



Research Report

SAFEGUARDING PRESSURES PHASE 5

December 2016

The Association of Directors of Children's Services Ltd



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

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

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With many thanks to:
All local authorities who participated in this research
and yet again provided responses
with such positivity

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Foreword

Every child deserves a happy, safe childhood. Whilst most children grow up and thrive for some, the services we provide are essential to promoting their welfare and keeping them safe from harm.

Children's services are facing some of their most pressing challenges in that, there is a rising number of children and young people in need of help and support and at the same time councils are having to make tough decisions about their spending in times of financial austerity. Councils have responded by reshaping and redesigning their services to target areas of most need but this means that reductions to vital early help and preventative services have been necessary.

The Association has collected data from local authorities in five phases spanning 2007/8 to 2015/16 in order to evidence and better understand any changes in demand for, and provision of, children's social care services. ADCS Safeguarding Pressures research has become a valued reference point in the sector providing an evidence base for operational, strategic managers and policy makers. The current phase of this study brings the evidence base up to date and many of the pressures identified in Phase 4 continue; neglect remains the most prevalent category of abuse in child protection plans and the 'toxic trio' continues to be a growing reason for involvement of children's social care.

This year we received the highest ever response rate covering 90% of children and young people under the age of 18. I'd like to thank everybody who took part in this research for providing such rich evidence and collaborating with such readiness, honesty and thoughtfulness. Without you this research wouldn't have been possible.

Protecting children from harm is one of the most important things we do. Despite the challenging context in which we operate local authorities remain committed to providing high quality services to those in need so that the UK can continue to be a great place for children to grow up.

Dave Hill

President of the Association of Directors of Children's Services

December 2016



1 Introduction

The Association of Directors of Children's Services (ADCS) is committed to ensuring there is an evidence based approach to planning and delivery of children's services. As part of this commitment, ADCS Safeguarding Pressures research has had a core aim since the first report in 2010 (ADCS, 2010a), of evidencing and understanding any changes in demand for, and provision of children's social care and associated services.

Subsequent phases have also focused on what was important to directors of children's services and emerging issues at that time. ADCS Safeguarding Pressures research has become a valued evidence base in the sector, used in planning and commissioning services as well as a topical narrative about the challenges and enablers for children's services in the past, present and future.

Phase 5, consisting of a main report and two special thematic reports on early help, and unaccompanied asylum seeking and refugee children, brings the evidence base up to date in the current context in which children's services are operating.

2 Summary of Previous Phases

ADCS Safeguarding Pressures research has collected and compared current, trend and predicted data from local authorities in five phases spanning 2007 to 2016. Through each of the previous four phases a continued, though not universal, rise in safeguarding activity was evidenced. Factors contributing to this, for example domestic abuse and the economic downturn, appeared to be becoming more acute and more prevalent. Predictions of increases in the number of children and young people requiring children's social care services against reducing budgets and population increase in each phase have been realised.

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

In Phase 3 (ADCS, 2012), respondents were hopeful that once effective early help services were implemented, they would start to see a reduction in referrals, children subjects of

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.

child protection plans and children looked after, but only after an initial rise in activity as cases of previously unmet need were identified. A focus on permanency for children looked after evidenced that there was an equal, and growing number of children leaving care through Special Guardianship Orders and Residence Orders compared to those leaving care through Adoption.

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

Respondents demonstrated a proactive, thoughtful and evidence-informed approach to implementing change and re-designing services but many of the factors which cause increases in demand for services were outside of their control. Looking forward, the increase in the number of children and families living in poverty alone would challenge the most innovative of authorities.

3 Phase 5 Research Questions

The core objective for Phase 5 remains to understand safeguarding activity and support for vulnerable young people in the current and future contexts. Research questions fall broadly into the following five areas:

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

4 Methodology and Response Rates

Four data collection methods were used to reflect increased complexity of some of the research questions which were more suited to qualitative methods. Findings have, where possible, identified regional or other trends as well as any commonalities in outliers or other reasons. Direct quotations from respondents have been provided where appropriate. Throughout the report, response rates are given as a percentage of those who provided information for that question with valid data only.



1. **132** data collection forms returned from local authorities (87%)



2. Interviews with **19** directors and assistant directors of children's services at the ADCS annual conference in July 2016



3. **Four** local authority case studies



4. Review of a range of relevant literature, policy and nationally available datasets

4.1 Data Collection Form

In previous phases, data have predominantly been collected via a questionnaire to local authorities. This method was used again, and a request for information which could be completed in part or in its entirety was sent to authorities on 1st July 2016, comprising of:

- 42 data items relating to source, reason and profile of children and young people who are subjects of various safeguarding activities such as, initial contacts, referrals, child protection plans, children looked after, early help assessments and, finance
- 23 qualitative questions aimed at safeguarding leads in each authority
- A separate section containing six data items and seven qualitative questions about Unaccompanied Asylum Seeking Children (UASC).

The data collection was promoted through a range of regional and national groups, and the ADCS bulletin. Yet again, the use of these networks proved a valuable and effective method of communication to produce the highest response rate to date.

132 local authorities (87%) returned the data collection form, providing information covering 10.5 million (90%) children and young people aged 0-17² (figure 1). Responses were received from all types of authorities and all regions with 100% of local authorities in the East of England and West Midlands providing information (figure 2).

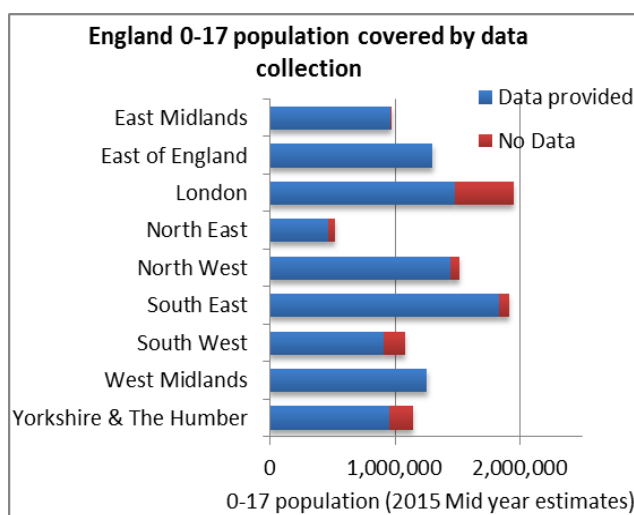


Figure 1: 0-17 population covered by responding authorities

Region	Number of Responses			0-17 Population that responses cover (2015 MYE)			
	Respon- dents	Total LAs	% total LAs	Data provided	No Data	All LAs	% total 0-17pop.
East Midlands	8	9	89%	963,822	7,716	971,538	99%
East of England	11	11	100%	1,299,984	0	1,299,984	100%
London	25	33	76%	1,485,500	467,370	1,952,870	76%
North East	11	12	92%	470,114	54,303	524,417	90%
North West	21	23	91%	1,446,855	74,510	1,521,365	95%
South East	17	19	89%	1,837,017	81,058	1,918,075	96%
South West	13	16	81%	915,061	167,020	1,082,081	85%
West Midlands	14	14	100%	1,261,883	0	1,261,883	100%
Yorkshire & The Humber	12	15	80%	960,318	185,325	1,145,643	84%
England	132	152	87%	10,548,916	1,128,940	11,677,856	90%

Figure 2: Responses by region

4.2 Semi-Structured Interviews

At the ADCS annual conference held in July 2016, 19 interviews were undertaken with ten directors of children's services and nine assistant directors, representing every region and type of authority (figure 3).

Region	Type of Authority
East Midlands	London Borough
East of England	Metropolitan
London	Shire
North East	Unitary
North West	
South East	
South West	
West Midlands	
Yorkshire & The Humber	

Role	Count
Director	10
Assistant Director	9

Figure 3: Interviewees by region, type of authority and role

² Based on ONS 2015 mid-year population estimates (ONS, 2016).

Eight questions were asked relating to historical and predicted changes, early help, UASC, adolescents, and enablers as well as an option for the interviewee to add any other information.

4.3 Case Studies

Four case studies were undertaken in London, East of England, West Midlands, and East Midlands consisting of two unitary authorities, one Metropolitan and one Shire. The case studies were used to test out hypotheses from the data collection and also look at: early help and social work step up/step down processes; the use of panels; UASC processes and funding; change in budget; and access to other sources of funding.

4.4 Literature Search and Nationally Available Data

A range of relevant research, reports, and existing data provided a fourth source of information.

5 Current Context

There are almost 11.7 million children and young people in England (ONS, 2016) compared to 11.5 million two years ago. The total planned spend in 2016/17 by local authorities on schools, education and children and young people's services is £52.6 billion, an increase of £0.5 billion (equivalent to 1%) from the 2015/16 planned spend and the £50.5 billion in 2013/14 stated in Phase 4. However the non-education budget for 2016/17, covering children's services and youth justice, has reduced by £0.1 billion from £8.4 billion in 2013/14 to £8.3 billion (DfE, 2016a). Further information about funding is provided in section 15.

Throughout each phase of the ADCS Safeguarding Pressures research we have described the context in which services are being provided and the impact that certain national factors have had on safeguarding and the health and wellbeing of children and their families. The complexity and breadth of the current context necessitates a summary only here. The timeline overleaf together with a separate document on the ADCS website³ provide an overview of the key current legislation, policy, reviews and inspections which drive or otherwise impact upon children's services.

³ <http://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-5>

Key:

Demographic & Socio-Economic	Organisational and Political	Overarching Legislation & Guidance	Early Help and Targeted Services	Child Protection	Looked After Children and Care Leavers	Adoption and Permanency
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	2010/11		2011/12		2012/13		2013/14	
EVENTS	May 2010: Appointment of Prof. Munro to review child protection	Jul 2010: SCR into death of Kyra Ishaq, B'ham	Early 2011: Death of Keanu Williams (High Profile SCR)		2012: Death of Poppi Worthington SCR	Dec 2012: Appointment of Chief Social Worker		Sep 2013: First media reporting death of Daniel Pelka
			Jul 2011: Martin Narey starts as Advisor on Adoption	Sep 2011: Death of Hamzah Khan (High Profile SCR)	Apr 2012: CWDC Ceased & taken over by DfE	Aug 2012: HCPC registraton for SWs started		Jul 2013: EIF becomes independent charity
	May 2010: Change of Government - Coalition Formed		Jun 2011: Civil unrest in several English Cities		Jun 2012: Rochdale CSE Trial and Report	Jul 2012: Unemployment Figures Peak to 2.59m		
			April 2011: CIB and Sector Led Support Established			Nov 2012: Election of Police & Crime Commissioners	April 2013: CIB abolished	
INSPECTION & REVIEW		Dec 2010: Frank Field Review	Jul 2011: Prof. Munro Report into CP published	2011: Family Justice Review	Jul 2012: Berelowitz Report on CSE	Jul 2012: Prof. Munro's Progress Report published		
		Jan 2011: Allen Report on Early Intervention			Jun 2012: APPG Inquiry into children missing from care	Dec 2012: Publication of Interim Report on CSE		
		Dec 2010: Abolition of Children's Services rating		Jan 2012: New school inspection framework implemented	May 2012: Interim Ofsted Inspection Framework implemented			Sep & Nov 2013: Single Inspection launch & start
LEGISLATION AND GUIDANCE	2010: National Indicator and Local Area Agreements Scrapped				Mar 2012: Publication of Adoption Action Plan & Scorecards		Mar 2013: Working Together revised	
	Academies Act 2010	Children, Schools and Families Act 2010	Apr 2011: New Short Break Duties	Education Act 2011	Health & Social Care Act 2012	Localism Act 2012	2013: NICE standard on health and wellbeing of CLA	Jul 2013: B-S and B court judgements re adoption
	Care Planning, Placement & Case Review Regs 2010	Missing Children & Adults Cross-Govt Strategy 2011	Apr 2011: Revised regs for Children's Homes	2012: LASPO Act	Jun 2013: New Adoption & CLA reform regs come into force			
			2011: Govt action plan for Adoption: Tackling delay	Protection of Freedoms Act 2013		2013: Govt Further Action on Adoption		
FUNDING				2011-13: Health & Wellbeing boards		2013-2017: Welfare Reform Act		
					Apr 2012: PCTS change (inc CCGs)	Feb 2013: Start up funding for EIF	Apr 2013: Public Health funding for 5+ transfers to LA	Sept 13: Free funding for 2 year olds starts
		Oct 2010: Comprehensive Spending Review (for 2011-2014)	Apr 2011: Introduction of Early Intervention Grant	2012-2015: Troubled Families Programme Phase 1		Sept 13: Free funding for 2 year olds starts	Apr 2013: EIG funding changes	Oct 2013: Launch of DfE Innovation Programme

Refugee and UASC	CSE and Missing	Disability and SEND	Inspection	Funding & Resources	Health			
2014/15		2015/16		2016/17		2017/18		
			Mar 2016: Andrew Christie becomes ALB Chair	June 2016: Ellie Butler SCR published	May 2016: APPG Report Safeguarding 'absent' children			EVENTS
Feb 2014: Adoption Leadership Board commences			Sept 2015: The College of Social Work closes	May 2016: National interim SCH co-ordination unit launched	May 2016: Govt accepts the 'Dubs' Amendment	Early 2017: APPG Report on Refugees to be published		
		7 May 2015: General Election in UK	Dec 2015: PM names eight LAs as 'Partners in Practice'	June 2016: BREXIT Referendum	July 2016: National UASC Dispersal Scheme Starts			
	Oct 2014: SoS announces SW reform inc. creation of statuses	Sept 2015: Syrian VPR Scheme announced		July 2016: Change of Prime Minister & Cabinet	July 2016: Govt consults on mandatory reporting			
Aug 2014: Jay Report - CSE in Rotherham		Feb 2015: Oxfordshire SCR on 'Bullfinch CSE' cases	March 2016: Wood Review of LSCBs	July 2016: Sir Martin Narey Review into Residential Care	Aug 2016: Govt launch national stocktake of fostering			INSPECTION & REVIEW
Jul 2014: historical sex abuse review announced	Mar 2015: Govt 'future in mind' report from Mental Health TF	2015: APPG on Sure Start Children's Centres	February 2016: JATI launched	April 2016: SEND inspection launched	July 2016: APPG on Refugees Launched			
Aug 2014: Multi-agency inspection consultation	Oct 2014: CSE themed inspections	Mar 2015: Integrated inspections due to commence	2016 Govt Tackling CSE Action Plan	Sept 2016: Govt launches new CSE Rapid Response Unit	Sept 2016: CSE and Missing 'deep dive' JTAI report published		2018: New universal CYPs inspection to start	
2014: Govt Care Leavers Strategy	Mar 2015: Working Together revised	2015: Promoting the educational achievement of CLA	2016: Govt Care Leavers Strategy inc new duties	Immigration Act 2016	July 2016: Govt Putting children first: our vision for children's social care	Apr 2017: Regional Adoption Agencies Commence		LEGISLATION AND GUIDANCE
Children and Families Act 2014	2014: Care of unaccompanied and trafficked children	Apr 2015: Care Act 2014 implemented		May 2016: Children and Social Work Bill	September 2016: Judgement re use of Scottish secure estate			
June 2014: SEND Code of Practice	2014: Staying Put duties on LAs	Serious Crime Act 2015	Oct 2015: Mandatory Reporting of FGM	Mar 2016: Adoption: A Vision for change strategy	2016 Counter-Extremism and Safeguarding Bill			
2014: Public Law Outline	2015: Re: N court judgment re S20	Deprivation of Liberty Amendment & code of practice		Education and Adoption Act 2016				
2014: Statutory guidance children who go missing	Children's Homes Regulations 2015	Jan 2016: Govt publish Children's Social Care Reform	2016: Special Guardianship Guidance					
2013-2017: Welfare Reform Act Implemented								
		Apr 2015: Public Health funding for 0-5s and HVs transfer to LA				Sept 2017: Removal of ESG		FUNDING
Apr 2014: Further EIG funding changes to formula grant	Sept 2014: Phased replacement of SEN with EHC plans	2015-2020: Troubled Families Programme Phase 2		2016 - 2020: DfE Innovation Programme		Sept 2017: free childcare for eligible 3 and 4 year olds		

Figure 4: Timeline

5.1 Legislation, Policy, Reviews, and Investigations

In 2008, Action for Children reported that since 1987, there had been 98 separate Acts of Parliament passed affecting children in the UK; 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 (Action for Children, 2008). Since then, new policy and legislation have, and continue to be made apace, either replacing, or in addition to existing requirements. The Children and Social Work Bill 2016 which is currently going through parliament, provides further wide-ranging and significant change in legislation for the social work profession, covering the care system, adoption and social work.

Case law, such as the Southwark Judgement in 2009 obliging children's services to provide accommodation and support to homeless 16 and 17 year olds, to the more recent *Re: W* (2016) regarding adoption decision making, continues to impact upon local authorities.

Other government policy and legislation not specifically aimed at local authorities also impacts on services for children. For example, Welfare Reform Act 2012 - implemented in three phases from 2013 to 2017 makes changes to the benefits system including housing allowances, and also The Immigration Act 2016.

The number of inquiries, reviews, reports and investigations continues apace. In the last two years, Local Safeguarding Children's Boards, residential care, youth justice, refugees, social work, child sexual abuse and child sexual exploitation have all been subjects of independent reviews, Select Committee and All Party Parliamentary Group Inquiries and reports by others.

5.2 Children's Services Inspections

Ofsted's current inspection framework, the Single Inspection Framework (SIF), has been the framework for the inspection of local authority children's social care services since November 2013. At the same time as the SIF inspection Ofsted undertakes a review of the effectiveness of the Local Safeguarding Children Board. The latest version of the framework and evaluation schedule was published in August 2016 (Ofsted, 2016a).

