

**ASSOCIATION OF DIRECTORS OF CHILDREN'S
SERVICES LTD**

SAFEGUARDING PRESSURES PROJECT

PHASE 2:

EXPLORING REASONS AND EFFECT

*Building on the evidence of increased safeguarding activity
produced in Phase 1 to explore reasons and consequences*

Final Report

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On behalf of ADCS

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FINAL

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1. Introduction

Safeguarding related pressures on local authority children's services departments have been the subject of much discussion and media attention since the death of Baby Peter was reported in November 2008.

At its annual policy seminar in February 2010, the ADCS Council of Reference agreed the importance of having robust, recent, national data to evidence changes in safeguarding activity and, supported by the National College, commissioned a project to evaluate the impact of increased child protection and safeguarding activities and budget pressures associated with those increases.

The Government's Response to Lord Laming: One Year On (HM Government, 2010, p25) stated that "Access to high quality data is fundamental in supporting planning, performance and improvements for safeguarding". The information provided in the two phases of this ADCS project will assist local authorities in taking these next steps.

The first phase of this work asked local authorities to provide a range of data to determine the level of any increases in safeguarding activities. The full report was widely circulated, generating significant attention including from the media and other organisations. This next phase of research takes the initial work further, exploring reasons for the increases, cost pressures as well as the effect of, and on, partner agencies.

The objectives of this second phase of the research are to:

- Identify changes in referrer or reason for referrals to children's social care departments and the age profile of children starting to be looked after or subject of a child protection plan over the past three years;
- Analyse cost and activity data around safeguarding;
- Analyse the datasets which Local Safeguarding Children Boards (LSCBs) may use to determine whether there has been a rise in safeguarding activity in other partner agencies;
- Explore the views of safeguarding leads within local authorities about possible reasons, including the use of Common Assessment Framework (CAF);

- Undertake a meta-analysis of other safeguarding projects to test and triangulate messages; and finally
- Investigate changes to population and the impact this may have on increased safeguarding work.

2. Summary of Initial Findings (April 2010)

The Phase 1 report, published in April 2010, included analysis from 105 local authorities covering 73% of the England under 18 population. Some authorities had provided data after the report was published, totalling responses from 122 authorities.

The report showed that there has been a significant increase over the period covered by the data collection in all safeguarding activities except granting of Full Care Orders, against a relatively static population (0.1% increase from 2006 to 2008 mid-year population estimates and a projected growth of 0.01% in 2009)¹.

The results provided robust evidence of a national increase across a range of children's social care activities². In the two years between December 2007 and December 2009, there was a:

- 25% increase in initial contacts
- 17% increase in referrals
- 21% increase in Section 47 enquiries
- 23% increase in initial assessments
- 20% increase in children who were subjects of initial child protection conferences
- 33% increase in children who were subjects of a child protection plan at period end
- 39% increase in children subject to Police Protection
- 32% increase in Emergency Protection Orders
- 38% increase in Interim Care Orders
- 8% reduction in Full Care Orders granted
- 17% increase in children starting to be looked after
- 8% increase in total number of children looked after at the period end.

¹ ONS (2009): 2008-based National Population Projections Published 18 November 2009

² For full definitions of these terms please refer to 'Working Together to safeguard children: an guide to interagency working to safeguard and promote the welfare of children'

<http://publications.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publicatio ns&ProductId=DCSF-00305-2010>

Although reporting information about staffing across authorities is complex, it appears that the average rate of growth of social work teams included in the survey to undertake the work required (10.6%) has been insufficient to meet the additional demand.

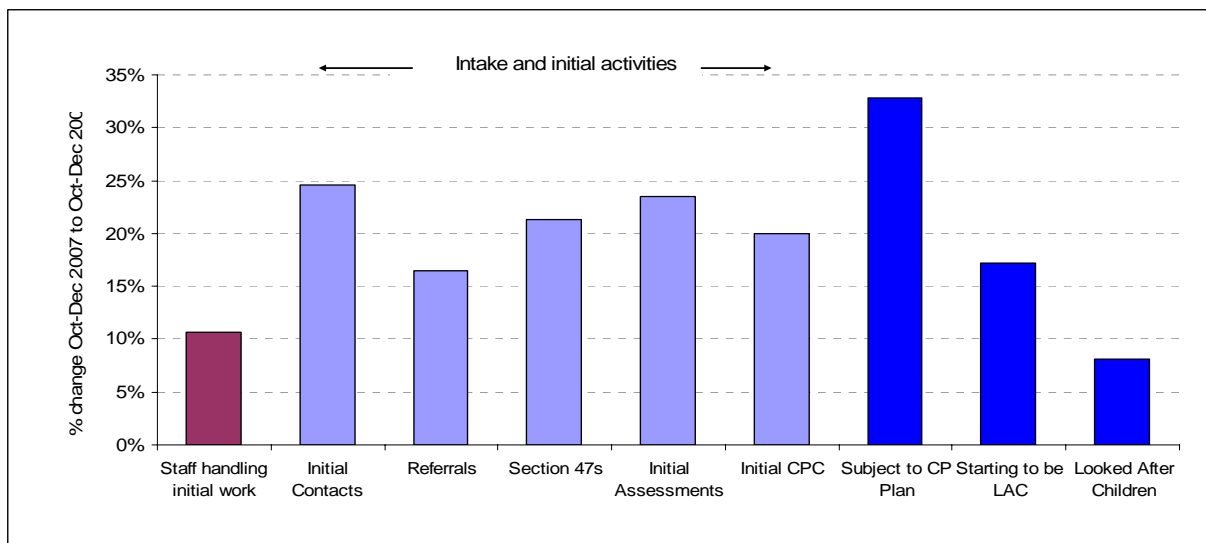


Figure 1: Results of ADCS Safeguarding Pressures Project April 2010: % change between 2007 and 2009 in a range of safeguarding activities.

Additionally in Phase 1, a timeline showed the levels of safeguarding activity related to significant events to determine if there is any apparent event triggering the increases.

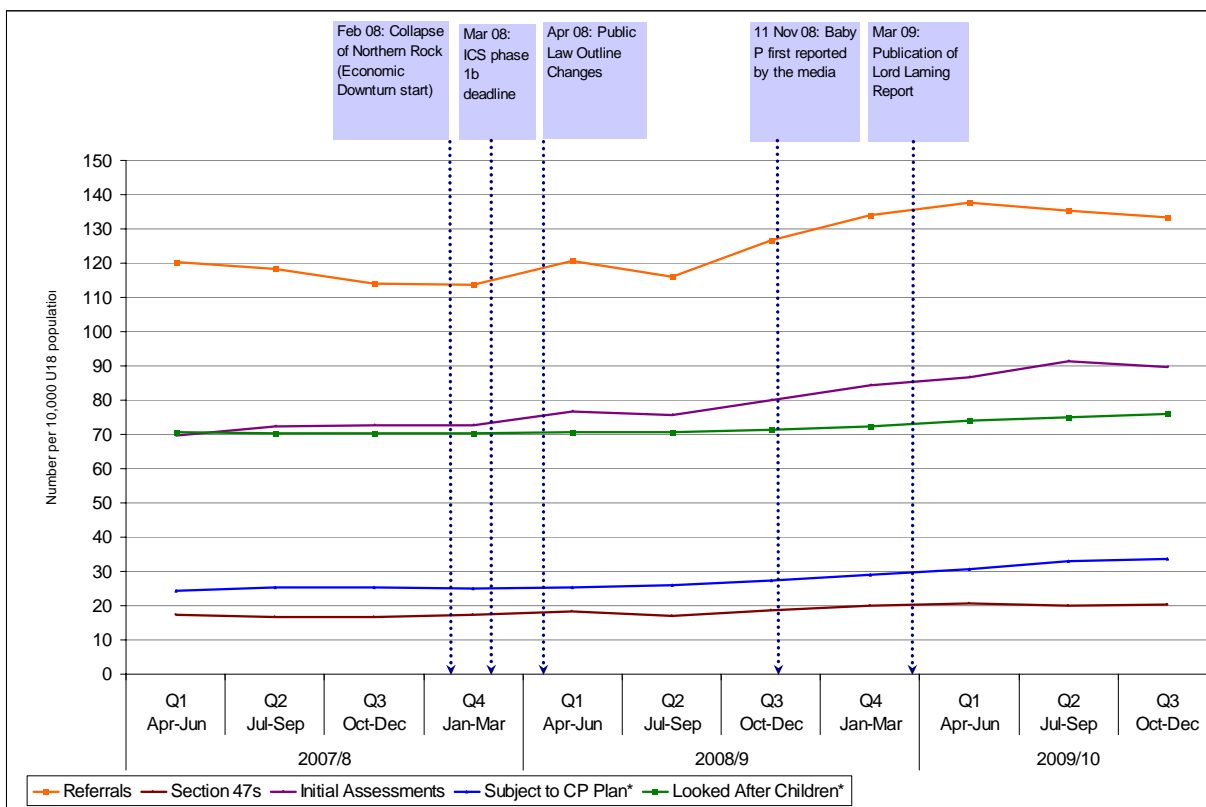


Figure 2: Safeguarding activity timeline with significant events.

A number of possible hypotheses which could account for the increase in safeguarding activity were also suggested, and these have been identified as objectives for exploration in this second part of the project (see Introduction).

3. Data Collection Methodology

A data collection form was sent to Directors of Children's Services in all local authorities in England for return by 9th July 2010 (See Appendix A). The timing was purposefully planned to coincide with completion of the Children In Need (CIN) Census – the Department for Education (DfE) statutory return from which some of the required statistics are generated. However, delays and problems nationally with this return meant that a number of authorities were not in a position to complete the ADCS data collection to deadline. Therefore an initial report was completed based on the 54 responses received to the first deadline, and an extension for local authorities was provided (to 20th August 2010) to generate a greater sample. In total 87 local authorities provided a response.

The information requested was in three parts:

- Part One asked for statistical data from the SSDA903³ and CIN Census returns about source and reason for referrals, children looked after and children subject of child protection plans, as well as four national indicators, to see if the increase in safeguarding activity has affected performance (for example, whether a rise in number of initial assessments meant that fewer were completed to timescale)
- Part Two of the survey asked for three years financial data (budget and actual) against the expenditure categories used within statutory returns to DfE. Together with additional cost data available from the recent research undertaken by the Centre for Child and Family Research at Loughborough University (Holmes *et al* 2010) and other sources, this will provide basic estimates of increased cost and help to determine whether the increase in safeguarding activity has generated overspends, or in 2009/10 increased budgets to fund the increases in activity
- Part Three, aimed at safeguarding leads in each authority, asked seven qualitative questions to gather their views and experiences. It also included a question about partnership safeguarding data which may be collected by the Local Safeguarding Children

³ DfE statutory return about children looked after

Board, to see if other agencies had experienced the same increases in activity, or if there was any evidence of safeguarding activity in other agencies which would affect children's social care referrals.

Local authorities were also asked to indicate if they would consent to share data at local authority level to assist in providing benchmark information back to the sector; and if they would volunteer to take part in any follow up questions if required.

Four data items for 2007/08 and 2008/09 were taken from DfE statistical releases. Because these apply rounding and suppression rules (i.e. to the nearest 5), a limitation of this study is that comparison of detailed analysis of 2009/10 data to previous years is not exact. This applies only to children becoming subject of a child protection plan by category of abuse and age band, and children starting to be looked after by category of abuse and age band.

4. Local Authority Analysis

4.1 Response Rates

Responses were received from 87 local authorities (57%), covering 60% of the England under 18 population. The highest response rates were from the North East and South East.

	Responses			Under 18 Population coverage (2009)			
	Respon -dents	Total LAs	% total LAs	Data Coverage	No Data	All LAs	% total U18 pop.
England	87	152	57%	6,576,944	4,435,319	11,012,263	60%
North East	10	12	83%	442,248	82,667	524,915	84%
North West	12	23	52%	894,509	585,991	1,480,500	60%
Yorkshire and Humber	7	15	47%	561,182	545,907	1,107,089	51%
East Midlands	3	9	33%	307,754	622,586	930,340	33%
West Midlands	8	14	57%	624,379	571,516	1,195,895	52%
East of England	7	11	64%	757,560	478,907	1,236,467	61%
Inner London	9	14	64%	401,241	203,743	604,984	66%
Outer London	10	19	53%	539,299	523,945	1,063,244	51%
South East	14	19	74%	1,462,804	352,391	1,815,195	81%
South West	7	16	44%	585,968	467,666	1,053,634	56%

Figure 3: Data collection respondents by region. Note: % per under 18 population is calculated prior to rounding of population data to be more accurate. Source of population data: ONS mid-year population estimates 2009

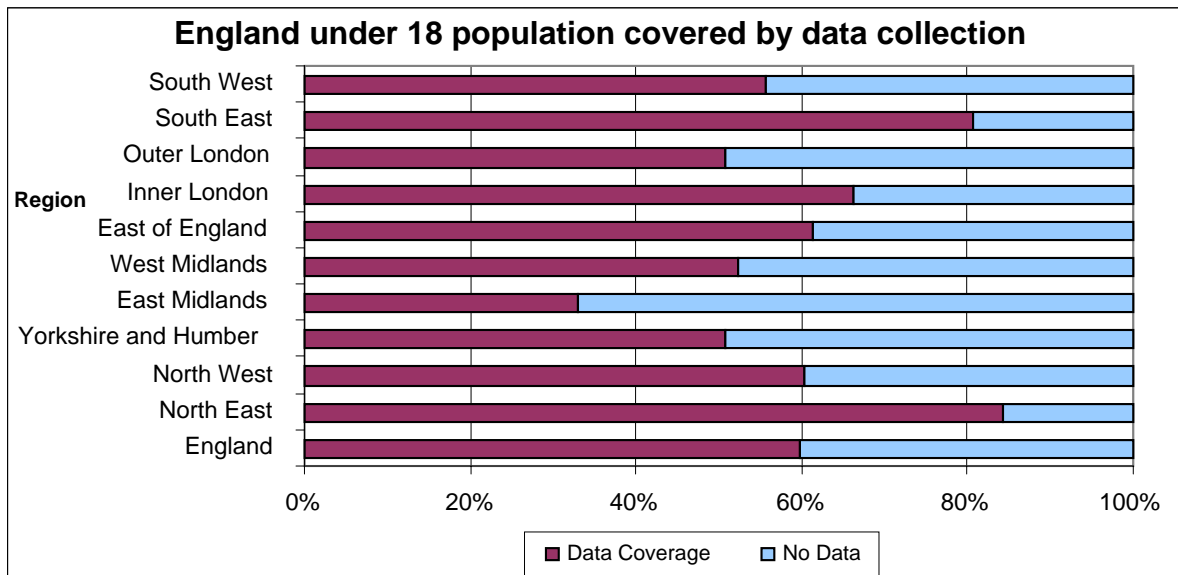


Figure 4: Graphical representation of Figure 3 – England under 18 population coverage by region

In addition to returning the data collection forms, 29 local authorities consented to be contacted for further comment on key lines of enquiry, should the need arise. Although a number of authorities were contacted with follow up questions, three authorities ultimately provided further information.

4.2 Source of Initial Contacts and Referrals

Initial Contacts

	Number	%
Responding Authorities	52	34.2%
Overall change in initial contacts over 3 years	+144,297	+29.2%
Responding Authorities reporting increase	47	90.4%
Responding Authorities reporting decrease	5	9.6%

Largest increase	183.9%
Smallest increase	0.4%
Largest decrease	-58.7%
Smallest decrease	-4.3%

Figure 5: Summary table of initial contact data

52 local authorities provided complete data on initial contacts over three years broken down by the source groupings of Education, Police, Health, Parent / Carer / Family Member and All Other. Examples of the types of referrer that local authorities are including within 'All Other' category are housing, adult social services and other departments within the local authority, voluntary organisations, members of the public, prison and probation services.

From 2007/08 to 2009/10, the number of initial contacts received by these authorities rose from 494,994 to 639,291 (+29.2%), and the rate of initial contacts per 10,000 of the under 18 population rose from 1,220 to 1,577. This is higher than the 24.6% increase found in Phase 1, but is based on a smaller sample of authorities and includes the full year data for 2009/10. Only five of these authorities (10%) reported a fall in numbers of initial contacts during the period, with the size of the decrease ranging between -4.3% and -58.7%. The size of the increase ranged from +0.4% to +183.9% in those authorities reporting an increase in initial contacts. 19 of the 52 authorities (37%) reported an increase of more than 50% in the number of initial contacts.

The breakdown of initial contacts by source shows minimal variation over three years for these authorities although there has been a slight increase in contacts from Police and 'All Other' and slight reduction in contacts from Education, Health, Parent / Carer / Family Member. On average across the three years, the largest source group is Police (36.5%), followed by All Other (31.7%), Parent/Carer/Family member (12.3%), Health (10.3%) and Education (9.2%).

