



SAFEGUARDING PRESSURES PHASE 4

NOVEMBER 2014

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

With many thanks to:

All local authorities who participated in this research
and yet again provided responses
with such positivity.

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1 Introduction

In October 2012, the Association of Directors of Children's Services (ADCS) published '*Safeguarding Pressures Phase 3*' research report – an analysis of information received from 115 local authorities (LAs) evidencing increases in safeguarding activity, exploring hypotheses behind the increases, and changes in permanence routes.

Many people have found previous reports valuable in providing an evidence base for operational and strategic managers, and policy makers. The ADCS has commissioned this update to the research undertaken in previous phases, exploring new areas of focus which are important for those planning and delivering children's services today, across four themes:

- 1. Safeguarding Pressures:** What changes are local authorities experiencing in terms of safeguarding activity and do we know the reasons for this? (This has been a fundamental key research question for all four phases and looks at the potential effect of recent and future events and legislative changes).
- 2. Holding the risk:** What changes, if any, are there in provision of services pre/post social care involvement, both in providing more targeted support and managing risk? What happens to children who are subjects of contacts and referrals to social care including where the outcome is 'no further action'? Who else is involved?
- 3. Revolving door:** To what extent do children, especially adolescents, come back into social care services for a second or subsequent time, and why?
- 4. Reducing budgets and reaching other funding:** Can we track the changes in funding for children's services and what the effect might have been, and whether LAs have harnessed community and other funding sources?

2 Summary Of Previous Phases

ADCS Safeguarding Pressures Research Phases 1 to 4 provide evidence between the financial years 2007/8 and 2013/14. Within the four research phases, there has been slight variation in the datasets and questions to allow focus on specific themes at the time, but key safeguarding data has remained the same throughout, allowing trend analysis over the six year period.

Phases 1 (April 2010) and 2 (September 2010)

ADCS Safeguarding Pressures Research Phases 1 (ADCS 2010a) and 2 (ADCS 2010b) covered the period 2007/8 to 2009/10. There was evidence of significant increases in all safeguarding activity against a relatively static child population. In the two years between December 2007 and December 2009, there was a 33% increase in children who were subjects of a child protection plan, and an 8% increase in children looked after at period end as well as increases in referrals to children's social care.

There was evidence of the impact of the Southwark Judgement¹ generating an increase in young people aged 16 and 17 who were looked after and local authorities reported a range of other reasons for the increase, including heightened anxiety and increased public and professional awareness (partly due to the death of Peter Connelly); implementation of the Common Assessment Framework (CAF); better promotion of safeguarding; more coherent multi-agency processes; a rise in domestic abuse and the economic downturn.

Predictions were made of continued pressures on safeguarding services and the number of children and young people requiring intervention by children's social care services. This was based on insufficient budgets in 2009/10 to meet increasing needs resulting in overspends by LAs; a 5.5% rise in child population by 2019, and the continued rise in contributory and causal factors which include the 'toxic trio' of parental mental health, substance misuse and domestic abuse.

Phase 3 (October 2012)

Two years later, Phase 3 covered the financial years 2010/11 and 2011/12, providing evidence of a continued, though not universal, rise in safeguarding activity nationally. A small number of authorities were beginning to see a decrease in numbers of referrals, children subjects of child protection plans and children looked after, possibly through implementation of effective early help services although in most cases there was insufficient evidence over a long enough period to conclude this. Others faced a steeper increase in safeguarding activity, which did not appear to be linked to any one reason but rather a composite of many factors which were social, economic and demographic (including an increase in child population in England), with evidence that some such factors appeared to be becoming more acute and more prevalent.

Phase 3 included analyses of child level and other permanence data to understand the journey of children leaving care through Special Guardianship Orders (SGO) and Residence

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

Orders (RO) compared to those leaving care through Adoption, finding that there was an equal, and growing, number of the former. In general, children who left care through SGO and RO spent less time in care than those who were adopted, and there are characteristics of individual children which might influence their journey towards permanence, such as disability, or being part of a sibling group. The data clearly demonstrated the relationship between key intervals in the adoption process and length of time in care, and associated 'tipping' points beyond which children were more likely to spend longer in care.

Predictions of factors affecting safeguarding activity made in Phase 2 were clearly borne out by the evidence in Phase 3, with further predictions that many of the reasons for the increase in the volume of safeguarding activity over the previous two years would continue: the effects of the Southwark Judgement; increased public and professional awareness and improved multi-agency training; better awareness of complex cases where parental factors affect children such as domestic abuse, substance misuse and mental health.

Many respondents cited one of the biggest challenges they were facing was balancing provision of services and funding in response to increased demand. Respondents were hopeful that once effective early help services were implemented, they would start to see a reduction in referrals, children subjects of child protection plans and children looked after, but only after an initial rise in activity as cases of previously unmet need were identified. In the meantime the costs of providing for the increased safeguarding activity - including high cost provision such as secure welfare placements; transport and contact; legal fees for the increase in care proceedings and human resources required to ensure children are protected- were likely to continue for the foreseeable future.

Phase 3 concluded that the backdrop to planning and delivery of children's services was both 'busy' and in a state of flux. Given the inter-dependencies of the impact of local and national policy changes and focus on early help to reduce the numbers of children who were subjects of child protection plans and looked after children, the business of forecasting how such numbers may change becomes ever more complex.

3 Methodology and Response Rates

3.1 Methodology

Identical methodology to previous phases was used in Phase 4. In July 2014, a data collection form was sent to Directors of Children's Services in all 152 local authorities for return by 3 September 2014 (See Appendix A). The data collection was promoted through a range of regional and national groups, and weekly ADCS bulletin reminders. The use of a

range of regional networks and sub-groups proved a valuable and effective method of communication.

A range of qualitative and quantitative information was requested, which local authorities could return in its entirety or in part only. Whilst a core dataset has been included in all four Phases of the research, there have been data additions or a different focus in each phase which means that data and comparisons between 2007/8 to 2013/14 is not provided universally.

- **Children's early help and social care data:** 36 data items relating to statistical data from the DfE's SSDA903, CIN Census and Section 251 financial returns² were requested, together with local data about source, reason and profile of children and young people who are subjects of various safeguarding activities such as initial contacts, referrals, child protection plans, and children looked after, as well as CAF data;
- **17 qualitative questions** aimed at safeguarding leads in each authority.

Through the findings section of this report, response rates are given as a percentage of those who returned the relevant part with valid data only.

3.2 Response Rates

Responses to ADCS Safeguarding Pressures research have remained high compared to many non-statutory data collections or research projects and research (figure 1).

In Phase 4, 102 local authorities (67% of the total in England) provided information covering 7.9 million children and young people aged 0-17³.

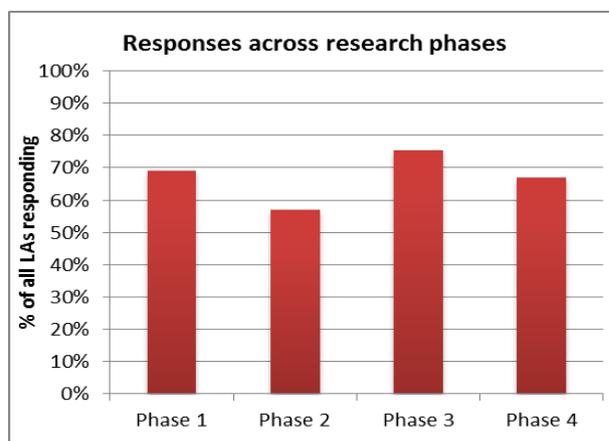


Figure 1: Response rates

Response rates were highest from the West Midlands, North West, North East, and Eastern Regions, and lowest from London authorities (figures 2 and 3). Metropolitan and Shire authorities provided the highest rate of responses (figures 4 and 5).

² The DfE returns from which some statistics are generated: <https://www.gov.uk/childrens-services/data-collection>

³ Based on ONS 2013 mid-year population estimates (ONS 2014).

Region	Respon- dents	Total LAs	% total LAs	Data	No Data	All LAs (2013 MYE)	% total 0- 17pop.
East Midlands	6	9	67%	809,879	151,110	960,989	84%
East of England	9	11	82%	1,199,717	76,171	1,275,888	94%
London	16	33	48%	914,033	972,752	1,886,785	48%
North East	10	12	83%	441,060	83,986	525,046	84%
North West	19	23	83%	1,134,398	375,123	1,509,521	75%
South East	11	19	58%	960,177	929,997	1,890,174	51%
South West	10	16	63%	711,208	358,226	1,069,434	67%
West Midlands	12	14	86%	934,863	316,083	1,250,946	75%
Yorkshire & The Humber	9	15	60%	771,515	366,153	1,137,668	68%
England	102	152	67%	7,876,850	3,629,601	11,506,451	68%

Figure 2: Responses by Region

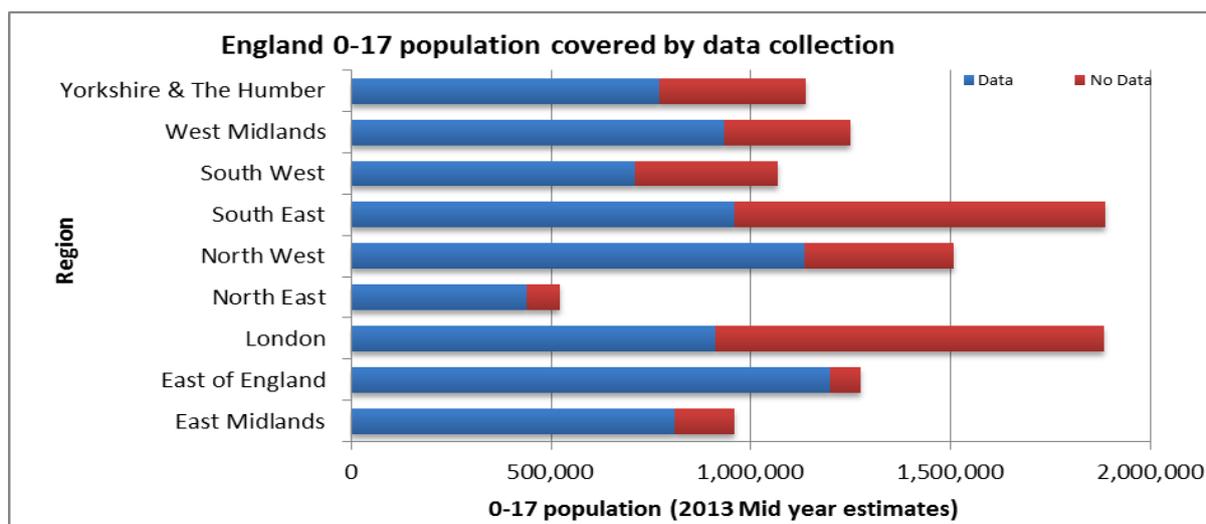


Figure 3: Responses by Region – chart

Type of Authority	Number of Responses			0-17 Population response coverage (2013 MYE)			
	Respon- dents	Total LAs	% total LAs	Data	No Data	All LAs (2011)	% total 0-17 pop.
London Borough	16	33	48%	914,033	972,752	1,886,785	48%
Metropolitan	28	36	78%	1,869,692	699,106	2,568,798	73%
Shire	21	27	78%	3,260,636	1,189,859	4,450,495	73%
Unitary	37	56	66%	1,832,489	767,884	2,600,373	70%
England	102	152	67%	7,876,850	3,629,601	11,506,451	68%

Figure 4: Responses by type of authority – data

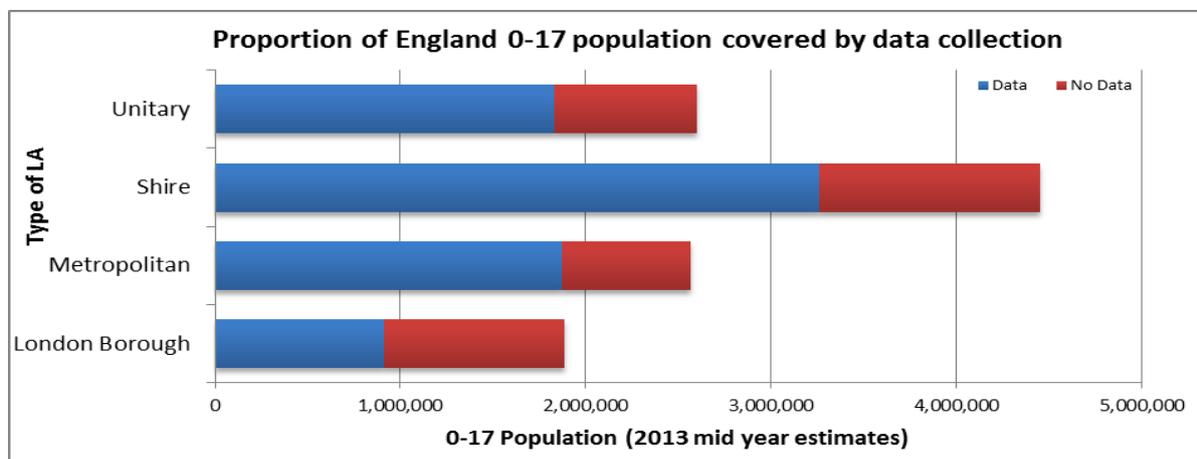


Figure 5: Responses by type of authority – chart

The quantitative and qualitative data have been analysed together and triangulated with additional evidence in themes, and the findings have, where possible, looked for any regional or authority type trends as well as any commonalities in the outliers. Direct quotations from responding authorities have been provided where appropriate.

4 Current Context

There are 11.5 million children and young people in England (ONS 2014). Local authorities' gross budget in 2013/14 was £50.5 billion for children's services including schools, with the non-education budget, covering children's services and youth justice, at £8.4 billion⁴.

Throughout each phase of the Safeguarding Pressures research we have described the context in which services are being provided and focussed on the influence that certain local and national factors have had on safeguarding activity. Many of these factors have not changed in the last two years, but together with new and emerging influences present a more complex backdrop for services. A brief summary of the current context is provided below and Section 13 presents findings as to how this context has affected, or will affect safeguarding activity in the future.

4.1 Safeguarding Policy and Legislation

- **The Children Act 2004** aimed to improve and integrate services for children, promote early intervention, provide strong clear leadership and bring together different professionals in multi-disciplinary teams in order to achieve positive outcomes for children and young people and their families. Through it, local authorities have a statutory role in securing the co-operation of partners in setting up children's trust arrangements and the Act allows some flexibility in how these are structured and organised. Part of the aim of integrating services, plans and information is to enable young people's needs to be identified early to allow for timely and appropriate intervention before needs become more acute. The Children Act 2004 remains in force although the Government programme to assess its effect, *Every Child Matters: Change for Children*, (DfES 2004) was abolished in 2010, following a change of government.
- **Professor Eileen Munro's review of Child Protection** culminating in the report, "*Moving towards a child centred system*" (Munro 2012) and the government response accepting

⁴ Section 251 budget: 2013 to 2014 data, published October 2013 (DfE, 2013a)

her recommendations (DfE 2011a) are well-known. Serious case reviews, early intervention, the role of Ofsted and reforms to the health economy all feature strongly, alongside a more general shift away from central prescription and towards individual professionals' discretion in local decision making – with quality assurance measures strongly focused on outcomes for children.

- **Working Together 2013** (DfE 2013b) although significantly less prescriptive than the 2010 edition of the guidance, continues to emphasise the importance of inter-agency collaboration and includes some strengthened recommendations, such as the recommendation that adult mental health services sit on Local Safeguarding Children's Boards (LSCB), and a broadening of the criteria for which a Serious Case Review (SCR) should be initiated.
- **Hillingdon Judgement (2003) and Southwark Judgement (2009)**: These two key pieces of case law relating to social care services for adolescents made explicit the level of support that was expected of local authorities for unaccompanied children and young people (Hillingdon Judgement); and obliging children's services to provide accommodation and support to homeless 16 and 17 year olds (Southwark Judgement).
- **Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO)** introduced changes within the youth justice system, includes making 17 year olds subject to the same remand framework as 12 to 16 year olds and conferring 'children looked after' status to remanded young people. The Act also transferred responsibility for the funding of placements to local authorities.
- **Welfare Reform Act 2012**: To be implemented in three phases from January 2013 to 2017 makes changes to benefits system including housing allowances. The reforms include the 'under-occupancy penalty', commonly known as the 'bedroom tax' and the phased introduction of Universal Credit.
- **DCLG Troubled Families Programme (2012)**: A programme, extended beyond its original three-year term, aiming to "turn around" the lives of 120,000 of England's most "troubled families" through targeted work on a 'payment by results' basis, focussing on reducing workless-ness, truancy, crime and anti-social behaviour, and improving school readiness.
- **Family Justice Review (2012) and Public Law Outline (2014)** set out reforms to the family justice system including children's social care, changing the way local authorities make applications for care and Supervision Orders with the aim of speeding up the process, some of which were made law in the Children and Families Act 2014.

- **Children & Families Act 2014:** Key new legislation introduced in March 2014 for a range of children's services, covering adoption and contact, family justice, children and young people with Special Educational Needs (SEN), child care, child welfare and the role of The Children's Commissioner for England.
- **Within the Children & Families Act, 'Staying Put'** duties provide care leavers the opportunity to remain with their former foster carer after they reach the age of 18.
- Establishment, in February 2014, of the **Adoption Leadership Board** which now undertakes the quarterly voluntary adoption data collection, and which is due to publish guidance for authorities following the Court judgements in cases 'B' and 'B&S' earlier this year.
- **DfE Children's Social Care Innovation Programme (April 2014)** will provide funding (£30m in 2014-15 and up to a further £100m thereafter for the remainder of the life of the programme) for testing and implementing innovative ideas, including re-thinking children's social work and support for adolescents in or on the edge of care (DfE 2014a).

4.2 Reviews, Reports and Investigations

An unprecedented number of inquiries, reviews, reports and investigations have been produced over the past four years providing evaluation, or highlighting practice in early help and safeguarding, such as The Frank Field review of child poverty (2011); Graham Allen review of Early Intervention (2011); and Tickell review of early years (2011). Some of the key reviews and investigations impacting upon early help, children looked after and safeguarding services in the last two years are listed below.

- In Phase 3 research, the intense policy focus on Child Sexual Exploitation (CSE) between 2011 and 2012, as a result of the inquiry led by the Deputy Children's Commissioner for England was highlighted and this continues with the recently published Independent Inquiry into CSE in Rotherham (Jay 2014) commissioned by Rotherham MBC.
- The Care Inquiry final report *Making Not Breaking – Building Relationships for our Most Vulnerable Children* (Care Inquiry 2013) evaluated whether current legislation and practice for children looked after and care leavers provides the best outcomes.
- *What is Care For? alternative models of care for adolescents* (ADCS, April 2013) looked more closely at the need to find alternatives to care and more flexibility for adolescents.

- The House of Commons Education Select Committee *Second Report Into independence, not out of care: 16 plus care options* (2014) concluded that *"Looked after young people's move to adulthood needs to be a supported transition into independence rather than an abrupt step out of care."* Chair of the Education Committee, Mr Graham Stuart⁵.

4.3 Children's Services Inspections

Since November 2013, Ofsted has been undertaking inspections under the new Single Inspection Framework (SIF), (Ofsted 2013). These inspections produce graded judgements on 'the experiences and progress of children who need help and protection', 'the experiences and progress of children looked after and achieving permanence (includes adoption and care leavers)', and 'leadership, management and governance'; and from these an overall effectiveness judgement is derived. A simultaneous review of the LSCB also produces a graded judgement. Under the new framework the previous 'adequate' grade has been replaced by one of 'requires improvement'.

It is proposed that from 2015, in addition to the SIF there will be a small number of new integrated inspection of multi-agency arrangements for the protection of children in England (Ofsted, 2014) where Ofsted and partner inspectorates will inspect at the same time. These inspections will focus on the effectiveness of local authority and partners' services for safeguarding children, including the effectiveness of early identification and intervention.

4.4 Partners and Other Services

There have also been a myriad of changes either undertaken or due to be undertaken in agencies working as part of the local partnership providing early help and safeguarding services for children. The transition of health services from Primary Care Trusts to Clinical Commissioning Groups and Local Area Teams under the Health and Social Care Act 2012 is complete. Public Health (over 5 year olds) is now the responsibility of the local authority, and from 1 October 2015, the responsibility for commissioning 0-5 year old children's public health services, including health visiting services, of which there are mandatory elements, will transfer from NHS England to local authorities.

⁵ Source: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/news/report-16plus-residential-care-options/>

The Care Act 2014 is significant legislation for Adult Social Care with changes from April 2015 including general responsibilities for promoting wellbeing, focusing on prevention, personal budgets, eligibility criteria and support for carers.

4.5 Population

4.5.1 Historic and Current Population

Rates per 10,000 of the 0-17 population throughout the phases of this research are based on latest available Office for National Statistics (ONS) mid-year estimates (MYE)⁶. In Phase 3, ONS 2010 mid-year estimates were used as the latest available data at local authority level (ONS 2011) showing an England 0-17 population of 11,045,369. Population forecasts indicated a growth across England but with significant regional variances and a correlation of biggest population increases with areas of highest poverty.

At present according to ONS 2013 mid-year estimates, the total 0-17 population is 11,506,451, an increase of 4.2% from the 2010 MYEs.

4.5.2 What Authorities Have Told Us About Their Local Population

52% of respondents stated that changes in population or the profile of children in their area had made a difference to safeguarding activity. This is in line with the same proportion in Phase 3, although the biggest impact currently cited is not only an increase in population size, but also in cultural and ethnic diversity and complexity of needs.

Whilst a number of authorities have reported an increase in birth rates and growth in 0-4 age group, not all authorities are experiencing the same changes to their local populations. Responding authorities stated that inward migration was impacting upon social care; for 14 local authorities, meeting the needs of émigrés from Eastern Europe was having a profound impact upon the demand for children's social care services. What is considered acceptable in certain cultures, such as forced /early marriages, female genital mutilation and physical chastisement, is, when practiced in England, bringing children and their families into the child protection system, and contributing to increases in safeguarding activity in some authorities. Authorities commented that the increasing diversity of the population had also increased the complexity of assessment, safeguarding and permanence planning, sometimes involving dealing with complex family structures and difficult immigration issues

⁶ ONS 2014a: <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/stb---mid-2013-uk-population-estimates.html#tab-Key-Points>

including, where children are foreign nationals, the complexities of working across the jurisdictions of other countries.

“Over the past few years, there has been a substantial rise in the Eastern European population in the [authority], particularly in the north, and these families are appearing in the CP arena more regularly. We don't think this has inflated the CP numbers per se, but are reflected as a percentage within the cohort, as reflects the eastern European population presence as a whole. There are, however, financial implications for these families in terms of providing interpreters, etc., and working with the community as a whole to build an effective working relationship and develop a clear understanding of what safeguarding looks like in (our authority)”. – Eastern Region LA

4.5.3 Population Forecasts

The latest population estimates for England show that the child population continues to grow, as can be seen in figure 6. The ONS state, with reference to the UK population as a whole, that *“the number of births has increased year on year since mid-2003, with only a drop in the current year to mid-2013. There are 611,200 more zero to four year olds in mid-2013 than there were in mid-2003.”*⁷

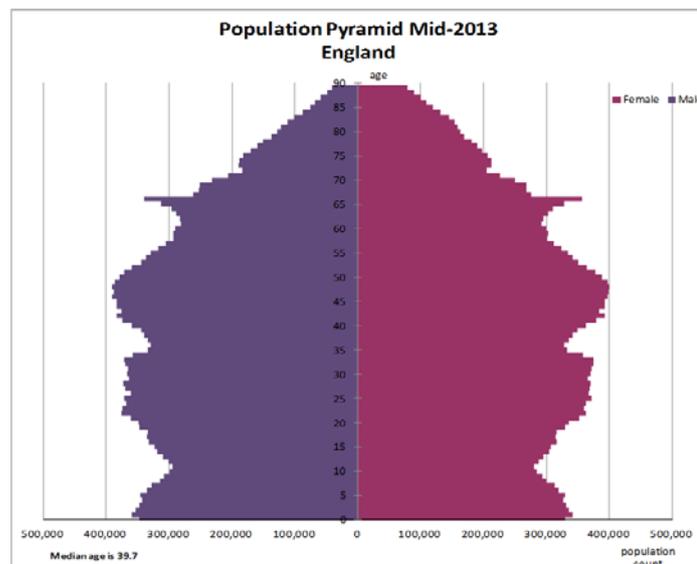


Figure 6: Population Estimates

ONS population projections (ONS 2012)⁸ predict an increase in the 0-17 population in England from 2012 until 2028 when the population is set to peak at 12,570,334. A subsequent decrease to 12,513,303 in 2036 is then projected, rising again in 2037. This second rising trend was not predicted by the population projections available during the last phase of this research. The annual percentage change is also predicted to increase in most years until 2020, and then again from 2035.

⁷ ONS Annual Mid-year Population Estimates, 2013, http://www.ons.gov.uk/ons/dcp171778_367167.pdf

⁸ See Table Z1 at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-335242>

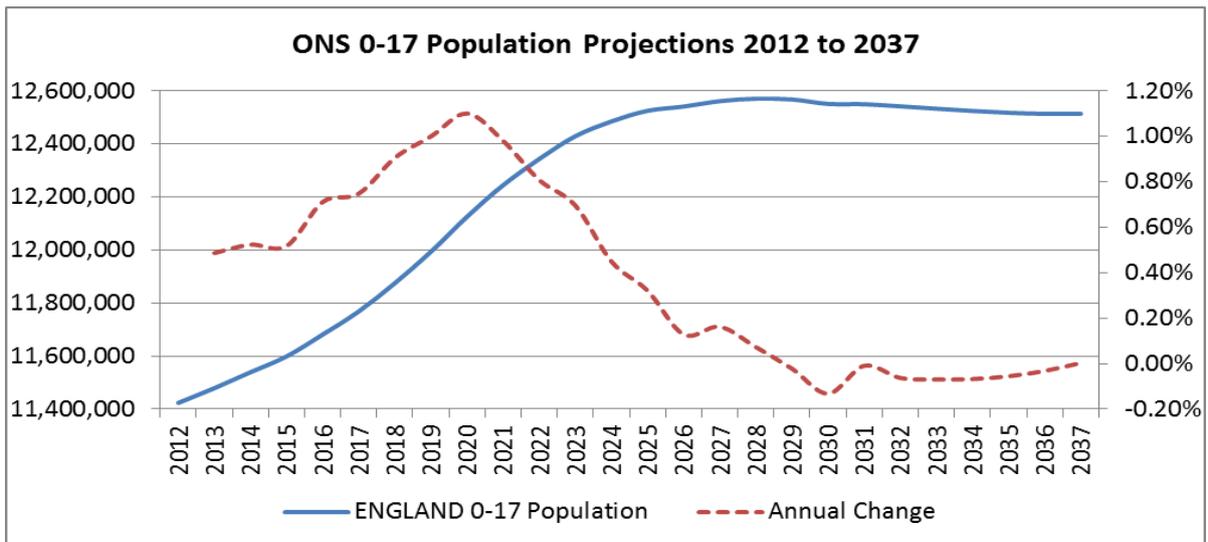


Figure 7: ONS population projections – population and annual change

The same population projections, viewed by region, show that by 2037 all regions in England are predicted to have increased 0-17 populations when compared to the 2012 baseline, other than the North East. The pace of population growth is set to increase in all regions from 2016 to 2025. The overall projected change for England over the 25 year period from 2012 to 2037 is a 9.5% increase, with the largest increase predicted for London.

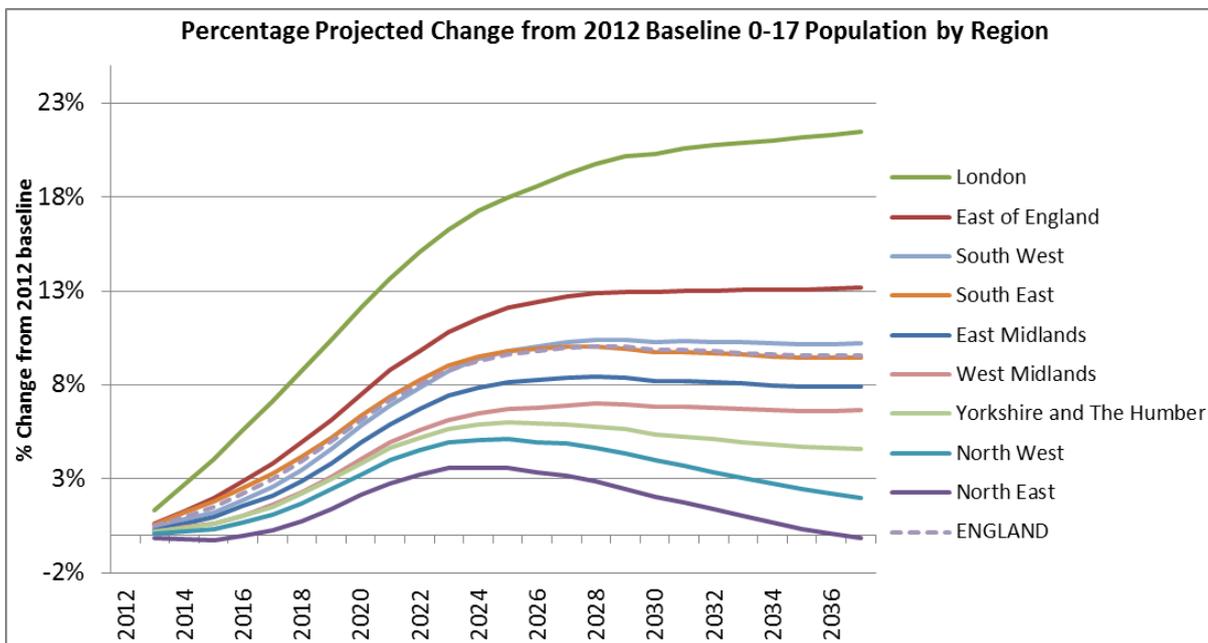


Figure 8: Projected population change by region

4.6 Implications

There are clear indications that the child population in England will continue to increase and the projected rise in population will undoubtedly have consequences for numbers of children in need, children who are subjects of child protection plans and looked after children.

The increases in population already seen in areas of deprivation, as illustrated in Phase 3, are beginning to be felt by early help and safeguarding services as described within this report.

5 Early Help and 'The Front Door' to Children's Social Care

Local authorities and other organisations have been managing, developing, or are in the process of redesigning services around what is commonly called 'the front door', where cases are stepped up, or stepped down between early help, targeted and specialist services.

A key research question in Phase 4 is to understand the changes within and around early help services; their impact on children's services and who is "*holding the risk*". What changes, if any, are there in provision of services pre/post social care involvement in providing more targeted support and managing risk? What happens to children who are subjects of contacts and referrals to social care where the outcome is 'no further action'?

Evidence about the 'front door' and relationship between early help and children's social care services is provided by data collected during Phase 4 about CAFs (also now referred to as Early Help Assessments or EHAs), initial contacts and referrals to children's social care as well as responses from local authorities to qualitative questions about early help and holding the risk pre-social care intervention.

5.1 Early Help and Social Care 'Front Door' Models and Services

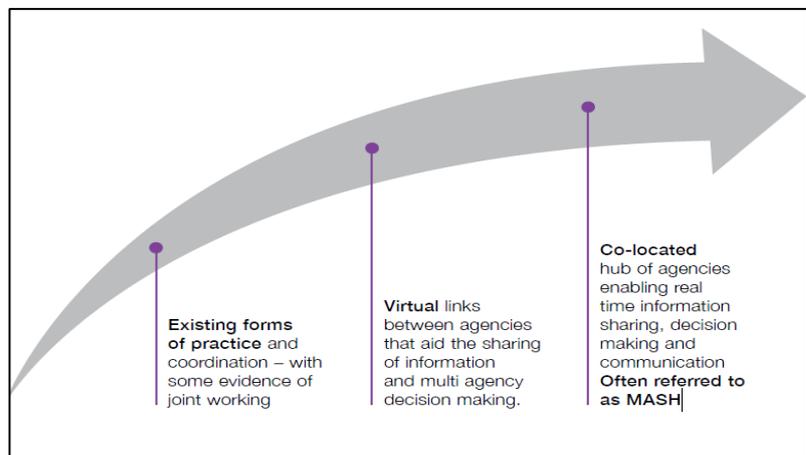
76 authorities provided information about the make-up of the services they provide to support children and families who do not meet the threshold for social care services, including 'step down'. Some authorities are currently planning or restructuring their early help services, whilst others appear to have a variety of structures based around four models:

1) Separate services and links through LSCB and partnership arrangements: Tiers of services based around levels of need from universal, targeted to social care services, with no structural integration or common referral points. This model commonly has a CAF team co-ordinating assessments and ‘team around the child’ or ‘team around the family’ approach. Referrals into social care are from separate services and/or via the CAF/EHA.

2) Co-located multi-agency ‘front door’ largely for safeguarding services, such as Multi-Agency Safeguarding Hub (MASH) or Multi-Agency Screening Teams/Service (MAST/MASS). Comprising of a number of agencies - commonly health, police and children’s social services - the general purpose of this ‘front door’ arrangement is to improve the multi-agency decision making and response for children through better real time information sharing at the point of contact. A range of early help services is likely to refer into this arrangement.

These structures have been the subject of The Home Office *Multi Agency Working and Information Sharing Project Final report* (Home Office 2014).

Figure 9: Models of multi-agency working from “The Home Office Multi Agency Working and Information Sharing Project Final report”



3) Early Help Hub(s) providing a single point of contact for referrals to early help services, often on a locality basis. This model provides multi-agency assessments and co-ordinated packages of support, often with a single ‘step up’ point to children’s social care, as well as single ‘step down’ point from children’s social care, and is commonly implemented or in development in some form in authorities who are developing their early help strategy.

4) Integrated single ‘front door’ for both children’s social care and early help, through an Early Help Hub co-located with or part of the MASH. Whilst infrequent, this model provides an integrated contact/referral point for both early help and social care.

