% of families that children’s services work with having one or more of the ‘trigger trio’ factors.

This remains a long standing issue. The 'toxic trio' of parenting capacity factors continues to be our main challenge in terms of the numbers of children experiencing neglect. We also find it difficult to achieve sustainable change for some children so children subject to repeat referrals and child protection plans are often children living in households with these factors. – London LA

Of all parental factors, domestic abuse was cited as the most prevalent, and is a prominent factor in re-referral of children to children's social care services, making it difficult to achieve sustainable change for some children. Children subject to repeat referrals and child protection plans are often children living in households with these factors.

Where authorities had quantified the change in domestic abuse:

- 22% increase in the last year
- 20% increase in incidences of domestic abuse as a primary factor in assessments
- Present in 50% of referrals
- 69% of the children becoming looked after had experienced domestic abuse whilst living at home
- The numbers of calls recorded as a crime by the police has doubled in the last two years.

Local authorities reported a variety of ways in which they are tackling the impacts on children of these issues, including: parent support groups; closer working between adult and family services and specialist services to ensure information sharing is consistent and occurs as early as possible; embedding consistent evidence-based approaches to provide effective interventions; a domestic abuse programme for teens; and, parental conflict programmes. The reductions in the Public Health Grant and reduced CCG funding for programmes that previously assisted with identification of these issues, has seriously impacted on local authorities' ability to address the cycle of disadvantage affecting parents.

8 Universal Services

8.1 National context and policy

There is evidence of a clear ripple effect felt by local authority children's services stemming from changes to universal provision, such as schools and other partner agencies, who are also experiencing significant pressures. Legislative and policy changes, such as schools academisation (the Academies Act 2010), together with changes to curricula and real-term reduction in school funding and subsequent cuts in service provision have resulted in increased demand for local authority children's services to the extent that it was one of the biggest changes that respondents had experienced in the past two years.

Local authorities' responsibilities for children and young people with Special Educational Needs and Disability (SEND) has changed in recent years. Since the Children & Families Act 2014, local authorities have been required to make provision to support these children and young people up to the age of 25 (previously 18). Statements of special educational needs have been replaced by Education, Health and Care (EHC) Plans which cover a wider range of services than previous statements.

8.2 Key findings

8.2.1 Special Educational Needs and Disability (SEND)

Since the Children & Families Act 2014 was implemented, the number of children with either a statement or an Education Health and Care Plan has been increasing (33%, - 79,636 more plans in 2018 than there were in 2015). Much of the increase appears to have come from the new age eligibility criteria, and the consequent rise of the number of young people aged 20 -25 and aged 16-19 supported by an EHC plan. There have been smaller percentage increases in the number of plans in other age groups, with a notable rise in the 5-10 age group in the last year. Just under half of all children with an EHC plan or statement have a communication disorders (28.2% autistic spectrum disorder and 14.8% Speech, Language and Communications Needs).

Respondents report seeing an increase in young children presenting with speech and language difficulties as well as autism.

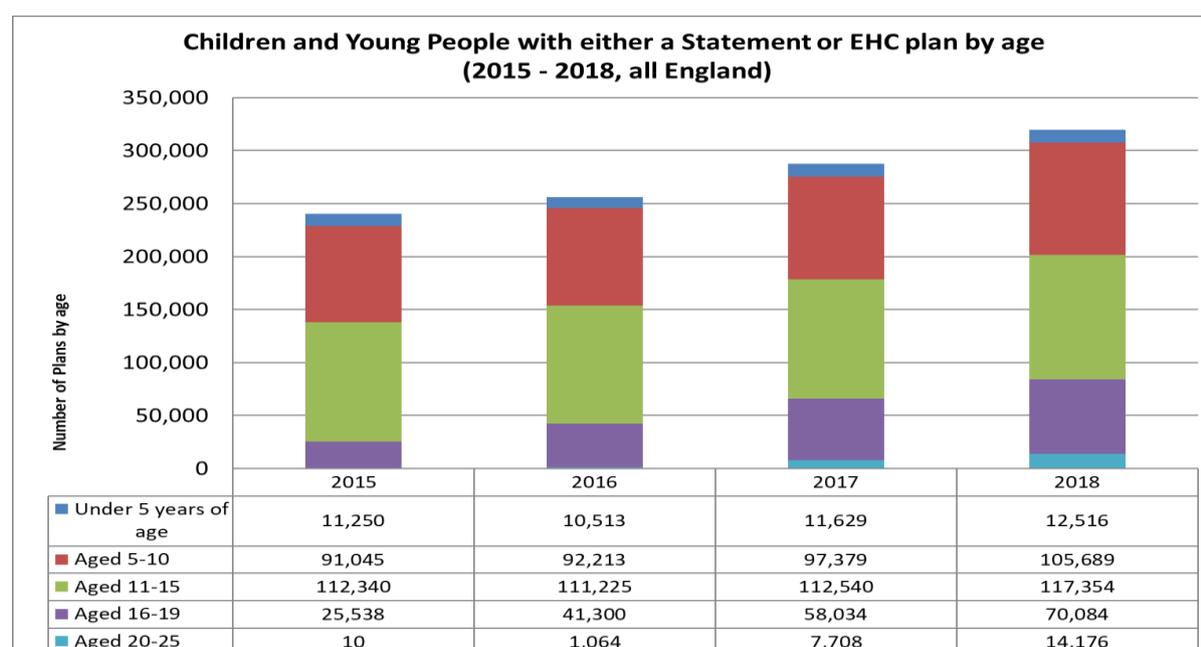


Figure 17: Children and young people with a Statement or EHC plan by age.

67% of interviewees cited the impact of the SEND reforms as a significant pressure over the last two years for a number of reasons, including the growth in number of plans within a more complex system, requiring more input from education, social care and health professionals. This pressure is driving overspend on the high needs block to intolerable levels for some local authorities. One ambition of the reforms was that there would be fewer Tribunals. This has not been the case so far, in fact non-binding health and social care judgements are now being made by Tier 1 Tribunals, in addition to judgements about the education aspects of a child's plan.

“Parental expectation are sky high. Parental desire to push children into specialist placements which are not necessarily the best place for them, and keep children in education to 25 which will not help them get opportunities for employment. For some children, absolutely the right thing, but not all. Better focussing for some young people on work and life skills.” – DCS interviewee

8.2.2 Children not in school

A decade of curricular and inspection reforms were reported by respondents to have keenly focused on academic attainment. This can lead to off-rolling and exclusions resulting in a greater number of children who do not attend school, or who attend alternative provision on a part time basis. Research, including more recently by the Institute for Public Policy (Hick et al, 2017), evidences links between school attendance and poor outcomes including into adulthood. Children in care, children in need, children with special educational needs and disability (SEND) and children in poverty are all more likely to be excluded than their peers.

In 2016/17, 7,720 pupils (0.10%) were permanently excluded from schools, 381,865 (4.76%) received a fixed term exclusion and 10.8% of pupils were persistently absent from school in England, the majority of which were in secondary schools (DfE, 2018a).

A survey by ADCS (ADCS, 2017b) inferred from the responses of 118 local authorities that 45,500 children and young people were being home schooled in England in October 2017 with year-on-year increases reported by 92% of respondents. The 2018 survey, due for publication this month, reports approximately 57,000 children home schooled a year later on 4 October 2018. Whilst the majority of home schooling families engage with their local authority, there were reported to be a small number of families who refuse to take up the offer of visits to share evidence of the suitability of the education provided at home. Where the local authority is denied the opportunity to see and speak to a home educated child, this is when the greatest concerns arise.

All 21 interviewees reported an increase in children who were electively home educated or ‘off roll’, and concurred that whilst home education can be a positive life choice for parents, there are a growing number of examples where the child is ‘off-rolled’ by the school due to their ‘behaviour’, or disability, sometimes when families are at their most vulnerable. Children who are ‘off-rolled’ in this way often having complex needs and those who are most at risk of contextual safeguarding which may have future implications for children’s services.

“I think we have got this really hidden group of children who I feel extremely worried about”. – DCS Interviewee

Ofsted (Ofsted, 2018a) reported that between 1st January 2016 and 31st July 2018, it had identified 420 possible settings that may be unregistered – i.e. illegal schools. Respondents reported their deep concerns about children in these settings, and described some of the approaches used to minimise safeguarding risks in these settings.

9 Early Help

9.1 National context and policy

Duties relating to early help were first introduced into *Working Together to Safeguard Children* 2013 (DfE, 2013a), the current version of which (DfE, 2018c) 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*”. The 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 local authority children’s services (Ofsted, 2018b) 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*”.

Unlike adult social care where The Care Act 2014 puts preventative work with adults on a statutory footing, there is no *legislative* requirement for local authorities to provide preventative services. Whilst this allows flexible local solutions to be developed in response to increase demand, it is reliant on discretionary funding which in turn depends on local leaders prioritising early help locally, at a time when other significant pressures are vying for dwindling resources. In 2016, The Early Intervention Foundation estimated that almost £17 billion per year is spent by the state in England and Wales on ‘late intervention’ (EIF, 2016).

9.2 Key Findings

90% of the 21 interviewees attested that early help has a significant part to play in supporting children and families. Evidence of a variety of approaches to early help was provided by respondents, which is summarised below.

9.2.1 Measuring early help

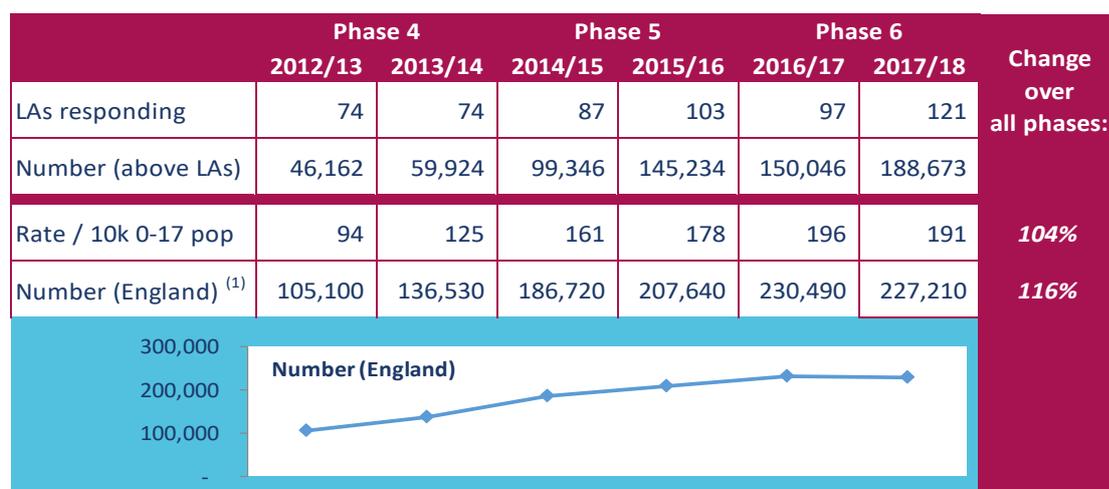


Figure 18: Summary of early help assessments completed in the year. (1) ⁷

Local authority systems and definitions for recording early help assessments vary in terms of whether they include those that are completed by partner agencies, or not. For example, one authority which experienced an 82% reduction in early help assessments, reported that “Early Help reconfigured in 2017. This figure now shows the number of EHAs at an intensive whole family level completed by Children’s Services Early Help and no longer captures those done by other agencies.”

121 authorities reported a total of 188,673 early help assessments completed during 2017/18. This equates to a rate of 191 per 10,000 of the 0-17 population and extrapolates to 227,210 across England, a 116% increase since the data were first collected in 2012/13. Of the 86 authorities who provided data for both phases 5 and 6, there was a wide variation in the change in number of early help assessments completed. 20 authorities (23%) had double the number of assessments despite a slight decrease overall in the national rate per 10,000 of the 0-17 population in responding authorities.

In phase 6, the number of cases open to early help was also collected. 103 authorities reported 119,658 cases open to early help at 31st March 2018, equivalent to a rate of 139 per 10,000 of the 0-17 population which equates to 164,400 extrapolated to all England.

⁷ The England number is extrapolated from local authority responses based on proportion of England population responding. The lower the number of authorities responding, the less accurate this is likely to be. The change in the rate per 10,000 of the 0-17 population takes into account changes in population each year using ONS mid-year estimates, and is therefore a good indicator of change other than population.

There are several factors to consider about these data:

- Figures will be under-reporting the number of children, as practice between authorities varies as to whether they 'count' children or families. Of the 37 authorities clarifying definitions, 54% related to children and 46% related to families
- Absence of nationally agreed definitions and local practice mean that for most local authorities, the number of open early help cases are those open to local authority early help provision only i.e. not those open to other agencies
- Changes in the way that local areas have reconfigured their early help services, and introduction of new data systems account for some of the changes between years.

In qualitative responses, 78% of respondents stated that they had experienced an increase in early help activity and 13% a decrease, set against the context of an apparent reduction in the rate per 10,000 of EHAs completed. It is important to remember that undertaking an EHA does not constitute in and of itself, early help. The biggest changes in early help activity in the past two years were largely similar to those in children's social care in terms of the presenting issues and increased complexity, in addition to, in some cases significant ways in which services are structured and delivered

9.2.2 Reasons for early help

More than double the proportion of early help assessments were for 'trigger trio' reasons in 2017/18 than two years ago. There has been a reduction in 'parenting' as a reason and 'neglect' is lower than expected. This would support earlier evidence that the root cause, (such as the trigger trio) of presenting factors (such as neglect) are being identified. There is high and increasing prevalence of:

- Mental ill-health as a presenting issue which has doubled in the past two years (12% to 24% of all assessments). In some case this relates to parental mental ill-health, where a high proportion of parents were reported to have poor mental health due to the cumulative impacts of poverty. There is also an increase in the number of young people who were not accepted for Child and Adolescent Mental Health Services and passed for lower level mental health support via Early Help
- The proportion where behaviour was a presenting factor increased from 16% to 20%. This appears to encompass various types of behaviour from risk-taking, anti-social and challenging behaviours and young people at risk of family breakdown.

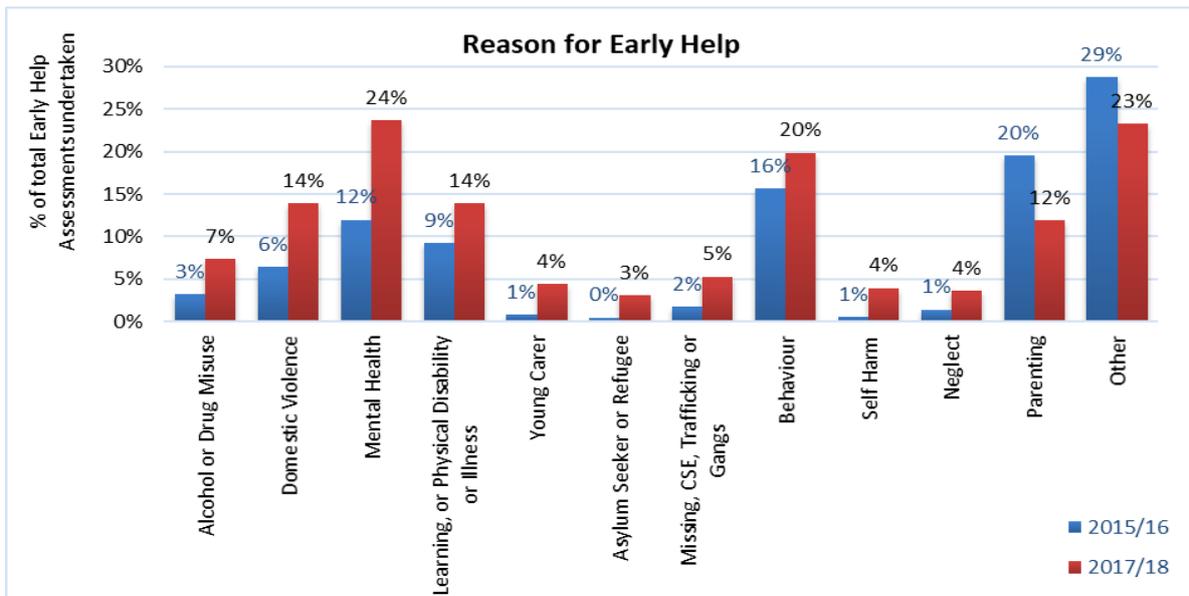


Figure 19: Early help assessments by reason (% of all assessments)

9.2.3 Early help strategy and services

Definitions of early help are broad and varied between local areas. Interviewees talked about a spectrum of early help services and a landscape of ‘early help players’ who may or may not see themselves as being part of the early help system locally. There are varied experiences of partnership working, and how well other agencies ‘play their part’ in undertaking early help assessments and the lead professional role. Three times as many authorities felt there was effective partnership working, than those expressing feelings of frustration at ineffective partnership working.

“The local authority funded Family Support Service delivers around 50% of the early help / intervention across the authority. The remaining 50% are made up of the full range of statutory partners (health, public health, schools, YOT etc.). These services are playing a vital role in stemming the flow of work in to children’s social care and just as importantly, post social care to try to maintain children within their communities. However, funding for these services remains at risk because of continued austerity.” – South East LA

Taking a systems approach to early help is critical to it’s efficacy in achieving good outcomes for children and families. The reconfiguration and refocusing of the spectrum of early help services continue to be a key part of wider organisational transformation for many local authorities.

In phase 4, we reported that over three quarters of authorities provided evidence of services becoming more targeted to those with highest need, most commonly children’s centres and youth services, largely due to funding pressures. Nearly half of respondents in phase 6 stated that they have remodelled or changed their early help provision in the last

two years, to align better with children’s social work, reduce costs and to maximise efficiency, in order to provide improved and more targeted support to children and families. But there were also examples of authorities where a reduction in local authority funding has meant that there has been a reduction in, for example, single agency early help.

Local authorities continue to have an array of strategic approaches, services and programmes. Creative solutions were evident, including merging early help services with libraries to keep them open and creating ‘one stop shops’ or hubs of support. There is more evidence in phase 6 than in phase 5 of the use of evidence-based early help programmes, closer links to children’s social care allowing for seamless step up/step down for children and families, as well as co-working between early help and social care in some cases.

Local Authority Case in Point: Early Help	
<p>Open cases 1830 families – supported through an Early Help Assessment (Lead Professional in Early Help)</p> <p>33.6% of new assessments completed in June were led by partners, positive direction of travel but still more to do</p> <p>29.9% of overall open Early Help Assessments are held by partners.</p> <p>Of the open EHAs across the service:</p> <ul style="list-style-type: none"> - 13% are Level 2 (emerging additional need) - 49% are Level 3 (complex cases) - 26.7% are high level intensive cases including co-working with children’s social care 	<p>Since the beginning of 2015 the early help offer has been completely revised, in order that there is a more coordinated early help offer for families in the borough. There has been an increase in demand for early help over the last two years and this runs parallel with an increase in demand for statutory work. There has been an increase in co-working requests with social care and investment in an Edge of Care and Family Group Conferencing service to help reduce demand in social care</p> <p>Another contributory factor for the increase in volume is the changing demographic of the town.</p> <p>We have a regular monthly data set/scorecard that provides us with clear evidence of increasing demand over the last three years and this runs parallel with increased uptake of the Early Help Assessment by partners, which would usually mean a decrease in demand for the service, however, we are clear that there are a range of emerging needs through to complex needs with families requiring early help – Yorkshire & The Humber LA</p>

9.2.4 Impact

66 authorities provided data about the outcomes of early help assessments. 13% were stepped up to children’s social care compared to 10% in phase 5 (2015/16); 17% were stepped down to universal services. 58% were recorded as ‘No Further Action’ to early help services.

There is recognition that work with children and families happens in complex multi-agency systems, with many variables making it very difficult to evaluate the impact of early help across the system, as well as the impact of specific interventions on improving outcomes for children and their families (Ofsted, 2015). DfE Innovation Programme funding was ascribed as a positive factor in enabling transformation and providing funding for effective early help in some authorities. Measuring impact across all authorities should take into account variables such as this.

The Early Intervention Foundation (EIF, 2016) states that *“Not all expenditure on late intervention can be prevented. For some children and young people, periods in residential care or receiving specialist treatment for acute mental health problems will be the best solution available. But many of these children and young people might have had a different journey if they and their families had received effective help at an earlier time”*. More recently, the Care Crisis Review (2018) states that *“there is evidence that, over time, early intervention services, properly targeted and of sufficient intensity, can reduce the risk of escalation to more serious problems”*.

Despite the evidence of continued increases in social care activity, 90% of interviewees and 79% of the 43 respondents providing impact information, stated that early help *is* having a positive impact on the lives of families. However, early help is not a quick fix, there is a general consensus that it takes 18-36 months to see any positive signs of sustainable change. Thus, short term, cashable savings from early help are not realistic.

Respondents were clear that early help is not simply a demand management tool to reduce children’s social care statutory interventions. Rather, it was felt to provide a much wider range of support to families who otherwise may never come to the attention of children’s social care, but for whom positive impacts on life chances and outcomes may be seen later in adulthood – as one respondent put it – *‘early help for life’*. Of those authorities who reported some specific impacts of early help (in addition to improving immediate and longer term outcomes for children and their families), the majority cited: diverting referrals from social care; reducing re-referrals; diverting children from care or child protection; and, edge of care services or other services provided below the threshold for statutory social work. Positive outcomes and measurement of improvement in the lives of children and their families measured by scales such as Outcomes Star and other qualitative methods were described.

The precarious nature of funding early help, combined with growth in the child population and the rise in demand driven by greater need, represents a serious threat to the future provision of effective early help.

The sustainability of early help services was a concern for many local authorities, due to increases in demand, continued pressure on partners’ budgets and council funding despite a strong desire to provide services which support families at an early stage.

“We have got some really difficult territory around the budget and holding our nerve around early help. The evidence around performance and impact is really significant for us. We know if we cut it we can then actually say the demand would be even worse, and we would just go under.” – DCS Interviewee

10 'The Front Door' to Children's Social Care

10.1 National context and policy

The statutory guidance *Working Together to Safeguard Children* (DfE, 2018c) has been revised twice in the past three years, with the most recent, in July 2018, describing the significant shift in arrangements for local and national case reviews and local safeguarding partnerships. Core processes and children's social care functions have however, remained fairly constant.

National evidence about activity in social care focusses on children in need, children subject of a child protection plan, and children looked after. It is important to note that there will be other activity undertaken, for example processes within a MASH, processing of initial contacts⁸, providing advice and guidance, and referrals or assessments, which result in no further action are not taken into account in national statistics, but the activity still needs to be resourced.

ADCS continues to gather data on initial contacts though it is acknowledged that local authority processes and definitions in respect of initial contacts have changed over time as front door arrangements become less uniform and different approaches are implemented, for example 'no wrong door', MASH, and joint access points with early help.

10.2 Key findings

10.2.1 Thresholds for children's social care

Thresholds for statutory interventions are set in legislation and described in statutory guidance. However, the application and interpretation of thresholds and the management of risk and support at the point of transfer to other services such as 'step up/step down' to early help services, varies between authorities.

113 authorities provided commentary about thresholds. 52% of the responding authorities stated that there have not been changes to the thresholds between early help and children's social care in the past

"The threshold for meeting Social Care intervention has remained the same, however, the lack of availability of early intervention services mean that often universal services refer to children's social care inappropriately." – Yorkshire & The Humber LA

⁸ See Glossary for definition of Initial Contacts

two years in their authority, which is marginally below the proportion in phase 5.

Those who had reviewed thresholds in the last two years had generally done so as part of implementation of MASH or other redesign or integration of ‘the front door’ arrangements. There were pressures for local authorities in enforcing thresholds due largely to the behaviour of some partners. Local authorities reported working with partners to ensure a more consistent and robust application of thresholds by partners prior to referral to children’s social care.

Local Authority Case in Point: Relationship between Early Help and Social Care	
<p>In 2017/18: 713 EHAs completed 7,236 contacts 1,807 referrals</p>	<p>Whilst the indicators and levels of need within our threshold criteria have not changed, the increasing complexity of cases now presenting to the social work service has meant that there has been a shifting toward early help of cases around the green/amber boundary, at the front door.</p> <p>The social work service in [LA] has traditionally provided a preventative service to low-level CIN cases. However, as the early help service has evolved and in order to effectively manage the increasing demands on social work early help are now undertaking preventative work with this cohort. This has become possible due to the consolidation of our targeted early help offer; the development of concrete workflows for step-up and down; and close partnership working and co-location between the two services. This close, collaborative arrangement with early help has enabled social workers to have the capacity to work more effectively with the complex and challenging cases that they are holding. Evidence that this approach is working, can be seen by our low re-referral rates (12.5 % as at March 2018) and the fact that 83% of cases closed to early help remaining free from further early help or social work intervention for at least 12 months. - London LA</p>

10.2.2 Initial contacts

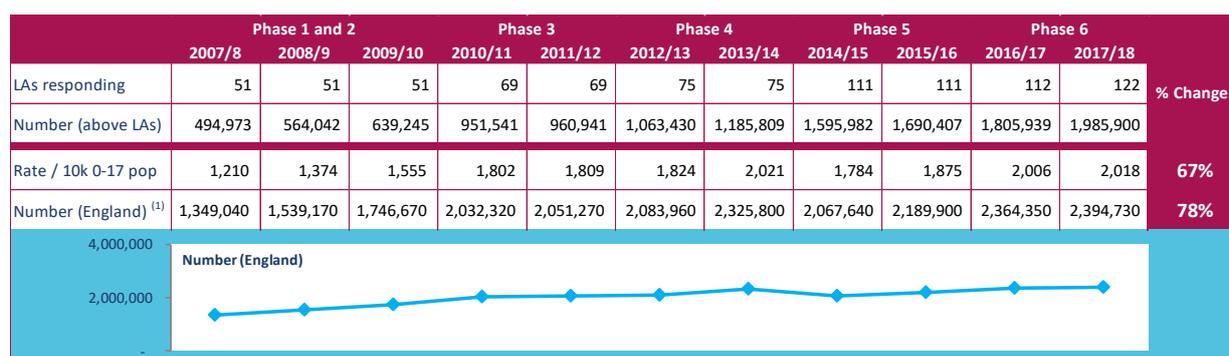


Figure 20: Initial contacts summary (1) extrapolated from ADCS research data

Extrapolating the number in responding local authorities to the whole of England would indicate that 2.4 million initial contacts were received in 2017/18, a 78% increase in the last ten years. In the last two years, not all local authorities have experienced an increase in initial contacts. Of those which had reported high increases, for some it was due to creation of a single front door to early help and social care. For others, changes were due to the increased demand; better recording; or, change of ICT systems.

Local authorities were asked to provide information on the outcomes of initial contacts to understand the proportion that go on to referrals and levels of activity at the beginning of children’s services involvement. Over the five years that outcome data has been collected, there has been a reduction in the proportion of total contacts which go on to referral to social care (from 30.4% in 2012/13 to 26.9% in 2017/18), but this reduction is smaller than the total increase in contacts, resulting in *more* contacts that become referrals to social care in that period. The proportion of contacts that become referrals varies between authorities, from 6.4% to 71%.

Proportions of contacts which result in ‘advice and information/ signposting’ or ‘no further action’ remain static at 30%, and 22% respectively. 13% of initial contacts had an outcome of ‘pass to early help’ compared to 10% in phase 5, although comments from some local authorities indicate that they do not use ‘pass to early help’ as an outcome, and these are recorded as ‘advice and information/signposting’ or ‘NFA’ instead. This means that the proportion which are passed to early help is likely to be higher in practice.

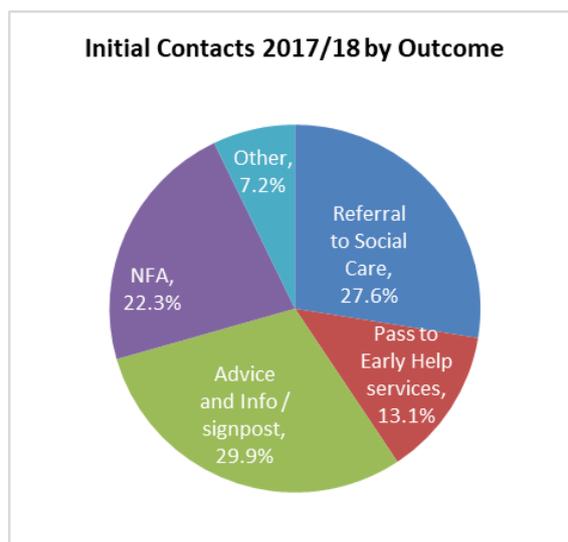


Figure 21: Initial Contacts by Outcome

‘Other’ category included reasons such as private fostering; subject access request, request for Section 7 or Section 37 report; Special Guardianship Order (SGO) support; non-agency adoptions; CSE; child looked after by other local authority notification.

10.2.3 Referrals

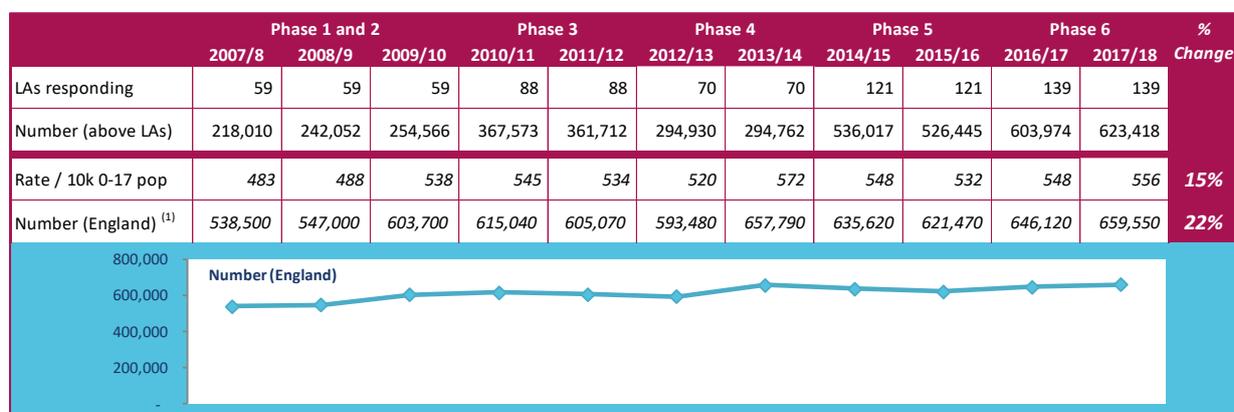


Figure 22: Referrals summary (1) Source for England number: all years are from DfE publications, apart from 2017/18 which are extrapolated from the number in LAs responding to all England

There has not been the same continuous upward trend in the number of referrals to children’s social care as there has been for other safeguarding activity. However, there has been an increase in referrals in the last two years and overall a 22% increase over the last ten years. The rate of 556 per 10,000 of the 0-17 population in 2017/18 continues, as previous years, to mask significant disparity between local authorities where the lowest referral rate was 223 and the highest referral rate was 1530 per 10,000. Four of the ten authorities with the highest referral rates are in the North West.

10.2.4 Source of contacts and referrals

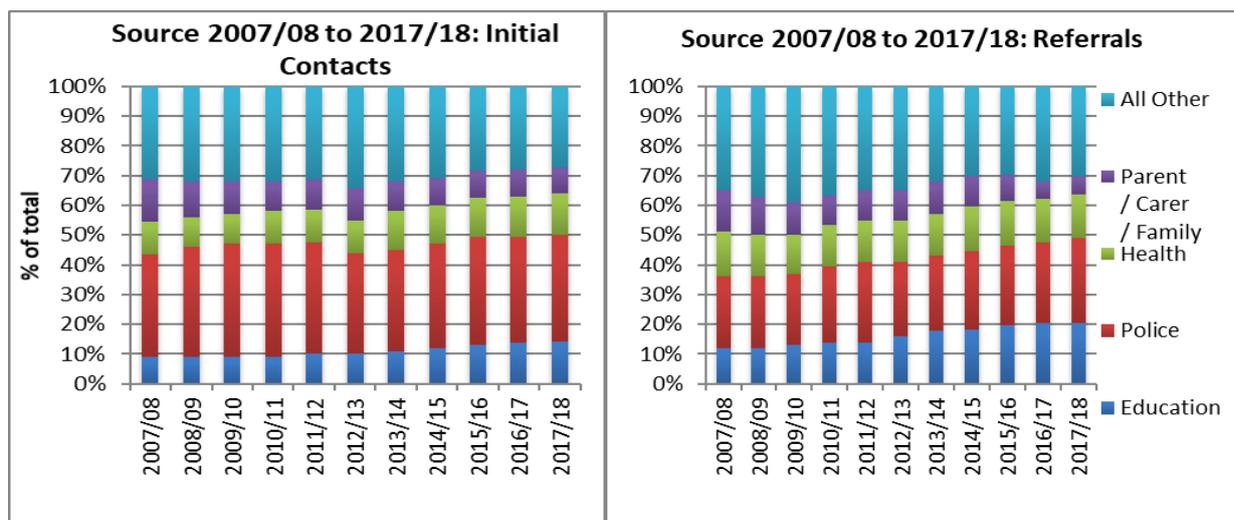


Figure 23: Referrals and initial contacts by source

There has been a shift in the sources of both contacts and referrals received in 2017/18:

- An increase over the ten years in both initial contacts and referrals from Education (9% to 14% and 12% to 20% respectively). Referrals from Education have almost doubled, from a rate of 55 to 105 per 10,000 of the 0-17 population
- Fewer contacts and referrals are from ‘Other’ sources as a proportion of all sources
- Most notably, 8.7% of contacts were from parent/family in 2017/18, which is fewer than ten years ago and only 6% of referrals are from Parent /carer or family compared to 14% 10 years ago.

A more detailed breakdown of source of referrals in 2017/18 illustrates that Police (28.6%) and schools (18.2%) remain the biggest source of referrers, accounting for just under half of all referrals.