To date, Ofsted has published SIF inspection reports for 114 local authorities of which 27% were *Good or Outstanding*, 48% *Require Improvement to be Good*, and 25% *Inadequate*.

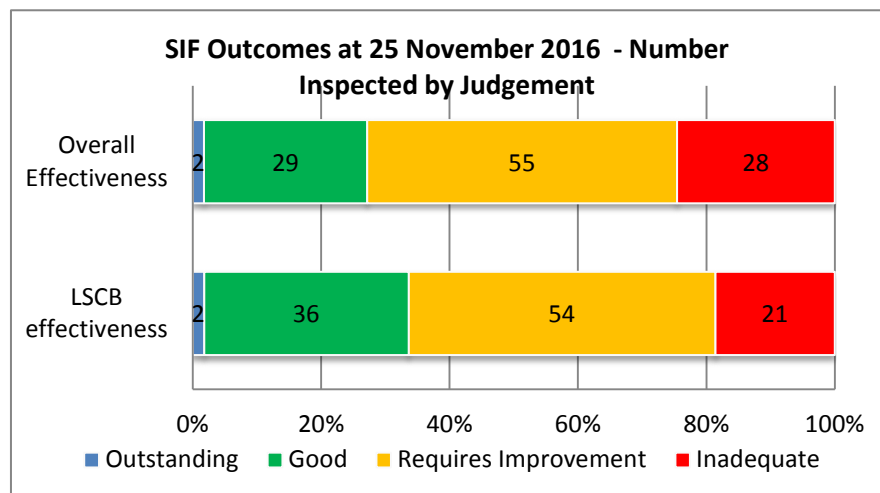


Figure 5: Outcomes of 114 SIF inspections between November 2013 and 25th November 2016

The current inspection landscape for children’s services includes several other types of inspection, both single and joint inspectorate in nature, and both single and joint agency in focus. Ofsted’s single inspection framework continues until the end of 2017, in addition to inspections for Special Educational Needs and Disabilities (SEND), and joint targeted area inspections (JTAI) on themes such as child sexual exploitation and on domestic abuse.

Ofsted has recently completed a consultation (Ofsted, 2016b) on proposals for the inspection framework which will follow the SIF once its cycle is complete. The proposals outline what Ofsted describes as a proportionate approach to inspection, combining elements of the current SIF and JTAI frameworks with a range of modular inspection options.

5.3 Partners and Other Services

In Phase 4, we described changes within partner services, including transition of health services from Primary Care Trusts to Clinical Commissioning Groups and Local Area Teams under the Health and Social Care Act 2012. In October 2015, the transfer of Public Health to local authority management was completed incorporating responsibility for commissioning children’s public health services for 0-5 year olds, including health visiting services.

The Care Act 2014 continues to be 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, as well as deprivation of liberty safeguards.

The voluntary sector landscape has also changed over the past two years with the demise of Kids Company in July 2015, and BAAF in August 2015.

5.4 Population

5.4.1 Historic and current population

The total 0-17 population for England is 11,677,865, 21.3% of the population as a whole (ONS, 2016) and an increase of 525,000 children (4.7%) from the 2007 Mid-Year Estimates. Population by region is shown in figure 2. In Phase 4, population forecasts indicated a growth across England but with significant regional variances and a correlation between biggest population increases and areas of highest poverty. This has been borne out in Phase 5 of the research by what respondents and interviewees told us about their local areas.

Of the 75 authorities providing information on change in population and demographics, a third confirmed that it has an impact on safeguarding activity:

Homelessness and housing: Some authorities are experiencing an increase in families moving into their areas, commonly from areas of high cost rent where there is a lack of affordable housing. Homelessness has increased and the impact is being felt by early help and social care services. A case study authority in London described this as a major challenge, not only in meeting the needs of their own homelessness, but also the quantity of people from other local authorities that were being housed in their area due to cheaper housing. Local authorities accepted 10,130 households with dependent children (of which 2,350 had three or more children), 3,290 young people aged 16-24, and 940 households which include a pregnant woman but no other dependent children, as being statutorily homeless⁴ in the three months between 1st January and 31st March 2016, up 2% on the previous quarter and 9% on the same quarter last year.

The total number of households in temporary accommodation on 31st March 2016 was 71,540, up 11 per cent on a year earlier, and up 49% on the low of 48,010 on 31st December 2010. (DCLG, 2016a). A 30% increase in rough sleepers to 3,569 according to the Rough Sleeping Survey 2016 (DCLG, 2016b), which also reports that 12% are under the age of 26.

Increase in immigration: Some authorities have seen an increase (for the first time or continued) in migration from the EU and other countries. The special thematic report on unaccompanied asylum seeking and refugee children provides immigration data and more detailed analysis⁵.

⁴ A statutorily homeless household is one that is unintentionally homeless and in a priority need category (such as having dependent children).

⁵ http://adcs.org.uk/assets/documentation/ADCS_UASC_Report_Final_FOR_PUBLICATION.pdf

⁵ http://adcs.org.uk/assets/documentation/ADCS_UASC_Report_Final_FOR_PUBLICATION.pdf

Differences in cultural expectations of behaviour whereby 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 contact with the child protection system.

Increase in poverty and associated factors: In 2014/15, there were 3.9 million children living in relative low income, 200,000 more than the previous year. There is a projected increase in the proportion of children living in relative low income, from 17% in 2013/14 to 26% in 2020/21 (HM Government, 2016). Bywaters concludes that whilst poverty is neither a necessary nor sufficient factor in the occurrence of child abuse or neglect, and most children in families who are living in poverty will not experience it, there is a strong association between families' socio-economic circumstances and the chances that their children will experience child abuse and neglect (Bywaters, 2016).

Respondents cited economic changes in the population resulting in increased poverty, notably due to welfare reforms. Three interviewees described an emergence of neglect, linked to poverty and welfare reforms, highlighting a fine line between 'working poor' but caring for children in the best way possible, and neglect.

"Diversity of the population / demography. New migrant communities e.g. Eastern Europe, where there is an increased focus on alcohol and domestic violence concerns. In addition incidents of children being left home alone and concerns regarding physical chastisement due to different cultural norms. There has been an increase in families presenting as No Recourse to Public Funds (NRPF) (not necessarily resulting in being assessed as NRPF). The child population is steady with 28% of the population living in poverty, 24% of primary school children are in receipt of free school meals"– West Midlands LA

5.4.2 Population projections

The latest 25 year population projections (ONS, 2016b) are based on the 2014 population estimates. Published every two years, they are created using recent trends in births, deaths and migration, but do not anticipate changes which could result from the impact of other factors such as Britain's membership of the EU. As the ONS notes: *"The subnational population projections are not forecasts and do not attempt to predict the impact that future government or local policies, changing economic circumstances or other factors might have [an effect] on demographic behaviour."*

The population projections suggest that the 0-17 population in England will be larger than the 2014 baseline in every year until 2039, when the total is set to reach just over 12.8

million and an overall projected increase over 25 years of 10.6%. The steepest rate of year-on-year increase (5.2%) is projected between 2014 and 2020 (598,630 children and young people), after which the annual rate of change is more variable. This projected rise in population will undoubtedly have consequences for numbers of children requiring support from all services, including local authority children’s services (see figure 6).

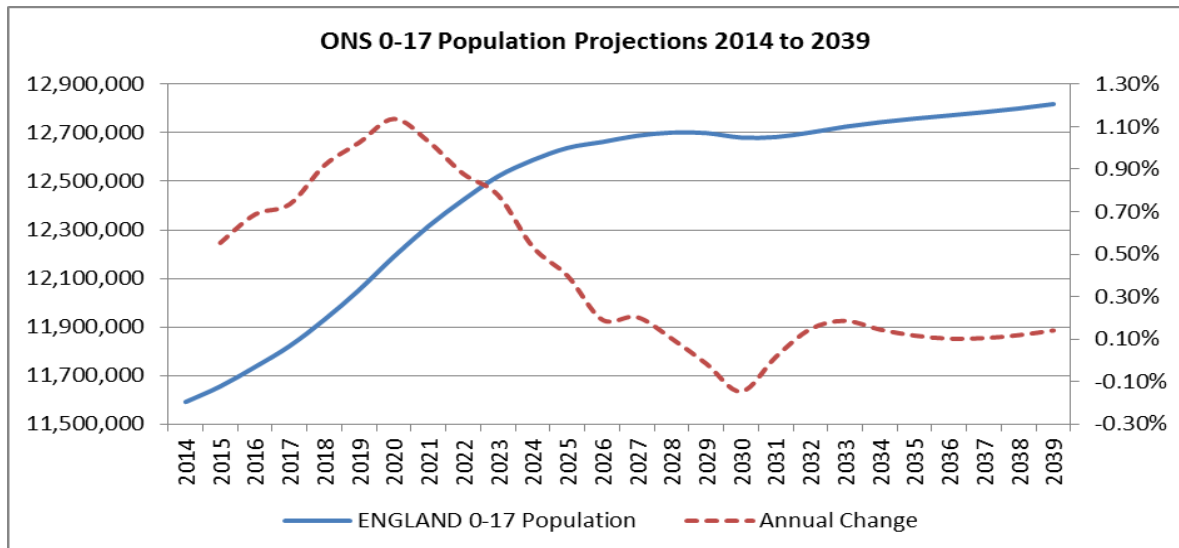


Figure 6: Population projections to 2039 (Source: ONS)

It is predicted that all regions will experience an increase in 0-17 age populations by 2020 and also by 2039. However the gain varies dramatically across the country where the largest regional increases are expected for London, and the smallest for the North East. There is a clear North / South difference in the projected increases.

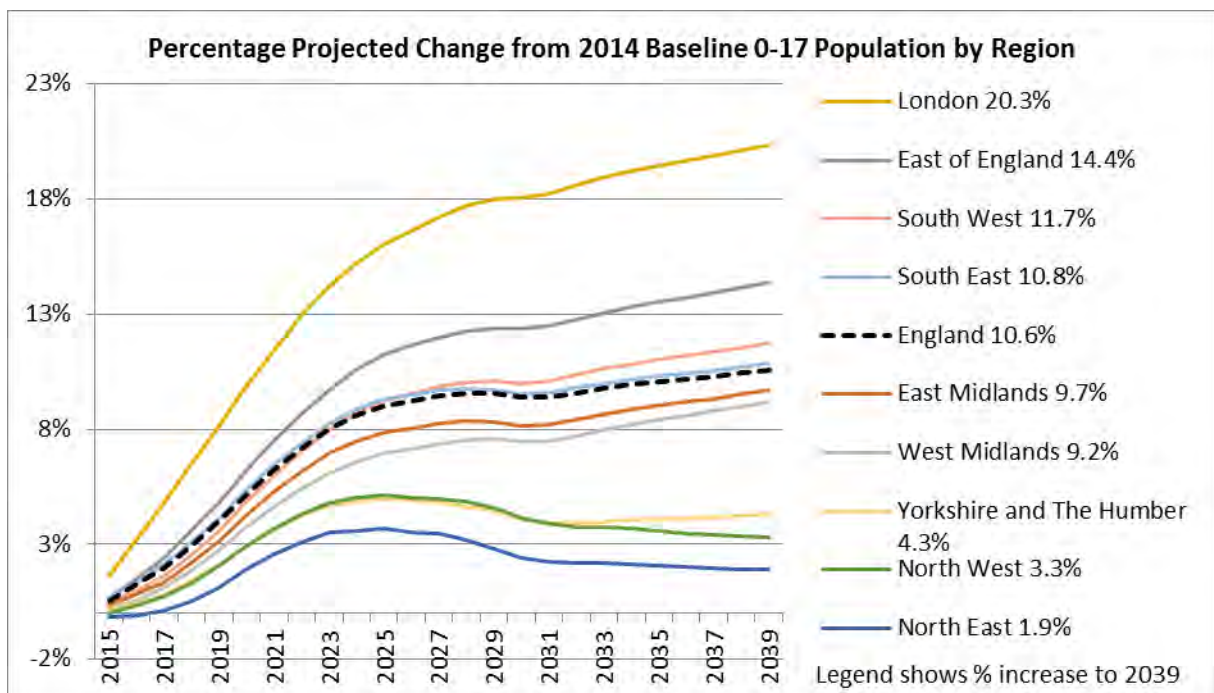


Figure 7: Percentage projected population change by region (Source: ONS)

The DfE School Capacity Survey (DfE, 2015a) chimes with this increase. By 2020, a 9% increase is forecast in all school aged pupils, with the largest increases in children aged 8-14.

Applying the projected population changes to the latest numbers of referrals, children in need, children subjects of child protection plans and children looked after, assuming no further relative change due to other factors, is provided in section 17.

6 Early Help

The Early Intervention Foundation (EIF) states that “*early intervention involves identifying children and families that may be at risk of running into difficulties and providing timely and effective support*”. The terms ‘early intervention’ and ‘early help’ are often used interchangeably, and describe a range of services, programmes or interventions to help children and families resolve problems before they become more difficult to reverse or require more interventionist support. The EIF estimates that almost £17 billion per year is spent in England and Wales by the state on the cost of late intervention (EIF, 2016a).

Two years ago, ADCS Safeguarding Pressures research Phase 4 reported that early help services in many authorities were in the midst of significant cuts, with 79% of respondents reporting that these services were being re-designed into more targeted services or being de-commissioned. Some local authorities were able to evidence good impact despite funding cuts, but were concerned about the longer term impact the required cuts would have.

A greater range of data relating to early help has been submitted by local authorities for Safeguarding Pressures research Phase 5. A separate thematic report on early help will be published in early 2017 to provide further analysis and information about early help services provided by local authorities and the changes over the past two years; a summary only is provided here.

Three quarters of responding authorities stated that their early help services had changed to a high or moderate degree in the last two years. Early help services have generally become more targeted, and just over half of the 61 local authorities which provided narrative about their early help strategy, appear to have early help established for over a year. 33 describe an embedded, integrated model of delivery, with a growth in the number with Early Help Hubs, or localities, 16% of authorities have early help strategy and/or provision currently planned or under review and in 5%, early help appears not to be integrated or fully developed. Nine respondents describe co-location between early help and social care,

including triage of early help through Multi-Agency Safeguarding Hubs (MASH) or Single Points of Entry. There are no significant regional variations.

Not all of the reductions have been negative. As well as cost savings, they have been part of deliberate change to provide more efficient and targeted support as part of investment, for example through DfE Children’s Social Care Innovation Programme funding. It remains the case however, that between 2010/11 and 2015/16 spending by local authorities on early help services for children, young people and families has fallen by 31% in real terms (Action for Children, NCB, The Children’s Society, 2016). Authorities are concerned about the future funding of early help, as one London respondent states, “the continued absence of a duty to resource early help across statutory partners” is a serious challenge. For some, there are concerns that services will be insufficiently embedded to have shown a sustainable impact when any funding ceases.

6.1.1 Early help assessments

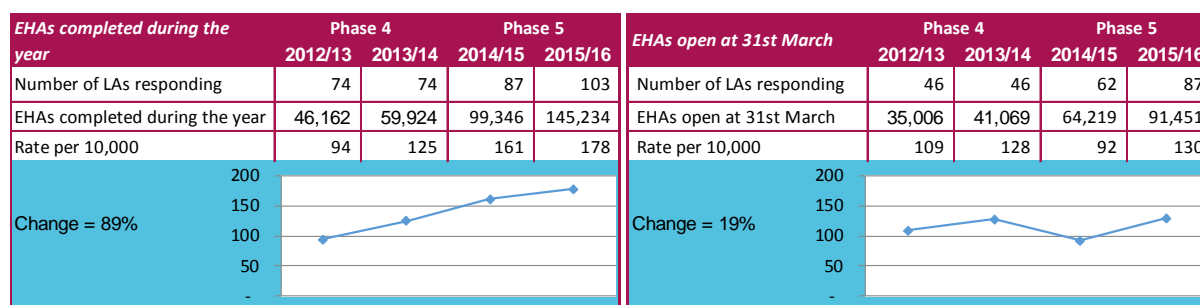


Figure 8: Early help assessments summary

There is a significant increase in the rate of early help assessments (EHAs) completed during the year, to 178 per 10,000 0-17 population in 2015/16, equal to 207,636 extrapolated to all local authorities. This reflects more EHAs being completed, but also better recording. Although a less significant increase, the number of early help cases open at 31st March continues to increase.

The highest proportion of early help assessments (28.4%) were due to parenting factors, (which includes domestic abuse and neglect), and 15.6% due to behaviour related issues. 10% of assessments were reported to be stepped up to social care.

6.1.2 Impact of early help

Understanding the impact of early help services nationally is challenging (Ofsted, 2015; Brooks and Bowyer, 2016). More authorities described effective early help services that had impact than did so two years ago and whilst some local authorities were able to evidence the difference early help was making, others are still struggling to do so. Of the 14

interviewees, 11 commented that early help does work, and for three ‘the jury was out’. Yet where early help services were not in place or impact was not yet felt across their authority, interviewees were aware of why this was and it tended to be linked to funding and “development of good early help practice”.

Whilst some respondents were confident that the future of early help was sustainable, the majority were uncertain and local political support is seen as a key enabler.