“Children’s centres are currently remodelling their offer to be more ‘focussed’ on areas of need and use of evidence based interventions i.e. neglect and use of graded care profile etc. In addition, in the latter part of 2013/14 a Multi-Agency Screening Service (MASS) was developed which organises services at the point of a request for a Social Care service. Currently planning is in place to deliver an ‘area based’ model that brings together a greater co-ordination of universal services into locality based integrated services, with access to targeted and specialist interventions; prior to ‘contacting/referring’ to Children’s Social Care/MASS”. – North West LA

Early help services provided as part of early help integrated teams or services as described above differ between authorities, as the table below illustrates. Surprisingly few authorities talked about the role of Adults Services in early help.

CAF/EHA co-ordinators	Family Nurse Partnership	Schools – consortia EH services
CAMHS EH Advisors	Family Workers in Schools	Sexual Health Services
Children’s Centres	Family Workers in the community	Social Workers – EH advisors
Community Development Workers	Health Visiting	Substance misuse services
Counselling Services	Homestart	Teen Parent Support
CSE workers	Housing Officers	Triple P
Domestic Abuse Advisors	Midwifery	Troubled Families
Education Welfare Officers	Missing Children services	Voluntary sector services
Family Group Conferencing	Parent Support Advisors	Young Carers support
Family Information Service	Personal Advisors (Youth)	Youth Offending Officers
Family Intervention Service/Team	Pregnancy Prevention	Youth Service
Family Link Workers	Safer City Partnership Officers	
Family Mentors	School Nursing	

Figure 10: Early help services being provided as part of early help strategies, hubs or locality teams pre/post social care intervention. Bold text indicates core components for nearly all authorities

Although not a distinct model itself, early help services specifically directed at age groups was also evidenced, as in this example from a Yorkshire and Humber authority:

0-7s - Systematic use is made in children’s centres of our Family Support Pathway for case management ensuring resources are channelled to families who meet family support criteria and consistently stepping down lower levels of need to universal level of service. Our Integrated Care Pathway model for 0-5s brings closer working between children’s centres, midwifery and health visiting staff with clear guidance on which elements of the pathway are targeted and which are universal. Proposed changes to children’s centres will reduce costs and are designed to have least impact on children and families who most need support. We have 6 Sure Start+ Centres for SEND children.

5-12s - The Family Outreach service(based within Early Childhood Services) extends targeted family support to families whose children fall between early childhood services and the open-access youth service.

13-25s - the youth service provides targeted youth work to LAC, young people who are NEET, has an active PREVENT programme and has increased the volume of youth work with disabled young people in the last two years by integrating them into open-access provision.

5.2 Changes to Levels of Early Help Provision

Authorities were asked if any universal services have changed their offer to more targeted support in the last two years, or if there are plans to do so. In 55 of the 70 authorities responding (79%), all or some universal services have become more targeted. 15 had not

changed, and these services are under review at present in nine authorities. For some, early help services provided by the LA, including provision of funding to voluntary organisations, were subject to reductions or removal altogether.

Children’s centres and the youth service were the most frequently cited universal services which are becoming more targeted in their work, largely due to funding pressures. Where authorities stated that they are proactively managing the effect of funding cuts to these services through a range of actions, examples were given of maximising the capacity of an increase in health visiting services in partnership with the CCG; offering traded services out of children’s centres.

“Our capacity to offer universal provision within Children's Centres and IYSS has reduced as resources are reduced, though we still offer this level of support. We are facing a reduction of 10 Children Centres out of 23 in [the authority] from 1st April 2015”. – Yorkshire and Humber LA

Identifying what early help looks like across the country, together with their step up/step down arrangements from children’s social care, has proven to be a complex task, despite guidance within *Working Together 2013*. Local authorities have an array of differing models, at different stages of development or maturity.

5.3 Early Help Data

Statistics from the *Troubled Families programme: progress information as at the end of March 2014 and families turned around as at 14 February 2014* (DCLG 2014) shows the progress LAs are making in this early help initiative. 33% of families have been ‘turned around’ as at 14 February 2014.

Total number of Families	118,082
As at 31 March 2014:	
Number of families identified	111,574
Number of families worked with	97,202
Number of families achieving crime/anti social behaviour/education result	36,347
Number of families achieving continuous employment result	3,133
Total number of families turned around (as at 14 February 2014)	39,480
Number of families achieving progress to work outcome	3,400

5.3.1 Common Assessment Framework and Early Help Assessments (CAFs & EHAs)

Within 74 responding authorities, 59,924 CAFs/EHAs had been completed in 2013/14 compared to 46,162 the previous year, an overall increase of 29.8%. In 2013/14, the average rate per 10,000 0-17 population was 125, although rates vary substantially between authorities, from 24 to 367, reflecting the diversity in the use of CAF or EHAs between local areas. In one authority, the number of CAF/EHAs is based on the number of 'Teams Around the Family' working to specific whole family support plans, and in another example given, the number of children worked with is roughly twice the number of CAF/EHAs reported. Another authority described 75% of CAF/EHAs being held by the LA, 25% by others (largely schools). A further authority is struggling to gain the co-operation of universal services in the use of CAF/EHA. There does not appear to be any correlation between use of CAF/EHA and deprivation, type of authority, or region.

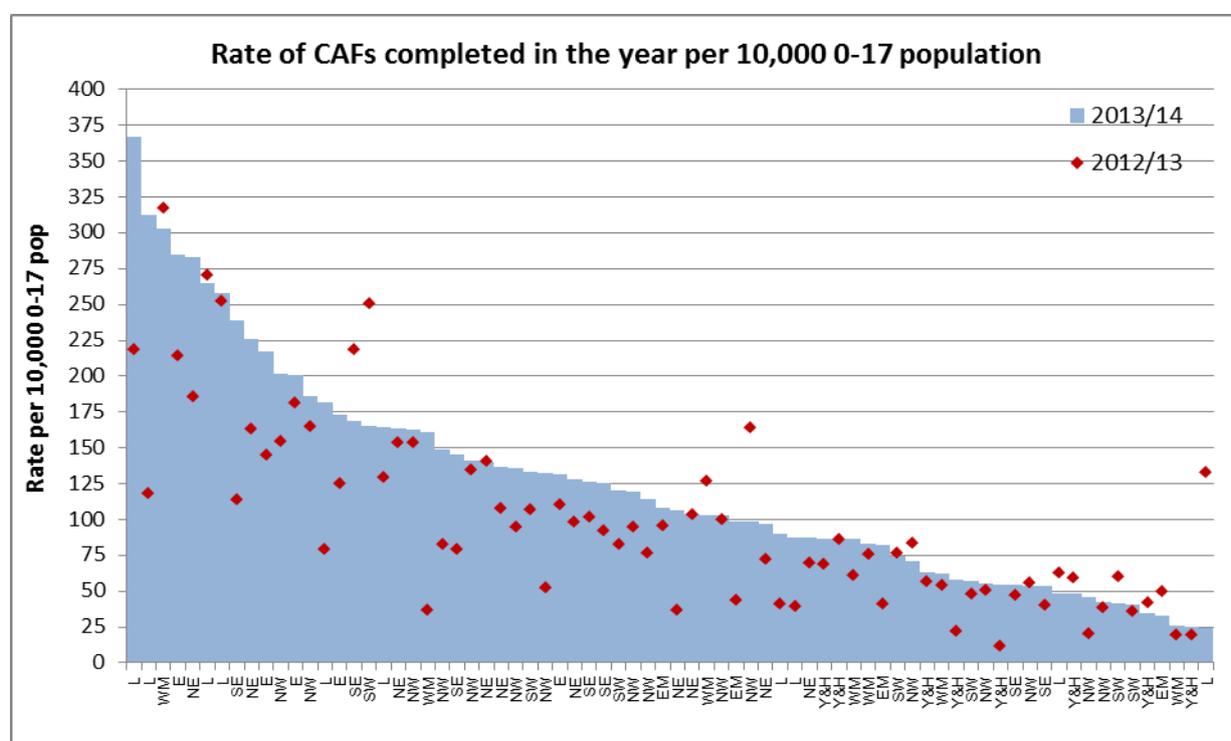


Figure 11: CAFs/EHAs completed in the year – variance between 2012/13 and 2013/14 by local authority

5.4 Initial Contacts and Referrals

Local authorities are required to submit information about referrals to children's social care as part of the DfE Children In Need Census, but there is no requirement to report initial contacts. There is no nationally agreed definition for initial contact, however, an initial contact is generally agreed as any contact received by local authority Children and/or Families Services about a child, who may be a child In need, and where there is a request for general advice, information or a service. It may, or may not be accepted as a referral.

A referral is defined by DfE as ‘a request for services to be provided by local authority children’s social care via the assessment process outlined in Working Together 2013 and is either in respect of a child not previously known to the local authority, or where a case was previously open but is now closed. New information about a child who is already an open case does not constitute a referral’ (DfE, 2013c).

Initial contacts and referrals are subject to local variation in recording and definition.

- In some cases, the number of initial contacts includes contacts on open cases, and not in others;
- Some authorities include all domestic abuse notifications received from Police as initial contacts;
- As authorities have moved to different ‘front door’ arrangements, such as multi-agency integrated models or MASHs, there have been changes in the recording and definition of what a contact is, to include a wider scope of contacts (e.g. early help contacts);
- There are authorities who record *either* an initial contact only when it there is management decision that a referral to children’s social care is not required (i.e. that are NFA) *or* a referral only with no initial contact. Other authorities record an initial contact as well as referral. This difference will greatly distort numbers of contacts and referrals, and the proportion of referrals that are ‘no further action’ between authorities.

Some authorities have stated that recording and/or practice have recently improved, for example a single point of entry into children’s social care or integrated services has improved recording and resulted in a more consistent application of thresholds and clearer decision making. Other examples of improved recording are changes to client record management systems.

5.4.1 Initial Contacts

Contacts	Phase 1 and 2			Phase 3		Phase 4	
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Rate (per 10,000 0-17 pop)	1,223	1,393	1,580	1,835	1,853	1,807	2,021
Longitudinal change	65% increase						

Figure 12: Initial Contact Summary

1,142,861 initial contacts were received in 76 authorities in 2013/14. This equates to a rate of 2,021 initial contacts per 10,000 0-17 population, and representing a 9.0% increase from 2011/12. Two thirds of authorities reported an increase in the number of contacts during this period, but there are variations between authorities.

These variations are not necessarily indications of increasing or decreasing activity, as authorities develop their own early help processes and ‘front door’ arrangements for children’s social care as described in the early help models above, however as initial contact data is not reported nationally, the intelligence that this gives us about the source, reasons and outcomes is useful in both demand management as well as highlighting this significant volume of ‘hidden’ work pre-referral. Extrapolating the rate to the whole of England would indicate that there were 2.3m initial contacts received in 2013/14 across all authorities.

Local authorities provided data about the source of contacts and referrals aggregated to: Education; Police; Health; parent/carer/family member and all other. Examples of the source within the ‘all other’ category includes voluntary organisations, other local authorities and other departments within the local authority. The increase in number of initial contacts has come from all sources with very little change since 2007/8. The proportion from Education and Health is slightly higher and the proportion of initial contacts from Parent/Carer/Family member has decreased the most. Initial contacts from Police remain the largest proportion received (See figure 13).

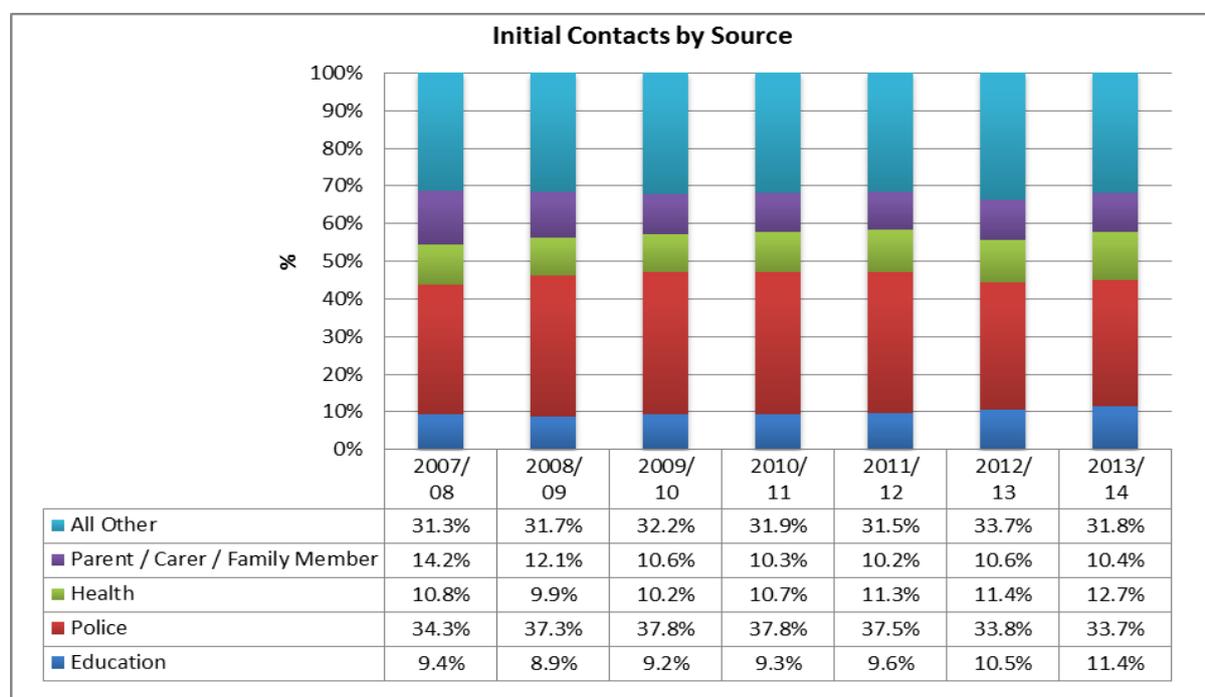


Figure 13: Initial contacts by source – variance between 2007/8 and 2013/14

To understand the proportion of initial contacts that go on to referrals to social care and levels of activity at the front door, LAs were asked to provide outcomes of contacts categorised by Referral to Social Care, Advice/Information Provided, No Further Action (NFA), or Other. Of the 71 authorities who have been able to break down their contacts by the outcome categories provided, 30% of contacts go on to referral for social care, 28% advice and information given, 25% NFA and 17% other. 'Other' may include child protection plans/children looked after notifications from other authorities; missing person notifications; or are contacts linked to open cases where LAs are recording these as initial contacts. Therefore the different ways in which authorities define and report initial contacts needs to be borne in mind.

5.4.2 Referrals

Referrals	Phase 1 and 2			Phase 3		Phase 4	
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Rate (per 10,000 0-17 pop)	474	526	554	555	546	517	574
Longitudinal change	21% increase						

Figure 14: Referrals summary

The 88 authorities providing data received a total of 392,775 referrals in 2013/14, equivalent to a rate of 574 referrals per 10,000 0-17 population, an increase of 5.1% from the rate of 546 reported for 2011/12.

This average figure continues to mask significant variances between authorities. Nearly two thirds had experienced an increase in referrals, but ten authorities saw a reduction in their referrals of more than 10%. The largest increase in the year was 112% and the largest decrease -32%.

Comparing changes over seven years, the increase in initial contacts has been at a much steeper rate than referrals as the figure below illustrates. Whilst we cannot be certain for the reason for this, it may partly reflect the changes to front door arrangements (e.g. introduction of MASH); changes to thresholds or understanding of thresholds.

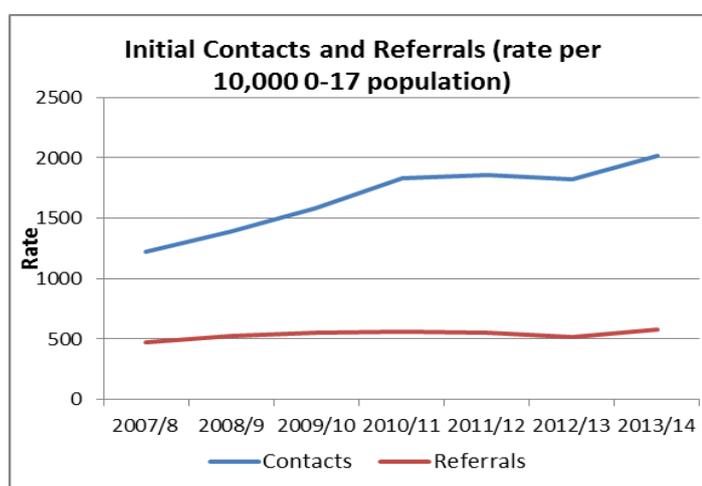


Figure 15: Initial Contacts and Referrals – timeline

When analysing nationally available data for all authorities in 2012/13⁹ as well as Phase 4 responding authorities, there does not seem to be any indication of geographic or other pattern in stabilising or reduction in this area.

The proportions of referrals from Education and Police have increased since 2007/8 and proportion from Parent/Carer/Family member reduced. 34% of contacts are from Police, compared to 25% of referrals.

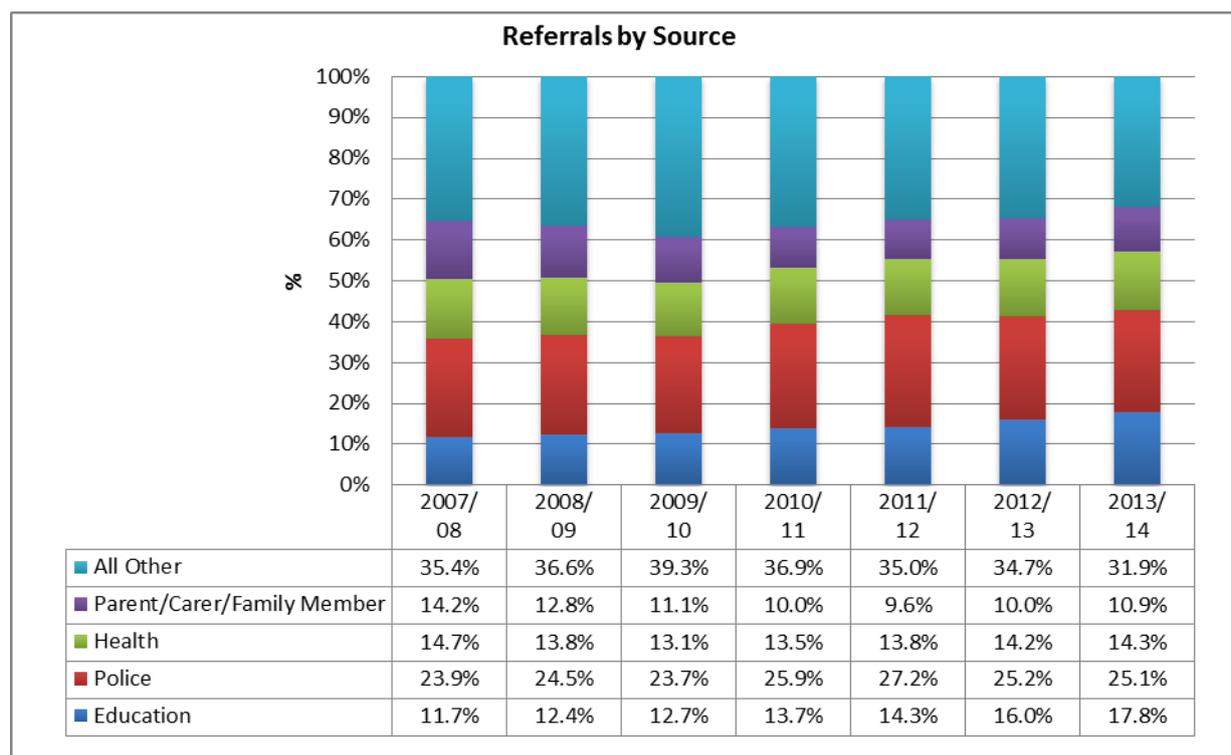


Figure 16: Referrals by aggregated source - trend

In 2013/14, DfE asked LAs to provide information for the first time about the source of referrals which is more detailed than the ADCS has collected since 2007/8 as shown above. A breakdown of the DfE categories is shown in the figure below.

⁹ Source: DfE Local Area Interactive Tool (LAIT) October 2014: <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

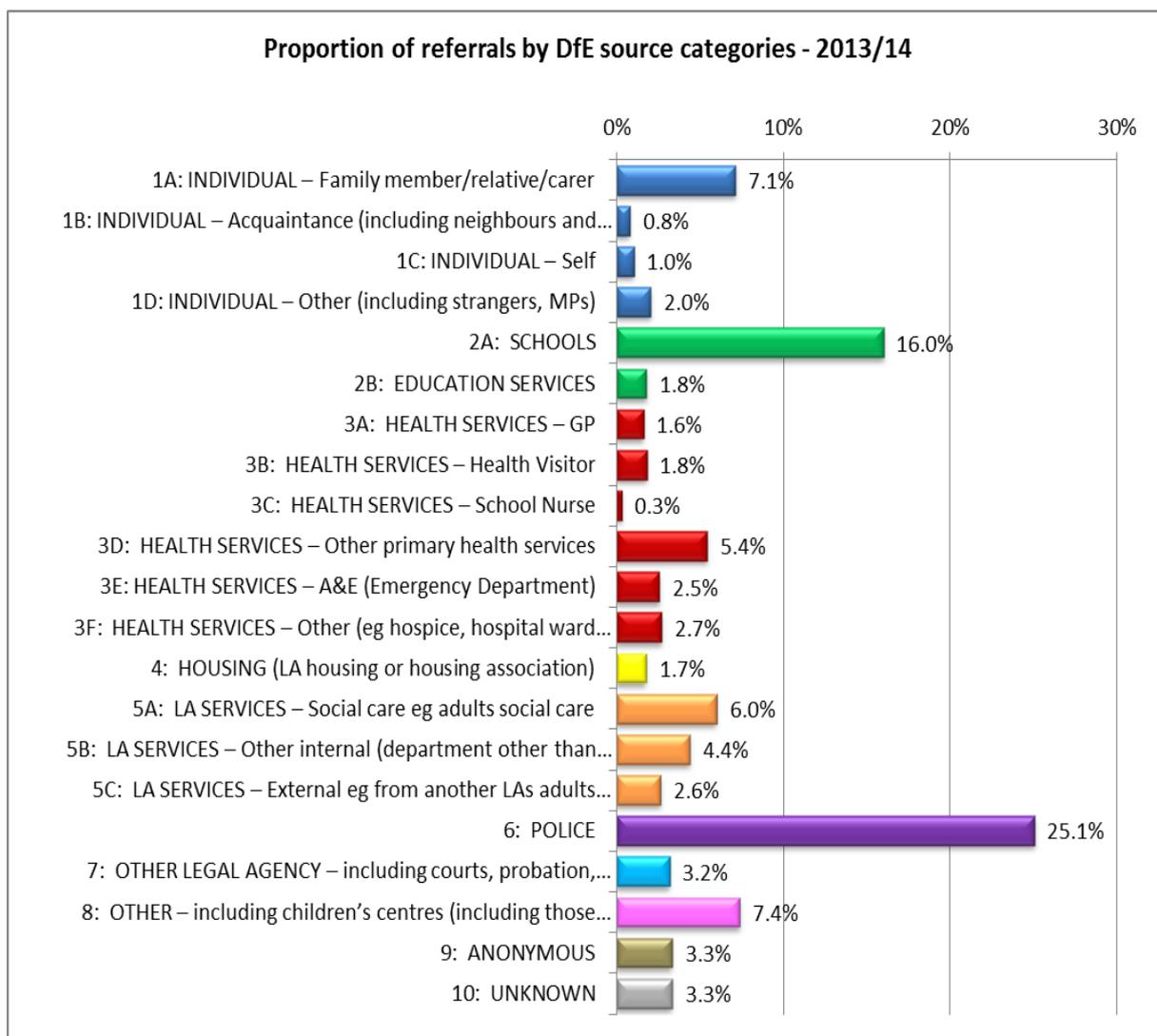


Figure 17: Referrals by Source 2013/14, DfE categories.

5.4.3 Reason for Referral

Local authorities were asked to provide the primary need codes for children upon referral, upon starting to be looked after and who were looked after at 31 March. The need codes are identified for each case by the LA according to well-established guidance provided by DfE (DfE 2013c). In the case of referrals, these enable us to identify the predominant reason for the child coming to the attention of children’s social care, and any changes year on year.

In 2013/14, 45.7% of referrals were due to Abuse or Neglect (N1), a continuing increase year on year. Cases other than children in need (N9) has reduced from 6.7% in 2007/8 to 1.9% in 2013/14 with no significant differences in other reasons for referral apart from better recording of reason from the 2007/8 baseline where the reason for a quarter of referrals was not known.

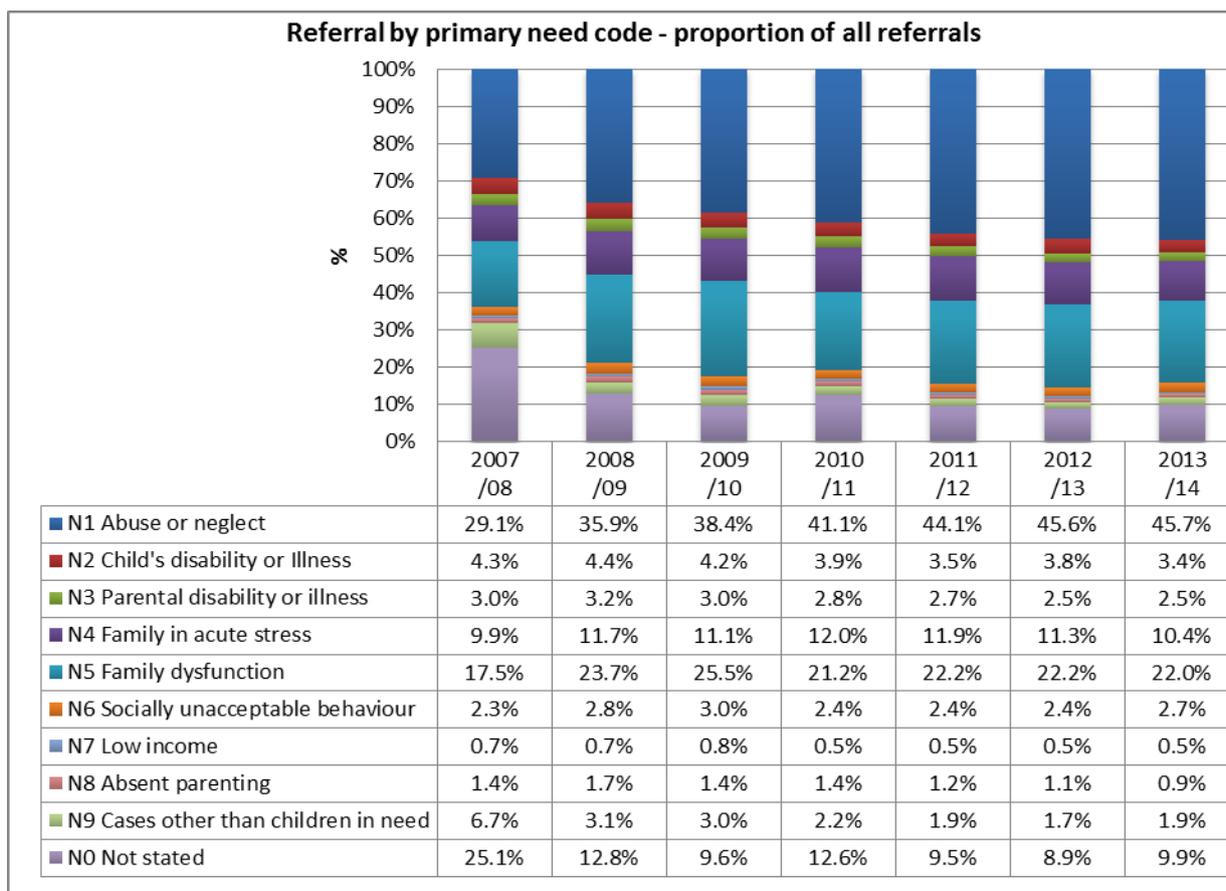


Figure 18: Referrals by Category of Need

“While numbers of referrals decreased slightly between 2012/13 and 2013/14, there have been month on month increases throughout the latter part of 2013/14 and into 2014/15. There has also been an increase in the number of requests for services regards Housing and 'no recourse to public funds'; domestic violence continues to be the most prevalent referral factor. It is certainly possible that the introduction of our Children's Triage Service as a single point of contact for concerns about vulnerable children in the borough may have (a) raised awareness and made it easier for partners and residents to refer concerns and (b) led to more checking and research which has uncovered needs which may have previously remained hidden.”

London LA

5.4.4 Outcomes of Referrals

Evidence from 69 authorities providing information about the outcomes of their referrals illustrated differences between authorities in what is reported as a referral. Across all 69 authorities, the outcome of over three quarters of referrals in 2013/14 was further assessment/Section 47 required. However, in 31 of the 69 (45%) over 95% of referrals had an outcome of ‘further assessment’ or other social care support. Across 69 LAs, 12% of referrals resulted in no further action and in eight local authorities more than 25% of their referrals had an outcome of NFA. In two authorities more than 25% of their referrals had an

outcome of 'signposting to other services'. These variations could indicate different configurations of 'the front door' or to less effective screening of initial contacts and a lack of clarity about thresholds.

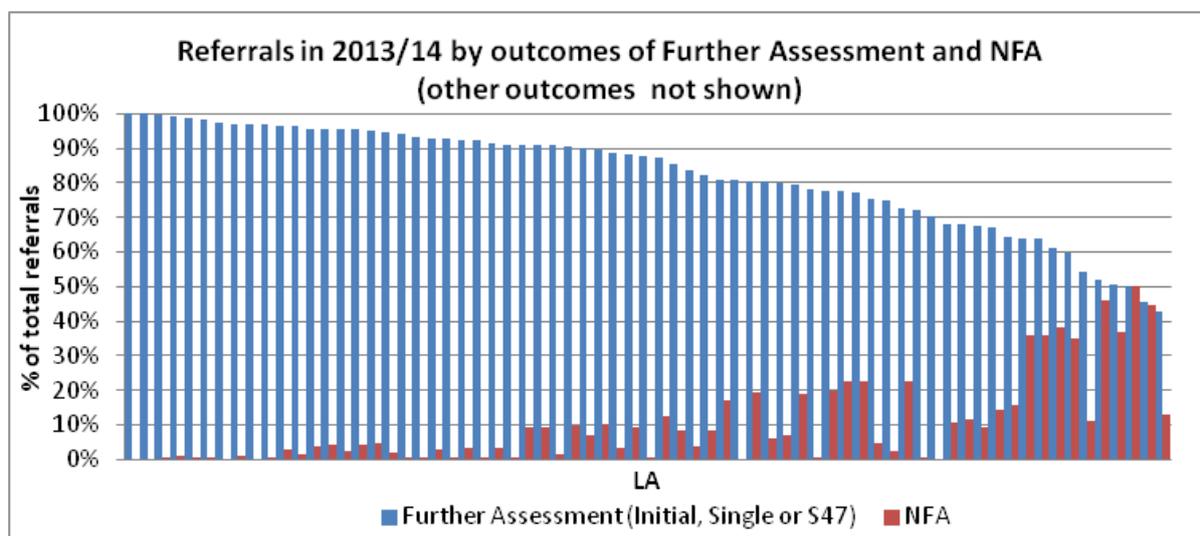


Figure 19: Referrals by Outcome

5.5 Thresholds for Children’s Social Care

56% of respondents felt that thresholds had not changed in the past two years in their authority, compared to 71% reported in Phase 3. 21 authorities explained that thresholds have been clarified with partners and providers, including through the LSCB. In some cases, authorities provided examples of where thresholds have been lowered for some types of case (for example, four authorities explained that there are lower thresholds for Domestic Abuse, CSE and Neglect). Another example of changed thresholds was given where the authority is no longer giving families multiple opportunities to make and sustain changes; and two authorities stated that thresholds had been raised to higher tiers of need. Two authorities had recognised that implementing thresholds consistently had been an issue due to high levels of staff turnover and use of agency staff.

6 Children in Need (CIN)

Phase 4 continues to examine changes in child protection, children looked after and permanency activity as previous phases. It also includes analysis of assessments, children in need and care leavers for the first time.

6.1 Assessments

61 out of 98 authorities reported completion of both initial and single assessments during the year indicating that the change from initial and core assessments to single assessments occurred during 2013/14 in many authorities. In 2012/13, only eight authorities reported any single assessments compared to 73 of the responding 98 authorities in 2013/14. Of those undertaking separate initial and core assessments, the ratio in 2013/14 was approximately three times as many initial assessments completed as core assessments.

31% of Single Assessments, 38% of Initial Assessments and 18% of Core Assessments completed during 2013/14 resulted in no further action. This is higher than the DfE published data for 2012/13 with a slightly different definition of 'Referrals which resulted in an initial assessment and the child was assessed not to be in need' (19%) (DfE 2013c).

From 1 April 2014, DfE provided a set of codes identify the presenting factors in assessment. Assessments can have more than one presenting factor, and as it is a new data item there are some data quality concerns amongst local authorities, but the value of this information is recognised with 90% of authorities stating that this information will be useful in the future in planning and monitoring services.

It is likely that there is more than one presenting factor in each assessment and as some authorities only collected factors for part year, detailed analysis is not possible. The most prevalent factor in assessment was domestic abuse: 16,563 assessments where there are concerns about the child being the subject of domestic abuse; 44,358 where there are concerns about a parent being the subject and 7,860 where there are concerns about another person living in the household being the subject of domestic abuse.