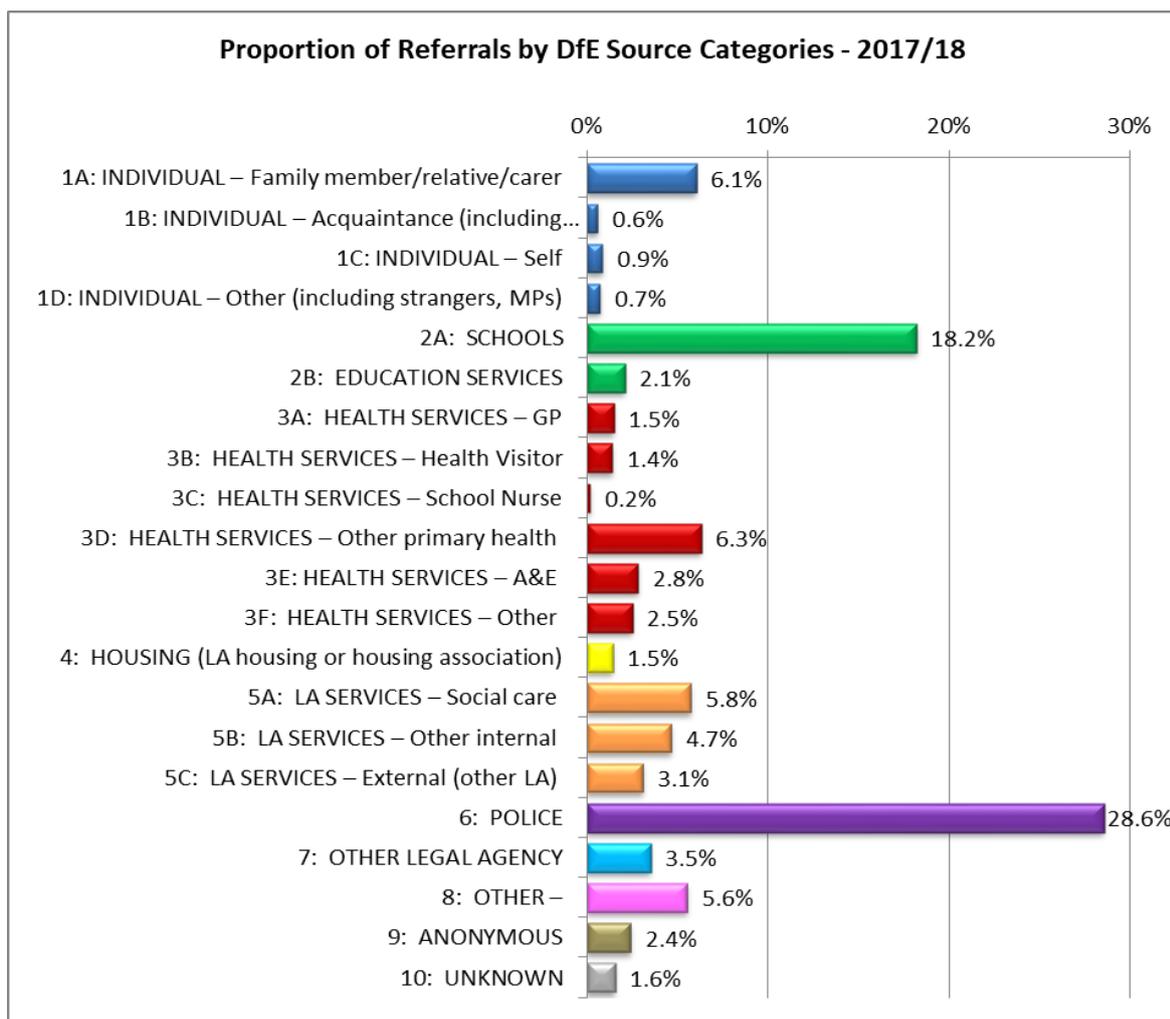


Figure 24: Referrals by source 2017/18, DfE categories.

10.2.5 Reason for referral

Local authorities were asked to provide DfE primary need codes for children upon referral. These enable us to identify the *predominant* reason for the child coming to the attention of children’s services, recognising that a child is likely to have more than one primary need⁹.

138 authorities provided information about the primary need of referrals. In 2017/18, 347,704 referrals (55%) were primarily for ‘abuse or neglect (N1); 152,113 due to family in acute stress or family dysfunction; 59,400 for cases other than child in need (N9).

The proportion of referrals for Abuse or Neglect (N1) has almost doubled in the past ten years. However, the reduction in referrals where the primary need code is ‘not stated’ has reduced dramatically and could account for some of this increase, but not all.

⁹ 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.

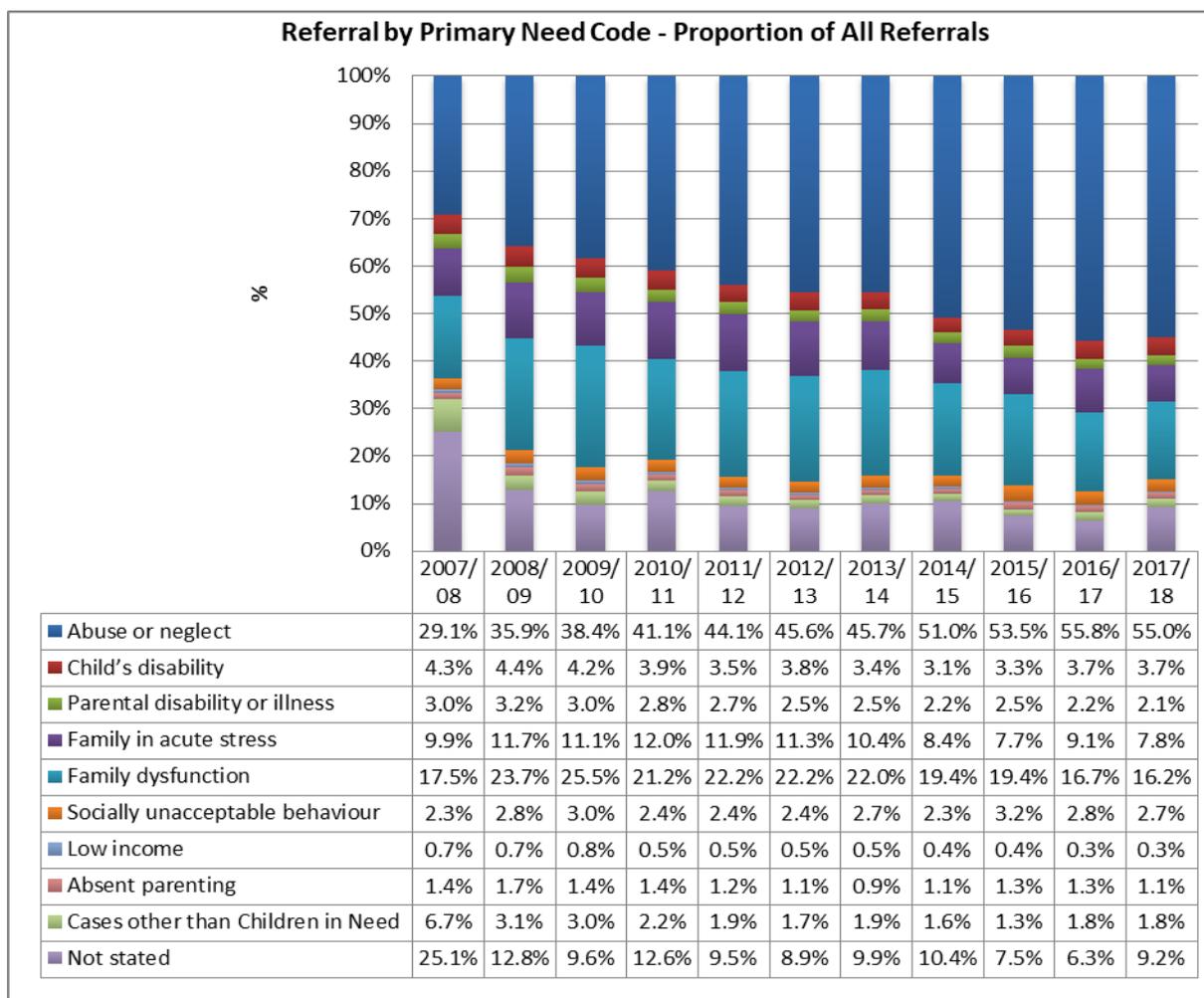


Figure 25: Referrals by category of need – proportion of all referrals

10.2.6 Outcomes of referrals

95 authorities provided valid information about the outcomes of referrals. For 23% of responding authorities, more than 95% of their referrals lead to an assessment. There has been an increase in the number of referrals where the outcome is 'assessment required' from 69.4% in 2015/16 to 76.1% in 2017/18.

Fewer referrals have an outcome of 'no further action' (reduction from 14.7% in 2012/13 to 7% in 2017/18) and there is also a reduction in 'advice and information or signposting to other services'. An outcome of 'NFA' does not mean that the child/family go unsupported, but that their needs may be met in other ways, for example through services provided other than by social care.

Of the 67 local authorities who were able to provide a breakdown of 'signpost to other services', 'pass to early help services' was the outcome for 8,252 (3.2%) of referrals further

indicating that authorities record transfers to early help differently and may be under-reported.

The findings illustrate differences between authorities in what is recorded as the outcome of a referral. Variations in 'front door' models where combined early help and social care referral points are in place, may mean that referrals going to early help or are NFA will have done so at initial contact stage and referrals therefore progresses to child in need or child protection mechanisms.

10.2.7 Re-referrals

130 respondents reported an average re-referral rate of 19.5% for 2017/18, which is a reduction from 20.2% two years ago and the continuation of a declining trend. In this period, 58 local authorities (44%) have seen increases in re-referrals. Further details about the 'revolving door' are provided in section 17.

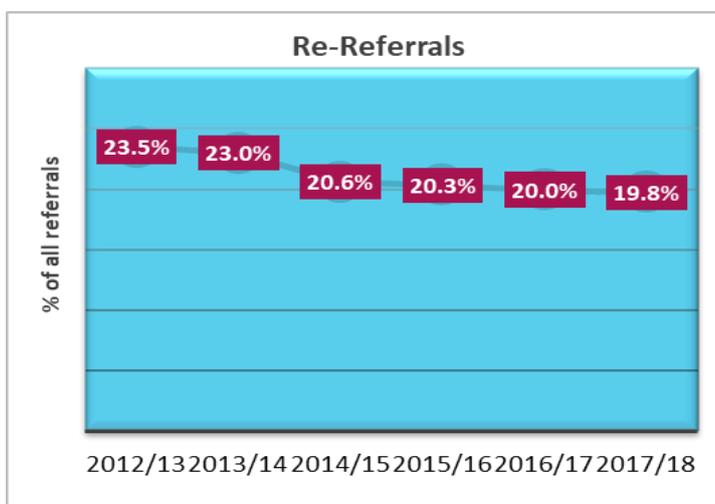


Figure 26: Summary of Re-referral

11 Children in Need

11.1 Assessments

11.1.1 Number of assessments and timeliness

Comparing assessments over time is challenging due to the change in assessment requirements. From the 138 authorities which provided information about single assessments completed in 2017/18, there is evidence of a continued increase in the number (and rate per 10,000) of assessments undertaken as well as the proportion completed within 45 working days.

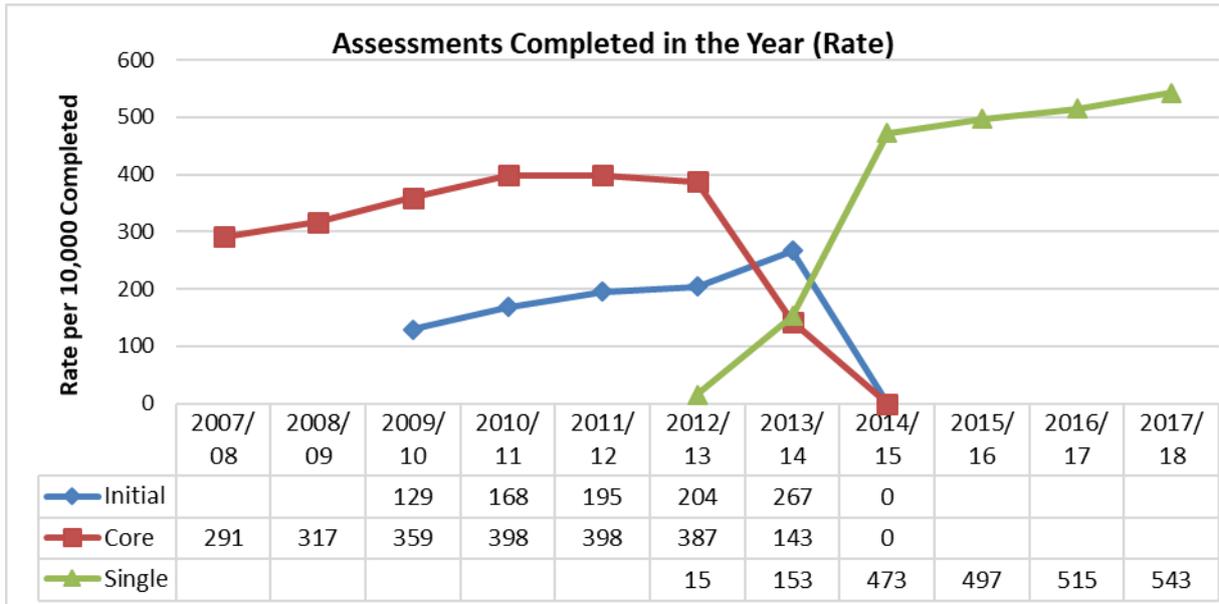


Figure 27: Rate per 10,000 single assessments completed

543 assessments were completed per 10,000 of the 0-17 population in 2017/18 (605,892 across responding authorities), and 644,430 extrapolated across all authorities.

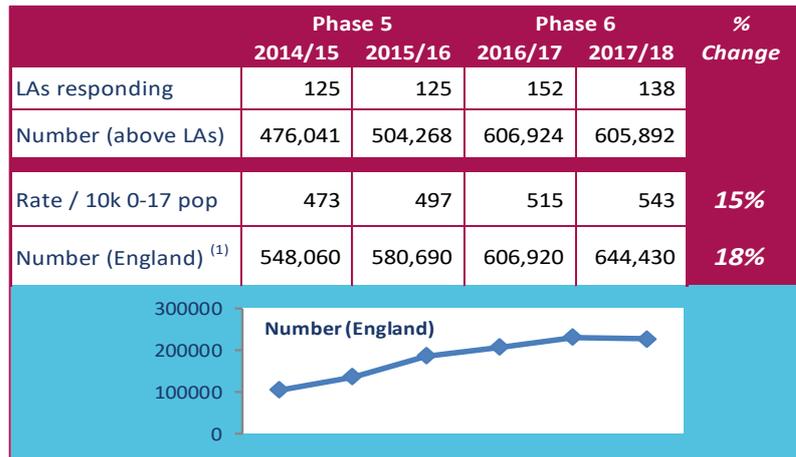


Figure 28: Summary single assessments (1) Number (England) extrapolated from response sample

In terms of timeliness, whilst fewer assessments are completed in 10 working days, a greater proportion are completed within 45 working days (82.6%) compared to 79.3% in 2014/15.

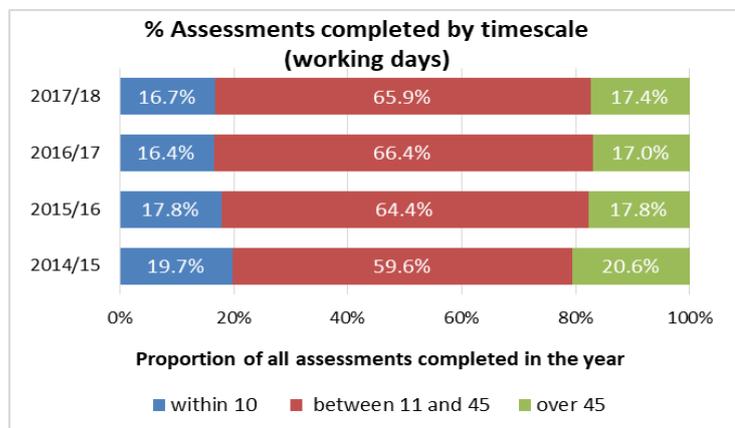


Figure 29: Assessments completed by timescale

192,449 assessments were completed with an outcome of ‘no further action’ in 125 authorities (33%), which is lower than the 35% reported in phase 5 for 2015/16. ‘No Further action’ is described as ‘no statutory social work intervention required’, and includes stepped down to early help after assessment, escalated to a section 47 enquiry, or passed to single agency for other support.

11.2 Presenting factors in assessment

We have been reporting presenting factors in assessment in Safeguarding Pressures research since 2013 using DfE categories, which are in some cases separated to ‘by the child’; ‘by parent/carer’, or ‘by other person in the household’, which means it is not possible to aggregate these as it is likely that there is more than one presenting factor. The data provide further evidence of the increase in parental factors. In the 137 responding authorities, the most prevalent factors in assessment were:

- Domestic abuse: Concerns about the child’s parent/carer being the subject of domestic abuse – 26.6%
- Mental health: Concerns about the mental health of the parent/carer – 23.6%
- Abuse or neglect: Emotional Abuse – 18.2%
- No factors identified: no evidence of any of the factors above and no further action is being taken – 16.6%
- Abuse or neglect: Neglect– 15.8%.

Extrapolations of these factors to all England authorities:¹⁰:

- Over 170,100 assessments of children in the year include a concern about the parent /carer being subject of domestic abuse
- Over 151,500 children assessed where a factor is concern about the mental health of the parent.

The only factor showing a significant decrease as a proportion of all assessments over the two-year period is ‘Other’ (4.7%).

Factors that have increased most in the past two years by order of increase are:

- Mental health: Concerns about the mental health of the parent/carer
- No factors identified
- Mental health: Concerns about the mental health of the child
- Abuse or neglect: Emotional Abuse
- Drug misuse: Concerns about drug misuse by the parent/carer.

¹⁰ note a child could have more than one assessment in the year

Factor (% of assessments completed and authorised in responding LAs)	2017/18 (all assessments)				
	No	%	0%	→	30%
Alcohol misuse: Concerns about alcohol misuse by the child (1A)	13032	2.2%			
Alcohol misuse: Concerns about alcohol misuse by the parent/carer (1B)	66774	11.1%			
Alcohol misuse: Concerns about alcohol misuse by other person living in the household (1C)	12205	2.0%			
Drug misuse: Concerns about drug misuse by the child (2A)	23457	3.9%			
Drug misuse: Concerns about drug misuse by the parent/carer (2B)	66153	11.0%			
Drug misuse: Concerns about drug misuse by another person living in the household (2C)	16408	2.7%			
Domestic violence: Concerns about the child being the subject of domestic violence (3A)	62913	10.5%			
Domestic violence: Concerns about the child's parent/carer being the subject of dv (3B)	159053	26.6%			
Domestic violence: Concerns about other person living in the household being the subject of domestic violence (3C)	29796	5.0%			
Mental health: Concerns about the mental health of the child (4A)	58569	9.8%			
Mental health: Concerns about the mental health of the parent/carer (4B)	141615	23.6%			
Mental health: Concerns about the mental health of another person in the family/household (4C)	19225	3.2%			
Learning disability: Concerns about the child's learning disability (5A)	41643	7.0%			
Learning disability: Concerns about the parent/carer's learning disability (5B)	13584	2.3%			
Learning disability: Concerns about another person in the family/household's learning disability (5C)	6365	1.1%			
Physical disability or illness: Concerns about a physical disability or illness of the child (6A)	22543	3.8%			
Physical disability or illness: Concerns about a physical disability or illness of the parent/carer (6B)	24110	4.0%			
Physical disability or illness: Concerns about physical disability or illness of other person (6C)	5691	1.0%			
Young carer: Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities (7A)	16185	2.7%			
Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - Overseas children who intend to return (8B)	268	0.0%			
Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - Overseas children who intend to stay (8C)	269	0.0%			
Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - UK children in educational placements (8D)	139	0.0%			
Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - UK children making alternative family arrangements (8E)	578	0.1%			
Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - Other (8F)	692	0.1%			
UASC: Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child (9A)	2339	0.4%			
Missing: Concerns that services may be required or the child may be at risk of harm due to going/being missing (10A)	16395	2.7%			
Child Sexual Exploitation: Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation (11A)	20504	3.4%			
Trafficking: Concerns that services may be required or the child may be at risk of harm due to trafficking (12A)	2051	0.3%			
Gangs: Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs (13A)	8579	1.4%			
Socially unacceptable behaviour: Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour (14A)	40978	6.8%			
Self-harm: Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm (15A)	21600	3.6%			
Abuse or neglect - NEGLECT: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (16A)	94349	15.8%			
Abuse or neglect - EMOTIONAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (17A)	109204	18.2%			
Abuse or neglect - PHYSICAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (18A)	71360	11.9%			
Abuse or neglect - SEXUAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (19A)	30748	5.1%			
Other (20)	89175	14.9%			
No factors identified: no evidence of any of the factors above and no further action is being taken (21)	99335	16.6%			
Female genital mutilation (FGM) - concerns that services may be required or the child may be at risk due to female genital mutilation. (22A)	887	0.1%			
Abuse linked to faith or belief - concerns that services may be required or the child may be at risk due to abuse linked to faith or belief. (23A)	1692	0.3%			

Figure 30: Presenting factors as a proportion of all assessments completed in 2017/18

11.3 Children in Need

DfE Children in Need (CiN) data include children subjects of child protection plans, children looked after and care leavers. It is therefore difficult to identify from national data exactly how many children are only receiving services under Section 17 or 24 of The Children Act 1989 (i.e. not subjects of child protection plans, looked after, or care leavers). We also know that different local authorities ‘count’ children in need differently.

Nationally published data evidences that approximately twice as many children will be receiving services at any time during the year than the commonly used snapshot figure at 31st March. As with all ‘snapshot’ figures about service users, the number at 31st March does not represent the volume of work undertaken during the 12-month period. According to the latest DfE data, published on 25th October 2018 (DfE, 2018b), there were 753,840 episodes of children in need at any point during the year, a rate of 635.2 per 10,000 of the 0-17 population, and 705,060 children with an episode of need at any point.

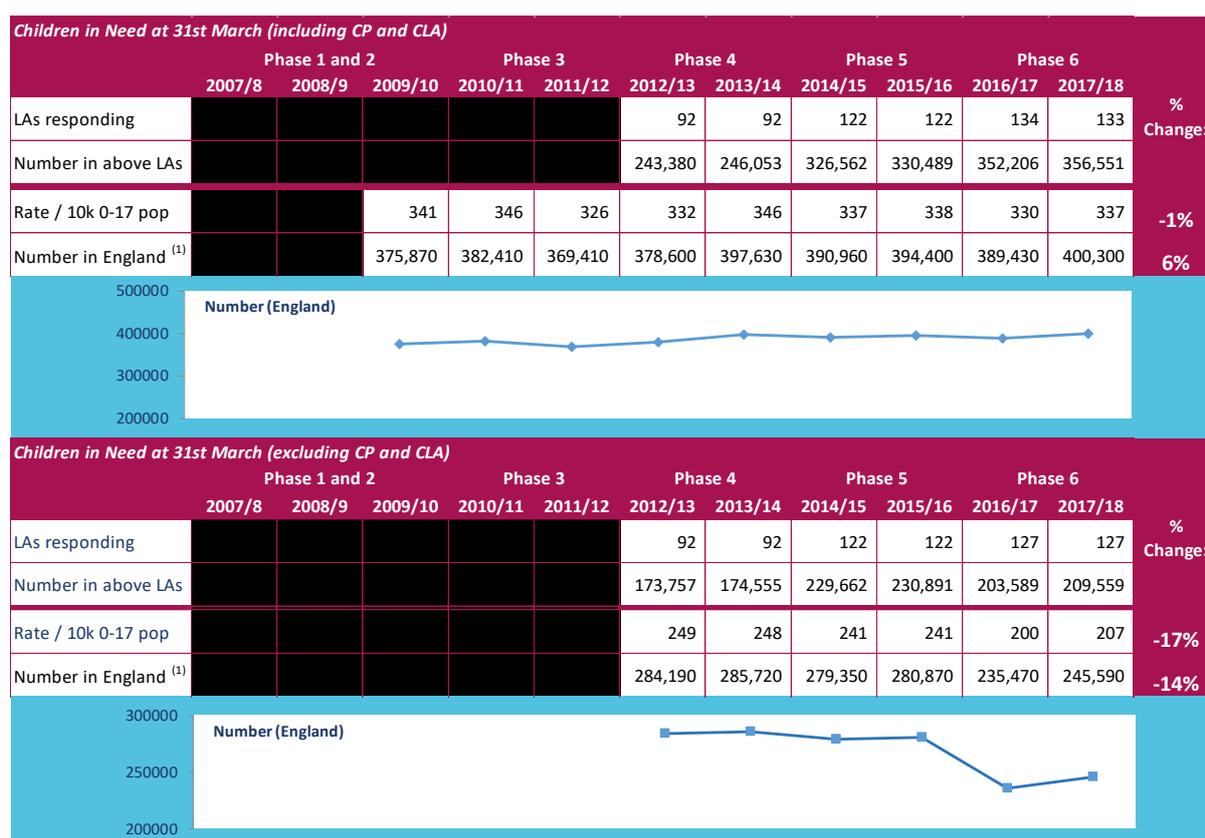


Figure 31: Children in Need summary (1) extrapolated numbers are based on respondents

The number of children in need (including child protection and looked after) has increased by 6% between 2009/10 and 2017/18, however the rate per 10,000 of the 0-17 population has only changed slightly. Children in Need only (i.e. not subjects of child protection plans or children looked after) have reduced by 14% in the 5 years that it has been collected.

Extrapolated to all England, there were 401,030 children in need (including child protection plans and children looked after) and 241,330 children in need (excluding child protection plans and children looked after) at 31st March 2018.

The number and rate of CiN both including and excluding child protection plans and children looked after mask variances nationally. The number of CiN has increased by more than 10% between Phase 5 and 2017/18 in 35 authorities; and 22 authorities have seen more than a 10% decrease. Local authorities reporting reduced numbers suggest this may be due to changes in systems but also the impact of early help services.

64% of children in need episodes in the year were closed within three months of referral and 5% open for longer than two years. There is no historical or national data available, as DfE only reports on open cases, 27.3% of which were 'open' for three months or longer at 31st March 2017.

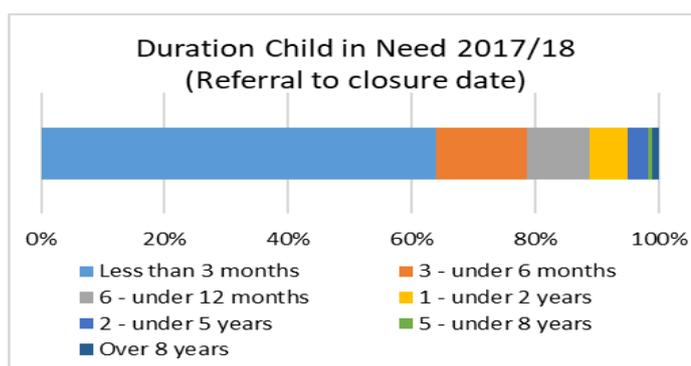


Figure 32: Duration of Children in Need

11.3.1 No recourse to public funds (NRPF)

Only 50 out of 152 top tier local authorities currently report spend on these families through NRPF Connect, a centralised system, which means the total cost of NRPF is not known. In authorities using the system, there were 2,552 households with over 4,000 children receiving on average £17,193 a year per household (NRPF Network, 2018) under section 17.

37 respondents reported a collective spend between them of £29.4m on 1,867 families with no recourse to public funds in 2017/18. The total spend and amount per family varies significantly, with six of the 37 authorities each spending over £1m in the year on families with no recourse to public funds. For two interviewees, the growing group of families who are tipping over into having no recourse to public funds due to welfare and immigration reforms represent one of the top pressures on children's services budgets.

As well as the cost of financial support, social work time in undertaking assessments is also required. This support does not form part of children's services base budget and is not in the funding formula which determines authority funding. The pressure of providing this support to families has become significant over the past few years.

"A resolution for the family is tricky, but it is very expensive. We have about 21 families and they cost us nearly £1m a year. Stemming the demand at the front door is particularly challenging to ensure that the screening is correct and you're signposting and dealing with the issues as early as possible, that is particularly important. But once they get into the system the costs are huge." – DCS Interviewee

12 Child Protection

12.1 Section 47 enquiries and initial child protection conferences

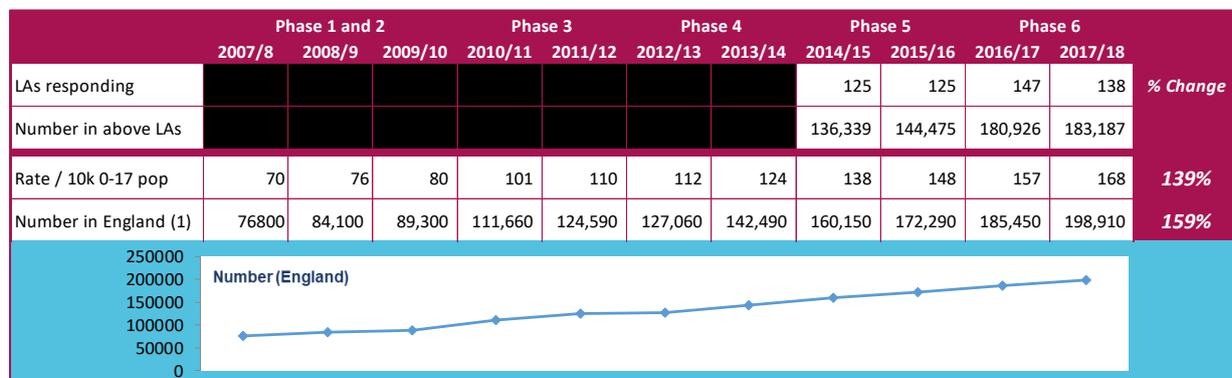


Figure 33: Section 47 enquiries summary

138 local authorities provided valid data on the number of children who were subjects of Section 47 (S47) enquiries and initial child protection conferences (ICPCs). 183,187 S47s and 69,795 ICPCs were completed during 2017/18 in responding authorities. Of those responding in both phases 5 and 6, this represents a 26% increase in S47s and in the two years since phase 5, an 11% increase in ICPCs.

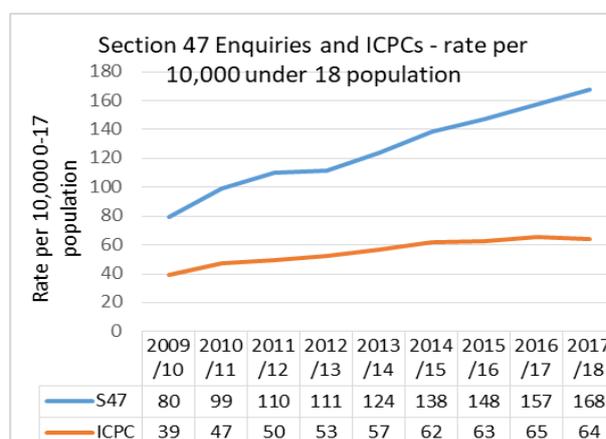


Figure 34: Rate of S47 enquiries and ICPCs

Whilst the overall number of section 47 enquiries has increased exponentially since 2007/8, again, the total masks variation in individual local authorities. 50 authorities experienced an increase in S47s of more than 25% in the two years since phase 5, and only five authorities had experienced a reduction of more than 25% in the same period. There does not appear to be any correlation between change in numbers of S47s and characteristics such as region, type of LA, or Ofsted rating.

137 authorities provided valid data on the percentage of ICPCs held within 15 days of S47, indicating that the current performance of 80% of responding authorities has improved on previous years. Despite the rising rates of S47s and ICPCs, the improved timeliness of ICPCs (completed within 15 days of S47 enquiries), continues to demonstrate clearly the efforts made by local authorities to avoid delay and avert drift for children.

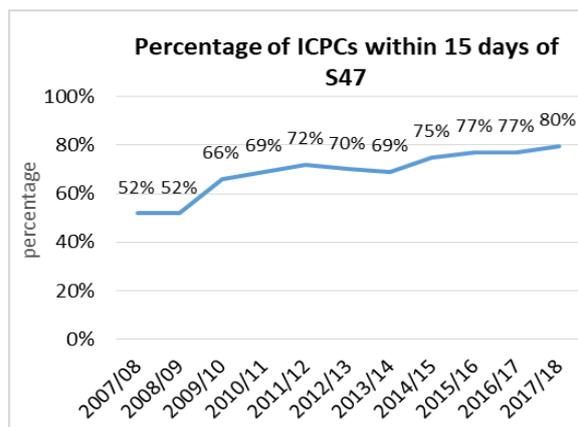


Figure 35: Percentage of ICPCs within 15 days of S47

12.2 Child protection plans

12.2.1 Children becoming subjects of child protection plans

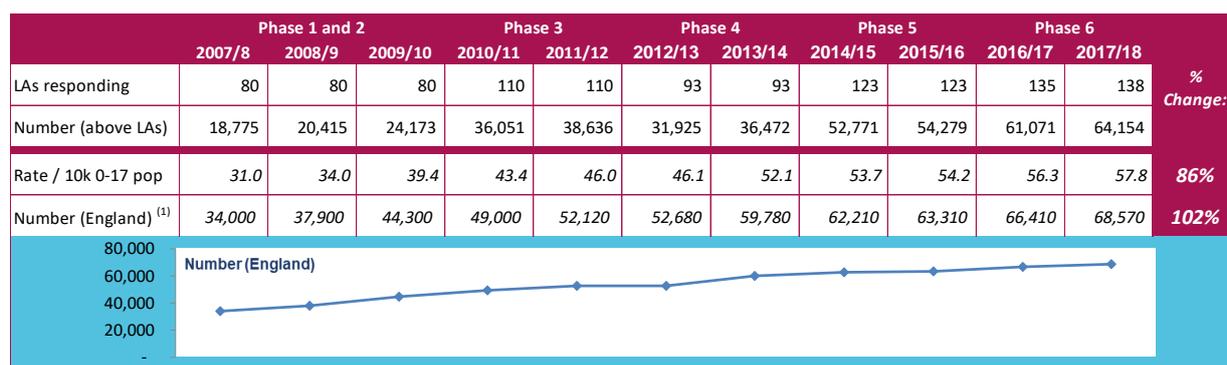


Figure 36: children becoming subjects of child protection plans summary (1) England data source DfE apart from 2017/18 which is extrapolation of responding LAs.

The number of children becoming subjects of child protection plans continues to increase year-on-year, at a greater rate than the population increase. 64,154 children became subjects of child protection plans during 2017/18 in 138 authorities which provided valid data. This is equivalent to 57.8 children per 10,000 of the 0-17 population (68,570 across all authorities) and an increase of 102% from 2007/8.

19.8% of children were subject of a second or subsequent child protection plan in 132 responding local authorities, an increase from 18% from phase 5 (2015/16). We also asked what proportion of children were subject of a second or subsequent plan in the last two years to understand better current practice. 122 authorities reported 9.2%, 48 authorities had seen a reduction in repeat plans, and 84 had experienced an increase. Repeat child protection plans as a feature of a 'revolving door to children's social care' is further explored in Section 17.