“There has been a decrease of £500k this year in relation to early help services and there will be a further £3.5m next year and £500k reduction in YOT budgets. The impact is not yet known but there will be increasing prioritisation of services to the most vulnerable with early help work increasingly needing to be delivered through universal providers.” – East Midlands LA

7 ‘The Front Door’ to Children’s Social Care

7.1 Thresholds for Children’s Social Care

Approximately 60% of the 70 local authorities providing responses stated that thresholds had not changed in the past two years in their authority, which is a higher proportion than in Phases 3 or 4. Ten respondents explained that work had been undertaken to clarify



thresholds with partners and providers, to ensure a more consistent application, and six described threshold policy that was well embedded and understood, with one stating there was ‘better defensible decision making’. Where this focus on communication about existing thresholds had been undertaken, the outcome was a reduction in inappropriate referrals and/or re-referrals. However, four respondents described risk-averse practice by some partners who were reluctant to apply the thresholds. 29% of respondents had recently, or were currently reviewing or re-launching thresholds, which was generally post-Ofsted inspection or changes such as implementation of a MASH or better integration with early help services. The move to less prescribed thresholds was described by two authorities which stated that they have moved to having ‘conversations’ and a more collaborative model.

“Internally, challenge has been made to work to ensure the right children are in the appropriate system. This has resulted in empowering team managers to take safe and defensible decisions. Work with partners is ongoing to reduce the number of inappropriate contacts being made to social care. The implementation of the Early Help Hubs in April 2015 has had a significant impact upon the thresholds and access to statutory services. In 2014 it was recognised that the demand for social care services had increased and without sufficient services to support families at a prevention level resulted in a high proportion of referrals being dealt with at Child in Need level. An independent audit of CiN cases highlighted that around a quarter of CiN cases could have been managed at a lower level”. – Yorkshire & Humber LA

7.2 Initial Contacts and Referrals

Local authorities are required to submit data about referrals to children’s social care as part of the DfE Children in Need Census, but there is no requirement to report initial contacts. Whilst there is no nationally agreed definition, it is generally accepted that an initial contact is any contact received by local authority children’s services about a child, who may be a Child in Need, and where there is a request for general advice, information or a service. It may, or may not be accepted as a referral. This guidance was provided to authorities when submitting their data for the ADCS Safeguarding Pressures research.

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 2015 and is either in respect of a child not previously known to the local authority, or where a case was previously open but is now closed. New information about a child who is already an open case does not constitute a referral’ (DfE, 2015b).

7.2.1 Initial contacts

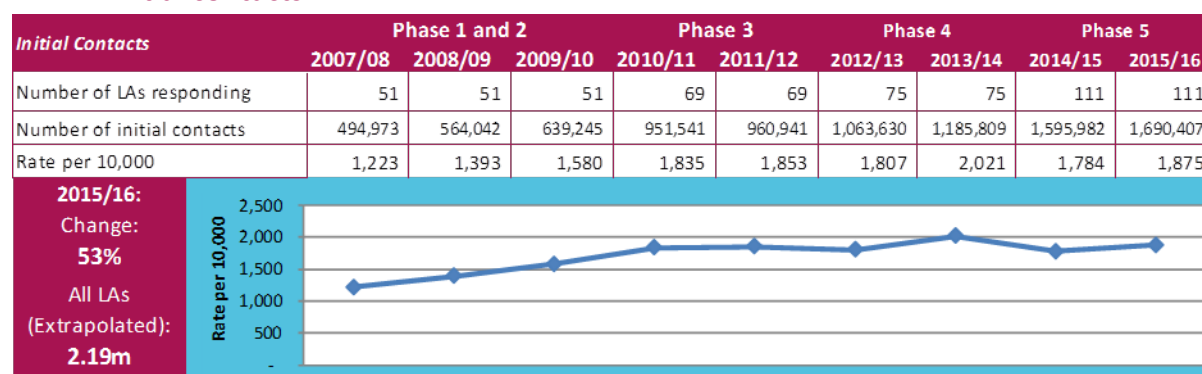


Figure 9: Initial contact summary

Overall, initial contacts have reduced from a rate per 10,000 0-17 population of 2,021 in 2013/14 to 1,875 in 2015/16. Extrapolating the rate to the whole of England would indicate that there were 2.19million initial contacts received in 2015/16 compared to 2.3million in 2013/14. Of those authorities which provided data for the past four years, a similar proportion (60%) reported an increase in the number of contacts during this period. Nine authorities reported an increase in excess of 50% in 2015/16.

Local authorities were asked to provide information on the outcomes of initial contacts categorised by: Referral to Social Care; Advice/Information Provided; No Further Action (NFA); or Other, to understand the proportion of initial contacts that go on to referrals and levels of activity at the beginning of social care involvement.

In the 94 authorities providing information about the outcomes of initial contacts in 2015/16, 31% had advice/information or signposting provided and 20% no further action. 28% resulted in a referral to children’s social care, however the range between authorities varied from 2% to 86%. Only 10% of initial contacts had as an outcome ‘pass to early help’, however some authorities stated that

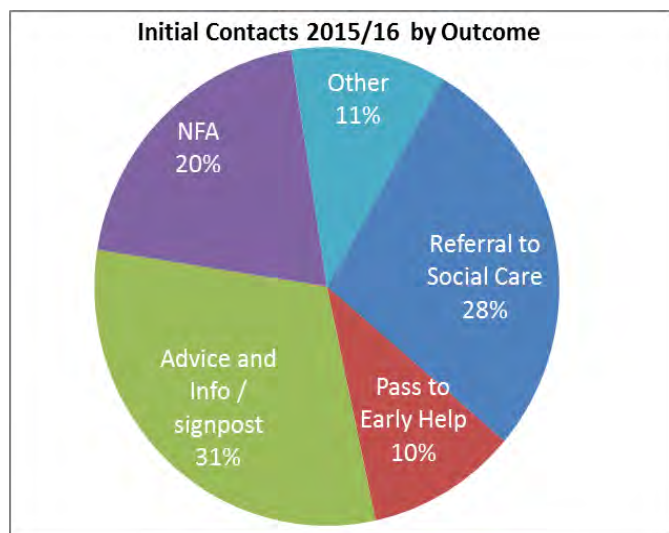


Figure 10: Initial contacts by outcome

their recording systems were not yet able to differentiate between ‘advice and information/signposting’ or NFA and it is likely therefore that some contacts that were passed to early help services are included in the latter categories too.

Authorities reported that the 11% ‘Other’ category included child protection plan or children looked after notifications from other authorities; missing person notifications; adoption related such as access to records, contact, non-agency adoption or adoption support fund; request for Section 7 or Section 37 report; missing children notifications; Police Domestic Violence notifications; private fostering; or are contacts linked to open cases but reported together.

7.2.2 Referrals

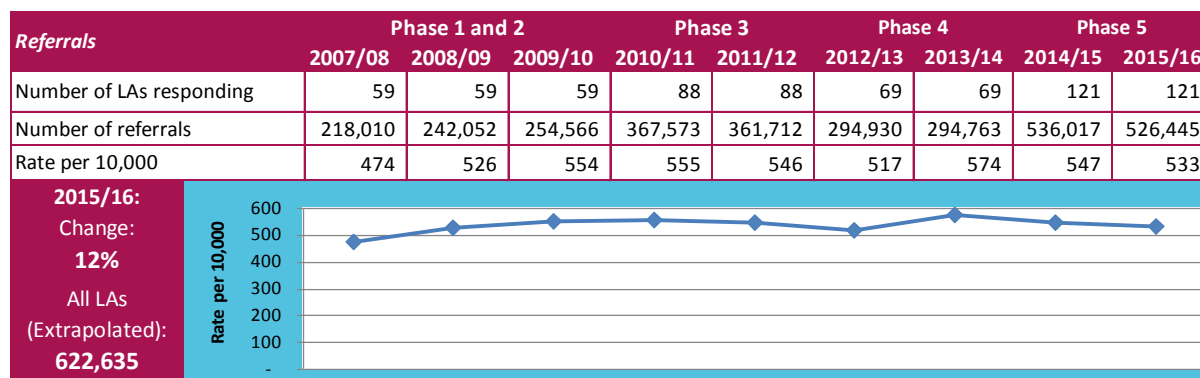


Figure 11: Referrals summary

Between Phases 4 and 5 of this research, there has been a 7% reduction in referrals, but there remains an increase of 12.4% since Phase 1 of the research in 2007/8. The rate of 533 per 10,000 0-17 population in 2015/16 again masks disparity between authorities where the lowest rate of referrals was 254, and the highest 1,067. Fewer authorities experienced an increase in referrals than two years ago, but there are still authorities experiencing a rising number of referrals. In 11 authorities the increase was greater than 20%, and 17 authorities experienced a reduction in their referrals of more than 20%. There does not appear to be any correlation between high increases/decreases and type of authority; regions; or Ofsted inspection judgements.

Comparing changes over time, the increase in initial contacts continues to be at a much steeper rate than referrals as figure 12 illustrates. This divergence, and the growing divergence of individual authority's numbers, is likely to be for various reasons including:

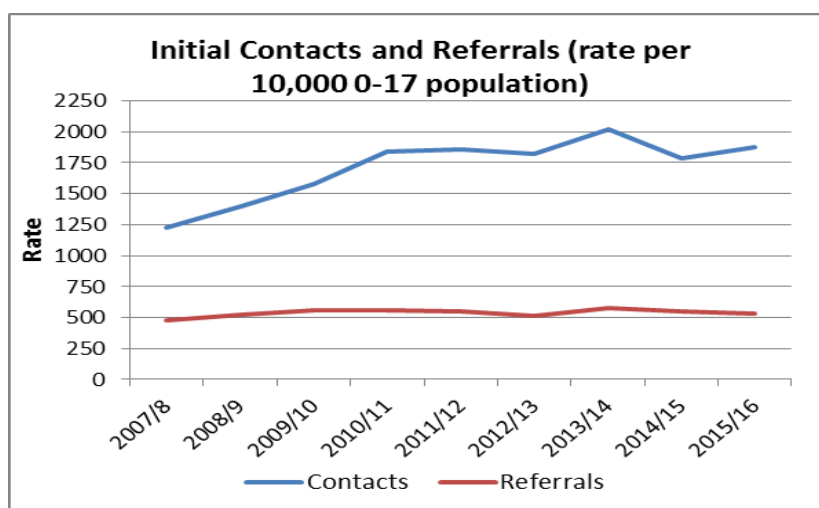


Figure 12: Initial contacts and referrals timeline

- Implementation of new case recording systems and the way the system records these, including different definitions
- 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, inclusion of a wider scope of contacts (e.g. early help contacts) and triaged before recording

- Some authorities include all domestic abuse notifications received from Police as initial contacts, thereby increasing volume
- Increase or decrease in need in the local area, and children who meet the threshold for provision of services
- The direct impact of early help in reducing social care contacts and referrals. In some authorities, the rate has reduced consistently over the last six years; whether this is due to early help is explored further in the *ADCS Safeguarding Pressures Phase 5 – special thematic report on early help* (to be published early in 2017.)

We asked authorities what, if any, has been the impact of the government's communications campaign launched on 29 February 2016, aimed at members of the public encouraging them to report concerns if they think a child is being abused, and the launch of the NSPCC hotline. 83% of 81 authorities responding stated that there had been no obvious impact. 12 authorities had seen an increase, but it was not clear that it was as a result of the campaign. One local authority reported an increase in referrals from NSPCC (up by 35%) compared to the same period last year.

7.2.3 Source of referrals

Since 2013/14, authorities have been providing DfE with detailed information about the source of referrals; ADCS has been collecting this information since 2007/8. Of the 123 responding authorities in 2015/16, schools and police remain the most prevalent referrers, accounting for just under half of all referrals.

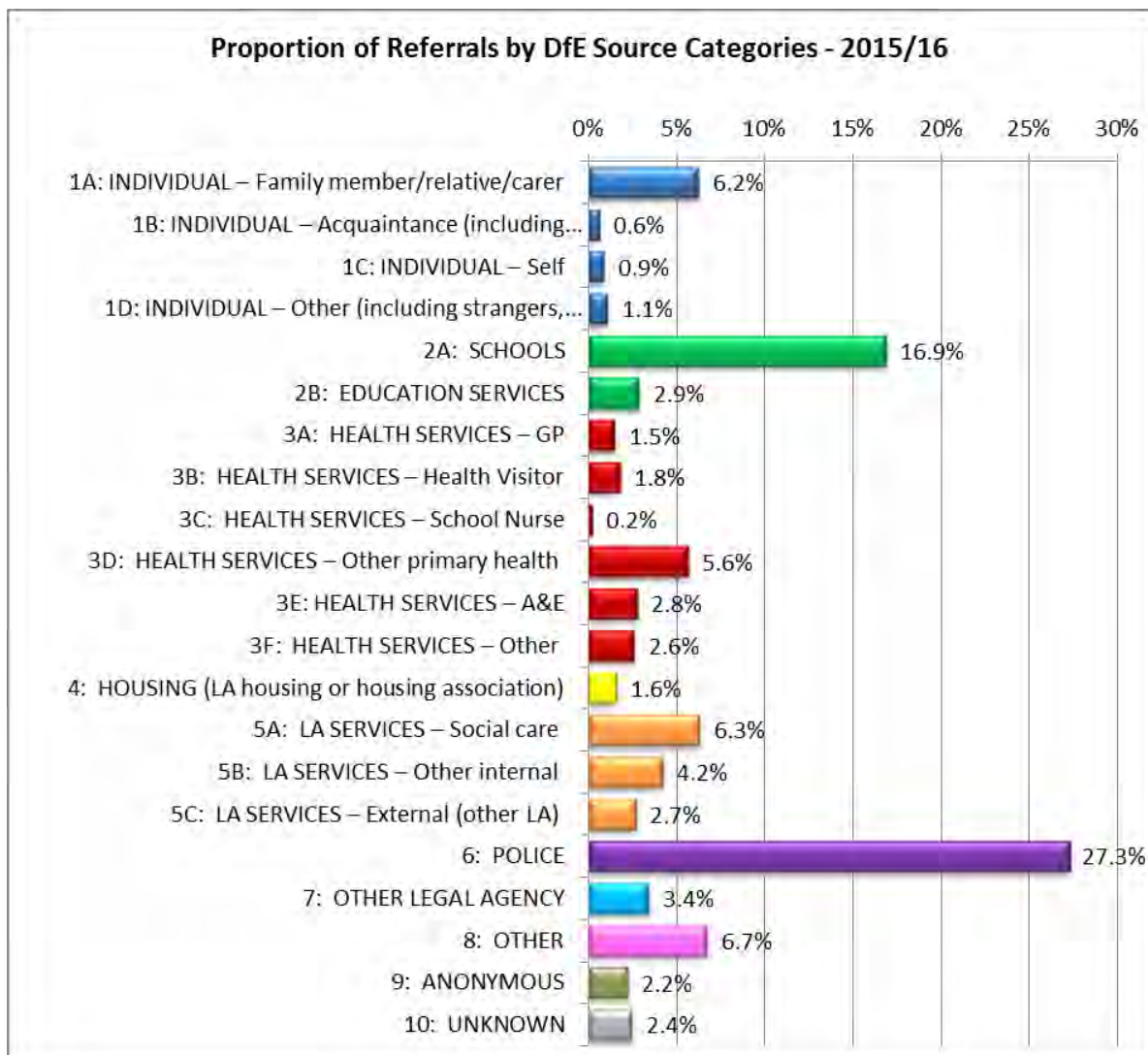


Figure 13: Referrals by source 2015/16, DfE categories

Whilst there has been no significant change since 2013/14, a changing profile for both initial contacts and referrals has emerged since 2007/8, with a reduction in contacts and referrals from ‘Parent/carer/family’ and ‘Other’, and an increase in the proportion of contacts and referrals from education, police and health.

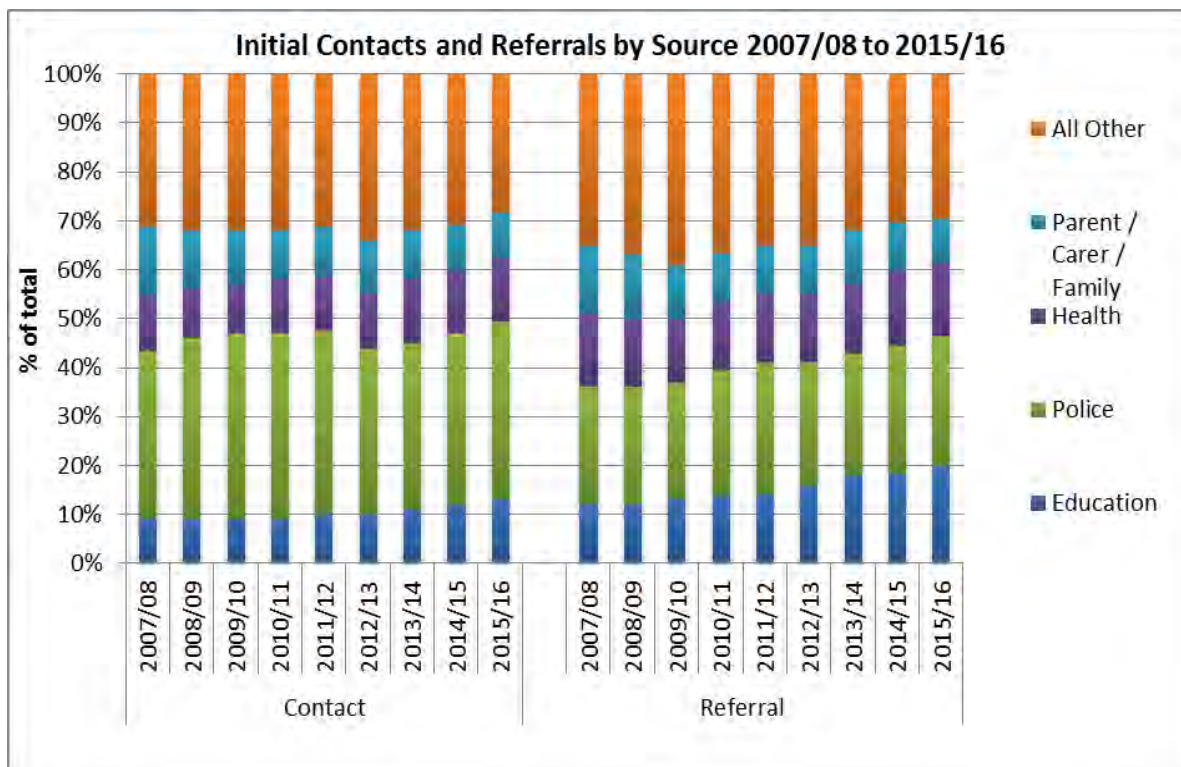


Figure 14: Referrals and initial contacts by source

7.2.4 Reason for referral

Local authorities were asked to provide the primary need codes for children upon referral. The need codes are identified for each case by the authority according to well-established guidance provided by DfE (DfE, 2015b). 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. Referrals which were ‘NFA’ are not included to provide a truer picture.