Factor (% of all factors recorded, <u>not</u> of assessments)	%	0% → 20%	Grouped
Alcohol misuse: Concerns about alcohol misuse by the child (1A)	0.9%		6.9%
Alcohol misuse: Concerns about alcohol misuse by the parent/carer (1B)	5.2%		
Alcohol misuse: Concerns about alcohol misuse by other person living in the household (1C)	0.8%		
Drug misuse: Concerns about drug misuse by the child (2A)	1.4%		7.2%
Drug misuse: Concerns about drug misuse by the parent/carer (2B)	4.8%		
Drug misuse: Concerns about drug misuse by another person living in the household (2C)	1.0%		
Domestic violence: Concerns about the child being the subject of domestic violence (3A)	4.1%		17.1%
Domestic violence: Concerns about the child's parent/carer being the subject of dv (3B)	11.0%		
Domestic violence: Concerns about other person living in the household being the subject of domestic violence (3C)	2.0%		
Mental health: Concerns about the mental health of the child (4A)	2.8%		11.1%
Mental health: Concerns about the mental health of the parent/carer (4B)	7.3%		
Mental health: Concerns about the mental health of another person in the family/household (4C)	1.0%		
Learning disability: Concerns about the child's learning disability (5A)	2.5%		3.7%
Learning disability: Concerns about the parent/carer's learning disability (5B)	0.8%		
Learning disability: Concerns about another person in the family/household's learning disability (5C)	0.4%		
Physical disability or illness: Concerns about a physical disability or illness of the child (6A)	1.8%		3.6%
Physical disability or illness: Concerns about a physical disability or illness of the parent/carer (6B)	1.4%		
Physical disability or illness: Concerns about physical disability or illness of other person (6C)	0.4%		
Young carer: Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities (7A)	0.9%		0.9%
Privately fostered: Concerns that services may be required or the child may be at risk as a privately fostered child (8A)	0.1%		0.1%
UASC: Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child (9A)	0.1%		0.1%
Missing: Concerns that services may be required or the child may be at risk of harm due to going/being missing (10A)	0.7%		0.7%
Child Sexual Exploitation: Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation (11A)	1.0%		1.0%
Trafficking: Concerns that services may be required or the child may be at risk of harm due to trafficking (12A)	0.1%		0.1%
Gangs: Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs (13A)	0.3%		0.3%
Socially unacceptable behaviour: Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour (14A)	2.6%		2.6%
Self-harm: Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm (15A)	1.3%		1.3%
Abuse or neglect - NEGLECT: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (16A)	6.9%		6.9%
Abuse or neglect – EMOTIONAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (17A)	6.8%		6.8%
Abuse or neglect – PHYSICAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (18A)	5.6%		5.6%
Abuse or neglect – SEXUAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (19A)	2.8%		2.8%
Other (20)	10.4%		10.4%
No factors identified: no evidence of any of the factors above and no further action is being taken (21)	9.4%		9.4%
Missing codes	1.3%		1.3%

Figure 20: Presenting Factors (As A Proportion Of All Factors, Not Assessments) In 2013/14

74% of respondents (59 out of 80) confirmed they had undertaken analysis of the impact of parental factors on children in need, subject of a child protection plan or starting to be looked after, with nearly all authorities looking at the evidence of impact of toxic trio (domestic abuse, mental health and substance misuse). The effects of parental factors such as domestic abuse, mental health and/or substance misuse issues on children have been well documented. Other evidence around overcrowding and deprivation and neglect was also provided.

Data on presenting factors in assessment, and qualitative information from authorities about key reasons for the increase in safeguarding activity evidence that not only are these ‘toxic trio’ factors a significant issue, but they are becoming more prevalent. Authorities also provided evidence in their commentary that they are undertaking a range of audit and analysis activities to identify local needs and interventions to address them.

In terms of quantifying the effect of parental factors, authorities told us that:

- The proportion of safeguarding activity that has domestic abuse as a contributing factor varies greatly between 30% and 94%. One authority reported 94% of all child protection plans had domestic abuse as a factor.
- 70 - 80% of activity had one or more elements of ‘toxic trio’ as a factor.

“It is clear that in (the authority) substance misuse is a factor in over a third of child protection cases and domestic abuse is a factor in between 50-55% of these cases. These two factors are present to an even higher degree in the group of children who require CP plans for a second time or more. In view of this we have arranged for a specialist substance misuse nurse and an advanced practitioner in domestic abuse to be based in our children in need team to enhance and support expertise in working in these areas. The CIN Head of Service has also become directly involved in the re-commissioning of the [authority]’s substance misuse services and is about to start work in the re-commissioning of domestic abuse services. There is a key need to refresh and review how the needs of children & families experiencing these problems are met and how this dovetails in with the pathways of children’s services. It will be our aspiration to develop the whole [authority] services to try to start to reduce these relatively high figures, although being aware that these figures may well be typical in many [similar] areas” – South East LA

6.2 Number of Children in Need

CIN (INC CP and LAC) DfE data	Phase 1 and 2			Phase 3		Phase 4	
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Rate (per 10,000 0-17 pop)	-	276	341	346	326	332	346
Longitudinal change	26% increase						

Figure 21: Children in Need Summary. Source: DfE LAIT and SFR43/2014

Children in need (CIN) nationally are defined as any case open to Children's Social Care, children subject of child protection plans and children looked after. It includes children who have had a referral but may not yet have had an assessment as to whether they will require services. Nationally reported DfE data about children in need includes children who are also subjects of child protection plans and children looked after. Therefore it is not easy to identify exactly how many children are only receiving services under Section 17. Some children could be looked after and subject of a child protection plan, making a straight forward calculation inaccurate. The local definition for children in need does, however, vary depending on what services are being delivered via Section 17 (e.g. Occupational Therapy).

This is the first time that CIN data has been analysed within the ADCS Safeguarding Pressures Research. There is a large amount of nationally available data about children in need from the annual DfE CIN Census. Nationally published data about children in need¹⁰ shows that the rate per 10,000 0-17 population in England increased by 26% between 2008/9 and 2013/14, with over two thirds of LAs experiencing an increase in their number of children in need.

91 authorities provided information about their number of CIN *excluding* CP and CLA, to try and identify the prevalence of children in need only. At 31 March 2014, there were:

- 246,053 children in need *including* CP and CLA at 31 March 2014 within the 91 authorities, a rate of 354 per 10,000 0-17 population and slightly higher than the nationally published rate of 346 for the same period;
- 174,555 children in need *excluding* CP and CLA at 31 March 2014 within the 91 authorities, a rate of 251 per 10,000 0-17 population. This represents a 2% increase in the number of children in need *excluding* CP or CLA between 2012/13 and 2013/14, with around half of the 91 reporting LAs seeing an increase in CIN and half seeing a decrease.
- It appears that in responding authorities in 2013/14, an average of 8% of children looked after are also subject of a child protection plan.

There does not appear to be an absolute correlation between areas of deprivation and high numbers of CIN, which may indicate different thresholds for Section 17 cases. Case recording, data quality and reporting can all affect a local authority's numbers where new systems have been implemented.

¹⁰ DfE Local Area Interactive Tool (LAIT)

7 Child Protection

These data include children who become subjects of a child protection plan at any time between 1st April and 31 March and those who are subject of a plan at 31 March.

7.1 Child Protection Plans

7.1.1 Children Becoming Subjects of Child Protection Plans

Initial CP Plans	Phase 1 and 2			Phase 3		Phase 4	
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Rate (per 10,000 0-17 pop)	30.8	33.4	39.6	43.0	46.5	44.6	50.8
Longitudinal change	65% increase						

Figure 22: Initial Child Protection Plan Summary

95 authorities provided valid data about numbers of children becoming subjects of child protection plans during the year by category of abuse and age band. Overall, there were 37,388 children becoming subjects of child protection plans in 2013/14, equivalent to 50.8 children per 10,000 0-17 population. This is an overall increase of 9.7% increase on the 2011/12 rate reported in Phase 3.

In 2013/14, there was a greater range in the rate at which children are becoming subjects of child protection plans than before, ranging from a rate of 9 to 103 initial plans, and two thirds of authorities are experiencing an increase.

7.1.2 Children Subjects of Child Protection Plans at 31 March

CPP at 31 March	Phase 1 and 2			Phase 3		Phase 4	
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Rate (per 10,000 0-17 pop)	26.3	30.6	34.6	38.5	39.2	37.9	42.6
Longitudinal change	62% increase						

Figure 23: Child Subjects of Child Protection Plan at 31 March Summary

There were 31,448 children subjects of child protection plans in the 96 responding authorities at 31 March 2014, equivalent to 42.6 children per 10,000 0-17 population and a 9% increase on 2011/12. In line with children becoming subjects of plans, the increase over the six years since 2007/8 is significant at 62%.

In addition to these changes there continues to be large variation between authorities in the numbers of children who are subjects of child protection plans. 66 out of the 96 responding authorities (68.8%) had seen an increase in the last year, including an increase of more than 25% for 34 authorities. The largest increase in the year was 133% and the largest decrease was -44% – a larger variation of change than previously noted. The range, from 5 to 105 children subjects of child protection plans per 10,000 0-17 population, is considerable.

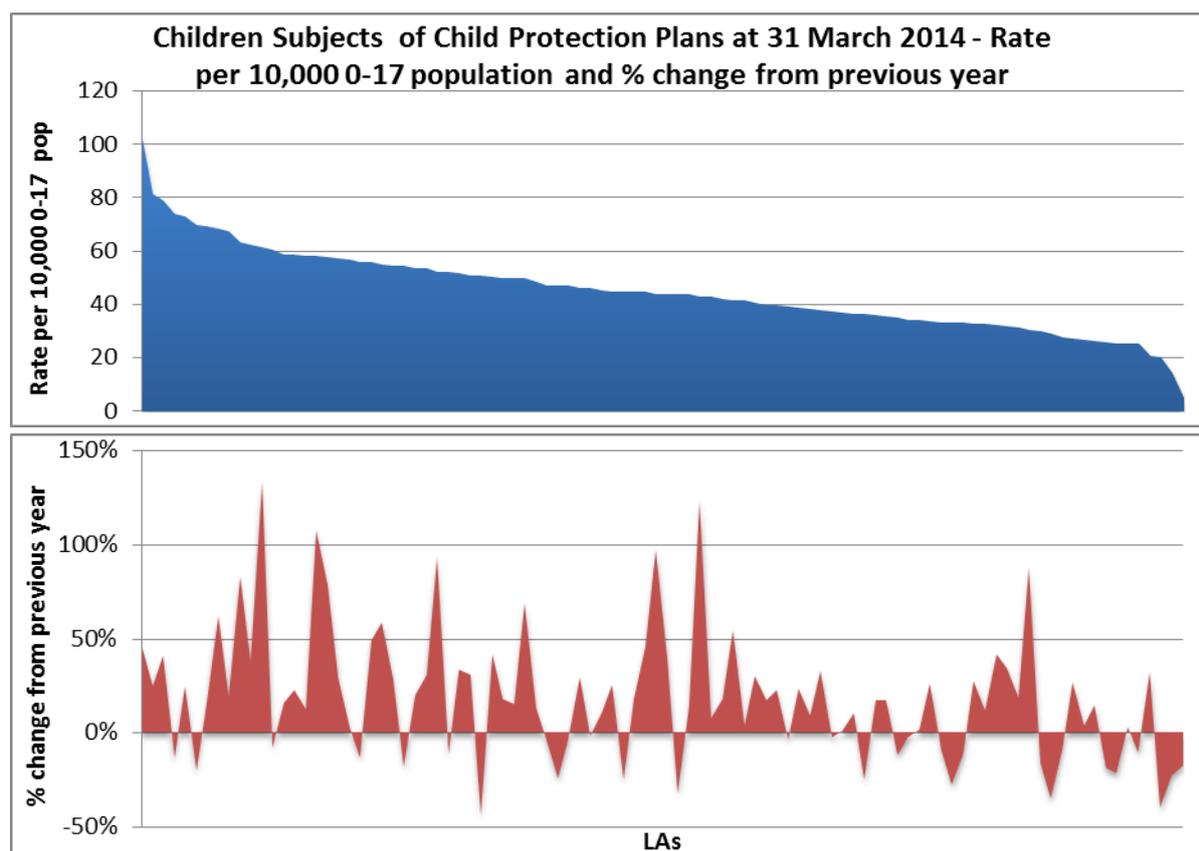


Figure 24: Rate Per 10,000 0-17 Population and % Change for Responding LAs – Children Who Were Subjects of Child Protection Plans at 31 March 2014

7.2 Categories of Abuse

7.2.1 Children Subject of Initial Child Protection Plans

42% of initial child protection plans are due to Neglect and this continues to be the most prevalent category of abuse, although its proportion of the total has declined when compared to the distribution in 2007/08. The proportions of plans for Physical Abuse and Sexual Abuse have also reduced and the rise in the proportion of plans where the category is Emotional Abuse has been substantial. This is consistent with findings in previous phases.

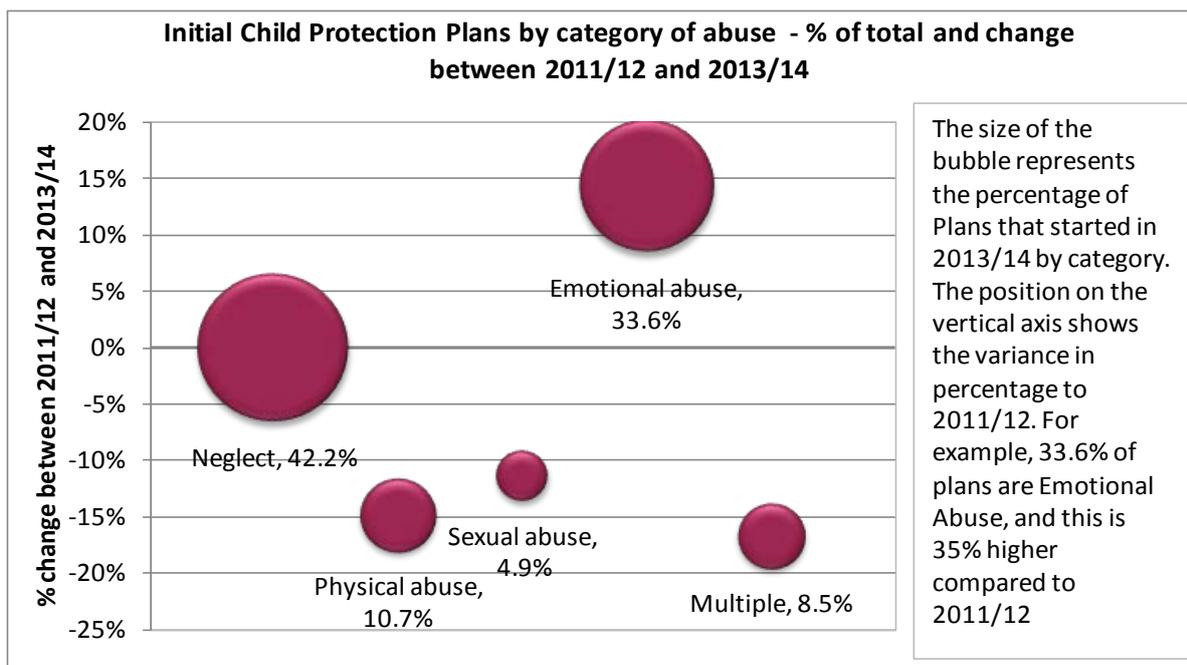


Figure 25: Children Becoming Subjects of a Child Protection Plan – Proportion of Total by Category of Abuse.

The increase in all categories since 2007/8 can clearly be seen in the chart below, where the rate per 10,000 0-17 population has been broken down by category of abuse. The 2012/13 dip in the overall rate per 10,000 is the only time that an annual increase has not been seen. In Phase 3, we evidenced an increase in the use of the ‘multiple’ category to just over 10% of the total, and this has now reduced. Ten authorities have more than 25% of their initial plans under multiple categories, and 44 LAs have not used this category.

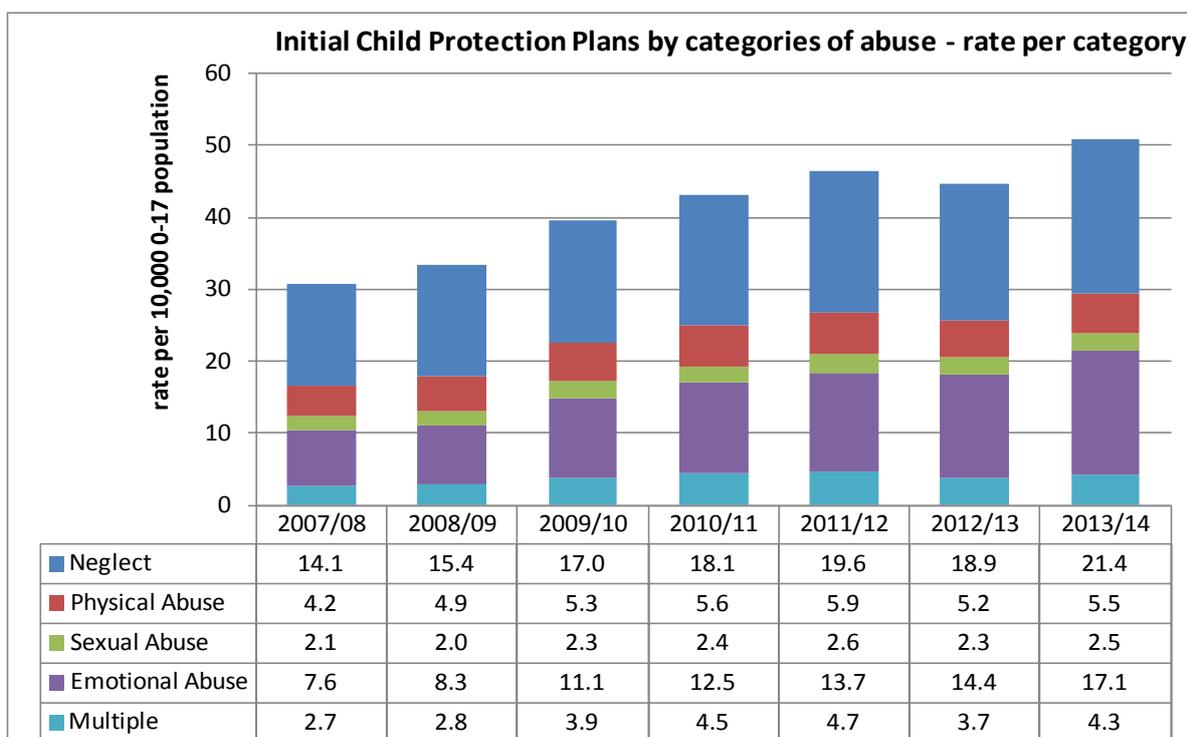


Figure 26: Children Becoming Subjects of a Child Protection Plan – Rate by Category of Abuse.

7.2.2 Children Subject of Child Protection Plans at 31 March by Category of Abuse

As with children becoming subjects of a plan, there has been a significant rise in the proportion under the category of Emotional Abuse to 41.2%, although Neglect remains the largest category overall at 43.1%, it has decreased by -8.3%. Children subject of plans under the category of Sexual Abuse has decreased most significantly, by -34.6%.

7.3 Age of Children Subject of Child Protection Plans

7.3.1 Children Becoming Subject of a Child Protection Plan

More children aged 5-9 became subject of a child protection plan in 2013/14 than any other age group (28%), closely followed by 1-4 age group (27%). 10 to 15 year olds accounted for 23%, and although only 2% of children becoming subject of a plan are aged 16-17, this is the area of greatest increase. 20% of all children becoming subject of a plan are under 1 year old or unborn.

One authority commented that their hospital based pre-birth support and assessment team was working effectively with other professionals to address parenting capacity issues pre-birth and 'stepping up' more cases to 'Team Around The Child' going straight to Court when a baby is born. Three authorities reported an increase in unborn babies made subject of a child protection plan.

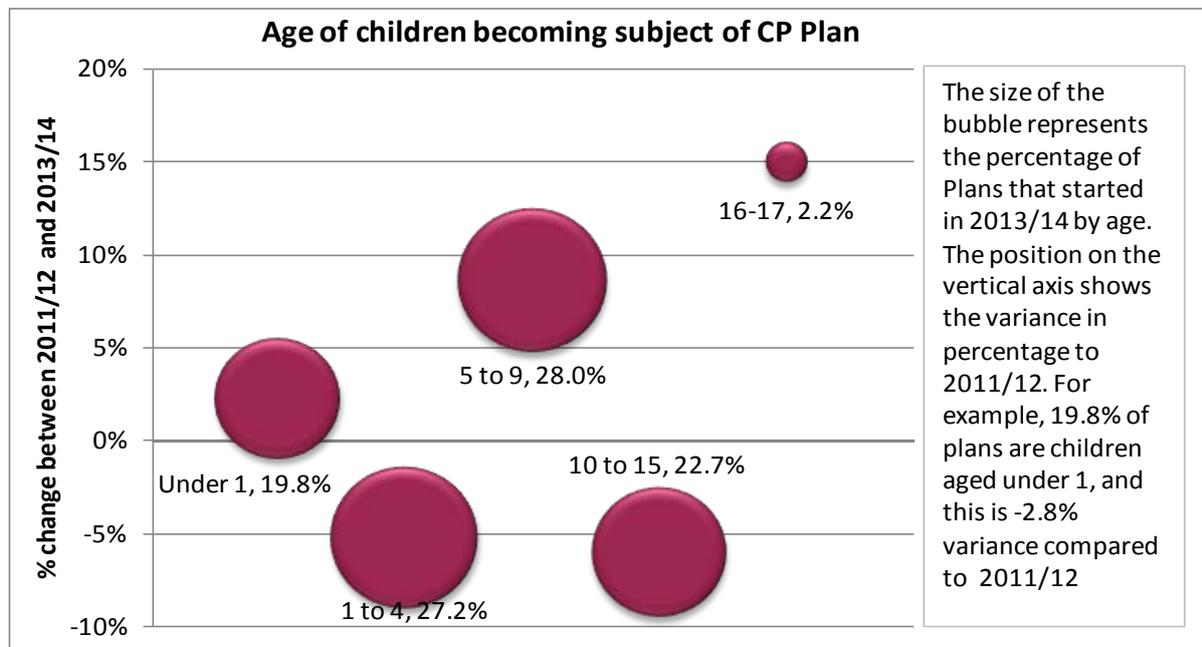


Figure 27: Age of Children Becoming Subject of CP Plan - % Change

7.3.2 Children Subjects of Child Protection Plans at 31 March by Age

At 31 March 2014, 42.1% of children subject of child protection plans were aged under 1 and aged 1 to 4 and 29.9% were aged 5 to 9. There has been an increase in the number of CP plans at all ages, but the highest increases are in the 5 to 9 and 16 to 17 age groups. The trends of increase/decrease in age bands of children subject of child protection plans at 31 March largely aligns with those becoming subject of plans.

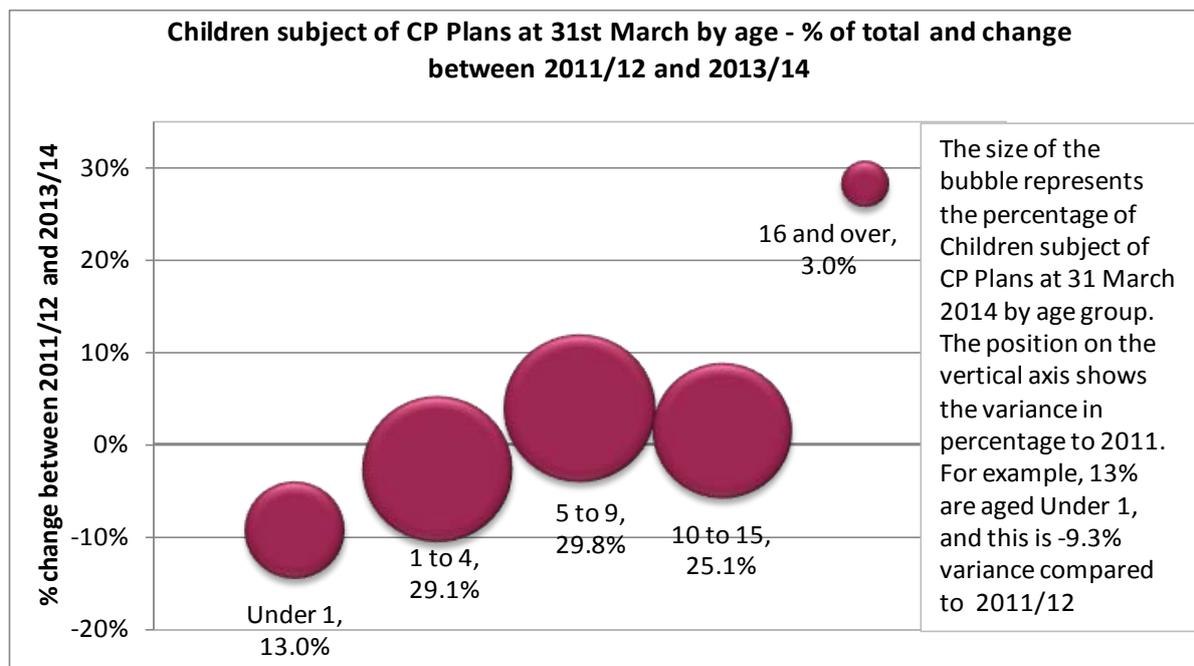


Figure 28: Number Per 10,000 0-17 Population for Responding LAs – Children Who Were Subjects of Child Protection Plans at 31 March 2011 to 2014 by Age.

8 Children Looked After

Local authorities were asked to provide data about children starting and ceasing to be looked after during the year (i.e. between 1 April and 31 March) and who were looked after at 31 March by age and category of need. This data is provided to DfE in the annual SSDA903 collection, and analysis here has been validated where possible against the first data release published on 30th September 2014 (DfE 2014b). Whilst much of the information aligns with the SSDA903, it should be recognised that as this research is a sample of two thirds of all authorities and as such otherwise comparable data, such as rates per 10,000, should not be expected to agree exactly.

Additional information was requested from authorities to assist in understanding changes to children looked after and permanence, which is not otherwise published routinely, including type of plan, re-entrants to care and homelessness.

8.1 Number of Children Looked After

8.1.1 Children Starting to be Looked After

Starting to be Looked After	Phase 1 and 2			Phase 3		Phase 4	
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Rate (per 10,000 0-17 pop)	19.0	20.0	28.8	25.4	26.4	26.2	28.0
Longitudinal change	48% increase						

Figure 29: Children Starting to be Looked After Summary

97 local authorities provided valid data, reporting a total of 20,638 children starting to be looked after, an increase of 6.1% from 2011/12. This equates to 28 children starting to be looked after per 10,000 0-17 population in 2013/14, compared to 26.4 reported in Phase 3 (2011/12). These rates differ slightly from the DfE statistical first release about children looked after which reports a rate of 27 for 2013/14.

Two thirds of the 97 authorities experienced an increase in the numbers of children starting to be looked after compared to the previous year. The largest increase was a 92.7% increase. One third reported a decrease in the number of children starting to be looked after compared to the previous year, with the largest decrease being -27.6%. More authorities reported a reduction in number of children looked after than in the Phase 3 report (2012).

8.1.2 Children Looked After At 31 March 2014

Looked after at 31 March	Phase 1 and 2			Phase 3		Phase 4	
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Rate (per 10,000 0-17 pop)	Not collected. National rate for 2007/8 (DfE) was 54			57.2	58.3	61.4	61.7
Longitudinal change	8% increase						

Figure 30: Children Looked After at 31 March Summary

100 authorities provided valid data reporting 47,554 children looked after (excluding children accommodated under a series of short term breaks) at 31 March 2014. This represents a rate of 61.7 per 10,000 0-17 population, and an increase of 4.7% from the rate of 58.3 reported in Phase 3 (2012). Whilst the rate at 31 March 2014 is slightly higher for responding authorities than the published DfE rate (DfE 2014) of 60 children looked after per 10,000 0-17 population, the level of change over the years is similar.

Fewer responding authorities reported an increase in the number of children looked after at 31 March (55% compared to 68% in Phase 3). The largest increase for any authority was 34.3% and the largest decrease was -29.5%.

8.1.3 Children Looked After Under a Series of Short Term Placements (V3 and V4)

The numbers of looked after children above exclude children accommodated under a series of short term breaks (DfE legal status codes V3 and V4). Data published by DfE in their statistical releases also exclude this group of children. Children cared for in this way normally live at home but are accommodated in a pattern of short episodes of care in order to give their parents (or guardians) some “respite” from the normal duties of looking after a child. They are, however, still considered to be ‘looked after children’ whilst they are receiving an overnight short break under certain circumstances, and the LA must review, and fund, the child’s placement in the same way they do for children who are continuously looked after. The statutory thresholds changed in 2012, from 28 to 17 days of continuous care and 120 to 75 days within any 12 month period.

Whilst the number of children looked after at 31 March has increased, the proportion who were receiving an overnight short break with legal status V3 or V4 on 31 March 2014 has reduced over the past two years. In Phase 3, we reported a reduction from of all children looked after *including* short breaks to 6% at 31 March 2011/12. 78 authorities provided this information across both Phases 3 and 4, showing a further reduction in the proportion of all children looked after, the total has reduced even further to 3% at 31 March 2014. There are no significant regional variations.

The findings are confirmed by the DfE statistical first release for 2013/14 (DfE 2014b). Between 31 March 2012 and 31 March 2014, 106 out of the 152 (70%) LAs had fewer children receiving overnight short breaks through legal status V3 or V4, some recording zero. The proportion of children accommodated under a series of short term breaks at any point during the year reduced from 7,350 in 2011/2012 to 3,550 in 2013/14.

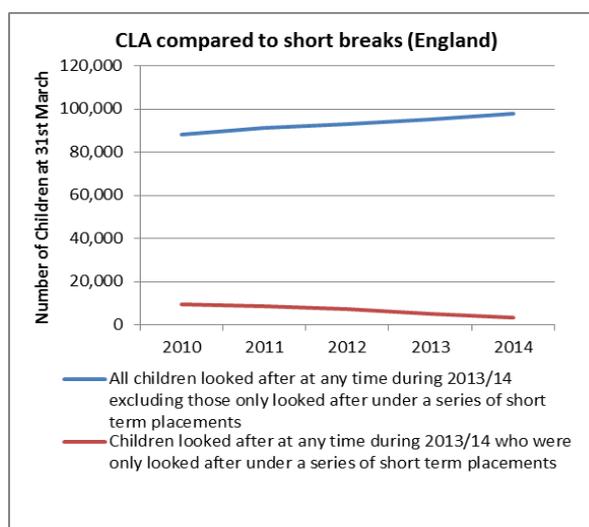


Figure 31: Children Looked After at any Time During the Year 2013/14.
Source: DfE SFR36_2014 LA Tables LAB1

Contributing factors to this reduction are likely to include the Care Planning, Placement and Case Review (England) Regulations 2010, which provides more flexibility for overnight short breaks to be delivered under Section 17 rather than as looked after children; greater variety of short break types and funding; or a reduction due for other reason. One LA stated that “respite placements are now made under Section 17 so are no longer recorded as LAC placements” whilst others had reported a reduction due to funding cuts.

8.1.4 Children Ceasing to be Looked After

Children Ceasing to be Looked After	Phase 1 and 2			Phase 3		Phase 4	
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Rate (per 10,000 0-17 pop)	Not collected.			24.0	24.5	25.9	26.6
Longitudinal change	10.8% increase						

Valid responses were received from 98 authorities covering 19,668 children who ceased to be looked after during 2013/14, equating to 26.6 children per 10,000 0-17 population, which correlates to 27 reported by DfE (DfE 2014b). Whilst the number of children looked after continues to increase, the number of children ceasing to be looked after is also increasing, indicating that there may be overall an improved 'flow' of children through the care system.

According to data gathered from responding authorities in Phases 3 and 4, there has been an 11% increase in the number of children ceasing to be looked after between 2010/11 and 2013/14. DfE reports a 12% increase in the same period.

8.2 Category of Need

8.2.1 Children Starting to be Looked After By Category of Need

55.8% of children starting to be looked after were primarily due to reasons of Abuse or Neglect (N1), 28.6% due to either Family Dysfunction (N5) or Family in Acute Stress (N4). The increase in number of children starting to be looked after is reflected in an increase across all categories to varying degrees, apart from Absent Parenting (N8) which reduced from 13.3% of all children starting to be looked after in 2012/13 to 4.9% in 2013/14. This reduction in Absent Parenting correlates with falling numbers of unaccompanied asylum seeking children.

The increase in Abuse or Neglect (N1) reported in Phase 3 has continued. In Phase 3, we suggested the use of 'low income' (N7) as a reason for a child starting to be looked after may merit further investigation and in 2013/14, there were still 65 children in England who started to be looked after for this reason, 24 of whom are in two authorities.

Although the categories themselves are small as a proportion of the total, there were large increases between 2008 and 2014 in the categories of Low Income (N7) and Child's Disability (N2).