12.2.2 Children subjects of child protection plans at 31st March

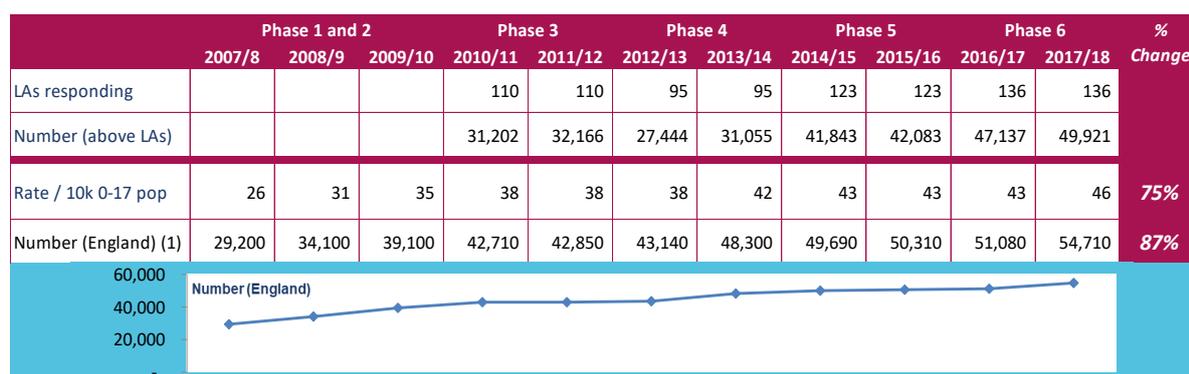


Figure 37: Child subjects of child protection plans at 31st March summary

The number of children subjects of child protection plans at 31st March has increased across responding local authorities following a period of stability. There were 49,921 children subjects of child protection plans in the 136 responding authorities at 31st March 2018, equivalent to 46 children per 10,000 of the 0-17 population. There continues to be wide variation between authorities; 69 had experienced an increase in the two years since phase 5, and 21 had experienced a decrease. This is a snapshot at 31st March, it is important to note the extent to which the number of children subjects of a child protection plan changes or fluctuates during the year in individual authorities.

12.2.3 Children ceasing to be subjects of child protection plans



Figure 38: Children ceasing to be subjects of child protection plans at 31st March summary

Whilst this data was not collected from authorities by ADCS as part of this research, latest DfE data are included here for completeness. 65,420 child protection plans ceased in 2016/17, a rate of 55.5 per 10,000 0-17 year olds. There is a clear increase of plans ceasing and plans starting.

12.3 Categories of abuse

12.3.1 Children subjects of initial child protection plans

47% of initial child protection plans in 2017/18 were categorised as Neglect. This continues to be the most and increasingly prevalent category of abuse and has increased from 45% in phase 5. Whilst in the national data the use of the 'Multiple' category appears to be reducing, some individual local authorities make extensive use of this category.

The increase in the number of plans in all categories apart from 'multiple' and 'physical abuse', and significant changes in the rate of children becoming subject of a plan by category since 2007, are illustrated in the figure below. Twice as many children are becoming subjects of a child protection plan due primarily to Neglect than were ten years ago in 2007/8.

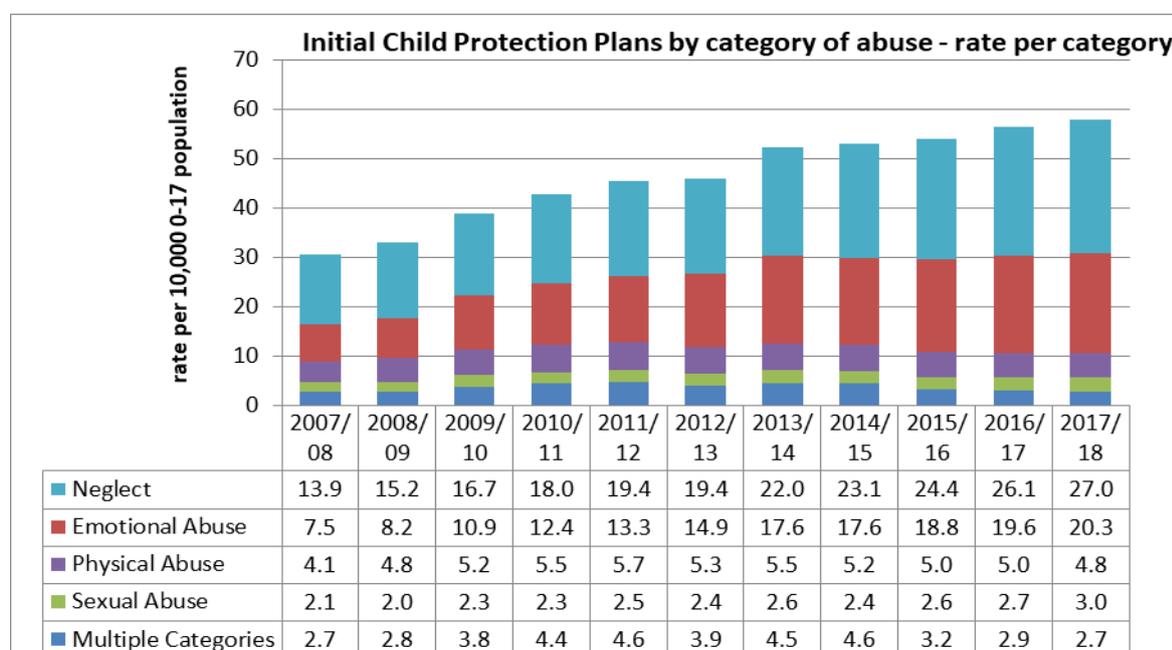


Figure 39: Children becoming subjects of a child protection plan – rate by category of abuse.

12.3.2 Children subjects of child protection plans at 31st March by category of abuse

The prevalence of categories of abuse for children subjects of plans at 31st March are broadly similar to those for children becoming subjects of plans during the year. There are marginally fewer plans at 31st March for Physical Abuse and more for Emotional Abuse but this may not be significant.

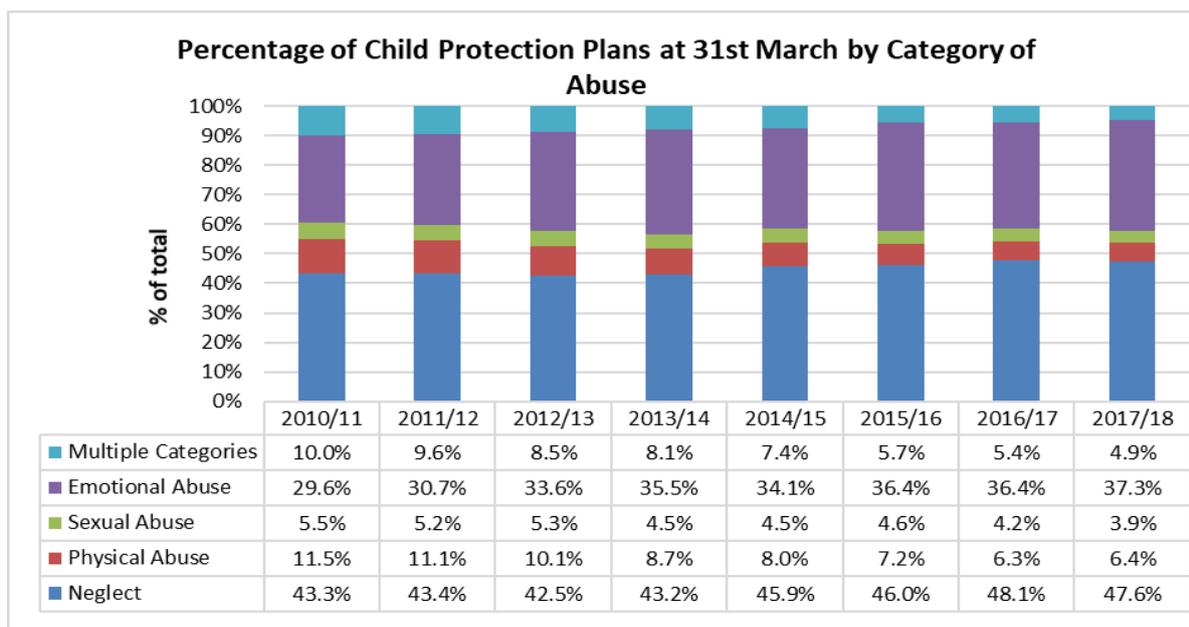


Figure 40: Percentage of child protection plans at 31st March by category of abuse

12.4 Age of children subjects of initial child protection plans

Two years ago, in phase 5, we reported that proportionally, more children aged 5-9 were becoming subjects of child protection plans in 2015/16 than any other age group (27.6%) which had been the case for the preceding three years. However, the age profile of children becoming subject of a child protection plan has shifted towards older children, with a significant increase in those aged 16 and 17 who are becoming subject of a plan from 0.5% of all children in 2007/8 to 4.0% in 2017/18. The age profile of children who are subjects of a child protection plan at 31st March is similar to those starting.

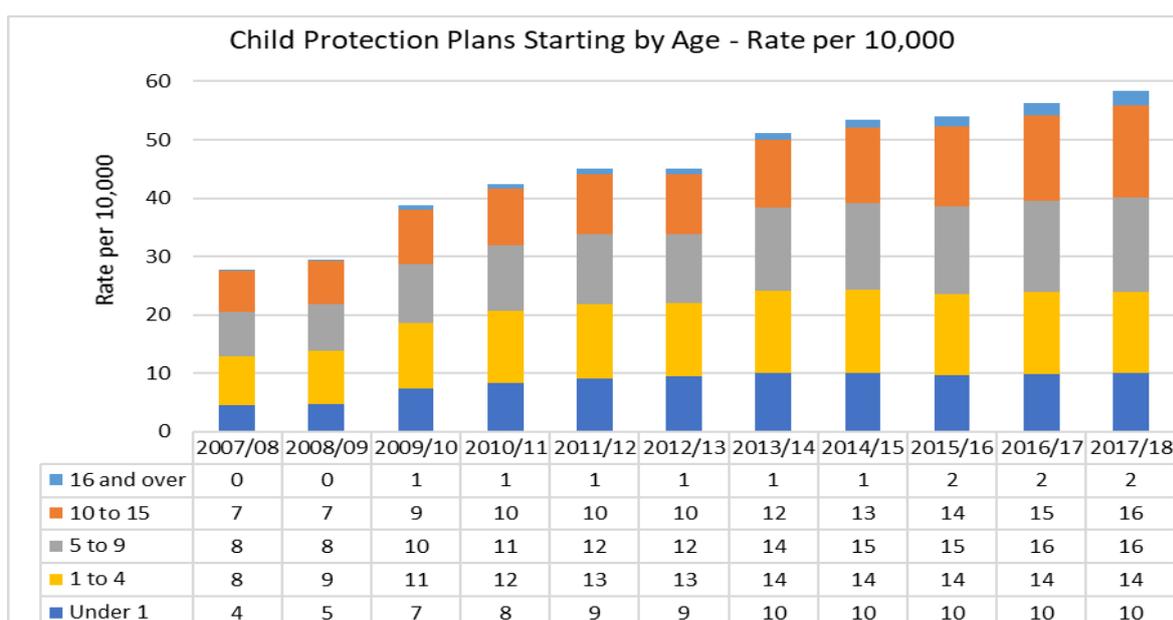


Figure 41: Age of children subjects of child protection plans at 31st March

25.5% of plans ceasing in 2017/18 had lasted for three months or less and 3.1% for two years or more, compared to the nationally published figure of 3.4% for two years or more in 2016/17.

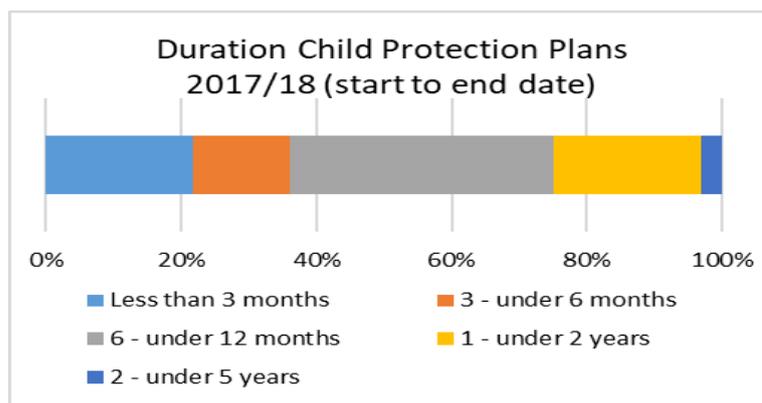


Figure 42: Duration of plans

13 Children Looked After

13.1 National and policy context

The Children & Families Act 2014 included reforms which aimed to achieve quicker permanency decisions for children; set an ambitious time limit of 26 weeks for care proceedings; and limit the use of independent expert evidence in care proceedings. In parallel, case law such as *re B*, *re B-S* continues to provide challenges and tensions with Courts in some instances. The timeline in section 5 and on the ADCS website¹¹ provides further information about these. Masson *et al* (2018) in analysis of reforms conclude that “it was not possible to disentangle the PLO reforms from the impact of case law decisions.”

Legislative changes, new case law and insufficiency of placements for children looked after, coupled with increasing numbers of children in care, were cited as one of the top five demand drivers for responding local authorities. The findings from Safeguarding Pressures research and evidence provided by respondents is mirrored by Masson *et al* (2018) and Dickens *et al* (2018) in their studies on the reforms (orders, placements and outcomes) which conclude that:

- Proceedings were completed more quickly after the reforms
- More orders to support placements with relatives or parents such as Special Guardianship and Supervision Orders and fewer Placement Orders “was not planned as part of the reforms, not predicated, nor...based on evidence about ‘what works’ for children. It related to case law decisions and the uncertainty they caused for local authorities and courts.”

¹¹ <http://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-6>

- Placements with parents were the most likely to break down; whilst nearly all placements of children with kinship carers were stable
- Most children with Placement Orders were adopted, with shorter care proceedings and children placed more quickly at a younger age
- Achieving placement stability was challenging when children were over 10 years old when a Care Order was made, some placement moves are beneficial, or unavoidable, for example if a carer is not able to meet the ongoing needs of the child
- High levels of demand, financial restrictions and staff shortages in children’s services were making it increasingly hard for agencies to offer support to the children, their families and carers. This included partner agencies, such as Health where it was challenging to secure timely input from CAMHS.

13.2 Case law and the courts

13.2.1 Cafcass

Cafcass (2018) reports that the national rates per 10,000 of the 0-17 population of care applications has increased from 8.0 in 2009/10 to 12.5 in 2016/17 and a subsequent reduction to 12.2 in 2017/18. However, there is variability between individual local authorities, with some seeing sharp increases and decreases between years. For 129 local authorities (85%) the rate was higher in 2016/17 than in 2009/10, with an increase of more than 100% for 41 authorities.

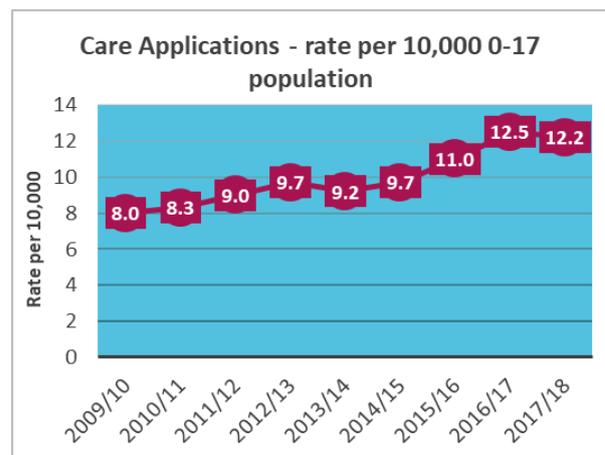


Figure 43: Care applications – rate per 10,000

13.2.2 Key findings

Of the 112 respondents who answered the qualitative question about decisions made by the courts, more reported changes and challenges (listed below in order of frequency mentioned) than positive experiences:

- Increased reluctance on the part of the courts to separate children from their parents even when thresholds for abuse and neglect have been reached, and a feeling of risk aversion from judiciary and Cafcass, contrary to local authority advice. A significant number of respondents described an increase in children placed at home with parents on Care Orders:

“Increase in overall applications to court (30%) in the last two years and there has been a large increase in the outcome of children placed at home subject of care orders. Number of care orders at home has increase from 15 to 40+ and it is a changing cohort as children are removed back into care after failed reunification. This is the impact of the 26 weeks timescale where Courts are reluctant to give due regard to the evidence obtained in pre-proceeding work and the reluctance to consider adoption plans”. – North West LA

- The court continues to expect a high level of primary evidence to be placed before it, this is particularly challenging in neglect cases. Respondents reported an increase in court reluctance to accept the local authority evidence or plan, requesting additional expert reports and specialist therapeutic interventions, such as placement in mother and baby units, cause delay and incur significant cost to the local authority
- Variation in court approaches as to whom falls within the definition of a ‘connected person’ and increase in court-directed viability assessments. Respondents expressed deep concern about family and friends assessments, such as those for SGO being truncated. Lessons have apparently not been learned from recent serious case reviews about the importance of thorough assessment and the ability of the family member to meet and manage the needs of the children is not necessarily tested over a period of time and with a reflectiveness that is required, which should not be sacrificed in favour of meeting timescales
- The Deprivation of Liberty Safeguards (DoLS) within the Mental Capacity Act 2005 have created additional work and associated costs, in some cases resulting in court applications
- Adoption is seen as a last resort by many courts who want more evidence that family alternatives have been fully explored. Respondents reported cases where they have been unsuccessful in persuading the court that an adoption plan is the appropriate one
- An increase in private law proceedings where courts direct social services without prior involvement
- Delays as a result of court timetabling.

There were also reports of positive regional and local area work with the Judiciary on areas such as pre-hearings, ensuring early viability assessments and changes to approaches to court work which had resulted in achieving shorter timescales and positive outcomes for children and young people.

13.3 Number of children looked after

Local authorities were asked to provide data about children starting and ceasing to be looked after during the year and those who were looked after at 31st March. Some of this information is collected by DfE in their statutory data collection from authorities, and some is locally provided. The DfE statistical publications round numbers to the nearest 5 which makes national analysis based on DfE published data difficult where there are smaller numbers. These, and nationally reported figures, do not include those children that are looked after for a series of short term breaks (respite).

13.3.1 Children starting to be looked after

	Phase 1 and 2		Phase 3		Phase 4		Phase 5		Phase 6		% Change	
	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17		2017/18
LAs responding	84	84	84	106	106	97	97	123	123	134	136	
Number (above LAs)	13,199	13,845	19,752	21,844	22,721	19,173	20,699	27,002	27,992	31,096	30,508	
Rate / 10k 0-17 pop	20.8	22.9	25.0	24.2	25.0	25.4	26.7	27.1	27.5	27.8	27.7	33%
Number (England) (1)	23,250	25,700	28,090	27,310	28,390	28,980	30,730	31,360	32,160	32,810	32,890	41%



Figure 44: Children starting to be looked after summary

136 responding local authorities reported a total of 30,508 children starting to be looked after in 2017/18, equating to 27.7 children per 10,000 of the 0-17 population (32,890 across all local authorities). Whilst the number of children starting to be looked after has increased slightly year-on-year, the rate per 10,000 of the 0-17 population has been relatively consistent for three years.

The disparity between those who are experiencing increases, and those experiencing decreases in numbers of children looked after continues. 61 of the 108 authorities who responded to both phases 5 and 6 (56.5%) saw decreases in their number of children starting to be looked after, seven of them by more than 25% in the two years, whilst 52 (48.1%) had more children starting to be looked after, 20 of whom had an increase of more than 20%. The number of children looked after more than doubled in 23 local authorities in the 10 years between 2007/8 and 2017/18.

13.3.2 Children re-entering care for a second or subsequent time

12.7% of children who started to be looked after in 2017/18 had been looked after previously (based on 100 LAs who supplied valid data on entry *and* re-entry). This is a small increase from 12% in phase 5. A similar number of authorities had experienced a decrease in repeat entries to care as those who experienced increases.

25.1% of children coming back into care in 2017/18 were aged 16 or 17, compared to 24.5% in Phase 5. The largest age group is the 10-15s who account for 38.1% of returning children in 2017/18. However, other research puts the proportion of children returning to care as much higher. Narey and Owers (2018) reference two sources that found two thirds (Farmer and Wijedasa (2013) and a third (DfE 2013b) of children re-enter care within five years of returning home after ceasing to be looked after.

13.3.3 Children returning to care after or during previous permanence arrangement

In 2016/17 the Department for Education added to the SSDA903 data collection information on children returning to care (including those who are in receipt of short breaks) having previously achieved permanence through adoption, Special Guardianship Order or Residence Order/Child Arrangement Order.

128 authorities provided information for 2017/18 indicating that 487 children returned to care after or during the following previous permanence arrangement:

- 226 (46%) subjects of a Special Guardianship Order
- 171 (35%) subjects of an Adoption Order
- 90 (18%) subjects of a Residence Order (until 22 April 2014) or a Child Arrangement Order

13.3.4 Children looked after at 31st March 2018

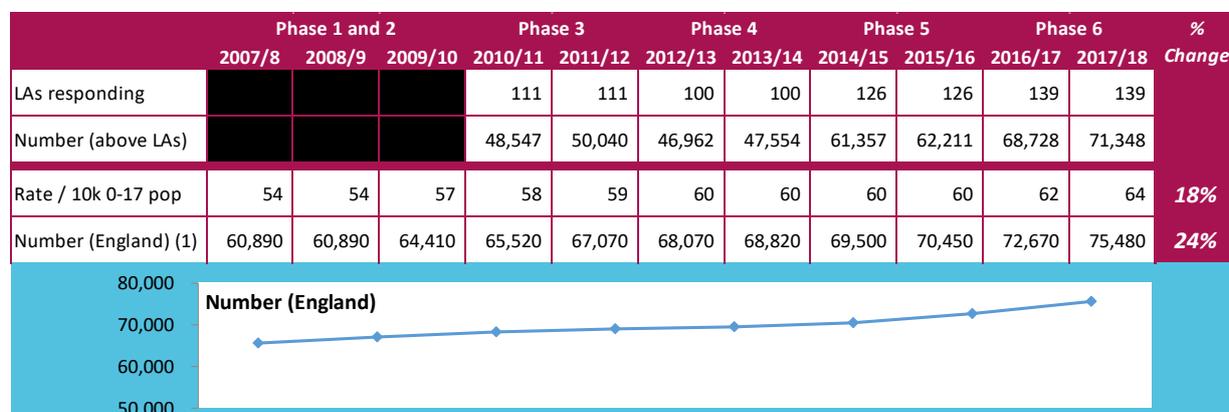


Figure 45: Children looked after at 31st March summary

139 authorities provided valid data reporting 71,348 children looked after at 31st March 2018. This represents a rate of 64 per 10,000 of the 0-17 population, and equates to 75,480 across all local authorities. The rate per 10,000 has increased in the past two years following a period of stability. Of the 119 authorities providing data in both phase 5 and phase 6, the number of children looked after at 31st March increased in 88 authorities (73.9%) and reduced in 31 authorities (26%).

13.3.5 Children looked after under a series of short-term placements

In phase 5, we reported a substantial reduction in the number of children who are accommodated under a series of short-term placements (DfE placement codes V3 and V4¹²). These children are not included in reported children looked after numbers. There had been a steady reduction in numbers since 2010, however, the number has started to increase again in the last two years. This appears to be due to use of respite for disabled children as well as series of short respite breaks for other children to prevent them becoming looked after continuously. This latter category is important and represents a shift in practice in some local authorities and ways of working with children and young people who are on the edge of care.

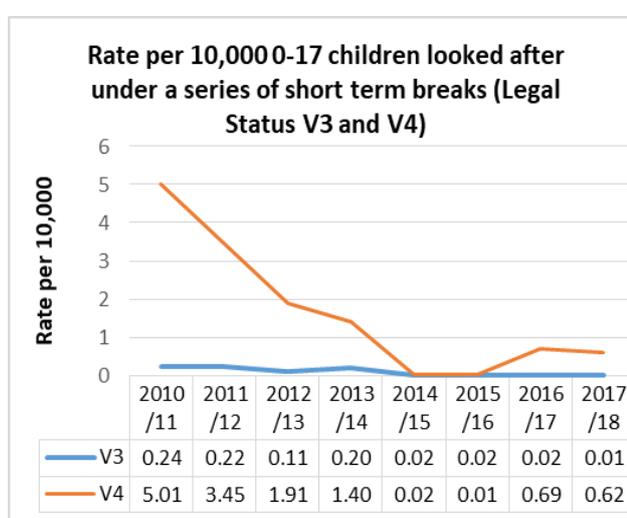


Figure 46: Children looked after under a series of short term breaks

13.3.6 Children ceasing to be looked after

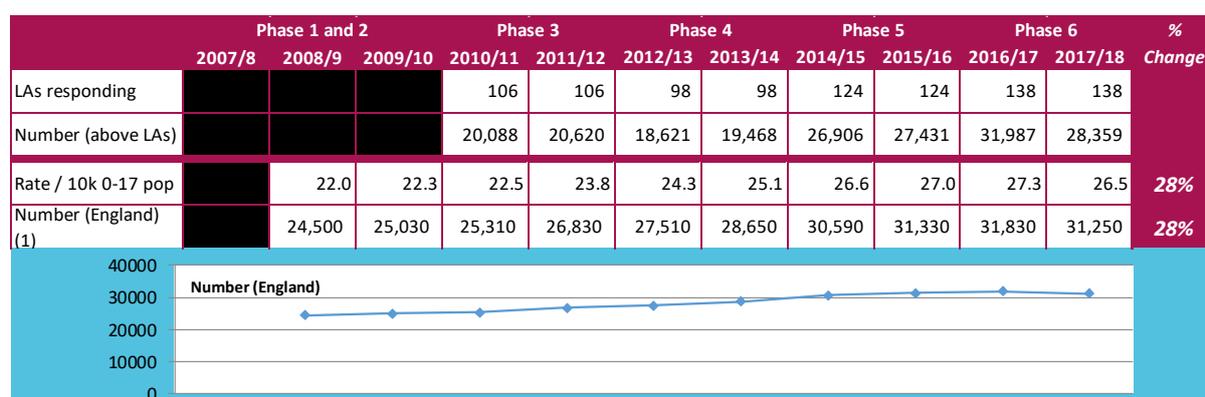


Figure 47: Children ceasing to be looked after summary

¹² These are both “Accommodated under a series of short term placements”

Valid responses were received from 138 authorities covering 28,359 children who ceased to be looked after during 2017/18, equating to 26.5 children per 10,000 of the 0-17 population (which extrapolates to 30,250 across all local authorities). More children were ceasing to be looked after year-on-year until this year, 2017/18.

13.3.7 Variations to children starting, ceasing and looked after at 31st March

Variation between authorities in numbers of children looked after are apparent. Qualitative information provided by respondents indicates the reasons for this are complex. Reductions in the numbers of children looked after in those authorities which have historically had high numbers of UASC can be attributed in part to the National Transfer Scheme. Conversely, the increase in some areas is due to their taking more UASC as part of the transfer scheme.

- Seven authorities (5%) have had significant reductions of more than 10% in children looked after in the past two years, and 35% of local authorities have experienced a more than 10% increase in the same period. Where there are significant reductions, these are authorities whose historically high numbers of UASC have been reduced as part of the National Transfer Scheme, or where there has been DfE Innovation Programme funding for projects to reduced looked after children numbers).
- The reductions in some authorities have a significant impact on average performance of their region as a whole, masking high numbers in other authorities in the region
- There are significant regional differences in children looked after. There are more children looked after in the north, especially the North East but also to a lesser extent the North West.

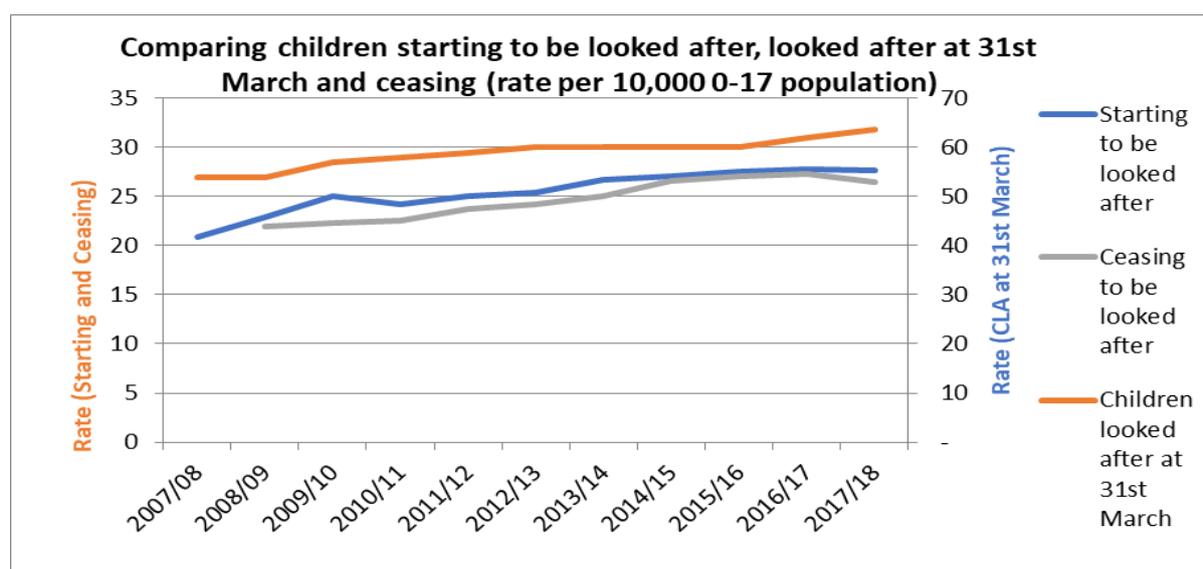


Figure 48: Comparing rates of children starting, ceasing and looked after at 31st March

13.4 Category of need

13.4.1 Children starting to be looked after by category of need

60.4% of all children starting to be looked after were primarily due to reasons of Abuse or Neglect (N1), an 18.1% increase since 2007/08 and the highest proportion in the past 10 years. Neglect remains the largest category and equates to 16.8 children per 10,000 of the 0-17 population. 21.3% started to be looked after due to either Family Dysfunction (N5) or Family in Acute Stress (N4) combined.

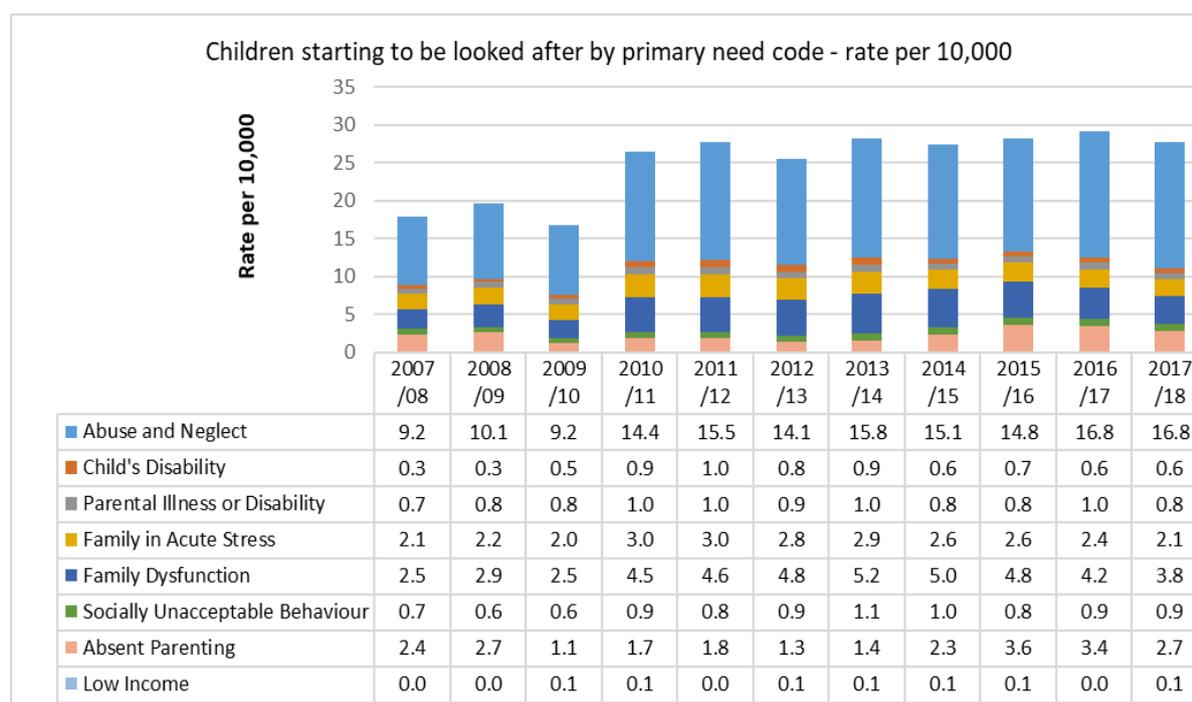


Figure 49: Percentage of children starting to be looked after by need category

From qualitative questions and interviews, we can conclude that:

- There is regional variation in the reasons children become looked after or are looked after at 31st March. Whilst some may require further exploration as to reasons why, the prevalence of UASC accounts for why Absent Parenting is significantly higher in London and the South East than elsewhere.
- The North East and North West regions have higher rates of children starting to be looked after, and a higher proportion of those are for reasons of 'abuse or neglect' than is the case in other regions.

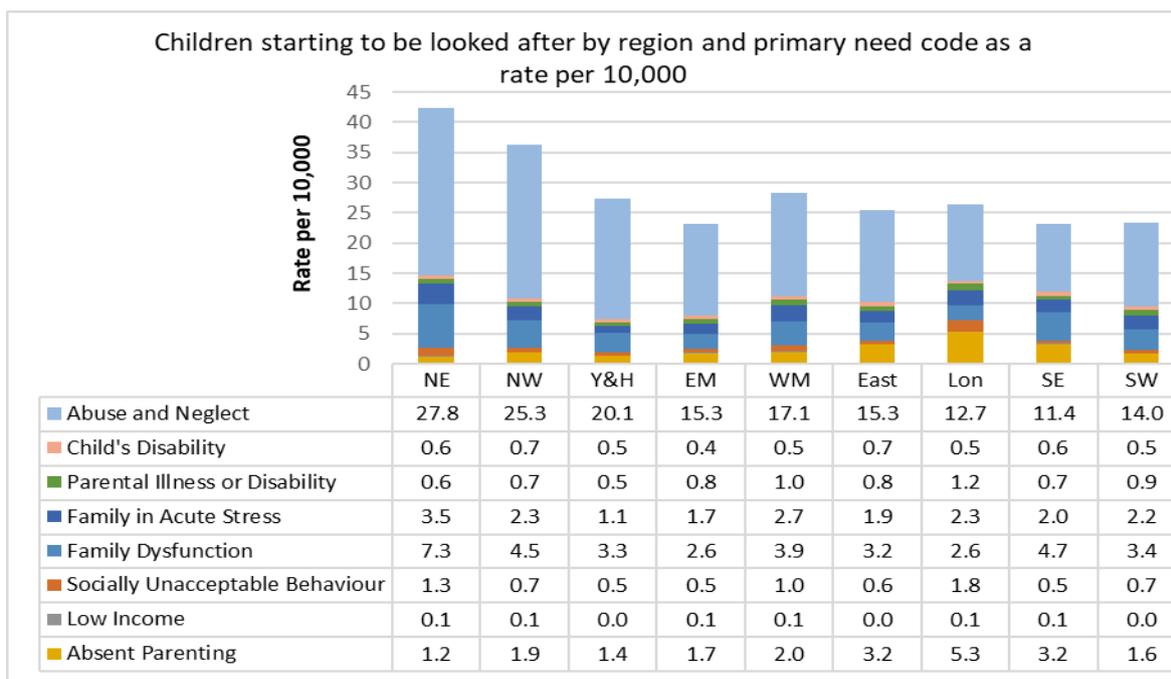


Figure 50 – Children starting to be looked after by need and region

13.4.2 Children looked after at 31st March by category of need

Abuse and Neglect continues to be the main category of need for children looked after at 31st March, accounting for 63.1% children, and 22.8% for family in acute stress and family dysfunction. There have been recent reductions in the categories Child's Disability (now 2.9%) and Parental Disability (now 3.1%). Absent Parenting, which is largely the category used for UASC, represent 6.3% of all looked after children.