In 2015/16, 53.5% of referrals were due to Abuse or Neglect (N1) compared to 45.7% two years ago, a continuing year-on-year increase. Cases other than Children in Need (N9) has reduced from 6.7% in 2007/8 to 1.3% in 2013/14.

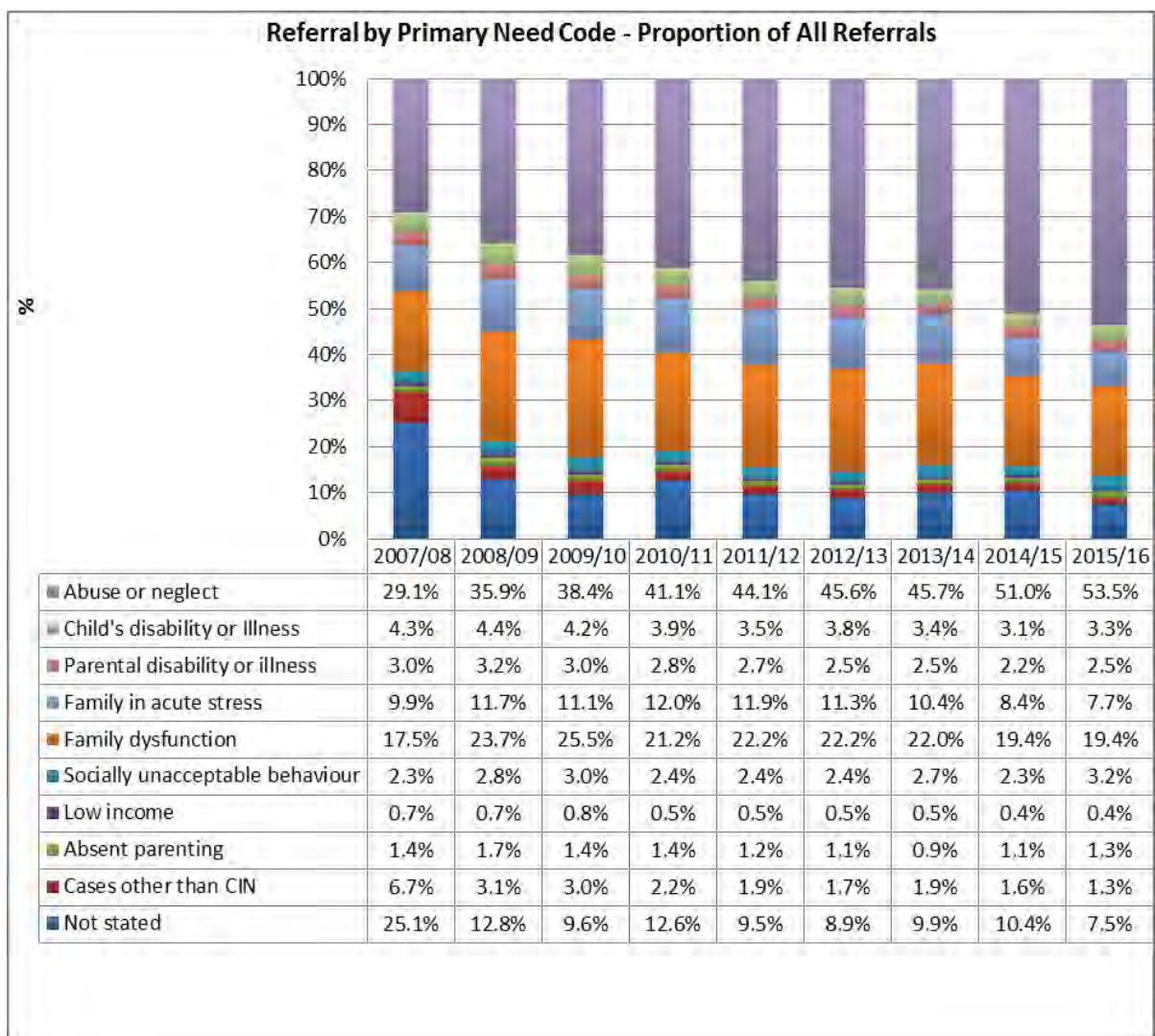


Figure 15: Referrals by category of need – proportion of all referrals

7.2.5 Outcomes of referrals

101 authorities provided information about the outcomes of referrals (those with multiple outcomes were excluded), to understand how many, and what happens to referrals which do not progress to assessment. In 2015/16, the outcome of 79.5% of referrals was 'Further assessment/Section 47 required', and 7% that were 'NFA'. An outcome of 'NFA' does not mean that the child/family does not receive support, but that the needs may be met in other ways through services provided other than by social care.

DfE states that nationally in 2015/16, the percentage of all referrals in the year ending 31st March that resulted in no further action after initial consideration has decreased to 9.9%. (DfE, 2016c)

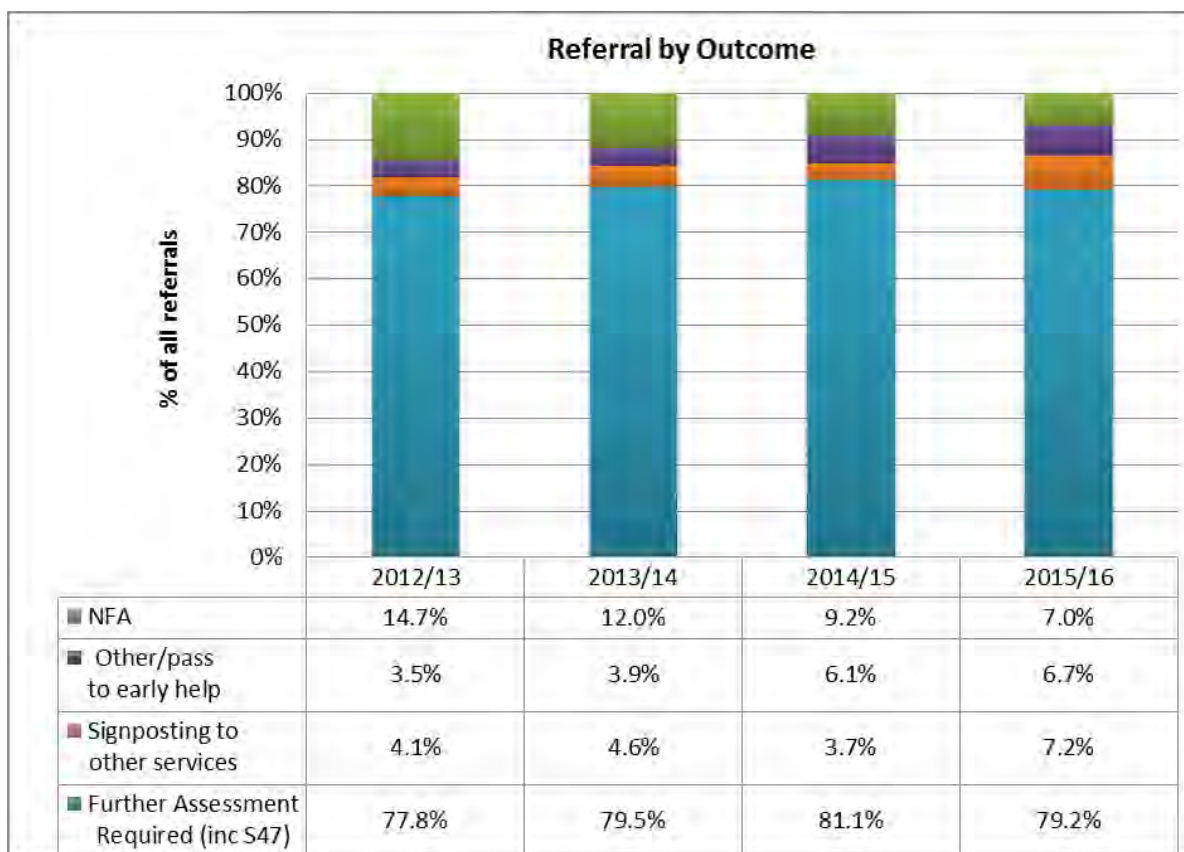


Figure 16: Referrals by outcome

The findings illustrate differences between authorities in what is recorded as the outcome of a referral, with greater variations in 2015/16 between authorities. Some of the reasons for these differences are noted below:

- ‘Other’ includes Section 7 and 37 Welfare Reports⁶, Progress to Private Fostering, Adoption Support, Child Looked After, Child Protection Transfer in
- The variations in referral outcomes may reflect the greater number of MASH or shared ‘front doors’. Where an authority has a very high rate of referrals that go on to assessment, they have commented: *“Referrals come through our Multi Agency Service Hub so virtually all go straight to an assessment. Any that can go to Early Help or NFA will have done so at initial contact stage”*
- Local policies and procedures: *“It is [LA name] Council's policy to class a referral as a contact that resulted in an assessment. Therefore all referrals are included in the Assessment Required category”* or *“All referrals are either recorded as Proceed to Assessment or are referral no further action.”*
- Case management system changes appear to have generated differences (some of them significant) in reporting between years in some authorities.

⁶ Section 7 and Section 37 reports are directed by the Family Court in connection with private proceedings concerning children which are before it and which are required in order to help the court reach a determination

7.2.6 Re-referrals

A re-referral is defined as a second referral on a closed case within 12 months of the previous referral. National statistics published by DfE in November 2016 state the national re-referral rate is 22.3% (DfE, 2016c). 107 respondents reported an average re-referral rate of 20.2% for 2015/16, which is a reduction from 23.4% two years ago, and represents 106,342 re-referrals across all local authorities. In this period, 62 local authorities have reduced re-referrals, ten stayed the same and 35 have increased - there does not seem to be any pattern in type of authority, or by region.

Authorities commented that reducing or maintaining re-referral levels was a result of implementing improvements at the front door; transition from early help to social care either through step up/step down or better triage in integrated teams such as MASH; and, implementation of thresholds as described earlier in this section. Authorities also anticipated further reductions, due to early help. Of those which had seen increases in re-referral rates, this was reported as largely due to domestic abuse and neglect cases.

8 Children in Need

8.1 Assessments

8.1.1 Number of assessments and timeliness

In the statutory guidance *Working Together 2013* (DfE, 2013) assessment requirements were changed from Initial and Core Assessments to a Single (or continuous) social care assessment, with authorities transitioning over a two year period. It is therefore challenging to identify changes over time, but from the 125 authorities which provided information on single assessments completed in 2015/16, there is evidence of an increase in number of assessments being undertaken. 497 assessments were completed per 10,000 0-17 population in 2015/16 (504,268 across responding authorities, and 580,693 extrapolated across all authorities).

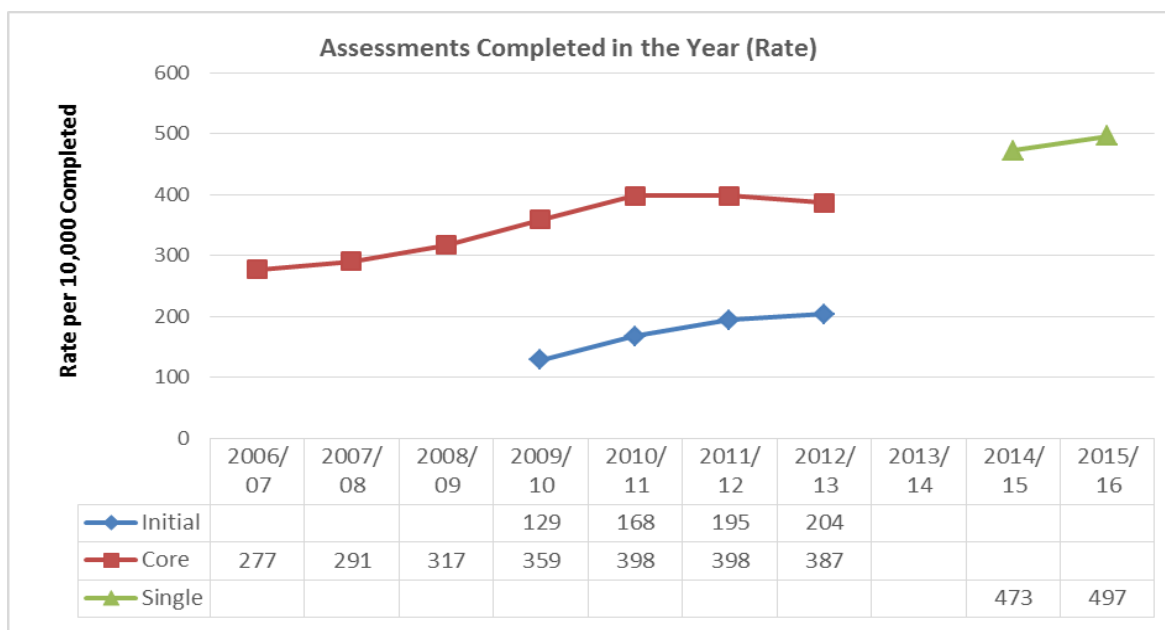


Figure 17: Rate per 10,000 single assessments completed

155,748 (35%) of assessments were completed with an outcome of ‘no further action’. The proportion of assessments completed within 45 days has not shown improvement. Of the 125 local authorities responding, 81.5% of assessments were completed within 45 working days during 2015/16, compared to 82.2% in 2014/15.

8.2 Presenting Factors in Assessment

From 1 April 2013, DfE started collecting presenting factors in assessments. In some cases separated to ‘by the child’; ‘by parent/carer’, or ‘by other person in the household’, which means it is not possible to aggregate these as it is likely that there is more than one presenting factor. However, *DfE Characteristics of children in need: 2015 to 2016* released in November 2016 helpfully does this and analysis from both sources is used, (DfE, 2016c).

Factor (% of assessments completed and authorised in responding LAs)	No	%	0% → 30%
Alcohol misuse: Concerns about alcohol misuse by the child (1A)	10121	2%	
Alcohol misuse: Concerns about alcohol misuse by the parent/carer (1B)	56154	11%	
Alcohol misuse: Concerns about alcohol misuse by other person living in the household (1C)	11657	2%	
Drug misuse: Concerns about drug misuse by the child (2A)	17049	3%	
Drug misuse: Concerns about drug misuse by the parent/carer (2B)	51726	11%	
Drug misuse: Concerns about drug misuse by another person living in the household (2C)	13030	3%	
Domestic violence: Concerns about the child being the subject of domestic violence (3A)	52750	11%	
Domestic violence: Concerns about the child's parent/carer being the subject of dv (3B)	130280	27%	
Domestic violence: Concerns about other person living in the household being the subject of domestic violence (3C)	24190	5%	
Mental health: Concerns about the mental health of the child (4A)	40326	8%	
Mental health: Concerns about the mental health of the parent/carer (4B)	98615	20%	
Mental health: Concerns about the mental health of another person in the family/household (4C)	14490	3%	
Learning disability: Concerns about the child's learning disability (5A)	33375	7%	
Learning disability: Concerns about the parent/carer's learning disability (5B)	11635	2%	
Learning disability: Concerns about another person in the family/household's learning disability (5C)	5597	1%	
Physical disability or illness: Concerns about a physical disability or illness of the child (6A)	20365	4%	
Physical disability or illness: Concerns about a physical disability or illness of the parent/carer (6B)	18954	4%	
Physical disability or illness: Concerns about physical disability or illness of other person (6C)	4635	1%	
Young carer: Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities (7A)	13047	3%	
Privately fostered: Concerns that services may be required or the child may be at risk as a privately fostered child (8A)	1515	0%	
UASC: Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child (9A)	2609	1%	
Missing: Concerns that services may be required or the child may be at risk of harm due to going/being missing (10A)	11120	2%	
Child Sexual Exploitation: Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation (11A)	16270	3%	
Trafficking: Concerns that services may be required or the child may be at risk of harm due to trafficking (12A)	1292	0%	
Gangs: Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs (13A)	4701	1%	
Socially unacceptable behaviour: Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour (14A)	34442	7%	
Self-harm: Concerns that services may be required or the due to suspected/actual self-harming child may be at risk of harm (15A)	17777	4%	
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)	77227	16%	
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)	82315	17%	
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)	57675	12%	
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)	26622	5%	
Other (20)	96265	20%	
No factors identified: no evidence of any of the factors above and no further action is being taken (21)	68778	14%	

Figure 18: Presenting factors as a proportion of all assessments completed in 2015/16

The most prevalent factor in assessment remains ‘domestic violence’. Of the assessments completed in 111 responding local authorities during 2015/16:

- 52,750 (11%) included concerns about *the child* being the subject of domestic abuse
- 130,280 (27%) about *the child’s parent/carer* being the subject of domestic abuse
- 24,190 (5%) concerns about *other person living in the household* being the subject of domestic abuse.