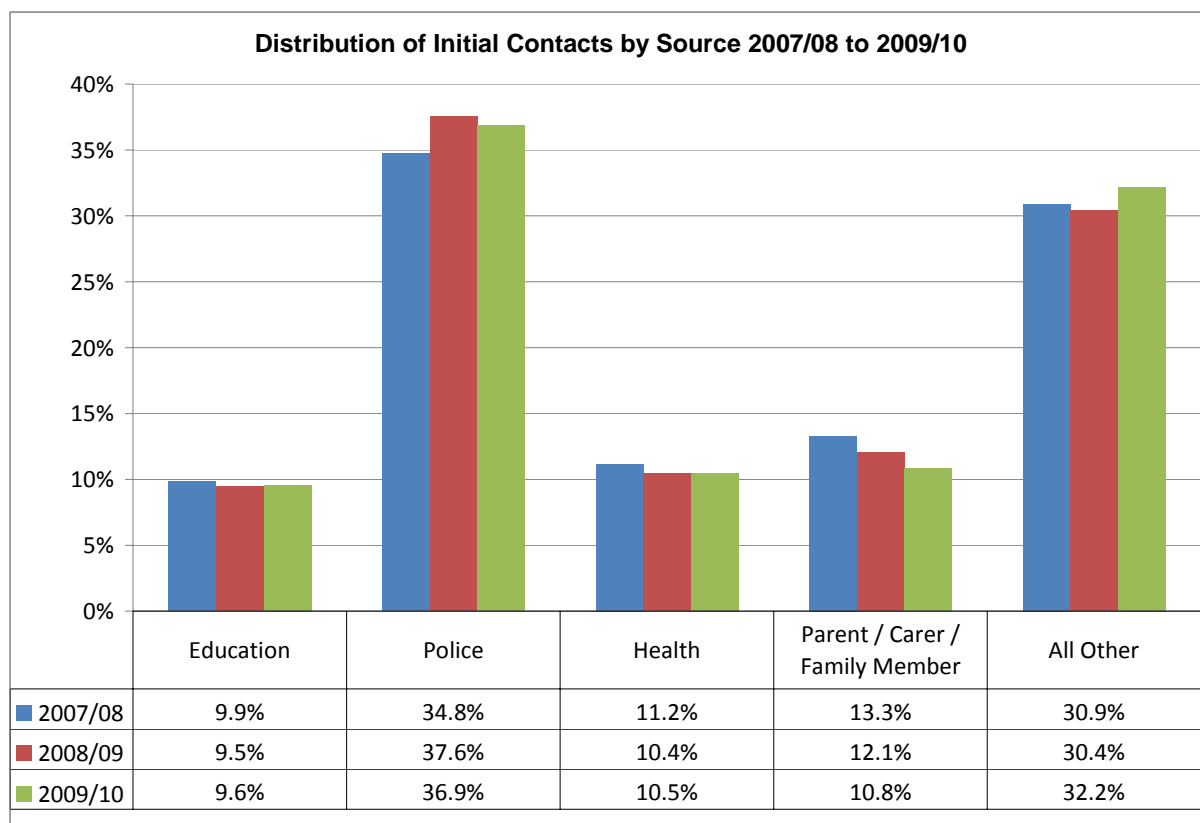


Figure 6: Distribution of initial contacts by source 2007/08 to 2009/10 (sample of 52 local authorities)

The variation between individual authorities is significant and indicates that there is no emerging pattern across the 52 authorities. Three authorities show a 60% or more reduction in initial contacts by the Police; whilst nine show that initial contacts from the Police have more than doubled between 2007/8 and 2009/10. One authority reported a rise from 31 contacts from Police in 2007/8 to 1,584 in 2009/10 – the bulk of their contacts in 2007/8 were recorded as ‘All Other’.

Referrals

	Number	%
Responding Authorities	56	36.8%
Overall change 3 years	+ 36,921	17.3%
Responding Authorities reporting increase	42	75.0%
Responding Authorities reporting decrease	14	25.0%

Largest increase	173.3%
Smallest increase	2.8%
Largest decrease	-60.8%
Smallest decrease	-2.2%

Figure 7: Summary table of initial contact data

56 local authorities provided complete data on source of referrals over three years by the same source groupings as for Initial Contacts. Over the three years between 2007/08 and 2009/10, the total number of referrals received by these authorities increased from 213,080 to 250,001 (+17.3%), equivalent to an increase in rate of referrals per 10,000 under 18 population from 474 to 557. This compares to a 16.9% increase for 93 authorities between December 2007 and December 2009 reported in Phase 1. 14 of the 56 authorities in Phase 2 (25%) reported a reduction in the number of referrals during the period, with the size of the decrease ranging between -2.2% and -60.8%. The size of the increase in those authorities reporting an increase in referrals ranged from +2.8% to +173.3%. 37 of the 56 authorities (66%) reported increases of more than 10%, with 14 of these (25%) reporting increases of 40% or more.

The breakdown by source of referral shows again a reduction in the proportion of total referrals received from Health and Parent / Carer / Family Member. The proportion of all referrals which are from Police has not increased over the three year period (i.e. Police referrals accounted for 23.8% of all referrals in 2007/08 and 23.5% in 2009/10).

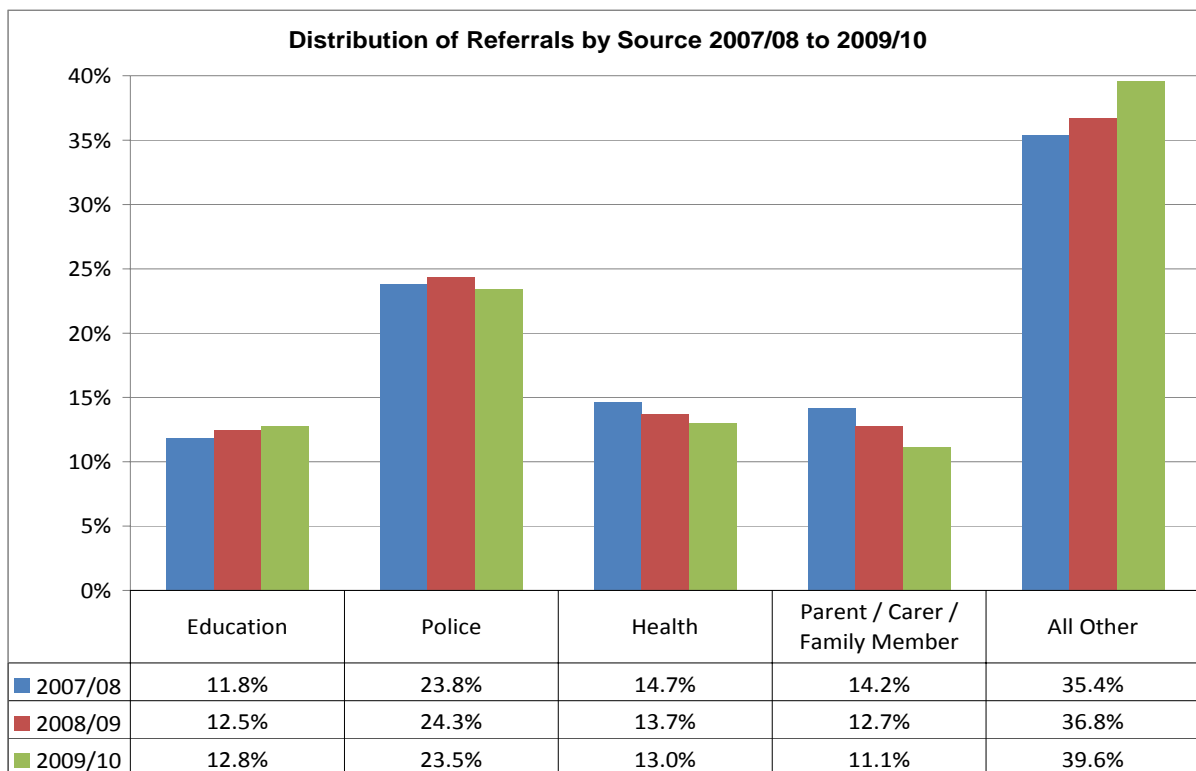


Figure 8: Distribution of referrals by source 2007/08 to 2009/10 (sample of 56 local authorities)

There has been a small increase in the proportion of referrals from Education and the biggest increase appears to be from other sources, as shown in the 'All Other' category. It is unclear if some authorities are recording referrals as a result of a CAF under this category. One local authority, in a follow up question, reported that only a small proportion of CAFs will lead to a referral, and when this happens, it is usually recorded as a referral by the lead professional agency. The data for initial contacts and referrals indicates that a larger proportion of contacts from 'All Other' meet the threshold for children's social care and progress to a referral than from the other sources.

Messages from safeguarding leads reported in Section 7 of this report have suggested greater increased contacts and referrals from other professionals (notably the Police and Health) since the case of Baby Peter. Initial contact and referral data collected in this study show that whilst overall numbers have indeed increased across the board, the proportions of initial contacts and referrals as defined by these broad groups have not significantly increased across all local authorities. The concern expressed by some local authorities regarding the increase in contacts from Police suggests that these are either pressures elsewhere within the system, are recorded differently, or are localised to some authorities only.

Additional information from some authorities indicated that changes in referral and initial contact rates (both increases and decreases) have resulted from changes in client management systems and the effects of implementing the Integrated Children's System (ICS) or changes to procedures (for instance, screening of domestic violence referrals, data quality improvements resultant from the CIN Census). It is also evident from data and responses from authorities (including evidence from other research) that there is considerable variation between authorities in the way initial contacts and referrals are treated.

4.3 Reasons: primary need codes and categories of abuse

Local authorities were asked to provide the primary need codes for children on referral and also becoming looked after. The need codes are defined for each case by the local authority according to guidance provided by DfE⁴. These enable us to identify the predominant reason for the child coming to the attention of children's social care departments and any changes. Needs were categorised using the standard DfE codes which are well established within local authorities:

- N1 Abuse or neglect
- N2 Child's disability or illness
- N3 Parental disability or illness
- N4 Family in acute stress
- N5 Family dysfunction
- N6 Socially unacceptable behaviour
- N7 Low income⁵
- N8 Absent parenting
- N9 Cases other than children in need⁶
- N0 Not stated.

⁴ DCSF (2010) 2009-10 CIN Census guidance v1-5 Jan 2010:
<http://www.dcsf.gov.uk/datastats1/guidelines/children/returns.shtml#cin>.

⁵ Defined as 'Children, living in families or independently, whose needs primarily arise from being dependent on an income below the standard state entitlements'.

⁶ Originally defined as 'Casework which is required for a legal and administrative reason only and there is no child in the case who is in need', this code is now intended to be used for 'Children who have been adopted and, although they are no longer a child in need, receive adoption support from social services immediately after adoption.'

Referrals by Reason

	Number	%
Responding Authorities	51	33.6%
Overall change 3 years	+ 28,191	15.4%
Responding Authorities reporting increase	36	70.6%
Responding Authorities reporting decrease	15	29.4%

Largest increase	173.3%
Smallest increase	2.8%
Largest decrease	-43.2%
Smallest decrease	-2.2%

Figure 9: Summary table of referrals by reason

Complete data on referrals by need code over three years were provided by 51 local authorities. The total numbers of referrals classified by need code rose from 183,511 in 2007/08 to 211,702 in 2010 (+15.4%) (NB: these totals differ from those used for source of referrals as different local authorities are included in each of the groups). The total numbers for each category of need are shown in the table below.

Year	N1	N2	N3	N4	N5	N6	N7	N8	N9	N0	Total
2007/08	53,452	7,883	5,433	18,139	32,078	4,251	1,369	2,511	12,350	46,045	183,511
2008/09	69,979	8,616	6,284	22,745	46,169	5,396	1,447	3,343	6,031	24,971	194,981
2009/10	81,399	8,867	6,348	23,567	54,085	6,263	1,675	2,943	6,303	20,252	211,702
Total	204,830	25,366	18,065	64,451	132,332	15,910	4,491	8,797	24,684	91,268	590,194
% of Total in 2009/10	38%	4%	3%	11%	26%	3%	1%	1%	3%	10%	100%
% of Total over 3 yrs	35%	4%	3%	11%	22%	3%	1%	1%	4%	15%	100%
CIN Census 2009	41%	13%	4%	11%	15%	2%	1%	4%	2%	7%	100%
% change 3 yrs (var.)	52.3%	12.5%	16.8%	29.9%	68.6%	47.3%	22.4%	17.2%	-49.0%	-56.0%	15.4%

Figure 10: Total referrals by category of need 2007/08 to 2009/10 including % change over 3 years and comparison to % of CIN 2008/09 (sample of 51 local authorities)

The largest overall category remains 'abuse and neglect (N1)' which has been increasing year-on-year and which was stated as the primary need category on 38% of referrals in 2009/10. This is broadly in line with DfE published 2009 CIN Census⁷ data that 'abuse and neglect' was the primary need code for 41% of all children in need.

⁷ DfE Publication: Children Assessed To Be In Need By Children's Social Care Services, England, 6 Months Ending 31 March 2009 <http://www.dcsf.gov.uk/rsgateway/DB/STR/d000892/index.shtml>

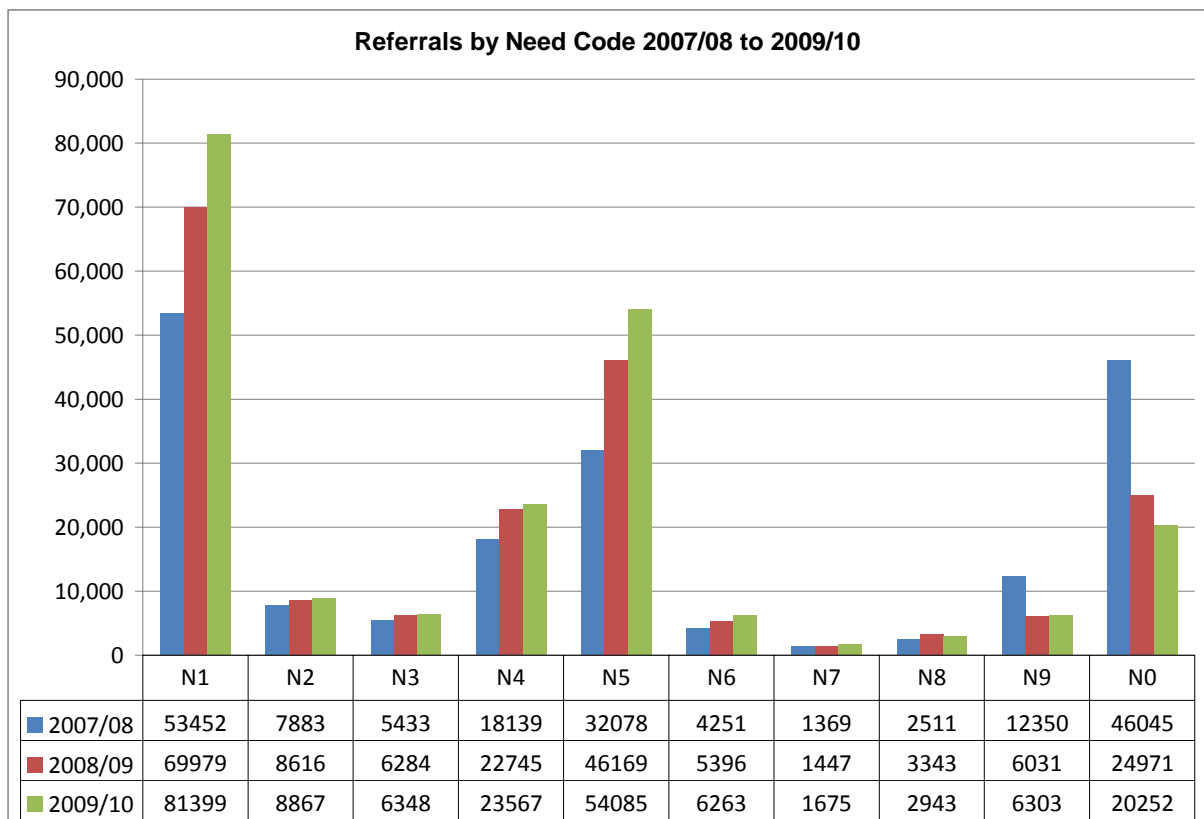


Figure 11: Breakdown of referrals by primary need code 2007/8 to 2009/10 (sample of 51 local authorities)

From the collected data, the next largest groups are ‘family dysfunction (N5)’, ‘not stated (N0)’ and ‘family in acute stress (N4)’. The sharp fall by nearly two thirds in the category ‘not stated (N0)’ is significant; these accounted for just over a quarter of referrals in 2007/08 falling to under 10% in 2009/10. This suggests a change in local practice to record an identified need category at an earlier stage (i.e. referral) and it is likely that the introduction of the CIN Census with its requirement to include need categories in referral data has contributed to this. In 2007/08 a quarter of the 51 respondents reported 50% or more of their referrals in this category, falling to 6% of authorities by 2009/10. One authority saw a reduction from 94% in 2007/08 to 0% in 2009/10.