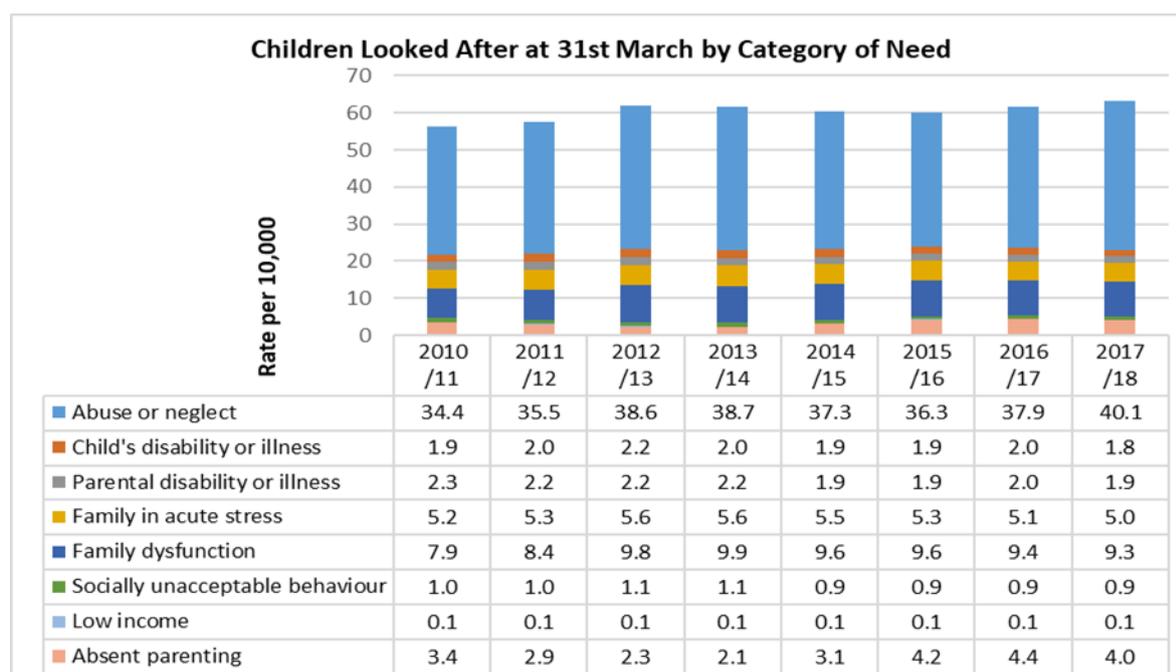


Figure 51: Children looked after at 31st March by category of need

13.5 Age

13.5.1 Children starting to be looked after by age band

The rate of children aged 16-17 who have started to be looked after has doubled in the past ten years from 2.0 to 5.1 per 10,000 of the 0-17 population, and now representing 18.5% of all children starting to be looked after in 2017/18. The number of these who are UASC and who go on to be care leavers may account for some of the changes in number ceasing to be looked after. The largest age group remains those children aged 10 to 15 (27.3%) although the proportion has been reducing. Unsurprisingly, London has the highest proportion of children starting to be looked after aged 16-17 which we can presume is UASC, and the North East and North West have more babies starting to be looked after. Nuffield Foundation (Broadhurst *et al*, 2018) evidence the significant increase in the likelihood of babies becoming subjects of care proceedings, and noted regional differences.

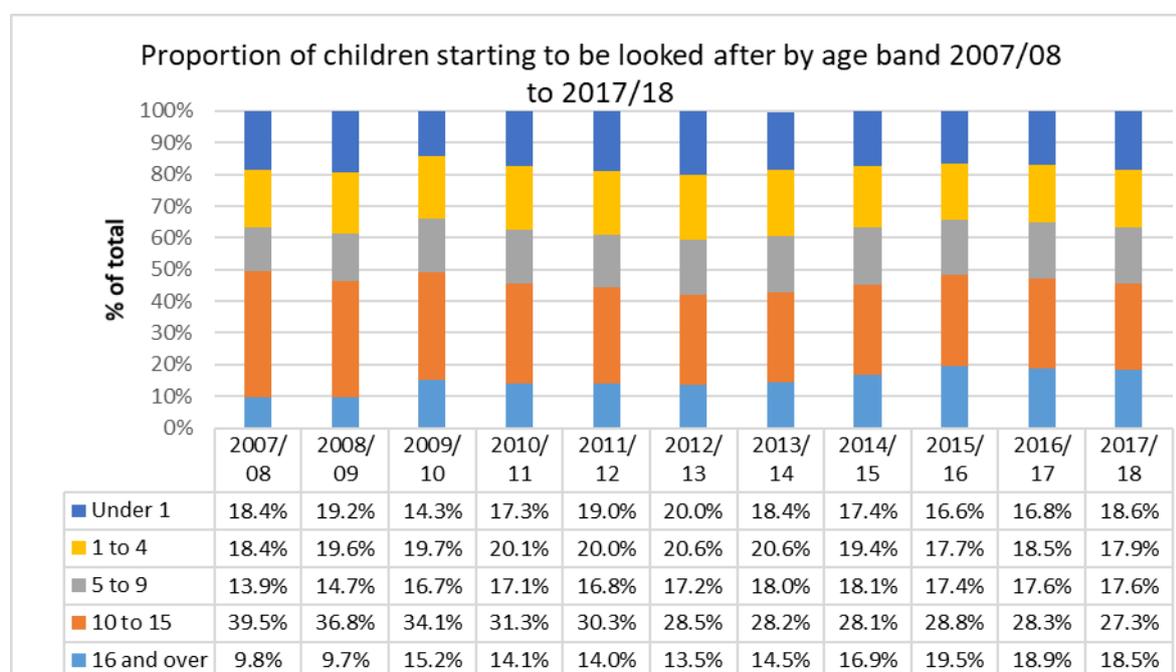


Figure 52: Children starting to be looked after by age

13.5.2 Children looked after at 31st March by age band

Apart from a reduction in the proportion of children aged between 1 and 4, there has been little change in the age profile of children looked after at 31st March each year, despite the changing age profile of children starting to be looked after. 61.2% of children looked after at 31st March 2018 were over 10 years old, of which 23.8% were either 16 or 17 years old. Regionally, there are variations in the ages of children looked after. There are more children looked after aged 16 and over in London and surrounding regions largely due to higher UASC.

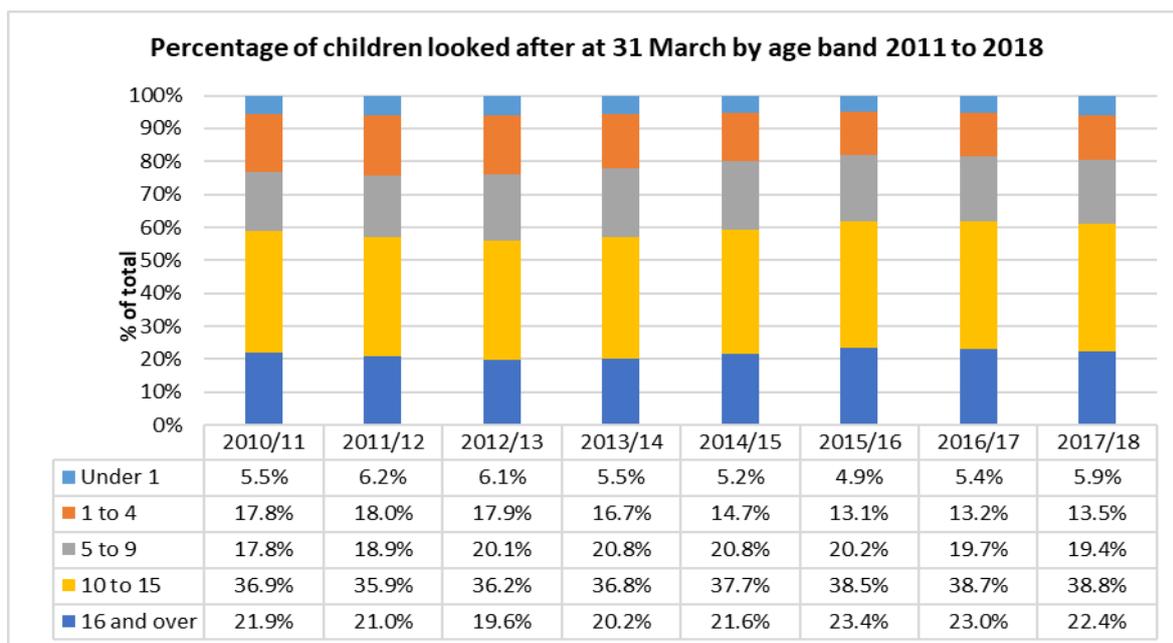


Figure 53: Children looked after at 31st March by age

13.5.3 Children ceasing to be looked after by age band

The percentages of under 1s and the 10 to 15 year-old cohorts ceasing to be looked after have been relatively stable for the past three years. The trend in the 1 to 4 age group bears some relation to the numbers of children adopted annually.

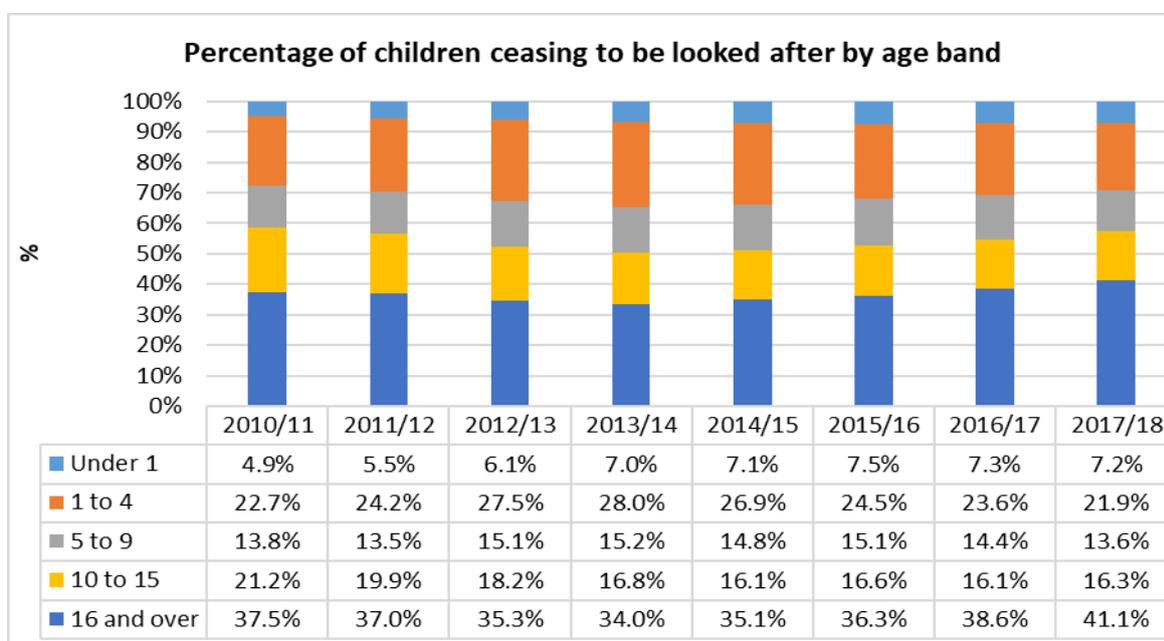


Figure 54: Children ceasing to be looked after by age

13.6 Children looked after by legal status and type of plan

Since Safeguarding Pressures research began to capture legal status information in 2010/11, there have been some changes to the legal basis under which a child can become looked after (see Glossary for details).

57.4% of all children looked after at 31st March 2018 in responding authorities have a Full Care Order, and the proportion has increased year-on-year. Fewer children are the subject of Interim Care Orders, or Accommodated under Section 20 (i.e. without a care order).

The rate, and proportion of children looked after who are subjects of Placement Orders (or Freeing Orders) peaked at 13.6% in 2012/3, following the government’s sustained campaign to promote adoption as the preferred form of permanence for children. The rate has been falling since, and is now at 4.6%, the lowest level since ADCS Safeguarding Pressures research began.

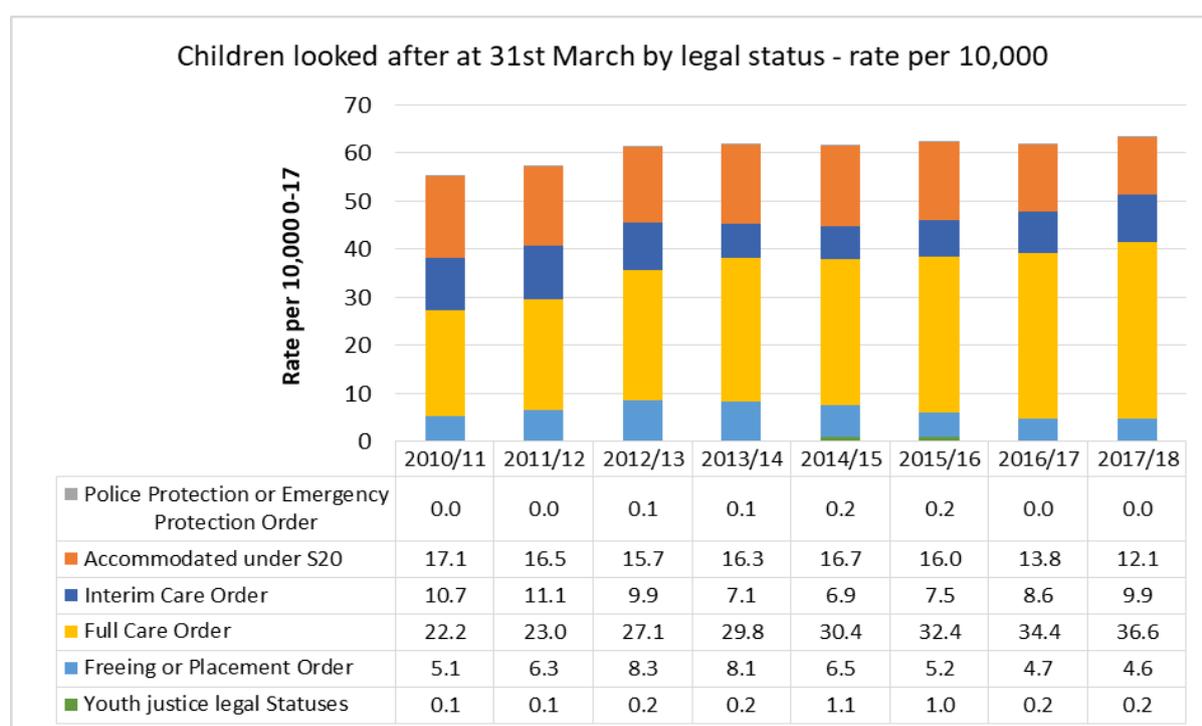


Figure 55: Rate of children looked after by legal status as at 31st March

DfE report that 240 children were looked after on youth justice legal statuses at 31st March 2017 (DfE, 2017), and based on data from the 139 respondents, the national number is similar in 2017/18. However, this number at 31st March masks a significant proportion of in-year activity. In 2016/17, 710 young people started to be looked after under a youth justice legal status. There has been a reduction over the past four years and most notably in the last two years.

13.6.1 Type of plan

50 authorities provided information about the type of plan for children looked after at 31st March each year. 5.3% of children looked after at 31st March 2018 in responding authorities had a plan of remain with family, and fewer children have a plan of adoption (7.1%). This supports the other evidence of the shift in care planning and proceedings. There has also been an increase in the number of children where the plan is ‘long term foster care’, from 36.1% to 42.1% of all children looked after at 31st March. This sizeable cohort of children in foster care placements illustrates that whilst for some children permanency whether through adoption, living with family members or returning home is the goal, there are a considerable number of children for whom the plan will be to remain looked after.

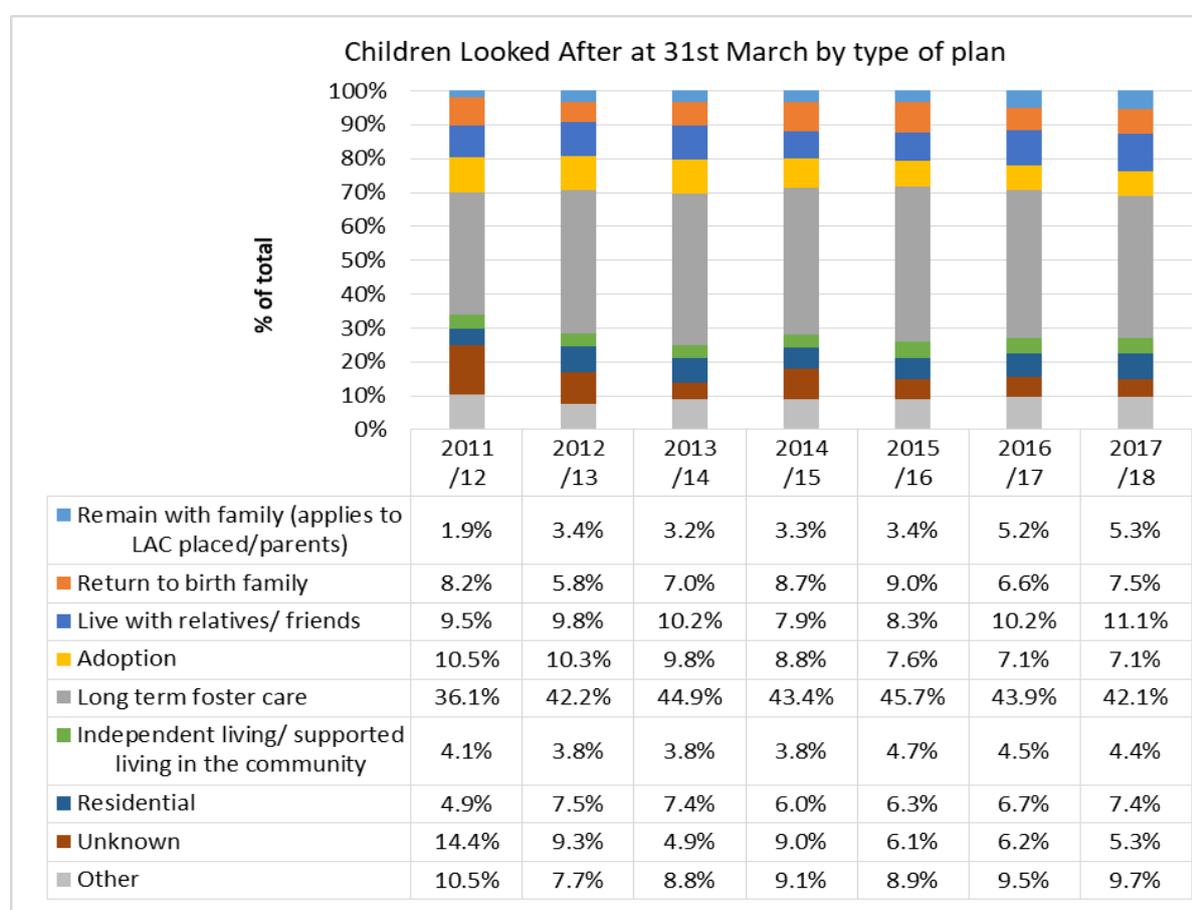


Figure 56: Type of Plan

13.7 Placements

Ofsted (2018c) reports that as at 31st March 2018, there were 83,930 approved fostering places available for children, which is fewer than previously. The number of fostering households decreased by 2% from March 2014, to 43,710 at 31st March 2018. There was a 31% reduction in households that were approved to provide short breaks only. However,

the number of approved family and friends households, including 'connected person' continued to increase year-on-year to 6,615 at 31st March 2018. The types of placements offered by mainstream, local authority-approved fostering households are short term (51%) and long term /permanent (43%), however the balance changes in IFAs where 40% of placements are short term and 52% long term.

13.7.1 Key findings

Between phases 5 and 6 of ADCS Safeguarding Pressures research, there have been small changes in the rate of children looked after who are in kinship care (placement with relative or friend who is an approved foster carer) as well as those placed with parents. However, this masks some considerable variation within the broad categories:

- Foster care as a whole accounts for almost three quarters of all placements (73.2%)
- The largest proportion of children are placed with foster carers other than relative or friend (60.4%). 8.4% of children looked after are placed in children's homes
- An increase in children who are placed in children's homes or 'other' residential - which includes residential care home, NHS/health trust or other establishment providing medical or nursing care, residential schools, family centre or mother and baby unit
- Numbers in Secure Children's Homes (K1) and YOI or Secure Training Centres are small (totalling less than 500 children at 31st March 2018) but rates per 10,000 0-17 have increased by 9% and 12% respectively between 2014/15 and 2017/18
- Decreasing proportions in independent living arrangements despite higher numbers of children looked after aged 16 and 17, and the continued impact of the Southwark Judgement.

Placement stability continues to vary between authorities but with little change overall. In responding local authorities, the long term stability average of children looked after for 2.5 years who had been in the same placement for two years or more, was 66.4% and there was no change in short term placement stability (10%)

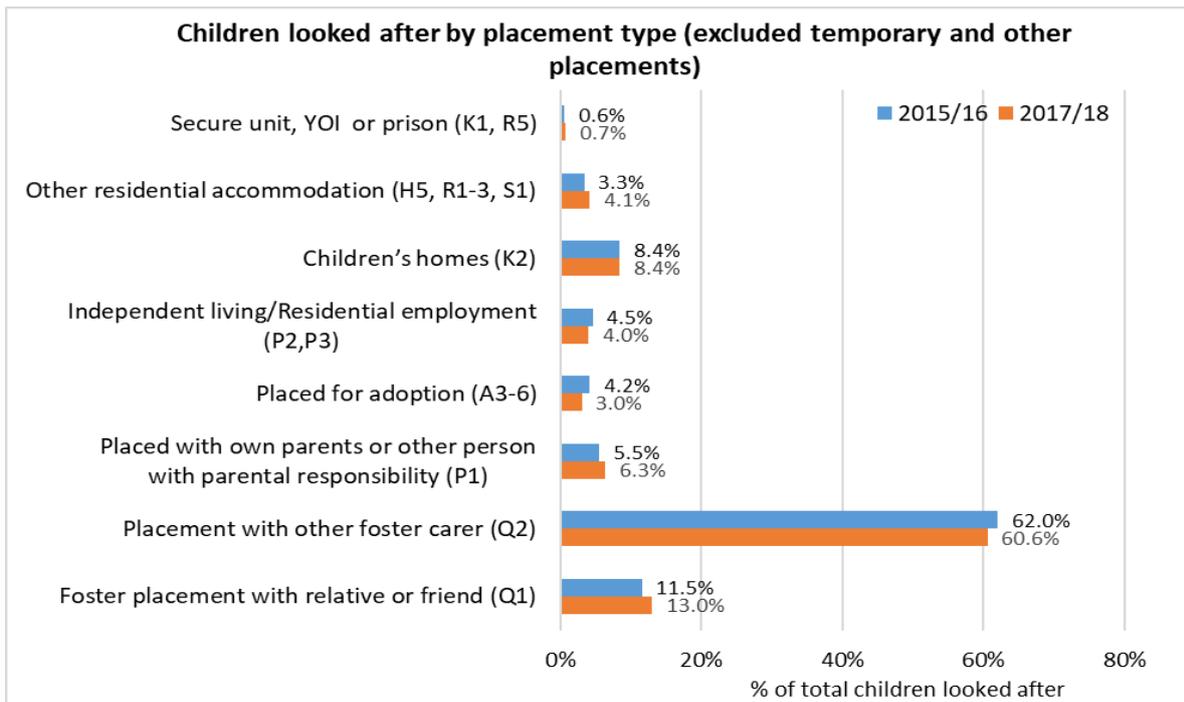


Figure 57: Percentage of children looked after at 31st March 2016 and 2018 by placement type.

13.7.2 Children looked after at 31st March by placement provider

132 local authorities provided data relating to 69,194 children and their placement provider at 31st March 2018. The majority of children (52.7%) were in placements provided by their own local authority. A further 34% were placed in private provision. 6% were placed with parents. The remainder of providers combined account for less than 10% of provision.

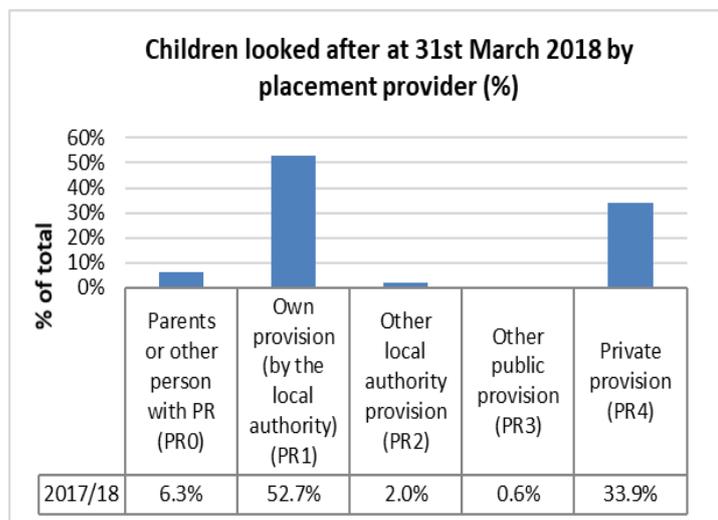


Figure 58 - Percentage of children looked after at 31st March by placement provider

111 authorities reported a total of 14,604 children looked after at 31st March 2018 who were in Independent Fostering Agency (IFA) placements. This equates to a rate of 15.5 per 10,000 and extrapolates to 17,287 in all England. We know from Ofsted (Ofsted, 2016 and 2017) that for the past two years, one third of all fostered children are in IFA placements, and these tend to be older children. 72% of all children in IFA placements are aged 10 or over compared to 53% of all children in local authority foster care.

13.7.3 Foster care

There has been a marked shift in the pattern of placements away from recorded as ‘long term with other foster carer’ (U4), to those which are ‘not long term with other foster carer or FFA/concurrent planning (U6). Rates of those in concurrent or fostering to adopt placements remain low both for kinship and other carers.

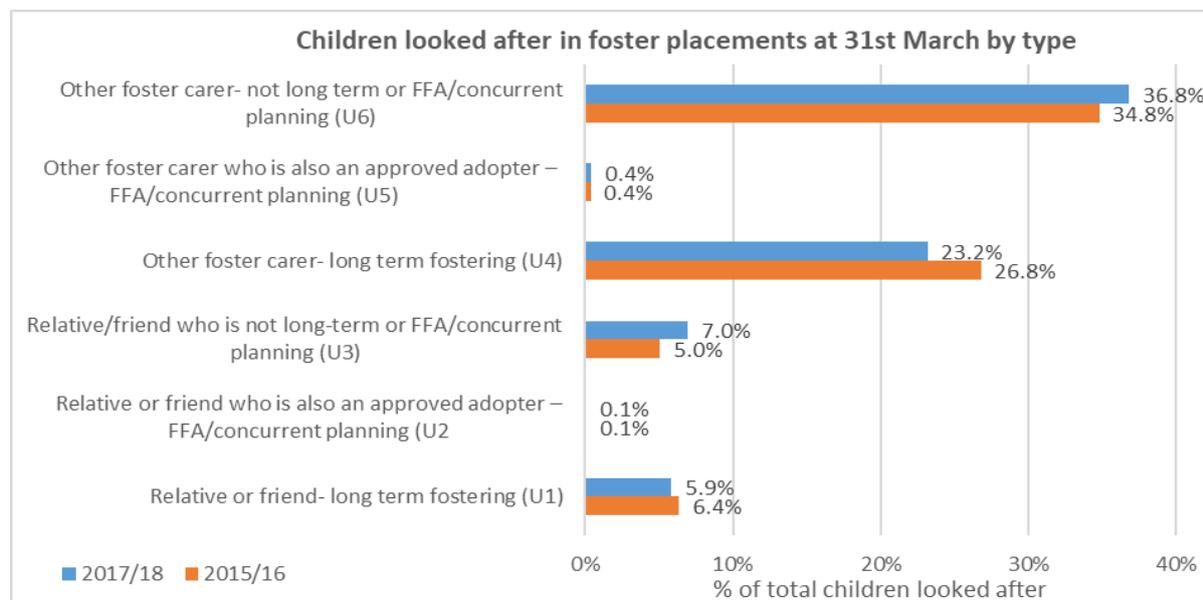


Figure 59 - Rate per 10,000 0-17 children in foster placements, detailed breakdown.

13.7.4 Placement costs

Costs of placements for children looked after, including independent fostering agencies and external residential placements are one of the biggest changes and financial pressures cited by respondents. Of the £1.7bn spent by local authorities on foster placements in 2016/17, 42% goes to independent providers (£727m) but costs vary greatly (Ofsted, 2018c). Narey and Owers (2018) as part of the Fostering Stocktake, reviewed the costs of fostering placements specifically in independent fostering agencies, and their conclusions very much mirror the experiences of Safeguarding Pressures respondents *“the shortage of carers in particular places and for particular types of children has helped create a marketplace which IFAs have dominated and where they have, sometimes, been able to dictate pricing.”* Narey and Owers conclude that whilst local authorities are trying to use framework agreements to manage the market, there are greater opportunities for commissioning and using their full aggregated purchasing power.

“Small numbers of children cost a lot of money. We did some work around it, we have looked at the cost of an independent fostering agency placement for a year- it is the same cost as a social worker [salary for a year]”. – DCS Interviewee

13.7.5 Welfare secure placements

We reported in detail in phase 5 about the demand for welfare secure and tier 4 mental health placements and how that demand is being met. 62% of respondents in phase 6 stated that they had experienced significant difficulties in obtaining most notably welfare secure placements but also tier 4 mental health placements due to severely limited availability.

These are often high cost placements for very vulnerable young people who are at risk of significant harm. One respondent to phase 6 reported having three children in secure placements at a cost of £6,500 a week each. We did not repeat the data capture in phase 6, but we know that 170 children and young people were in secure accommodation at 31st March 2017 (DfE, 2017), and most likely looked after under Section 25 of The Children Act 1989, often referred to as being 'on welfare grounds'.

"I don't think the system has got the capacity to deal with those kids and authorities are having to do some very innovative thinking about to how to manage some really, really tricky kids... Layered onto that is the issue around mental health. there have been examples where I've been absolutely sure some of those children should have been in hospital. So, costs going up, demand going up and complexity going up which push that over the edge" –

13.8 Children ceasing to be looked after

13.8.1 Duration of time in care

115 authorities provided information about the length of time children had been looked after from the date they started to be looked after to the date they ceased. 22.3% were looked after for less than three months, and 11.8% had been looked after for more than five years. Comparing responses from these 115 authorities with nationally published data (DfE 2017), illustrates that of those children ceasing to be looked after, the majority (53%) had been looked after for a short period of time (less than 12 months).

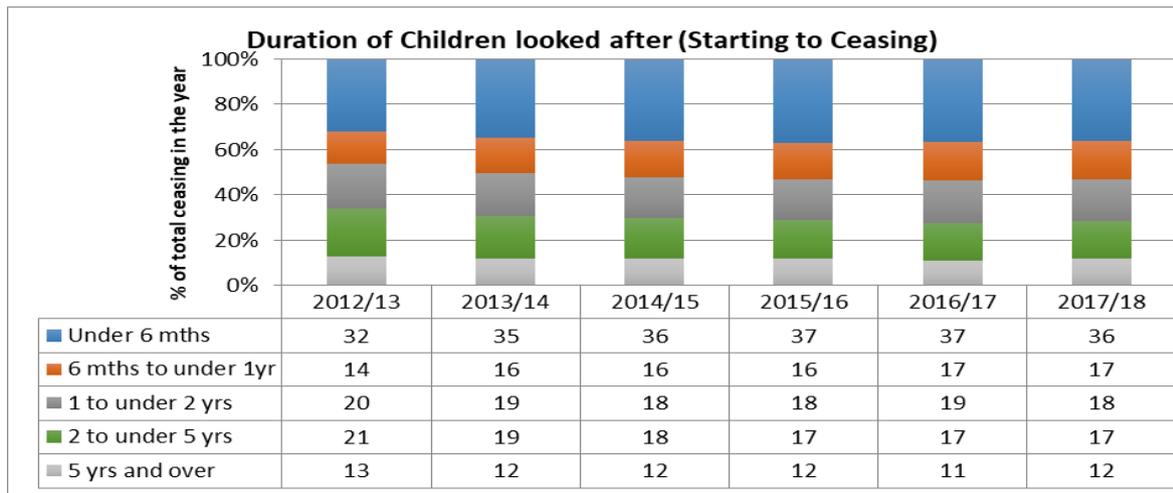


Figure 60 - Duration of time in care. Source: 2012/13 data: DfE SFR50/2017. 2017/18 data: SGP6 respondents.

13.8.2 Children ceasing to be looked after by reason

138 authorities provided valid data on reasons for children leaving care. More children leave care to return home to live with parents than for any other reason (26%). However, the proportion of children who do so has reduced by a third since 2010/11. From 2014/15, DfE differentiate between 'returned home planned returns (E4A)' and 'unplanned returns (E4B)'. In 2017/18 there were four times as many planned returns as unplanned returns. The ratio between planned and unplanned returns varies hugely between authorities, but shows no discernible regional pattern.