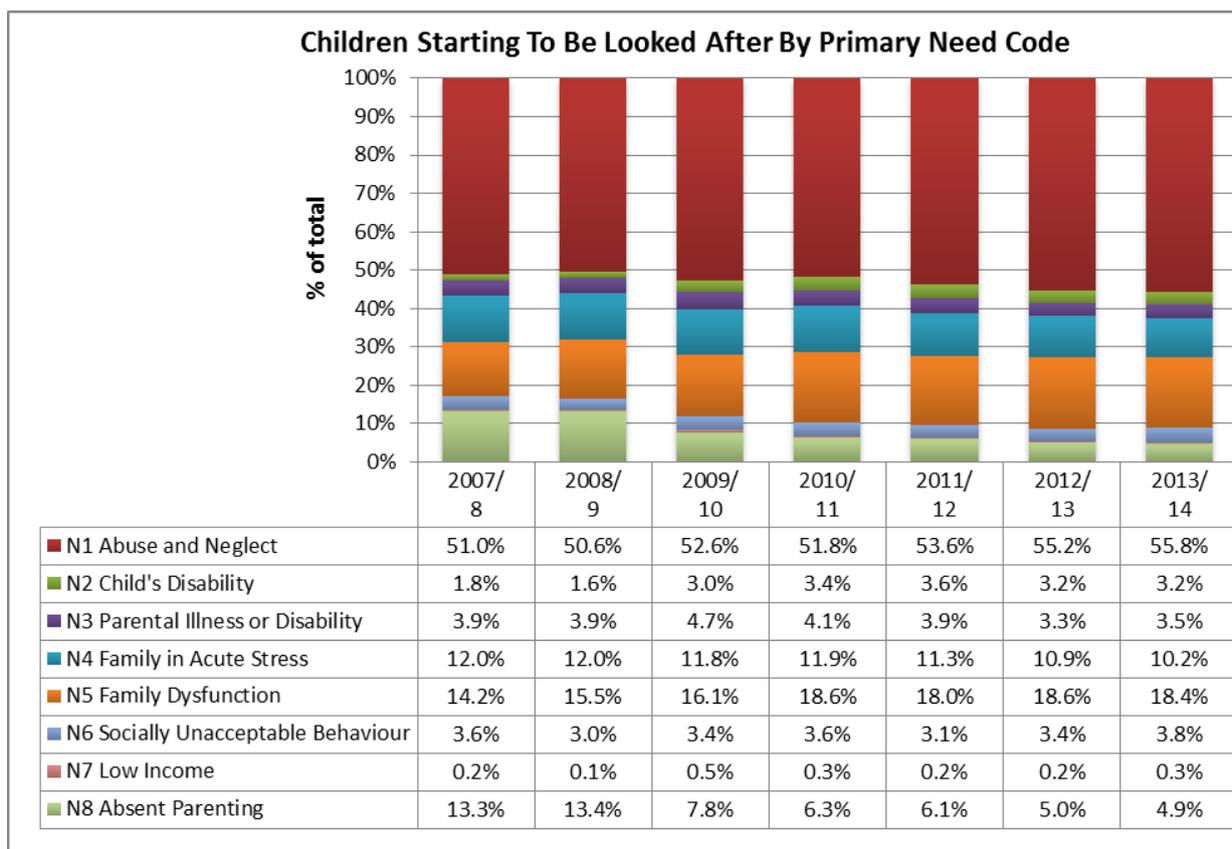


Figure 32: Children Starting to be Looked After by Need Code

8.2.2 Children Looked After at 31 March by Need Code

In line with children starting to be looked after, there is an increase in the proportion of children looked after at 31 March with a category of need of Abuse or Neglect (N1) and Family Dysfunction (N5).

Of all children looked after at 31 March, Abuse or Neglect (N1) continues to be the main reason children are looked after, accounting for 62.8% compared to 61.7% reported in 2011/12. The largest increase is in the proportion of children looked after for reason of Family Dysfunction (N5) which now accounts for 16% of all children looked after. There were 97 children looked after at 31 March 2014 due to 'low income'. As with children starting to be looked after, the reduction in children looked after for Absent Parenting (N8) is likely to be at least in part due to falling numbers of unaccompanied asylum seeking children.

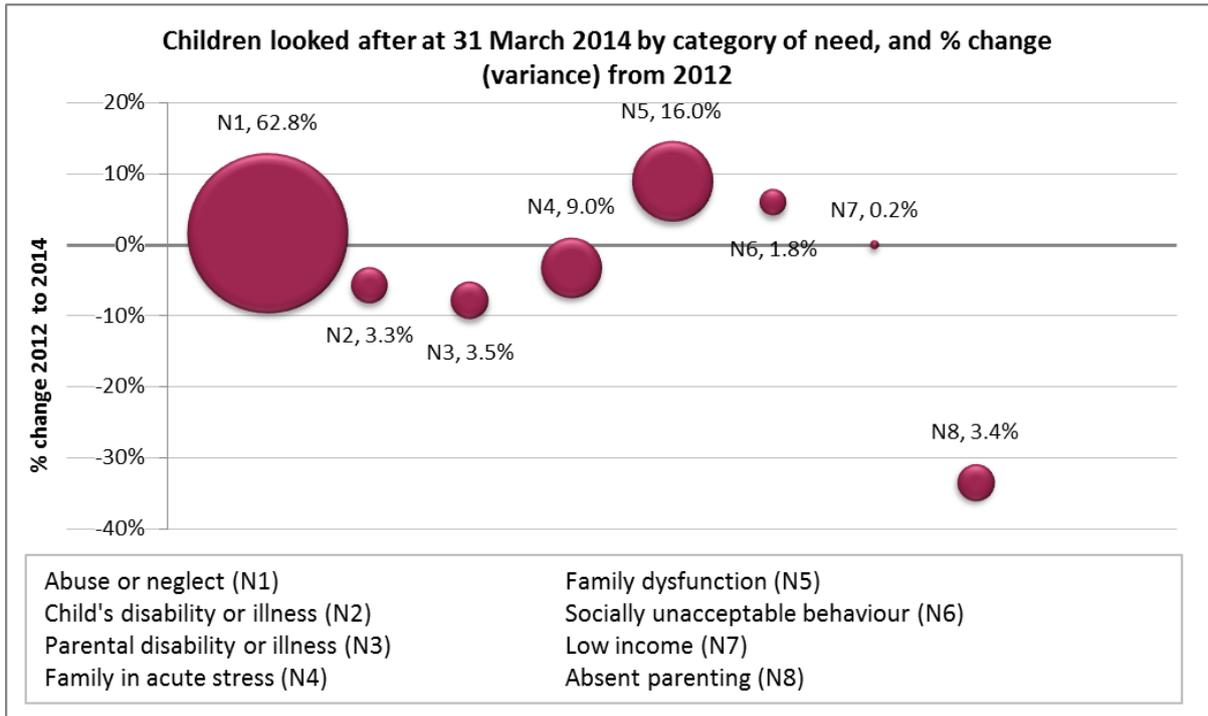


Figure 33: Children Looked After by Category of Need

8.2.3 Unaccompanied Asylum Seeking Children (UASC)

97 local authorities report a total of 995 UASC at 31 March 2014, a rate of 1.3 per 10,000 0-17 population. This is a reduction from the rate of 2.0 per 10,000 0-17 population reported in 2011/12 and a continued decrease since 2010. The variance between authorities and regions is marked however, with a rate of 4.6 per 10,000 0-17 population in London, almost three times that of the next highest region and eight out of the ten authorities with the largest rates are in London.

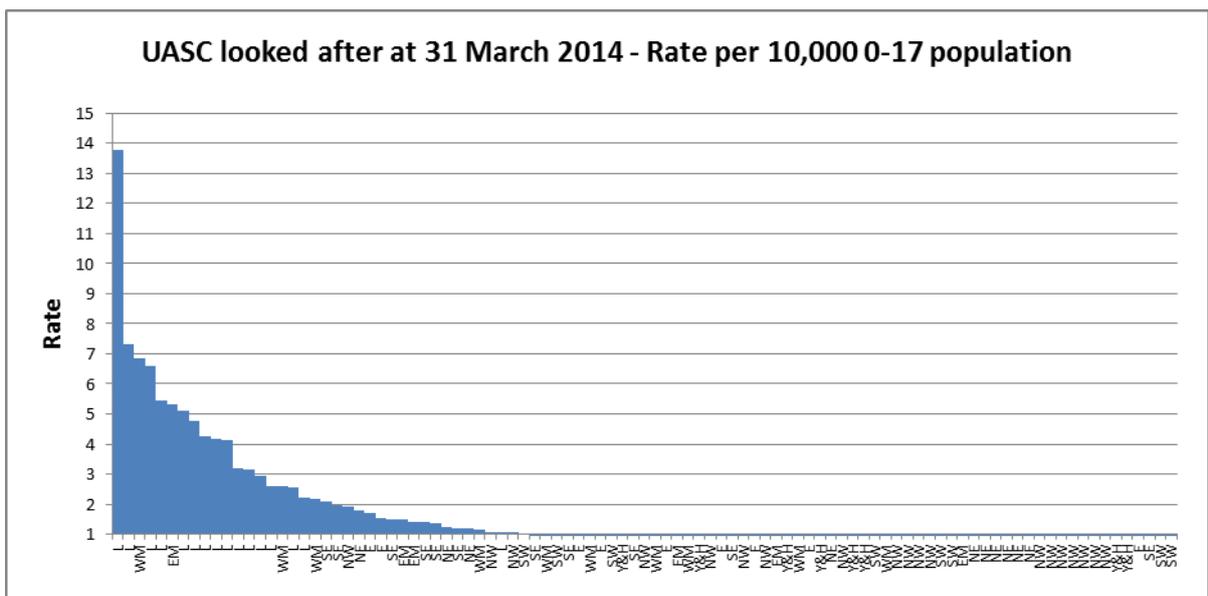


Figure 34: UASC Children Looked After at 31 March 2014 - Rate by Authority (Region)

8.3 Age

8.3.1 Children Starting to be Looked After by Age Band

57.1% of children starting to be looked after are aged under 10 comprising 18.4% under 1, 20.7% 1 to 4 and 18.0% 5 to 9. The largest single age group is 10-15 year olds who account for 28.3% of all children starting to be looked after, although it has shown the greatest reduction from 2011/12. The largest increase is 16-17 year olds starting to be looked after.

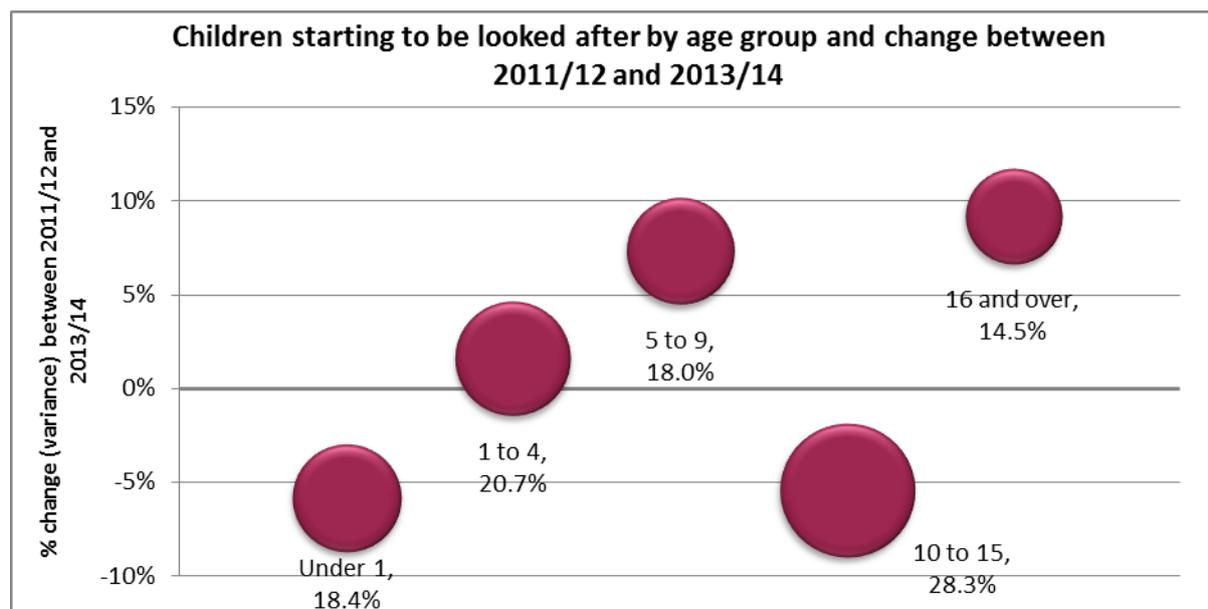


Figure 35: Children Starting to be Looked After by Age Band – Comparison to 2011/12

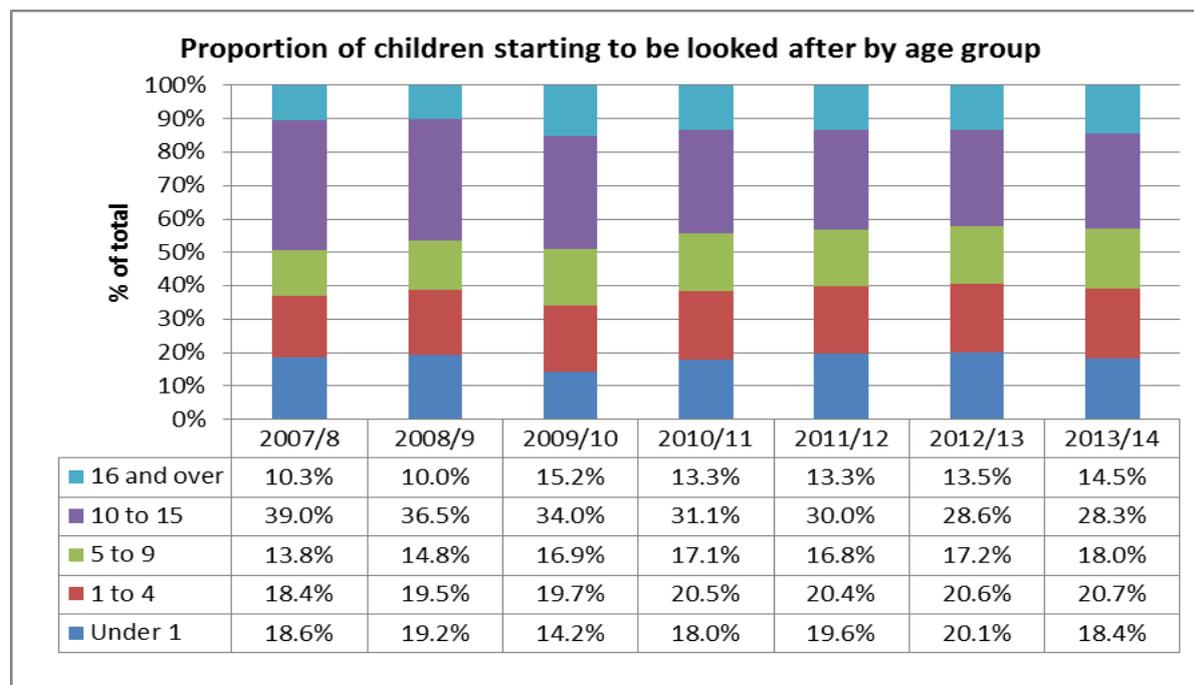


Figure 36: Children Starting to be Looked After by Age Band – Breakdown from 2007/8 to 2013/14

8.3.2 Children Looked After At 31 March by Age Band

There has been an increase from 17.9% in 2011 to 20.8% in 2014 in the children looked after aged 5 to 9 and a slight reduction across other age groups. The largest proportion remains children aged 10 to 15 (36.8%).

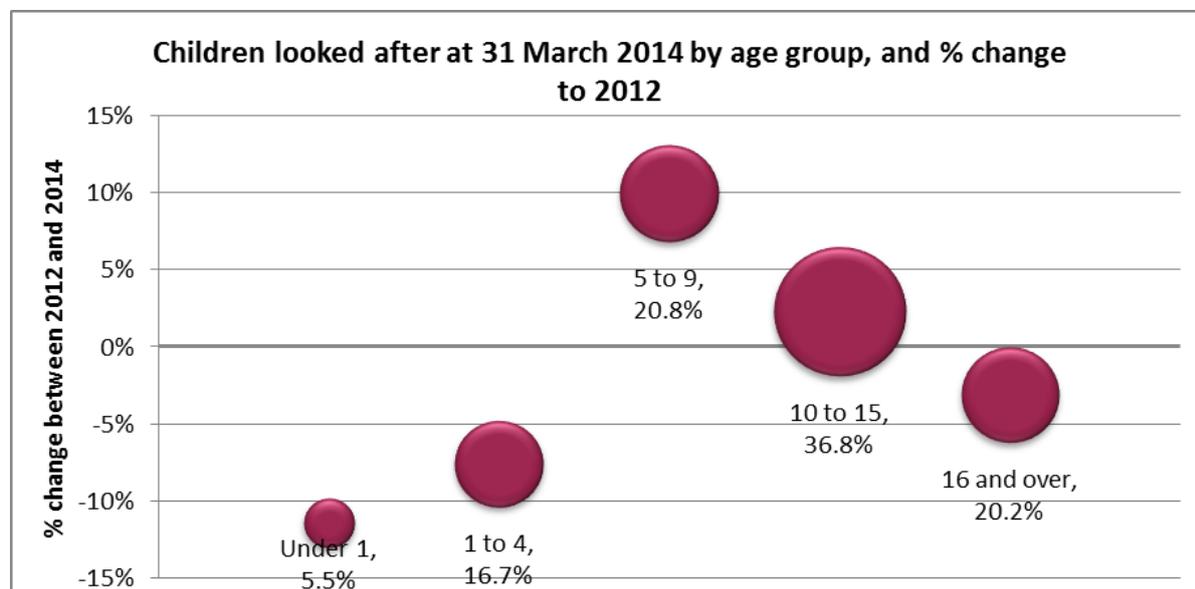


Figure 37: Age band of children looked after at 31 March 2014 Compared to 31 March 2012

The variance in the ages of children looked after between local authorities is marked. For example, of the 23 authorities who had more than 25% of their children looked after aged 0-4 years old, all except one, were in the North or Midlands regions. In 22 authorities, over 25% of children looked after are aged 16 or 17. Whilst some of these authorities also have high numbers of UASC, this is not always the case. Two local authorities commented that the high number is due to homeless teenagers. Further information about Adolescents is provided in Section 10.

8.3.3 Children Ceasing to be Looked After by Age Band

Phase 3 reported an increase in number of children aged under 4 who were leaving care, and a slight decrease in those over 10, whilst the 5-9 age band remained the same. The same distribution of age exists in Phase 4 but is now more marked, with more younger children, and fewer older children, leaving care. The proportion of all children ceasing to be looked after aged under 4 increased from 27.7% of all children in 2010/11 to 34.7% in 2013/4, and over a third of children looked after leave care when they are aged 16 or over.

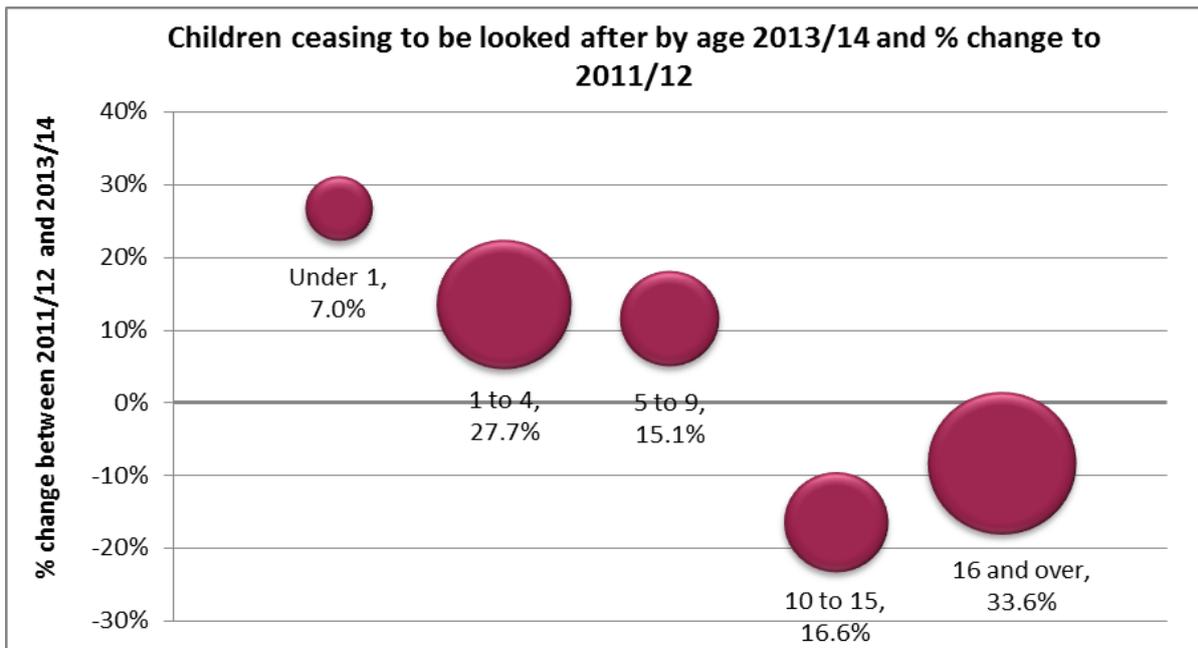


Figure 38: Children Leaving Care by Age

8.4 Children Looked After at 31 March by Legal Status

Between 31 March 2012 and 31 March 2014, there was a 40% reduction in the proportion of children looked after subject of Interim Care Orders and 12.9% reduction in children accommodated under section 20. More children looked after are subjects of Full Care Orders (21% increase) and as expected, there continued to be an increase in Placement Orders (48.9% increase).

The number of children and young people looked after who are on remand or committed for trial or sentence (J1) has doubled to 184 children and young people as at 31 March 2014 in responding authorities.

There are still 42 children in responding LAs who are subjects of a Freeing Order (which were replaced in 2005 with Placement Orders) despite a government requirement for authorities to review children subject of these orders in 2012, following the High Court ruling *A and S (Children) v Lancashire County Council*.

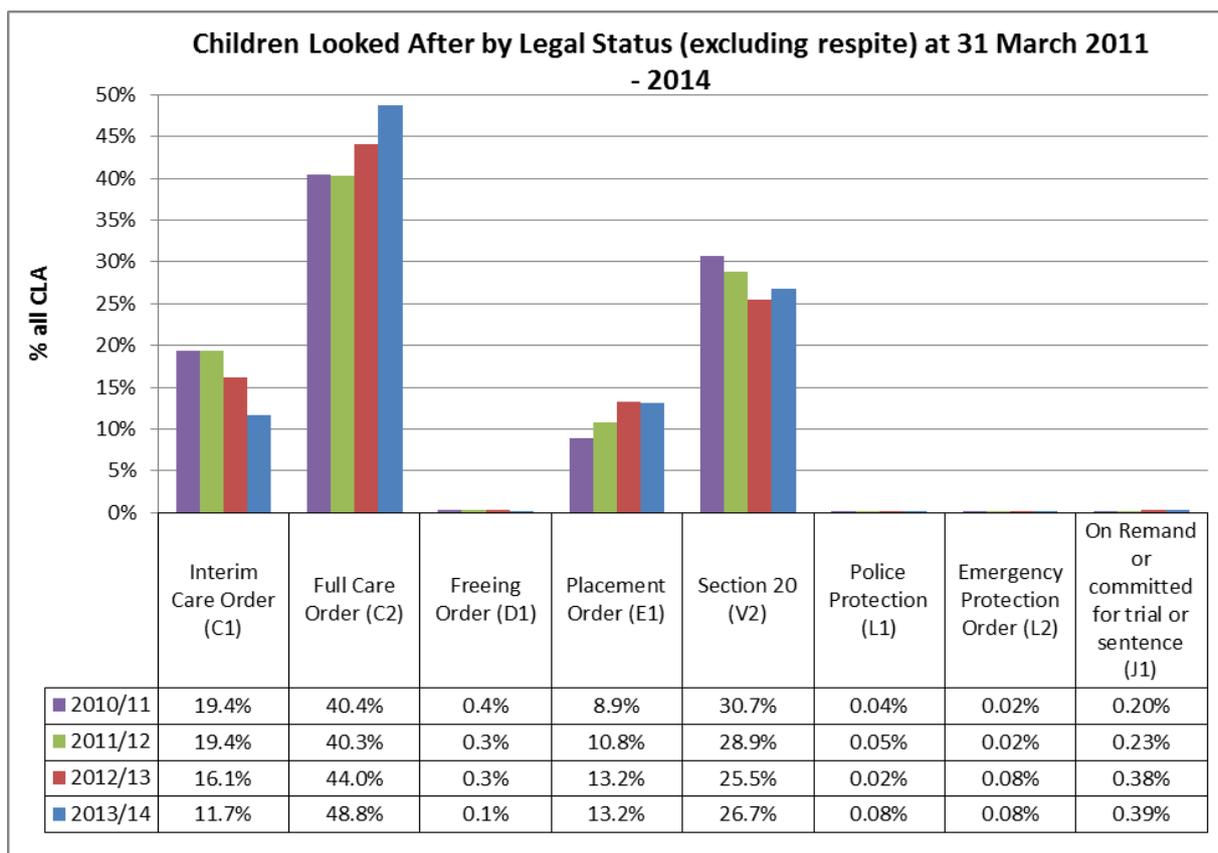


Figure 39: Summary of Children Looked After by Legal Status at 31 March 2011 - 2014

Other evidence about Care Orders is provided by Cafcass, who reported a 5% reduction in care applications in 2013/14 compared to the previous year (Cafcass 2014).

8.5 Children Looked After by Type of Plan

In Phase 3, only 10 authorities provided information about the type of plan for children looked after at the end of 2011/12, and responses in Phase 4 are still relatively low with 25 authorities providing information. Of the 25 respondents, long term foster care is the plan for 44.9% of children and adoption the plan for 9.8% of children. Whilst this is still a small sample size, the context for local authorities in terms of budget reductions, commissioning placements, and Public Law Outline, means it is important to have this information to understand that there is a large proportion (48.7%) of children who once starting to be looked after are likely to remain in care (long term foster care or independent living) until their 18th birthday.

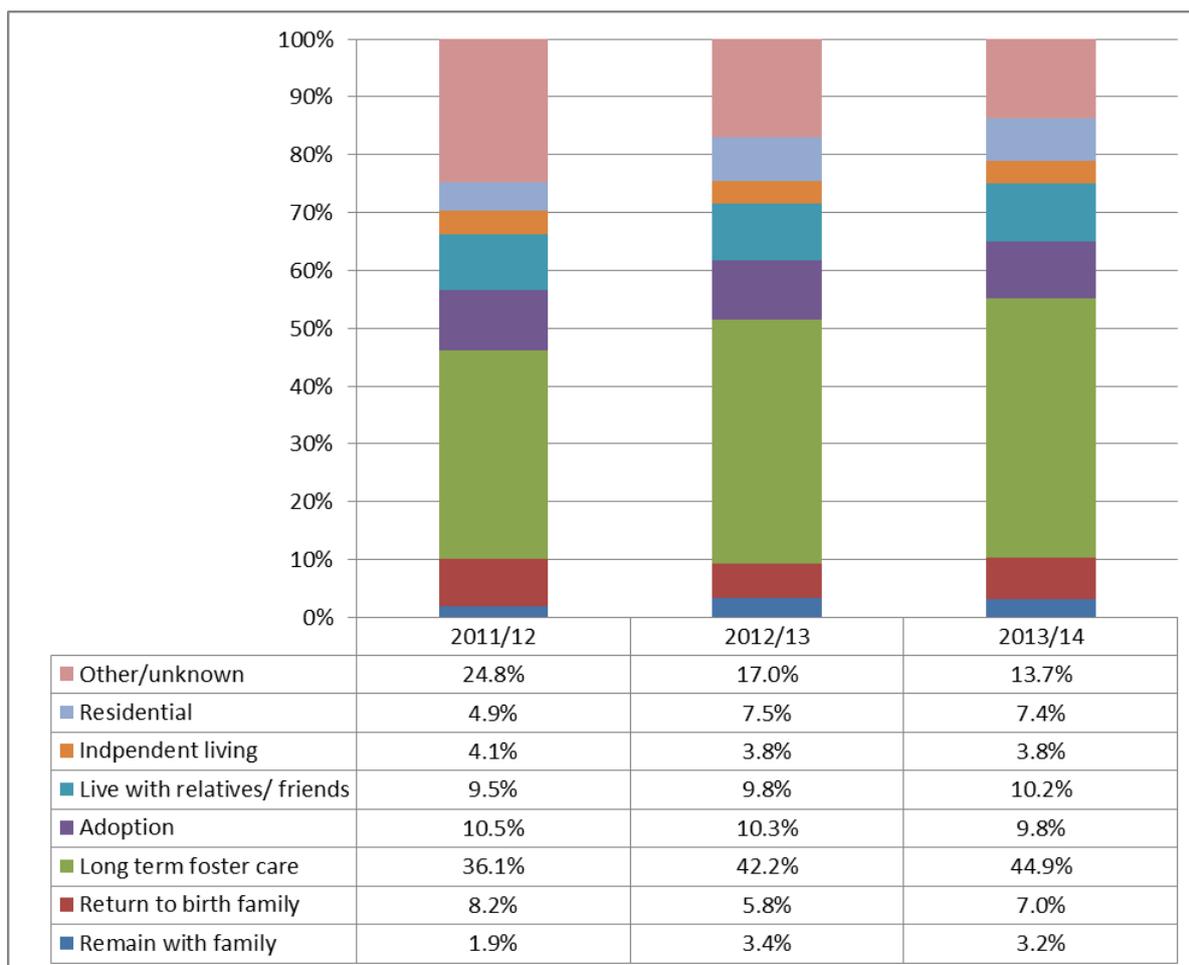


Figure 40: Type of Plan (Sample size: 2011/12 = 10; 2012/13 = 18; 2013/14 = 25)

8.6 Placements of Children Looked After at 31 March

There has been little change in the proportions by placement type of children looked after since 2011/12, with the largest proportion placed with foster carer other than with relative or friend (63.2%). As with legal status of children looked after, the most significant changes are in the placement types where historically there have been lower numbers. For example, the proportion of children placed for adoption has increased by 34% from 3.8% to 5.1% of all children looked after, and the proportion of children looked after who are in a secure unit, YOI or prison has increased by 50% variance from 0.4% of all children looked after to 0.6%.

From this placement data, it is not possible to identify how many children are placed with agency foster carers, and how many with own local authority foster carers.

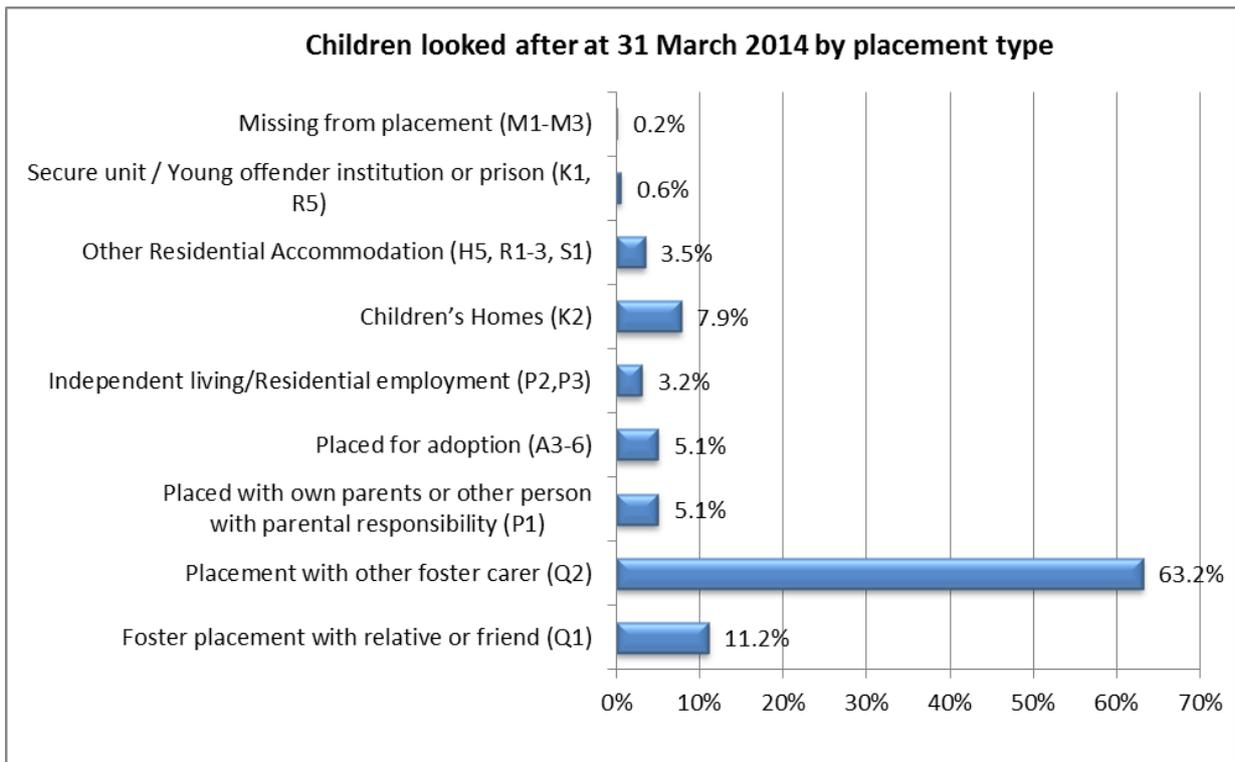


Figure 41: LAC by Placement Type – 31 March 2014

8.6.1 Long Term Stability of Placements

Long term stability of placement is defined as the percentage of looked after children aged under 16 at 31 March who had been looked after continuously for at least two and a half years who were living in the same placement for at least two years, or are placed for adoption and their adoptive placement together with their previous placement together last for at least two years. It is a key measure as stability is known to improve outcomes.

Long term stability of placement across responding authorities has remained fairly constant (to within two percentage points difference) since Phase 1 in 2007/8 and current 2013/14 performance (64.4% of responding authorities) is lower than the 67.7% reported in Phase 3 (2011/12). Of the 94 responding authorities, half reported an improvement in their long term stability and half reported a reduction, although the range of performance between the authorities in 2014 is far greater than reported in Phase 3, the lowest reported percentage being 20.4%. 41 authorities reported performance below the 64.4% average.