The fall in the ‘not stated’ category will by implication lead to an increase in ‘identified’ categories of need. It is therefore more helpful to *exclude* the ‘not stated (N0)’ category when viewing the changing breakdown of referrals by need categories over time. We can see from the charts below that again ‘abuse and neglect (N1)’ remains proportionately the largest category and that this is increasing. The greatest proportionate increase however is in the category ‘family dysfunction (N5)’, with ‘socially unacceptable behaviour (N6)’ also increasing. All other categories show proportional decreases.

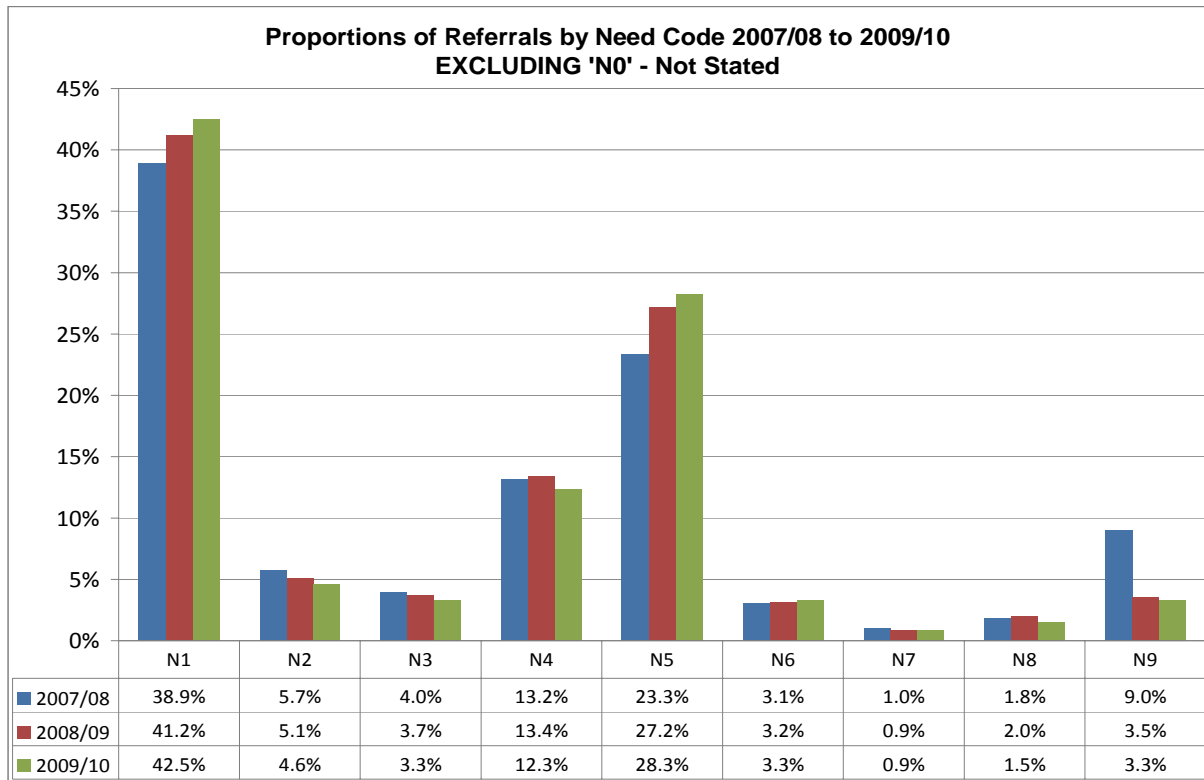


Figure 12: proportion of referral by need code excluding "Not Stated" 2007/08 to 2009/10 (sample of 51 local authorities)

Children Becoming Looked After by Need Code

	Number	%
Responding Authorities	77	50.7%
Overall change 3 years	+ 5,396	43.0%
Responding Authorities reporting increase	64	83.1%
Responding Authorities reporting decrease	13	16.9%

Largest increase	324.7%
Smallest increase	2.9%
Largest decrease	-28.0%
Smallest decrease	-0.7%

Figure 13: Summary table of children becoming looked after by need code

Data on children becoming looked after by need code (i.e. reason) were returned by 77 local authorities for 2009/10, and DfE statistical releases were used for previous years data. Overall these authorities saw an increase of 5,396 children becoming looked after between 2007/08 and 2009/10 (+43.0%). The rate per 10,000 under 18 population in these authorities increased from 22 in 2007/08 to 31 in 2009/10. Whilst there have been increases in overall numbers each year, these increases were smaller in 2008/09 and considerably more

pronounced in 2009/10. Of the 64 authorities where there was an increase in the number of children becoming looked after, the size of the increase varied between +0.8% and +324.7%. 13 local authorities (16.9%) experienced a fall in numbers of children becoming looked after between 2007/08 and 2009/10 with the size of the decrease ranging from -0.7% to -28%.

Increases were visible across all categories of need other than Absent Parenting (N8) - 15% fewer children became looked after for this reason. This is the category most commonly associated with unaccompanied asylum seeking children (UASC). There has been an upward trend in numbers of UASC nationally in the five years to 2009. The reason for this reduction in children becoming looked after due to 'Absent Parenting' is not therefore clear.

Abuse or neglect (N1) is the largest single category of need and rose from 6,105 in 2007/08 to 9,358 in 2009/10 (+53.3%). Even larger percentage increases are visible in some of the numerically smaller categories, as shown in the table below, although in some cases a few outlier authorities' results do distort the results. For example, children becoming looked after for the reason 'child's disability or illness' (N2) shows 113.6% increase in total, but three authorities have affected this significantly. One of these authorities reported a rise from less than 5 children in 2007/8 to 50 in 2009/10.

		2007/08	2009/10	Change	% Change
N1	Abuse or neglect	6105	9358	3253	53.3%
N2	Child's disability or illness	220	470	250	113.6%
N3	Parental disability or illness	465	788	323	69.5%
N4	Family in acute stress	1440	2082	642	44.6%
N5	Family dysfunction	1695	2857	1162	68.6%
N6	Socially unacceptable behaviour	430	558	128	29.8%
N7	Low income	20	50	30	150.0%
N8	Absent parenting	1585	1344	-241	-15.2%
N9	Cases other than CIN	0	21	21	
N0	Not Stated	0	125	125	

Figure 14: Summary of number of children becoming looked after by need code (sample of 77 local authorities)

It is interesting to note the increase in the use of need code N7 (low income) for children becoming looked after, which has more than doubled from 20 in 2007/08 to 50 in 2009/10. This compares to an increase in children referred to children's social care in the same category of 22.4%. Ten authorities who did not have any children becoming looked after in this category in 2007/8, have at one or more in 2009/10, and two authorities report an increase from none to over ten. Use of this categorisation, particularly in relation to looked after children, is generally contentious and such an emergence against the backdrop of the economic downturn may provoke some debate.

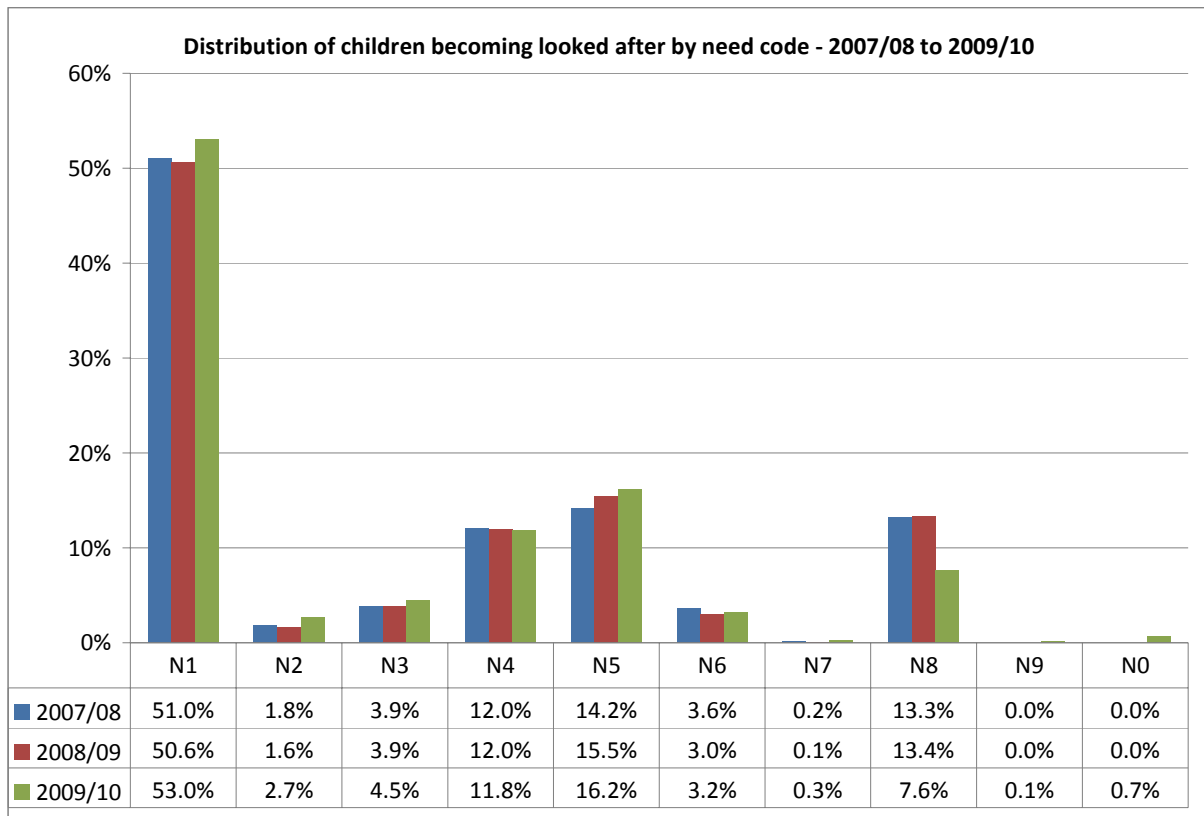


Figure 15: Children becoming looked after by category of need 2007/08 to 2009/10 (sample of 77 local authorities)

In 2009/10, a small number of children becoming looked after (146 in total), had been assigned the need categories N9 (Cases other than children in need) and N0 (Not stated) which would not normally be expected in the case of looked after children but have nonetheless been included in the above totals for completeness. The most likely explanation for this is the assigning of these codes at some earlier point in time and the failure to update these when the children became looked after, or other data quality issues.

When we compare the increases in the use of need code N1 (Abuse or Neglect) from 2007/08 to 2009/10 in both referrals and children becoming looked after, we can see that overall the increases over the three years are very much in line with each other at 52.3% and 53.3% respectively.

Children becoming subject of child protection plans by category of abuse

	Number	%
Responding Authorities	80	52.6%
Overall change 3 years	+ 5,398	+ 28.7%
Responding Authorities reporting increase	68	85.0%
Responding Authorities reporting decrease	12	15.0%

Largest increase	154.0%
Smallest increase	1.0%
Largest decrease	-30.0%
Smallest decrease	-1.0%

Figure 16: Summary of children becoming subject of child protection plans by category of abuse

80 local authorities provided numbers of children becoming the subjects of Child Protection Plans (CPPs) by category of abuse for 2009/10 and previous years' data were taken from DfE statistical publications. Categories used are standard DfE categories of abuse:

- Neglect
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Multiple (Not Recommended).

Although there were increases in all categories of children becoming subject of Child Protection Plans, the biggest increases were for the categories of Emotional Abuse (44.9%) and Physical Abuse (26.2%). Neglect remains the largest category overall accounting for 43.1% of new Child Protection Plans. However, the combined effect of rises in other categories has been to reduce the overall proportion represented by Neglect cases. It is also interesting to note that despite a long standing designation of 'not recommended' there has also been over a 40% increase in the number and proportion of plans in the 'multiple' category, with these accounting for over 10% of plans across sample authorities in 2009/10. This may be an area for further exploration as the 'multiple' category by itself does little to illuminate our understanding of patterns of need.

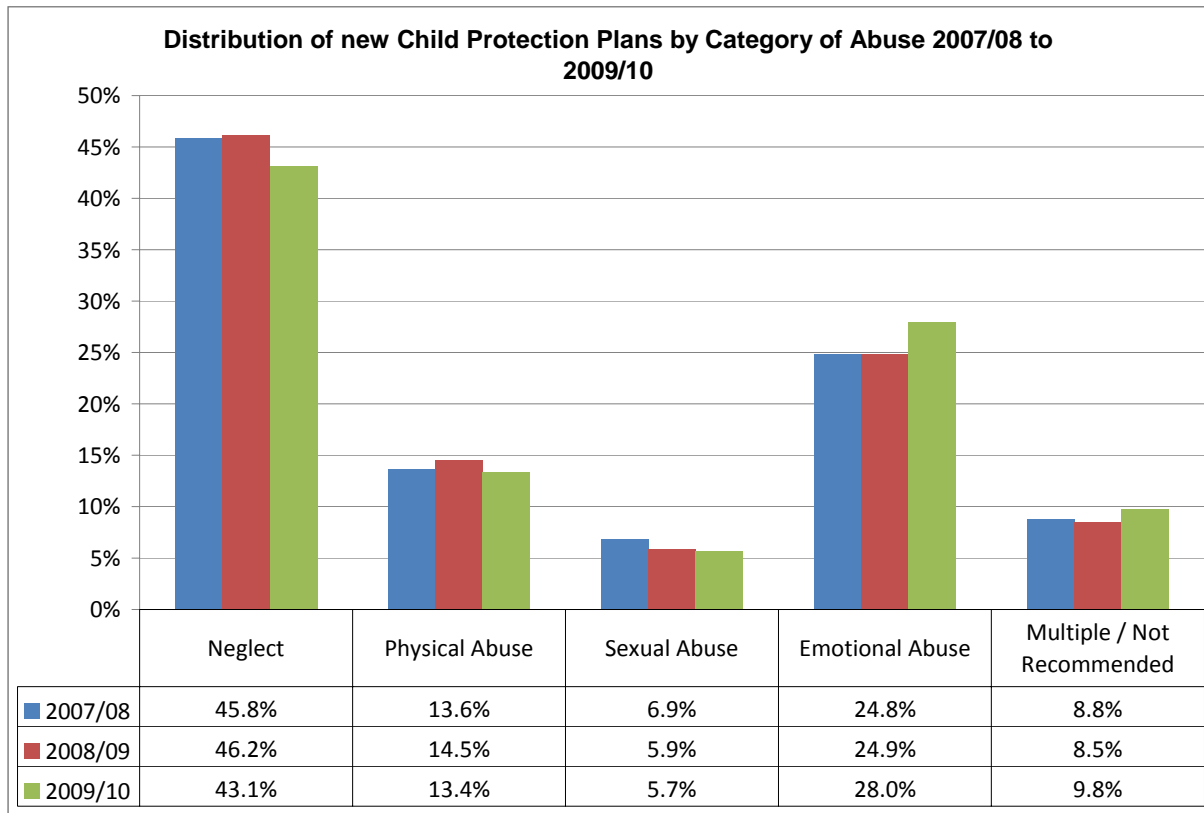


Figure 17: Category of abuse of children becoming subject of child protection plans 2007/08 to 2009/10 (sample of 80 local authorities)

4.4 Age profile of children becoming looked after or subject of child protection plans

Local authorities were asked to provide the age breakdown of children starting to be looked after and children who became subjects of a Child Protection Plan for the first or subsequent time. The purpose is to see if there is a change in the age profile over the past three years and to try and account for any increases. Standard DfE statutory return age bands were used: Under 1; 1 to 4; 5 to 9; 10 to 15; 16 and over.

Children becoming subjects of a Child Protection Plan (CPP)

	Number	%
Responding Authorities	81	53.3%
Overall change 3 years	+ 5,422	28.3%
Responding Authorities reporting increase	70	86.4%
Responding Authorities reporting decrease	11	13.6%

Figure 18: Summary statistics of children becoming subject of child protection plan

81 local authorities provided details of children starting to be the subject of Child Protection Plans during 2009/10 by age and previous years' data were taken from DfE statistical

publications. Some differences in analysis by age and category of need can be attributed to inclusion of different authorities and rounding and suppression.