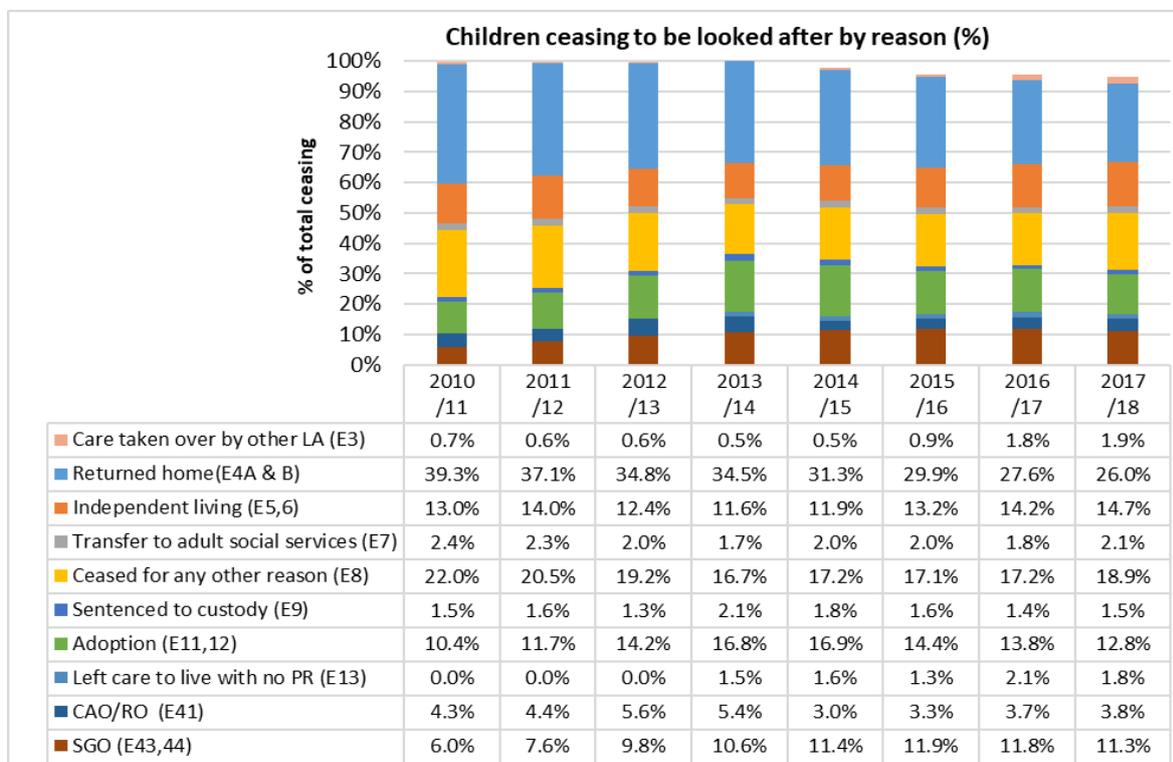


Figure 61: Children leaving care by reason ceased . Note: categories 'Died' Accommodation on remand ended (E14) and Child Moved Abroad (E15) excluded due to small numbers (<1% of total for each).

Other changes in reasons why children cease to be looked after include:

- More children are ceasing to be looked after due to ‘care taken over by another LA’ in the UK (E3), from 0.9% in 2010/11 to 1.5% of the total children ceasing in 2017/18. The highest proportions are in London and the South East, and relate largely to the transfer of UASC. The impact of the National Transfer Scheme on the numbers starting/ceasing in those LAs where UASC are moving from/to, is likely to have a perverse effect on the numbers of children looked after reported, as some children might be counted ‘twice’ as part of their move to another local authority
- 14.7% of children leave care and move to independent living arrangements, likely linked to the increases in adolescent first time entrants to care and UASC.

13.9 Adoption and permanence

The proportion of children leaving care through adoption increased steadily between 2010/11 and 2014/15, but declined in 2017/18, to 12.8% of all children leaving care. A greater proportion (15.1%) found permanence through Child Arrangement Orders or Special Guardianship Orders than did through adoption.

Correlating the percentage of children who are subjects of Placement Orders, in adoptive placements at 31st March and children adopted during the year, there is a clear pattern of increase in 2013/14 and 2014/15 when the government drive for adoption was at its height. In subsequently years we’ve seen a declining trend. This is not necessarily because government has shifted its focus. It is most likely due to a combination of courts not making Placement Orders, fewer adults coming forward to be adopters, leading to adoption agencies approving fewer adoptive parents.

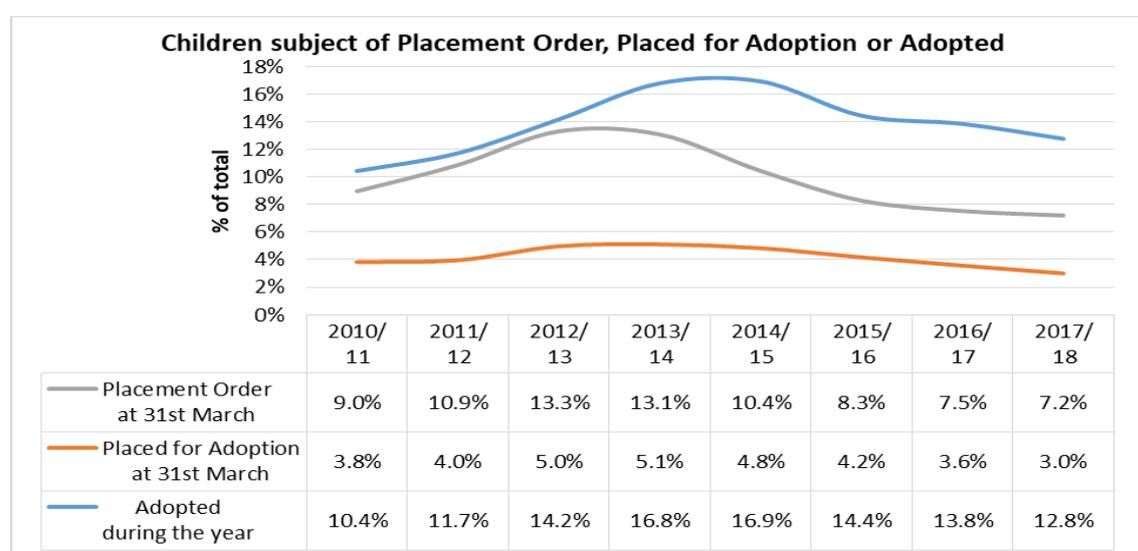


Figure 62: Children adopted during the year, placed for adoption and with placement order legal status at 31st March

Despite little change in the overall numbers of children for whom there is a reversal of decision to adopt, the impact of court decisions is evident. 134 authorities supplied valid data on changes in adoption decisions, indicating that 768 children in responding authorities had the decision changed away from adoption in 2017/18. There is an increase from 7.2% to 33.9% of the total children where the decision is reversed because the court did not make a Placement Order.

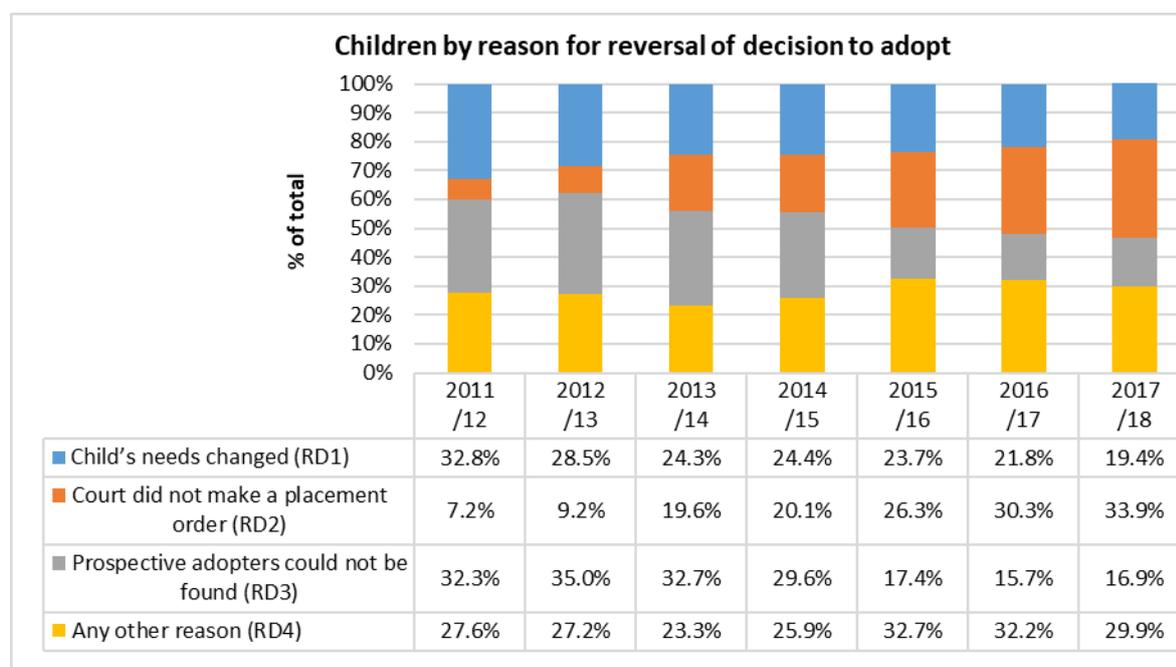


Figure 63: Reversals of adoption decisions by reason

13.9.1 Adoption & Special Guardianship Leadership Board quarterly adoption data

The latest available published data from the ASGLB is for the period to 31st December 2017. 2,650 children were waiting to be adopted as at 31 December 2017. 30% of those children had been waiting for 18 months or more. Whilst adopter approval timeliness is improving (31% made within 6 months of registration between April and December 2017), the timeliness for matches made within 3 months of approval has reduced to 31%, from 38%. (ASGLB, 2018).

13.9.2 Special Guardianship Orders and Child Arrangement Orders

An estimated 36,000 children are supported on either a Special Guardianship Order (SGO),r Child Arrangement Order (CAO) or Residence Order (RO). 74 responding authorities were supporting 14,948 SGOs and 3,631 CAOs or ROs at 31st March 2018. The rate per 10,000 of the 0-17 population of SGOs supported has increased by 166%, from 9.18 in 2012/13 to 24.41 in 2017/18. The increase in the last two years alone is 30%. Conversely, the rate of

ROs/CAOs has seen progressive annual reductions from the 2013/14 rate of 7.68 to 5.93 for 2017/18.

The combined effect of these changes is that the rate per 10,000 of the 0-17 population for children supported on either order has increased by 81% from 16.71 in 2012/13 to 30.34 in 2017/18. Rates vary considerably between authorities and regions. For example, the North East supports the highest rate of SGOs (41) and the West Midlands to lowest (13).

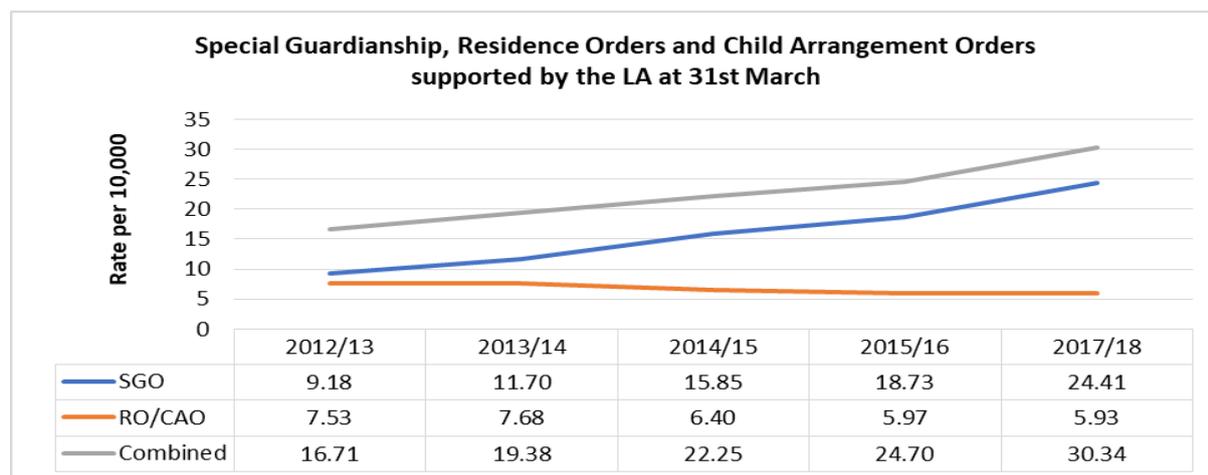


Figure 64 - Rate of SGO and RO/CAO supported by the LA per 10,000 0-17 summary

Regional variations are likely linked to different approaches taken by local family courts and circuit Judges. There is some anecdotal evidence that Judicial decision-making is affecting practice in terms of Orders applied for by the local authority.

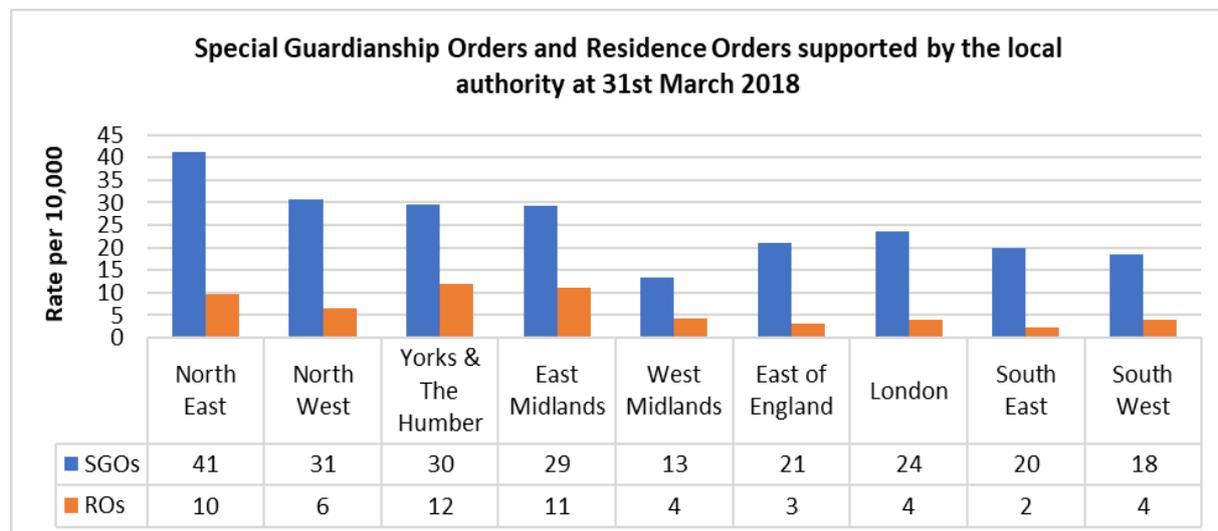


Figure 65 - Rate of SGO and RO/CAO supported by the LA per 10,000 0-17 by region

14 Unaccompanied Asylum Seeking Children (UASC)

14.1 National context and policy

A special thematic report on Unaccompanied Asylum Seeking and Refugee Children was published by ADCS in November 2016 as part of Safeguarding Pressures Phase 5 (ADCS, 2016b). The report concluded that between 2014 and 2016, the number of UASC in England had doubled but with significant variations across the country, and an increase anticipated in the majority of authorities. The voluntary National Transfer Scheme (NTS), introduced in July 2016 aims to disperse UASC more equitably around the country.

The challenges of meeting the specific and often complex needs of asylum seeking and refugee children have been exacerbated by insufficient levels of Home Office funding. LGA evidenced that in 2015/16, LAs spent £113m on support for UASC which is £48million over budget. ADCS estimated that the level of under-funding is in the region of £3.4m per 100 UASC per year. This represents an unsustainable financial burden on local authorities which is affecting their ability to participate in the voluntary National Transfer Scheme now and in the future despite a desire to help.

14.2 Key findings

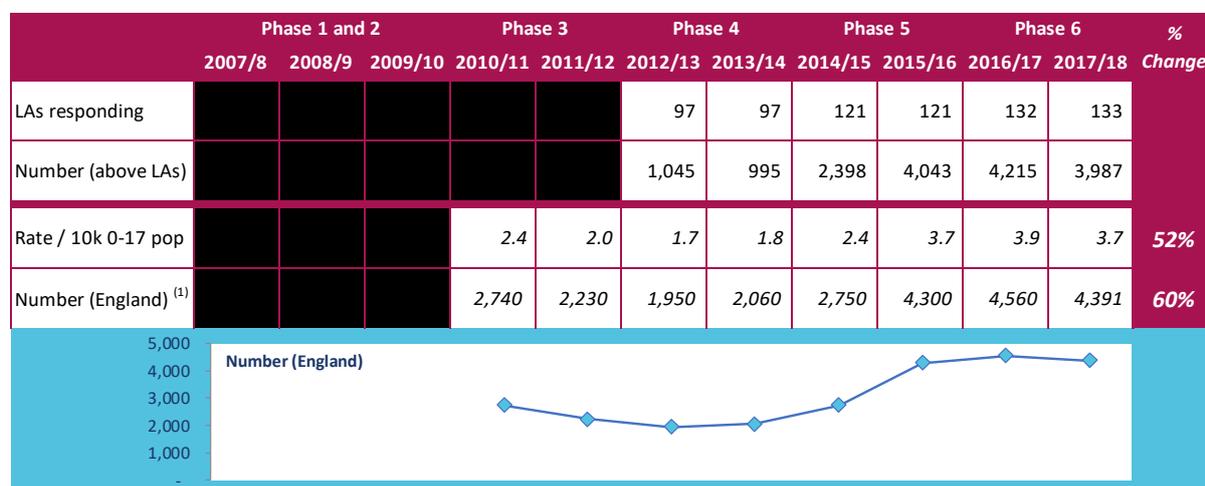


Figure 66 - UASC rate per 10,000 0-17 by

There were 3,987 UASC who were looked after at 31st March 2018 in 133 responding local authorities. This is a rate of 3.7 per 10,000 of the 0-17 population and extrapolates to 4,390 across England (0.04% of total population as measured by National Transfer Scheme). 17 authorities are supporting in excess of the NTS 0.07% of UASC at 31st March.

Responding authorities also provided information about the numbers of UASC who were starting to be looked after during the year, looked after at any time in the year, or are looked after at 31st March or care leavers. It is important to look at the rate of UASC who are looked after at any time during the year – this could be for a few days, or almost a year - because of the resource implication. Upon arrival in the UK, many will quickly reach the age of 18 and become care leavers.

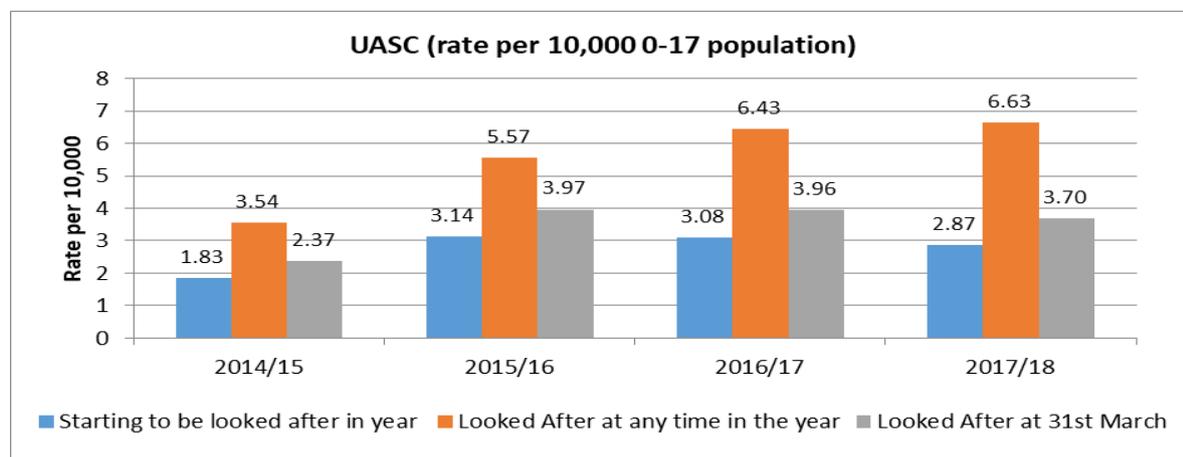


Figure 67 - Rate of UASC per 10,000 0-17 by region and year

There continue to be regional variations in the numbers of UASC supported, with London supporting the highest numbers. However, the 'gap' is narrowing. For those 'entry' authorities, which historically had the highest numbers, numbers have reduced. The North West and the South West have the largest increases. In the South West, this is largely due to new 'entry points' emerging, such as Poole and Portsmouth, following the closure of the migrant camps in Calais and subsequent reduction in arrivals via Dover and bringing new pressures for those local authorities affected.

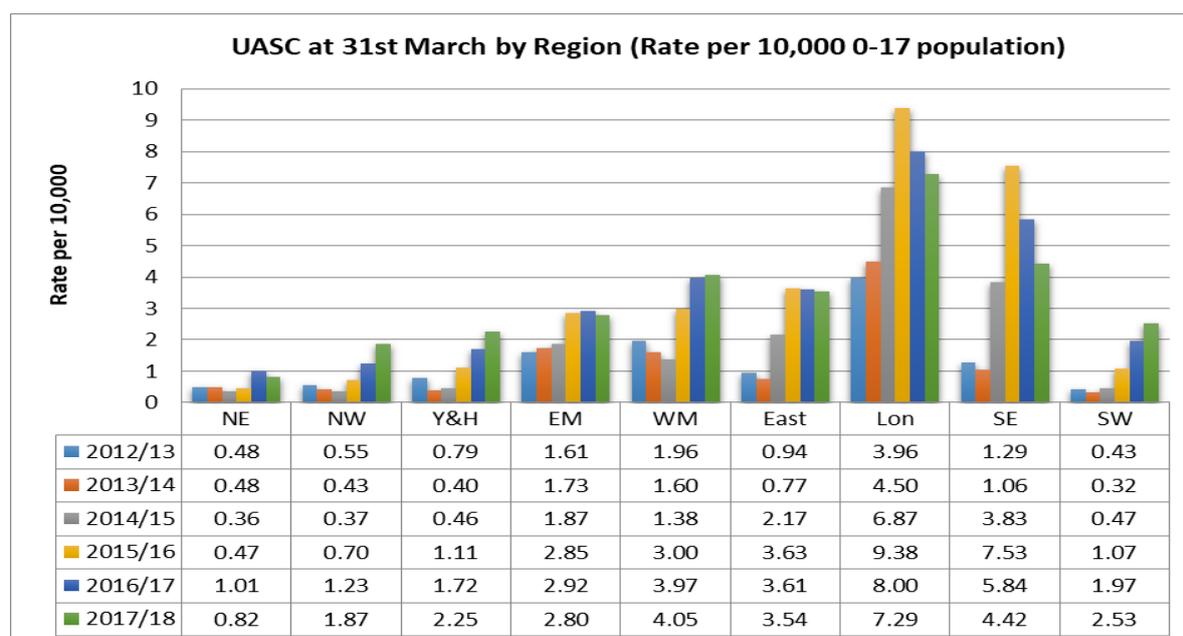


Figure 68 - Rate of UASC per 10,000 0-17 by region and year

Ways in which authorities are meeting the needs of UASC include:

- Development of a local offer including UASC support group where advice on immigration, housing and finance is offered
- Where numbers are manageable, UASCs are allocated to a single social worker who then develops a skill set in this area
- Identifying local accommodation provision for UASC (particularly post 16 provision) so they can be placed in-borough and benefit from local community and diaspora community support.

For the first time in phase 6, we collected information about the number of UASC who are care leavers at 31st March 2018. 124 authorities reported 4,202 care leavers – a rate of 4.34 per 10,000 and 5,150 extrapolated to all England. This is more than UASC who were looked after on the same date. UASC care leavers numbers were reported by respondents to represent a huge pressure given that Home Office funding level for UASC care leavers is significantly lower than for UASC aged 0-17.

Rightly, like all other care leavers, UASC care leavers are entitled to support from their local authority until the age of 25. This particular cohort of care leavers is probably more likely to continue accessing local authority support through to 25, than perhaps other cohorts of care leavers would be.

15 Care Leavers

15.1 National context and policy

The Children & Families Act 2014 introduced 'Staying Put' duties on local authorities to provide care leavers with the opportunity to remain with their former foster carer after they reach the age of 19, and new legislation came into effect on 1st April 2018 placing new duties on local authorities to offer the support of a Personal Advisor to all care leavers to the age of 25.

15.2 Key findings

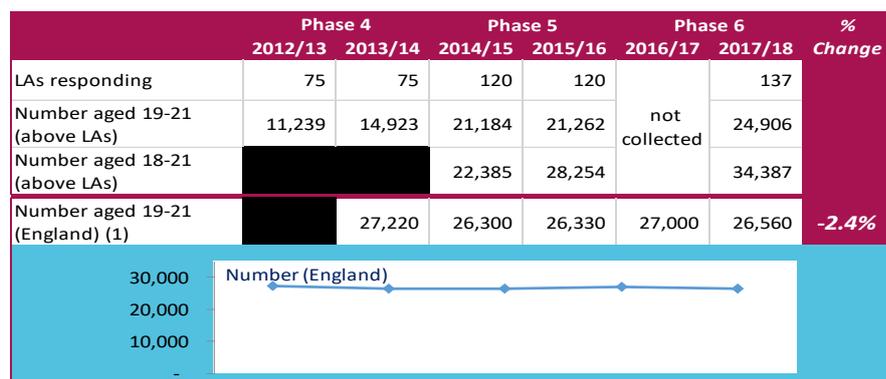


Figure 69 - Number of care leavers per 10,000 0-17

There were 34,387 care leavers aged 18 to 21 in 137 responding authorities as at 31st March 2018. This equates to a rate of 30.9 per 10,000 of the 0-17 population¹³ and extrapolates to 36,672 in England.

In terms of the extended care leaver duties, a further 1,499 care leavers aged 22 to 25 were reported by 74 authorities (a rate of 2.74 and 3,247 extrapolated to all England). However, the actual number of care leavers aged 22 to 25 eligible for under the new duties is likely to be significantly higher, as these data relate to those that the authorities were supporting at 31st March 2018, prior to the new legislative provisions coming into effect.

The number of 19 year old care leavers increased by 63% between 2007/8 (5,800) and 2016/17 (9,460) according to DfE data¹⁴. There is a slight reduction of 660 care leavers (-2.4%) since 2013/14 based on extrapolated data for this year.

There are regional variations in the rate of care leavers. Reasons for this may be due to UASC, and increase in the number of children starting to be looked after in the older age group.

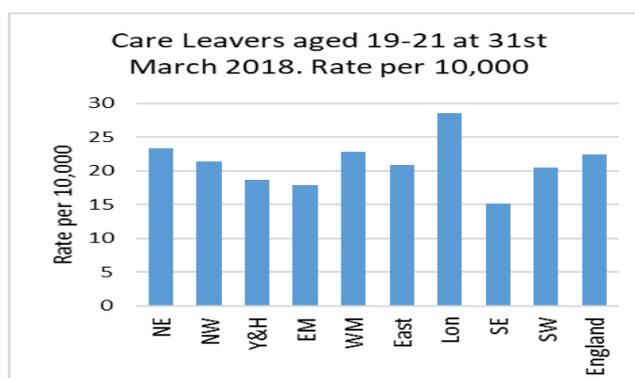


Figure 70 - Rate of care leavers per 10,000 0-17

¹³ The rate of care leavers has been calculated as per 10,000 0-17 year olds for consistency with other rate calculations. However, it should be noted that the care leaver cohort covers ages 18-21/25.

¹⁴ Between 2007/8 and 2012/13, DfE only reported the number of care leavers aged 19, and started to report those aged 19 to 21 in 2013/14. DfE do not provide data on younger care leavers.

15.2.1 Meeting the needs of care leavers

Ofsted (Ofsted, 2018c) reports that the proportion of young people staying put with their foster family decreased to 46% (1,570) compared to 54% (2,190) in the previous year. 52% of young people staying put did so in local authority foster families and 38% in IFA foster families.

Respondents in phase 6 attested that staying put arrangements are having a positive impact for care leavers. However, an unintended consequence of the legislation has been a reduction in the availability of foster carers and placements for new children starting to be looked after, creating a significant pressure in local authority foster placement capacity, which in turn increases reliance on more costly IFA placements.

The new duties in the Act extending Personal Adviser (PA) support for all care leavers from the age of 21 to 25 were the most commonly cited legislative changes where the impact has yet to be fully felt by respondents. Respondents felt that raising the age of support will significantly impact on their ability to manage service delivery in the future.

Whilst the principles of the Act are welcomed, the level of new burdens funding from government was insufficient. The calculation, based on the proportion of care leavers likely to access PA support, took no account of any subsequent need for services to be provided, e.g. housing. The national estimate of care leavers over the age of 21 wishing to continue with a service is believed to have been set too low, at 15%. As this estimate has been used to calculate the cost of additional support this is likely to leave the authority with a significant financial shortfall. This is especially untenable for authorities which have had high proportions of UASC who are now care leavers and for whom they remain responsible.

Whilst the financial burdens of the new duties were cited as an issue for them, respondents stated how they are tackling the new duties to ensure services are in place for the extended age range by revising their care leavers strategies, working with care leavers on the local offer, housing arrangements and increasing the number of PAs.

16 Adolescents

This section briefly explores the needs of young people, the changing context in which they live, risks they face, and services provided to them by the local authority and partners.

16.1 National context and policy

The physiological and psychological changes that occur in puberty can increase adolescents' appetite for risk-taking behaviour and can expose young people to different types of risk as they explore an emerging sense of identity and test the boundaries of safe behaviour. 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.

Young people therefore often present with multiple needs, can be referred from multiple sources and often re-present to services several times. This can put significant pressure on services which are designed largely to respond to individual needs, rather than designed to take a holistic, population-level approach to providing support.

Phase 5 evidenced a continued growth in needs of and demand for service provision for adolescents. The context driving this ranges from the impact of the Southwark Judgment in 2009 which is still being felt by local authorities in the number of children requiring accommodation, to current concerns about County Lines and other forms of criminal exploitation of children. We know that the context in which adolescents are living is more complex and with heightened and multiple risks. The notion of 'contextual safeguarding' is increasingly recognised, and has been included in the most recent iteration of the statutory guidance *Working Together to Safeguard Children* (DfE, 2018c).

16.2 Key findings

115 respondents described the changing needs and demand on service provision in their local authority for 15-17 year olds. The impact of the loss of youth services over the last ten years as a result of funding cuts to local government, was cited as a principle reason why local authorities are seeing increased demand for services for this age group.

Respondents stated that younger children, as young as 11-15 appear to be at risk of, or are experiencing abuse generally associated with an older age group. Local authorities are finding for example, that 'traditional' residential provision does not meet the needs of younger teens and so more bespoke residential provisions is required.

16.2.1 Risk factors

Better identification and understanding of risk factors have contributed to the continued, and in some cases escalating, concerns around adolescents. Young people are presenting with multiple and increasingly complex needs including challenging behaviour; emotional distress ; mental ill-health, alcohol and substance misuse. These appear to stem from two types of factor which are not mutually exclusive:

- Family based: parental conflict, attachment difficulties, homelessness, domestic abuse
- External factors: primarily related to interpersonal relationships, criminal and sexual exploitation, serious youth violence, gang activity (often referred to as ‘contextual safeguarding’).

Respondents cited the following concerns, in order of prevalence:

a) An increase in **child criminal exploitation** (CCE), such as County Lines is a rapidly emerging problem which local authorities and Police services across the UK are currently finding challenging to deal with, particularly the effective sharing of intelligence.

b) Child sexual exploitation and sexually harmful behaviour

In phase 5, we asked for numbers of children at risk of CSE during the year for the first time. Local authorities used their own local definitions and 100 authorities reported a total of 13,466 children in 2015/16, equating to a rate of 15.7 per 10,000 of the 0-17 population.

113 authorities supplied data for phase 6 about how many children and young people were at risk of CSE in 2017/18. There were a total of 17,257 children equating to a rate of 18.3 per 10,000 of the 0-17 population which equates to an estimated 21,685 in England. 28 authorities reported a rate of more than 25 per 10,000 of the 0-17 population. For some local authorities the reported increase is likely to reflect improvements in record keeping and, through expansion of teams of dedicated CSE workers, the identification of previously unknown adolescents at risk.

c) Missing children and young people

Better understanding of whether children are ‘missing’ or ‘absent’ and agreeing definitions across the Home Office, Police, DfE and local authorities has been the subject of work since 2012. This includes changes to DfE data collections, which may have caused a degradation in data quality.

The National Police Chiefs Council and the College of Policing 'Authorised Professional Practice' now recommends that for children looked after all episodes whether missing or absent be treated as missing. DfE and Police guidance are therefore out of step with each other. This has created a fragmented picture with some local authorities following one set of guidance and some following another. This will have significantly impacted on the reported numbers of missing children and episodes reported in phase 6, see below.

108 authorities reported 39,372 children missing *from home* at any point during the year 2017/18, across 95,212 episodes, an average of 2.4 episodes per child during the year.

137 authorities reported 11,996 children who were missing *from care* at any time during the year with an average of 6 episodes per child in the year. This is an increase since phase 5.

Ofsted (2018c) notes that in 2016/17:

- A total of 3,230 children (6% of all fostered children) went missing from foster care placements a total of 12,210 times (an average of four missing episodes per child). This is in line with the previous year
- Just under half of children who went missing from foster care did not have a return home interview
- Contact (including avoiding contact with family or friends) was the reason for half of all children go missing
- The majority of children (84%) were missing from care for less than one week, in line with the previous year
- Children and young people at risk of sexual exploitation were far more likely to go missing than those deemed not at risk, and almost half of children and young people in foster care at risk of CSE went missing.

- d) A significant, growing, and very worrying issue for respondents is the increase in prevalence of, and lack of appropriate services to address, **emotional distress and mental ill-health of young people**. This includes self-harming and risky behaviours.
- e) **Increase in homelessness**, which respondents cited was as a consequence of the Homelessness Reduction Act 2018. Overcrowding and use of houses of multiple occupancy and more young people seeking housing support or advice.
- f) **On-line abuse and exploitation**.
- g) **Drug and alcohol mis-use**, including emergence of psychoactive substances (NPS) such as Spice.

16.2.2 Meeting needs

For many authorities, 15 – 17 years olds currently represent the age group most likely to become subjects of a child protection plan or becoming looked after. There appears to be increasing recognition that the current child protection system may not operate as effectively for adolescents as it does for younger children (Firmin, 2016; Schrader-McMillan & Barlow, 2017).

If a teenager is taken into care, a residential placement is not always the right solution to meeting their needs. Local authorities regularly report some independent providers of residential homes simply will not accept the most challenging young people; and where they do, the costs are high. The increase in the numbers of young people in the secure estate on both criminal and welfare grounds, and the national shortage of secure welfare beds has also had an impact on local authorities ability to place young people close to home. Respondents report an increase in need for secure welfare beds. 47 respondents talked about the challenge of identifying alternative placements, which sometimes needed to be single placements when welfare secure placements and tier 4 mental health hospital beds are unavailable, as is frequently the case.