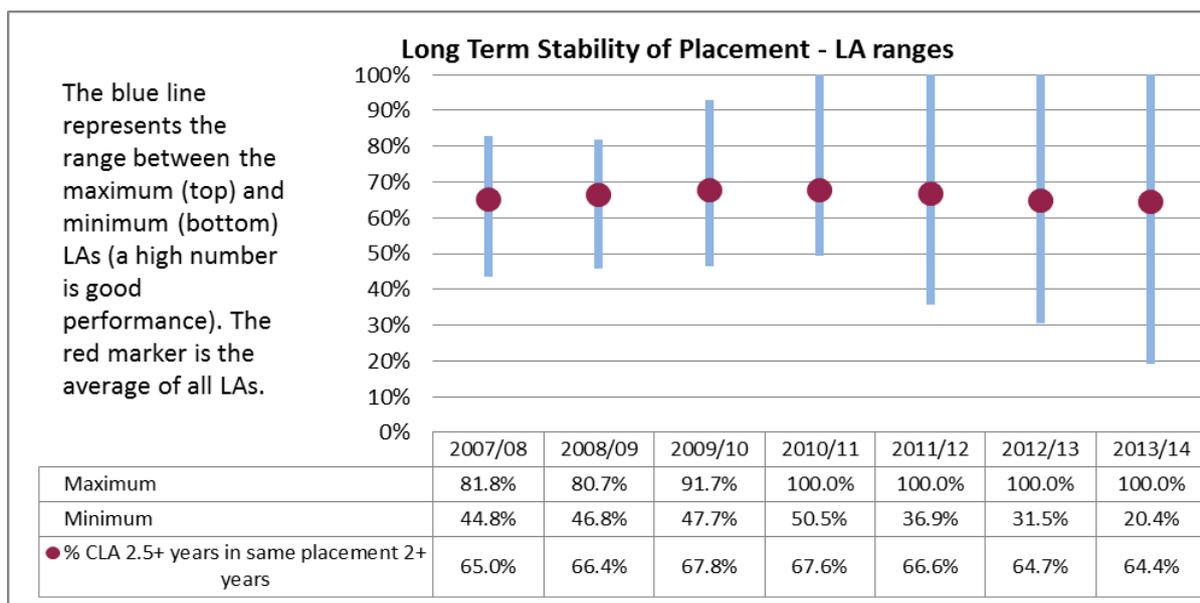


Figure 42: Long Term Placement Stability by Region. Source of Historic Data: DfE Statistical Releases

Phase 3 surmised that although the number of looked after children has risen consistently, long term placement stability in many local authorities had not significantly deteriorated but there does appear to be a slight deterioration in 2013/14 to below 2007/8 performance. Some planned placement changes may be made in a child's best interests, but placements can break down for a variety of reasons, including because they are not sufficiently well-matched to children's needs, or of sufficient quality, or because they are not well supported.

8.7 Reasons for Children Ceasing to be Looked After

As in Phase 3, the most common reason for leaving care remains returning home (34.8%), but this has also seen the largest percentage decrease since 2010/11 from 39.2%. The proportion achieving permanence through either adoption, SGO or RO has increased from 21.3% to 32.9% over the same period. There has also been an increase in the proportion sentenced to custody, from 1.5% to 2.2%, and reductions in proportions moving to independent living (from 12.5% to 11.7%) and transferred to adults services (2.4% to 1.8%).

There remain high levels of 'ceased for any other reason' (E8), but this has reduced significantly from Phase 3 (reduction from 23.2% to 16.5%). One local authority made reference to specific effort to address the high number in this category.

The number of children who died whilst they were looked after (E2) has remained small (between 28 and 37 children across all 96 responding authorities). There is no significant change in the number whose care was taken over by another local authority (i.e. family moved, rather than placed in another authority), of which there were a total of 90 children in 2013/14 across responding authorities.

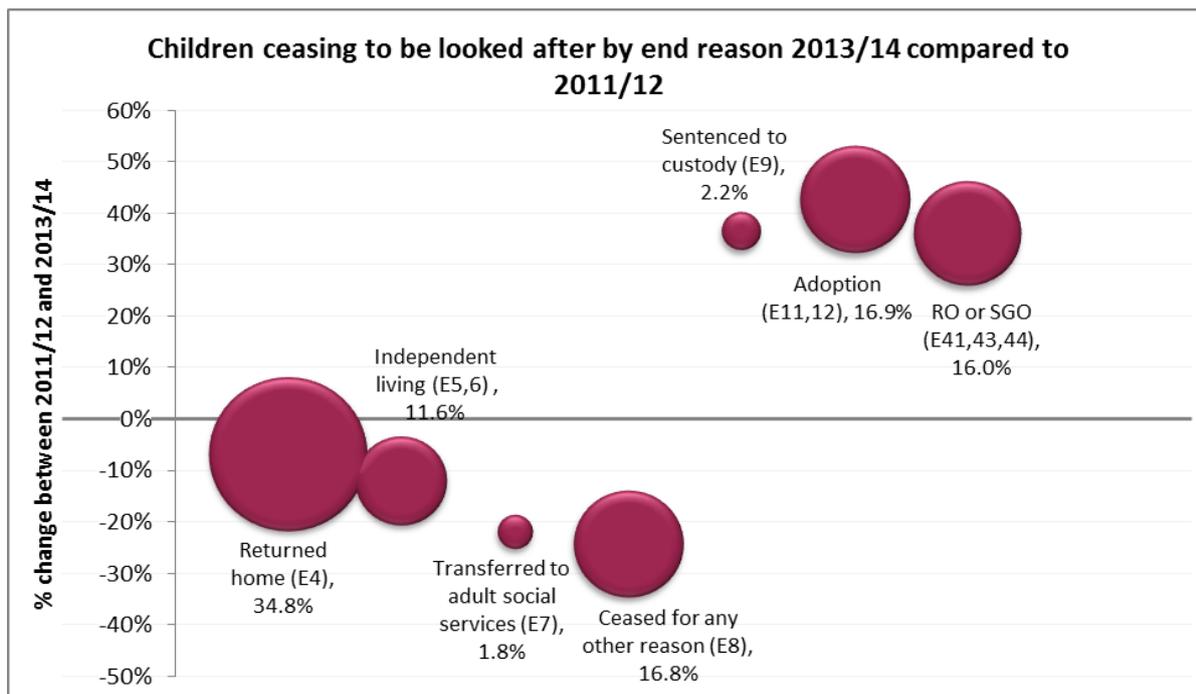


Figure 43: Children Leaving Care by Reason Ceased. Note: Categories 'Died' and 'Care Taken Over by Another LA' Excluded Due to Small Numbers (<1% Of Total for Each).

9 Adoption and Permanence

Phase 3 research provided a specific focus on reasons for children ceasing to be looked after and permanency, finding that there were an equal, and growing, number of children leaving care to permanence through Special Guardianship Orders (SGO) and Residence Orders (RO) to those leaving care through Adoption.

Phase 4 demonstrates that for children leaving care as a result of adoption, or SGO / RO the latter group still represents almost half of the total.

9.1 Legislative Context

Adoption has been a government priority since publishing the Action Plan for Adoption in March 2012 (2012c); Adoption and Fostering: Tackling Delay (DfE 2012d); Family Justice Review (Ministry of Justice 2011) and subsequent family justice modernisation programme (Judiciary 2012) which proposed “judicial solutions to the problems which are identified in the Family Justice Review through strong judicial leadership and management together with robust case management of proceedings by the requirement to have a welfare timetable for each child based on evidence and research”.

Since then, there has been the Adoption Agencies (Miscellaneous Amendments) Regulations 2013; The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2013; DfE Statutory guidance on adoption 2013; Adoption Reform Grant.

There have been several landmark Judgments during the last twelve months that have impacted upon child care cases and social work practice which may have a further negative impact on both timescales for permanency as well as Placement Orders. For example, B-S (Children) Court of Appeal (2013) ruling that care orders with a plan for adoption, placement orders and adoption orders - are "a very extreme thing, a last resort", only to be made where "nothing else will do". But the first tranche of post B-S cases are now emerging, where the Court of Appeal has granted appeals and ordered re-hearings in placement order cases which historically would not have troubled them.

The impact on social work of social workers having to provide greater evidence that all alternatives to adoption have been considered before bringing a case to Court, and to improve their analysis, as well as meeting the Public Law Outline 26 week timescale, is challenging and authorities felt one of the greatest challenges going forward.

9.2 Change in Agency Decision to Adopt

Local authorities are required to provide this data to the DfE through the SSDA903 return, for which guidance states that *"This decision would be taken after a review has been made of the child's case under regulation 36 of the Adoption Agencies Regulations 2005. If it is decided that the child should no longer be placed for adoption, the local authority should revise the child's care plan and apply to the court to revoke the placement order. Any suspended care order will be resurrected. The local authority is required to regularly review the child's case."*¹¹.

Reasons for reversal of decision to adopt could be:

- RD1 The child's needs changed subsequent to the decision;
- RD2 The Court did not make a placement order;
- RD3 Prospective adopters could not be found;
- RD4 Any other reason.

85 authorities providing data to both Phases 3 and 4 reported a total of 411 reversals of adoption decisions in Phase 3 (2011/12), but more than double the amount of reversals

¹¹ DfE SSDA903 guidance notes, section 2.7.2

(957) in Phase 4 (2013/14). Five authorities reported no reversals of decision. In addition to the increase in total numbers of reversals, there have been significant changes in the proportions of reasons for reversals, with the biggest increases being 'the court did not make a placement order' (RD2), or 'prospective adopters could not be found' (RD3). In 2009/10, these two reasons combined accounted for less than a third of the reasons for reversal of decision (31.6%), but now account for more than half (52.3%). The reason 'the child's needs changed subsequent to the decision' accounted for 34.2% of reversals in 2009/10, whilst in 2013/14 this was just 24.3%.

The 957 reversals reported for 2013/14 were from local authorities representing 57% of the 0-17 population. Extrapolating the number of reversals against the total population suggests that the national figure may be in excess of 1,600. So whilst latest DfE figures (DfE, 2014c) show that a record 5,050 children were adopted during the year, it would appear that up to 30% more children commence the adoption process only to see that decision reversed. And in only a quarter of the cases where the decision is reversed, is this due to the child's needs changing.

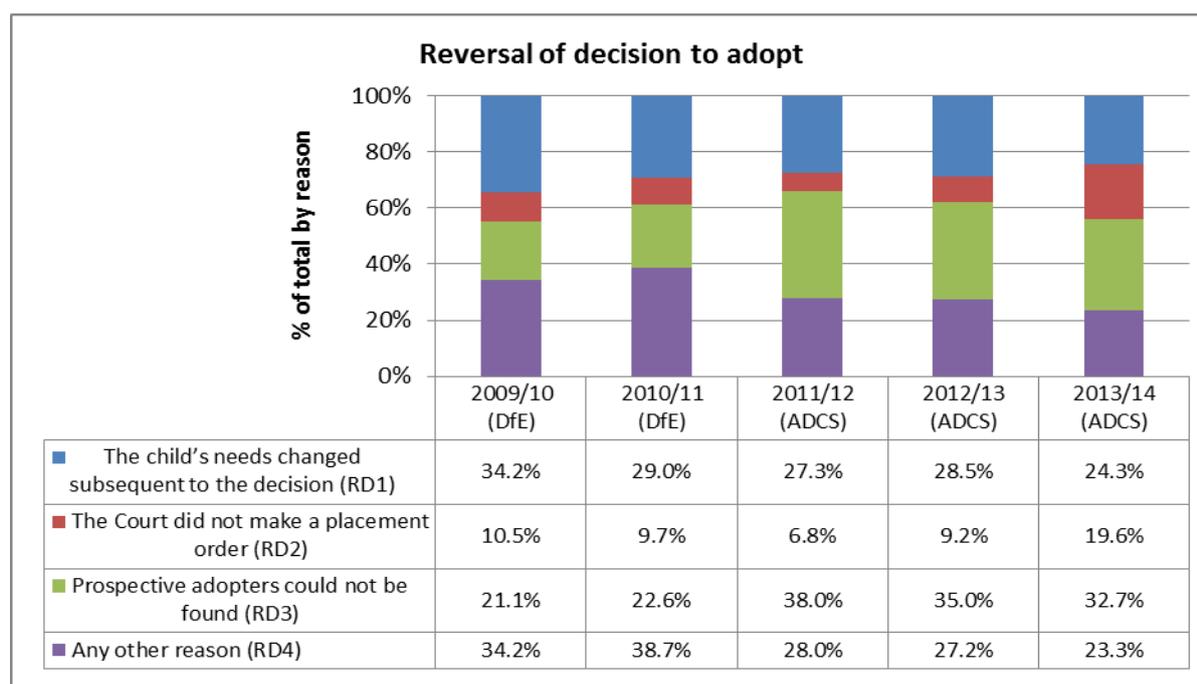


Figure 44: Children by Reason for Reversal of Decision to Adopt.

There are some geographical variations in the proportions of decision by region, which may be related to differences in local Courts or availability of prospective adopters, as some of the LAs with highest proportions of these reasons are neighbouring authorities. The heat map below illustrates the most prevalent reasons broken down by region.

Region	Number of Reversal of Decisions (sample size)	% of total number			
		The child's needs changed subsequent to the decision (RD1)	The Court did not make a placement order (RD2)	Prospective adopters could not be found (RD3)	Any other reason (RD4)
East Midlands	83	15.7%	15.7%	41.0%	27.7%
East of England	155	20.0%	28.4%	12.3%	39.4%
London	73	16.4%	31.5%	17.8%	34.2%
North East	77	18.2%	13.0%	54.5%	14.3%
North West	199	22.1%	23.1%	39.7%	15.1%
South East	90	46.7%	20.0%	18.9%	14.4%
South West	73	16.4%	20.5%	23.3%	39.7%
West Midlands	105	33.3%	8.6%	40.0%	18.1%
Yorks & The Humber	102	29.4%	9.8%	49.0%	11.8%
Total	957	24.3%	19.6%	32.7%	23.3%

Figure 45: Children by Reason for Reversal of Decision to Adopt by Region

Reasons why authorities made adoption decisions which were subsequently reversed provided in Phase 3 are still valid:

- Change so as not to separate siblings for whom 'whole sibling group' adopters could not be found;
- Children whose needs, behaviour, or diagnoses had changed;
- Alternative placements found with family members;
- Carers of siblings wishing to pursue SGO rather than adoption;
- Children whose level of need, functioning or age proved to be a barrier.

9.3 Children Adopted, with Placement Orders, and Placed for Adoption

The previous section on children looked after reported that in local authorities responding, 16.9% of children leaving care in 2013/14 were adopted. This mirrors DfE statistics published on 30th September for the same period (DfE 2014c), for all LAs, which states that there were 5,050 looked after children adopted during the same period, 17% of children leaving care. This is an increase of 26% from 2013 and 58% from 2010.

According to the DfE statistics for 2013/14 (DfE 2014c), 15 local authorities had 25% or more of their children leaving care being adopted, and nine of these were in the North of England (five in Yorkshire and The Humber, two in the North East, and two in the North West), where the highest rates of 34% and 35% are also found).

9.3.1 Length of Time Looked After: From Starting to be Looked After to Moving in with Permanent Family

For children ceasing to be looked after through Adoption, Residence Order or Special Guardianship Order, the length of time from date starting to be looked after to date of moving in with their permanent family has reduced, and more children are moving in with their permanent families within one year, the most noticeable reductions in the time spent in care are for those who are made subjects of a Residence or Special Guardianship Order.

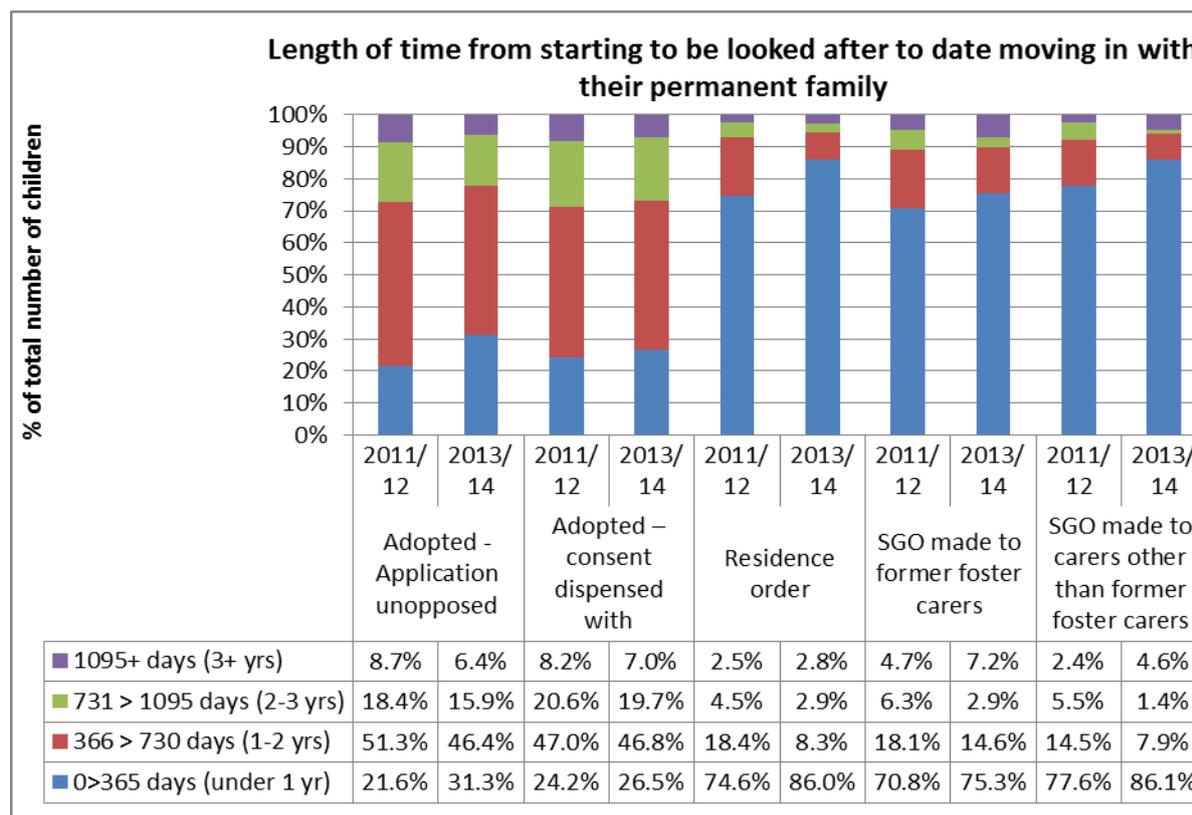


Figure 46: Timescale from Starting to be Looked After to Moving in with their Permanent Family

9.3.2 Length of Time Looked After: From Starting to be Looked After to Ceasing to be Looked After

There has also been a reduction in the time children are spending in care prior to permanence (i.e. from date starting to date ceasing to be looked after under an Adoption, Residence, or Special Guardianship Order). Other than for 'Adoption, consent dispensed with' (where there has been virtually no change) there have been increasing proportions of children achieving permanence in under two years. For ROs and SGOs we also see decreasing proportions of children in the two to three year category, but there is greater variability in the changes to the proportions in other time bands.

Residence Orders continue to offer the speediest route to permanence for those young people for whom they are an option. This is followed by SGOs to other carers, SGOs to former foster carers and then adoption. However the greatest proportion of children in care for over three years is found amongst those leaving care due to SGOs made to former foster carers.

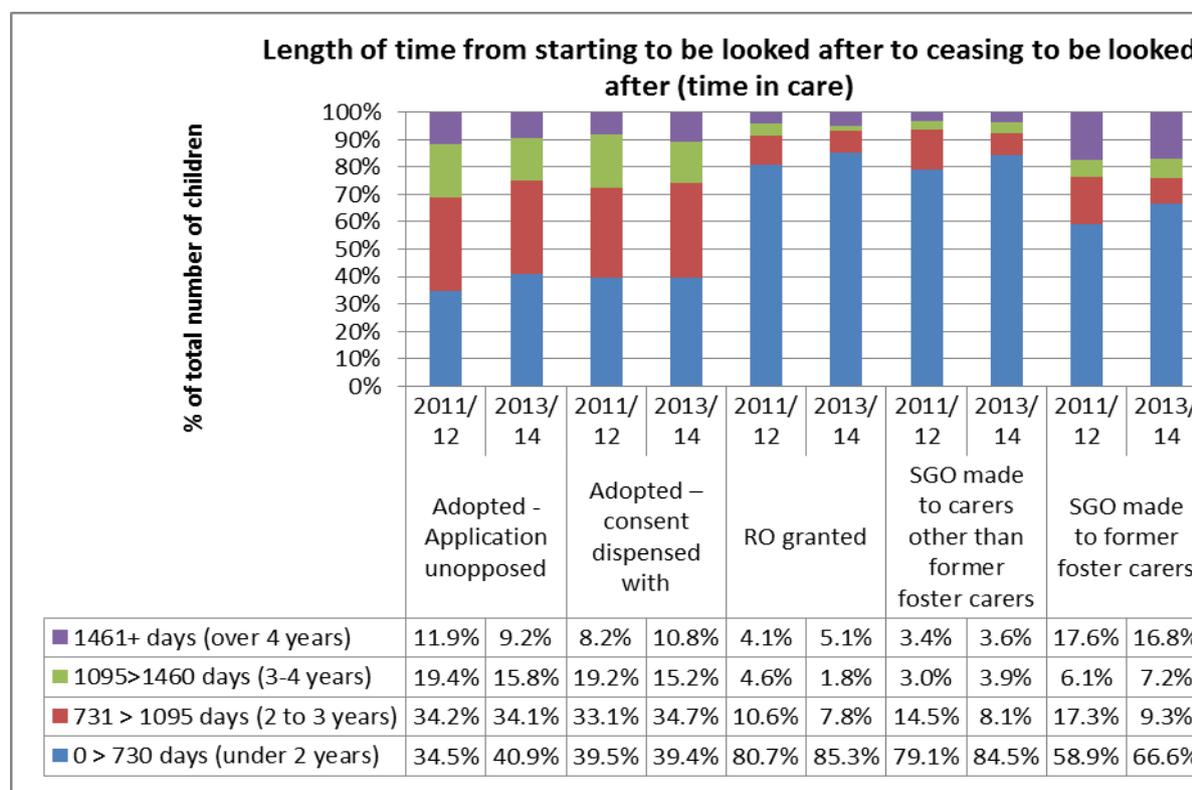


Figure 47: Timescale from Starting to be Looked After to Permanence (time spent in care).

9.3.3 Special Guardianship Orders and Residence Orders

Authorities were asked to provide information about how many Orders were being funded. These do not necessarily relate to children ceasing to be looked after in year as previous data. 59 authorities provided information as at 31 March 2012/13 and 2013/14, reporting 5,715 SGOs and 3,752 ROs supported by these authorities at 31 March 2014.

The rate of SGOs per 10,000 0-17 population has increased from 9.2 in 2012/13 to 11.5 in 2013/14. The rate of ROs has remained fairly constant increasing from 7.5 to 7.6 per 10,000 0-17 population. There is, however, a wide range between authorities with no apparent regional or type of authority correlation. The rate of SGOs per 10,000 0-17 population across LAs ranges from 0.4 to 37.8, and the difference in rate of ROs per 10,000 0-17 population ranges from 0 to 27.7.

9.4 Additional Evidence - Quarterly Adoption Survey

9.4.1 Placement Orders and Adoption Decisions

Quarterly data for 2013/14 collected by DfE and more recently the Adoption Leadership Board (ALB 2014)¹² shows that for all authorities, there were 6,000 children with a Placement Order waiting to be placed with an adoptive family as at 31 March 2013, and that this has decreased by 24% to 4,550 at the end of 2013-14. The same data show that the number of new Placement Orders granted has started to decline by the end of 2013-14, falling by 46% (from 1,570 to 850). The number of new decisions has also decreased since quarter 2, falling by 39% (from 1,800 to 1,090) to quarter 4.

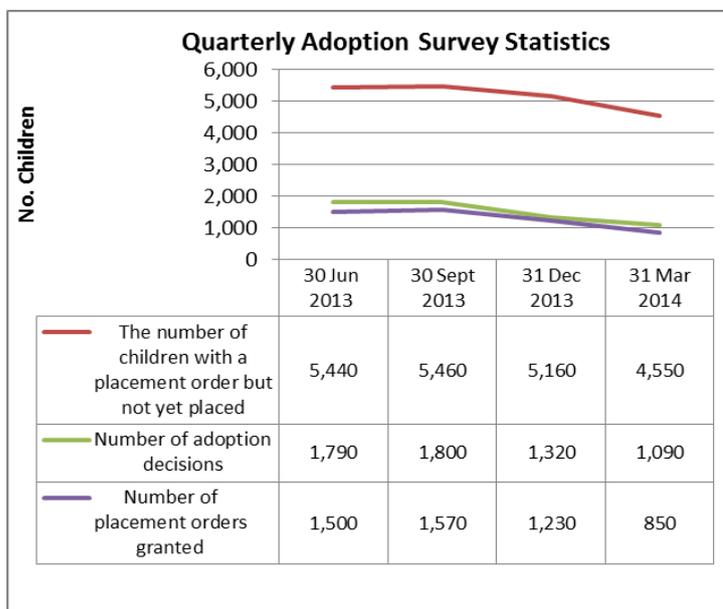


Figure 48: DfE and ALB Quarterly Data for 2013/14

Although this report covers the period to 31 March 2014, considering the latest available quarterly adoption statistics collected by the Adoption Leadership Board reinforces the reducing trend to 30th June 2014:

- a reduction in the number of children with a Placement Order but not yet placed, from 4550 to 3890;
- a reduction in the number of adoption decisions from 1090 to 960;
- a decrease in Placement Orders granted from 850 to 760.

9.4.2 Adopters and Matching

ALB data for quarter 4 in 2013/14 (the first period for which this was collected) and quarter 1, 2014/15 show that there were 1,590 adopter applications between 1 January and 31 March 2014, and 1,400 between 1 April and 30 June 2014. 1,200 adopters were approved between 1 January 2014 and 31 March 2014, and 1,030 adopters were approved between 1 April 2014 and 30 June 2014. The average number of days between application and matching was 411, and at 31 March 2014 there were 2,050 adopters waiting to be matched.

¹² See <https://www.gov.uk/government/publications/adoption-leadership-board-quarterly-data-reports>

ALB reported differences in the proportions of certain characteristics in the groups of children adopted during the year, and those with Placement Orders still waiting to be placed at the end of the year. Phase 3 identified membership of a sibling group, and child's disability, as factors affecting the length of time children would spend in the adoption process.

	Under 5 years old	5 years old and over	Female	Male	Black and minority ethnic	Disabled	Part of sibling group
Children with a placement order waiting to be placed 31/03/14	3,110 68.4%	1,440 31.6%	2,080 45.7%	2,470 54.3%	710 15.6%	250 5.5%	2,090 45.9%
Children adopted during 2013/14	4,200 84.7%	760 15.3%	2,360 47.6%	2,600 52.4%	670 13.5%	170 3.4%	1,870 37.7%

Figure 49: ALB Data by Child Characteristics

This evidence, although over a short period of time and small numbers nationally, shows a trend towards fewer children with adoption decisions and Placement Orders against a very slightly reduction in adopters being approved, but a high number waiting for matching. Together with the B-S case law already cited, the question therefore arises as to whether the recent increases in numbers of children adopted can be sustained.

10 Care Leavers and Adolescents

10.1 Care Leavers

A care leaver is defined by DfE as all children looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday supported under Section 24 of The Children Act 2004. A significant number will leave care on their 18th birthday.

In 2013/14, DfE captured new care leaver data extending the age range to be reported, from only those who aged 19, to include 19, 20 or 21 year olds. DfE report a total of 27,220 care leavers age 19, 20 or 21 at 31 March 2014 (DfE 2014b). This compares to an England population of 19-21 year olds of 2.07m.

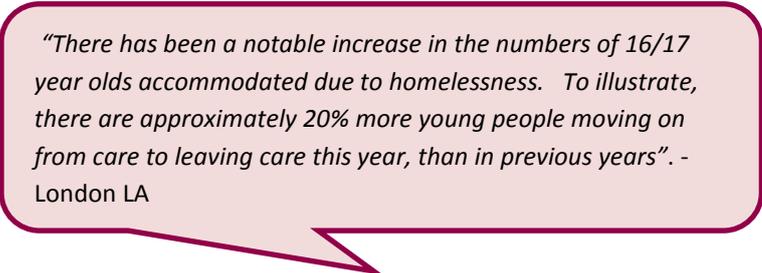
Age	18	19	20	21
All England population	650,210	676,533	685,020	712,611
Care leavers (DfE - all LAs)	not known	9,110	9,230	8,880

Figure 50: England Population Ages 18 to 21 (MYE 2013) and Number of Care Leavers

Care leaver information was also collected within Phase 4 by ADCS and 75 authorities reported a total of 14,923 care leavers, but there was a significant difference across LAs and whilst ADCS data asks for 'care leavers', there is a potential discrepancy with DfE data which only counts young people from their 19th birthday (i.e. no care leavers aged 18).

Regionally the highest numbers of care leavers compared to the local authority population are found in the West Midlands and London with the lowest in the East Midlands, and numbers range significantly between authorities.

A growing cohort of children looked after, including a higher proportion coming into care in adolescence, is likely to generate an increase in the number of care leavers who will require the statutory support provided by local authorities. At present, 20.2% of children looked after at 31 March 2014 and 33.6% of children leaving care in 2013/14 were aged 16 and 17.



"There has been a notable increase in the numbers of 16/17 year olds accommodated due to homelessness. To illustrate, there are approximately 20% more young people moving on from care to leaving care this year, than in previous years". - London LA

It is not possible with the information gathered in Phase 4 to estimate the potential effect of 'Staying Put', either the quantity or funding required for those care leavers who wish to remain with their former foster carer, although nearly three quarters of foster carers looking after young people aged over 16 expect them to stay for more than a year, with four out of ten expecting them to stay for more than three years according to The Fostering Network¹³.

10.2 Adolescents

Phases 2 and 3 raised questions about the increase in numbers of 16 and 17 year olds in both child protection and children looked after services and earlier sections evidence a continued increase. This is therefore a key theme for Phase 4 to understand the factors behind the increases. Although 'adolescents' is defined loosely here as 10-18 year olds and by 12/13 to 18/19 year olds by others, the quantitative evidence below is specifically provision for 16 and 17 year olds.

¹³ As reported in Community Care, October 3rd 2014. <http://www.communitycare.co.uk/2014/10/03/75-foster-carers-expected-make-use-staying-put-arrangements/?cmpid=NLC|SCSC|SCDDB-2014-1006>

10.2.1 Reasons for Being Looked After and Homelessness

The increase in number of 16-17 year olds starting to be looked after has already been stated although the number of all adolescents (aged 10-17) is fairly static at around 43% of all children starting to be looked after were aged over 10.

Reasons for 16 and 17 year olds being looked after were provided by 95 authorities, and the nature of their needs varies greatly from all children looked after. There are fewer 16-17 year olds looked after for reasons of Abuse or Neglect, or Parental Disability or Illness than younger children. A large proportion are looked after for socially unacceptable behaviour, the young person's disability or illness, and absent parenting, the last of which may relate to asylum seeking and/or homelessness, than younger children.

"The highest admission to care rate has been for adolescents (12+) which at one point was at 45% of all requests for care placements. Many of these arise from fragile families where school placements have become unstable (e.g. part time timetables) and reconstructed families". South West authority.

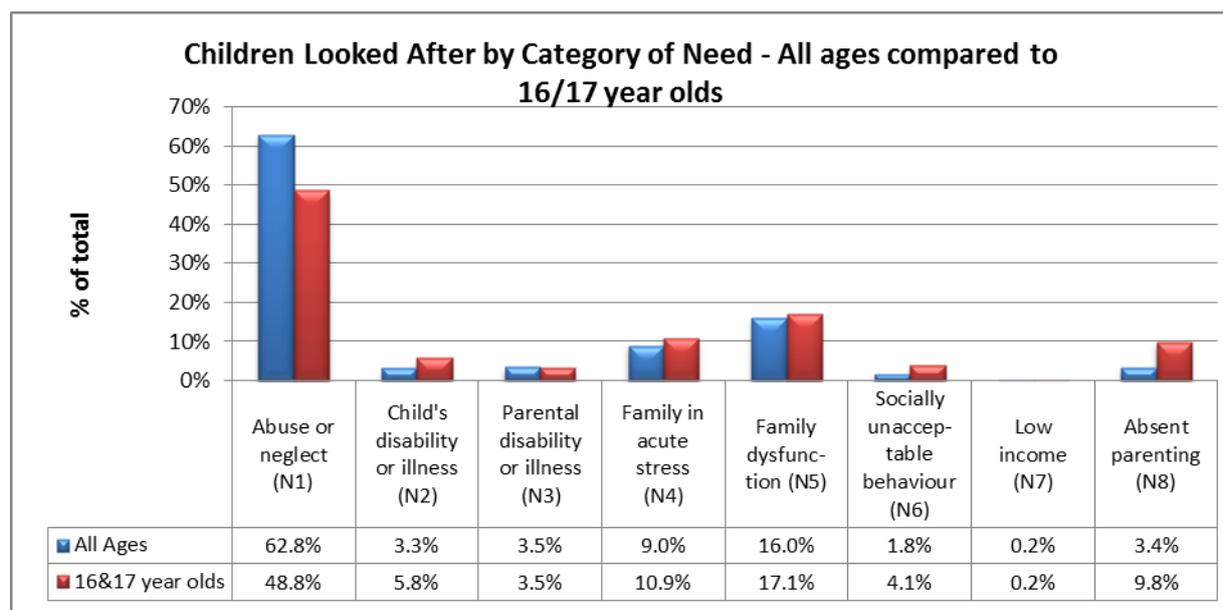


Figure 51: Children Looked After by Category of Need – All Ages Compared to 16/17 Year Olds

Homelessness, and the resulting need for provision of supported accommodation for young people, was cited by authorities as a key change. In some cases, this was linked to family breakdown and some UASC.

32 authorities provided data about children looked after at 31 March who had presented as homeless (i.e. not living with parents and have no fixed abode). 50% reported that there were none in 2013/14, and only three authorities, of differing demographics and location, had more than ten. Commentary from other authorities who did not provide data suggests

that this is not easily recorded for many authorities, and the data here does not therefore concur with authority comments about the rise in homelessness, the effect of the Southwark Judgement and other recent publications about the rise in homelessness.

