

By Email: ONS.consultations@ons.gov.uk

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ADCS response to the ONS consultation on developing a national child abuse survey

1. The Association of Directors of Children's Services Ltd (ADCS) is pleased to make this written submission to the Office of National Statistics. ADCS is the national leadership organisation in England for directors of children's services (DCSs) appointed under the provisions of the *Children Act 2004*, and for other senior managers in the local authority. ADCS welcomes the opportunity to comment on the work to date on the design and administration of a new national child abuse survey. A small group of ADCS members and wider local authority data and performance reps recently met with the ONS to discuss these plans. This submission summarises the key points raised during that session:
2. As the consultation recognises there is no single source of information to help us build a clear picture of the scale and extent of current or historic experiences of children and young people with regards to all forms of abuse and neglect. Although multiple surveys have looked at specific aspects of abuse or have been administered in a specific geographical area, having a cohesive national picture would be helpful to local authority children's services in planning and arranging local services and responses. It would also support us to make the case for additional investment in children and children's services from central government.
3. The complexity of this exercise is not underestimated. ADCS members noted the proliferation of surveys in recent months capturing the pandemic experience and that a number of other bodies and organisations are planning national surveys that may impact on the willingness and/or capacity of schools, children and young people to engage. There may be some synergies to be found in working collaboratively with the Children's Commissioner, for example. Opportunities to co-badge or join forces with organisations with an established presence or brand to improve credibility and cut through with children, young people, parents and schools e.g. ChildLine or Ofsted, were discussed. The 'TellUs' survey administered via schools was referenced; this was a joint venture between Ofsted, Department of Children, Schools and Families and Ipsos Mori. Over 250,000 pupils across 151 English local authorities took part in TellUs4 in 2009.
4. There was some discussion about administering the survey via schools given the huge disruption and additional burdens they continue to face because of the pandemic. There was a suggestion that a less structured, self-completion route might be usefully explored. However, it was recognised that completion in school would allow support to be offered if the exercise raised some concerns or led to new disclosures. Self-completion might therefore be more relevant for the older cohort i.e. 18 – 25 as there is no easy way to reach a representative section of this group who can be highly mobile, with many moving around the country for work and study, meaning NHS, electoral and education data for this cohort is less reliable.
5. ADCS members were clear the whole survey will need to be accessible in terms of formatting and language, the focus on including children and young people with special educational needs and disabilities is welcome. The group noted it is helpful to have a keen eye on representation in all forms, including ethnicity, this will require translations to be available.

6. Some additional thinking is required about approaches to, and the inclusion of, children and young people who are already receiving interventions and support for abusive or traumatic childhood experiences, in particular those who are in care or care leavers. The next phase of this study should draw in representative groups to allow children and young people in care to have their say. Further consultation with local authorities should also be undertaken given our corporate parenting duties. It should be noted for sampling purposes that some schools have significantly higher proportions of children in care than others.
7. The group were clear that children and young people who are educated at home should be included wherever possible, although it is recognised that there are challenges in reaching this group. Self-completion may allow the views of this cohort to be captured here.
8. Although the group recognised the value of better understanding the prevalence and scale of abuses in childhood, adolescence and young adulthood, it would be preferable and indeed beneficial to leaders of children's services and our teams to gain insights into whether children or young people shared their experiences with a trust adult. And, if they did so, was a response from their school, health services or children's services timely, suitable and helpful?
9. There was some discussion about children's understanding of abuse, whether they might recognise that their daily home life and experiences are abusive or neglectful or that their personal relationships are exploitative at the time of completion. Preparatory work with schools, possibly tying this in with health and relationships education, and the use of behavioural questions rather than tick boxes were favoured by the group. The group felt strongly that there must be 'no' or 'not applicable' options too for measurement purposes and to improve our understanding.
10. On the types of abuse covered by the survey, taking a broad view was felt most helpful. This survey could be particularly beneficial in helping us to develop a better understanding of the prevalence of sexual abuse in the family environment, which is by its very nature hidden from sight and has been of huge concern during the pandemic period due to lockdowns and enduring social distancing restrictions. The framing of the survey in safety terms was welcome. Children and young people should be empowered through this exercise, in engaging with the survey they are helping adults to understand and respond to their experiences. They are also making an important contribution to collective efforts to stop future hurt and harm.
11. For this exercise to be truly helpful it needs to become regularised to allow us to understand trends, patterns of behaviours and the impact of our services and responses. Completion at least every five years would be beneficial, too often large scale surveys are one-offs, which does not allow the dataset to develop and insights to be gained over time.
12. ADCS would welcome further opportunities to meet with the team at the ONS to discuss specific aspects of this exercise, in particular the criteria and mechanisms for referring current concerns flagged by respondents that may require the attention of children's social care. Opportunities to personalise the survey to flag other localised sources of support would also be welcome. Please contact the relevant policy officer in the first instance to discuss via katy.block@adcs.org.uk