DfE states that 49.6% of all Children in Need at 31st March 2016 had domestic abuse as a factor at the end of their assessment – in other words, half of all Children in Need have experienced or witnessed domestic abuse (DfE, 2016B). Yet some local authorities stated that their domestic abuse services were subject to cuts due to funding pressures, whilst others have maintained these services or provided investment to address the impact that domestic abuse has on the lives of children and families.

In the 111 responding authorities, 98,615 (20%) assessments completed in the year had a presenting factor of mental health: concerns about the mental health of the parent/carer. DfE, (DfE, 2016c) reports that mental health (of child, parent/carer or other person in the household) is a factor in 36.6% and drug misuse is a factor in 19.3% of all Children in Need assessments at 31st March 2016.

In 2013-14, 22% of drug treatment and 31% of alcohol treatment service-users had children living with them, whilst 28% of drug treatment and 11% of alcohol treatment service-users were parents not living with their children (Public Health England, 2015).

Respondents confirmed that the effects of “the toxic trio” of parental factors (domestic abuse, mental health and/or substance misuse) continue to be a major, and increasing, reason for involvement of children’s social care in safeguarding children.



Research undertaken in an Eastern region authority concluded the toxic trio was present in 90% of cases; with other analyses ranging from 65% to 80%. An increase of 25% in parental substance misuse was reported by another authority whilst 12 have seen no change in the last two years.

“Over the last 18 months we have built capacity for 2 drug and alcohol workers, we are building a picture of the drug and alcohol misusing families across [authority] and where there are associated risk factors such as mental ill health and drug misuse. There has been an improvement in engagement by those families previously avoidant where they have now independently engaged with the drug and alcohol worker. Workers have been integrated in to the service and are seen as a fundamental part of the overall work we undertake alongside families, suffice to say that alongside commissioners we are looking to increase the establishment. The agency whilst undertaking some change work is primarily in post to refer families to the most appropriate resource. In addition, training is on offer and through joint work the skill set of social workers is improving, there are no current overall increases but we will be better placed to review at the end of the financial year 16/17. It is important to note that growth does not necessarily mean increase as it may be that the awareness raising itself has meant a better response and take up of the offer.” – East of England LA

Respondents and interviewees described other factors which led to children and families requiring early help or social care services, and changes over the past two years:

- There is an increase in entrenched and more complex problems which children and families are experiencing, planning and service provision is therefore more challenging and resolution takes longer
- Impact of digital media and online abuse via social media, affecting emotional and mental health of young people
- Child sexual exploitation and trafficking
- Poverty and homelessness, resulting in families requiring financial support through No Resource to Public Funds (NRPF).

Some of these factors are considered in more detail later in this report.

8.3 Children in Need

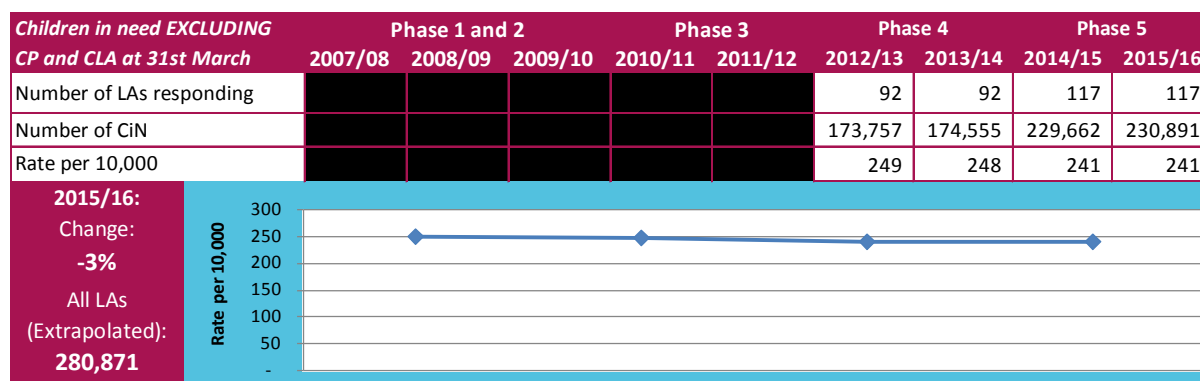


Figure 19: Children in Need summary

Children in Need (CiN) are defined nationally as any case open to children's social care including children subjects of child protection plans and children looked after, as well as disabled children and care leavers aged over 18 who are supported. It includes children who have had a referral but may not yet have had an assessment as to whether they will require services. National data therefore masks the number of 'CiN only' cases and it is not easy to identify exactly how many children are only receiving services under Section 17 or 24 (i.e. not subject of child protection plan, looked after, or care leavers).

Nationally published data (DfE, 2016c) show that there was a 0.9% increase in the number of Children in Need at 31st March 2016, (394,400, and a rate of 338 per 10,000 0-17 population in England). However, twice as many children were receiving services at any time during the year (781,700). As with all 'snapshot' figures about service users, the number at 31st March does not represent the totality of work undertaken during the 12 month period.

119 authorities provided valid data about their number of Children in Need both including and excluding child protection and children looked after. At 31st March 2016, there were:

- 330,489 children in need *including* CP and CLA in the 119 authorities, a rate of 341 per 10,000 0-17 population - a reduction on the 346 reported two years ago in Phase 4
- 230,891 children in need *excluding* CP and CLA within the 119 authorities, a rate of 240 per 10,000 0-17 population - a reduction on the 248 reported in Phase 4.

This represents an overall reduction, however, 50% of responding authorities reported increases. Local authorities reporting reduced numbers suggest this may be due to the impact of early help services.

9 Child Protection

9.1 Section 47 Enquiries and Initial Child Protection Conferences

A Section 47 enquiry refers to enquiries conducted under the provisions of Section 47 of the Children Act 1989 where there are reasonable grounds to suspect that a child is suffering or is likely to suffer significant harm.

125 local authorities provided valid data on the number of children who were subjects of Section 47 (S47) enquiries and Initial Child Protection Conferences (ICPCs), and 120 provided valid data on the percentage of ICPCs held within 15 days of S47, covering 2014/15 and 2015/16. Historical data were taken from the DfE's Local Authority Interactive Tool (LAIT) (DfE, 2016d) to allow for trend analysis.

Both DfE and ADCS Safeguarding Pressures research data show a steady and continued increase in children subjects of S47 enquiries to a rate of 142.5 per 10,000 0-17 population - an increase of 87% since 2008/09 and 4.9% in the past year.

There is also an increase in the rate of ICPCs, but the rate of increase has reduced from a 20% increase since 2011/12 to 1.4% increase in the last year. This disparity in changes over time seems to suggest that the increased rate of S47 enquiries is not borne out by concomitant rises in initial conferences. The difference in the ratio of S47s to ICPCs has widened by 8% in four years.

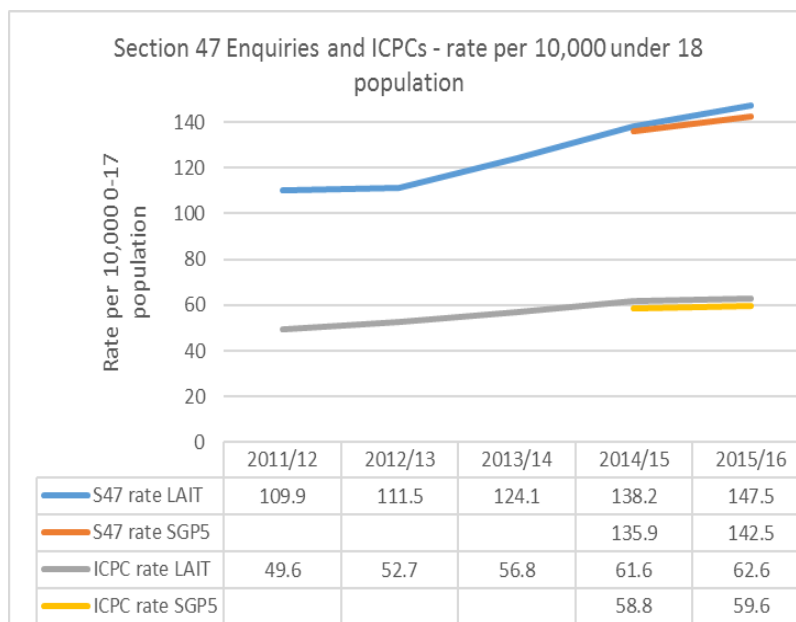


Figure 20: S47 enquiries and ICPCs rate per 10,000 0-17 population

Whilst the average rate of S47 enquiries per 10,000 0-17 population is 142.5, the range between authorities varies from 37 to 436, and those authorities with the lowest rates tended to have experienced the biggest changes from previous rates. Between 2014/15 and 2015/16, the number of S47 enquiries has increased in 77 of the 125 authorities (62%) ranging from 1% to 122%, and decreased in 47 authorities (38%) ranging from -1% to -52%.

77% of ICPCs were held within 15 working days of the S47 enquiry in 2015/16 compared to 52% in 2007/8. Despite the rising rates of ICPCs, this increase in the percentage of ICPCs completed within 15 days of S47 enquiries, clearly demonstrates efforts by local authorities to avoid delay.

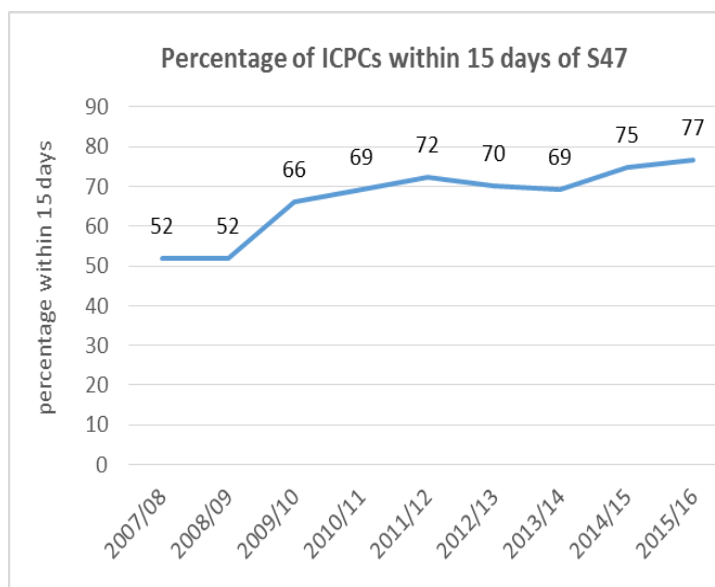


Figure 21: Percentage of ICPCs within 15 days of S47

9.2 Child Protection Plans

9.2.1 Children becoming subjects of child protection plans

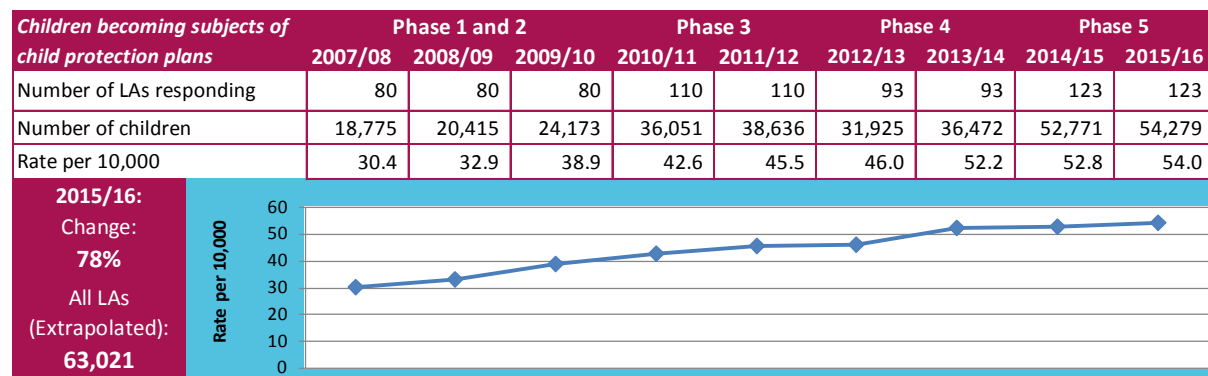


Figure 22: Initial child protection plan summary

The number of children becoming subjects of child protection plans continues to increase year-on-year. 54,279 children became subjects of child protection plans during 2015/16 in 123 authorities which provided valid data. This is equivalent to 54 children per 10,000 0-17 population (63,021 across all authorities) and an increase of 3.4% from 2013/14.

In 2015/16, there was a greater range between authorities than before, from a rate of 16 to 122 initial plans per 10,000 0-17 population. There was an almost even split between the proportion of authorities experiencing an increase (54%) and those experiencing a decrease (46%).

9.2.2 Children subjects of child protection plans at 31st March

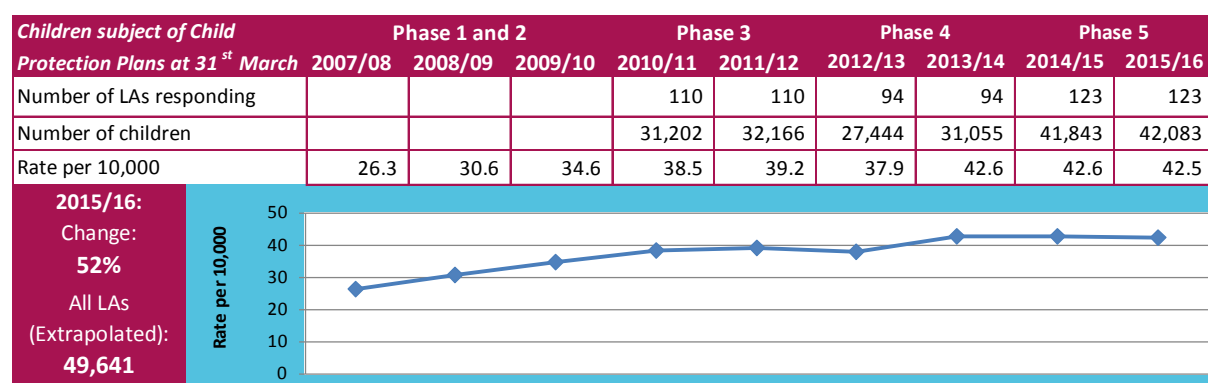


Figure 23: Child subjects of child protection plans at 31st March summary

The number of children subjects of child protection plans at 31st March has not increased at the same rate as those becoming subjects of a plan, and has remained fairly constant for the past three years. There were 42,083 children subjects of child protection plans in the 123 responding authorities at 31st March 2016, equivalent to 42.5 children per 10,000 0-17

population (DfE 2016 report the rate for all authorities as 43.1). There continues to be wide variation between authorities, but also the extent to which the number of children subjects of a child protection plan changes or fluctuates in individual authorities.

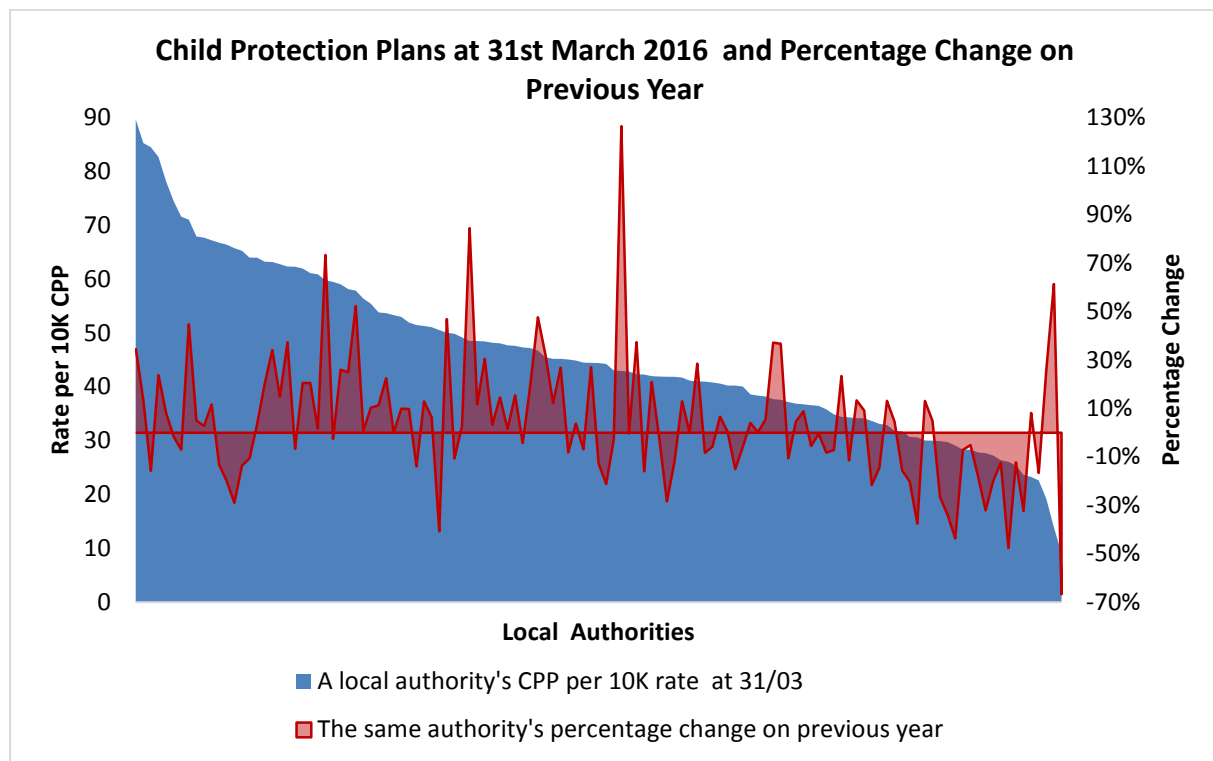


Figure 24: Rate per 10,000 0-17 population and % change for responding LAs – children who were subjects of child protection plans at 31st March 2016

9.3 Categories of Abuse

9.3.1 Children subjects of initial child protection plans

45% of initial child protection plans are due to Neglect. This continues to be the most and increasingly prevalent category of abuse. The proportion of plans in the category Emotional Abuse has also increased and now accounts for 35% of the total. The proportion of plans for Physical Abuse continues to decrease, whereas there has been a very small increase in the proportion of plans for Sexual Abuse for the first time since 2010/11.