10.2.2 Other Needs and Changes

57 out of 75 (76%) respondents said that they had experienced changes in the needs of or demands on service provision by adolescents, but specifically those aged 16-17. The most noticeable changes reported by authorities were (in order of prevalence):

- Children and young people who are missing, or at risk of Child Sexual Exploitation. Only two authorities reported a decrease (East/East Midlands regions).
- Use of welfare secure or specialist residential care – “at a distance” placements which puts pressure on budgets due to the cost of these placements. 22 authorities reported an increase, five no change and only one reported a decrease.

“There is growing awareness and anxiety among social workers and partner agencies regarding risk taking behaviours by teenagers. This has resulted in more requests for secure accommodation. There is clearly a massive financial impact, but there is also a concern that the anxiety among the professional network is creating pressure to take the draconian step of placing young people into secure accommodation at an earlier stage than was previously the case. There is always a fear that the pendulum will swing too far at the expense of the young person's human rights. Use of this type of welfare secure accommodation has massive implications on local authorities in terms of cost and resources both financial and in the time commitment to staff servicing secure accommodation with reviews and visits and care planning.” – London LA

- Increase in adolescents coming into care, and finding appropriate placements for 15 to 17 year olds that are able to support the problems that the young people face. There are therefore likely to be more placement changes for them and the performance indicator around short term stability of placements declines. Reasons for adolescents coming into care are increasingly more complex, for example respondents told us this could be due to forced marriages, gang related abuse, sexual exploitation, as well as socially unacceptable behaviour, as noted above. The latter tends to mean that young people are unable to remain with their parents as they are beyond parental control. Five authorities reported an increase in mental health issues or self-harm amongst adolescents.

“Increase in numbers of young people referred or assessed as having sexually harmful behaviours - although total numbers of sexual offences with substantive outcomes remain static at 18 in 2012-13 and 2013-14, there is concern that the severity of offences is increasing. 4 cases from the Targeted Youth Support Risk Management Panel have been referred to the Sexually Harmful Behaviour Panel ; at risk of sexual exploitation - 76 recorded as at risk of CSE in 2013-14 ; fleeing gang violence in other areas; 6 young people in 2013-14 ; significant welfare needs such as food and emergency payment for living costs ; refused bail but requiring beds ; evicted or difficult to house, intentionally homeless alongside insufficient temporary housing availability and intolerance of housing providers. There will be significant demand on provision for care leavers 21+ remaining in further education due to change in legislation in the revised (May 2014) Children Act Guidance and Regulations - estimated between 60 - 200 additional numbers eligible for financial and staff support until 25 years”. - Eastern Region LA

However, there are authorities who are more positive in finding ways to address the needs of adolescents and a further focus in this area is required (Research in Practice, 2014)¹⁴

“This age group of young people are referred mostly with concerns about behaviours such as missing from home, violent/aggressive behaviours towards peers/parents/siblings, gang affiliation, alcohol/substance misuse and sexual exploitation. Although they have complex needs, other services are working pro-actively with these young people resulting in a decrease in demand for social care led provisions. Examples of services working with this age group include, Families First (Troubled Families), MST (Multi-systemic therapy), NVR (Non Violent Resistance) Programmes, specialised joint housing project with housing partners to respond to homelessness of 16-17 year olds, specialised team of multi-agency professionals working with the police to respond to gang activities i.e. Violent Organised Crime Unit (VOCU)” – London LA

¹⁴ Due to be published week commencing 24 November the RiP evidence scope and accompanying case studies will provide helpful examples of how some local authorities are, despite rising demand and resource constraints, taking bold steps, compelled by the evidence, to re-design their approaches to the way adolescents are protected

11 Correlating Activity Across Children's Social Care Services

11.1 Comparing Safeguarding Activity with Deprivation and Population

Fisher *et al* (1986) and subsequent research established firmly that poverty is often a major factor in determining outcomes for children and young people, and children from poorer areas are more likely to become looked after. The heatmap in the figure below reinforces this evidence, correlating deprivation in responding authorities providing 2013/14 data with population changes and rates per 10,000 across key CAF and safeguarding activity. It reinforces the links between deprivation, projected population increases and safeguarding activity with regional variations, as well as those authorities who have higher or lower rates per 10,000 outside of the correlation. However, although there is a correlation, there are also exceptions in some authorities which also re-inforces the conclusion that there is a myriad of factors affecting safeguarding activity, not all of which are interlinked.

Anonymised authorities are shown in order of deprivation, and the colours show by type of activity from highest in dark red, to lowest in dark green.

LA type	IDACI	Popula-tion Increase	rates per 10,000 0-17 population using 2013 MYE						
			CAFS	Contacts	Referrals	Starting CP	CP at 31 March	Starting LAC	LAC at 31 March
Lon	48.6	5.4%	182	3058	723	47	36	41	80
Lon	47.8	4.6%		1855	469	38	37	28	56
Lon	47.8	4.4%			711	36	28	33	50
NW	43.4	4.3%		3110	1172	95	81	57	122
Lon	40.4	7.6%	164	1537	543	75	55	56	80
Lon	39.9	3.0%	312	2816	353	31	25	22	37
Lon	39.3	3.1%	90	1465	294	37	32	34	49
Lon	38.0	4.0%	49		554	38	33	25	41
NW	37.7	0.6%	135	3762	962	61	44	43	111
Lon	36.6	3.5%	265		578	55	54	42	90
Lon	36.3	8.7%	258	1431	523	60	47	28	53
Lon	36.3	3.8%	367	1475	643	41	44	45	85
Lon	35.9	3.4%		3305	358	50	46	38	76
Lon	35.7	2.5%		1672	535	59	48	40	60
NE	35.3	-0.1%	141	4010	774	95	74	64	111
Lon	35.2	8.8%			395	29	25	24	45
NW	34.7	-1.2%	120	2595	1023	72	57	35	79
Y&H	34.1	0.9%		1234	809	42	45	36	116
WM	33.5	1.3%			1256	73		57	136
WM	33.1	3.3%		2698	487	58	50	29	75
NE	32.5	2.3%	163	2733	508	81	67	42	101
NW	32.3	3.1%	163	1653	554	88	55	42	110
WM	31.3	0.9%	83	2824	890	72	56	43	97
Lon	30.7	5.1%	88	3905	445	43	37	29	52
East	30.3	2.9%	9		507	73	50	34	74
NW	30.2	1.1%		1012	622			36	69
NE	30.1	-0.9%	226	3311		51	60	50	103
WM	30.1	0.7%	303	1454	929	71	51	36	98
NW	29.8	-0.3%	114	2535	445		56	33	89
NW	29.6	-0.4%	132	1894	749	80	62	38	105
Y&H	29.5	1.3%	34	2074	379	42	42	24	63
WM	28.5	3.9%		3033	820	101	105	48	86
SW	28.5	3.5%	41		658	59	50	34	77
NW	27.4	-0.4%	103	1587	600	76	58	45	75
East	27.2	4.4%	132	2091	575	55	52	37	80
EM	26.6	1.6%	108	1578	478	59	52	28	77
SE	26.5	0.9%	169	3208	426	57	55	38	74
Lon	26.4	5.3%	24	1609	436	31	25	31	54
NE	25.9	-1.1%	283	2308	609	100	79	27	63
NE	25.8	-0.2%	97	1899	606	80	69	45	89
NW	25.5	-0.4%	98	1711	603	58	43	29	99
WM	25.4	0.2%	101		737	47	33	29	79
NW	24.9	0.4%	202	2725	327	42	34	33	87
East	24.8	1.4%	201		533	57	43	31	64
Y&H	24.4	-0.6%	55	3213	1046	65	51	36	77
Y&H	23.4	0.1%	58	3231	675	79	69	26	71
SE	23.2	1.4%	80	1986	835	70	57	36	91
SW	23.2	0.8%	166		929	98	73	40	77
WM	23.1	-0.1%	63	2299	510	53	45	26	111
NE	23.0	0.1%	104	1678	650	65	45	26	60
NE	23.0	0.1%	104	1678	650	65	45	26	60
NE	22.5	-0.7%	87	2671	644	78	62	37	85
Y&H	22.5	2.5%	25	1419	753	59	47	26	85
NE	22.5	-0.7%	87	2671	644	78	62	37	85
Y&H	22.5	2.5%	25	1419	753	59	47	26	85
NE	21.8	0.0%	137	1517	701	80	70	48	90
NE	21.8	0.0%	137	1517	701	80	70	48	90
Y&H	21.8	1.2%	87	1375	417	37	35	23	62
SE	21.6	1.6%	126		689	63	58	23	61
Y&H	21.2	0.7%	48	2336	984			26	70
NE	21.1	0.3%	128	1935	558	53	39	33	75

Continued/

LA type	IDACI	Popula-tion Increase	rates per 10,000 0-17 population using 2013 MYE						
			CAFS	Contacts	Referrals	Starting CP	CP at 31 March	Starting LAC	LAC at 31 March
SE	20.6	4.0%	239	2715	490	9	5	27	47
NW	20.4	-1.4%	43	2694	583	74	41	30	75
NW	20.0	-0.5%			664	56	31	23	73
Lon	19.7	2.4%			881	37	34	29	36
SW	18.8	1.7%	74	679	362	45	29	27	43
NW	18.7	1.0%	149	2033	760	71	52	27	73
NE	18.5	-1.8%	106	2290	924	48	59	28	54
SE	18.1	0.4%	146	2262	708	50	58	27	55
EM	17.4	0.2%	82	1097		63	36	22	51
SW	17.4	3.1%	120	1730	470	60	45	29	53
EM	16.9	1.0%		2974	443	41			43
EM	16.6	-1.2%		1586	811	53	45	17	41
East	16.5	0.8%	18	1741	427	18	14	13	38
NW	16.3	0.1%	141	1226	411	32	26	27	67
EM	16.3	2.3%	98		834	67	50	30	52
NW	16.1	2.3%	55	2464		56	53	26	60
NW	15.9	-2.0%	46	1539	718	70	63	25	71
WM	15.9	0.6%	26		534	57	46	28	72
NW	15.8	0.7%	186	2245	450	67	59	19	49
WM	15.2	0.0%	161		300	39	33	24	56
WM	14.9	-0.8%	97		566	47	41	22	56
East	14.7	-0.1%	284	1576	558	48	40	21	48
SW	14.6	-0.2%		2236		45	38	24	45
NW	14.4	0.7%	54	990	381	43	38	21	52
SW	14.3	2.0%	42	2255	521	48	26	25	51
WM	13.9	0.0%	87	968	728	57	47	29	62
Y&H	13.6	1.0%	63	779	392	38	34	17	61
East	13.6	2.2%	33	936	309	55	44	19	39
WM	13.2	-2.0%	103		383	48	42	20	45
SW	12.7	1.5%	133	1878	350	35	37		43
East	12.6	1.8%	173	2600	384	41	30	19	39
East	12.5	2.9%	217		404	46	33	21	46
NW	12.2	-0.1%	71		381	39	27	20	44
SE	12.2	1.6%	53	1608	421	41	36	21	33
SE	12.1	0.5%		3494	576	13	40	20	45
SW	11.7	0.1%	57		371	31	20	16	30
Y&H	11.6	-0.3%	87	1045	463	40	30	12	39
EM	11.3	0.4%			447	47	33	27	34
SE	10.6	2.7%	126		415	46	39	20	41
SE	10.4	2.0%	27	1419	653	25	21	25	38
SE	10.4	0.9%			366	39	32	25	45
SE	9.1	1.4%	54	529	323		27	46	32

Figure 52: Correlating Deprivation, Population and Safeguarding Activity 2013/14.

Note: where there are empty white cells, data was not provided by the authority.

11.2 Revolving Door

The third research question is to understand what extent do children, especially adolescents, come back into social care services for a second or subsequent time and why? Whilst this is difficult to analyse on a national basis statistically, using rates of re-referrals, second or subsequent child protection plans and children re-entering care for a second or subsequent time provides a high level overview of movement. What it does not tell us is how much of this subsequent activity for children and young people is positive (i.e. their

original needs were met and continue to be, but the second episode relates to a completely different reason); or whether the subsequent activity is due to a different, new reason. Whatever the reason, getting it right for children first time is always desirable.

11.2.1 Re-referrals and Second or Subsequent Child Protection Plans

23% of all referrals were re-referrals (defined as a second referral on a closed case within 12 months of the previous referral) across 85 responding authorities, with over half responding authorities experiencing an increase. The range between authorities varies from 9% to 41%, with variations between years and authorities (for example, one LA had tripled their proportion of re-referrals and another had reduced from 25% to 9% since the previous year). The proportion of re-referrals accords with the recently published England figure of 23.4% (DfE 2014c).

Data was not collected in Phase 4 about children who became subject of a second or subsequent plan but the latest available data (2012/13) reports 15.7%, and indicates that this is higher than 13.8% in 2011/12. Data for children re-entering care have been captured in Phase 4. (DfE 2014c)

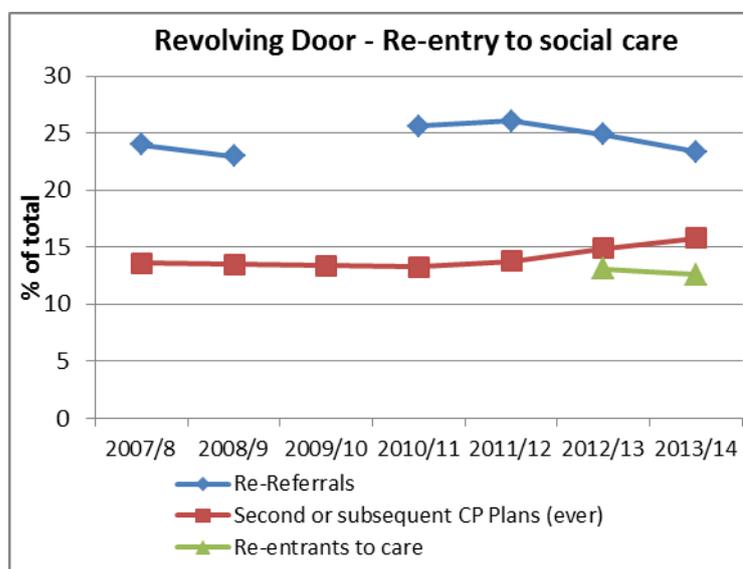


Figure 53: "Revolving Door" Activity

11.2.2 Children Re-Entering Care For A Second Or Subsequent Time

Approximately 13% of children starting to be looked after in 2013/14 were re-entering care for the second or subsequent time, according to 73 authorities who provided data. There was no change from the previous year overall, but the variation between authorities, however, is very large from 1.3% of all children starting to be looked after, to 32.3%. There is no correlation between the number or rate of children starting to be looked after and the proportion who are re-entrants.

85% (59 out of 69) of authorities stated that they have not seen an increase in children coming back into care, but of the ten authorities that have seen an increase 2013/14, one reported this an increase in breakdown of SGOs, and one said there has been a significant increase, mostly in the older age group.

“We have seen an increase in the number of children re-entering the looked after system. In 2012/13 11% of children who became looked after (26/247) were people who had previously been looked after; in 2013/14 this rose to 14% (42/298) and in the first 3 months of 2014/15 this has increased to 22% (15/68). We will be auditing the cases that became looked after this year to see what is causing this increase this quarter. This measure is now included in our routine safeguarding board data set”. – South East LA

1% of children who started to be looked after in the year ending 31 March 2014 had returned to care having previously been adopted, granted a Residence Order or a Special Guardianship Order, according to DfE’s Statistical First Release *Children Looked After in England (including adoption and care leavers) year ending 31 March 2014* (DfE 2014b). As this is the first time this information has been collected, there is no trend data available.

12 Resources

The final research question in Phase 4 is “Reducing budgets and reaching other funding: Can we track the changes in funding for children’s services and what it’s effect might have been, and whether LAs have harnessed community and other funding sources”.

Analysis of budget and out-turn data in key budget lines of the Section 251 return as well as qualitative questions and other sources outlined variances between LAs. The impact of other resources, specifically workforce is also included.

12.1 Finance

12.1.1 Section 251 National Data

Planned expenditure on children’s services for 2013/14 across all 152 local authorities, as reported by DfE (DfE 2013a) shows that the total budget for children’s services is £50.4bn including Schools Budget, of which £8.4bn represents the Children's and Young People's Services and Youth Justice Budget. This is a reduction on the total planned expenditure of £8.6bn in 2012/13. The breakdown of the £8.4bn in 2013/14 is shown in the chart below.

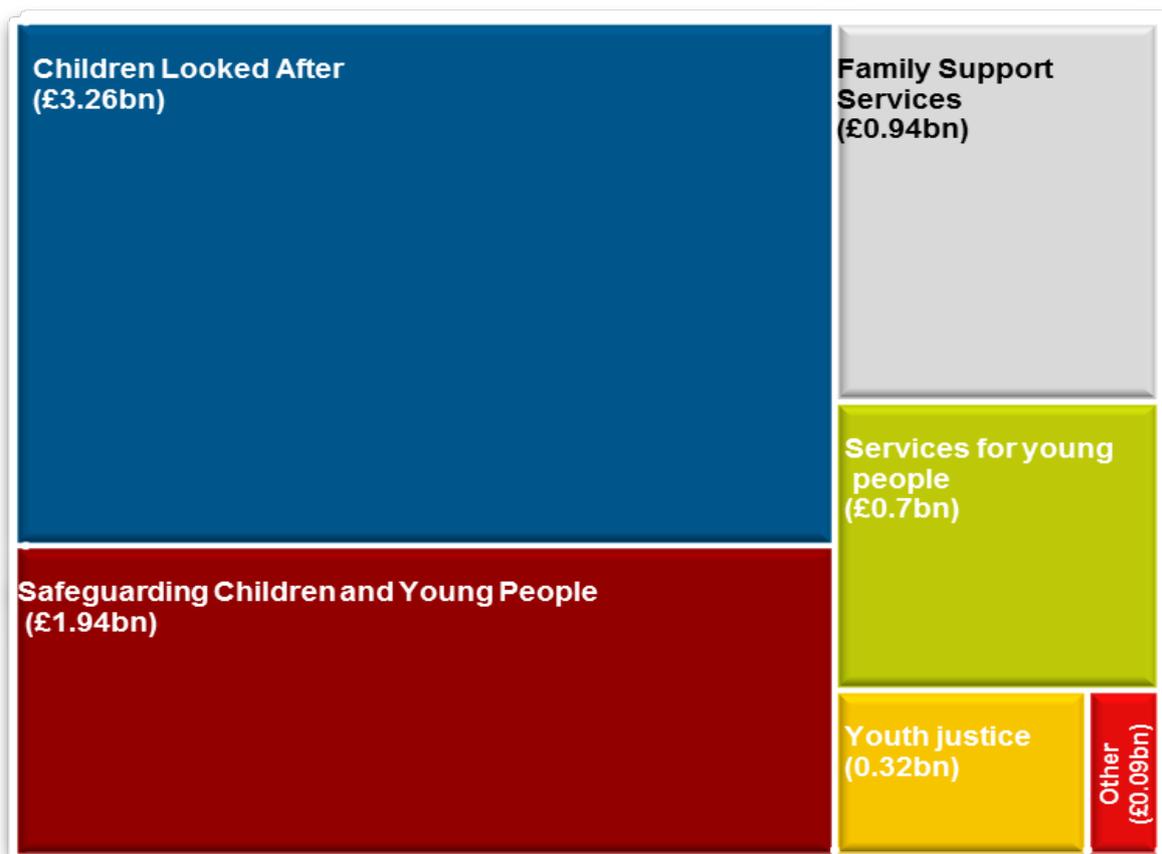


Figure 54 : Breakdown of £8.4bn Planned Expenditure on Children's Services 2013-14, All LAs. Source: DfE Section 251 Data Tables

Nationally, the planned expenditure for children including schools in 2014/15 increased to £50.9bn, although this comprises a £0.6bn increase in funding to schools and a reduction in total spend of £0.1bn (to £8.3bn) in children and young people's services as per figure below. The increase in children looked after planned expenditure largely relates to an increase in SGO support. The overall planned net expenditure on total children's services (excluding schools) per child aged 0-17 (population) has reduced over the past two years from £708 in 2012/13, £670 in 2013/14 to £660 in 2014/15.

	Sure Start Ch Centre & Early Years (3.0.5)	Children Looked After (3.1.11)	Other Children & Family Services (3.2.1)	Safe-guarding (3.3.4)	Family Support Services (3.4.6)	Services for Young People (3.5.3)	Youth Justice	Total Childrens Services (5.0.2)
2013/14	1093.2	3262	91	1935.3	938.9	712.6	319.3	8352.3
2014/15	985.3	3370.3	99.1	1921.1	976.8	621.9	316.7	8291.2
Change	-107.90	108.30	8.10	-14.20	37.90	-90.70	-2.60	-61.10

Figure 55 : Planned Expenditure on Children's Services 2013-14 compared to 2014/15.

However, the planned expenditure varies greatly between authorities, as illustrated by data provided to ADCS.

12.1.2 Section 251 Data – Phase 4 Responses

68 local authorities provided valid budget and/or out-turn information across key children's services headings within the DfE Section 251 return for 2013/14 and 2014/15 planned expenditure. The largest overspend was SGOs (line 3.1.4) where the out-turn across the 68 authorities was £57m compared to a budget of £39.5m; 85% of authorities were over budget. The budget lines which were overspent, related to the increase in statutory social care activity evidenced earlier such as child protection and children looked after. The budget for Sure Start Children's Centres & Early Years (budget line 3.0.5) increased between 2013/14 and 2014/15 in 13 authorities, but decreased in 63 authorities by a total of £6.3m.

Budgets for 2014/15 have reduced significantly for some authorities, showing an overall 5% reduction on the previous year's budget, and 9% reduction on last year's actual out-turn, across the 68 authorities.

Individual authority budget reductions are dramatic in some areas when viewed against their current activity. For example:

- a NW authority has a 38% reduction in budget for safeguarding services, despite a 25% increase in the number of children subjects of child protection plans between 2012/13 and 2013/14.
- The budget of a WM authority's children's services in intervention was £570k in 2012/13 and reduced to £485k in 2013/14, against a 33% rise in referrals and 31% increase in children subject of child protection plans in the same period.
- Eight authorities reported a budget reduction in excess of 10% in the budget lines relating to safeguarding activity between 2013/14 and 2014/15. However, one authority reported an increase in excess of 10%

12.1.3 Families with no Recourse to Public Funds

Families with no recourse to public funds (NRPF) are people who have no legal entitlement to financial support or assistance from the state, and children's social care services are approached for support under Section 17 by families with children, or by children or young people who are unaccompanied or separated from their parent or legal/customary caregiver.

27 authorities reported spend of £17.5m on families with no recourse to public funds in 2013/14. Of these, 19 also provided information about the number of families supported in this way, indicating that these 19 authorities spend £10.4 million on 1119 families (an average of £9,318 per family) although the amount per family varied significantly. Five of the 19 authorities reported they are funding over 100 families. Four of these are in London, the other is a core city, and four of the five spent over £1m in 2013/14 on NRPF.

Across the 19 LAs responding with financial information, the spend increased by a total of £4.2m between 2012/13 and 2013/14. For one London borough, the spend was in excess of £3m. Another London authority did not provide number of families supported in the year, but their expenditure had risen from £1.75 million in 2012/13 to £5.2 million last year.

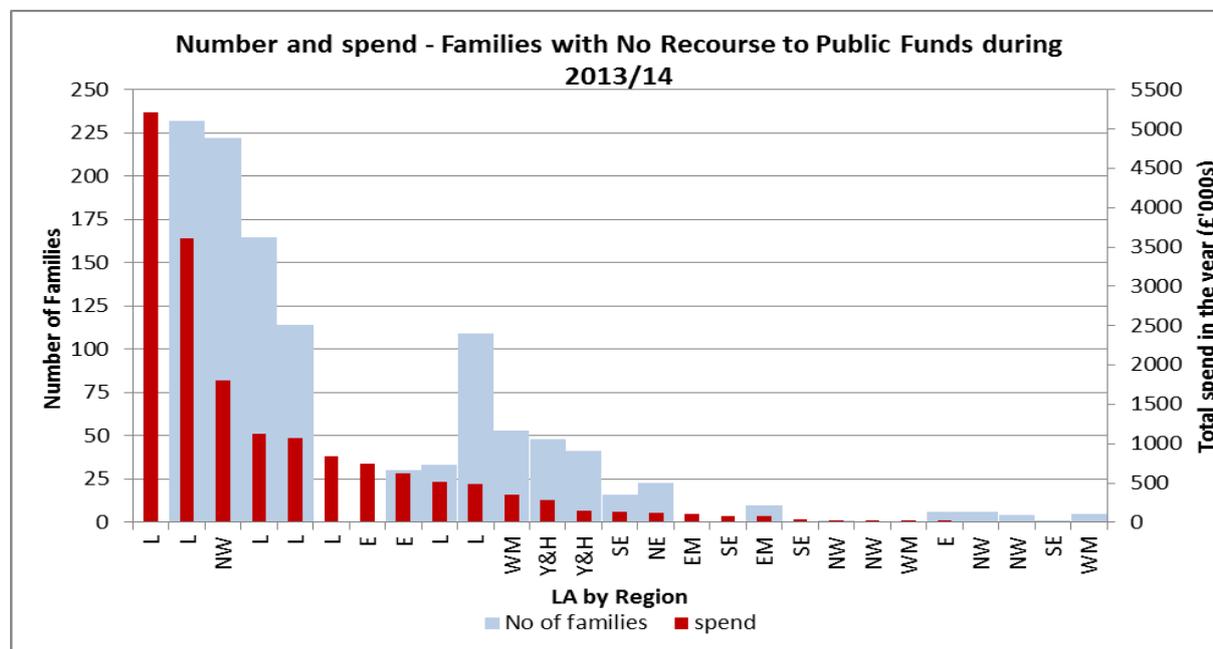


Figure 56: Families and Spend – No Recourse to Public Funds 2013/14

12.1.4 What Authorities Told Us

Almost all local authorities were experiencing budget reductions generally and/or budget deficits affecting children’s services. For some, budgets were being reduced in other areas such as early help services, but protected for children’s social care. There is recognition amongst authorities that reducing budgets for early help services will, eventually, impact on social care activity if the lower level support is not available.

For a limited number of authorities, there has been investment in early help and social care, for example small investment to aid recruitment; a spend to save project in relation to foster carer recruitment; a further investment into frontline services; protection of social work budgets. Quantifying the reductions, some authorities reported facing budget reductions as much as 30% or 40% over a short period. Five authorities cited savings of over 25% that are required in real terms, and for one LA they stated this was a reduction of £12m over three years, although this needs to be seen in the context of their overall budget. This is not uncommon.

Those where budgets in children's social care had been protected recognised that this is likely to change, and savings in social care will be required going forward. One local authority stated: *"as we move forward, we will only be able to focus on CLA/CP and cease all non-statutory services"* and another *"we now face 30% reductions which will have a massive impact on our ability to deliver a legally compliant service"*.

In terms of the reduction in funding, this has been done through, for example (in order of prevalence):

- Reduction in support services and administration services
- Early Help: remove or significantly reduce their youth support services
- Early Help: ceased joint funding to CAMHS
- Early Help: reduction in short breaks and one local authority is reviewing its whole disability service
- Early Help: reduced grant funding to voluntary organisations and services, including those providing domestic abuse services
- Early Help: reducing funding or restructure of children's centres to a cluster model.
- Reduction in family support services
- Property rationalisation (vacating buildings and hot-desking)
- Deletion of some social work posts
- Reduction in management staffing.

There does not appear to be any regional variations apart from the effect of NRPF which at present is primarily in London and core cities.

12.1.5 Emerging Funding Pressures

New and emerging budget pressures which are causing additional costs for some LAs more than others are support to families with no recourse to public funds which for some LAs is a funding pressure in the millions for a small number of families overall.

In addition to budgets within the local authority, respondents confirmed that funding reductions in other agencies, especially Police, has also had a negative impact on early help and children's social care services.

The impact of Staying Put, where the new duties for care leavers to remain with their former foster carer is likely to increase spending in local authorities and responding authorities felt the grant insufficient to meet demand. It is likely that there will also be an as yet un-quantified impact on the supply of foster carers, at a time when - as previously stated - authorities are trying to recruit more in-house carers to reduce costs.

12.2 Improved Commissioning

Responding authorities appear to be making efforts to improve their approach to commissioning of services for children looked after, and have more formal commissioning arrangements as part of a sufficiency strategy and/or consortia approach with other authorities or regionally. The focus tends to be increasing use of in-house foster carers and moving away from more costly agency foster care placements or residential placements.

Responses relating to alternative funding sources ranged from 'there are no additional funding sources' to examples where authorities have found additional funding or who were looking to make savings through, for example, restructuring and service redesign.

Many authorities felt the Adoption Reform Grant had helped, as had Troubled Families funding. Some local authorities had applied for, or were going to apply for, DfE Children's Social Care Innovation Programme funding or were developing bids for alternative funding such as Better Start from the Big Lottery. Common 'spend to save' proposals within the council were foster carer recruitment to reduce the reliance on higher cost agency carers; and recruitment to social work posts to reduce the reliance on higher cost agency social workers. Developing shared services with other authorities, such as adoption consortia, other shared services, or even joint working with the voluntary sector to be able to access funds to develop new delivery models, are also models being employed by local authorities. Social Impact Bonds and Mutuals will be explored by three responding authorities.

"As with many other LA's, we have experienced significant budget reductions over the last 4 years, with further reductions to both grant and general funding planned over the next 2 years; the latter will require transformational activity in terms of how we do business, particularly in respect of the ongoing development of the local early help offer. While short term grant funding such as the Children's Social Care Innovation fund has become available, it is challenging to plan service delivery around short term, unstable temporary funding sources". – London LA

12.3 Workforce

76% of authorities are seeing changes to their staffing. For just under a third, this was a positive change as Members recognise the investment required in social work posts, through re-structuring and new models of working or shared services, but for the other two thirds, there are recruitment and retention issues: high staff turnover, difficulty recruiting experienced social workers (often in the most needy teams such as referral and child protection), requiring increased use of agency staff, and an increase in newly qualified social workers.

“There has been an increase of 13 new social work posts this year to manage the demand & workload. From a position of no agency staff we are now using both agency SWs and Team Managers to fill gaps. The LA continues to attract new Social Work recruits and has a good track record of staff retention. However, within child protection teams, new recruits to vacant Social Work posts are now filled with all newly qualified Social Workers who require significant support under the ASYE scheme. The challenge the LA is seeing in respect of staffing is in relation to front line Team Manager posts. Both retention and recruitment to front line Team Manager posts for child protection social work teams is challenging”. - Yorks & Humber LA

Of the 28 authorities where it was possible to identify changes in agency staff, nearly three quarters of LAs said they had seen an increase, which could be anywhere between 5% and 30% of frontline staff and managers. Vacancy rates are as high as 30% in some authorities. Some authorities are alleviating pressures by reorganising, some modelled on Munro review. Many social workers find higher wages are offered by agencies and it is a more attractive option for them, which exacerbates recruitment, retention and use of agency staff issues. Increasing use of agency workers creates additional financial pressure.

Those local authorities in intervention, or judged by Ofsted to be ‘inadequate’ reported that recruitment and retention difficulties were exacerbated, with higher vacancies and difficulties recruiting.

“More recently, as neighbouring LAs have had poor Ofsted inspections, we are seeing a flow of people wanting to work for us. We are managing to maintain good staffing levels but there is a turnover. This means we lose experienced workers who become IROs etc. The average age of new recruits seems to be getting younger and we are struggling to give newly qualified staff the best experience possible in their first year.” – South West LA

Necessary reductions in training and workforce development budgets were also mentioned as having a knock-on effect to the ability to develop the workforce which ultimately may impact upon retention.

There are authorities, most noticeably some of the respondents from the Northern regions, who report a stable workforce, and some authorities have seen their numbers of social workers increase, as Elected Members have identified the need to provide additional staffing to cope with the increase in social work activity. However, sometimes even where this is the case, vacancy rates remain high due to difficulties in the recruitment of experienced staff.

“We have transformed our delivery model and established systemic practice groups. Social workers are being trained in evidence based interventions. We have embedded clinical practitioners in the service to stimulate the shift to systemic practice and provide intervention at the point of contact. There is a shortage of higher skilled practitioners, but we are fully staffed with experienced and basic grade social workers. In future we will be considering how we can be more aligned with health and school area based delivery”.- London LA

Nationally collected information by the DfE about children’s social work staffing (DfE 2014e) confirms the findings in variability and issues in use of agency staff, turnover and vacancy rates, although as this is the first year of this now statutory return there is no trend information and data are now a year out of date. As at 30 September 2013 there were:

- 17 children in need per FTE children’s social worker, with a range between authorities of 6 to 36;
- 14% vacancy rate based on the proportion of vacancies amongst all FTE social worker posts. Some of these vacancies are currently being filled by agency social workers. The range is 0 to 50% with highest vacancy rates in London, Eastern Region and West Midlands;
- 12% Agency social workers employed by local authorities, ranging from 0% to 51% across authorities, with the highest proportions in London, West Midlands and Eastern Region;
- A turnover rate of 15% based on FTEs, range 0 – 82% with the highest averages in London and the South East.

13 Cause and Effect

Identifying and understanding the causes behind changes in safeguarding activity and the findings of this research, together with the effect that various factors have, will assist in ensuring that the right attention is given in the right areas to make improvements. Measuring the impact of individual factors on safeguarding activity is complex because attribution (how much is attributable to other factors) and deadweight (what would have happened anyway) needs to be considered.

To help identify the causes and factors, local authorities were asked:

- Reasons for increase or decrease in any particular part of safeguarding activity in their local authority (Question 1 and 2) and what part has early help played so far in affecting safeguarding activity (Question 5);

- Are there any national policy or initiatives that have either helped, or hindered safeguarding work in local authorities in the last two years, and what the impact has been (Question 11);
- What are some of the key changes we will see in the next two to three years that will influence safeguarding activity and services provided by social care (Question 16)
- What is the trajectory for quantity of safeguarding and children looked after activity (e.g. will numbers of children continue to rise?) (Question 15)

Responses to these questions and additional evidence are presented by factor below.