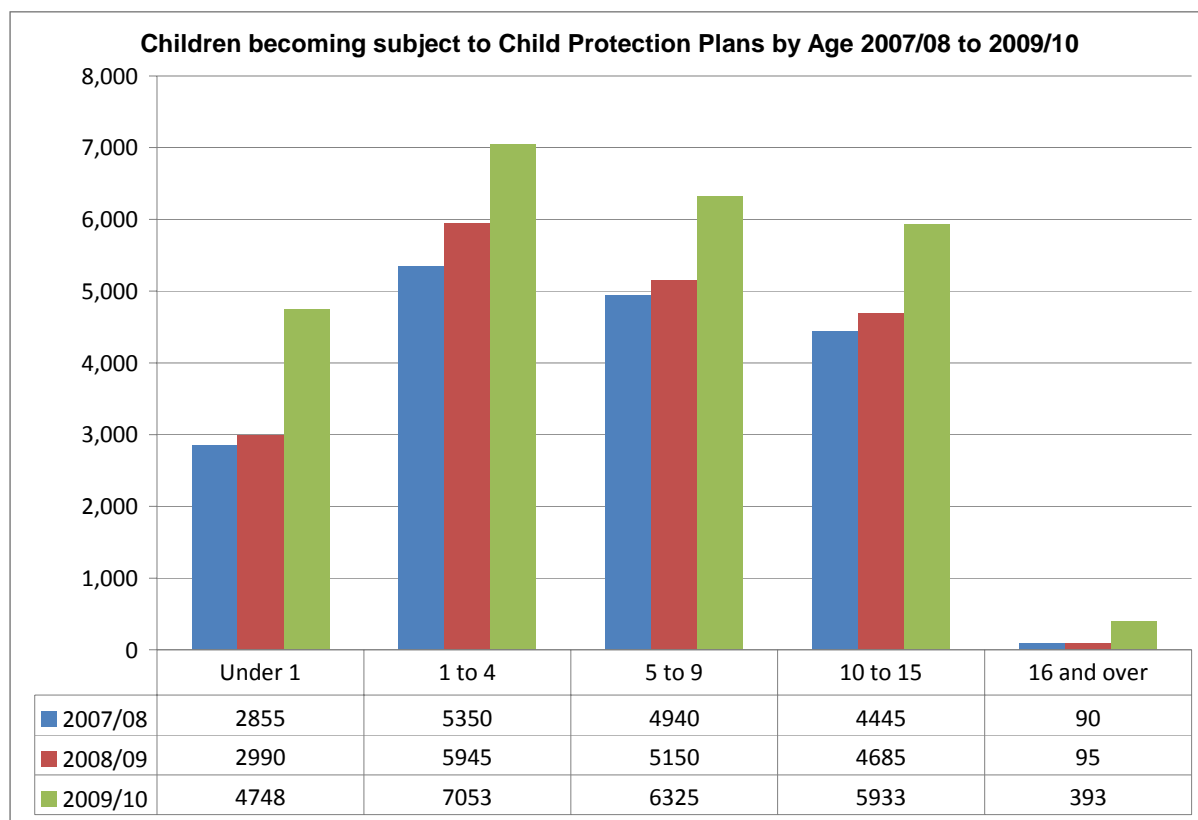


Figure 19: Children becoming subject of Child Protection Plans by age group 2007/08 to 2009/10 (sample of 81 local authorities)

Increases can be seen across all age groups between 2007/08 and 2009/10. In terms of percentage increases over three years, these are most marked for the under 1s (+66.3%) and those 16 and over. The number of children aged 16 and over who are subjects of Child Protection Plans has more than tripled (although absolute numbers remain relatively low).

This large percentage increase for the 16 and over group is partially due to a low starting point. However the 11 authorities who had reported no young people aged 16 and over in 2007/8, now report a combined total of 81 this age group. One authority which may be slightly skewing these figures reported an increase from fewer than five young people aged 16 and over subject of a child protection plan in 2007/08 to 47 in 2009/10. These increases suggest a significant change which has been explored further through follow-up questioning with local authorities and which suggests a number of possible reasons for this including: increased awareness of the specific needs and vulnerabilities of this age group as local authorities

consider their response to the Southwark judgement and their service offer for older teens in general.

However it is also possible to hypothesise that this may reflect a more interventionist approach at an earlier stage with adolescents for whom accommodation seems increasingly likely post Southwark Judgement.⁸

The significant increase in babies under 1 who are the subject of a Child Protection Plan, and to some extent the 1 to 4s, may be linked to increased awareness of safeguarding issues amongst partner agencies and is corroborated by information from safeguarding leads that they are finding an increase in referrals of unborn babies and pre- and post- birth interventions.

The sharp increases at the two extremes of the age spectrum can also be seen in the cumulative effects on the overall distribution of new Child Protection Plans by age group over three years, and the relative percentage changes to these proportions.

⁸ Law Lords judgment: G vs. Southwark, which considered how local authorities support homeless 16 and 17-year-olds. See: <http://www.publications.parliament.uk/pa/ld200809/ldjudgmt/jd090520/appg-1.htm>

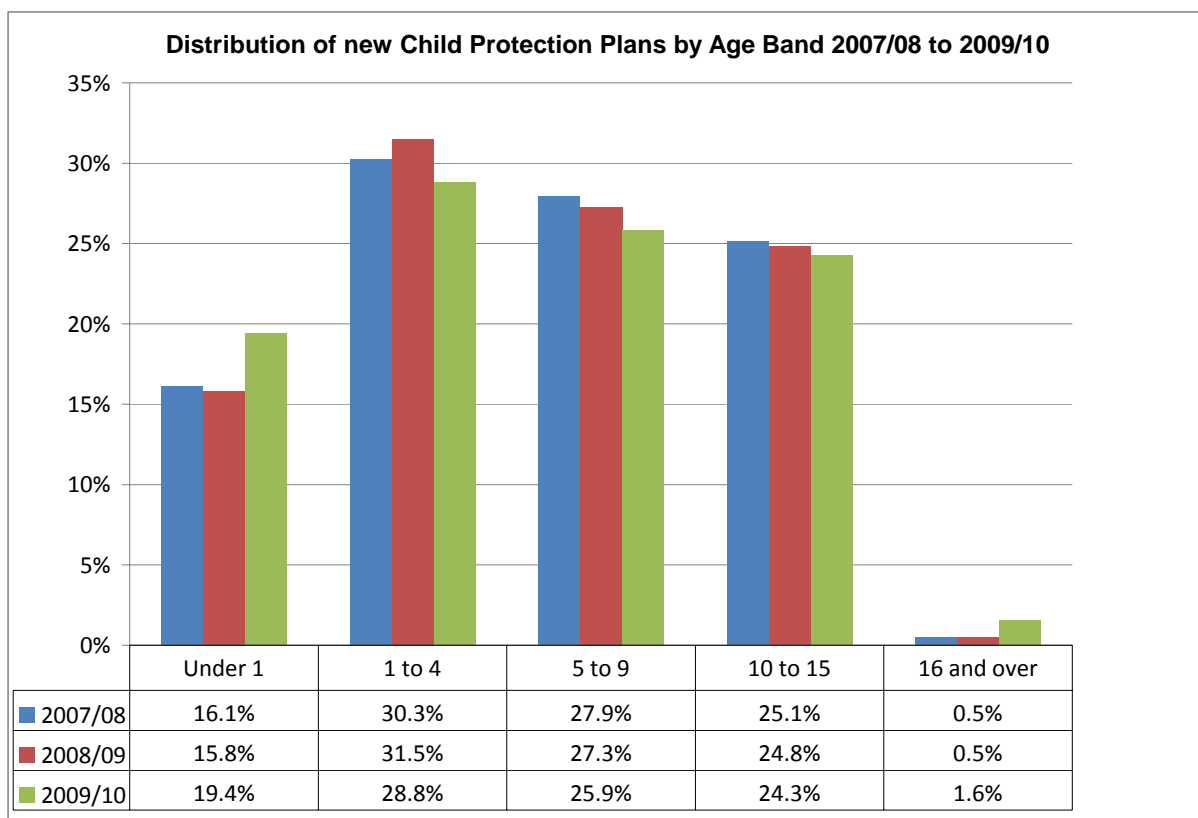


Figure 20: Children becoming subject of child protection plans - % by age group 2007/08 to 2009/10 (sample of 81 local authorities)

Children Becoming Looked After by Age

80 local authorities providing data on children becoming looked after by age group evidenced a 46% increase in children becoming looked after. However the 77 local authorities providing data about the number of children becoming looked after by need code reported a 50% increase. The explanation for this variation is due to use of different datasets.

12 authorities experienced falling numbers over the period with the size of the decreases ranging from -0.7% to -28.0%. For the remaining 68 authorities, the size of the increase ranged from +4.4% to +224%.

Children becoming looked after in all age groups increased year on year over the three year period. The age group 10 to 15 fell slightly between 2007/08 and 2008/09 before increasing in 2009/10. The group 16 and over increased slightly in 2008/09 before a steep rise in 2009/10, with some authorities report startling increases in this age group. One authority reported an increase in number of 16-17 year olds looked after from 20 in 2007/8 to 148 in 2009/10.

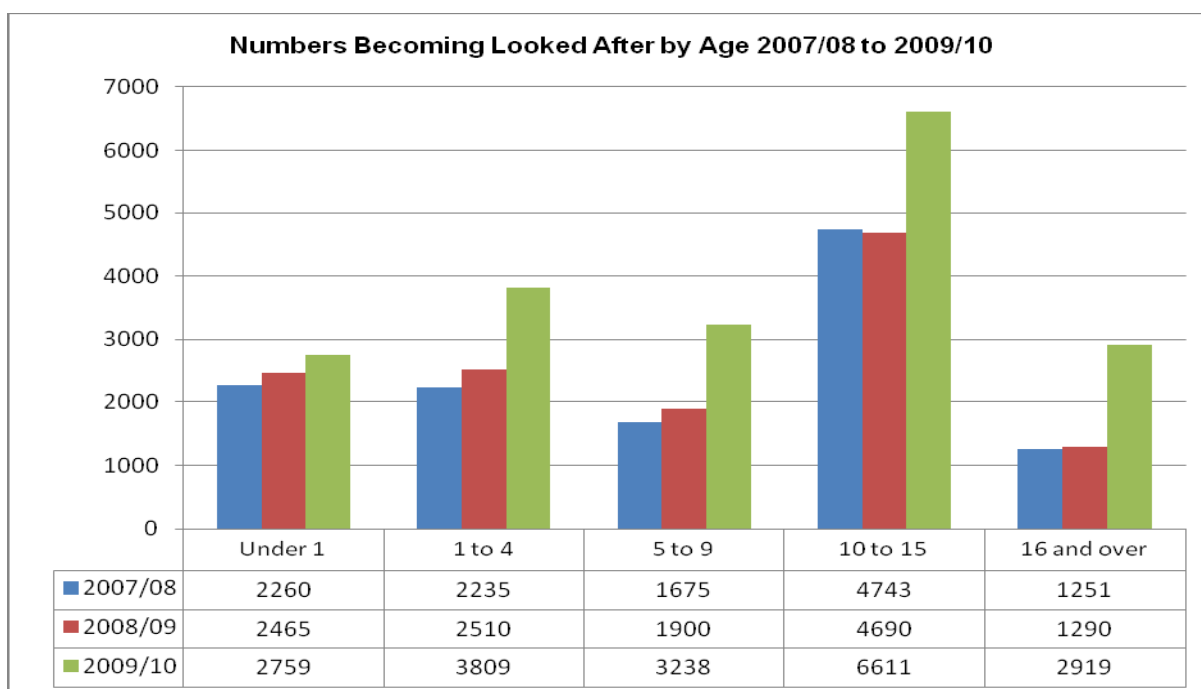


Figure 21: Number of children becoming looked after by age band 2007/08 to 2009/10 (sample of 80 local authorities)

The largest increase over the three years is, indeed, in the 16 and over age group, (+131.6%) followed by the 5-9 age group (+93.3%); 1 to 4 (+70.4%); 10 to 15 (+39.4%) and Under 1 (+21.7%). 16 authorities who had reported fewer than five young people aged 16 and over in both 2007/8 and in 2008/9, now average 18.4 young people in this age group. The recent very sharp rise in the numbers becoming looked after in the 16 and over age group coincides with concerns expressed by authorities regarding the effects of the Southwark judgement.

These changes result in relative increases in the age groups 1 to 4, 5 to 9 and 16 and over as a proportion of all children becoming looked after.

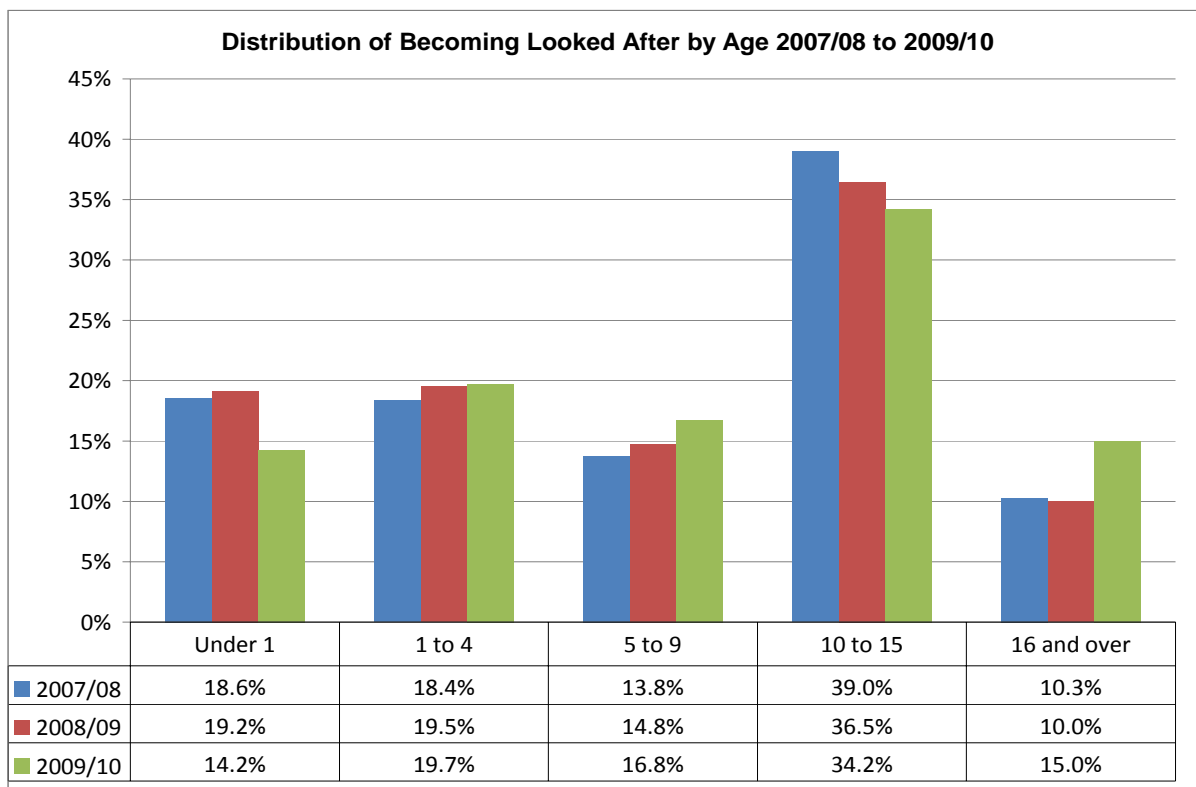


Figure 22: Distribution of becoming looked after by age 2007/08 to 2009/10 (sample of 80 local authorities)

5. LSCB and Partner Agencies Information

5.1 Are partner agencies experiencing the same safeguarding pressures?

Nearly all local authorities confirmed that partners also report increases in safeguarding work. One authority reported that *“caseloads within health visiting are high and most agencies report increasing pressures, if not linked directly to volumes, then to complexity”*. Another commented that *“Schools particularly feel that they are spending a disproportionate amount of time on safeguarding matters with families rather than educating children”*.

The main partner agencies whom local authorities reported as experiencing increased safeguarding pressures were Police (28 authorities); Health (23 authorities); Schools (six authorities) as well as family courts; CAMHS; and the voluntary and community sectors. However, the analysis of initial contacts and referrals (Section 4.2) shows that whilst contacts and referrals from Police have increased, this is proportionate to the overall rise in contacts and referrals and there is no evidence that one single agency is responsible for the increase in numbers.

The impact of increased safeguarding activity on partner agencies is twofold: the capacity of all agencies to respond to the rise in safeguarding activity within their agency before children's social care thresholds are reached, and the impact of increased safeguarding activities on them once the threshold for statutory intervention has been reached, such as attending strategy, child protection and core group meetings, and the cost implications of doing so.

5.2 Local Safeguarding Children Board (LSCB) and partnership information

Local authorities were asked if their LSCB regularly monitors specific data which could inform the local picture of possible pressures on safeguarding. 63 authorities provided information and 18 authorities provided copies of their LSCB performance reports. Whilst 44 (70%) stated that their LSCB routinely receives performance data, 16 authorities (25%) had their LSCB datasets currently in development or under review, with a small number reporting that their LSCB does not routinely receive performance reports or scorecards. Some London authorities are using or intend to use, the London safeguarding board dataset.

Of those LSCBs that do routinely receive performance data the most common sets of data monitored are:

- Children subject of Child Protection Plans
- Child protection conference attendance
- Looked after children
- CAFs
- CRB checks and safe recruitment
- Training
- Multi-agency risk assessment conference (MARACs) & other domestic abuse data.

20 authorities were able to provide data across three years about the number of children known to be living in households where domestic violence has been reported, although some had provided data per 10,000 population and some had given the total number of children. 14 authorities reported an increase between 2007/8 and 2009/10 ranging from +1% to +273%. The average increase in the number of children known to be living in households where domestic violence has been reported was +49%, although the sample size of authorities is too small to generalise that this is the case across all authorities. This area may benefit from further investigation either locally by MARACs or LSCBs, or on a national basis.