Local Authority Case in Point: Adolescents	
<ul style="list-style-type: none">• Increase of 35% in the use of residential care due to their presenting risks and behaviours• 2 young people excluded from a secure setting due to their behaviour and a third young person not accepted into any unit despite a Secure Order being made.	<p>The needs of young people in this age group have become more complex and challenging. Overall the numbers of children looked after have fallen slightly over the past two years. For the first time the local authority has been affected by a change in approach of London Gangs to distribute drugs along County Lines. Vulnerable and disadvantaged young people in our coastal towns have been most significantly affected in this regard. A Gangs Strategy has been developed that identifies the current and potential risk for our vulnerable young people to become involved in the movement of drugs and partners are working closely together to find ways in which to reduce the risk. – South East LA</p>

Respondents felt that skilful relationship-based work, under-pinned by a strengths-based approaches that builds resilience and helps to sustain change, make the biggest difference in these young people’s lives. Examples were given of:

- Implementation of ‘Youth Portal’, integrated adolescent teams, or targeted youth support made up of psychologists, social workers, youth workers, youth offending team worker, early help practitioners, and substance misuse workers
- Contextual safeguarding service with a multi-agency response team to address the immediate and specific risk of gangs and knife crime

- Upskilling frontline staff and managers to support adolescents better, for example, training in contextual safeguarding
- Bespoke fostering provision which includes therapeutic care
- Examples of diverting adolescents from care by working with them and their families offering respite placements for short periods
- Reducing the number of children not attending school
- Setting up 24/7 emotional wellbeing services and working with CAMHS around a whole systems response.

17 Correlating Activity Across Children's Services

An important facet of ADCS Safeguarding Pressures research is to correlate and triangulate a range of evidence to highlight the pressures across the whole system. This section aims to do that with a specific focus on comparing activity with levels of need, and interventions against the local area context.

17.1 Comparing activity

Comparing children's social care activity over the past ten years shows a pattern of steady increases, with the exception of 2014/15. The significant increase in Section 47s at a greater rate than other activity, is stark.

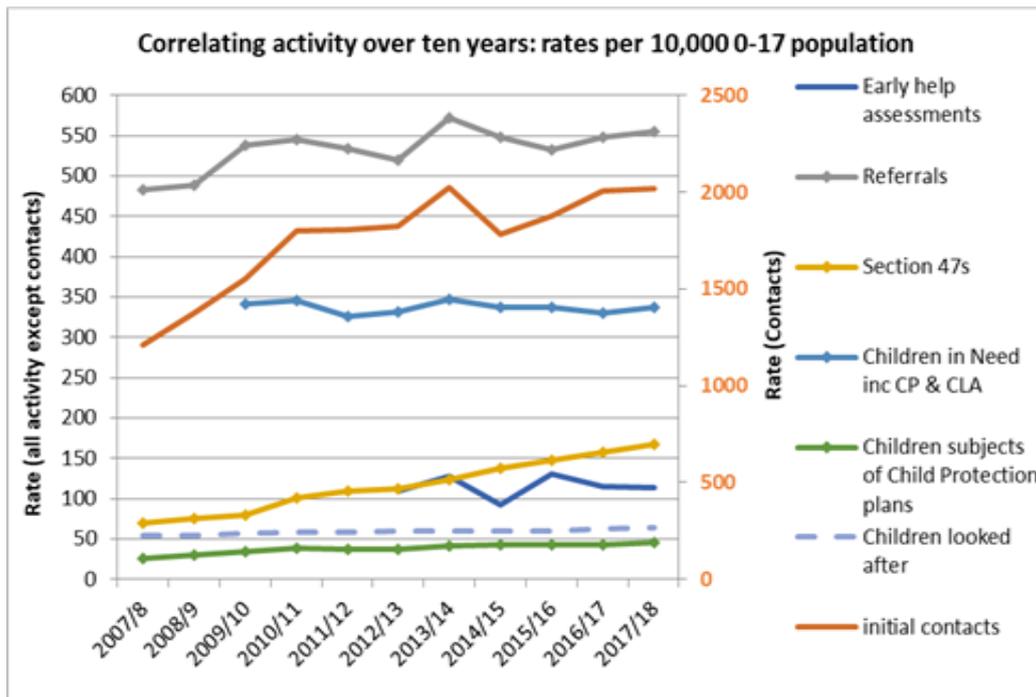


Figure 71 - Correlating activity over ten years

17.2 Comparing safeguarding activity with deprivation and population

In phase 5, we cited Fisher *et al* (1986) and Bywaters (2016) who establish that deprivation is often a major factor in determining outcomes for children and young people. The heatmap of 138 local authorities who provided data, reinforces this evidence for many authorities, but not all (*see figure below*)¹⁵. It evidences that whilst those local areas with the highest deprivation (based on IDACI 2015) are likely to undertake more social care interventions, this is by no means the case everywhere .

¹⁵ Key to heatmap of rates: Shading has been applied from darkest (highest rates) to lightest (lowest rates) for each type of activity.

Region	IDACI Average Score	Population Change	2017/18 rates per 10,000 0-17 population using 2017 MYE											
			Early Help Assessments	Contacts	Referrals	Assessments	CIN at 31 st March	Starting CP	CP Plans at 31 st March	Starting to be looked after	Looked after at 31 st March	UASC at 31 st March	Care Leavers at 31 st March	
L	39	24%	261	1937	768	684	334	60	42	20	42	4	144	
NE	36	2%	111		860	923	415	88	82	49	137	1	174	
L	35	14%	168	2854	677	757	340	66	52	48	82	10	271	
EM	35	9%	416	2963	697	907	210	110	85	31	91	3	80	
NW	34	12%	391	3171	1092	948	282	95	81	47	104	6	103	
Y&H	34	3%		2628	1530	913	413	87	77	50	133	5	140	
NW	34	0%	376	2319	468	647	123	71	56	26	87	0	103	
NW	33	5%	375	2977	720	694	200	57	39	47	127	4	101	
NW	33	0%	701	3406	960	1135	312	156	96	73	185	0	291	
L	32	12%	43	2189	703	704	315	35	32	34	60	4	277	
L	32	17%		1615	558	405	294	53	51	33	65	4	183	
WM	31	7%	1414	899	893	567	221	73	63	30	108	2	196	
NE	31	-2%	440	2863	613	724	458	93	84	49	139	4	226	
L	31	7%	116	3216	548	564	217	41	28	33	40	7	206	
WM	31	5%	95		605	513	180	58	41	27	67	5	123	
L	30	4%	80	2300	625	123	348	62	48	32	65	9	336	
L	30	9%	262	1085	437	419	257	57	54	38	76	8	264	
WM	30	9%	356	2822	776	751	214	126	102	43	92		136	
L	29	5%	233	1795	647	581		75	56	35	72	9	256	
L	29	26%			371	253	257	22	18	35	45	15	168	
WM	29	5%	83	3582	833	857	312	67	50	38	129	1	127	
EM	28	8%	63	1365	428	467	152	88	73	29	81	2	95	
WM	28	6%	262	1849	778	754	238	102	61	32	95	1	157	
NE	28	0%	84	2882	730	530	232	96	77	45	108	0	140	
NW	28	10%	20	3600	854	705	238	82	62	41	103	3	137	
NE	27	6%	228	3308	583	593	258	104	85	51	98	1	75	
NE	27	-1%	267	3032	491	630	309	81	57	45	103	3	118	
L	27	26%	145	1472	367	361	208	62	63	21	40	12	128	
L	27	9%	167	2493	485	442	309	30	24	22	44	7	211	
NW	27	1%	196	2746	420	477	263	82	63	29	92	2	133	
L	27	11%	20	1168	466	466		53	41	34	72	3	237	
NW	27	3%	277	2236	536	612	264	60	46	38	96	2	175	
L	27	10%		2695	689	661	257	51		23	41	7	208	
NE	26	-1%	44		857	901	293	144	91	66	106	1	168	
NW	26	4%	487	1461	901	793	416	123	93	45	93	1	126	
WM	25	10%	311	2713	764	571	282	76	60	34	84	6	92	
E	25	14%	323	1937	523	589	175	69	46	36	74	4	265	
SE	25	9%		2588	519	461	296	86	64	35	104	3	67	
Y&H	25	3%	329	883	491	493	226	50	38	26	62	0	91	
Y&H	25	4%		3215	537	759	187	41	40	24	70	2	125	
EM	25	5%	309	4142	641	793	341	106	87	45	82	2	137	
Y&H	25	1%	405	2879	863	1097	265	75	57	37	86	2	178	
NW	25	2%	89	2737	903	1111	253	116	98	50	124	2	211	
SW	25	7%	153		691	620		55	39	26	69	4	139	
WM	25	3%	153	2690	497	595	166	63	57	27	92	1	151	
Y&H	24	2%		2752	789	878	296	150	114	56	109	1	154	
NW	24	0%	239		480	554	270	56	37	41	123	1	203	
NW	24	0%	202	2532	602	781	246	88	72	42	98	1	132	
NE	24	0%	424	3084	556	485	212	78	49	35	80	0	74	
SE	24	4%	100	3557	644	722	200	64	65	57	94	16	72	
E	24	9%	376	1647	565	598	264	49	36	35	67	5	252	
Y&H	24	3%	414	2230	960	569	225	53	39	26	54	3	54	
L	23	6%	149		748	498	331	73	60	45	83	31	387	
NW	23	4%	281	1579	604	622	193	44	39	31	91	1	91	
L	23	7%	118	1501	426	420	247	40	31	25	42	6	195	
NE	23	-1%	293	3166	480	557	220	89	74	47	99	1	147	
E	23	5%	298		594	619	237	28	30	31	74	4	176	
NE	23	2%	342	2065	587	615	311	70	50	38	108	0	163	
Y&H	23	7%		1304	702	631	218	41	31	26	76	3	85	
SW	23	3%		1991	846	797	213	80	64	41	79		115	
Y&H	22	5%	109	2676	577	433		58	37	36	78	3	116	
L	22	11%	20	4186	401	484	212	41	36	22	39	3	253	
WM	22	2%	280	1361	596	513	213	77	59	24	96	0	196	
SE	22	5%	130	1488	408	390		57	54	27	65	0	132	
E	22	11%	592		496	474	281	57	53	46	72	7	334	
NE	22	-2%	718	3914	493	408	220	62	51	34	95	0	188	
Y&H	21	2%		1424	559	732	179	46	55	17	64	3		
NW	21	-2%	204	1440	484	524	235	58	44		90	1	162	
L	21	13%	43	3218	756	791		76	51	31	40	9	267	
L	21	13%		1472	641	485	353	56	45	30	49	3	203	
NE	20	1%	288	2882	357	391	204	44	37		69	0	160	
SE	20	-4%	118	5110	890	625	339	87	77	32	90	3	242	
NW	20	0%	297	2084	627	691	136	57	29	26	70	2	118	
L	20	11%	78	1892	578	475	293	47	38	23	44	5	169	

Region	IDACI Average Score	Population Change	2017/18 rates per 10,000 0-17 population using 2017 MYE											
			Early Help Assessments	Contacts	Referrals	Assessments	CIN at 31 st March	Starting CP	CP Plans at 31 st March	Starting to be looked after	Looked after at 31 st March	UASC at 31 st March	Care Leavers at 31 st March	
SE	20	11%	148	2937	708	842	250	94	80	29	75		2	90
SE	20	10%	451	1182	349	327	179	24	15	20	58		4	162
SE	20	13%	149	2287	377	365	179	57		30	49		2	161
L	19	5%	71	2681	578	639	184	41	28	22	42		5	186
Y&H	19	3%		1511	464	421	151	53	35	23	68		1	127
L	19	8%		1878	551	566	210	55	38	19	25		2	155
E	19	9%	122	2623	398	390	248	60	39	37	61		5	209
NE	19	-4%	191	2273	608	735	324	87	66	30	66		1	107
North W	18.4	2.8%			546.5	624.9		61.2	46.2	30.6	77.2			
SE	18	2%	34	2614	600	524	267	83	77	27	82		6	115
NW	18	2%	289	1358	460	599	67	61	49	31	79		1	107
SE	18	4%	299	1088	576	560	161	46	44	24	49			200
EM	18	4%	54	3168	510	511	161	36	21	19	45		2	93
E	18	3%		2335	499	493	168	52	36	30	69		2	144
SW	18	4%	253	827	453	460	218	55	36	26	43		0	105
EM	18	2%	237	1538	592	581		56	49	19	48		2	139
L	18	10%	135	1737	427	403	107	27	17	19	37		6	134
L	17	7%	114		864	483	211	35	27	27	31		7	245
SE	17	2%	142	2987	412	338	166	59	53	20	57		2	98
SW	17	7%	158	2938	727	631	313	98	73	38	72		5	200
EM	17	-2%	318	1740	481	512	261	66	63	23	47		2	113
L	17	6%		1141	367	443	228	56	40	19	27		4	151
L	17	9%			488	463	193	54	42	19	33		4	217
EM	17	8%	154	1225	643	331	192	58	44	30	62		6	146
E	17	4%	12	812	296	293	128	18	20	16	33		3	116
NW	17	2%	129	3905	429	422	236	45	32	30	74		1	128
L	17	8%		1141	320	334	164	38	30	22	42		3	191
WM	16	4%	63		646	448	146	56	44	37	88		13	235
SW	16	3%	122	1596	494	411	245	54	39	27	65		8	141
L	16	10%	46		527	413	196	83	56	20	45		4	230
NW	16	4%	475	2701	554	556	205	69	53	40	58		0	165
WM	16	2%	119		381	547	131	58	36	24	68		4	163
NW	16	-3%	109	1912	500	524	198	80	66	27	72		0	91
NW	15	1%	185	1647	293	396	124	47	37	32	90		5	161
E	15	1%	255	1290	406	394	138	36	30	23	56		5	142
SW	15	4%	95	1279	315	329	158	54	32	23	55		2	157
SW	15	1%	236	2403	469	507	180	48	39	23	47		2	123
WM	15	-2%	320	627	526	591	225	57	38	26	65		4	127
SW	15	4%		1695	653	948	180	52	52	23	59			106
WM	14	0%	147	1285	419	403	224	86	55	31	87		2	209
West M	13.8	2.2%			967.6	542.5	206.4		49.2		62.7		5.8	139.1
E	14	9%	228	1769	297	368	135	50	36	21	51		6	160
SW	14	3%		850	369	340	194	44	33	21	48		2	123
E	13	7%	136	796	223	262	105	25		15	33		3	152
Y&H	13	-2%	123	2925	437	556	212	42	32	17	50		2	117
SE	13	6%	110		577	577	187	56	45	22	41		4	152
WM	13	-3%	232	1541	258		101	42	32	23	57		3	128
SW	13	-1%	71	1832	631	590	135	69	32	25	59		1	168
E	13	5%	289	1064	331	457		45	35	26	52		4	108
NW	12	1%	106	1255	390	409	166	60	38	26	63		2	114
Y&H	12	2%		1458	297	302	265	56	46	17	53		2	51
L	12	15%	58	4175	270	473	109	40	36	18	33		7	114
SW	12	6%	106	2367	355	412	172	46	49	21	48		3	53
EM	12	3%	87	1341	546	319	113	39	28	17	40		2	62
SE	12	1%	111	3742	569	623	165	54	46	23	56		4	107
Y&H	11	-1%	231	1935	384	378	152	49	44	16	37		2	117
SW	11	2%		1179	354	398	182	41	34	15	42		4	122
SE	11	5%	227	2505	648	595	249	60	37	30	49		1	102
SE	10	1%		1359	454	498		59	47	19	41		4	178
SE	10	7%	120	1454	821	680	118	59	52	16	39		3	97
SE	10	6%	94	2394	524	566	199	44	38	17	36		4	99
L	9	11%	50	3637	238	419	103	31	21	13	23		5	169
EM	8	-4%	317	1963	397	505	210	30	24	12	39		4	140
SE	7	9%	197	1614	354	283	175	39	33	16	27		4	75

Figure 72 –Summary of rates of various activities by IDACI score

Region	2017/18 rates per 10,000 0-17 population using 2017 MYE											
	EHAS	Contacts	Referrals	Assessments	CIN at 31 st March	Starting CP	CP Plans at 31 st March	Starting to be looked after	Looked after at 31 st March	UASC at 31 st March	Care Leavers at 31 st March	
North East	277	2639	602	619	274	88	66	40	95	1	121	
North West	246	1939	573	610	183	67	51	33	86	2	117	
Yorks & The Humber	116	2023	617	582	212	53	43	26	66	2	93	
East Midlands	190	1971	560	506	268	62	50	24	56	3	105	
West Midlands	236	1191	636	575	201	63	50	27	78	4	140	
East of England	160	1218	362	387	160	36	29	23	49	4	150	
London	76	1756	488	447	241	46	36	25	44	7	193	
South East	144	1987	506	498	170	49	42	21	47	4	114	
South West	84	1273	464	488	156	49	37	22	49	2	108	
England	159	1696	525	513	201	54	43	26	60	3	129	

Figure 73 – Regional summary of rates of various activities by IDACI score

17.3 Revolving Door

Data relating to referrals, child protection plans and children looked after has been reported in previous sections, evidencing a reduction in repeat referrals, but an increase in second or subsequent child protection plans and an increase in children re-entering care for a second or subsequent time.

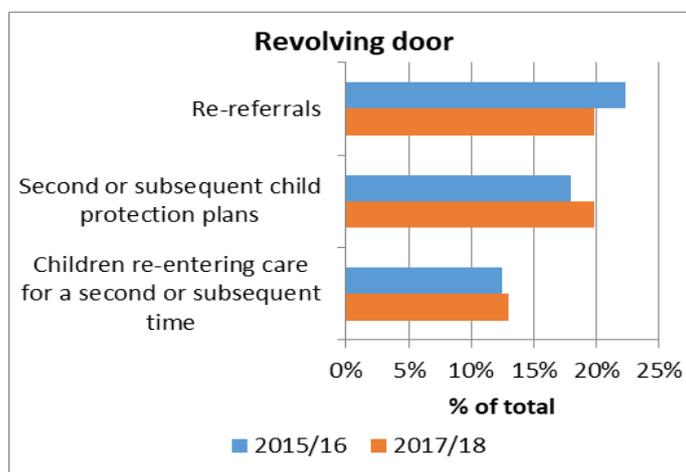


Figure 74 – Revolving Door

There was evidence from local authorities of reasons for increases or decreases in repeat activity stemming from both child's need and systemic factors. Many authorities described a regime of routinely undertaking audits and analysis to understand trends, factors and practice behind repeat activity, and putting appropriate strategies in place to resolve it where possible. Reasons for the revolving door include:

- Family circumstances and child's need:** Some repeat referrals and child protection plans were due to domestic abuse and trigger trio factors with indications that families with chronic difficulties are returning to the local authority repeatedly for help. Despite best efforts tackling domestic abuse in a meaningful and sustainable way remains elusive. It is clear that much of the 'revolving door' repeat activity is a result of parental needs not being met. Adult disadvantage continues to impact upon children's outcomes and life chances. Other reasons include parental non-

engagement or disguised compliance, including families who have long standing difficulties.

- **Systems and practice:** Better quality of decision making, improvements in practice and processes were reasons for some of the reduction in children coming back into the system. However, the most commonly cited reason for children re-entering care (13 authorities) is the increase in breakdown of Special Guardianship Orders and adoption.

Local Authority Case in Point: Revolving Door	
<p>In 2017/18:</p> <ul style="list-style-type: none"> • 3,270 referrals • 22% re-referrals • 160 children subject of Child Protection Plan • 14% second or subsequent plans 	<p>In December 2017, we carried out a themed audit on second time plans. This concerned 28 children in 16 families. The most common reason for repeat child protection plans related to children who live with domestic violence and either the continuing impact on the (usually) mother's resilience and ability to parent or the impact on the children as they grow and mature – often manifesting in adolescence. Recommendations include the need to identify a means of helping children who live with violence by offering a range of therapeutic group experiences and providing more advice and guidance about the length of time we support families versus the need to maintain throughput and workflow. – London LA</p>

Reductions in repeat activity were reported to be through better decision making at the front door with robust step up and step down between early help and social care services; and, stronger early help support to reduce risk of problems re-occurring. For six authorities which had seen an increase their conclusion was that this was due to lack of effective intervention at universal and early help services and behaviour of partners (linked to resources).

The requirement to return to court to initiate proceedings to remove children who the courts deemed safe to return home on a Supervision Order, rather than grant a Care Order, was cited by one authority as a relatively new phenomenon.

There are no data on the reasons for repeat activity, however, we know that addressing neglectful parenting in a meaningful and sustained way is very difficult for practitioners.

18 Outcomes for Children and Young People

Local authorities providing information, as well as many other recent reports provide inspiring examples of achieving positive outcomes and life changes for children and their families, which scrutiny of current national performance measures does not effectively capture.

Capturing what difference services are making for children, young people and their families is challenging. Performance measures have historically measured timeliness or process outputs rather than to understand on an aggregated basis how well services are keeping children safe and improving their wellbeing. A current NatCen project, due for completion in Spring 2019, aims to develop a better outcomes framework of children's social care.

The figure below compares results of commonly used performance measures from 2007/8 and the most recently published data, and illustrating both achievements and challenges. Data for 2017/18 were not available at this time. Given the increase in demand already evidenced, it is laudable that there does not appear to be any greater delay in the system according to the national performance measures around the timely provision of services and support for children, young people and families. This is a significant achievement on the part of local government and partners given the increase in demand across most of the public sector.

Performance Measure	2007/08	2012/13	2015/16	2016/17	Improved between Phase 1 (or earliest data) and 2016/17
	(Phase 1)	(Phase 4)	(Phase 5)	(Phase 6)	
Children in need and child protection					
Percentage of re-referrals to children's social care within 12 months of previous referral	24.0	24.9	22.3	21.9	✓
Percentage of continuous assessments (social care) carried out within 45 working days	-	-	83.4	82.9	✗
Initial child protection conferences held within 15 days of the start of the s47 enquiry (%)	66.0	70.0	76.7	77.2	✓
Percentage of children who became the subject of child protection plan for a second or subsequent time	13.6	14.9	17.9	18.7	✗
Child protection plans which last 2 years or more which cease during the year	5.3	5.2	3.8	3.4	✓
Review of child protection cases - Percentage that should have been reviewed that were reviewed	99.4	96.2	93.7	92.2	✗
Children looked after and care leavers					
Percentage of looked after children at 31 st March with three or more placements during the year	12	11	10	10	✓
Long term placement stability measure	65	67	68	70	✓
Percentage of care leavers in suitable accommodation (19 to 21 years)	88.4	88.0	83.0	84.0	✗
Average time between a child entering care and moving in with their adoptive family (3 years)	-	647 (2010-13)	558 (2013-16)	520 (2014-17)	✓
Percentage of looked after children adopted in year	13	14	15	14	✓
Percentage of care leavers in education, employment or training (19 to 21 years)	64.9	58	49	50	✗
Workforce					
Percentage of agency social workers	-	-	16.1	15.8	✗
Percentage of social work vacancies	-	-	16.7	17.0	✓
Education					
Number of all school fixed term exclusion expressed as a percentage of the school population	-	3.52	4.29	4.76	✗
Percentage of looked after children classed as persistent absentees	9.3	10.1	9.1	10.0	✗
Offending					
First time entrants to the Youth Justice System (10 to 17 years)	-	442	331	295	✓

Figure 75 : Key performance measures for children's social care (based on latest published data)

19 Workforce

19.1 National context and policy

In *Children's social care reform - a vision for change* (DfE, 2016a), the government sets out its vision that “...everybody working within children's social care has the knowledge and skills to do their jobs well, and the organisational leadership and culture to support and challenge them to keep improving”.

The children's social work workforce has been the subject of a number of reforms designed to support them to do their jobs better, including: introduction of Knowledge and Skills Statements; and the assessment and accreditation of three new social work statuses (National Assessment and Accreditation Scheme, known as NAAS). 20 local authorities are currently piloting the introduction of NAAS. Some respondents report that the drive towards NAAS is proving resource-intensive. The potential benefits remain unclear.

19.2 Key findings

DfE reports that there were 28,500 children and family social workers¹⁶ (excluding agency workers) at 30 September 2017, an increase of around 3% on the previous year. Of these, 51% were case-holders at the time of the data collection. 5,340 agency workers were also working as children and family social workers at 30 September 2017 which is similar to the number at 30 September 2016 (5,330) (DfE, 2018c).

Changes over the past three years and differences between authorities are apparent. Social worker vacancies had increased from 15% in September 2014 to 17% in September 2017, ranging from 1% to 53% between authorities. Agency staff rates have remained fairly stable at 16%, but individual authorities report rates ranging from 1% to 49%. It is important to note that this national DfE data collection and data presented here is a snapshot only, on 30th September, and does not reflect a local authority position at other times of the year.

115 authorities provided information on any significant changes to social work staffing over the past two years or if early help and social care teams are being organised differently. Whilst recruitment and retention of qualified social workers was one of the top five challenges for respondents, there was a great deal of positive activity to recruit, retain and provide professional development for a skilled workforce despite these significant challenges. Foremost amongst the challenges for almost all authorities, is the recruitment

¹⁶ Full Time Equivalent

of experienced permanent (non-agency) social work staff, especially for child protection, referral and assessment teams, which require resilient social workers.

Influencing factors can be as simple as the impact of property prices in an area, or proximity to London without the incentive of London Weighting on salaries. Reports of neighbouring / other authorities offering greater financial incentives to social workers, the lure of lower caseloads and the impact of negative Ofsted inspections on a local authority and its neighbours, all play a part.

Authorities reporting a shortage of experienced social workers are more reliant inexperienced staff such as ASYEs and NQSWs, and on agency social workers. Of the 54 authorities who gave information about the direction of travel of their agency staff rate, 41% had increased their number of agency worker, 52% reduced and 7% remained at the same levels. The availability and the quality of agency social workers was reported to be variable.

There has not been significant changes to staffing within [LA] over the past two years. However, we have increased the numbers of social workers and managers where needed. Up until the start of this year recruitment and retention was not a particular challenge for us but this has been a growing challenge during the course of this year, despite a good Ofsted judgement, which has meant we have had to rely far more on agency staff. Our child protection case management teams are the service area where we have struggled the most in relation to recruitment and retention. One of the key factors is the number of inadequate LA's across the [region] who offer very competitive salaries and just general competition across the area to attract new and where possible experienced staff. As a rural local authority, with lower salaries we are finding it very difficult to keep up with the competition. All of these challenges have been compounded by a lack of agency workers. For the first time ever we have been unable to secure agency workers to cover vacant posts. This is not just an issue for [LA] and we are working across the region to address this. – West Midlands LA

Local Authority Case in Point: Workforce

The Council has moved from the use of short-term contracts to cover workload to the establishment of more full time social care posts, with the aim to create a high quality and stable workforce. In addition, we have increased the number of IROs and the number of personal advisors for care leavers. Our social care staffing establishment increased from 212 staff in April 2016 to 283 in April 2018. The establishment of additional full-time social worker posts has happened at the same time as we have experienced a 20% increase in the number of children looked after over an 18 month period. This growth in staffing matched with a rapid increase in need has meant we have had to rely on a high level of agency staff which is currently running at 26%. We are just moving into a new recruitment programme for permanent staff, but we anticipate a continued challenge to recruit high quality, experienced social workers and IROs. Other staffing changes we have recently introduced include removing the role of “early help social worker” and integrating these staff into the core social care teams.

- North West LA

Authorities talked about their workforce strategies and development programmes to overcome the challenge of recruiting and retaining experienced staff. Recruitment from overseas, successful ASYE programmes, social work apprenticeships, participation in programmes such as Frontline and Step up, creation of advanced practitioners, learning mentors and in the West Midlands Future Social were all seen as positive.

Authorities described different solutions to reduce the impact of recruitment challenges such as:

- Realignment of social work within localities designed to reduce the turnover of social work staff, increase time for critical reflection and enable a closer management grip of casework
- Recruitment campaign using 'Children at the Heart of Practice' relationship-based social work to attract staff
- The recruitment of ASYEs and programmes of in-house development
- Creation of a peripatetic social work group to fill gaps and undertake other functions such as connected person assessments
- Flexible working whereby a weekend working rota is in operation that involves Early Intervention, Specialist Support, Child Protection and Looked After Children's Services to provide capacity to support and undertake work with families outside of normal working hours
- Re-shaping of business support to provide more practice support roles and maximise social worker time spent with families.

Over 90% of our social workers are permanently employed, compared to 30% in 2014. We have an experienced workforce (60% are in excess of 5 years qualified) and are also able to attract newly qualified staff – almost 1 in 5. Places for our social work academy are sought after and we plan to increase our intake in September 2018. Our workforce offer for all staff, includes clear progression pathways and panels, a talent management programme for aspiring leaders and continuous professional development up to masters standard. We offer the systemic supervision programme from the institute of family therapy and we operate a frontline unit and step up programmes. – London LA

20 Commissioning

116 authorities provided information about changes to commissioning although the pressures and solutions described appear to be similar to those in phase 5. Sufficiency and affordability of appropriate placements for children looked after present serious challenges for all responding local authorities (as noted earlier), but also:

- Increasing use of spot purchase for residential placements as a result of sufficiency challenges and a number of providers withdrawing from the residential framework
- Challenges in identifying/delivering successful step-down fostering placements for children and young people placed in residential care
- An inability to find placements for children in an emergency and for the most complex children and young people.

47 authorities, more than in Phase 5, talked about flexible contracting arrangements or other innovations and improvements that have helped, including:

- Participating in regional or sub-regional commissioning consortia and other collaborative approaches, including social impact bonds, block purchasing residential placements for children with complex needs
- Developing commissioning and resource teams
- Developing appropriate emergency accommodation options (local)
- New housing and support model for 16+ (local)
- In-house foster care recruitment reducing contracts with IFAs, with one authority stating that this clear drive has resulted in a cost reduction of over £3 million in the last three years
- Jointly commissioned/delivered integrated emotional health and wellbeing service (local authority/CCG/CAMHS) supporting improved placement stability for children looked after.

“Several of the large national providers opting out of the new residential framework; and the reticence of some providers to take more complex children due to the perceived impact it may have on their Ofsted rating. We are looking at inward investment to meet some of these gaps going forward and are in the process of setting up a residential home for younger children with complex needs”. – London LA

21 Finance

21.1 National context and policy

Two years ago, the phase 5 report gave examples of the quantum of budget cuts reported by authorities, and a general view that financial pressures would get worse. We reported an 8% reduction on total children's services spend from 2015/16 forecast to 2016/17 budget. Forecasts from the LGA (2017a) and DfE's research into children's services spending (DfE, 2016b) also evidenced that budgets were decreasing against rising demand. Specific predictions from the evidence cited here and from other sources around the risks local authorities face, such as growing need, appear to have been borne out, if not exceeded.

There is a growing body of national research which clearly illustrates the pressures local authorities are experiencing, some of which is summarised below.

Cutting fast and deep on the back of a significant increase in spending largely attributable to the introduction of Sure Start funding in the last decade, were key findings from NSPCC (2011) following the 2010 Comprehensive Spending Review, which set out how the government intended to cut total public spending by 19% (£81bn) in real terms between 2010/11 and 2014/15. They state that in the aftermath of the tragic death of Peter Connelly, case spending on commissioning, social work, safety and child protection rose sharply, reversing a previous trend of convergence in the levels of spending on prevention and protection services.

"Cuts in future years are unlikely to be as deep as they have been in 2011-12 – otherwise councils will soon be unable to deliver statutory services to young people, particularly if the number of looked after children continues to increase. Instead, authorities will need to make reductions in other areas to balance their budgets". "It is hard to imagine that mistakes won't be made in the face of cuts of 40% to some children's social care budgets"- (NSPCC, 2011)

DfE (DfE, 2016b) reported a real (adjusted for inflation) funding reduction of 9% in children's services spending between 2010/11 and 2015/16, against increasing demand.

In a review of public spending on children for the Children's Commissioner, Kelly *et al* (2018) concluded total spending by the government on children in England (including benefits, education spending, services for vulnerable children and healthcare) was 42% higher in real terms in 2017/18 (£10,000) than it was in 2000/01 (£7,200 per child) but 10% lower than it

was in 2010/11 (£11,300). The historical increase includes an increase of 28% in secondary /community health spend between 2007/8 and 2015/16. Children's services and social care spending has been re-orientated from prevention (around a 60% cut in real terms between 2009/10 to 2016/17), to safeguarding and looked after children, which has been largely frozen in real terms since 2009/10. Spending per head is due to reduce by 4% between 2016/17 and 2019/20, despite the significant pressures on these services and increasing demand.

APPG for Children: *Storing Up Trouble* (2018) found that children receive different levels of intervention and support depending on where they live, particularly in relation to access to early help and wider preventative services. The inquiry heard evidence that funding pressures are having a disproportionate impact on the most deprived areas. Increasing levels of demand and a reduction in resources have resulted in a depleted early help offer, meaning that families are dealing with increasingly complex challenges without the desired support and as a result, require more intensive support further down the line.

In 2017, LGA forecast a £2.3bn gap in funding for children's services by 2020 (LGA, 2017a) which has since been updated to a £3bn gap by 2025.

Newton Europe (2018) analysis on behalf of the LGA disproves the notion that variation between local authority spend is simply a result of inefficiency or poor practice. It confirms variation is inevitable, with deprivation being the biggest variable between LAs: *"The scope to reduce spending variation through practice changes alone is small, and even those changes that could be made will often require investment to achieve"*.

LGIU (2018) in the state of local government finance survey state that 95% of councils plan to raise council tax to 'make ends meet' and two thirds will be forced to dip into their reserves. 80% of councils fear for their financial sustainability, suggest they will no longer be able to shield children's services, their top immediate pressure, from the worst of the on-going budget cuts.

The financial impact of underfunded new burdens such as staying put, SEND reforms, extension of personal adviser support to all care leavers to 25, Virtual School Head, together with spiralling costs associated with long-standing statutory duties such as home to school transport are being met by council reserves.

Whilst local government, including children's services have been experiencing budget cuts, the majority of local authorities have protected children's social care. Without that commitment and investment from local Elected Members, which has sometimes been to the detriment of other council services, the financial crises for children's services would be even worse.

21.2 Grants (including Troubled Families)

21.2.1 DfE grant funding

Some local authorities have been successful in attracting additional investment through successfully bidding for ring-fenced, short term pots of grant funding, principally via the DfE Innovation Programme but also from other grants (see figure below). 54 authorities have received no additional funding at all from the DfE over the period the grants have been in place. Whilst these grants are valued, and early indications are that DfE Innovation Programme projects are delivering good outcomes, there are also concerns about the growing inequality of funding between authorities. This short-termist approach to children’s services funding is unsustainable, and the time required to submit bids was cited by authorities, especially those who were unsuccessful, as resource pressure they can ill-afford.