Whilst in the national data the use of the 'Multiple' category appears to be reducing, some individual local authorities make extensive use of this category. In 17 authorities this accounts for more than 10% of all new child protection plans, and in six authorities for more than a quarter.

The increase in the number of plans 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. Over an eight year period, the rate per 10,000 for Emotional Abuse has increased by 149%, and for Neglect by 75%. The category 'Emotional Abuse' is used to describe a range of things, including domestic abuse.

“What I do think though, is that we are struggling with our traditional models of intervention around these sorts of issues [CSE] for young people...you must treat them as children and apply child protection procedures and of course we do but that’s a very, very blunt instrument to deal with what a safety plan should be for young people in this cohort”. - Interviewee

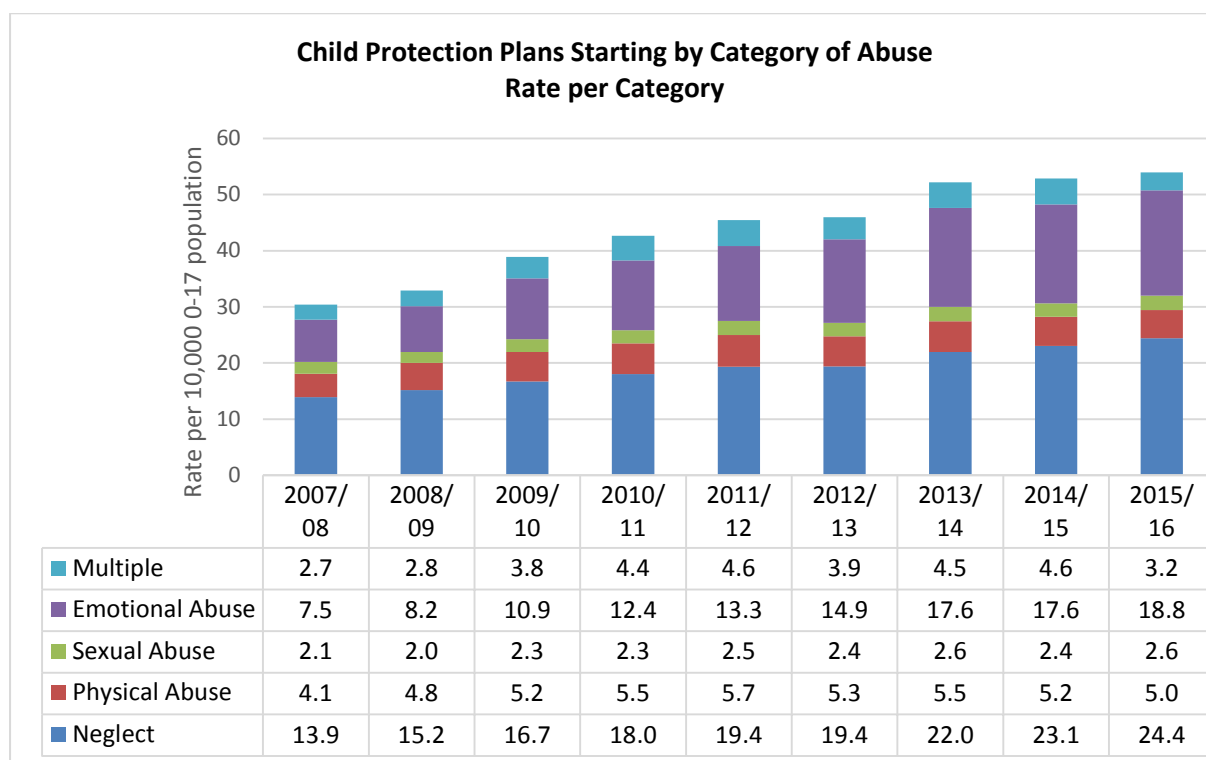


Figure 25: Children becoming subjects of a child protection plan – rate by category of abuse

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

Categories of abuse for children subjects of plans at 31st March are broadly similar to those for children becoming subjects of plans during the year. Neglect remains the largest category (46.0%).

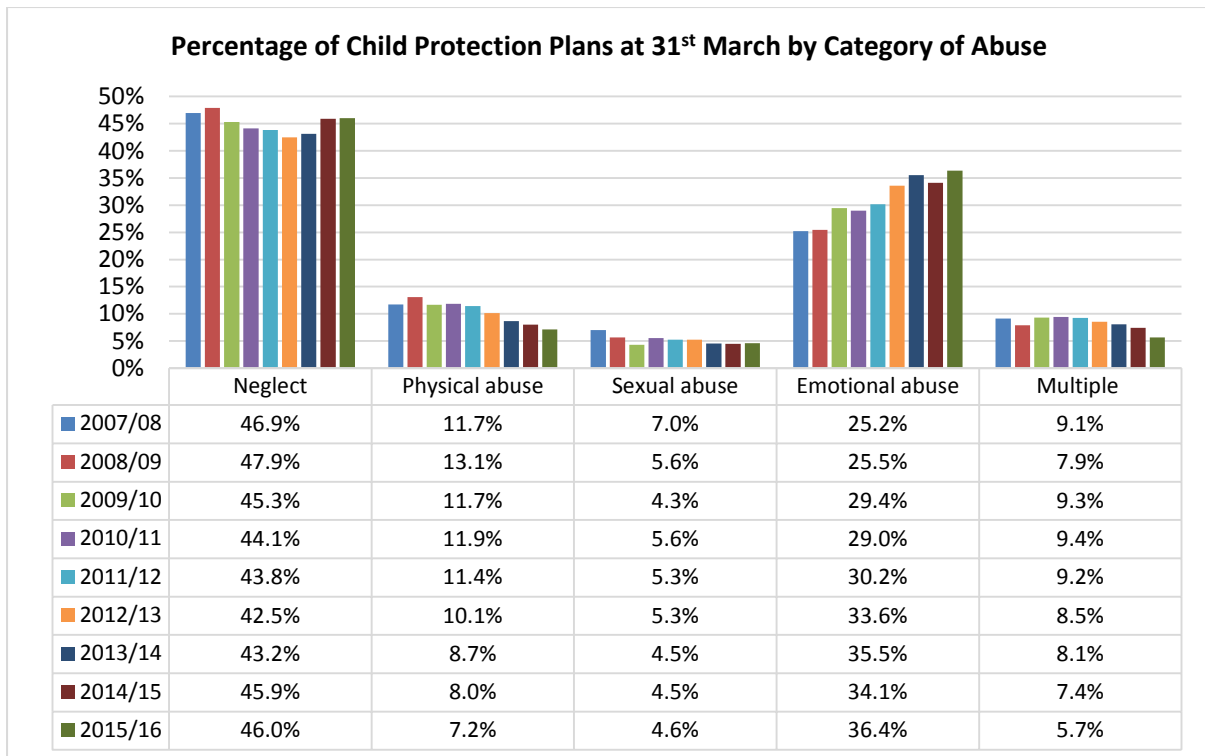


Figure 26: Percentage of child protection plans at 31st March by category of abuse

9.4 Age of Children Subjects of Child Protection Plans

9.4.1 Children becoming subjects of a child protection plan

Proportionally, more children aged 5-9 became subjects of child protection plans in 2015/16 than any other age group (27.6%) and this has been the case for the past three years. Prior to this, the 1-4 age group was the largest, but has been falling for five years and is now 25.8%. The proportion of 10 to 15 years olds has increased noticeably in the past two years to 25.5%. Under 1s, including unborn children, accounted for 18.0% in 2015/16, the lowest rate for six years. Young people aged 16 and over, whilst still the smallest group at 3.2%, has seen a steady increase in recent years.

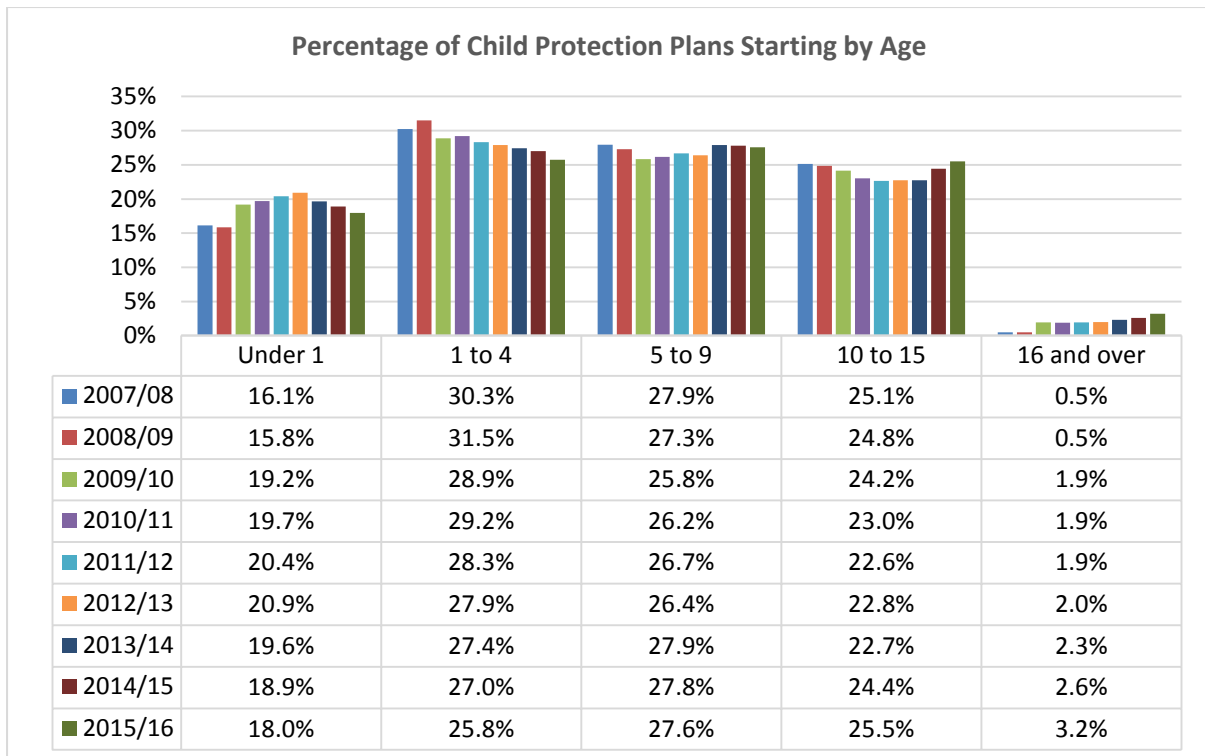


Figure 27: Age of children becoming subjects of a child protection plan

9.4.2 Children subjects of child protection plans at 31st March by age

The age profile of children subjects of child protection plans at 31st March 2016 now more closely reflects that of plans starting during the year. 69% are under 10, and 31% are 10 or over.

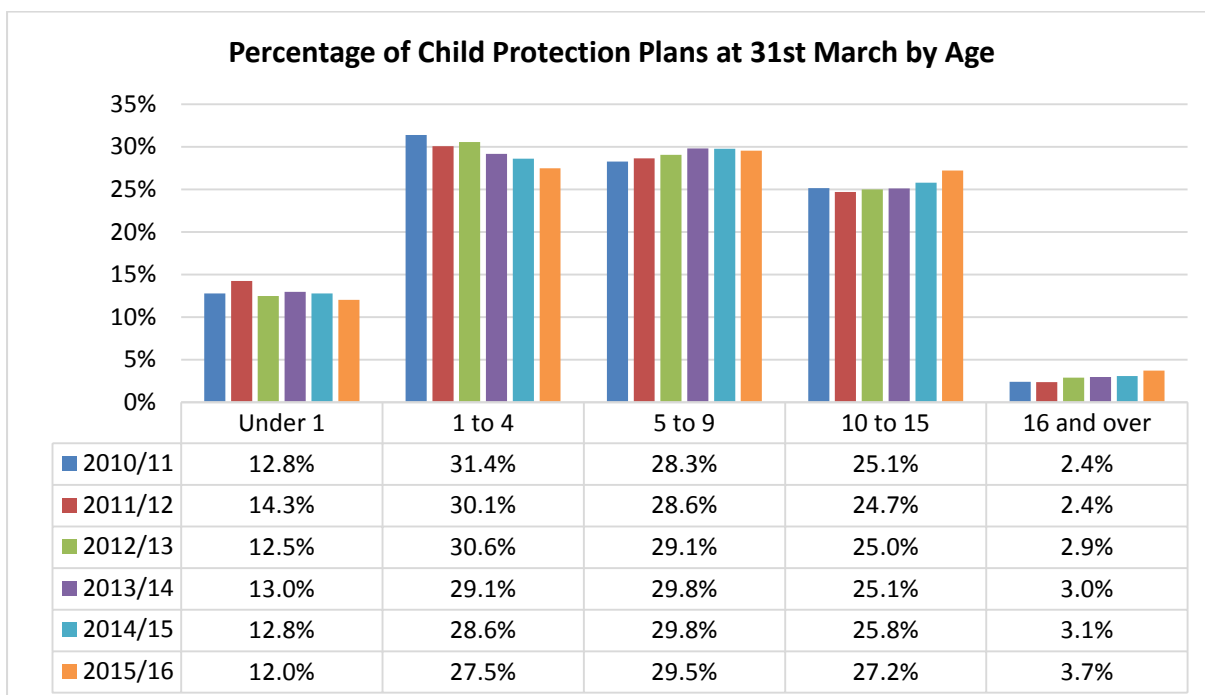


Figure 28: Age of children subjects of child protection plans at 31st March

9.5 Second or Subsequent Child Protection Plans

18% of children were subjects of a second or subsequent child protection plan. 38% of responding authorities stated they had experienced an increase in children subjects of a second or subsequent child protection plan; 35% no change; 18% a reduction and 10% either small fluctuations or numbers too small to be significant.

10 Children Looked After

Local authorities were asked to provide data about children starting and ceasing to be looked after during the year and who were looked after at 31st March, by age and category of need. These data are provided to DfE in the annual SSSA903 collection, and analysis here has been validated where possible against the first data release (DfE 2016e). Whilst much of the information aligns with the SSSA903, it should be recognised that as this research is a sample of 123 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.

10.1 Number of Children Looked After

10.1.1 Children starting to be looked after

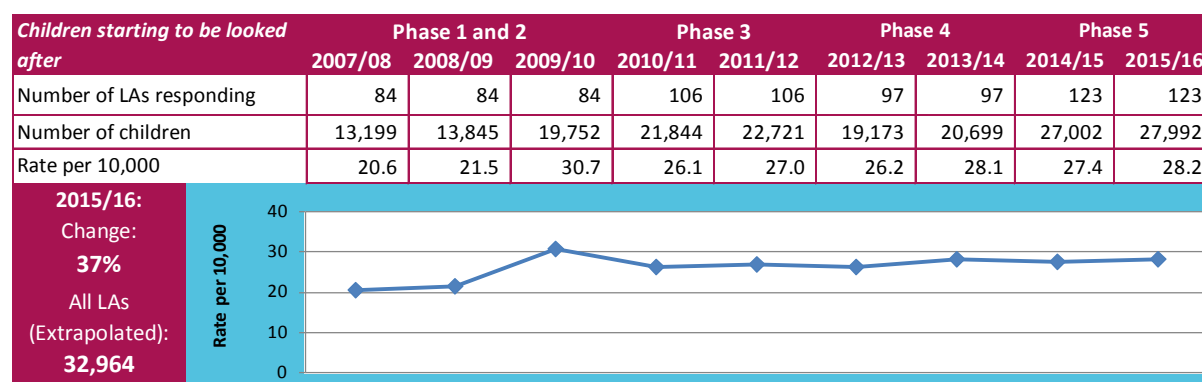


Figure 29: Children starting to be looked after summary

123 local authorities provided valid data, reporting a total of 27,992 children starting to be looked after in 2015/16, equating to 28.2 children per 10,000 0-17 population (which equates to 32,964 across all local authorities). The number of children starting to be looked after has increased on the previous year following fluctuations over the seven year period and a high of 30.7 children per 10,000 0-17 population in 2009/10.

Whilst there is a roughly equal number of authorities whose number of children looked after have increased as decreased from the previous year, the size of the increases overall outweighs the reductions. 65 authorities (53%) reported increases and 58 authorities (47%) reported decreases in the numbers of children starting to be looked after compared to the previous year.

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

12% of children who started to be looked after had been looked after previously. 23% of authorities stated that there has been an increase in the number of children coming back into care, and 56% have seen no change, according to 97 authorities which provided data. This is in line with the 13% reported two years ago. Unsurprisingly, the smallest proportion by age group for those returning to care is the under 1s. However, across the responding authorities this group accounts for 84 children who had been looked after more than once before their first birthday. The largest age group is the 10-15s who account for 38.3% of returning children in 2015/16, followed by the 16 and overs, who account for a quarter of this group. Overall, older children (aged 10 or more) make up almost two thirds of the total, at 63% in 2015/16.