13.1 The Impact of Early Help

Section 5 described the models of early help and services provided based on responses from 76 authorities. The current status of early help services is summarised in the figure below, ranging from authorities who report their early help services are having a positive impact on social care activity, to those where early help is at a planning/re-organising stage. The description of early help services and reported impact upon social care activity has been triangulated against the trend data for:

- Referrals
- Children becoming subjects of a CP plan
- Children subjects of a CP Plan at 31 March
- Children starting to be looked after
- Children looked after at 31 March.

1. Early Help Strategy/services in place and the authority is experiencing mostly a reduction in one or more safeguarding activity (either referrals, CP or CLA)	29
2. Early Help Strategy/services in place and the authority is experiencing mostly an increase in one or more safeguarding activity (either referrals, CP or CLA)	22
3. Early Help Strategy/services in place but it is too soon to see any impact.	15
4. Authority is planning or re-organising their early help services and therefore too soon to see any impact.	10

Figure 57: Early Help Status and Potential Impact on Safeguarding Activity

29 authorities (38%) reported seeing a reduction in at least one aspect of social care activity, wholly or partly due to the impact of early help. Generally, an authority experiencing a reduction in child protection plans, would have higher children looked after and vice versa, but more noticeably a reduction in children looked after was accompanied by an increase in

child protection plans. There were few authorities where the reduction was across all activity (referral, CP and CLA). Reductions were generally seen from 2012/13 or 2013/14 onwards.

“Early help is an important aspect of safeguarding as early identification of problems and appropriate support via attendance at Children’s Centres for under 5s is effective in addressing some parenting behaviours affecting children. Our monitoring of early help through Early Help Assessment and Team Around the Child activities demonstrates how early help has prevented many children from reaching the threshold for statutory intervention. We have evidence of improved outcomes particularly for children under five through their attendance at Children’s Centres and of young people over sixteen through our integrated youth support service “The Point”. Ofsted inspections of children’s centres in 2014 have commended the effectiveness of the early help offer and the impact for children and parents”. – London LA

22 authorities felt that their early help provision had led to increases in referrals, child protection or children looked after as it had identified unmet need. It is commonly acknowledged that awareness raising and a sharp focus in any area always uncovers unmet need (“if you go looking for it, you find it”) and whilst for these authorities it has caused an increase in safeguarding activity, this can only be considered good practice as needs have been identified perhaps earlier than they would have been identified if at all.

“The impact thus far appears to have been in highlighting additional needs. It is too early to evidence whether early help services will prevent escalation to children’s social care. However having an early help offer is providing a route out of safeguarding services for families who may need some low level support in order to maintain their progress. While this has a positive impact on the numbers of cases SW teams have to hold the levels of need entering in to safeguarding is preventing any positive impact on their overall capacity” – North East LA

However, the attribution of early help in reducing social care activity cannot be measured in a national study, as there will be other causal factors effecting activity. Other factors could contribute to reductions in social care activity, or a general national rise caused for other reasons could mean that the increases seen in individual authorities would be even greater without the early help services (deadweight). We don’t know. Some authorities are using tools such as Outcomes Star and cost calculators to measure the impact of individual services, and we know that work within many regions, and through the Early Intervention Foundation, are seeking to measure the impact of individual early help activities and as a whole.

“There has been a decline in the numbers of CP plans which is directly linked to CSC transformation in 2012 seeing the emergence of specialist teams and evidence based interventions to ensure families receive timely, intensive interventions. Additionally there has been a decline in the numbers of children looked after with a reduction in admissions to care. Furthermore there has been a reduction in readmissions to care. This is again attributed to intensity of intervention and a permanence strategy”. – Yorks & Humber LA

13.2 The Impact of Other Factors

These are presented in the order of prevalence of responses from authorities (i.e. the factor with the most responses first). Some factors have both a positive and a negative impact.

1. Funding Reductions



Impact on service delivery: Impact is significant for all services for children and their families, and authorities have evidenced ways in which they are redesigning and reprioritising services.

- ✓ Some local authorities have been successful in gaining Council or partner support to maintain early help services, and protect front line social work.
- ✗ Other authorities were concerned that the funding reductions already experienced, and those to come, will severely hamper their ability to provide the early help services required. Whilst delivering the budget reductions required in the short term, this will in all likelihood result in more, costly social care activity in the longer term.
- ✗ There is a concern in some authorities about the financial sustainability of children's centres and youth services especially. A significant message throughout the research has been one of deep concern about cuts to early help services despite the evidence such as Graham Allen (2011) that early help works.
- ✗ Impact of funding reductions on all social care services, even with improved commissioning and service redesign is a significant concern.
- ✓ Some LAs are pursuing additional funding sources through grants, mutual, social impact bonds or other, and cost effectiveness through improved commissioning.



Financial Impact: This factor is inherent across all others. Financial impact elsewhere in the Council for those authorities who report that so far front line services have been protected; widespread impact on children's services budgets and voluntary organisations as authorities report cessation of grants.



Impact on the child, young person or family: The range of available services is likely to diminish, just as local authorities are trying to broaden their reach to prevent the need for high cost interventions. The possible impacts range from the disappearance of 'nice to have' services and facilities, to potentially catastrophic safeguarding failures.



Timeline: Eight authorities cite lack of additional investment/support as already hindering safeguarding work, and 18 respondents say this will continue to have an effect over the next two years. Every authority cited funding reductions within their responses.



"£25m 2012, £25m 2015 (around 25% of non schools budget) and further significant reductions 2017 (likely to end up as a reduction of around 33% of non school budgets since 2010), likely to be at least the same if not more. This has led to the removal of our youth support services, ceasing joint funding of CAMHS, removal of CAMHS social workers, significant reduction in grant funding for a range of activity (e.g. domestic abuse). As we move forwards we will only be able to deliver statutory functions and not all of those that we are required to deliver as the service shrinks. Our focus will be CLA/ CP" – South East LA

2. Staying Put



Impact on service delivery:

✘ Availability of foster carers for new placements will reduce as care leavers remain in placement. Additional carers need to be recruited locally (some LAs could be at saturation point) or new placements will have to be with agency carers at a much higher cost.



Financial Impact: Pressure on LA budgets to fund Staying Put placements as the Government grant will be insufficient. Potential additional pressure on placement budgets if IFA use increases.



Impact on the child, young person or family: Positive, with better placement stability for the young person.



Timeline: It is too early to see an impact yet. 42 respondents say this will have an effect over the next two years in a number of ways. Could result in even greater rise in CLA as YP stay with carers rather than move to Independent Living whilst looked after. 2 authorities thought the Care Act 2015 would have an impact on care leavers.



“Staying Put will be a significant change. While it is likely to contribute to improved outcomes for young people it will be a significant additional pressure on the budget and the government grant doesn't begin to address this. In addition it will add to the pressure on foster care placement where there is already a national shortage”. – Eastern Region LA

3. “Toxic Trio” and Family Circumstances



Impact on service delivery:

- ✗ Nearly every authority stated that the prevalence of domestic abuse, parental mental health and substance misuse were frequent presenting factors in social care referrals, child protection plans and reasons for children becoming looked after.
- ✗ Increase in children and young people who are beyond parental control/unable to remain with parents.



Financial Impact:

- ✓ Some LAs are able to invest in local preventative and therapeutic services.
- ✗ Adults and health services will be subject to the same funding pressures as children’s services.



Impact on the child, young person or family: Significant – this is a causal factor of much child protection work impacting on emotional and physical health of children in the family.



Timeline: Authorities report that this has been a factor in safeguarding activity for some time, but becoming more prevalent and likely to continue as awareness is also raised.



“Substance mis-use services are well co-ordinated and domestic abuse is a recognised factor in referrals, and particularly in work coming back into the children’s social care system. There are good pathways for domestic abuse referral in the MASH and we are implementing a pilot project to notify schools of DV incidents by the end of 2014. The pilot will also inform Children’s Centres, health visitors and midwives of DV incidents as well as schools. Work is not as well co-ordinated where there are mental health issues in the family, and a working group is reviewing cases to identify learning”. East Midlands LA.

4. Adoption & Permanency Legislation and Guidance



Impact on service delivery:

- ✓ Adoption reforms, including adopter recruitment and adoption grant have helped according to nine LAs. 17 stated that the PLO and Family Justice Review have helped.
- ✓ Changes in fostering and adoption recruitment have helped.
- ✗ Impact of legislation and B-S judgement has already started to put additional pressure on social workers holding court work according to 17 authorities, with expectation of quicker results; improved evidence that there is 'no other solution' to adoption; costly specialist assessments and better analysis.



Financial Impact:

- ✓ Adoption Grant has benefitted authorities.
- ✗ Greater cost of specialist assessments and meeting 26 week timescale.



Impact on the child, young person or family: Increased focus and legislative changes will focus on the child's best interests and achieving pace in permanency. However, concern that some LAs are starting to see breakdown of SGOs.



Timeline: Legislation has already had an impact in the past two years, but new judgements, together with new guidance expected from the Adoption Leadership Board will be significant in the future. 16 respondents say this will have an effect over the next two years.



"Public Law outline and 26 weeks timescale - increase in numbers of Placement with Parents where courts not agreeing to removal but won't agree supervision order - implications for continued improvement of social work evidence at start of proceedings and numbers of CIC at home - capacity then to discharge orders. Courts poor understanding of role of Adoption Decision Maker and statutory regulations and making unrealistic demands to ensure cases completed in timescale". – North West LA

"Family Law Reform - helpful in identifying and addressing needs of the child so that a plan for their permanency can be agreed in a timely way which has led for example to an increase in the number of children aged under 2 years placed for adoption" – North West LA

5. Welfare Reforms and Child Poverty



Impact on service delivery:

- ✗ Welfare reforms have had an impact on safeguarding and early help services through increase in families in acute stress, families with no recourse to public funds, deprivation, financial instability. (12 LAs).
- ✗ 24 authorities report an increase in homelessness
- ✗✓ Increase in prevalence and awareness of neglect (13 LAs).



Financial Impact: Significant. Increase in safeguarding activity and £17.5m spend across 27 LAs in 2013/14 on families with no recourse to public funds.



Impact on the child, young person or family: Significant for the family, children and young people likely to have poorer outcomes.



Timeline: 10 respondents say this will have an effect over the next two years, and impact above is likely to continue – significant future budget pressures. A possible change of government in 2015 could result in changes to the welfare programme, though it is not possible to predict in which direction any such change could effect levels of deprivation and child poverty.



“Welfare reform has impacted upon care leavers and vulnerable families. 45% of care leavers have been affected by job centre plus sanctions. This has led to emergency funding for utilities and food provision from s.24 budget. There are insufficient properties for people to move in to avoid the 'bedroom tax' which again has an impact on arrears and housing stability” - West Midlands LA

6. High Profile Serious Case Reviews, Learning Reviews and Media Attention



Impact on service delivery:

- ✗ Raised anxiety of social work staff, image of social work and the general tone of national discussion around safeguarding. (9 LAs).
- ✗✓ Earlier identification and multi-agency response to issues such as CSE and Missing. (17 LAs). 29 authorities report an increase in this area. Whilst the focus on key areas such as CSE is helpful, it needs funding according to four authorities.
- ✗ Time taken responding to numerous FOI requests, generally from media which takes workforce away from front line delivery.
- ✗✓ Whilst SCR and other review reports in themselves provide evidence of positive safeguarding messages and actions, there can be limited capacity in authorities to react to emerging national agendas or reviews to provide the test of assurance and any remedial actions with the pace required. This applies to FGM, CSE and sexual abuse cases.



Financial Impact: Cost of the reviews themselves and implementing actions from them.



Impact on the child, young person or family: Whilst greater awareness of issues such as neglect and CSE must be beneficial in the long run, negative media attention in relation to high profile cases and incidents places pressure on services and can reduce public trust, including amongst the very families with whom they most need to positively engage.



Timeline: Four authorities report a negative effect from media attention of high profile cases, and four respondents say this will have an effect over the next two years. 16 respondents say that outcomes of current and future national reports and subsequent attention will have an effect over the next two years



“The media hype re a number of high profile cases means we are getting inappropriate contacts/referrals. This means we could be in danger of not being able to see the wood for the trees! - South West LA

7. Partnership Working, Service Redesign and Integration



Impact on service delivery:

- ✓ Provides focus on co-located multi-agency teams and more collaborative working. The benefit of Integrated teams was well evidenced by responding authorities, including identifying unmet need and dealing with cases such as domestic abuse, CSE and Missing.
- ✓ Public health move into the local authority.
- ✗ Risk related to reorganisation, and two authorities expressed concern about outsourcing the wrong elements of social care.
- ✗ Information sharing still reported as an area for improvement.
- ✓ Integrated teams such as MASH, Early Help Hubs improve practice and response to families (nine LAs).
- ✓ Improved work with Police, and general awareness of domestic abuse (20 LAs).
- ✗ Autonomy of academies and their working relationship with the LA and partners have hindered safeguarding work according to three authorities.



Financial Impact: Cost of service redesign; longer term potential cost benefits through co-location and shared services. Impact of funding reductions in other public sector services.



Impact on the child, young person or family: More joined up approach to their needs is an anticipated benefit. Earlier intervention hopefully leading to better outcomes.



Timeline: One respondent says this will have a negative effect over the next two years and three positive. Demand management is likely to become increasingly important.



“We have restructured our social work teams this year from generic teams to functional teams. Despite the pressure the change placed on staff, they remain convinced that this is the right move. We have created a single children's service that merges all early help services with social care services to support a focus on early help and join up pathways. We have teams around the school to assist in early identification”. North East LA

8. Workforce: Recruitment and Retention of Social Work Staff



Impact on service delivery:

- ✓ Step up to social work programme helped (One authority).
- ✓ Role of the principal social worker (One authority).
- ✓ Member commitment until now to protect or invest in social work posts (16 LAs).
- ✗ Issues in recruitment and retention of experienced social work staff, high % of NQSWs.
- ✗ Periods of staffing instability and high use of agency staff, especially in referral and assessment and child protection teams.



Financial Impact: High agency staff costs putting pressure on social work staff budgets.



Impact on the child, young person or family: Increase in caseloads, resulting in cases not being closed as swiftly, or less effective support. Changes of social worker.



Timeline: Four respondents say this will have an effect over the next two years.



“The local authority has had to increase its dependency upon agency staff to meet regulatory requirements. Currently we have over 30% of our staff from agencies and we have experienced attendant financial pressures” – East Midlands LA

“A positive has been the Step Up programme as it raised the bar for newly qualified social workers and provided us with some strong practitioners. The failure of the HCPC to address the unregulated locum market has proved a serious hindrance”. – London LA

9. Increasing Population



Impact on service delivery: Population increases and changes in demography have already had an impact - increased need and complexity of cases. As the greatest population increases tend to be in areas of deprivation, the impact is heightened. (8 LAs) .



Financial Impact: An increasing number of children and young people residing in the local area is likely to result in more children and young people receiving social care services and therefore increased expenditure across all services from universal to specialist. The changing profile of the population in many areas such as children with English as an additional language could generate higher costs, e.g. interpreters.



Impact on the child, young person or family: Research shows that children in poverty are more likely to have poorer outcomes than their counterparts. The population increase tends to be largely in areas of greater deprivation. Housing needs will also impact on the family.



Timeline: One respondent says this will have an effect over the next two years, with three adding that continued immigration and complexity will be challenging. The statistical evidence provided shows this will be a factor for some time to come.



“Safeguarding activity is likely to grow as the LA’s child population is increasing rapidly, driven largely by a high birth rate that is concentrated in the areas of highest deprivation. Between the census of 2001 and 2011 there was a 23% increase in 0-4 year olds. One contributory factor to increased safeguarding activity is that children from Eastern European countries make up 3% of the pupil population in the LA but were 15% of the children subject of CP plans in 2013-14 compared to 1.5% five years ago. Of these 65% are children from Slovak Roma backgrounds indicating that there are high levels of inequality and vulnerability in some of our newest communities” - Yorks & Humber LA

10. Government: Troubled Families, Children's Social Care Innovation Programme



Impact on service delivery:

✓ Troubled Families, and Innovation Programme funding were two initiatives that were reported by 11 authorities to be helpful.



Financial Impact: Provided investment in targeted, local services for some authorities.



Impact on the child, young person or family: The evidence appears to show that a significant number of families have been 'turned around' by the Troubled Families programme, but the long term benefits from this time-limited initiative remain unclear, and the national lead has described it as requiring continued support for at least a generation. Various government initiatives over the lifetime of this research have not yet reduced the numbers of children requiring the highest levels of support.



Timeline: Three respondents say that Troubled Families Programme will have a positive effect over the next two years, and one said the Innovation Programme would. Seven authorities commented on the uncertainty of policy direction post General Election in 2015.



“Investment in the Troubled Families scheme is beginning to have a significant, positive impact on social care work in (authority), increasing our capacity to work earlier with families to prevent the need for intervention later. We hope that our involvement in an Innovations Fund bid will ensure effective embedding of strengths-based, outcome-focussed social work with children and families” South West LA

11. Ofsted Inspection



Impact on service delivery:

- ✘ Pressure on authorities and staff due to inspection, changes in frameworks and impacts of judgements which are difficult to manage and react constructively to.
- ✓ But two authorities felt the Ofsted inspections helpful, and the Ofsted review of LSCBs may serve to strengthen multi-agency responsibility.



Financial Impact: It is not uncommon for significant management changes to occur as a result of adverse inspection outcomes, and often this results in the use of high cost interims in senior posts. Some authorities find that they need to divert resources into 'inspection readiness' activity.



Impact on the child, young person or family: Children and families have a right to expect the highest quality services, and inspection holds the providers of these services to account. They must hope that services can maintain their focus, and not be distracted by the inspection industry.



Timeline: Six authorities report that this has already hindered safeguarding work, and six respondents say this will have an effect over the next two years.



“The new Ofsted framework and subsequent inspections and changes to the framework have been a distraction in terms of expectation etc”. East Midlands LA

12. Leadership, Management and Safeguarding Practice



Impact on service delivery:

- ✗ In some LAs, management posts have been reduced to protect spending on front line services.
- ✗ ICS systems that are not fit for purpose and over burdensome data collection that is not sufficiently outcome focussed; changes in recording practice.
- ✓ Thresholds revised, and/or better understanding of safeguarding thresholds and agency working.
- ✗ Increase in CP/LAC through pre-birth work with families who have had children removed previously.
- ✓ Nine authorities report that the single assessment process has been helpful.
- ✓ Working Together 2013 has been helpful (10 LAs).



Financial Impact: Budget reductions seen in leadership/senior manager posts in some LAs, and difficulty recruiting to social work team manager posts.



Impact on the child, young person or family:

Ever reducing management capacity has unavoidable consequences for service development, and eventually continuity.



Timeline: Two respondents say that reduction in management posts will have an effect over the next two years. Factors effecting safeguarding practice are inherent in everything.



“The challenge the LA is seeing in respect of staffing is in relation to front line Team Manager posts. Both retention and recruitment to front line Team Manager posts for child protection social work teams are challenging” – Yorks & Humber LA

13. SEND Reforms



Impact on service delivery: Significant changes for disability services, schools, health and other partners.



Financial Impact: Cost of implementing over a period of time, although grant available will not cover costs.



Impact on the child, young person or family: integrated plan focussing on outcomes and improved multi-agency response to their needs.



Timeline: Seven respondents say this will have an effect over the next two years.



“The SEND reforms are introducing significant changes for families with disabled children with the introduction of Personalisation and the ability for parents to purchase their own support from a variety of sources” – South East LA

13.3 Direction of Travel

52% of the 79 responding authorities believe that the trajectory of demand for safeguarding activity will continue to increase. This proportion is slightly lower than 67% in Phase 3. However, a larger proportion than previously felt that the numbers should plateau if plans, strategies and actions which are in place or planned can be sustained.

“Numbers of children coming into care will continue to rise unless a difference is made to the deprivation and dependency on alcohol and drugs, and the ability of local services to intervene at an early level”

Authorities hypothesised that reasons for continued increase in demand would remain the same, as illustrated in the previous section, such as the increasing impact and prevalence of domestic abuse, parental substance misuse and parental mental health, but also a sharper focus in CSE. The biggest changes that authorities say we will see in the next two to three years that will influence

safeguarding activity and services provided by children’s social care, are summarised below (in order of number of predictions):

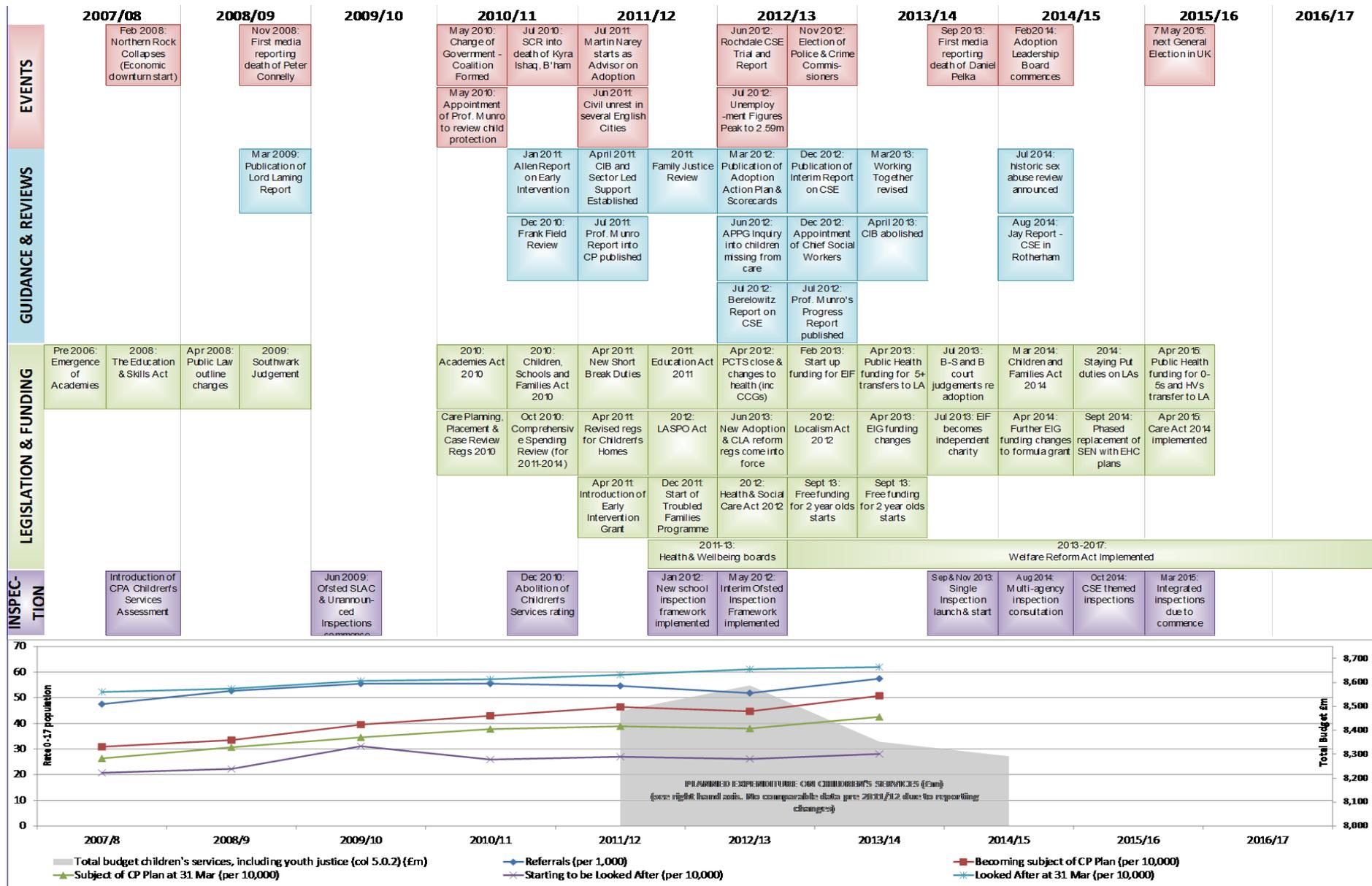
- Almost all authorities stated that the impact of Staying Put will put pressure on the authority financially in funding the placements as the grant is insufficient, but in also reducing availability and recruitment of foster carers.
- The impact of existing funding cuts. Some authorities are tackling the funding cuts with service re-design as far as possible.

- The Children and Families Act 2014 will be positive in assisting more children to be adopted, quicker, but it will also have implications and for the training and CPD of social workers holding court work.
- Continued effect of welfare reforms on child poverty; homelessness; families in acute stress and significant rising financial cost of Families with No Recourse to Public Funds. The well-reported links between child poverty and children requiring social care services would indicate increased safeguarding activity will continue.
- Pressure from inspection regime which results in attention diverted away from delivery.
- Continued impact on both service planning and delivery, and image of social work, of the media reporting and outcomes of future national reports.
- Social worker recruitment difficulties and workforce instability will continue.
- SEND reforms and significant changes for disability services.
- Rising age profile, complexity of, and increasing focus on vulnerable adolescents.

14 Considerations and Challenges

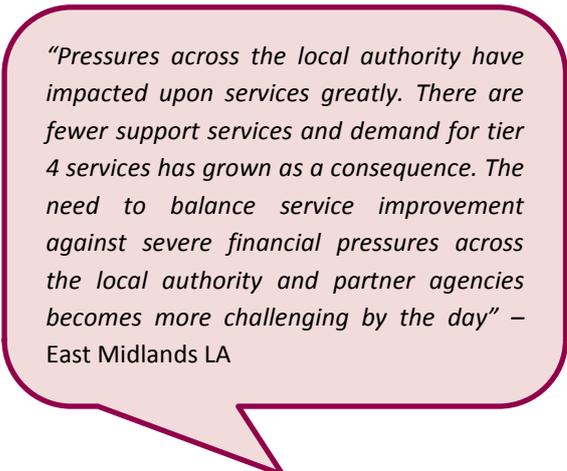
In 2013, Action for Children reported that across the UK, there had been 98 separate Acts of Parliament affecting children passed since 1987; and over 400 different initiatives, strategies, funding streams, legislation or guidance and organisational changes to services affecting children and young people over the past 21 years. Half of these were in the six years prior to 2013 (Action for Children 2013). There are further significant Acts of Parliament and changes expected in the next two years whatever the outcome of the General Election. This is a significant amount of change for local children's services to manage effectively within the scope of the reported reduction in resources, management posts and infrastructure to deliver services.

It is critical that any planning for, and forecasting changes for children's services takes into account future context and factors which will impact upon their outcomes which can be difficult in times of policy turbulence. The timeline overleaf maps key influential events, activities and legislation against a summary of seven years of safeguarding activity against the local authority funding for children's services, to illustrate this complex landscape within which local authority children's services operate. In their responses, authorities demonstrated an extremely pro-active, thoughtful and evidence-informed approach to generating and implementing required change and improvements, but it becomes more difficult to manage in such a complex landscape.



Much of the context and contributory factors identified are outside of the control of the local authority. Many of the solutions to addressing these factors rely on other preventative services and a partnership approach such as tackling the prevalence and impact of domestic abuse, parental mental health and parental substance misuse. Ofsted's annual report 2012/13 (Ofsted 2013b) includes a chapter evidencing *"Social care alone is not enough"* and their thematic inspection report *What about the children?* looked at joint working between children's social care and services provided for adults with drug, alcohol, or mental health problems.

Balancing preventative work and managing demand has been the subject of much research and many initiatives. Barlow and Scott (2010) quote Brandon *et al* (2008) research which found that many vulnerable and hard to help children and young people *"need more creative, more responsive, individually tailored services that extend into their adulthood and which can address root causes and not just respond, or fail to respond to their distress. The critical thinking required to enable staff to 'understand cases holistically, complete analytical assessments and weigh up interacting risk and protective factors require "not only more resources, but effective and accessible supervision"*.



"Pressures across the local authority have impacted upon services greatly. There are fewer support services and demand for tier 4 services has grown as a consequence. The need to balance service improvement against severe financial pressures across the local authority and partner agencies becomes more challenging by the day" – East Midlands LA

Addressing the root causes for rising safeguarding activity, enabling more prevention and addressing societal, demographic, economic and parental factors were seen by respondents as essential to making an impact in reducing the numbers of children who come through the 'front door' of children's services due to Abuse, Neglect or Family in Acute Stress/Dysfunction.

Research in Practice (2014) in their study of new responses for adolescent, risk and protection, cite changes required to tackle the issues faced by the increasing number of adolescents which cause them to require social care services and a systems shift away from the current 0-17 model.

During the same period as ADCS Safeguarding Pressures Research Phases 1 to 4, key performance indicators for children's social care, which are largely process rather than outcome indicators (re-referrals to children's social care; initial and core assessments to timescale; review of child protection conferences to timescale; children subject of second or subsequent CP plan; children subject of a CP Plan for 2 or more years; short term and long term stability of placements), appear to show no improvement in England average since 2007/8, yet there have been improvements in educational attainment, youth offending

rates and proportion of care leavers in education, employment and training (note: on latest available data, some are 2012/13 actuals and some are 2013/14).

15 Conclusion

The predictions two years ago in Phase 3 have been realised in terms of continued increases in children and young people requiring child protection interventions and the reasons behind these. Performance indicators for children's social care, although largely process measures rather than understanding outcomes for children and young people, appear to show no improvement in the England average since 2007/8.

Summarising the four research questions for Phase 4:

1. Safeguarding Pressures: What changes are local authorities experiencing in terms of safeguarding activity and do we know the reasons for this? (This has been a fundamental key research question for all four phases and looks at the potential effect of recent and future events and legislative changes).

The continued overall increase in safeguarding activity is evident and at a faster rate for child protection plans than children looked after. Apart from a slight decline in 2012/13, referrals to children's social care, children in need, children subjects of a child protection plan, and children looked after have increased in the last two years across responding authorities. However there is also greater disparity between authorities and we are now seeing some who appear to have 'turned the curve' to reduce children's social care activity in one or more areas such as referrals, child protection plans or children looked after.

Whilst many of the previously reported issues for children and young people contributing to the need for social care involvement remain, there has been a sharper focus in some areas such as CSE, neglect and domestic abuse, as well as greater prevalence of socio-demographic factors such as population increases and greater cultural and ethnic diversity in the populations of some local areas. Economic factors (welfare reforms, housing, and deprivation) and parental factors (toxic trio) as well as increased awareness and media attention also feature as causes for the increase.

The consequences of previous legislation and case law continue to be felt (e.g. Southwark Judgement), but there are additional drivers which are putting more pressure on children's services (e.g. welfare reforms, Public Law Outline, B-S judgement) and others not yet implemented that are very likely to impact further (e.g. Staying Put).

2. Holding the risk: What changes, if any, are there in provision of services pre/post social care involvement, both in providing more targeted support and managing risk? What happens to children who are subjects of contacts and referrals to social care including where the outcome is ‘no further action’? Who else is involved?

Risk management in safeguarding is a complex issue and the answer to this question has not been evidenced fully. There are increasing numbers of young people with complex and challenging needs, some of whom are also involved in risk taking behaviours. Negative impact of high profile SCRs, child deaths and reports such as the Jay report have been reported as contributing to a risk averse and ‘anxious’ public and workforce. Social work recruitment and retention problems and high proportions of agency staff are reported to be issues for many authorities

Balancing the provision of early help services and escalation to social care when statutory intervention is required, is reported to be working well in some authorities who have effective early help, and the right conditions for conversations about risk. Risk management depends on a skilled workforce and sustained investment, as well as the effectiveness of early help strategies, the multi-agency commitment to and resourcing of these, and the subsequent evidence base for their impact.

Authorities are still facing issues with information sharing, and work with partner agencies to clarify thresholds and develop knowledge on areas such as neglect and domestic abuse, are reported to be positive, and have resulted in an increase in safeguarding activity through identification of un-met need. Moving towards a demand management model and away from a rigid ‘threshold model’ to a model based on conversations about need have been stated as ways this can be achieved.

3. Revolving door: To what extent do children, especially adolescents, come back into social care services for a second or subsequent time, and why?

There is little evidence of a diminishing ‘revolving door’ of re-referrals into social care services; children are continuing to be subject of a child protection plan for a second or subsequent time. Some authorities have reported more children coming back into care for a second or subsequent time, There is also some evidence of a ‘family revolving door’ of children coming to the attention of social care who are from families that have had a previous child or children removed - rather than repeat admissions.

4. Reducing budgets and reaching other funding: Can we track the changes in funding for children's services and what the effect might have been, and whether LAs have harnessed community and other funding sources?

Budget cuts have and will continue to have an impact on all aspects of safeguarding. Nearly all authorities are experiencing - in some cases severe - funding reductions and spending pressures to the extent where some services such as youth services and Children's Centres will be significantly reduced. Pressures come from families with no recourse to public funds, rising numbers of child protection plans and children looked after, and an increase in funding of SGOs and ROs as the number supported increases.

Greater emphasis on improving and resourcing community-based responses to domestic abuse, mental health and substance misuse services would address a significant amount of the root causes of safeguarding activity. There is widespread concern that with reducing funding for local government, strong non statutory preventative services will be vulnerable to cuts, and will lead to worse outcomes for children, and in the longer term will increased budgetary pressures.

The funding available from programmes such as the Children's Social Care Innovation Programme Fund and Troubled Families, and the existence of the Adoption Reform Grant are valued and valuable, however, the time-limited nature of these funding streams brings into sharp relief the sustainability of the improvement in outcomes for children, young people and families that are beginning to be achieved.