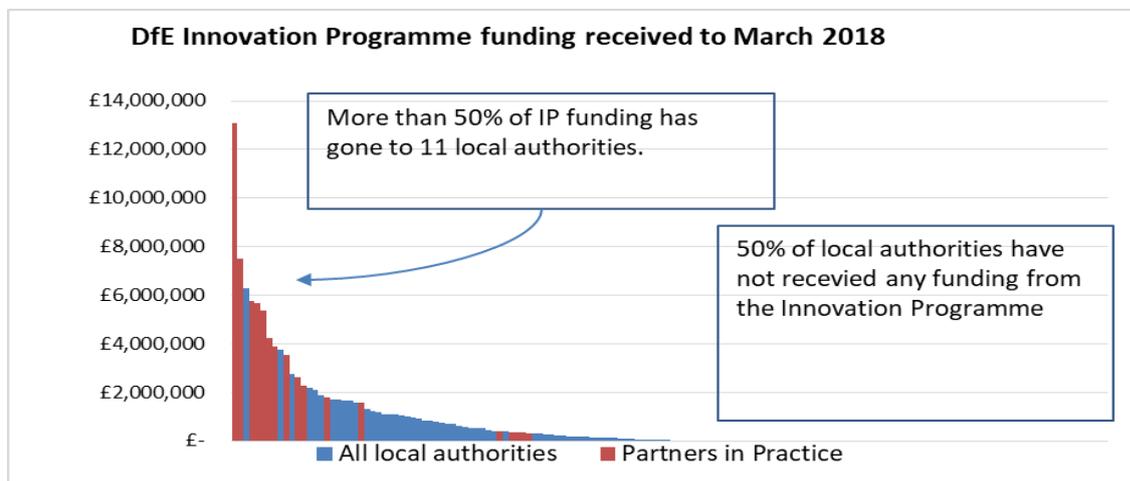


Figure 76 -LAs receiving DfE innovation programme funding

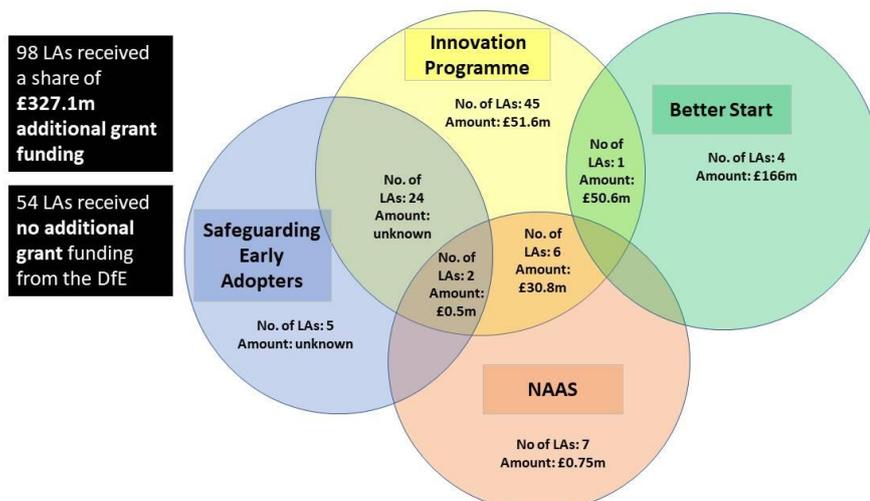


Figure 77 – Summary of four main grants and their recipients

Those respondents who had not received DfE funding through the Innovation Programme or Partners in Practice (PiP) programme felt that ad hoc funding opportunities to deliver focussed improvement in some local authorities detracts from the imperative for an overarching strategic approach to funding designed to deliver systemwide improvements in outcomes for all children, young people and families.

One of the things I think is problematic about how money comes into the system is that so much of it is attached to innovation and to bid writing. So if I thought of the totality of the money that's in the system, some of it is only available to people who've said that they want to do something new, or is only available to people who competitively bid for it. I think it would be better if more of that came directly into our bottom-line so we didn't have to spend time canvassing for it; we wouldn't have to spend time chasing it, and sometimes we could consolidate the core stuff that we're meant to be doing rather than chasing the dream of something new. Sometimes you don't need to innovate, you just need to have the resources to get on and do. So it's like we're chasing the new thing the whole time when it's about really consolidating our basics. – DCS interviewee

21.2.2 Troubled Families programme and grant funding

Half of respondents explicitly stated that the funding for the Troubled Families programme was integral to, and underpinned their early help provision. Benefits from the programme include enabling better joint working or co-location with other professionals and information sharing; the ability to fund specific roles and approaches such as family support workers, family group conferences and evidence-based specific interventions; ability to fund roles in data and intelligence to target specific families or areas; and, focus on outcomes. These positive outcomes achieved through Troubled Families funding would be sorely missed.

In 2020, the Troubled Families programme and its funding are due to cease. 96 authorities (88%) stated this would have a negative impact. 75% stated that nearly all early help services would be cut or significantly reduced, which may lead to increases in children's social care interventions. All local authorities are planning for mitigations to compensate for the funding loss. Impact such as "significant challenges", "compromised", "devastating" and "major gap" were used.

Local Authority Case in Point: Troubled Families

Troubled Families funding has been used to fund a range of early help interventions and services including:

- the rollout of a systemic practice mode, the Resilient Families Programme which embedded relational, reflective practice alongside key components of the Troubled Families approach. Practice improvements have led to improved outcomes for children and families; with 83% of families supported remaining free from further intervention 12 months after support ended.
- the embedding of early help within the Children and Families Contact Service 'front door', sitting

alongside the MASH. This has redirected on average 40% of contacts to early help.

- enabled innovation, for example, early help Family Group Conference used with over 80 families in the last 2 years. This systemic and family-led model of help underpins the Troubled Families preventative ethos, with 79% of families free from further intervention a year after their early help FGC.

When Troubled Families funding ends on 31 March 2020, this will result in a £1.32m recurrent budget pressure. There are significant implications and potential risks for [LA]. These include:

- Early help service closures that would reduce casework capacity by approximately 380 families per annum (or 35% of current capacity across the early help offer).
- Closure of early help services at the front door who currently manage approximately 3000 contacts per annum (40% of total annual contacts received by the [LA]'s C&F Contact Service)
- Potential delays to social work case closures as step-downs will no longer be possible, thereby increasing demand on remaining early help services.
- Innovation potential to move prevention and intervention across the wider early help partnership will also be curtailed, as funds are redirected to mandatory statutory services.

This will create an unsustainable vicious cycle where needs are not met early or met well, putting further pressure onto high end, costly services. - London LA

21.3 Partners' funding

Funding for services below the threshold of children's social care, including those that prevent demand, such as public health funding, continues to be subject of funding cuts to 2019/20 (Department of Health and Social Care (2018)). In 2017/18, there was a total £3.3bn public health funding allocated compared to an indicative allocation of £3.1bn in 2019/20, and against a population increase of 825,912 over the same period. Whilst there appears to be a uniform 5% reduction on 2017/18 public health funding across local authorities, the variation in population change means that some will be subject of greater reductions than others. For example, some of the most deprived local areas will experience greater cuts in public health than the average. One local authority's funding reduces by £1.85m over the two years against a population growth of 14,638.

The Royal College of Paediatrics and Child Health (2018) published a review which tracked government progress to improve children's health over the past 12 months. It concluded that child health is suffering at the hands of a disjointed approach from central government, including no plans for an overarching child health strategy and no increased investment in child health research. The greatest areas for concern were the deepening public health cuts which have worsened in the last year.

Funding pressures within CCGs were also reported by some to be having an impact on, for example, their ability to fund tri-partite placements (particularly SEND).

The cost of unexpected high profile events, cases and investigations were also cited by respondents as occasions where there is often a sudden call on resources, such as police

operations, serious case reviews, high profile media events in the local area. For example, one authority stated one investigation had cost the authority £2.5m, and another £12m.

21.4 Key Findings

21.4.1 Section 251 data

The actual net cost of children’s social care in 2016/17 was reported as £8.42bn, exceeding the budget estimate by around £0.64bn (8%). Respondents stated that the 2017/18 planned expenditure of £7.61bn, and the planned expenditure for 2018/19 of £8.03bn are likely to be overspent again.

21.4.2 Key findings

112 authorities provided information about budget changes in children’s social care, early help or other areas in the last two years, and their impacts. Local authorities have largely responded to the significant financial pressures and reduction in funding from government by prioritising children’s services often at the expenses of other services, to ensure children are safeguarded, but also by continually seeking to achieve efficiencies. For approximately 50% of authorities, the source of investment has been from grant funding such as DfE Innovation Programme or Partners in Practice, but the majority report that funding is from local authority budgets or reserves.

	To 2018/19	From 2018/19
Savings 	43 respondents <ul style="list-style-type: none"> • 32% reduction since 2010, 8% of which in last 2 yrs (SW Shire LA) • Cuts of £90m from 2010 (SE Shire LA) • £5m reduction in the last 2 yrs (E Unitary LA) • 28% from EH (Y&H Metropolitan LA) 	16 respondents <ul style="list-style-type: none"> • £7.5m (10%) over next 5 years (London LA) • £4.8m over next 3 yrs (NE Unitary LA) • £1.9m Early Help 2017-19 (WM Unitary LA) • £5.3m 2017-2019 (WM Metropolitan LA)
Investment 	51 respondents <ul style="list-style-type: none"> • £1.9m ‘constant overspend’ incorporated into base budgets two years ago (Y&H Unitary LA) • £9.3m in social care and £1.2m early help (NW Metropolitan LA) • £8.75m transformation programme (WM Metropolitan LA) • £10.9m to children’s social care following inadequate Ofsted inspection (London LA) 	

“Although children's services have been protected to a degree from Medium Term Financial Plan, some of the savings that were anticipated in previous budget cycles have not been fully realised, and therefore there is pressure across the whole Borough. Growth money has therefore just plugged some gaps. Bidding for innovation fund has proved challenging because of the size of the Borough, it is time consuming and the skills are not always available to undertake the role. Funding applications through Mayor's Office for Policing and Crime (MOPAC) have been successful in for Youth Offending Services.” – London LA

In phase 1 (2010), overspends due to increased safeguarding demand were between 6% to 8%. For 2018/19, local authorities have an estimated shortfall of an average of 10.4% in their children's services budget. 83 authorities reported a shortfall totalling £410.8m to close any budget gap in children's services in 2018/19 and 'to stay still'. The increases were not selective, as those authorities who had additional investment and were seen to be 'Good' or better were also citing the budget shortfall due to demand pressures.

Many authorities stated that this represented funding current demand at current costs ('staying still') in children's social care and early help only, based on existing pressures from demand and specifically children looked after placements. They highlighted that budgets would require incremental growth if demand further increases and to account for price increases. This does not include shortfall when Troubled Families funding, or other grants such as DfE Innovation Programme funding cease in 2020.

Extrapolating the reported 10.4% shortfall in the 83 authorities to all England, against the 2018/19 published S251 budget of £8.03 billion, would mean an additional £840 million each year before inflation is required simply to 'steady the ship'.

Of the 93 authorities providing budget information for 2018/19, the top four current funding pressures were clear for many authorities. Interviewees and questionnaire respondents talked about overspends in the £millions on 2018/19 budget that were unavoidable. This budget shortfall is current, very real, and is not going away as it is driven by demand-led services which local authorities must fund by law.

Top four current funding pressures (in order) are:

1. Placement costs for children looked after. For one authority, one placement for one young person cost £1million this year.
2. SEND and High Needs Block spending pressures, including transport. A small unitary authority was predicting an overspend of £1million on transport alone due to increases in the number of children eligible and unit costs.

3. High number of families who were ‘tipping over’ into the threshold for children’s social care due to the impact of welfare reforms.
4. Continued spend on agency social work staffing due to lack of experienced social workers. One authority is spending £3.5million on agency staff despite a 30% reduction in use.

21.5 What should happen next?

We asked respondents and interviewees what they think should happen next in terms of funding and the effective use of the resources that we do have. The key messages are provided below.

- Recognise and plan for future growth in population and continuing complexity of factors that bring children, young people and families into children’s services
- ‘Hold our nerve’ on early help and a focus on prevention
- Better use of community as assets, but there is only so much you can push that way
- More resource for children’s mental health. 90% of the NHS budget for mental health is spent on adults and more could be used for children to avoid mental health problems in later life
- Recognition by central government and action to address:
 - Pressures faced as a result of schools own pressures resulting in ‘off rolling’ and differences in relationships between maintained schools and academies
 - A sensible funding formula for children’s services that recognises there will be common factors for all local authorities, but specific factors too
 - Lack of affordable housing means some local authorities cannot offer staying put or staying close opportunities to their care leavers
 - Placement costs and control of the market.
- A system wide approach to funding for children so that partners are able to undertake their roles and contribute to improving children’s outcomes.

If these are not addressed, respondents were overwhelmingly clear that provision of services would be untenable and a vicious circle of increasing demand, reducing services, inadequate inspections requiring increased funding and remedial work to deal with increasing demand. Responses frequently included phrases such as “I can’t see it ending well” “cliff edge” “tipping point” “the wheels fall off”.

*“I can only imagine and I know it will be the case in terms of our own financial pressures that there will be a gap in terms of the budget. I am now at the point where I know I cannot make any more savings, I have stripped it back to the bare minimum to the cost base and in terms of what we can achieve in terms of performance and in doing it safely”–
DCS Interviewee*

Respondents felt that we would see:

- More children living in poverty
- A reduction in early help services and cut in prevention which would create more issues for other services such as health, education, social care, and adult services
- An increase in the number of and placement costs for children looked after
- As the demand for, and cost of, statutory social work increases, more local authorities issuing Section 114 notices that they are unable to balance their budgets
- Negative Ofsted inspection judgements which require more money to get out of inadequacy
- Staff would leave the service.

22 Summary of Factors, Challenges and Enablers

There was evidence from the qualitative questions that authorities are proactive in analysing and understanding their challenges and enablers, and are applying actions to improve.

22.1 National legislation, policy and initiatives

The differential impacts on different local authorities of existing and more recent legislation and policy initiatives (and the associated statutory duties) have been referenced throughout the report. Those felt by respondents to have the greatest impact (in order), are:

- Troubled Families programme funding ceasing in 2020: Positive impacts of the programme will dissipate if funding ceases
- Underfunding of extended care leaver duties
- Welfare reforms, changes to housing legislation such as the Homelessness Reduction Act have created more families in poverty, more homelessness resulting in increased demand on children’s services
- SEND reforms

- Extended remit of the Virtual School Head encompassing children who are adopted or subjects of a special guardianship orders, which is unfunded
- National Assessment & Accreditation Scheme for Social Workers (NAAS)
- Special Guardianship (Amendment) Regulations 2016
- Ofsted inspections
- Mixed views on the efficacy and cost-effectiveness of Regional Adoption Agencies
- The Southwark Judgment (2009) continues to affect admissions to care
- The Immigration Act (2016) has increased NRPF claimants
- The voluntary National Transfer Scheme and government policy relating to UASC and refugees and associated levels of underfunding
- Academisation of schools has increased formal and informal exclusions at the same time as diminishing the influence of the local authority to tackle off-rolling
- Modern Slavery Act (2015) and the duty to refer victims to the National Referral Mechanism (NRM)
- Reductions in funding for adult mental health services, drug and alcohol services and domestic abuse services mean that cycles of adult disadvantage go unaddressed and therefore costs shunt to children's services
- Deprivation of Liberty Safeguards is an increasing area of work
- Propensity of government departments to make small amounts of new investment monies available on a ring-fenced, time-limited, bid-for grant arrangement
- Safeguarding partnership reforms present an opportunity to streamline local arrangements and are welcome, however, any failure to agree arrangements between the equal partners will cause delay and may adversely impact upon local safeguarding arrangements.

22.2 Challenges and enablers

We have provided evidence throughout this report of the changes in prevalence of activity, characteristics and needs of children and young people and, the services designed to meet these. This shows a very busy terrain of interlocking factors, challenges and enablers which will be present in differing combinations in different places. Being able to focus on what has, or could have the biggest impact, and identifying why different authorities will face different challenges, and have different enablers, is therefore critical.

Common cost and price pressures - these are common to all local authorities and include: growth in numbers of children; new unfunded or underfunded legislative duties (for example, extension of the PA role to all care leavers up to age 25 and SEND reforms, including implementation of EHC plans and extending the scope to all those aged up to 25);

and, price and wage inflation including national minimum wage, national insurance increases and the apprenticeship levy.

Common drivers of demand - these are pressures driving demand for all services to **vulnerable children** in all local authorities including statutory SEND and social care services. These impact differentially (i.e. to different degrees in different local authorities) but are apparent to some degree everywhere, and include: growth in child poverty; effects of welfare and housing reform on mobility; home to school transport including SEN transport; impact of exclusions/off-rolling on SEND reforms and high needs; growth in prevalence of certain conditions, for example, autism; prevalence of domestic violence; child sexual exploitation; missing children; gangs; unaccompanied asylum seeking children; needs of complex adolescents; growth in demand for mental health support; cuts to schools' pastoral services; referral behaviour and the performance of partner safeguarding agencies (particularly police and health) adding to demand; and, the increased complexity of need in social care and SEND casework.

Local authority specific pressures - these pressures are present in all local authorities but to different extents and in different combinations. These pressures impact on a local authority's capacity to prevent and/ or manage demand for statutory services, and the ability to prevent unit costs rising. These include: council financial position/fragility overall; dedicated schools grant and high needs block funding including overspends; a local authority's ability to attract external funding (for example, DfE Partners in Practice or Innovation Programme grant funding); local commissioning arrangements and market capacity; impact of previous budget reductions made to preventative services for vulnerable children; service improvement driven by Ofsted performance including intervention; staff recruitment difficulties and reliance on agency social work staff; impact of child deaths, serious case reviews and practice reviews locally and nationally; relationships with partners including schools; efficacy of adult and other council services; and geographic challenges, for example, rurality and those areas with significant coastal populations.

The main challenges and enablers cited by respondents (questionnaire, interviewees and case studies) are provided below. Those in bold represent the top five.

CHALLENGES	ENABLERS
<p>1. Common cost and price pressures for all local authorities:</p> <ul style="list-style-type: none"> • Financial pressures (delivering services in the context of reduced resources) • SEND reforms and new duties such as extended care leavers to age 25 • Price and wage inflation • NI/apprentice levy • Population changes. <p>2. Common drivers of demand for services to vulnerable children:</p> <ul style="list-style-type: none"> • Increase in poverty, levels of vulnerability and need as a result of austerity and welfare reforms • The impact of adverse childhood experiences (ACEs) • Homelessness and impact of housing availability and cost and migration between local areas • Contextual safeguarding: Emerging new risks to children and young people and developing staff expertise in managing these risks • Increase in presenting complexity of need • Growth in mental ill-health and lack of access to effective mental health services • Pressure on schools and ‘off rolling’ • Continued increase in ‘trigger trio’ • Family Justice System, delays and decisions made in care proceedings • UASC. <p>3. Local authority specific factors</p> <ul style="list-style-type: none"> • Recruitment and retention - shortage of experienced social workers • Local commissioning arrangements and market capacity (including foster carer recruitment, reliance on IFAs and residential provision) • Maintaining early help services in the face of reducing funding. Non-statutory nature makes it most vulnerable to cuts • Behaviours and functioning of partner agencies (particularly police and health) • Impact of previous cuts already made to preventative services • Geography – challenges for rural and coastal populations • Council financial position overall, reliance on overspends and reserves • Impact of child deaths/SCRs/practice reviews locally and nationally. • 	<p>1. Factors common to all local authorities:</p> <ul style="list-style-type: none"> • Working with Ofsted in a different relationship under ILACS framework • Focus on evidence-based programmes. <p>2. Common drivers of demand for services to vulnerable children:</p> <ul style="list-style-type: none"> • Better identification of risk (e.g. CSE, FGM, trafficking, domestic violence) • Work at a national level to raise the profile and status of the social work profession • Developing community assets and finding community solutions. <p>3. Local authority specific factors</p> <ul style="list-style-type: none"> • Local political and organisational support: Commitment of Elected Members and Council Leaders • Strong and stable leadership in children’s services • Collaboration with others such as through Regional Improvement Alliances, Partners in Practice etc • Committed workforce and building a stable workforce through programmes such as social work apprenticeships • Different ways of working, transformation programmes – e.g. strengths- based approaches, such as restorative practice, signs of safety and motivational interviewing • Early help and earlier targeted intervention, and interface between early help and social care.

Reported as both Challenge and Enabler:

- Change and influence of politicians (local or national) with potential to destabilise or enable.
- Working Together 2018: opportunity to review the safeguarding landscape and how agencies work together, but emphasis on agencies apart from the Social care, Police and Health are not as strong.
- Technology: Lack of shared client record managements systems, or transition to new systems is costly and changes impact on staff, but access to effective IT systems is an enabler.

Figure 78: Summary of challenges and enablers

23 Case Studies

Vignettes of the four local authorities selected to provide greater detail and test out hypotheses throughout the research are provided on the following pages. These provide a summary of individual authority perspectives.

UNITARY AUTHORITY

ABOUT THE LOCAL AUTHORITY

This is a relatively prosperous and fast-growing borough, but with areas of significant deprivation. 39,000 children and young people under the age of 18 years live in the Borough, which has increased by 12% in the last ten years and is forecast to increase to 42,400 by 2023. Approximately 15% of the local authority's children aged under 16 years old are living in low income families.

There are a total of 72 schools of which 5 are academies. There is a very positive relationship between the LA and schools.

EARLY HELP AND SOCIAL CARE SERVICES

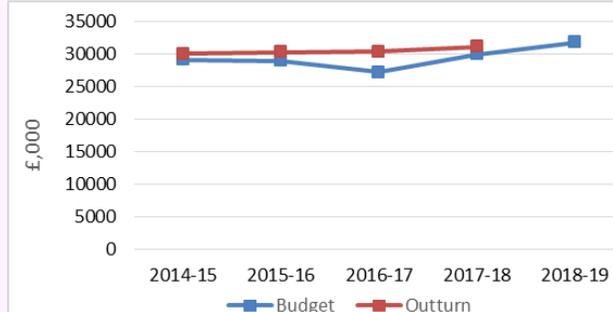
Last Ofsted inspection: Requires Improvement to be Good.

Remedial action to resolve the negative impact of cuts to early help services in to 2010, resulted in a new strategy launched in 2014, with investment from the Council, Public Health and Dedicated Schools Grant. It is centred around a whole local area approach. There is an 'enabling culture', focussed on continuous development of skilled multi-disciplinary early help workers, delivering evidence based programmes. Joint case working with social care also provides capacity, specialist expertise and consistency of worker step up/down. EH is measured by a multi-layered outcomes framework which includes Outcomes Star, and case closure surveys to families. The borough is an Early Intervention Foundation Named Place.

There was significant investment from Elected Members into children's social services in 2016/17, and increasing social work workforce to meet increased demand and transformation programme.

Referrals have stabilised, and there are fewer children subject of child protection plans due to more focussed planning and challenge. The number of children looked after has reduced, with an increase in children placed for adoption, and strong focus on Special Guardianship Orders.

FINANCIAL INFORMATION



- No external programme /grant funding received.

FOR EVERY 10,000 CHILDREN THERE ARE...



OUTCOMES COMPARED TO NATIONAL

Performance Measure	2012/13	2016/17	2017/18
Re-referrals to children's social care within 12 months of previous referral (%)	17.1	12.4	20.9
Initial child protection conferences held within 15 days of the start of the s47 enquiry (%)	94.5	92.4	83.5
Children who became subject of child protection plan for second/subsequent time (%)	15.0	18.9	20.7
Children looked after for 2.5 yrs+ in the same placement for 2 yrs+ or placed for adoption (%)	50	58	64
Average time between a child entering care and moving in with adoptive family (3 yr average)	597 (2010-13)	498 (2014-17)	not yet available
Care leavers in education, employment or training (19 to 21 years) (%)	61	52	not yet available
First time entrants to the Youth Justice System (10 to 17 years)- Rate per 10,000 0-17	380	277	not yet available

CHALLENGES AND ENABLERS

CHALLENGES

There will be pressures driving demand for all services to vulnerable children and cost which are common to all LAs. Those below are significant to this authority.

- Pressures on school funding mean non-teaching posts have been cut
- Increase in young people with mental health problems and self-harm, with poor access to Tier 4 CAMHS.
- Increase in children and families moved into the area by other LAs in order to escape drug or gang related activity
- Changes to exclusion policy for schools and GCSEs add to strain on the system and young people.

ENABLERS

- Council support for, and investment in children's services
- Joint working of cases between EH and CSC
- Investment in more social workers
- Stronger / better commissioning and procurement programme is significantly reducing spot purchasing / costs.
- Strengthening Families model of conferencing

'MAKING A DIFFERENCE' EXAMPLE

THE SWITCH PROJECT – SUMMER 2018

What did we do? 5-day project created and run by two early help workers, aimed at 7 young people (16+) who are out of education, training and employment (NEET). Included team building, psychoeducation, motivational speakers, adventure activities (climbing wall, canoeing) and careers advice to focus on giving the young people psychoeducation, strategies and resolving their NEET status.

Why did we do it? Recent research found 35% of NEET young people suffer from mental health problems compared with 14% of non-NEETs. We recognised that there is minimal support offered to this population especially around preventative mental health intervention.

How much did it cost? Total cost was £425 includes food and 1-day venue hire, plus two staff costs for the week. Funded from Early Help budget.

What difference did it make? All young people completed a recognised wellbeing questionnaire before and during the project. All who completed the course showed improvements in their wellbeing by the end of the course (22% average improvement). And all are now in full time post 16 education. We will be meeting with these young people routinely throughout the next 12 months to offer ongoing support and measure wellbeing again to determine longer term impact and destinations.

LOCAL AUTHORITY QUOTES

"Early Help is about the community, it's not about us the council or children's services department. As soon as we entrench to that, is when it starts to fall apart." - Manager for Early Help and Intervention

"Transformation is about integration and new ways of working. But it needs people to drive integration and if the money is not there, it is in danger of stopping - we have got to have the people to integrate and collaborate together to deliver services - it does not happen without the right people, in the right place." - Director of Children's Services

HORIZON SCANNING

- Anticipating continuation of current number of children looked after due to presenting factors / safeguarding needs
- Should the Troubled Families grant end in 2020 means that 75% of early help services will need to cease as a result
- The Council needs to make £21m savings.

ABOUT SOUTHEND ON SEA

Southend is a small unitary authority and seaside town in the Eastern Region with small areas of high deprivation. 39,115 children and young people under the age of 18 years live in the borough, which has increased by 8.4% between 2007 and 2017, and is forecast to increase to 41,006 by 2023. Approximately 18.9% of the local authority's children aged under 16 years old are living in low income families compared to 16.8% nationally.

There are 52 schools, of which 12 are maintained.

EARLY HELP AND SOCIAL CARE

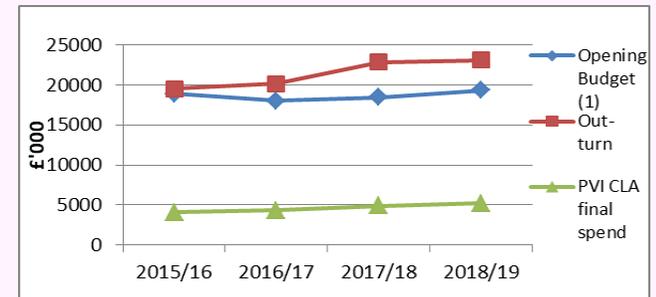
Last Ofsted inspection (2016): Requires Improvement to be Good.

In 2015/16, Southend structured its' Early help provision to join up a wide range of services including those in the community in addition to a core Early Help Family Support Team. A specialist Adolescent Team was created in 2017. Innovative practice includes merging a library and youth centre, and an award winning allotment. Early Help is funded through a range of sources including Troubled Families, small grants and Council commitment and outcomes are measured through a performance framework which includes quality assurance of assessment, planning, delivery and outcomes of each specific team. At 30 June 2018, 81% of closures had a positive outcome.

Restorative Practice underpins social work practice. A Multi-Agency Safeguarding Hub (MASH) was implemented this year and there is a transformation programme in progress focussing on delivering more integrated services, consistency of worker and to better meet and reduce demand. Investment has been made in newly qualified social workers due to difficulty recruiting experienced workers, including a new Practice Unit.

Whilst there are some good outcomes, including reduction in children subject of a child protection plan, there is a culture of continuous improvement in all areas.

FINANCIAL INFORMATION



- Elected Members and Council supported children's social care with investment to meet demand
- Three young people in secure placements at a cost of £6,500 per week.

FOR EVERY 10,000 CHILDREN THERE ARE...

332 Statements of SEN/EHC Plans	
298 Early help assessments	
594 Referrals	
237 Children in Need (exc CP & CLA)	
30 Children subjects of CP plans	
74 Children looked after	
33 Care leavers (18 to 21 years)	

OUTCOMES OF NATIONAL INDICATORS

Performance Measure	2012/13	2016/17	2017/18
Re-referrals to children's social care within 12 months of previous referral (%)	20.4	16.3	23.8
Initial child protection conferences held within 15 days of the start of the s47 enquiry (%)	78.2	45.5	51.7
Children who became subject of child protection plan for second/subsequent time (%)	13.2	29.3	15.5
Children looked after for 2.5 yrs+ in the same placement for 2 yrs+ or placed for adoption (%)	73	72	64
Average time between a child entering care and moving in with adoptive family (3 yr average)	639 (2010-13)	313 (2014-17)	not yet available
Care leavers in education, employment or training (19 to 21 years) (%)	80	52	not yet available
First time entrants to the Youth Justice System (10 to 17 years)- Rate per 10,000 0-17	603	184	not yet available

CHALLENGES AND ENABLERS

CHALLENGES

There will be pressures driving demand for all services to vulnerable children and cost which are common to all LAs. Those below are significant to this authority.

- Impact of poverty where adults re working and housing issues.
- People coming into Southend (especially from London and placed by other authorities).
- Reduction in affordable private rented accommodation driving homelessness.
- Increase in child exploitation including 'County Lines'. Increase is partly due to improved focus across the children's system.
- Recruitment and retention of experienced social workers.
- Children looked after can be placed away due to shortage of available placements.
- Being a small authority.
- Being a 'bright lights' coastal local authority near London which brings in gangs and other criminal exploitation.

ENABLERS

- A flexible early help (EH) workforce
- Good early help staff retention
- A single front door (one phone number) for EH and CSC
- 7am-11pm edge of care services seven days a week.
- Strong focus on transformation and improvement across the children's system.
- Corporate commitment with appropriate support and challenge to the department.
- Strong partnership working with community sector, including with a local provider to bring children back into Southend from external residential placements.

'MAKING A DIFFERENCE' EXAMPLE

WRAP AROUND SUPPORT FOR DOMESTIC ABUSE

What did we do? Police identified a family where DV incidents and other factors such as unemployment, and poor housing had an emotional impact to the child. Support included DWP worker; referral to specialist services for counselling and support to find new suitable accommodation as well as a safety plan was put in place.

What difference did it make? The child has completed a successful transition into secondary school and continues to receive counselling. Her life is now settled and secure.

Mother wrote *"When I first engaged with early help services ..my life was a wreck, I was a wreck. 5 or 6 months on, having been under the care of S, my life is completely different and I must confess to being less of a hideous wreck too!!"*

I was living in unsuitable and unsafe accommodation, I now live in a lovely ground floor flat. I was drowning in fear of the domestic abuse situation engulfing me, I am now self-representing in the family court with confidence. I was not managing with my universal credit setup, I have since had a tribunal decision in my favour making day to day living manageable. I did not exist as a person in my own head, I now concede that I might actually be ok(ish) - (Rome wasn't built in a day!!).

These changes have only happened with the consistent support and help of S and S. I tried hard to resist help early on as I was raging against my situation, the world and myself. S and S just kept on though having both the knowledge and compassion to see the bigger picture when I didn't know there was one.

I am now in a position to return to studying and help move my life further forward myself. If In my life I get to make the sort of difference to one persons life that S and S have made to mine, I would be very proud of myself indeed. Thank you.

LOCAL AUTHORITY QUOTES

"Not every family requires a social worker and sometimes the best people to engage with and work with families are those in early help or other services. We want to ensure we have a multi-skilled children's workforce that is fit for purpose and our transformation programme supports this." – Director of Children's Services

HORIZON SCANNING

- Current transformation programme from 2018 to 2020 to improve create an integrated workforce and reduce demand
- End of Troubled Families grant in 2020 means that the majority of early help family support services will need to cease as a result
- New practice unit to be set up from Sept 2018 aims to help recruitment, retention, quality of practice to deliver a skilled and stable workforce.

Sources: See full ADCS report references for source and period of information

WALSALL COUNCIL

ABOUT WALSALL

67,211 children and young people under the age of 18 years live in Walsall which has increased by 8.1% between 2007 and 2017, and is forecast to increase to 70,510 by 2023. Approximately 25.1% of the local authority's children aged under 16 years old were living in low income families in 2015 compared to 16.8% nationally.

There are 128 LA maintained schools and 34 academies.

EARLY HELP AND SOCIAL CARE SERVICES

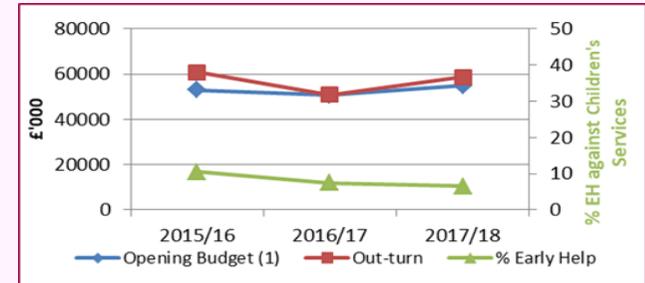
Last Ofsted Judgement (2017): Requires Improvement

Early Help has been a strong local area partnership for the past five years with a mix of voluntary sector and internal provision, evidence informed programmes, an Early Help hub, locality team and panels. In 2016, a 1000 case audit evaluated and refreshed the strategy and impact continues to be measured through a range of ways. However, a recent reduction in early help activity has impacted on social care.

Social care referrals have increased in line with increasing demand and complexity of need and more children are subject of CP plans. There is a slight reduction in the number of CLA and costs have steadied. Finding suitable placements continues to be a challenge, with 26% placed with IFAs, and more internal provision being created.

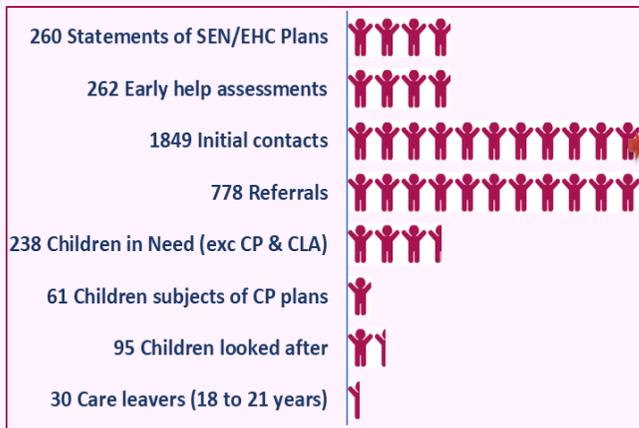
The 'Right for Children' vision of right children in the right place at the right time, for the right amount of time is being implemented and embedded via the transformation programme, which builds on improvement made in 2016-7 such as implementing Restorative Practice and lowering caseloads. The programme includes implementing a whole system locality model which brings early help and social work closer together but maintaining specialisms. Walsall are also working in partnership with What Works Centre to deliver evidence informed practice models.