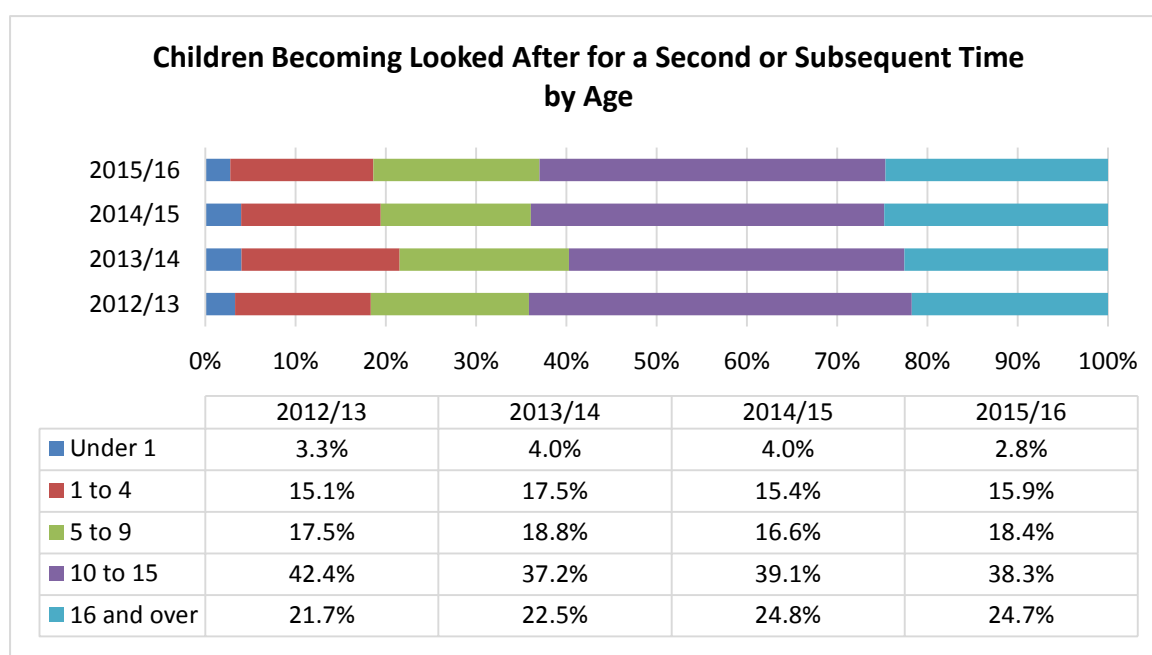


Figure 30: Children becoming looked after for a second or subsequent time by age

10.1.3 Children looked after at 31st March 2016

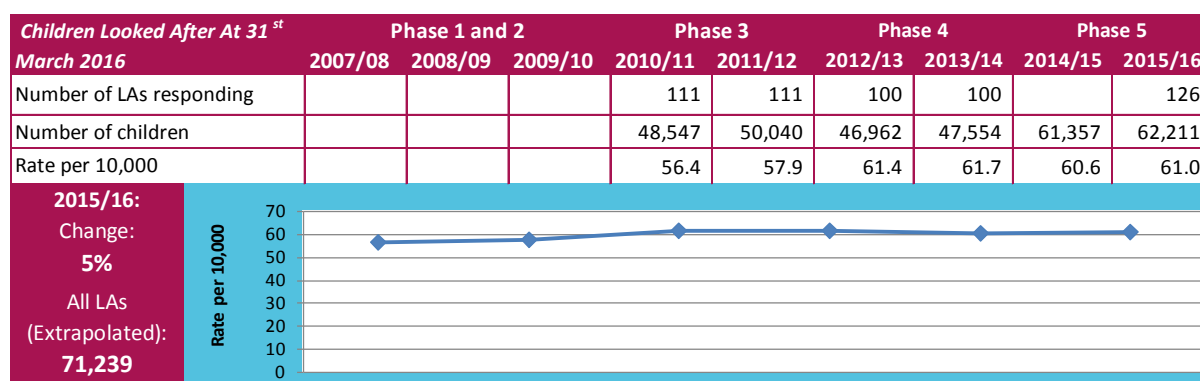


Figure 31: Children looked after per 10,000 at 31st March summary

126 authorities provided valid data reporting 62,211 children looked after at 31st March 2016. This represents a rate of 61 per 10,000 0-17 population (and equates to 71,239 across all local authorities). Again the range of authorities experiencing increases and decreases is roughly even, but as with numbers of children starting to be looked after, the size of the increases overall outweighs the reductions. 64 authorities (51%) reported increases in the numbers of children looked after at 31st March compared to the previous year. 58 authorities (46%) reported decreases in the numbers of children looked after at 31st March compared to the previous year.

10.1.4 Children looked after under a series of short term placements

Numbers of children accommodated under a series of short term breaks at 31st March 2016 (DfE legal status codes V3 and V4) have diminished to less than 30 in total across all responding authorities. DfE states there are 2,280 children looked after *at any point during the year* under a series of short term placements, 2.2% of the total (DfE, 2016e). Case study authorities explained this as a result of the increase in direct payments, where given more flexibility, parents/carers are choosing to

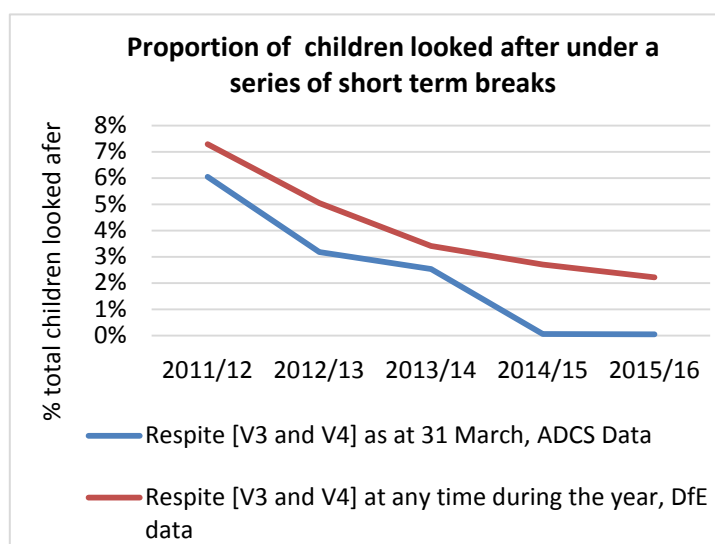


Figure 32: DfE and ADCS data on respite legal statuses

receive higher levels of support during the day rather than for overnight stays. There appears also to be a move towards provision of respite under Section 17 where possible, avoiding the need for a child to be considered looked after.

10.1.5 Children ceasing to be looked after

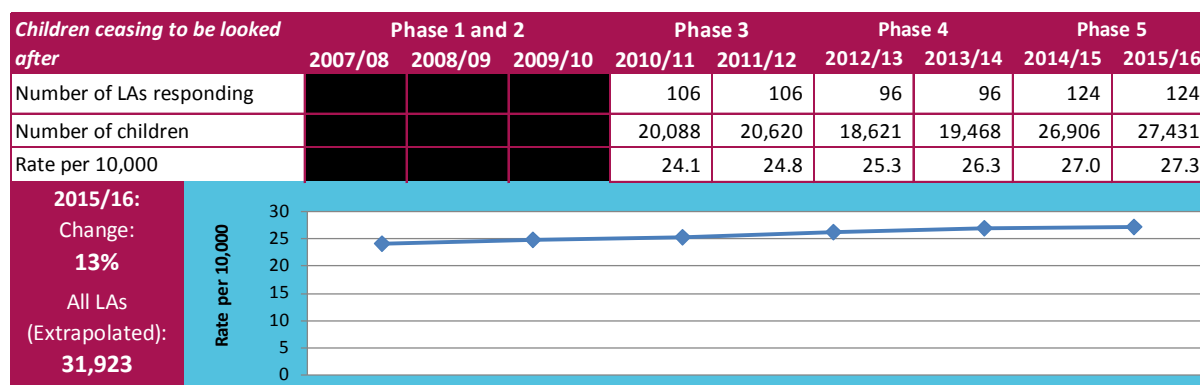


Figure 33: Children ceasing to be looked after summary

Valid responses were received from 124 authorities covering 27,431 children who ceased to be looked after during 2015/16, equating to 27.3 children per 10,000 0-17 population (which extrapolates to 31,923 across all local authorities). Whilst the number of children looked after continues to increase very slightly, the number of children ceasing to be looked after is also increasing, indicating that there may be overall a more effective ‘flow’ of children through the care system. According to data gathered from responding authorities in Phases 3, 4 and 5, there has been a 13% increase in the number of children ceasing to be looked after between 2010/11 and 2015/16 which is in line with DfE reporting of a 12% increase in the same period.

10.2 Category of Need

10.2.1 Children starting to be looked after by category of need

52.9% of all children starting to be looked after were primarily due to reasons of Abuse or Neglect (N1). This remains the largest category and equates to 14.95 per 10,000 0-17 population (an increase of 63% since 2007/08). 26.0% started to be looked after due to either Family Dysfunction (N5) or Family in Acute Stress (N4) combined. Recent large increases in the proportion of children starting to be looked after in the category Absent Parenting to 12.6% (a 160% increase during Phase 5) relate to the increase in numbers of unaccompanied asylum seeking children (UASC).

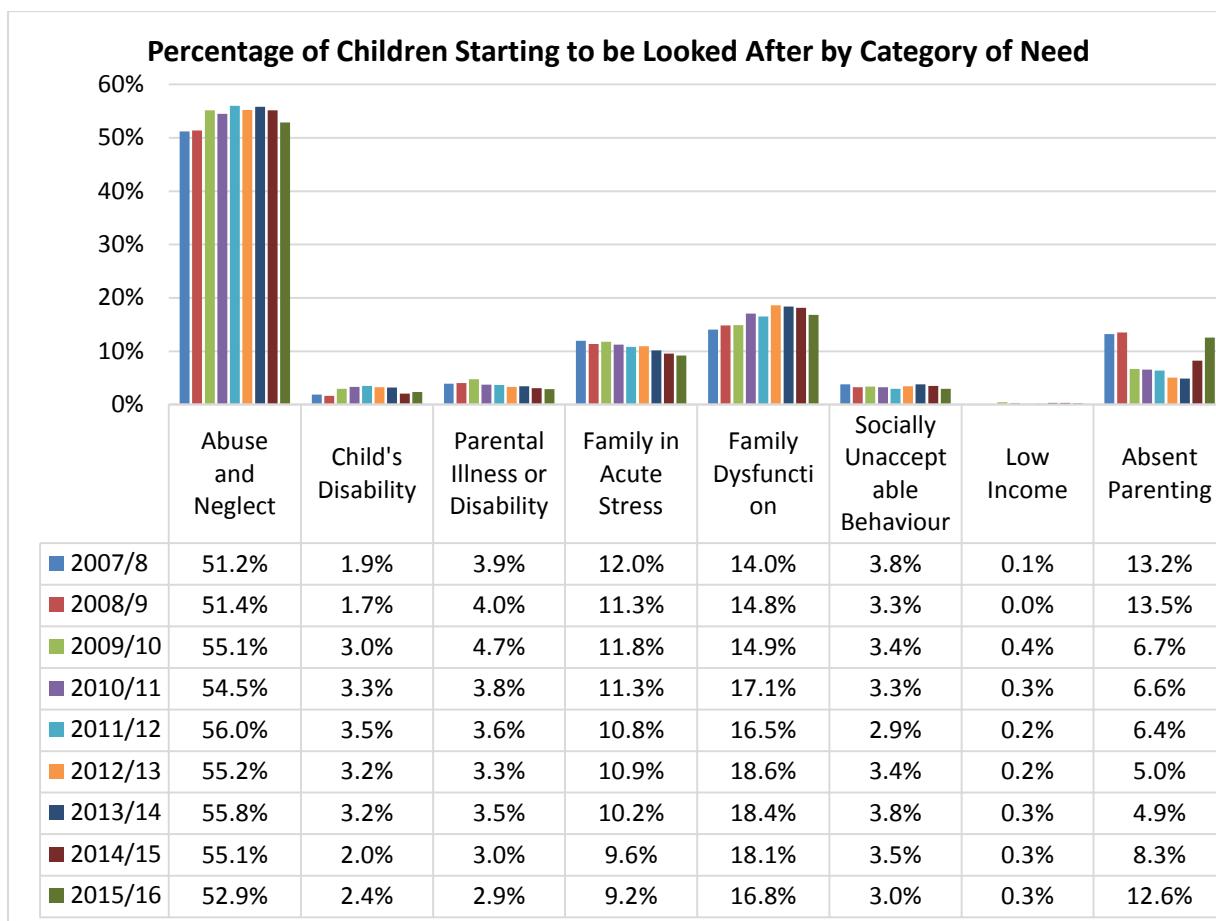


Figure 34: Percentage of children starting to be looked after by need category

10.2.2 Children starting to be looked after who were homelessness

35 authorities provided data about children looked after at 31st March, aged 16 and 17, who had presented as homeless. Nine of these authorities however, stated that there were none in either 2014/15 or 2015/16, and only six reported more than 10 young people. However, in these six authorities, the number averaged 116 in 2015/16. Clearly this is an area where recording varies considerably between local authorities.

Increased homelessness in the age group 15 – 17 is specifically referred to by 16 respondents, whilst one West Midlands authority refers to a *decrease* in presentations of 16/17 year old homeless young people, bucking the national and previous local trend. The complexity of cases that are presenting has increased.

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

Abuse and Neglect remains the largest category of need for children looked after at 31st March, accounting for 60.4%. In general, the proportions of children looked after by category of need have remained relatively stable. There have been recent, modest

reductions in the categories Child’s Disability and Parental Disability, Socially Unacceptable Behaviour, and Family in Acute Stress. Family Dysfunction has changed little in four years. However, the previous decline in the proportion of Absent Parenting has been sharply reversed in the past two years as the number of UASC has increased. In a single year to 31st March 2016 the increase was 34%, (see the special thematic report⁷ for more details).

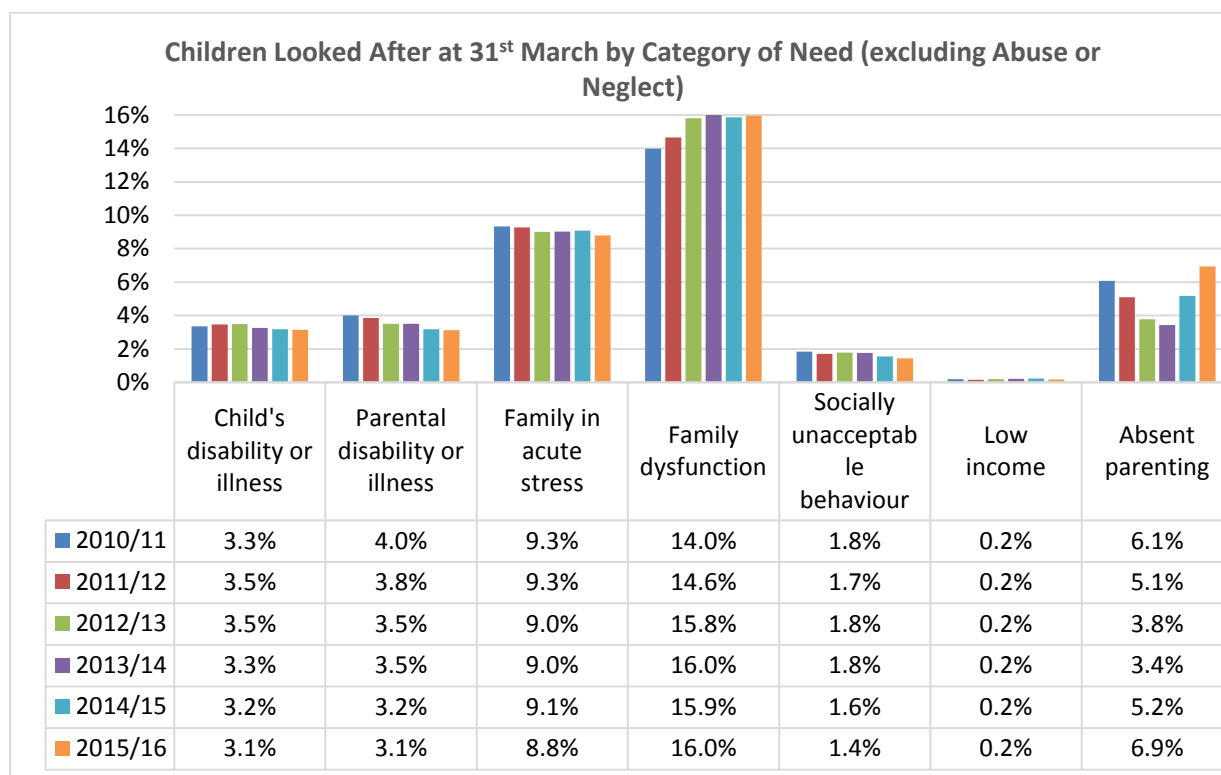


Figure 35: Children looked after at 31st March by category of need (excluding abuse or neglect)

The proportions of children looked after by need category as at 31st March 2016 vary markedly when viewed by region. The prevalence of UASC accounts for why Absent Parenting is significantly higher in London and the South East than elsewhere. Family Dysfunction in the South East is 50% higher than the national average. London and the South West have the highest percentages in the category Parental Disability or Illness, and London has the highest for Socially Unacceptable Behaviour.

10.2.4 Children looked after aged 16 and 17 by category of need

124 local authorities provided data about the category of need for 16 and 17 year olds who were looked after at 31st March 2016. Fewer 16 and 17 year olds were looked after due to Abuse or Neglect than all children (45.5%) but the greatest difference is Absent Parenting, which reflects the increase in the number of UASC. The rising number of UASC means that

⁷ http://adcs.org.uk/assets/documentation/ADCS_UASC_Report_Final_FOR_PUBLICATION.pdf

the proportion of 16-17 year olds in this category has doubled since Phase 4 of this research, and increased by 34% in the year to 31st March 2016 alone.