In terms of safeguarding activity in Health services, only 18 authorities were able to provide three year's data for NI70: Hospital admissions caused by unintentional and/or deliberate injuries to children and young people. Those authorities do not show any pattern of increases or decreases, with the average across these 18 authorities reducing insignificantly from 126 hospital admissions in 2007/8 to 124 in 2009/10. 11 authorities saw a decrease and for seven authorities, the number increased. The sample is too small to draw any further conclusions.

There are some health safeguarding data available on Department of Health and regional health observatory websites, but unfortunately these tend to be significantly out of date and certainly too old to be of use in looking at current safeguarding pressures. For example, a report *Trends in children and young people's care: Emergency admission statistics* published in March 2010⁹ covers the period to 2006/7.

Unless LSCBs, and indeed Children's Trust Boards, can access and have the time to consider a wider range and more current safeguarding data, then monitoring, assessing and meeting need and determining policy priorities required to address emergent increases is likely to remain partial.

Common Assessment Framework (CAF)

The 57 local authorities providing information about the number of CAFs undertaken in the past three years has evidenced a massive increase with a total across these 57 authorities of 35,766 CAFs in 2009/10, compared to 13,521 in 2007/8, an increase of 165%. The rise in total number of CAFs per 10,000 under 18 population over the past three years is significant: from 33 in 2007/8, to 66 in 2008/9, and 88 in 2009/10.

⁹ (DoH 2010) http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/DH_083710

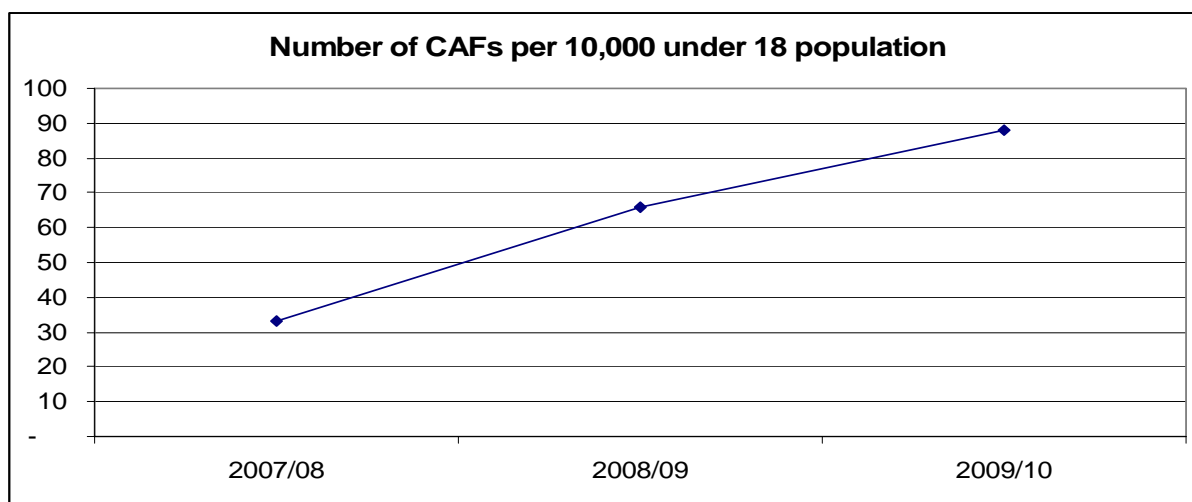


Figure 23: Increase in CAFs over three year period 2007/08 to 2009/10 (sample of 57 local authorities)

Authorities report variations in development or successful whole-authority implementation of CAF. One authority notes that *“Whilst the CAF is beginning to have an impact, the extent to which ‘teams around the child’ feel empowered to provide services to more vulnerable children remains limited”*.

6. The Evidence Continuum: Other safeguarding pressures projects

6.1 Other safeguarding pressures projects

In addition to this ADCS project, several similar or overlapping data collections were conducted regionally, and others have published research into different areas of safeguarding pressures including the implications of recommendations made by Lord Laming in his report of March 2009. The ADCS has taken the opportunity to test and triangulate key messages from these studies to provide a more consolidated evidence base. This meta-analysis appears at Appendix B of this report.

Increases in each of the activities below were observed in Phase 1 of this project and were supported by the findings of one or more of the evidence sources analysed, although unsurprisingly the exact size of the reported increases varied depending on the area, coverage and sample size. No sources of evidence contradicted these increases.

- Initial contacts
- Referrals
- S.47 enquiries

- Initial assessments
- Initial child protection conferences
- Numbers of children subject of Child Protection Plans
- Numbers of children entering the care system
- Numbers of looked after children
- Vacancy rates in children's social work services.

There was also evidence from a number of sources of an overall increase in legal proceedings and care orders. Whilst the patterns of change (increases and some decreases) varied somewhat across the range of Orders and the various studies, the general picture is one of increasing numbers.

Rising referrals in turn led to concerns about the increasing volume of work without the commensurate capacity to respond. As one respondent to the Loughborough study notes, social work teams "*cannot simply turn cases away because they have 'reached' capacity*". There is already evidence of high vacancy rates, and of increasing financial pressures on services.

6.2 Further research

Much has been written of late about safeguarding but the aim of this meta-analysis is to include pertinent recent studies looking at increases in safeguarding work, the reasons and costs. Potential additional studies not yet considered as part of this meta-analysis include:

- Yorkshire & Humber regional data collection on referral pathways into social care – timescales for this project did not allow for inclusion at this stage
- Safeguarding children research initiative¹⁰ - research programme designed to strengthen the evidence base in the area of child protection, and support the Government's programme of reform to improve early recognition and effective intervention to safeguard and promote the welfare of children
- Safeguarding post-Laming: Initial scoping Study (April 2010)¹¹ which identified research and grey literature which has been produced since the Laming report (i.e. since March 2009) and to provide a summary of the key findings
- C4EO early intervention project – *Grasping the nettle: early intervention for children, families and communities* (to be published 6 October 2010).

¹⁰ <http://tcru.ioe.ac.uk/scr/Default.aspx?tabid=95>

¹¹ <http://www.nfer.ac.uk/nfer/publications/LGM01/LGM01.pdf>

There was also evidence within the responses from local authorities that they were proactive in undertaking audit and evaluation, sometimes with their local universities, around thresholds; evaluation of CAF; and consistency of management decisions in child protection cases.

7. Understanding Why

7.1 Reasons for Increase

Question 10 asked safeguarding leads in local authorities why they thought there has been an increase in safeguarding activity nationally or in their own authorities. Of the 63 authorities who completed this question, a resounding 61 (97%) felt that one of the reasons for the increase was due to media reporting of high profile cases such as Baby Peter which generated heightened anxiety and increased both public and professional awareness. However, local authorities participating in this study and also those participating in the Loughborough study have commented that increases in the volume of statutory work did not appear to be linked to the 'Baby Peter effect' alone and that the reasons for the increase are complex and varied.

Professionals report that one of the consequences of heightened awareness has been that professionals in other agencies have become more cautious and have lowered their own thresholds for referral onwards to children's social care. One authority went so far as to say that there were increased expectations that "*social workers should, and can, intervene to help children sooner and with greater involvement*". Whilst 11 of the 63 authorities felt there were better earlier identification and referral to social care services and improved systems to identify safeguarding issues, one reported an absence of robust, multi-agency early intervention pathways and two reported an increase of families coming to the attention of social welfare agencies from community based projects such as Sure Start. 11 (17%) authorities attributed the increase in referrals to children's social care services to the implementation of the CAF. One authority commented that. "*The growth in the use of the CAF (and the training that has been rolled out to support this) has raised practitioners' understanding of the needs of children and their awareness of the need to think outside their own agency or professional 'silo', which has led to many children being referred who might not have previously been identified as in need of services (this is of course not the desired impact of the introduction of the CAF)*".

The effect of early intervention on referrals and safeguarding activity within children's social care is the subject of much current attention. It is at the heart of recent initiatives such as Think Family; restructuring to integrated teams within some local authorities and one of the seven themes of The Centre For Excellence in Outcomes (C4EO), who have published practice examples about 'what works'.

The *quantifiable* evidence of the effect of early intervention on referrals to children's social care is challenging and complex. One authority commented: *There has been a greater awareness that early identification is vital in supporting families more effectively and addressing any safeguarding issues. 'Safeguarding' in itself has also increased and expanded over the years, with more and more issues being covered or identified as safeguarding issues, compared to the high-end child protection issues that previously/historically would have received the attention. Now other issues have been brought forward within the remit and has led to the to the increase in safeguarding activity"*

21% of safeguarding leads felt that there has been an increase in the promotion of safeguarding awareness, training and more coherent multi-agency processes implemented over the past three years. Three authorities felt that an increase of orchestrated campaigns by some leading charities for agencies to be more interventionist had an effect on volumes, but also in continuing to raise public awareness of child protection (for example, NSPCC's *I Stand for Children* campaign).

In most cases, the message was that this is not a bad thing. In other words, the increase in referrals through increased awareness, training, and the attention focused on safeguarding has shown that professionals across a diverse range of agencies are better equipped to identify, or assess the needs of children, including children in need of protection. However, the shortage of skilled, experienced social workers and the calibre of newly qualified social workers was an issue that three local authorities said they are facing.

A few authorities commented that the implementation of recommendations from Serious Case Reviews has contributed to the increase in safeguarding activity.

Three authorities (5%) felt there was an increase in the more formal response to allegations against staff (LADO) and 12 authorities (19%) felt that the consequences of changes to legislation were a factor in the increased safeguarding activity that children's social care services are experiencing:

- The Southwark Judgement relating to how the local authority responds to homeless 16 and 17 year olds;
- Caerphilly Judgement (2005): This case concerned a boy who was entitled to leaving care rights and raised important issues about the need for leaving care assessments to be meaningful;
- Public Law Outline: Changes to care and other children's proceedings from April 2008.

Looking back at the timeline produced at Phase 1 of this research, one of the perceived events which could account for increase in safeguarding activity is the economic downturn. 11 (17%) authorities felt this was a reason. Recent research quoted within the Loughborough study (Hills *et al.*, 2010; Kenway, MacInnes and Parekh, 2009) shows that *"the number of UK children living in "severe poverty" rose in the four years before the recession and the increase in unemployment during the recession is likely to have increased the number of children in need"*.

Authorities raised other, more fundamental reasons for the increases which indicate that the complexity of cases has also increased. One authority felt that *"A final factor is the development nationally and locally in recent years of more sophisticated approaches to dealing with issues that weren't previous conceptualised or readily identified as CP issues e.g. sexual exploitation, domestic abuse, allegations against people working with children etc"*, whilst another authority voiced concerns about increasing numbers of adults found to be viewing or using child pornography. 12 authorities (19%) cite increases in domestic abuse referrals as a reason for increases in children's social care intervention with families, three have experienced an increase in referral of unborn babies and post-birth interventions, while four authorities stated they are also seeing an increase in parental mental health issues, substance misuse issues, self-harm and in one authority, the effect of increased gang culture. One authority stated that there is an increasing tendency for the teenagers entering the system to be young Asian women at risk of or suffering actual abuse within their families. All of these reasons for referral rely on a partnership approach not only to address the needs of children and young people being referred but to ensure preventative work is effective in addressing the volume and complexity of cases that local authorities have stated they are seeing.

SUMMARY OF REASONS STATED FOR INCREASE - 5% OR MORE RESPONDENTS			
• Media reporting of high profile cases such as Baby Peter which generated heightened anxiety and increased both public / professional awareness	97%	• The economic downturn	17%
• Increase in promotion of safeguarding awareness, training and more coherent multi-agency processes	21%	• Increase in parental mental health issues, substance misuse issues, self-harm	6%
• Changes to legislation	19%	• Increase of orchestrated campaigns by some leading charities	5%
• Increases in domestic abuse referrals	19%	• More formal response to allegations	5%
• Better earlier identification and referral and improved systems to identify safeguarding issues	17%	• Shortage of skilled, experienced social workers and the calibre of newly qualified social workers	5%
• Implementation of the CAF	17%	• An increase in referral of unborn babies and post-birth interventions	5%

Figure 24: Summary of reported reasons for increase in safeguarding activity (sample of 63 local authorities)

7.2 Thresholds and Changes within Children’s Social Care Departments

43 out of 63 authorities (68%) had not changed their thresholds over the past three years. Of the eight authorities which had changed their thresholds (not all respondents said whether they had or not), there were a number of reasons for doing so:

- Thresholds had been reviewed when one authority was in intervention, but the study has no further information of the impact of the review
- New unitary authority and so thresholds were reviewed
- Slight changes or simplified thresholds to support universal services and CAFs.

Some authorities referred to their thresholds having been audited and confirmed as robust, and also applied more consistently. In one case, the audit had shown a misunderstanding about thresholds on the part of referring agencies. These latter scenarios could result in increased safeguarding activity.

Four authorities felt that the referring agencies had lowered their thresholds for referral to children’s social care services, especially in the case of Police domestic abuse referrals, so that more cases were being referred on. One authority stated that: “*Since the end of October 2008 other agencies have lowered their thresholds for referral to CSC which has resulted in an increase in volume and lack of capacity to respond within timescales*”. This was also identified as an issue in both the Loughborough and NFER studies (Item 12, Appendix B).

7.3 Performance Indicators: Assessments and Work to Timescales

As well as identifying reasons for increase in safeguarding activity, this study aimed to explore some of the potential consequences. Timeliness of work undertaken could be one of these, as the increase in numbers of children could lead to safeguarding activities taking longer.

We asked local authorities to provide 2009/10 data for four timeliness indicators:

- NI59: Timeliness of initial assessments
- NI60: Timeliness of core assessments
- NI67: Timeliness of child protection reviews
- NI66: Timeliness of looked after children reviews.

The definitions for these indicators have been clarified by DfE and its predecessors over time and should be understood and adhered to within all authorities. It should be noted that although there has been no change in definition for NI67 or NI66 for a number of years, in 2009/10 clarity that the end date of assessment is the date of the manager's authorisation for NI59 and NI60 is likely to mean differing performance in some authorities from previous years.

80 local authorities provided their 2009/10 results for these indicators but four were discounted as historical data was not available. The average performance across all timeliness indicators showed a decline over the three years from 2007/8: NI59 (2.5 percentage points), NI60 (5.0 percentage points), NI67 (1.2 percentage points) and NI66 (1.2 percentage points). However, the deterioration in performance this year could also be a result of different collection methods (i.e. via the Children In Need Census for NIs 59, 60 and 67). The consequence of any decline in performance against the backdrop of increasing numbers in terms of inspection judgements is unknown, but does warrant acknowledgement if it is in part due to increased volume.

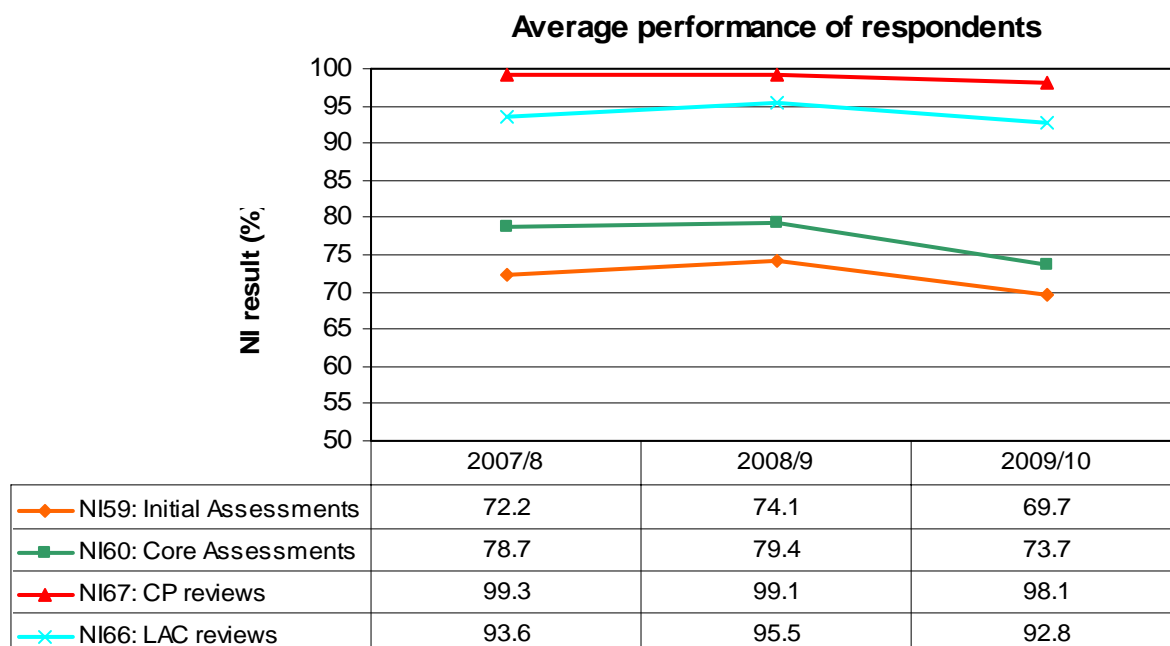


Figure 25: Results for timeliness indicators. Source: 2007/8 and 2008/9 data: DCSF SFR22/2009 and 24/2008 (sample of 76 local authorities)

Although some of the 2009/10 results are provisional, they illustrate deterioration in the number of initial assessments and core assessments carried out to timescale whilst there is a smaller deterioration in performance of child protection and looked after children reviews to timescale. Despite the small size of the reduction in NI67 this is nonetheless significant, as it has been common in recent years for the majority of authorities to achieve 100% of child protection reviews on time. A reduction in this rate could be a sign of the pressures local authorities are experiencing when the number of children subject of Child Protection Plans rises and staff vacancies are carried.