Early Help services are varied in structure and maturity. Some LAs have a good story to tell, their services are demonstrably reducing some social care interventions, although reductions are not uniform (i.e. a reduction in one type of intervention, for example number of children who are subjects of child protection plans, may be evidenced against an increase in children looked after or vice versa). Early help services in many authorities are in the midst of significant cuts, with 79% reporting that these services are being re-designed into more targeted services or in some cases, early help services are being abolished.

ADCS Safeguarding Pressures research has collected and compared current and trend analysis of both qualitative and quantitative information from local authorities in four phases spanning 2007/8 to 2013/14, as well as horizon scanning into the coming two to three years. Through each phase, significant increases in safeguarding activity have been reported together with the range of factors contributing to this and predicted continued growth has happened. Yet the challenges and effects of policy, social, economic and demographic factors look very much the same as four years ago, despite, as shown in Phase 4, evidence based actions by authorities to counteract these.

In September 2010, the then ADCS President Marion Davis commented that the findings from Phase 2 presented evidence of a “perfect storm” of rising demand coupled with diminishing resources and urged the protection of funding for early intervention services. This “perfect storm” had not abated two years later when ADCS President Debbie Jones¹⁵ in 2012 reiterated the pressures faced by children’s services and increased social care activity:

“This perfect storm of new demands, new expectations of standards, new duties and new ways of working, all of which require new ways of distributing resources to best meet the changing needs of our local populations. This has the potential to become a raging hurricane.....the decisions we take on behalf of these vulnerable children can shape the rest of their lives. There is no greater responsibility”.

The findings from this latest phase of the research clearly present an evidence base of the continuation, and in all likelihood future worsening, of this perfect storm.

16 References

- Action for Children (2008) As long as it takes: a new politics for children
- ADCS (2010a) Safeguarding Pressures Phase 1: Results of Data Collection (Research Report)
- ADCS (2010b) Safeguarding Pressures Phase 2: Exploring Reasons and Effect
- ADCS (2012) Safeguarding Pressures Phase 3
- ADCS (2013) What is care for?
- Adoption Leadership Board (2014a) ALB-3 Headline Measures and Business Intelligence (Q4 2013/14)
- Adoption Leadership Board (2014b) ALB-3 Headline Measures and Business Intelligence (Q1 2014/15)
- Allen, G. (2011) Early Intervention – The Next Steps
- Barlow & Scott (2010), *Safeguarding in the 21st Century – where to now*. Research in Practice
- Cafcass (2014) care applications in March 2014: statistics from Cafcass
- Care Inquiry (2013): Making, no breaking, building relationships for our most vulnerable children
- DCLG (2014) Troubled Families programme: Understanding troubled families: progress information and families turned around
- DfE (2011a) A child-centred system: The Government’s response to the Munro review of child protection - July 2011

¹⁵ October 2012, Presidential speech to NCASC

DfE (2013a) – Section 251 Planned expenditure on children’s services 2011 - 2014

DfE (2013b) Working Together to Safeguard Children

DfE (2013c) Guidance notes for the completion of children in need census in England 1 April 2013 to 31 March 2014

DfE (2013d) Characteristics of children in need 2013 – statistical first release

DfE (2014a) Overview report: Department for Education Children’s Social Care Innovation Programme

DfE (2014b) children looked after – statistical first release

DfE (2014c) Children in care and adoption performance tables 2013/14

DfE (2014d) Children's Social Work Workforce: Key numbers as at September 2013 published March 2014

Fisher, M., Marsh, P., Phillips, D. and Sainsbury, E. (1986) In and Out of Care: The Experiences of Children, Parents and Social Workers,

HM Government (2013) Care Leaver Strategy: A cross-departmental strategy for young people leaving care.

Home Office (2014) Multi Agency Working and Information Sharing Project Final report

House of Commons Select Education Committee (2014) Second Report Into independence, not out of care: 16 plus care options

Institute of Education, University of London (2011) Working at the “Edges” of Care

Jay (2014) In the child’s time: professional responses to neglect

Munro E. Professor (2012) Progress Report: Moving Towards A Child Centred System

Ofsted (2013a) Framework for the Inspection of Local Authority Arrangements for Protection of Children

Ofsted (2013b) Ofsted annual social care report 2012/13

Ofsted (2014) Consultation on integrated inspections of services for children in need of help and protection, children looked after and care leavers and joint inspection of the Local Safeguarding Children Board

ONS (2012) 2011 Census - Population and Household Estimates for England and Wales
http://www.ons.gov.uk/ons/dcp171778_270487.pdf

ONS (2014) Annual Mid-year Population Estimates for England and Wales (2013), June 2014
http://www.ons.gov.uk/ons/dcp171778_277794.pdf

Research in Practice (2014) Evidence scope – Adolescents risk and protection (publication November 2014)

Tickell, Dame C., (2011) The Early Years: Foundations for Life, Health and Learning

APPENDIX A: Data Collection Form

ADCS SAFEGUARDING PRESSURES RESEARCH: PHASE 4

In October 2012, the ADCS published 'Safeguarding Pressures Phase 3' - research from 115 LAs about safeguarding and permanency, and exploring hypotheses behind the increase. The full report can be found at:

<http://www.adcs.org.uk/news/safeguarding-pressures.html>

In this next phase, the ADCS will be updating the research and considering further research questions:

- 1. Safeguarding pressures:** What changes are LAs experiencing in terms of safeguarding activity and what are the reasons for this? (This has been the fundamental research question in all four phases, and will again look at the potential effect of recent and future events and legislative changes).
- 2. Holding the risk:** What changes, if any, are there in provision of services pre/post social care involvement in providing more targeted support and effectively managing risk? How are the needs of children and young people met, who are subjects of contacts and referrals to social care where the outcome is 'no further action', or who are stepped down from social care.
- 3. Revolving door:** To what extent do children and young people, especially adolescents, come back into social care services for a second or subsequent time and why?
- 4. Reducing budgets and reaching other funding:** Can we track the changes in funding for children's services and what its effect has been or is predicted to be on safeguarding children, and whether LAs are able to access alternative funding sources.

There are three parts (worksheets) in this single excel workbook for LAs to answer:

- 1 - Your Details** - Name of LA, contact detail, and consent.
- 2 - Quantitative Data:** CAF and children's social care data. Contacts, referrals, children in need, child protection and looked after children data from the 903 and CIN Census, together with some finance information.
- 3 - Questionnaire** for a strategic manager or DCS within your LA to answer, providing your experiences and views.

We will again provide you with a copy of the full report and share excel workbooks for benchmarking with you, as we understand that local authorities would like all data to assist in benchmarking with statistical neighbours (depending on consent, and suppression to be applied).

Brief guidance notes for completion where appropriate have been provided in this workbook, but if there is anything you are unsure of, or you would like to discuss the project in more detail, please do contact Carole Brooks (Lead Researcher) on the email below.

Thank you,

Please return your responses by **3rd September 2014** at the very latest to:
carole.brooks@adcs.org.uk

WE REGRET THAT LATE SUBMISSIONS WILL NOT BE POSSIBLE

YOU DO NOT HAVE TO PROVIDE ALL THE DATA IF YOU ARE NOT ABLE TO - PART RETURNS ARE ACCEPTABLE AND WILL BE USED.

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

ADCS SAFEGUARDING PRESSURES RESEARCH: PHASE 4

YOUR DETAILS

Please complete all green boxes

NAME OF LOCAL AUTHORITY:

CONTACT NAME:

JOB TITLE:

TELEPHONE:

EMAIL:

Please state either Yes / No

I give permission for this information to be shared with other authorities, naming my LA.

Finally, would you be prepared to have a 30 minute telephone interview with the researchers to share your experiences in more detail, if it is required?

ADCS SAFEGUARDING PRESSURES RESEARCH: PHASE 4

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 much as possible although there are some additional questions about CAF and care leavers. Some data for 12/13 may not be available or as robust as 13/14. If this is the case, please use the notes column to let us know.

YOU DO NOT HAVE TO PROVIDE ALL THE DATA IF YOU ARE NOT ABLE TO - PART RETURNS ARE ACCEPTABLE AND BE USED

EARLY HELP (local data)

	CAFS/EHAs (Common Assessment Framework and Early Help Assessments).	2012/13	2013/14	Any notes re d (extend if need
1				
a	Number of CAFs/EHAs completed in the year			Your local definition be helpful
b	Number of CAFs/EHAs open at the 31st March			

CONTACTS AND REFERRALS (CIN Census and local data)

	Initial contacts received in the period - number by source <i>(please use your own categories if easier, here or on separate worksheet)</i>	2012/13	2013/14	Any notes re d (extend if need
2				
	Education			Your local definition be helpful
	Police			
	Health			
	Parent/Carer/Family Member/child or young person			
	All Other			
	OVERALL TOTAL			
3	Initial contacts received in the period - outcome <i>(please use your own categories if easier, here or on separate worksheet)</i>	2012/13	2013/14	Any notes re d (extend if need
	Referral to social care			
	Advice and Information provided			
	NFA			
	Other			
4	Referrals received in the period - number by source <i>(For 2013/14 - use CIN Census categories but aggregate if necessary)</i>	2012/13	2013/14	Any notes re d (extend if need
	INDIVIDUAL – Family member/relative/carer (1A)			
	INDIVIDUAL – Acquaintance (including neighbours and child minders) (1B)			
	INDIVIDUAL – Self (1C)			
	INDIVIDUAL – Other (including strangers, MPs) (1D)			
	SCHOOLS (2A)			
	EDUCATION SERVICES (2B)			
	HEALTH SERVICES – GP (3A)			
	HEALTH SERVICES – Health Visitor (3B)			
	HEALTH SERVICES – School Nurse (3C)			
	HEALTH SERVICES – Other primary health services (3D)			
	HEALTH SERVICES – A&E (Emergency Department) (3E)			
	HEALTH SERVICES – Other (eg hospice, hospital ward discharges) (3F)			
	HOUSING (4)			
	LA SERVICES – Social care eg adults social care (5A)			
	LA SERVICES – Other internal (5B)			
	LA SERVICES – External eg from another LAs adults social care (5C)			
	POLICE (6)			
	OTHER LEGAL AGENCY (7)			
	OTHER (8)			
	ANONYMOUS (9)			
	UNKNOWN (10)			
	OVERALL TOTAL			

5 Referrals received in the period - number by Primary Need Code	2012/13	2013/14	Any notes re data (extend if needed)
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)			
6 Referrals received in the period - number by outcome (use your own categories if easier)	2012/13	2013/14	Any notes re data (extend if needed)
Strategy discussion and/or s47 enquiry			
Further Assessment required (inc Initial/Single)			
Signposting to other services			
No Further Action			
Other (pls state)			
7 Re-referrals	2012/13	2013/14	Any notes re data (extend if needed)
% referrals to children's social care within 12 months of a previous referral			

ASSESSMENTS (CIN census and local data)

8 Total number of assessments completed in the period	2012/13	2013/14	Any notes re data (extend if needed)
Initial Assessments			
Core Assessments			
Continuous (Single) Assessments			
9 Number of assessments completed in the period where the outcome is 'No Further Action' (Closure reason RC8: Closed after assessment, NFA)	2012/13	2013/14	Any notes re data (extend if needed)
Initial Assessments			
Core Assessments			
Continuous (Single) Assessments			
10 Assessments by factors identified at the end of assessment	2012/13	2013/14	Any notes re data (extend if needed)
How robust and useful is it to collect information about presenting factors at end of assessment in your LA?			
11 For all assessments completed in the period, number of assessments by factors identified at the end of assessment	2012/13	2013/14	Any notes re data (extend if needed)
Alcohol misuse: Concerns about alcohol misuse by the child (1A)			
Alcohol misuse: Concerns about alcohol misuse by the parent/carer (1B)			
Alcohol misuse: Concerns about alcohol misuse by another person living in the household (1C)			
Drug misuse: Concerns about drug misuse by the child (2A)			
Drug misuse: Concerns about drug misuse by the parent/carer (2B)			
Drug misuse: Concerns about drug misuse by another person living in the household (2C)			
Domestic violence: Concerns about the child being the subject of domestic violence (3A)			
Domestic violence: Concerns about the child's parent/carer being the subject of domestic violence (3B)			
Domestic violence: Concerns about another person living in the household being the subject of domestic violence (3C)			
Mental health: Concerns about the mental health of the child (4A)			
Mental health: Concerns about the mental health of the parent/carer (4B)			
Mental health: Concerns about the mental health of another person in the family/household (4C)			
Learning disability: Concerns about the child's learning disability (5A)			
Learning disability: Concerns about the parent/carer's learning disability (5B)			
Learning disability: Concerns about another person in the family/household's learning disability (5C)			
Physical disability or illness: Concerns about a physical disability or illness of the child (6A)			
Physical disability or illness: Concerns about a physical disability or illness of the parent/carer (6B)			
Physical disability or illness: Concerns about a physical disability or illness of another person in the family/household (6C)			

	Young carer: Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities (7A)			
	Privately fostered: Concerns that services may be required or the child may be at risk as a privately fostered child (8A)			
	UASC: Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child (9A)			
	Missing: Concerns that services may be required or the child may be at risk of harm due to going/being missing (10A)			
	Child Sexual Exploitation: Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation (11A)			
	Trafficking: Concerns that services may be required or the child may be at risk of harm due to trafficking (12A)			
	Gangs: Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs (13A)			
	Socially unacceptable behaviour: Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour (14A)			
	Self-harm: Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm (15A)			
	Abuse or neglect - NEGLECT: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (16A)			
	Abuse or neglect - EMOTIONAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (17A)			
	Abuse or neglect - PHYSICAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (18A)			
	Abuse or neglect - SEXUAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect (19A)			
	Other (20)			
	No factors identified- only use this if there is no evidence of any of the factors above and no further action is being taken (21)			
12	Number of Children In Need at 31st March	2012/13	2013/14	Any notes re data (extend if needed)
a	Number of children in need INCLUDING CP AND LAC at 31st March			
b	Number of children in need EXCLUDING CP and LAC at 31st March			

CHILD PROTECTION PLANS (CIN Census data)				
13	Number of children subject of a child protection plan at <u>31st March</u>, by category of abuse	2012/13	2013/14	Any notes re data (extend if needed)
	Neglect			
	Physical Abuse			
	Sexual Abuse			
	Emotional Abuse			
	Multiple/Not Recommended			
	TOTAL NUMBER OF CHILDREN SUBJECT OF CPP AT 31 MARCH			
14	Number of children subject of a child protection plan at <u>31st March</u>, by age	2012/13	2013/14	Any notes re data (extend if needed)
	Under 1			
	1 to 4			
	5 to 9			
	10 to 15			
	16 and over			
15	Number of child protection plans <u>starting</u> during the year, by category of abuse	2012/13	2013/14	Any notes re data (extend if needed)
	Neglect			
	Physical Abuse			
	Sexual Abuse			
	Emotional Abuse			
	Multiple/Not Recommended			
	TOTAL NUMBER OF CHILD PROTECTION PLANS STARTING			

16	Number of child protection plans <u>starting</u> by age band	2012/13	2013/14	Any notes re data (extend if needed)
	Under 1			
	1 to 4			
	5 to 9			
	10 to 15			
	16 and over			

CHILDREN LOOKED AFTER (SSDA903 return data)

Question 17 below asks for numbers of children looked after by legal status **including respite codes (V3 and V4)**. This is the **only** question where you should include these children and all other questions **exclude** those receiving respite (legal status codes V3 and V4).

Children looked after at 31st March

17	Number of children looked after at <u>31st March</u> by legal status (including respite)	2012/13	2013/14	Any notes re data (extend if needed)
	Interim care order (C1)			
	Full care order (C2)			
	Freeing order granted (D1)			
	Placement order granted (E1)			
	Single period of accommodation under section 20 (V2)			
	Accommodated under an agreed series of short-term breaks, when individual episodes of care are recorded (V3)			
	Accommodated under an agreed series of short-term breaks, when agreements are recorded (i.e. NOT individual episodes of care) (V4)			
	Under police protection and in local authority accommodation (L1)			
	Emergency protection order (L2)			
	Under child assessment order and in local authority accommodation (L3)			
	On remand, or committed for trial or sentence, and accommodated by LA (J1)			
	Detained in LA accommodation under PACE (J2)			
	Sentenced to CYPA 1969 supervision order with residence requirement (J3)			

ALL NUMBERS OF CHILDREN IN THE QUESTIONS BELOW SHOULD BE EXCLUDING RESPITE (LEGAL STATUS V3 AND V4)

18	Number of children looked after at <u>31st March</u> by placement type	2012/13	2013/14	Any notes re data (extend if needed)
	Placed for adoption with parental/guardian consent with current foster carer or with a freeing order where parental/guardian consent has been given (A3)			
	Placed for adoption with parental/guardian consent not with current foster carer or with freeing order where parental/guardian consent given (A4)			
	Placed for adoption with placement order with current foster carer or with a freeing order where parental/guardian consent was dispensed with (A5)			
	Placed for adoption with placement order not with current foster carer or with a freeing order where parental/guardian consent was dispensed with (A6)			
	Residential accommodation not subject to Children's homes regulations (H5)			
	Secure unit (K1)			
	Children's Homes (K2)			
	In Refuge (section 51 of Children Act) (M1)			
	Whereabouts known (not in Refuge) (M2)			
	Whereabouts unknown (M3)			
	Placed with own parents or other person with parental responsibility (P1)			
	Independent living with or without formal support (P2)			
	Residential employment (P3)			
	Foster placement with relative or friend (Q1)			
	Placement with other foster carer (Q2)			
	Residential care home (R1)			
	NHS/Health Trust or other establishment providing medical or nursing care (R2)			
	Family centre or mother and baby unit (R3)			
	Young Offender Institution or prison (R5)			
	Residential schools except dual-registered as school & children's home (S1)			
	All types of temporary move (see paragraph above for further details) (T0)			
	Temporary periods in hospital (T1)			
	Temporary absences of the child on holiday (T2)			
	Temporary accommodation whilst normal foster carer is on holiday (T3)			
	Temporary accommodation of 7 days or less not covered by codes T1-T3 (T4)			
	Other placements (Z1)			
	TOTAL NUMBER OF CHILDREN LOOKED AFTER AT 31 MARCH			

19	Number of children looked after at <u>31st March</u> by age band	2012/13	2013/14	Any notes re data (extend if needed)
	Under 1			
	1 to 4			
	5 to 9			
	10 to 15			
	16 and over			
20	Number of children looked after at <u>31st March</u> by primary need code	2012/13	2013/14	Any notes re data (extend if needed)
	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)			
21	Number of Unaccompanied Asylum Seeking children looked after at <u>31st March</u>	2012/13	2013/14	Any notes re data (extend if needed)
	UASC (code 1 on SSSA 903)			
22	Number of children looked after at <u>31st March</u> by type of plan (please use your own categories if easier, here or on separate worksheet)	2012/13	2013/14	Any notes re data (extend if needed)
	Remain with family through provision of support (for LAC placed with parents)			
	Return to birth family			
	Long term foster care			
	Adoption			
	Live with relatives/friends			
	Independent living/supported living in the community			
	Residential			
	Unknown			
	Other			
23	Stability of placements (Children looked after at 31 March)	2012/13	2013/14	Any notes re data (extend if needed)
	Number of looked after children looked after continuously for 2.5 years			
	Of which: number living in same placement for at least 2 years			
24	Number of children looked after at <u>31st March</u> aged 16 and 17 only by primary need code	2012/13	2013/14	Any notes re data (extend if needed)
	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)			
25	Number of children looked after at <u>31st March</u> aged 16 and 17 only who have presented as homeless (if data available)	2012/13	2013/14	Any notes re data (extend if needed)
	Total Number			
Children starting to be looked after in the period				
26	Number of children <u>starting</u> to be looked after by age band	2012/13	2013/14	Any notes re data (extend if needed)
	Under 1			
	1 to 4			
	5 to 9			
	10 to 15			
	16 and over			
	TOTAL NUMBER OF CHILDREN STARTING TO BE LOOKED AFTER			

27	Number of children <i>starting</i> to be looked after in the year by primary need code	2012/13	2013/14	Any notes re data (extend if needed)
	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)			
28	Number of children <i>starting</i> to be looked after for a second or subsequent time (ever, age at start of latest period)	2012/13	2013/14	Any notes re data (extend if needed)
	Under 1			
	1 to 4			
	5 to 9			
	10 to 15			
	16 and over			
	Total Number			
Children ceasing to be looked after in the period				
29	Number of children <i>ceasing</i> to be looked after by age band	2012/13	2013/14	Any notes re data (extend if needed)
	Under 1			
	1 to 4			
	5 to 9			
	10 to 15			
	16 and over			
	TOTAL NUMBER OF CHILDREN CEASING TO BE LOOKED AFTER			
30	Number of children <i>ceasing</i> to be looked after by reason (SSDA903 "REC")	2012/13	2013/14	Any notes re data (extend if needed)
	Died (E2)			
	Care taken over by another LA in the UK (E3)			
	Returned home to live with parents, relatives, or other person with parental responsibility (not under a residence order or SGO) (E4)			
	Moved into independent living and no longer looked after: supportive accommodation providing formalised advice/support arrangements (E5)			
	Moved into independent living arrangement - no longer looked after: accommodation providing no formalised advice/support arrangements (E6)			
	Transferred to residential care funded by adult social services (E7)			
	Period of being looked after ceased for any other reason (E8)			
	Sentenced to custody (E9)			
	Adopted - Application for an adoption order unopposed (E11)			
	Adopted – consent dispensed with by court (E12)			
	Residence order granted (E41)			
	Special guardianship made to former foster carers (E43)			
	Special guardianship made to carers other than former foster carers (E44)			
31	Number of children by reason for reversal of decision to adopt (SSDA903 guidance 2.7.3). This should be completed for any child where the decision is made that the child should or should no longer be placed for adoption, to enable us to analyse where there has been a change in the permanence plan for the child.	2012/13	2013/14	Any notes re data (extend if needed)
	The child's needs changed subsequent to the decision (RD1)			
	The Court did not make a placement order (RD2)			
	Prospective adopters cannot be found (RD3)			
	Any other reason (RD4)			
	TOTAL NUMBER OF CHILDREN			

32	For children ceasing to be looked after in 2013/14 for the end reasons below, please indicate for each placement type the number of children by length of time from date started to be looked after, to date of moving in with their permanent family.'	0>365 days (under 1 year)	366 > 730 days (1 to 2 years)	731 > 1095 days (2 to 3 years)	1095+ days (over 3 years)	Any notes re data (extend if needed)
	Adopted - Application for an adoption order unopposed (E11)					
	Adopted – consent dispensed with by court (E12)					
	Residence order granted (E41)					
	Special guardianship made to former foster carers (E43)					
	Special guardianship made to carers other than former foster carers (E44)					
33	For children ceasing to be looked after in 2013/14 for the end reasons below, please indicate for each placement type the number of children by length of time from date started to be looked after, to date ceasing to be looked after	0 > 730 days (under 2 years)	731 > 1095 days (2 to 3 years)	1095>1460 days (3-4 years)	1461+ days (over 4 years)	Any notes re data (extend if needed)
	Adopted - Application for an adoption order unopposed (E11)					
	Adopted – consent dispensed with by court (E12)					
	Residence order granted (E41)					
	Special guardianship made to former foster carers (E43)					
	Special guardianship made to carers other than former foster carers (E44)					
Care Leavers						
34	Number of care leavers supported by the LA at 31st March	2012/13	2013/14	Any notes re data (extend if needed)		
	Total Number					
Special Guardianship and Residence Orders						
35	Number of Special Guardianship and Residence Orders funded by the LA at 31st March	2012/13	2013/14	Any notes re data (extend if needed)		
	Special Guardianship Orders					
	Residence Orders					

FINANCIAL DATA

36	Total Expenditure (Section 251 return)	2013/14		2014/15		Any notes re data (extend if needed)
		Budget	Outturn	Budget	Forecast	
	Special guardianship support (3.1.4)					
	Total Sure Start Children's Centres and Early Years Funding (3.0.5)					
	Total Children Looked After (3.1.11)					
	Other children and families services (3.2.1)					
	Total Safeguarding Children and Young People's Services (3.3.4)					
	Total Family Support Services (3.4.6)					
	Total Services for young people (3.5.3)					
	Total Children's Services (5.0.2)					
37	Families with no recourse to public funds	2012/13	2013/14	Any notes re data (extend if needed)		
	Number during the year					
	Spend during the year					

YOU DO NOT HAVE TO PROVIDE ALL THE DATA IF YOU ARE NOT ABLE TO - PART RETURNS ARE ACCEPTABLE AND WILL BE USED.

ADCS SAFEGUARDING PRESSURES RESEARCH: PHASE 4

YOUR EXPERIENCES AND VIEWS

Throughout, safeguarding activity means referrals to children's social care, assessments, S47s, children subject of child protection plans and children looked after. Where we have referred to 'safeguarding issues', these are presenting issues such as neglect, sexual abuse, forced marriages, domestic violence, use of emergency short term periods of care, etc.

Whilst the boxes for your responses can be extended, please do provide any supporting or more detailed information in other formats, e.g. in Word document, if you would find it easier.

CHANGES IN SAFEGUARDING ACTIVITY

<p>1 If your LA has seen an increase in a particular aspect of safeguarding activity, why do you think this is? Please include references to any evidence you have.</p>	
<p>2 If your LA has seen a decrease in a particular aspect of safeguarding activity, why do you think this is? Please include references to any evidence you have.</p>	
<p>3 Have changes in population or profile of children in your area made a difference to safeguarding activity? If so, please tell us how.</p>	
<p>4 What part do you feel early help has played so far in your LA in affecting safeguarding activity?</p>	
<p>5 Which services provide support for children and families who do not meet the threshold for social care services (i.e. contacts and referrals which do not result in assessment, provision of services, or which are 'step down')?</p>	
<p>6 Have any universal services (e.g. children's centres) changed their offer away from universal to more targeted support in the past two years, or are there plans to do so?</p>	
<p>7 Do you think that thresholds have changed in the past two years in your authority? If "yes", how, and what has been the impact on safeguarding activity?</p>	
<p>8 Have you undertaken any analysis of the impact of parental factors (eg parental substance misuse, mental health or domestic abuse) on children in need, subject of CP Plans or becoming looked after? If so, please provide a brief summary of your conclusions or attach separately.</p>	

<p>9 For young people aged 15-17, have you experienced any changes (increase or decrease) in their needs or demands on service provision (for example, homelessness, risky behaviours, sexual exploitation or use of welfare secure accommodation)? If yes, please describe what the changes have been and the impact on your LA in terms of resources.</p>	
<p>10 We have asked how many children and young people who have been looked after and returned home, are coming back into care. Is your experience that there is any change (increase or decrease) in numbers and if so, why?</p>	
<p>11 Do you feel there is any national policy or there are initiatives that have either helped, or hindered safeguarding work in LAs in the last 2 years? Please be clear what they are, and what the impact has been.</p>	
<p>DEMAND VERSUS RESOURCES</p>	
<p>12 Has your LA experienced any changes in commissioning of services for looked after children in the last two years? For example, your approach to commissioning, the cost of commissioned placements including agency foster care, transport, contact , etc.</p>	
<p>13 What budget changes or different funding sources have you experienced, or are you anticipating in the next two years? Please provide information about these and what the impact has been on your authority.</p>	
<p>14 Has there been any significant changes to social work staffing in your authority over the past two years? For example, changes in number of qualified or unqualified social workers; recruitment; use of agency staff; or if SW teams are being organised differently, eg in order to address the early help/children's social care boundary issues: SWs in schools (paid for wholly or in part from school funding), or SWs in inter-borough teams?</p>	
<p>HORIZON SCANNING</p>	
<p>15 Direction of travel: In your opinion, what is the trajectory for quantity of safeguarding and looked after children (e.g. Will numbers of children continue to rise).</p>	
<p>16 What do you think are some of the key changes we will see in the next two to three years that will influence safeguarding activity and services provided by social care, e.g. Staying Put (arrangements for care leavers aged 18 and above)</p>	

<p>17 Are there any other comments or evidence that you wish to provide relating to our four research questions (see cover):</p> <ol style="list-style-type: none">1. Safeguarding pressures2. Holding the risk3. Revolving door4. Reducing budgets and reaching other funding	
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ADCS SAFEGUARDING PRESSURES RESEARCH: PHASE 4

GUIDANCE NOTES

Please remember that you do not have to answer all the questions, but it would be helpful for you to provide whatever data you can. If you have any queries that are not answered within these guidance notes, please don't hesitate to contact us and we will get back to you quickly:

carole.brooks@adcs.org.uk

Data

The source of data for questions 4 to 16 are largely from DfE CIN Census, and questions 17 to 34 are largely from the SSDA903 which LAs will already have available. There some questions from locally available data. If you do not have this data available, or have any queries about definitions, please do ask.

Question No:

- 1 **CAFs/EHAs:** We know that LAs use these differently and measuring will not give us a like for like measure. It will however, give us a rough national picture of this activity for the first time. Please do use the additional notes column to add any data definitions for CAF/EHA in your LA.
- 2&3 An **initial contact** is defined 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 collect initial contacts and contacts on open cases together and therefore not be able to differentiate between the two without additional analysis locally. If this is the case, please include in the notes column next to Question 2 your local definition used. Some LAs may not have this information at all, in which case, please leave blank.
- 4 **Source of referrals.** If you are unable to provide a breakdown by CIN Census sources, please merge the cells to provide total(s) according to the sources you have available.
- 3&6 **Initial contacts & Referrals - outcome.** Collecting outcome data is a very important information for us to answer our research questions. If you have alternative outcome codes to those provided, please do either replace the rows or provide on a new worksheet within the workbook.
- 7 **Re-referrals** as per CIN Census definition.
- 8 **Assessments:** We are asking for assessment data for the first time in this research, but you will have this information in your CIN Census return.
- 10 We are interested to know how robust or useful you feel the parental factors is, to ensure we provide it with the right 'confidence level' in our analysis. These factors are welcome data for the safeguarding pressures research and will help policymakers.
- 11 Please include for total for the year of initial and continuous (single) assessments as per CIN guidance.
- 12 We are asking for two figures: a) number of CIN that you would have submitted in your return to DfE as per CIN Census guidance page 5: "This includes children looked after (CLA), those supported in their families or independently (CSF/I), and children who are the subject of a child protection plan". b) the above figure EXCLUDING the total number of children who are subject of a child protection plan at 31 March (last Q15 row) the total number of children you have reported below who are looked after at 31 March (last Q18 row). We know from other data collections this is an area which is lack sufficiently definitions, hence asking you for both here. Please email us if any further clarification required. It would be helpful if you could indicate in the notes if you include or exclude Care Leavers in your total number of CIN.
- 15,16 This relates to the number of plans starting in the year (i.e. if there are children who may have started to be subject of a CP Plan more than once in the year, they are counted more than once).
- 17 Legal Status – codes available match DfE submission options, but if you do have others, please include as best fit as per your DfE submission and state in the notes field OR add as an additional row what the alternative LS is and how many children.
- 21 Please include the total number of looked after children who have a status of UASC from your 903 return

- 22 We know that many LAs will not be able to answer this question without a considerable amount of work, depending on your current children's social care system. We would be grateful for those LAs who can **easily** provide it to do so, as it will provide part of the evidence base, but please do feel free to leave this question blank if you don't readily have this data. If you do some information but not using these plan categories, please do provide what you are able to.
- 23 This assumes DfE will have a working calculation in the 903 return for stability of placement by the date of submission of this data collection. If not available, please include your own local calculation and we will ensure in publication we reference there is a difference between DfE data and this research.
- 24 Our research centres on the experiences of adolescents and so we have included some questions where we want to know **ONLY** about young people aged 16 & 17 who are looked after. This will be a breakdown from question 20.
- 25 We know some LAs may not be able to answer this question, which is how many 16 & 17 year olds have presented as homeless (i.e. not living with parents, and have no fixed abode).
- 28 This is key data for Safeguarding Pressures research question about the 'revolving door' and it is important to understand how many children come back into care. Please put total only if you don't have breakdown by age, but if you can break it down, we would like age at starting latest period of care.
- 34 For the first time, we are asking for the total number of care leavers which your LA is supporting (these are defined as the total of eligible, former eligible and relevant) which CIN Census describes as 'young people aged 18 or over who are still receiving care and accommodation or post-care support (leaving care services) from children's services'.

General Notes

Suppression rules will be applied on low numbers in accordance with DfE guidelines, prior to sharing with others for your own internal use only after analysis if you give your consent to share, but please can you provide exact numbers for this research, or it is difficult for us to gather a robust aggregated national figure.

APPENDIX B: National Key Performance Measures

Title	2007/08	2012/13	Improved
Percentage of initial child protection conferences held within 15 days of the start of the section 47 enquiries which led to a conference	52	70	✓
Initial assessment for children's social care carried out within ten working days of referral	75.5 (2010)	75.5	=
Percentage of Re Referrals to children's social care within 12 months of previous referral	24	24.9	=
Review of child protection cases - Percentage that should have been reviewed that were reviewed	99.4	96.2	✗
Percentage of children subject of CP Plan who had been subject of a previous plan	13.6	14.9	✗
Child protection plans which last 2 years or more which cease during the year	5.3	5.2	=
Percentage of children looked after at 31 of March, placed more than 20 miles from their homes, outside LA boundary.	13	12	=
Percentage of children at 31 March with 3 or more placements during the year CF/A1	11.8	11	=
Percentage of children who have been looked after for more than 2.5 years and of those, have been in the same placement for at least 2 years or placed for adoption	65	67	✓
Percentage Looked After Children adopted in year	13	14 (2013/14)	✓
Percentage of looked after children subject to a conviction, final warning or reprimand during the year	8.8	6.2	✓
Percentage of Looked After Children as having a substance misuse problem during the year	5.10 (2009)	3.5	✓
Percentage of Looked After Children classed as persistent absentees	9.3	5	✓
Percentage of Looked After Children achieving 5+ GCSE at grades A*-C (including English and Maths)	10.2	15.3	✓

Care leavers at 19 in Education, Employment or Training	64.9	58	✓
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Source: DfE Local Area Interactive Tool, October 2014