FINANCIAL INFORMATION



- Investment in children's social work
- EH funding reduced from £5m in 2015 to £3.5m in 2017, funding from Troubled Families, DSG, Public Health and Council Investment
- No additional programme/grant funding received.

FOR EVERY 10,000 CHILDREN THERE ARE...



OUTCOMES OF NATIONAL INDICATORS

Performance Measure	2012/13	2016/17	2017/18
Re-referrals to children's social care within 12 months of previous referral (%)	21.4	21.7	28.2
Initial child protection conferences held within 15 days of the start of the s47 enquiry (%)	80.2	92.6	90.0
Children who became subject of child protection plan for second/subsequent time (%)	10.7	11.6	13.7
Children looked after for 2.5 yrs+ in the same placement for 2 yrs+ or placed for adoption (%)	63	76	64
Average time between a child entering care and moving in with adoptive family (3 yr ave.)	713 (2010-13)	517 (2014-17)	not yet available
Care leavers in education, employment or training (19 to 21 years) (%)	56	43	not yet available
First time entrants to the Youth Justice System (10 to 17 years)- Rate per 10,000 0-17	509	259	not yet available

CHALLENGES AND ENABLERS

CHALLENGES

There will be pressures driving demand for all services to vulnerable children and cost which are common to all LAs. Those below are significant to this authority.

- Legacy of children at home on care orders
- Shrinking resource in partners, especially Police
- Appropriate identification and holding of risk by partners
- Increase in demand for Tier 4 beds due to self-harm
- High number of school exclusions increasing the vulnerabilities of CYP
- Increase in requests for EHC Plans
- Increasing re-referrals and high proportion of referrals that are 'no further action'
- Increasing child protection and repeat child protection plans

ENABLERS

- Right for Children vision and transformation programme
- Whole system locality model
- Cross working (SW in EH Hub and EH worker in MASH)
- Embedding restorative practice
- Schools, especially at primary level, "get it" and good partnership working
- Partnership with the 'What Works Centre' to become an evidence-minded organisation.
- Using evidence based tools and programmes which are embedded, measured and drive forward improved practice
- Commitment to work with and invest in the voluntary sector, learning together and building community capacity
- Better awareness and identification of neglect and risk of exploitation
- Robust workforce development programme including participation in Front Line.

'MAKING A DIFFERENCE' EXAMPLE

Following the Ofsted SIF inspection in 2017, there were a number of recommendations in relation to Care Leavers in relation to improving pathway planning and improving opportunities and support for education and employment.

Significant work has been undertaken to improve the pathway planning process and the majority of care leavers now have timely and effective pathway plans. The pathway plan documentation has been completely redesigned in direct consultation with care leavers and tested with a pilot group of 20 care leavers who have fed back positively about it. The new plans are due to be launched in Autumn 2018.

A range of creative solutions have been developed to support Care Leavers in education, employment and training, including enhanced apprenticeship opportunities, a corporate mentoring scheme and an 'aspire to university' project which have resulted in significant improvements in the proportion of care leavers in education, employment and training and attending university.

The corporate parenting board was refreshed and a care leavers 'pledge' was developed as part of the strategy with input from the councils 'New Belongings' care leavers group. The delivery of this pledge is underpinned by four work streams and a newly recruited participation officer ensures that care leavers continue to have their voices heard.

The direct work with care leavers is supported by the continued implementation of restorative practice across Walsall Children's services and a drive towards high quality supervision which has resulted in high morale within the care leavers service. Staff report that they feel fully supported by their managers and have a good understanding of corporate aspirations for care leavers and the role they play in achieving these.

LOCAL AUTHORITY QUOTES

"Early help will only work if your partnership is mature enough to make decisions, and make changes together." – Right4Children Programme Manager

"Improving outcomes for children is everyone's goal, but this will only be achieved if decisions are evidence informed and impact is monitored, so that changes can be made to initiatives that aren't having the desired outcomes in an agile and timely way." – Head of Performance, Improvement and Quality

HORIZON SCANNING

- Future impact of growing pressure from SEND, reducing High Needs Block funding
- Continue to embed 'Right for Children' vision including implementation of whole system locality model
- Impact of universal credit roll-out when implemented fully in the Walsall area.
- Impact of increasing child protection demand
- Changes to corporate approach to commissioning which will drive forward strategic approach within children's services.

Sources: See full ADCS report references for source and period of information

WILTSHIRE COUNCIL

ABOUT WILTSHIRE

105,597 children and young people under the age of 18 years live in Wiltshire which has increased by 2.3% between 2007 and 2017, and is forecast to increase to 109,709 by 2023. Approximately 10.3% of the local authority's children aged under 16 years old were living in low income families in 2015 compared to 16.8% nationally. However, significant local variation exists and rural communities face particular challenges.

There are 238 schools in Wiltshire, of which 94 are academies. SEND is one of the biggest challenges for Wiltshire particularly in terms of early identification and response.

FOR EVERY 10,000 CHILDREN THERE ARE...

282 Statements of SEN/EHC Plans	
1179 Initial contacts	
354 Referrals	
182 Children in Need (exc CP & CLA)	
34 Children subjects of CP plans	
42 Children looked after	
21 Care leavers (18 to 21 years)	

EARLY HELP AND SOCIAL CARE

Last Ofsted inspection (2015): Requires Improvement to be Good.

Wiltshire began integration of social care and early help services in 2017 to improve continuity and consistency for children and families. There is a single front door for MASH and an Early Support Hub is being introduced to improve effectiveness of our early support offer. Front doors across the partnership are adopting a relationship-based approach ('ABC'):

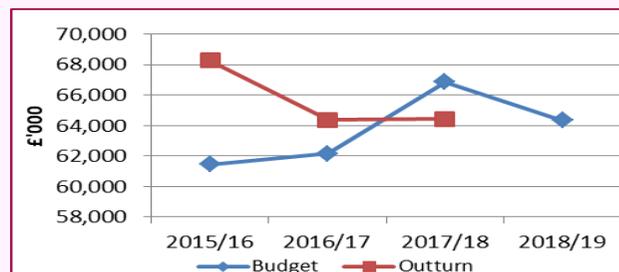


There has been a successful focus on recruitment and retention of social workers, with Wiltshire being a good place to work. This has been achieved within budget, but is getting harder to maintain.

Re-referral rates are low, and social care activity fairly stable, but there has been an increase in adolescents requiring services. Our responses include a new edge of care service (a hub and spoke model with fostering and residential provision).

Continued transformation is via the 'Families and Children's Transformation' (FACT) Programme; a partnership of agencies working together to achieve significant whole-system innovation and change.

FINANCIAL INFORMATION



- No additional DfE or other programme /grant funding received.

OUTCOMES OF NATIONAL INDICATORS

Performance Measure	2012/13	2016/17	2017/18
Re-referrals to children's social care within 12 months of previous referral (%)	21.1	18.8	17.1
Initial child protection conferences held within 15 days of the start of the s47 enquiry (%)	48.2	49.8	93.3
Children who became subject of child protection plan for second/subsequent time (%)	16.0	18.3	20.0
Children looked after for 2.5 yrs+ in the same placement for 2 yrs+ or placed for adoption (%)	67	75	not yet available
Average time between a child entering care and moving in with adoptive family (3 yr ave.)	673 (2010-13)	469 (2014-17)	not yet available
Care leavers in education, employment or training (19 to 21 years) (%)	51	46	not yet available
First time entrants to the Youth Justice System (10 to 17 years)- Rate per 10,000 0-17	298	309	not yet available

CHALLENGES AND ENABLERS

CHALLENGES

There will be pressures driving demand for all services to vulnerable children and cost which are common to all LAs. Those below are significant to this authority.

- Impact on Council resources and focus of sudden events such as Salisbury Poisoning in March 2018.
- Rurality and social isolation across some parts of the County.
- Vast and often non-coterminous partnership landscape (3 hospitals trusts, STP footprint, 238 schools and academies, etc).
- Privatisation of some health services.
- High numbers of adolescents coming into care; Rise in EHCPs.
- Unsuccessful in DfE Innovation grant.
- Schools funding challenge – particularly high-needs block.
- Delivering ambitious whole-system transformation as well as ‘business as usual’ within limited funds.
- High and rising costs of private sector placements (IFAs and residential) – costs not regulated.
- Consistency of relationships for children and families – and increasing flexibility (avoiding ‘hard’ thresholds).

ENABLERS

- Commitment and investment from Elected Members for more social work staff, to meet increased demand
- Good schools pastoral care
- Work undertaken on recruitment and retention – having the right staff, good culture and good engagement.
- FACT transformation programme (see ‘Making a Difference’) with shared values across partners executive leadership and a commitment to whole-system change and innovation
- Moving from 7 to 1 client record management systems and delivering IT-enabled multi-agency working
- Dedicated, skilled and motivated staff across the partnership

LOCAL AUTHORITY QUOTES

“Creating learning organisations within a learning partnership is crucial if we are to innovate and develop together at the rate we need to” DCS

“There are only so many times we can say to our staff ‘this is a really hard job, thank you for doing it’...and it’s getting harder and harder to recruit and retain because there are so many options for them to do other things.” DCS

MAKING A DIFFERENCE

The DART is a home-grown ‘Diagnostic and Referral Tool’ for professionals. The DART generates a bespoke questionnaire tailored to child and family concerns, advises on threshold criteria (with professional judgement over-ride), identifies sources of support and enables online referrals across the partnership.

- Families are experiencing less bouncing between agencies & repeating their story
- Fast adoption/good feedback
- Demand intel is informing commissioning

IT-enabled partnership working – Wiltshire Council has invested significantly in consolidating seven IT systems (across early years, SEN, schools, children’s centres, social care and early support) into one integrated case management system. Early Support and Social Care modules go live November 2018 and enables a full “team around the worker and family” approach with partners. We’re “doing things digitally, together” in Wiltshire.

Blending of early help and social care and a ‘one front door’ model – A new Support a Safeguarding Service launched October 2017 with Family Keyworkers and Social Workers co-working in locality teams on complex early help and CIN/CP cases. This has increased capacity and ensures a consistent relationship-based approach. Children and families are experiencing more seamless support with a consistent keyworker and an improved ‘front door’ experience.

Delivering the ambitious Families and Children’s Transformation (FACT) Programme. Wiltshire partners are working in coproduction with children and families to design and deliver innovative whole system change. The programme is comprised of 8 workstreams with over 30 aligned projects - with over 250 people directly engaged. Wiltshire has a relentless determination to enhance social mobility, build resilience and deliver more efficient and impactful services and in turn improve outcomes and deliver savings across the partnership.

HORIZON SCANNING

- Continued complexities arising from academisation
- Continued recruitment and retention pressures
- Delivering improved outcomes within a constrained financial envelope; identifying invest-to-save innovations and savings from the FACT programme
- Delivering whole-life services
- Growing customer expectations – particularly digital – and keeping pace
- Mitigating the continued impact likely to be felt following the Salisbury poisonings.

24 Direction of Travel

Two years ago, phase 5 concluded that “there are myriad factors outside of the direct influence of the local authority which impact upon the provision of effective services to children and their families, but local leaders and services have managed thus far to contain some of them – a situation which may no longer be feasible”.

79% of 70 responding authorities in October/November 2017 to the DfE Children’s Services Omnibus Wave 3 research report (DfE 2018g) were very confident in the local authorities understanding of how to improve their children’s social care services and 20% were fairly confident.

24.1 Key findings

Respondents were less optimistic about the next two years than they were two years ago in phase 5. Of the 109

respondents, 64% predicted a general continued rise, compared to 40% two years ago. This is despite some innovative and enabling approaches within local areas and regions to manage demand and at the same time improve outcomes.

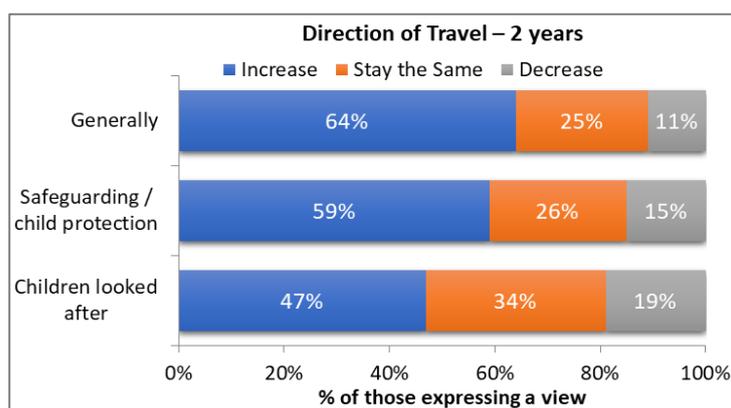


Figure 79: Direction of travel

“The optimist in me says we have a transformation programme in place that in two years time will deliver ...That’s the best-case scenario. The worst-case scenario is just about the opposite of that. If we can’t secure partner buy-in, if there are other pressures in the system that we don’t know yet it leaves the Council in very significant difficulties – South East LA

Given past trends have seen an increasing trajectory of demand, we anticipate this will continue to increase given the levels of vulnerability and complexity of needs. There is no evidence to suggest that levels of need will reduce across safeguarding and looked after children’s services across England. The variation between authorities based on their individual characteristics, availability of funding, and a range of other different variables in some cases specific to them, as well as different ways of working, is likely to continue.

In addition to those already mentioned within previous sections, other variables mentioned by respondents which will steer the direction of travel in the next two years but which are difficult to assess include:

- Impact of Ofsted inspections (positive or negative)
- Increasing academisation of schools, school organisation and funding
- Changes to health services
- Political changes (local and national)
- Brexit (financial and economic impact as well as workforce).

Authorities said that the direction of travel of demand would depend on the ability to stabilise early help, maintain strong leadership and system-wide approaches.

“I do think that we are under-funded in this sector.... But the rhetoric around there not being a correlation between the money spent and the outcomes you get I think is unhelpful. I think there's more read across than people acknowledge, and it's very hard to do sustainable stuff with vanishing money. So to a certain extent then, it's the continued shrinkage.... We're going back again and again redesigning and reshaping to try and deliver as much as we can on a smaller financial footprint”. – DCS Interviewee

Interviewees spoke about how much has been done to alleviate pressures through better ways of working, protected and extra investment from the local authority. There is hope that the programmes and changes that local authorities are putting in place to reduce demand will be effective, but these may not fully address the increases in demand in the system and will take time to take their full effect. By which time, demand could be even higher, as we can see from the predictive modelling below.

24.2 Projections

We can predict from analysis of historical trends and population projections, new burdens and new duties that the pressure on existing services will increase at a higher rate than previously experienced. For example:

UNIVERSAL DEMAND FACTORS	
Population:	IF we have more children living in the local area, THEN there will be a need for more school places, other services and proportionate increase in children and families in need of help.
Poverty:	IF there is greater poverty, THEN there will be more children in need of help.

Housing:	<i>IF</i> the availability of affordable suitable housing does not increase THEN there are likely to be more children at risk of homelessness and in the social care system.
Health:	<i>IF</i> universal child health services are not available to promote, prevent or treat health issues, THEN there are likely to be more children and families who will develop more serious problems which will require attention from higher tier, more specialist health services and children’s social care.
Mental Health:	<i>IF</i> there is limited improvement in accessing services that prevent and treat mental ill-health for children, young people and adults, THEN there are likely to be more young people suffering acute distress, requiring access to higher cost in-patient services and there will be a greater negative impact on children’s future life chances.
RESULTING SERVICE DEMAND FACTORS	
Increased caseloads:	<i>IF</i> demand increases, with no additional funding for services or workers, <i>IF</i> difficulty recruiting & retaining workers continues, <i>IF</i> the number of workers decreases THEN it is likely that the caseloads of existing workers will increase, THEN there will be greater drift in the system, THEN we have more children in the system for longer. <i>IF</i> demands increase and recruitment and retention of skilled social workers decline, THEN there will be an increased reliance on agency staff at a greater cost. THEN , children and young people’s needs will not be met.
More costly services:	<i>IF</i> demand for placements for children looked after continues to increase THEN there could be less availability of the right placement at the right time at the right cost as markets are saturated unless there is future market development.
RESULTING OUTCOMES FOR CHILDREN AND FAMILIES	
Escalating issues:	<i>IF</i> needs cannot be met in a timely way, by supporting the child and family at the earliest possible stage, THEN problems will escalate and require more costly intervention. Most importantly, the quality of children’s future adulthood will be poorer.

24.2.1 Current and projected prevalence

Forecast calculations below are based purely on linear regression of historical data as the most basic and commonly used predictive analysis (i.e. a forecast based on trends). The R² value in each of the charts shows how robust this calculation is (the higher the R² the more statistically significant the result will be).

- **An increase in referrals to children’s social care**

Although numbers have fluctuated there could be 716,000 referrals by 2022/23, over 100,000 more than there were in 2007/8. However, greater changes in the number of referrals between local authorities more recently makes forecasts less accurate.

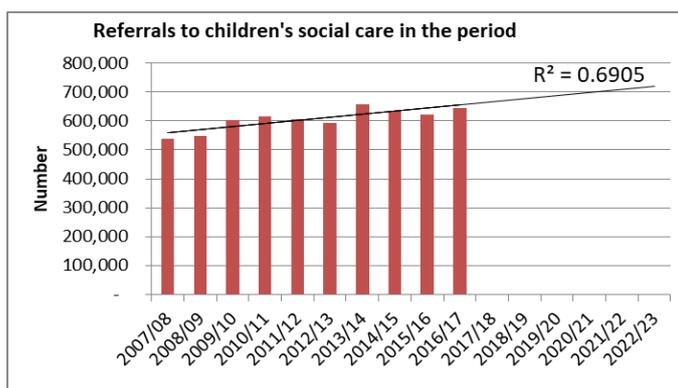


Figure 80: Forecast referrals based on trends only

- **There will be more children in need**

There could be over 750,000 children in need at any point in the year by 2022/23. Whilst there does appear to have been a stabilising of numbers of children in need over the past three years, the increase in population, diminishing ability to step down to early help because of cuts to services, and contributory factors above would appear to suggest that this ‘levelling’ over the past three years is unlikely to continue. Given the increase in the number of children within this CIN cohort (which includes child protection and looked after), we could assume that those children in this cohort who are receiving services under Section 17 only may reduce.

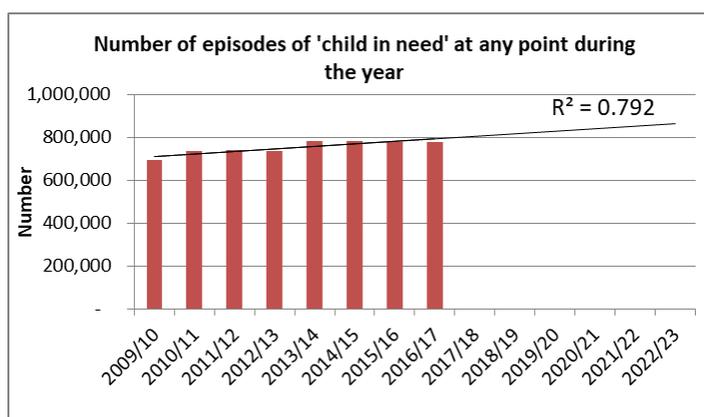


Figure 81: Forecast children in need based on trends only

- **We will have more children who are subjects of Section 47 enquiries**

The increase in the number of Section 47 enquiries is the most dramatic change in historical and projected further increase. It is also the most accurate forecast (R^2). A forecast of over 250,000 in 2022/23 – over 180,000 more Section 47s being completed based on this trajectory of consistent year-on-year increases.

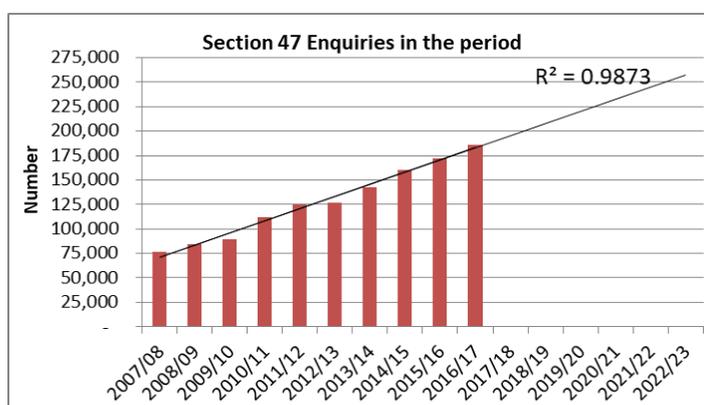


Figure 82: Forecast section 47 enquiries based on trends only

- **We will have more children subject of a child protection plan**

The predicted increase in the number of children who are the subjects of a child protection plan at the 31st March each year is forecast to increase by 56% from 2008/08 levels to over 66,000 children by 31st March 2023.

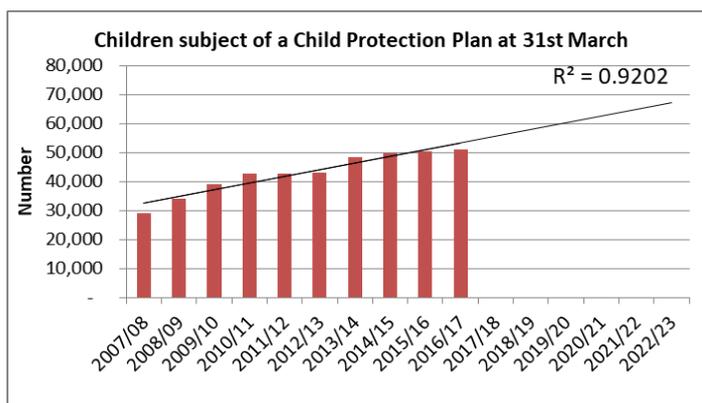


Figure 83: Forecast children subject of a child protection plan based on trends only

- **We will have more children looked after**

There could be 81,000 children looked after at 31st March 2023 – 20,000 more than there were at the beginning of Safeguarding Pressures research in 2007.

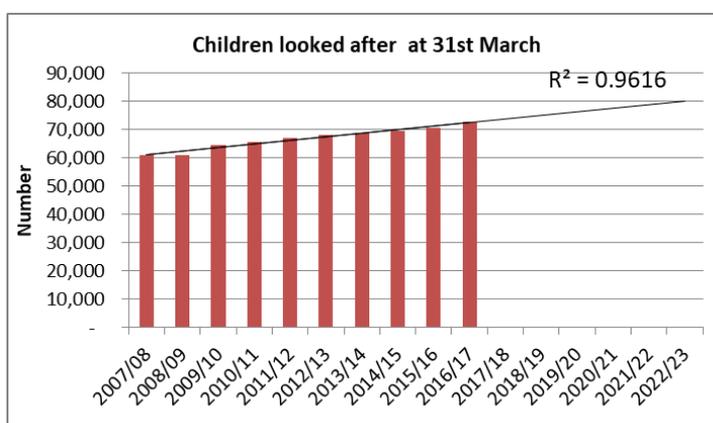


Figure 84: Forecast children subject of a child protection plan based on trends only

These basic forecasts, based purely on historical trends, confirm a national picture of more children in the system without factoring in the demand variables described above. These forecasts also assume no change (for better or for worse) in the wider societal determinants of family distress. However, the complexity and differential influence of these factors between local authorities cannot be under-estimated. For example, the Institute of Fiscal Studies (Hood and Waters, 2017) estimates that the total number of children living in poverty will increase to five million by 2020/21, but the impact will be to differing extents in different local authorities. The four quotes from respondents below highlight the variations in views from local authorities about the direction of travel.



Increase

Given the increasing child population and considering the communities where that population is growing coupled with the Council's and health budgetary position and pace of reform, all the indicators suggest an increase in safeguarding activity. – North West LA



Steady

We believe we are currently in a relatively steady state (albeit one where 20% more children are open to children's services, including Early Help and Children's Social Care, than 4 years ago). This conclusion, however, needs to be caveated by the assumption of no worsening in the local economic position and no further austerity measures, especially around welfare benefit entitlement. – North West LA



Decrease

We are projecting a decrease in the number of children requiring intervention from statutory services over the next two years as a result of the improvement actions we have undertaken to address the recent rise in demand. The implementation of our early help strategy will also support us to manage demand downstream and the impact of this approach is likely to be evidenced over the coming years. – North East LA

I think you have got two things that are going to happen. Even in good authorities like [LA] where they have protected investment, they can't do it forever. You will see local authorities who will find themselves issuing a Section 114 like [LA]. It will be children's services that will bankrupt a local authority and they will fall over. In [LA] we have had significant protected investment in children's services and they have recognised where we were in 2009/10, how badly we were doing at that point and said that we don't want that. That is not good for children and that is not the kind of authority we want to be. How long can they do that if the current level of austerity goes on? I think we have also got running in the background changes to the benefit system and austerity and children and families are going to be under increasing pressure. So you are setting up a perfect storm really. For me, in a lot of local authorities that I have worked with where we have had issues, there is a slow and gradual decline, reaches the tipping point and then it goes quite quickly, and to fix that takes a lot of hard work and a lot of money, leadership, and time. My concern around the children's social care system overall is the whole country is heading towards that tipping point. The notion of the crisis in care, I don't think we have hit yet, because we have not seen that impact of the reduction of families and you won't get that until 2-3 years down the line. I think when we get that, and the increasing number of children being brought up in poverty and the pressures that places on families, I think that we could find ourselves in significant difficulty and invest in things which are going to make a difference 4-5 years down the line. – DCS Interviewee

25 Conclusion

The evidence within this report provides a compelling picture of historical, current and projected demand pressures based not only from a local authority children's service perspective, but triangulated and summarised with a significant amount of other research and evidence.

Over the ten year period covered by the six phases of ADCS Safeguarding Pressures research, there were more initial contacts (+78%), more referrals (+22%), more section 47s (+159%), more children subjects of child protection plans (+87%) and more children looked after (+24%). These increases are higher than the growth in child population alone could account for and increases in 2017/18 have been greater than the previous year. There is continuing variation between authorities, however over the past two years there have been greater increases for more authorities than previously.



Figure 85: Rates per 10,000 of the 0-17 population

This demand for services is a result of various and often entrenched factors that authorities cannot stem, despite creative transformation programmes, new ways of working and a clear focus on getting it right for all children.

We conclude, in line with much other research and evidence, that the increase across all aspects of children's social care, despite often effective early help services, arise from:

- Wider societal determinants linked to poverty
- New and greater risks to children and young people such as County Lines and other contextual safeguarding risks
- An increased number of UASC
- More care leavers as a result of the increase in the number of children looked after and extended care leaver duties to age 25
- A growth in the overall child population
- Additional new duties from legislation and policy.

These wider societal determinants, such as poverty driven by the cumulative impacts of welfare reform, in secure work and lack of affordable housing, lead to an increased risk of strained, poor-quality family relationship, which in turn increases the risk of poor-quality parenting, parental mental ill-health and emotional distress. The cumulative impacts of these factors affect children's wellbeing, which in turn affect their outcomes and life chances. If these factors are not addressed, and taking into account the projected continued growth in population, then we can expect the number of children and families who require support to continue to grow, unabated.

The ripple effect of pressures in one part of the system, e.g. the pressures experienced by universal services, such as schools or health services, in turn impact on the lives of children to such an extent that they require more intensive levels of support.

Whilst attention is paid nationally to some of these issues, including mental health, national legislation and policy continue to focus in an atomised way on tackling single issues and risks affecting children and families. This disjointed approach at a national level does little to alleviate the risks and disadvantages that children and their families face.

Critical issues which authorities are tackling in their efforts to meet these needs include: difficulty in recruitment and retention of experienced social workers; insufficiency and the cost of placements for children looked after; meeting duties and additional demand from SEND reforms, in addition to unprecedented funding pressures. Some authorities, particularly those which have received additional funding from DfE Innovation Programme, have achieved system change and are many are implementing innovative and more cost-effective ways to deliver services, which is welcome, but takes time and is not achievable everywhere.

Local authorities have protected and invested in children's services despite devastating cuts to their budgets using reserves or diverting funds from other services, yet we hear that worse impacts may yet be to come. This situation is simply not tenable with many respondents and other sources stating that services can no longer be protected going forward. The tipping point has been reached.

In terms of the future, there is a sense that authorities have been constantly re-designing and re-configuring services to meet needs and manage the growth in demand. They have done so whilst maintaining, passionately, a clear focus on children and their families at the heart of services. In order to stop the cycle we are seeing, and start to reduce demand and support children and families when they need it most, we must be resourced to allow for a focus on prevention. Change of this magnitude takes time, more time than a parliamentary cycle. This is a challenge that the government cannot ignore as we enter the next Spending Review period.

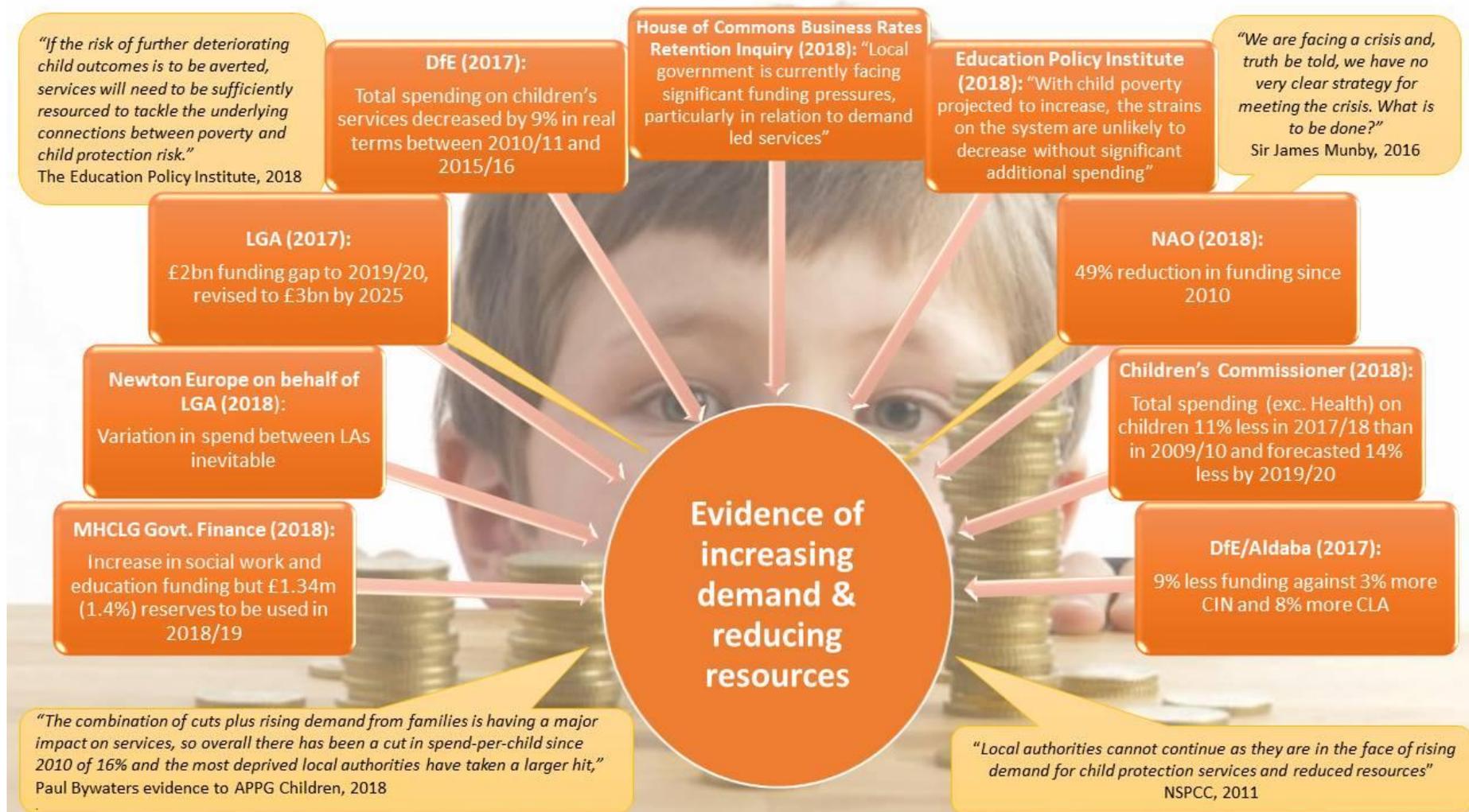


Figure 86: Evidence of increasing demand and reducing resources

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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. Terms are listed in the order that they appear in the publication for easier reference.

Further guidance can be found in the DfE publication links below:

[Working Together to Safeguard Children \(2018\) and \(2015\)](#)

[Children in Need Census Guide 2017-18](#)

[Children Looked After Guide 2017-18](#)

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.
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> , 2015 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’.
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.
Children in Need	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 looked after, as well as disabled children and care leavers 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.
Section 47 enquiry	A Section 47 enquiry refers to enquiries conducted under the provisions of Section 47 of the Children Act 1989 where there are reasonable grounds to suspect that a child is suffering or is likely to suffer significant harm.
Changes to legal Orders	In 2005, the Freeing Order (freed for adoption under Section 18 of the Adoption Act 1976) was replaced by a Placement Order (under the Adoption and Children Act 2002) for children for whom adoption is the plan.

Youth justice legal statuses	Children on remand or committed for trial, children detained in local authority accommodation under section 38(6) of the Police and Criminal Evidence Act 1984 and children sentenced to Children and Young Persons Act 1969 Supervision Order with residence requirement.
Foster care	<p>At present, DfE collect six categories of foster care placement data from local authorities:</p> <ul style="list-style-type: none"> • Foster placement with relative or friend- long term fostering (U1) • Foster placement with relative or friend who is also an approved adopter – FFA/concurrent planning (U2) • Foster placement with relative/friend who is not long-term or FFA/concurrent planning (U3) • Foster placement with other foster carer- long term fostering (U4) • Foster placement with other foster carer who is also an approved adopter – FFA/concurrent planning (U5) • Foster placement with other foster carer- not long term or FFA/concurrent planning (U6)
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"> • Placed for adoption with consent with current foster carer (A3) • Placed for adoption with placement order with current foster carer (A4) • Placed for adoption with consent not with current foster carer (A5) • Placed for adoption with placement order not with current foster carer (A6)
Placement Stability	<p>Long term stability of a child’s placement is currently defined as the percentage of children looked after aged under 16 at 31st March who had been looked after 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.</p> <p>Short term placement stability is defined as the percentage of children looked after at 31st 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.</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>
Care Leaver	<p>A care leaver is defined by DfE as a person who has been looked after for at least 13 weeks since the age of 14, and who was in care on their 16th birthday, supported under Section 24 of The Children Act 1989.</p>

Child Sexual Exploitation	DfE (2017) defines child sexual exploitation and provides guidance. DfE (2017) published <i>Child sexual exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation</i> which defined CSE as: “ <i>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.</i> ”
Contextual Safeguarding	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.

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



info@adcs.org.uk



0161 826 9484



The Association of Directors
of Children's Services Ltd
Piccadilly House
49 Piccadilly
Manchester
M1 2AP

www.adcs.org.uk