When looking at changes in performance from the previous year (2008/9), 26 authorities (34%) reported an improvement in initial assessments to timescale (NI59) in 2009/10, whilst 26 (34%) reported a deterioration greater than 10%. 26 authorities reported an improvement in timeliness of core assessments (NI60) with 32 authorities' performance remaining the same and five showing a deterioration. There were still 38 authorities (50%) who had 100% of their child protection reviews to timescale (NI67). In terms of reviews of looked after children to timescale (NI66), 17 authorities (22%) reported an improvement.

One respondent commented that the high risk child protection work is taking precedence over lower risk cases and therefore it is the latter cases that are less likely to be completed to timescale.

8. Possible Effects of Population Changes

8.1 ONS Population Forecasts

Population data in the first phase of this research was based on the latest available Office for National Statistics (ONS) data: mid-year estimates for 2008 which were published in June 2009. One of the hypotheses put forward in Phase 1 of this research was that the under 18 population has increased enough to have an impact on the number of children for whom a range of safeguarding work is required, especially in London. This is despite 2008 mid-year population estimates (MYE) showing a forecast of only 0.01% rise for 2009.

However, in June this year, ONS published 2009 mid-year population estimates¹² indicating an increase of 0.04% between 2008 and 2009, equivalent to 4,200 children across England. The overall national change is small at +0.04% and for most regions the changes are less than +/- 1%, with only the London region affected by more than a 1% increase and showing an increase of 1.53%.

Respondents in Phase 1 of this data collection covered 8,009,900 children and young people, 72.8% of the under 18 population. Using the 2009 MYEs the revised Phase 1 respondent under 18 population is 8,269,200 or 75.1% of the revised total for England.

This section explores in more detail the regional and national population projections to identify any possible effect both nationally and regionally on safeguarding activities.

After a period of declining numbers, the child population in England is once again increasing. The latest ONS mid-year estimates note higher numbers of under 5s and describe this as, in addition to changing patterns of migration, “due to increasing numbers of births from mid-2002 onwards, reaching just under 790,000 in the year to 2009” following a drop in the birth rate around the turn of the century. Future population projections from the ONS¹³ based on 2008 mid-year estimates show that the size of the under 18 population is predicted to grow for the foreseeable future and that the annual rate of growth itself will continue to increase almost every year until 2019.

¹² ONS Publication: Population Estimates June 2010 <http://www.statistics.gov.uk/pdfdir/pop0610.pdf>

¹³ The supplied Population Projections are trend rather than policy based and as such they provide an indication of future populations assuming past trends are realised ONS Publication: Sub-National Population Projections (SNPP) for England. <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=997>.

The overall increase is predicted to be from 11.004 million in 2008 to 11.612 million in 2019 (+5.5%) and 12.275 million in 2033 (+11.6%).

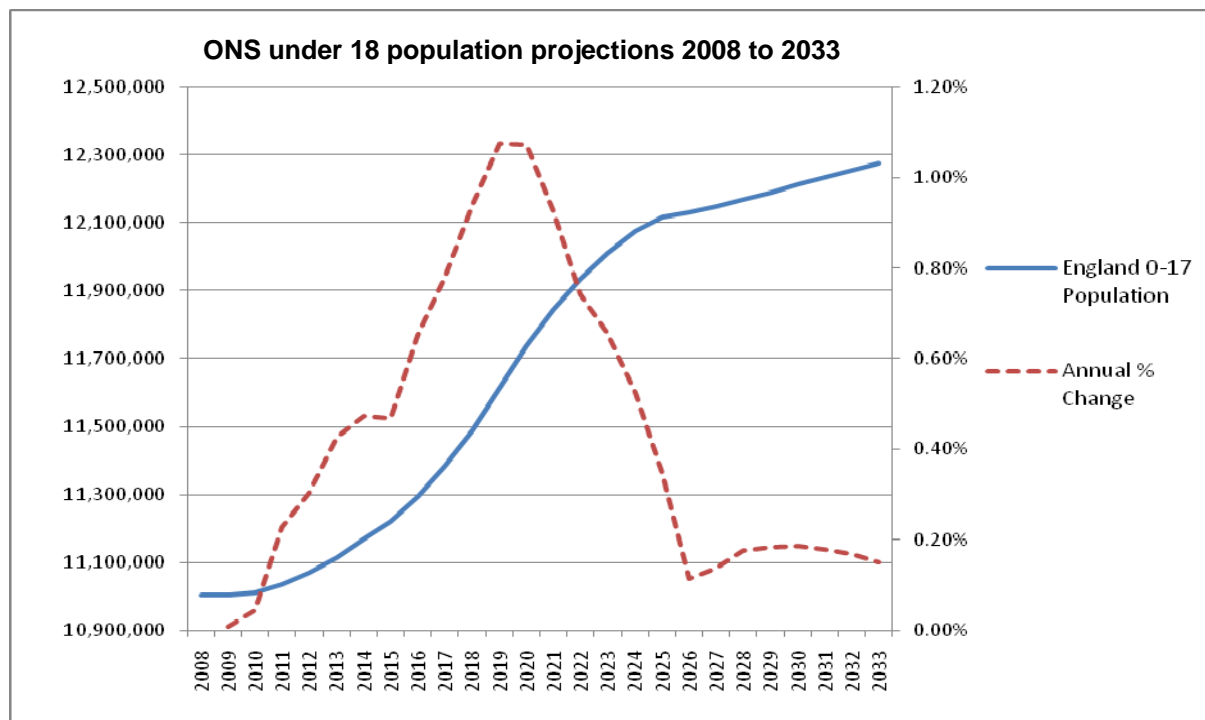


Figure 26: ONS under 18 population projections 2008 to 2033. Source: ONS

When we view the ONS forecasted population increases in the under 18 population by Government Office Region (GOR) we note the following:

- The London, East and South East regions are expected to see cumulative rates of under 18 population growth every year from 2009, the steepest rise being for the London region (+19.1% by 2033)
- After initial small negative changes the under 18 populations of the Yorkshire and Humber, East Midlands and West Midlands regions are also set to see positive growth by 2012
- By 2018, all GORs will be experiencing growth in their under 18 populations
- The cumulative growth will continue to increase for all GORs except the North West and North East where in 2026 and 2027 respectively rates of change will decrease, although populations in these regions will remain between 2% and 3% above 2008 levels.

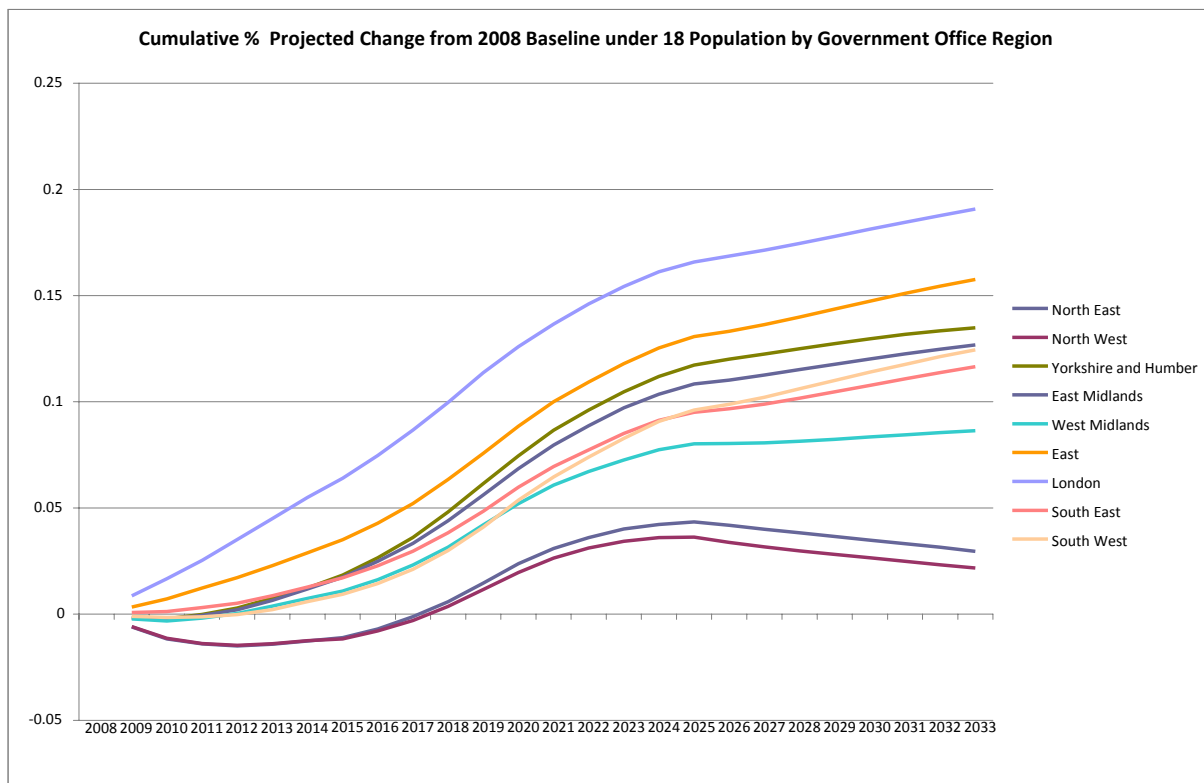


Figure 27: Cumulative % projected change from 2008 baseline under 18 population by GOR. Source: ONS

8.2 Implications

There are clear indications from ONS data that the child population in England is set to increase in the years ahead. The projected rise in population is likely to have consequences for numbers of children in need, children subject of Child Protection Plans and looked after children. The rate of looked after children per 10,000 has remained virtually static for five years, while the rate of children subject of a Child Protection Plan per 10,000 has been increasing since 2006. Even if the rate per 10,000 population of looked after children remains the same, this still represents a 5.5% increase in the number of looked after children in England by 2019 due to population growth alone - an additional 3,000 looked after children. In terms of number of children subject of Child Protection Plans, the population increase of 5.5% equates to an additional 1,900 children subject of Child Protection Plans by 2019 based on the latest England rate of 31 per 10,000 population.

Increased rates of safeguarding activity for reasons other than population growth have already been identified as issues by many local authorities, as noted in this research and elsewhere. If these are compounded by a growth in the population, the increase in demand for children’s social care services is likely to be significant. The direct cost implications of these increases tend to be most keenly felt when numbers of looked after children rise.

However, given the potential for the impact of local and national policy changes and interventions to change the numbers of children subject of Child Protection Plans and looked after children, it is difficult to give definitive forecasts.

9. Counting the Cost

9.1 Quantifying the Burden on Partners due to Increases in Child Protection Work

In Phase 1, we evidenced a 33% rise in children subject of a Child Protection Plan from a baseline of 25.4 per 10,000 under 18 population in December 2007 across respondent authorities – equivalent to an all England increase of approximately 9,200 children. The table below illustrates the impact on those professionals involved in child protection functions, in complying with the basics of attending statutory child protection meetings alone. This information was formulated in discussion with social work professionals after responses from authorities and provides a very rough calculation of time spent in meetings, without accounting for the necessary travel time, writing reports for these meetings or completing casework recording or safeguarding work with the child and family. The result would be an additional 63,000 hours per year per agency attendee spent in child protection meetings – and correspondingly more if there is more than one representative per agency.

Meeting type	Timescale	Each Professional attending (ie social worker, school) ³ (Time in hours)
Strategy Meeting		0.5
Second Strategy Meeting (re-strat)		0.5
Initial Child Protection Conference	Within 15 days of Strat	2
First Core Group	Within 2 weeks of ICPC	1
Review Child Protection Conference	Within 3 months of ICPC	1
Subsequent core groups in the year	6 weekly	6
Review Child protection Conference (x2)	Within 6 months	2
<i>Total meeting time per case per professional in a year¹</i>		12.3 hours
<i>Average number of children per child protection case²</i>		1.8
<i>Additional number of children subject of child protection plans</i>		9,200
<i>Additional meeting time (hours) per agency attendee per year (Number of children divided by average per case x hours per case: (9,200 ÷ 1.8) x 12.3</i>	63,000 Additional hours per annum, per agency attendee, just attending child protection meetings	

Figure 28: Quantifying amount of time per meeting per case for social workers and other professionals.

¹ excluding travelling time, organising meetings, report writing for the meeting, note-taking or input to ICS systems and any safeguarding work with the child/family

² based on latest UK statistics on average number of children per family

³ Whilst health professionals do not always attend Strategy meetings, schools were reported to attend in around 80% of cases.

One follow-up authority felt that an average time per initial child protection conference including report writing and preparation time with the family could be 6 hours per IRO; 7 hours per social worker, and administration for the conference could take up to 10 hours. The authority stated that *“we are doing ten conferences per week and there is a demand for more. There are major capacity issues and I now have an additional IRO and an administrator on a temporary basis to meet the rise in CP Plans, which has more than doubled in the last two years”*.

9.2 Local Authority budget information

Local authorities were asked to supply three years information about their budget and actual spend, with a forecast for 2009/10 as our data collection is prior to the deadline for DfE submission of their Section 251 outturn of 25th August.

The total budget lines relating to safeguarding and looked after children requested were:

- **Total children looked after:** residential care, fostering services, kinship care, advocacy services for children looked after, short breaks, education of children looked after, leaving care support services, placements, secure accommodation, other children looked after costs
- **Total children & young people’s safety:** Child death review processes, Preventative services (formerly the Children's Fund), LA functions in relation to child protection, Local Safeguarding Children Board
- **Total family support services:** Direct payments, Short breaks (respite) for disabled children, Home care services, Equipment and adaptations, Other family support services, Substance misuse services (Drugs Alcohol and Volatile substances), Contribution to health care of individual children, Teenage pregnancy services
- **Total asylum seekers:** Asylum seeker services – children, Unaccompanied Asylum Seeking Children, Accommodation, Assessment and care management
- **Total other children’s & families services:** Adoption services, Special guardianship support, Other children's and families services
- **Total children’s services strategy:** Children and Young People's Plan, Children's workforce development strategy, Partnership costs, Central commissioning function, Commissioning and social work. The latter includes direct social work and relevant support costs.

Unfortunately, the statutory data collection about the finances for children’s services has undergone three changes in these three years (From PSSEX1 (2007/8) to Section 52 (2008/9) to Section 251 (2009/10)). This makes any trend analysis difficult. In addition, there are issues in comparing budget and outturn financial information across years.

To get a meaningful comparison, local authorities would need to restate their budget and outturn in the section 52 layout, which would be time consuming and not just a direct lift from existing information available. Therefore, our analysis has concentrated on looking at outturn (actual) variances to budget.

The 26 authorities providing full three year data predict an overall 8% overspend across these authorities in 2009/10. Four of these 26 authorities evidenced a reduction in their budget between 2007/8 and 2009/10, but only one reported a reduction in their total actual spend in 2007/8 to their 2009/10 forecasted actual spend.

	2007/8	2008/9	2009/10
Budget (£'000s)	691,447	751,653	788,761
Actual (£'000s)	724,977	774,082	851,357
% variance Budget to actual (overspend)	5%	3%	8%

Figure 29: Total budget and outturn of the 26 authorities providing full three year financial data

43 local authorities provided both budget and forecast financial data for last year (2009/10) as shown in the table below. In total, they forecast expenditure 5.9% above budget, which differs to the 26 authorities providing three year data, who were reporting an average 8% overspend in 2009/10. In addition, analysis shows that:

- Only nine local authorities (21%) were predicting either underspends or balancing their total children looked after budget, and one authority was predicting an overspend of 16%
- 19 authorities (44%) were forecasting overspend against their budget for Total children and young people’s safety; 24 (56%) forecast an overspend on Total Family Support Services; and 22 (51%) against Total other Children & Families Services. However, the category of spend where the greatest number of authorities are forecasting an overspend is Total Children’s Services Strategy (30 authorities, 70%)
- Overall, 23 authorities (53%) are forecasting an overall expenditure greater than 0.5% of their budget for 2009/10.

	Total Children Looked After	Total Children and Young People's Safety	Total Family Support Services	Total Asylum Seekers	Total Other Children's and Families Services	Total Children's Services Strategy	TOTAL
Budget (£000)	672,488	65,262	181,602	16,023	69,042	329,148	1,333,565
Forecast (£000)	724,565	63,121	182,508	18,695	71,274	352,537	1,412,700
% Variance	7.7%	-3.3%	0.5%	16.7%	3.2%	7.1%	5.9%

Figure 30: Total budget and forecast outturn of the 43 authorities providing financial data for 2009/10

The financial data provided by respondents as part of this study is valuable, but England financial information reported by DfE is also available for each local authority and England as a whole for Section 52 budgets and outturns on the DfE website¹⁴. Perhaps bizarrely, children's services expenditure is not reported per under 18 population or as a unit cost, but as a per pupil figure. The table below shows the budget per pupil (aged 3-18 for local authorities across England) to provide an indication of the range of size of budget per pupil over two years. The minimum represents the local authority with the lowest budget per pupil, and the maximum represents the local authority with the highest. Comparing 2008/9 with 2009/10 average budget per pupil reported in this way shows that the budget for 2009/10 is lower than that for 2008/9 across all categories.

		Total Children Looked After	Total Children and Young People's Safety	Total Family Support Services	Total Asylum Seekers	Total Other Children's and Families Services	Total Children's Services Strategy
2008/9	Average (mean)	331	31	93	16	43	189
	Minimum	117	0	17	0	2	3
	Maximum	1,187	113	616	437	233	898
2009/10	Average (mean)	234	25	75	11	31	144
	Minimum	80	2	18	0	4	2
	Maximum	644	132	325	259	187	1,133
Variance (2008/9 to 2009/10)	Average (mean)	-29%	-19%	-19%	-31%	-28%	-24%
	Minimum	-32%		6%		100%	-33%
	Maximum	-46%	17%	-47%	-41%	-20%	26%

Figure 31: All England Section 52 Budget Table 1 (GROSS) information per capita. These tables separately show the subheadings columns only, drawn from the per capita all lines gross tables.

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<http://www.dcsf.gov.uk/everychildmatters/strategy/financeandfunding/informationforlocalauthorities/section52/benchmarking200809/s52benchmarking0809/>
<http://www.dcsf.gov.uk/everychildmatters/strategy/financeandfunding/informationforlocalauthorities/section52/benchmarking0910/benchmarking0910/>

When analysing which authorities feature in the top quartile (highest budget per pupil) and bottom quartile (lowest budget per pupil), there does not appear to be any significant correlation between budget and geographical location or type of authority. For example, the two authorities with the largest budgets for *Total Children's Services Strategy* for 2009/10 are a large southern county and an Inner London Borough.

9.3 Combining activity and cost data

We have provided robust evidence of a national increase across a wide range of initial children's social care activities through this study, and overspends forecast by some local authorities. The next step in the work to evidence unfunded safeguarding pressures is to match the data gathered at Phase 1 to the study from Loughborough University (Holmes *et al* 2010) which calculated unit costs for safeguarding work. Although recognised as not perfectly accurate, the cost calculations go some way to illustrating the size of the financial pressure that the increase in safeguarding activity has generated.

The table below shows an estimated £243.3 million funding was required across England in 2008/9 purely to undertake initial contacts, referrals and initial assessments. This is based on data from Phase 1.

DATA

Activity	Loughborough Cost Data Unit cost £	ADCS Activity Data (number of activities)			
		Respondents		England estimate ¹	
		2008/9 (full year)	2009/10 (9 months)	2008/9 (full year)	2009/10 (9 months)
Initial Contacts	36.94	702,490	585,590	1,441,620	1,202,950
Referrals	117.41	346,310	283,140	546,800	447,260
Initial Assessment	361.70	209,980	177,660	347,990	294,620

COST (£'000s)

Activity	Respondents		England estimate	
	2008/9 (full year)	2009/10 (9 months)	2008/9 (full year)	2009/10 (9 months)
Initial Contact	25,950	21,632	53,253	44,437
Referral	40,660	33,243	64,200	52,513
Initial Assessment	75,950	64,260	125,868	106,564
TOTAL COST (£'000s)	142,560	119,135	243,321	203,514

Figure 32: two tables showing data and cost required to undertake initial contact, referral and initial assessment matching data from Phase 1 of this research with estimates from Loughborough research

When we look at the financial consequences of an increase in numbers of children looked after, this is more difficult to estimate on a national basis and is a limitation of this study.

Previously, under the Performance Assessment Framework, there was a performance indicator measuring the average cost per looked after child and according to the last reported data in 2007/8, the average cost per looked after child per week across all placements was £774 (or £40,248 per annum). For children in residential homes, the average was £2,428 (£126,100 per annum), and for foster care £489 (£25,428 per annum)¹⁵

The average cost of an Independent Foster Provider placement has been calculated at approximately £45,000 per year¹⁶ although the actual cost will vary depending on the needs of a child. Recent research undertaken by Demos on behalf of Barnardos¹⁷ estimates that the annual cost for a looked after child in a foster placement can be between £23,470.20 and £56,225.57 depending on how 'stable' the care journey is.

In addition, there is an assumption that an increase in the numbers of children being looked after creates a strain on the limited in-house fostering places and so additional children are most likely to be placed in independent foster care, which is generally more expensive than in-house foster carer placements.

¹⁵ Personal Social Services Expenditure and Unit Costs England 2007-08 published by NHS Information Centre

¹⁶ As calculated by a South Eastern local authority and benchmarking club for a recent LGA submission about costs.

¹⁷ http://www.demos.co.uk/files/In_Loco_Parentis_-_web.pdf?1277484312

For the purposes of this research, we can only undertake a crude estimation. Using the Hampshire benchmarking figure of £45,000 and the reported increase of 8.1% in the number of children looked after in the two year period between December 2007 and December 2009¹⁸, we can estimate that the additional 3,850 children looked after at 31 December 2009 across England will cost an additional £173 million per year.

One follow-up local authority reported that their regional leaving care forum estimates an additional £1m will be required as a result of the need for more provision for these young people. There are further unplanned for pressures relating to the rising number of young people aged 16 and over in care.

Another reported that: *“One of the biggest cost pressures is the huge escalating costs associated with court work. Courts are pressurising LA's to do more and more residential assessments and assessments of family and friends in circumstances which would never have been contemplated 5 years ago, and with results that are not always in the best interests of the children involved.”*

The ability to undertake local authority and national cost analysis is essential now more than ever. A recent C4EO research review, *Cost effectiveness in public service provision* (C4EO 2010) provides a summary of literature, tools and terminology about cost effectiveness which also recognises that the effects and savings that can be gained from early intervention and preventative work take time to filter through the system. Cost calculators to assist local authorities are available, for example those provided by C4EO and the Centre of Child and Family Research at Loughborough University¹⁹

10. Considerations & Challenges

10.1 Limitations of the Research Project

There were a number of limitations to undertaking this phase of the research, not least of which was the immense pressure that local authorities were facing during the data collection period because of the CIN Census statutory return which covers a full year for the first time in 2009/10 and which has increased in complexity.

¹⁸ As evidenced in Phase 1 research. Estimated total number of children looked after in England at 31 December 2009 was 63,456 – an 8.1% increase on 2 years previous.

¹⁹ <http://www.ccfcs.org.uk/>

Because of the timing coinciding with the lateness of the Children in Need Census, ADCS decided to continue this phase of research and ask those local authorities who have not yet submitted their survey forms to do so by the end of August, to obtain a more robust analysis. In addition, further questioning of authorities (although not as in depth as we would have liked) assisted in exploring some of the emerging messages in more detail.

Changes in performance indicators and statutory data collections over the years, including financial returns -from the PSSEX1 to the Section 52 and then the Section 251 return - mean that obtaining the trend data so often essential for measuring, forecasting demand for and improving services is more difficult.

The focus of this study is to look at what is happening now and identify upward trends over the last three years. However, attempts to forecast future levels of safeguarding activity could be misleading. But, what is clear is that there is no evidence to suggest a downturn or even a leveling-off of demand.

Evidence of reasons for and consequences of the rise in safeguarding activity is required sooner rather than later in order to ensure that it can contribute to identification of future funding, policy and service provision decisions.

10.2 Challenges for Policy Makers

This study quantifies increases in safeguarding activity and investigated possible reasons for these increases, together with the impact on other agencies providing services to children and young people. Together with the newly published population data and other evidence of safeguarding pressures, there is a real need for a range of professionals to consider how to meet the demands.

There will be a commentary by the ADCS accompanying the publication of this research on the implications and challenges for a range of policy-makers arising from the evidence base provided by both phases of this project.

11. Conclusion

The information gathered at this phase of the research is based on a smaller sample than the initial phase but it does reinforce the levels of increase in safeguarding activity, and for responding local authorities, there is evidence of even further increases in some areas. There is no doubt from evidence (the views and experiences reported by 34 safeguarding leads and data on sources and reasons for referral), that there is no single reason for the increase in safeguarding activity, indeed there appears to be a range of reasons, some of which are positive steps forward in terms of better awareness of safeguarding children and young people. For some of these increases there is no hard statistical data, rather we rely on the professional views of front line safeguarding managers who are experiencing the changes first-hand.

We can be clear however that the data provides evidence of:

- an increase in initial contacts and referrals from all sources;
- a significant rise in 16-17 year olds who are subject of Child Protection Plans or who are looked after;
- a higher proportion of referrals and children becoming looked after for reasons of abuse and neglect, and a more marked rise in children becoming subject of a Child Protection Plan for reasons of emotional abuse or physical abuse;
- variation between authorities in terms of the level of changes in safeguarding activities and the source and reasons.

The effect of the rise in safeguarding activity on all agencies contributing to provision of services is significant in terms of their contribution to meeting the statutory requirements of legislation and *Working Together* guidance and the rise that they are also reporting in the volume and complexity of safeguarding work.

The 2009/10 budget for responding authorities is insufficient to meet these increasing needs, with an 8% overspend forecast. Rough estimates provide an indication of the funding that local authorities across the country will require to meet the costs of increased placements for looked after children and undertaking statutory child protection work whilst still maintaining the timescales for assessments and reviews that *Working Together* prescribes.

Crude calculations to quantify the increase in resource and cost implications shows that there would have needed to be an additional 63,000 hours per year per agency attendee spent in child protection meetings alone and an additional £173m per year to resource placements for the additional numbers of children looked after. The cost across England to undertake all initial contacts, referrals and initial assessments alone in 2008/9 would have been approximately £243 million.

In terms of the future, there are clear indications from ONS data that the child population in England is set to increase in the years ahead. Even between 2008 and 2009, ONS data shows an overall national increase of 0.04% compared to a predicted increase last year of 0.01%. Despite regional variations in size of population growth (with the greatest growth rate forecast for London), the net overall effect is a 5.5% growth in the under 18 population 2019. This represents an additional 3,000 looked after children by 2019 and 1,900 children subject of Child Protection Plans based on population growth alone.

Many of the reasons for the increase in the volume of safeguarding activity over the past three years will continue: the effects of the Southwark Judgement; increased public and professional awareness and improved multi-agency training; and better awareness of complex cases where parental factors are affecting the children such as domestic violence, substance misuse and mental health.

One authority stated that *“Given the current economic climate, it is likely that these pressures will continue to grow”* – a sentiment echoed in Hills *et al* which states that the increase in unemployment during the recession is likely to have increased the number of children in need.

As Lord Laming reminds us, *“getting safeguarding practice right needs a clear and distinct focus but it also needs to be a central part of Children’s services overall, complemented and reinforced by early intervention and preventative work with children, young people, their families and carers. People with the right skills, doing the right thing at the right time, make a crucial difference to children’s outcomes and their futures”*.

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13. Contributors

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Luton Borough Council, for the use of their facilities to undertake the project

Office For National Statistics, for assisting with provision of population data

National College

Appendix A: Data Collection Sheet

ADCS SAFEGUARDING PRESSURES NATIONAL PROJECT: PHASE 2 - REASONS FOR INCREASE AND COSTS

In March 2010, the ADCS asked all local authorities in England to assist in Phase 1 of a national project evidencing safeguarding pressures. 122 local authorities in total responded, and provided robust evidence of increases across a range of safeguarding activities. The full report and data workbooks were sent to all directors and respondents respectively. In this next phase of work, ADCS will be taking this initial work further to look at:

- 1 Reasons for increases in safeguarding work, by looking at source and reason for initial contacts and referrals; age and category of abuse/CIN code of children subject to child protection plan/looked after; partnership safeguarding data and questions to LSCBs/safeguarding leads. We are aware of the limitations of some of the data requested, eg primary need code as reason for referral, but these are used to simplify data collection from LAs.
- 2 Matching costs and activity data, started in the first phase of the work
- 3 Meta-analysis of other safeguarding research projects to summarise a range of work that has been undertaken on this subject.

As much of the quantitative data as possible will be taken from DCSF statistical first releases and data already available. However, there are a few data items which we cannot obtain from other sources. Your assistance in providing this to achieve a national picture would be appreciated. We will again provide you with a copy of the full report and share excel workbooks for benchmarking with you. We understand that local authorities would like all data to assist you in benchmarking with your statistical neighbours and we will be happy to share a workbook of individual authority data with national/regional analysis, if you give consent to do so.

If there is anything you are unsure of, please do contact Carole Brooks (lead researcher) on the email below.

Thank you,

carole.brooks@luton.gov.uk

NAME OF LOCAL AUTHORITY:

CONTACT NAME:

CONTACT TELEPHONE:

I give permission for the information provided here for my authority to be shared with other authorities

YES / NO

I give permission for my authority's data provided in phase 1 to be shared with other authorities

YES / NO

PART ONE: CHILDREN'S SOCIAL CARE DATA

We would like to make it as easy as possible for you to provide the information required and have kept to statutory return information as much as possible - if you would prefer, please do substitute the categories in questions 1 and 2 with your own existing categories that you use. You may wish to add this as a new worksheet.

An initial contact is defined within ICS guidance as an enquiry to the CSSR for any number of reasons including advice and information, housing benefit, applications for social services support etc. Not all of these will result in a referral. There are decisions to be made at this stage that distinguish between enquiries that are in effect requests for services from the CSSR, those that require redirection to appropriate services other than the CSSR and those that can be provided with advice/information at the point of initial contact. Some authorities may not have this information, in which case, please leave blank.

1 Initial contacts received in the period - number by source (please use your own categories instead of these if easier)	2007/8	2008/9	2009/10
Education			
Police			
Health			
Parent/Carer/Family Member/child or young person			
All Other			
2 Referrals received in the period - number by source (Please use your own categories instead of these if easier)	2007/8	2008/9	2009/10
Education			
Police			
Health			
Parent/Carer/Family Member/child or young person			
All Other			

3 Referrals received in the period - number by Primary Need Code (CIN Census guidance 3.2)		2007/8	2008/9	2009/10
	Abuse or neglect (N1)			
	Child's disability or illness (N2)			
	Parental disability or illness (N3)			
	Family in acute stress (N4)			
	Family dysfunction (N5)			
	Socially unacceptable behaviour (N6)			
	Low income (N7)			
	Absent parenting (N8)			
	Cases other than Children in Need (N9)			
	Not stated (N0)			
4 Number of children becoming subject to a child protection plan by category of abuse (CIN Census data module 5.2)		2007/8	2008/9	2009/10
	Neglect	We will get this data from DCSF SFRs - however, if you would prefer to use your own data, please do.		
	Physical Abuse			
	Sexual Abuse			
	Emotional Abuse			
	Multiple/Not Recommended			
5 Number of children becoming subject to a child protection plan by age band (CIN Census data module 5.2)		2007/8	2008/9	2009/10
	Under 1	We will get this data from DCSF SFRs - however, if you would prefer to use your own data, please do.		
	1 to 4			
	5 to 9			
	10 to 15			
	16 and over			
6 Number of children starting to be looked after by primary need code (CLA13 return)		2007/8	2008/9	2009/10
	Abuse or neglect (N1)	We will get this data from DCSF SFRs - however, if you would prefer to use your own data, please do.		
	Child's disability or illness (N2)			
	Parental disability or illness (N3)			
	Family in acute stress (N4)			
	Family dysfunction (N5)			
	Socially unacceptable behaviour (N6)			
	Low income (N7)			
	Absent parenting (N8)			
	Cases other than Children in Need (N9)			
	Not stated (N0)			
7 Number of children starting to be looked after by age band		2007/8	2008/9	2009/10
	Under 1	We will get this data from DCSF SFRs - however, if you would prefer to use your own data, please do.		
	1 to 4			
	5 to 9			
	10 to 15			
	16 and over			
8 National Indicator results		2007/8	2008/9	2009/10
	NI59: Timeliness of Initial Assessments	We will get this data from DCSF SFRs - however, if you would prefer to use your own data, please do.		
	NI60: Timeliness of Core Assessments			
	NI67: Timeliness of Child Protection Reviews			
	NI66: Timeliness of LAC Reviews			

PART TWO: SAFEGUARDING COSTS						
9	Total Expenditure (PSSEX1/Section 52/251 returns)	2007/8		2008/9		2009/10
		Budget	Actual	Budget	Actual	Budget Forecast
	Total Children Looked After					
	Total Children and Young People's Safety					
	Total Family Support Services					
	Total Asylum Seekers					
	Total Other Children's and Families Services					
	Total Children's Services Strategy					

PART THREE: SAFEGUARDING IN YOUR AUTHORITY AND PARTNERSHIP INFORMATION			
<i>Throughout, safeguarding activity means referrals to children's social care, initial assessments, S47s, children subject to child protection plan and children starting to be looked after.</i>			
10 Why do you think there has been an increase in safeguarding activity nationally? Please provide any information you can relating to reasons for this.			
11 Have changes in population or profile of children in your area made a difference to safeguarding activity? If so, please tell us how.			
12 If your authority has seen a decrease in safeguarding activity, what do you think some of the reasons for this are?			
13 Do you think that thresholds have changed in the past three years in your authority? If "yes", how, and what has been the impact on safeguarding activity?			
14 Do partners within your LSCB report increase in safeguarding work? If yes, please provide any further information.			
15 Do you have other evidence of changes [increases or decreases] to safeguarding pressures in your area? This may be from locally or regionally commissioned research, from consultations or surveys, or from service reviews.			
16 Does your LSCB regularly monitor specific data which could inform the local picture of possible pressures on safeguarding? Examples could include CAFs undertaken, local rates of youth gun or knife crime, numbers of MARACs involving children, percentage of multi-agency workforce with up to date CRB checks, uptake of multi-agency training, attendance at CP conferences by invited professionals, and so on. If you have any data that you can share with us (by sending us a copy of your LSCB performance report or completing the worksheet "optional LSCB data"), that would be really helpful. LSCB PIs we are particular interested in looking at are given below:			
	2007/8	2008/9	2009/10
17 NI 70: Hospital admissions caused by unintentional and deliberate injuries to children and young people.			
18 No. of children per 10,000 known to be living in households where domestic violence has been reported.			
19 Number of child deaths (CDOPs).			
20 Number of completed CAFs.			
21 Would you be happy to discuss the above as a case study? [maximum 45 minute phone call]			

Thank you.

Please return your completed form by 9th July to:

carole.brooks@luton.gov.uk

If you have any queries about the data collection, please send Carole an email with your contact telephone number and she will respond to you.

Second Worksheet: Optional LSCB data

Data for question 16: Does your LSCB regularly monitor specific **data** which could inform the local picture of possible pressures on safeguarding? These might be National Indicators, former PIs such as those from the PAF or APA and JAR datasets, or other measures agreed locally. It would be helpful if you could either supply a copy of your LSCB performance report or provide the data below.

Is the measure generally known by Description or definition of the measure and source of data [not a common identifier e.g. NI, PAF needed for National Indicators].
etc.?

Period - default is for each of the last three financial years. Please change if this does not match

	2007/08	2008/09	2009/10

Appendix B: Meta-Analysis of safeguarding projects

	Loughborough / LGA	NFER	West Midlands Region	Eastern Region	South Eastern Region	ADCS	Triangulating The Evidence
Survey / Sample	Based on national survey data provided by 46 local authorities and in-depth work carried out with nine authorities in 2009. Focus on additional pressures of implementing Laming recommendations.	Phase one (Aug - Nov 09), included an online survey of LA directors of children's services in England and an analysis of the number of Section 31 and interim care order applications made between Apr 07 and Dec 09. Phase two: in-depth case-study work was undertaken in six LAs (Nov 09 - Feb 10).	Data collection and analysis from WM Region LAs. Safeguarding numbers data wholly or partially provided by 11 authorities. Numbers at or to July 09 compared to July 08. Specific budget and efficiencies questions answered wholly or partially by 12 authorities.	Data collection and analysis partially or wholly from 11 Eastern Region LAs. Data collection covered the periods Apr-Jun2007/8 to Oct-Dec 2009/10, but report focused on period from quarter 1 08/09 to quarter 3 09/10 as this represented the most complete data.	Data collection and analysis partially or wholly from 15 of the 19 SE Region LAs. Covers the periods of quarter 3 (Oct-Dec) 07/8 to quarter 3 (Oct-Dec) 09/10.	Research to evidence changes in the volume of safeguarding work since 1 st April 07. Phase 1 Responses received from 102 (69%) of all LAs in England with data covering 73% of the England Under 18 population	
1) Initial Contacts	LAs participating in the in-depth work indicated that they had experienced an increase in contacts and/or referrals following the media attention surrounding the Baby Peter Case.		Despite significant decreases in some authorities [due in part to procedural changes such as changes to screening of DV referrals] an overall increase in contacts [+15.3%] and referrals [+8.2%].	26.1% increases in rates / 10,000 for the region for initial contacts.		24.6% increase in the number of initial contacts in the two years from Oct-Dec 07 to Oct-Dec 09.	<i>Consistent evidence of increase in initial contacts. Some evidence of inconsistency in the way different local authorities handle initial contacts.</i>
2) Referrals	See above.	Case-study local authorities identified anywhere between a 25% and 80% increase in the volume of referrals since the Baby Peter case was made public.		7.6 % increases in rates / 10,000 for the region for referrals.	30.5% increase in the number of referrals. Two authorities saw increases of more than 100% and 2 reported a decrease during this period. This may be due to changes in the way figures have been recorded. Increase for other SE LAs ranged from 3.4% to 60.7%.	16.5% in the number of referrals in the two years from Oct-Dec 07 to Oct-Dec 09.	<i>Consistent evidence of significantly increased referrals. As with initial contacts there is evidence of inconsistency between the approaches of different authorities to referrals.</i>

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3) Numbers of s.47 enquiries				36.1% increase in rate / 10,000 of s.47 enquiries. Some fluctuation over the period, peaking in Q1 09/10.		21% increase in Section 47 Enquiries with 16 local authorities reporting in excess of 100% increase in the two years.	<i>Consistent evidence of increased activity in relation to s.47 enquiries.</i>
4) Numbers of Initial Assessments	[if implementing Laming 19(1) then..] The proportion of referrals that led to initial assessments was hugely variable across the authorities and the estimated increase [in initial assessments required] was calculated to range from just 4% to 479%.		Overall increase of 13.8% in LAs, though some internal variance due to IT system changes.	28.4% increase in the regional rate / 10,000 for IAs. Upward trend over the period save for a dip in Q1 09/10.	Overall increase of 13.7% Oct-Dec 07/8 (9262) to Oct-Dec 09/10 (10527). The increase is less pronounced than ADCS national figure of 23.4%, however the overall figure does mask variation within the region There seems to have been a more pronounced increase since Oct-Dec 06/7, with an overall SE rise of 44.7%. (Some LAs implemented new systems during this period which may account for the changes).	23.4% in the number of initial assessments completed from Oct-Dec 07 to Oct-Dec 09.	<i>Consistent evidence of increase in initial assessments. Some changes attributed to changes in IT systems. See 13) below and reference about impact of Laming recommendation 19(1) on initial assessments.</i>
5) Numbers of ICPCs				19.6% increase in the regional rate / 10,000 for ICPCs. Some fluctuation over the period, rising steadily during 09/10.		20.0% increase in the number of children who were the subjects of an ICPC from Oct-Dec 07 to Oct-Dec 09. The average number of children per 10,000 Under 18 population per quarter (ie three month period) across the responding authorities has risen from 9.7 in 07/8 to 11.8 in 09/10.	<i>Consistent evidence of increased activity in relation to ICPCs.</i>

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6) Numbers of Children subject of CPP		Three interviewees report that there has been an increase in the number of children placed on child protection plans since the time the case of Baby Peter was made public.	Overall increase of 25.7% in numbers of children subject of CPPs.	30.5% increase in the regional rate / 10,000 for children subject of CPPs. Steady upward trend over the period.	There was a 35.1% increase in the number of children subject of a child protection plan.	Phase 1: 32.9% increase in the number of children who were subjects of a child protection plan between Dec 07 and Dec 09. 72 LAs reported an increase of more than 10%. Only five LAs show a decrease of more than 10% and none of these display significant variances overall or a trend of reduction. Phase 2: Large % increases in the proportions of Under 1s and 16+s becoming the subjects of plans.	<i>Consistent evidence of increased activity in relation to CPP numbers. Phase 2 of ADCS research highlights significant changes in the age profile of children becoming subject of CPPs, and the potential for additional pressure as a result of growing Under 18 population.</i>
7) Legal Status and orders		Cafcass data shows between Apr 07 and Dec 09 there has been a 38 % increase in the number of Section 31 and Interim Care Order Applications made in England. There is clear evidence to indicate that the level of Section 31 applications rose in the wake of the publicising of the case of Baby Peter , and continued to rise to a level higher than any experienced since April 07.	Overall increase of 28.7% in numbers of court proceedings.	Reduction in the regional rates / 10,000 of Police Protection Orders [-2.4%] and Emergency Protection Orders [-25.5%], but increases in the rates per 10,000 of Interim Care Orders [35.9%] and Full Care Orders [14.3%].	There was a 23.2% increase in the number of children coming into care on an Interim Care Order. [The actual number of cases are relatively small and, as a result, the figures for the LAs are quite varied.]	Increase in Police Protection (39%), an increase in Emergency Protection Orders (32%) and an increase in Interim Care Orders (38%) between Oct-Dec 07 and Oct-Dec 09. However, the number of Full Care Orders has reduced by 8%.	<i>Some regional and source disparity between numbers of different types of order although the general picture is one of increasing numbers.</i>

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8) Numbers becoming looked after				26.0% increase in the regional rate / 10,000 for children entering the care system. Steady rise until Q4 08/09, then some fluctuation.		17.2% in the number of children starting to be looked after between Dec 07 and Dec 09. 45 authorities saw an increase of more than 20% with 19 reporting increases in excess of 50%. Phase 2 shows significant % increases in numbers of 5-9 and 16+ year olds, and increases across all need categories other than absent parenting.	<i>Consistent evidence of increasing numbers of children starting to be looked after. Phase 2 of ADCS research highlights changing age profile of children coming into care, notably 16+ year olds.</i>
9) Numbers of Looked After Children [at end of period]		There has been an increase in the number of children within the looked after population, and children who require placements, following the case of Baby Peter being made public.	Overall 5.0% increase in numbers of LAC. Several authorities identified this as a significant issue in the 'Efficiencies' section of the report citing reasons for the increase as [principally] higher numbers of referrals and [to a lesser extent] rising numbers of UASC and emerging pressures resulting from Southwark judgement.	9.0% increase in the regional rate / 10,000 for numbers in care. Steady upward trend over the period.	7.7% increase in the number of looked after children between Oct-Dec 07 (6352) and Oct-Dec 09 (6841) and this represents an overall steady increase in numbers. Only one LA saw a decrease.	8.1% increase in the number of children looked after at 31 Dec 09 compared to 31 Dec 07. Only five LAs reported a decrease of more than 10%. 39 authorities reported an increase of more than 10%. There were 39,585 children looked after at 31 st December 2009 within 93 local authorities which equates to a rough estimate for England of 63,456 ⁶ . [Phase 2] Possible further pressure resulting from population growth.	<i>Consistent evidence of increasing total numbers looked after of between 5 and 9% which is a significant issue for costs/resources. Effect of Southwark Judgement. Phase 2 of ADCS research notes the potential for additional pressure as a result of growing Under 18 population.</i>

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10) Vacancy rates	7.1.1 Data from the national survey reveals that around two thirds (65%) of the authorities had vacancies within their intake and referral teams, although a third of these were being covered by agency staff.	Several of the case study authorities are experiencing a high number of vacancies within teams, and a high turnover of staff. There was also concern about dependence on agency, newly qualified and overseas staff.			In 2009/10, 10.6% of social worker posts were vacant in the South East. All 13 respondents reported 1 or more vacancies. The number of social work vacancies within LAs varies greatly. Additionally, this figure should be noted in the context of the rising number of posts across the region. Rates per 1000 population may be a more useful measure of comparison.	10.5% of manager, deputy manager and social worker posts were covered by agency staff. 12.5% of WTE posts are vacant, but it is not clear what proportion of the reported vacancies were covered by the agency staff. 52% of LAs had one or more WTE vacancies in team manager, deputy manager or qualified social worker category and 35% of respondents had non-social work WTE posts (ie social work assistants, administration etc) vacant.	<i>Consistent evidence of a high proportion of vacancies across local authorities.</i>
11) Workload	2.3.1 While it may be viable to manage fluctuations in demand and increases in referral rates in the short term, sustained increases are likely to necessitate the appointment of additional staff. 7.2.4 The majority of frontline workers surveyed (63%) reported an increase in case-loads over the past six months. Of the 34 respondents, only four reported that their case-loads were always manageable.	[pp viii] Interviewees in two of the LAs said the recommendation to treat a greater number of 'contacts in' to social care team as referrals would have significant implications for their profession in terms of workload and resource issues.					<i>Comments should be taken alongside the above section on vacancy rates.</i>

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12) Reasons for increasing numbers of referrals	9.3.4 There were indications that the Police did not filter or assess domestic violence, or drug/alcohol misuse cases and virtually all the participating authorities reported that they received a high volume of automatic referrals for these types of cases.	There is evidence to suggest that both partner agencies and the public have started to play a bigger part in the identification of need, and that this is an area where the case of Baby P probably has had a significant role.				[Phase 1] Hypothesised that increases in referrals may be due to an increase in recognition of domestic violence and referral of these cases from the Police and better understanding of thresholds across a range of agencies. [Phase 2] Despite concerns expressed by local authorities regarding domestic violence and substance use referral increases, data showed that whilst police referrals had increased in number so had those from other sources, effectively reducing the overall proportion of those from the police. Considerable range of reasons proposed by 34 LAs.	<i>Need to consider increase in referrals against appropriateness of referrals. Potentially contradictory evidence relating to the increases – there seems to be increased awareness amongst partner agencies and others of safeguarding issues but also the possibility that more inter-agency contacts and referrals are then being made without appropriate regard to thresholds.</i>
13) Implications of progressing all referrals to IAs	2.3.3 ... frontline workers were emphatic that it would not be possible to take all referrals from other professionals through to an initial assessment (Recommendation 19 (1)) unless the capacity of the team was increased, or the quality of assessments was compromised.	Local authorities are broadly optimistic [...] However, this is tempered by their view that the degree to which they can make changes is contingent upon a range of workforce development and resourcing issues, and a clear view that significant investment in additional resources would be required to implement many of the recommendations of the Laming Review				[Phase 1] Report that the proportion of referrals progressed to an initial assessment increased from 64 per cent to 68 per cent between Oct-Dec 07 and Oct-Dec 09.	<i>Pressure resulting from guidance which some feel ignores the role of professional judgement. Potential for quality to be sacrificed at the expense of through-put.</i>

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14) Impact of increasing volumes of work without increasing capacity	7.2.5 Frontline staff and managers in the focus groups emphasised that they cannot simply turn cases away because they have 'reached' capacity. Therefore, increases in the volume and/or complexity of workloads means that, without additional staffing, practitioners either have to work longer, or reduce the time they spend on other activities. The timeliness of service responses may also be affected; with workers reporting a tendency to prioritise assessments that needed to be completed within statutory timescales.		Majority of authorities report increased demand whilst facing budget overspends.			12.9% in the total number of WTE team managers, deputy managers and qualified social workers between 08 and December 09. However, these numbers are slightly skewed by nine authorities whose staffing establishment rose by between 50% and 200%, mostly by agency staff.	<i>Concerns over inability to increase capacity to deal with increasing pressures, and yet evidence that some LAs have done so if only to manage workload.</i>
15) Budget position / resources			Approaching the end of the 09/10 financial year [data collected in February 10] the majority of respondents were predicting overspends on children's services budgets.			[Phase 2] '...an estimated 243.3 million pounds funding was required across England in 2008/9 purely to undertake initial contacts, referrals and assessments.' 'In total, [local authorities] forecast expenditure 10.4% above budget'.	<i>Overspends predicted and consequences of safeguarding increases on future budgets a concern.</i>

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16) CAF and Partnership working	<p>9.3.3 Local authorities reported reluctance by other professionals and agencies to act as the lead professional in cases. Social work professionals perceived reluctance by other agencies to manage risk and an inclination to transfer responsibility to children's social care. This meant that social workers were investing considerable time on cases involving children with additional needs that fall below the threshold for social care intervention and that could be safely managed with targeted support in the community. This relates to the confidence, willingness and ability of professionals from other agencies to case hold and their perceptions about 'appropriate' thresholds.</p>	<p>[pp vii] ...However, case-study data suggests that in some areas new tensions have developed and partners have become keener to 'pass on' responsibility for safeguarding activity.</p>				<p>[Phase 2] Raises question about whether in fact the use of the CAF has led to children being referred who might not previously have been identified as in need of services, and the extent to which 'teams around the child' feel empowered to provide services to vulnerable children.</p>	<p><i>Evidence does not yet suggest that the ownership of safeguarding responsibility is always appropriately balanced amongst and across partners. Effect of CAF could be to increase referral rates.</i></p>