Regional variations occur, with the South East and London having higher proportions where the need is Absent Parenting (40.8% and 36.9% respectively).

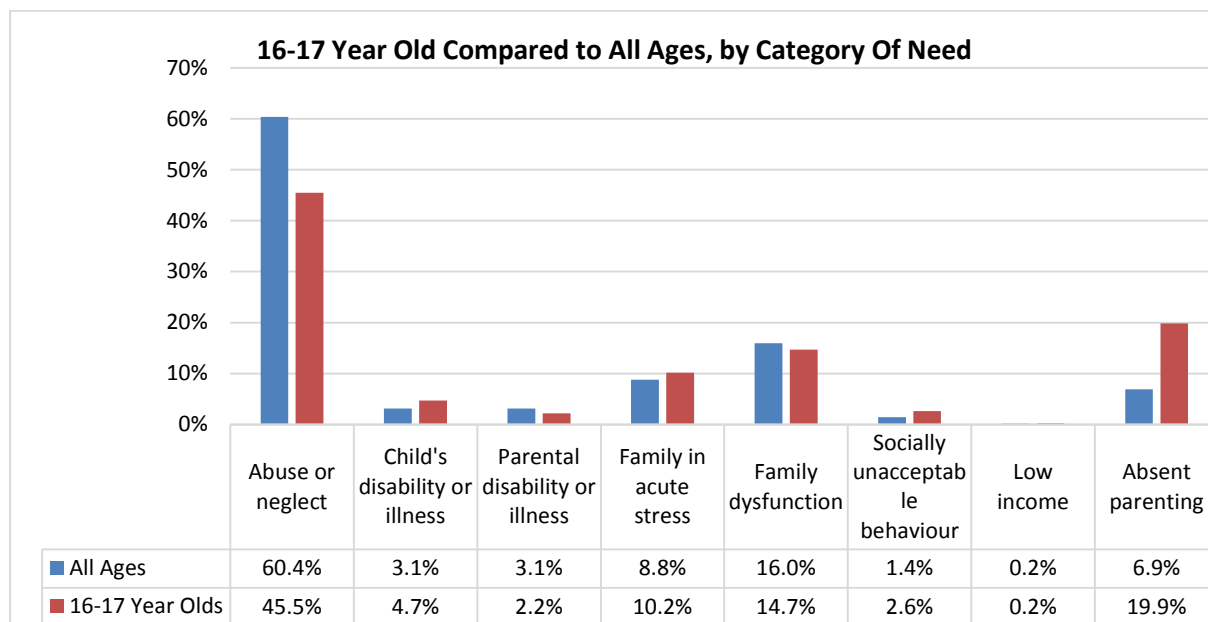


Figure 36: Children looked after by category of need - all ages compared to 16/17 year olds

Authorities reinforced the different reasons why children aged 16 and 17 come into care, stating that the impact of the Southwark Judgement, family breakdown and rise in UASC were all factors.

10.3 Age

10.3.1 Children starting to be looked after by age band

28.8% of all children becoming looked after are 10-15 years old, however, this has been decreasing as percentage of the total almost every year since 2007/08. Proportions for the under 1s, 1-4s and 5-9s have all decreased in 2015/16, but are now broadly equal and range between 16.6% and 17.7%. The greatest change is in the 16 and over group, which at 19.5% has doubled since 2007/08.

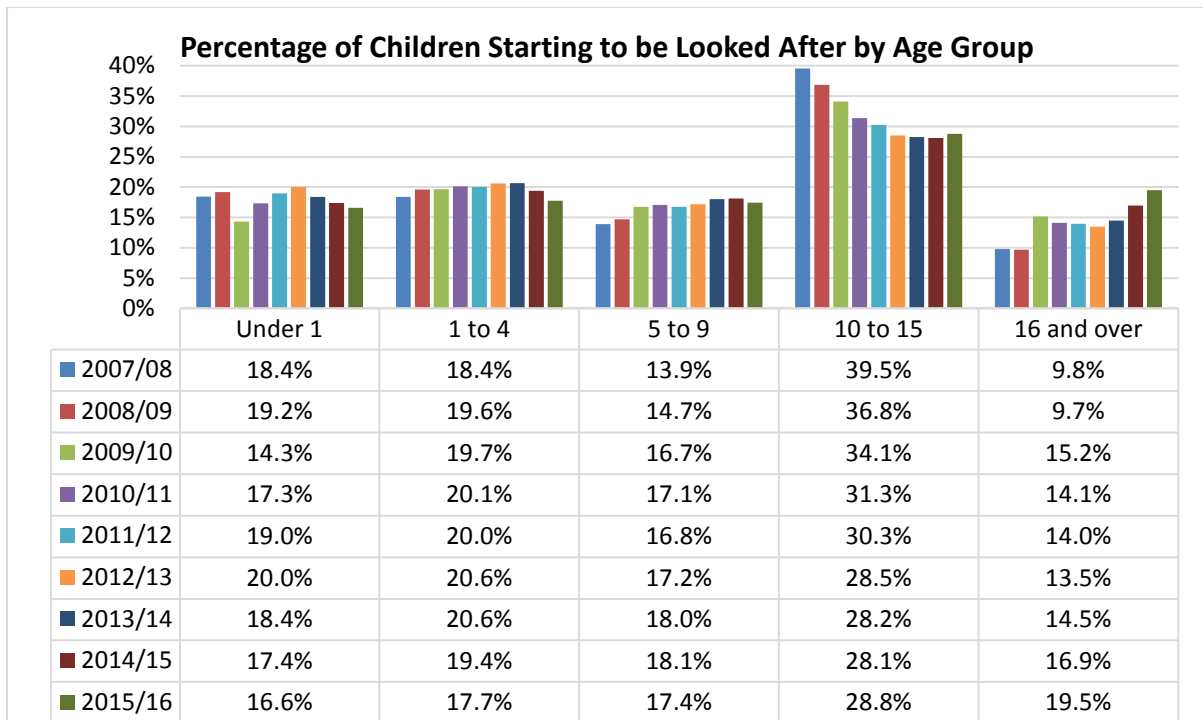


Figure 37: Children starting to be looked after by age

10.3.2 Children looked after at 31st March by age band

The proportion of children in younger age groups is reducing with the biggest increase in the 5-9 age group.

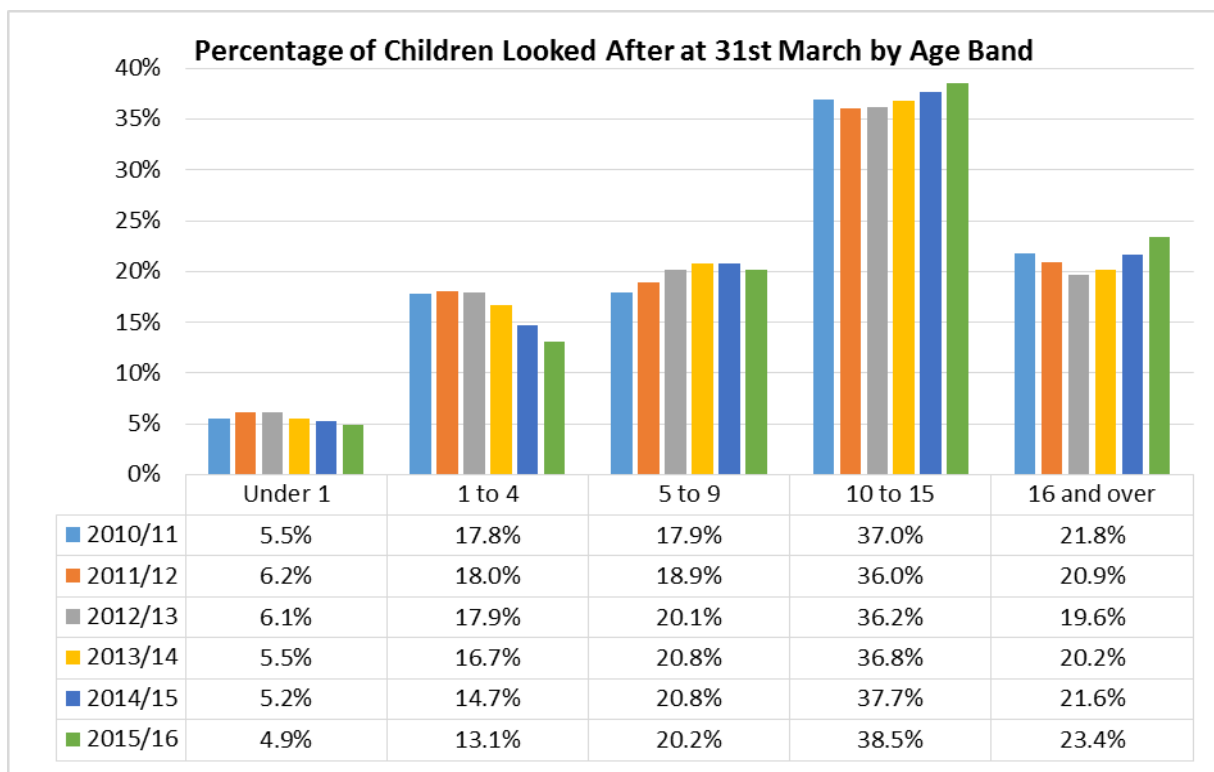


Figure 38: Children looked after at 31st March by age

Fewer children aged under 4 were looked after at 31st March with an increase in the older age groups. For some authorities, the increase in the percentage of 16 and over could be the impact of UASC arriving the local area. Regional profiles also indicate that adolescents are remaining in care longer than younger children. This is not surprising as younger children are more likely to leave care through adoption or special guardianship orders (SGOs) than older children and teenagers.

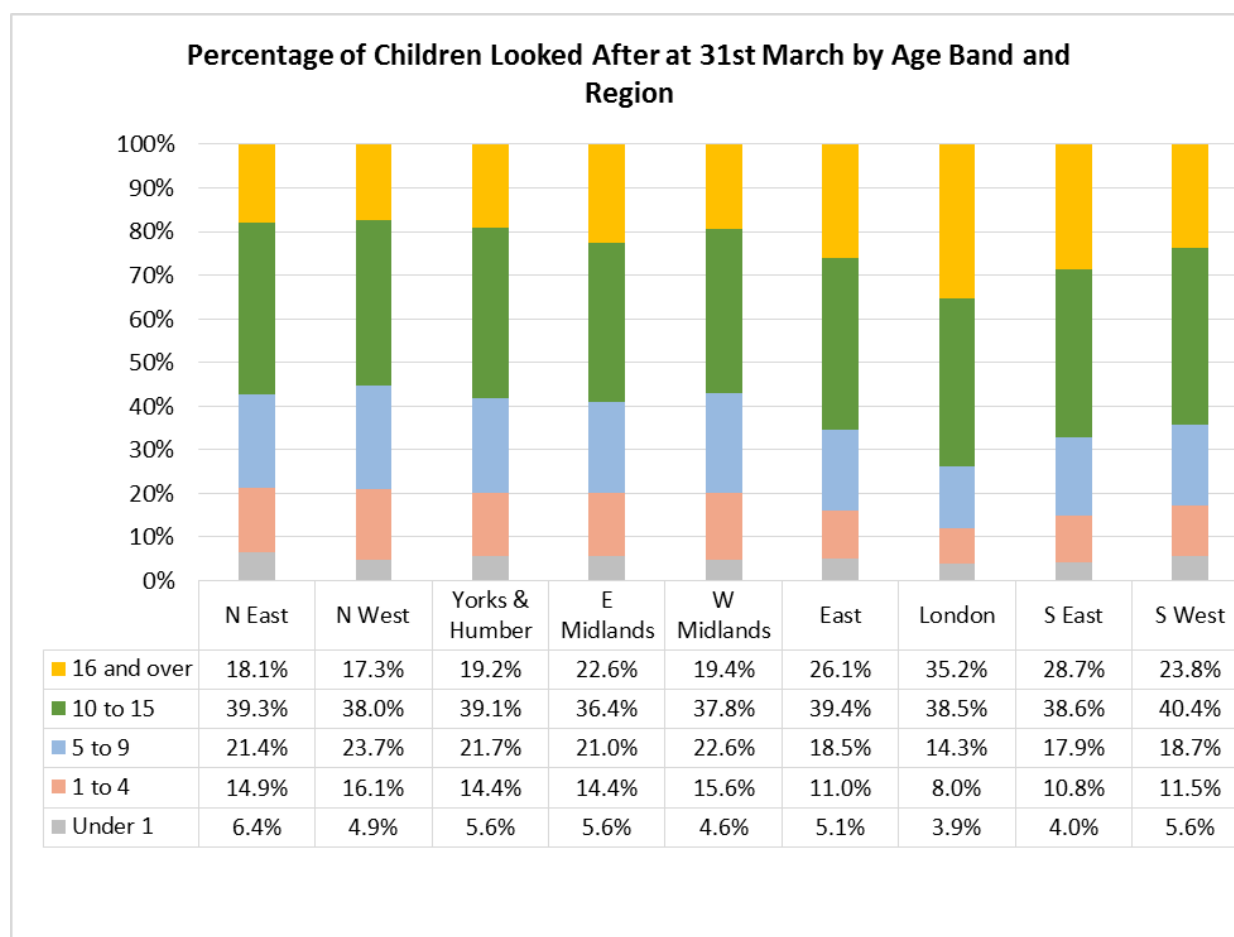


Figure 39: Children looked after at 31st March 2016 by age and region

10.3.3 Children ceasing to be looked after by age band

Whilst the under 1s age band represents the smallest overall percentage of children ceasing to be looked after (7.5%), it has grown by over 50% in five years. The 1-4 age group remains the second largest (24.5%). The 5-9 group has remained steady at around 15% over the last four years and the 10-15s group (with the exception of 2015/16) has been decreasing steadily. The 16 and over group remains the largest at 36.3%.

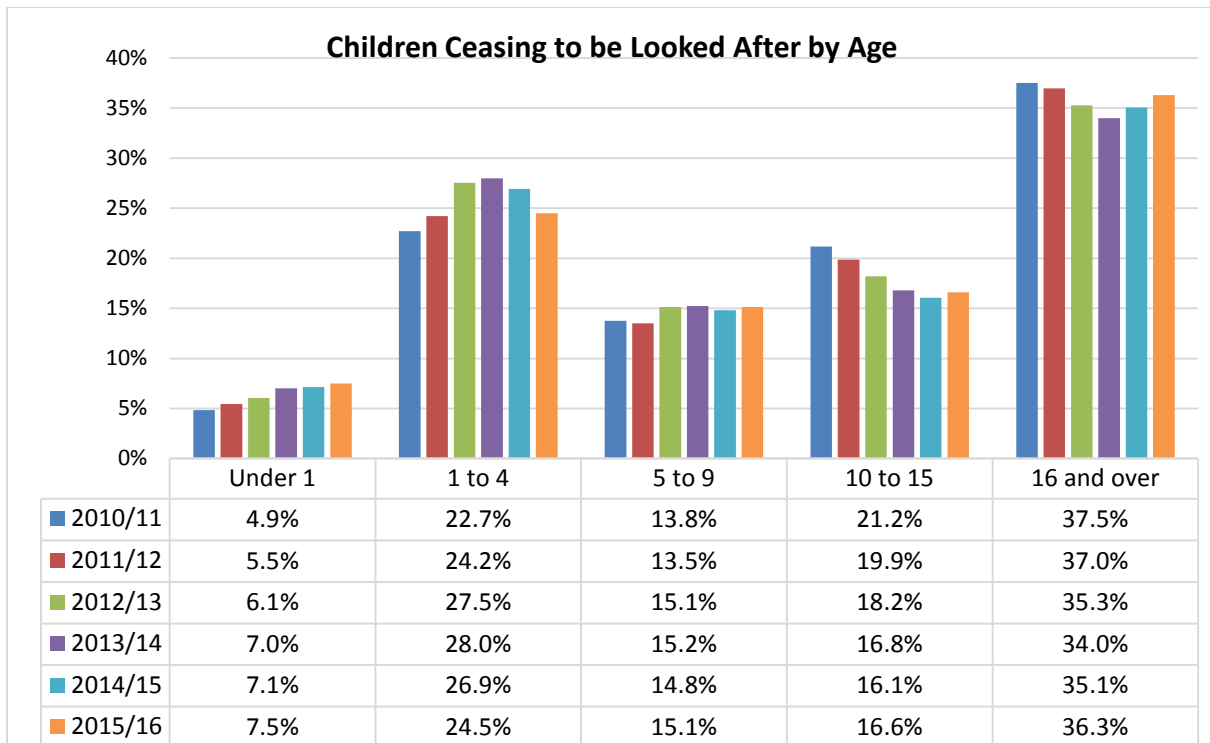


Figure 40: Children ceasing to be looked after by age

10.4 Children looked after by legal status

10.4.1 Legal status at 31st March

The legal status of half of all children looked after at 31st March 2016 is a Full Care Order, and the proportion has increased year-on-year. 25.7% of children looked after are accommodated under Section 20 (i.e. without a care order), but there is no clear trend of change. There has been a significant reduction in Respite legal statuses, (as noted in section 10.1.4).

The proportion of children subjects of Placement Orders peaked at 12.8% in 2013, following the government’s sustained campaign to promote adoption, but has been falling since, and is now 8.3%, a similar level to 2011. Whilst numbers have reduced to fewer than ten, some children are still recorded as having the legal status of Freeing Order.

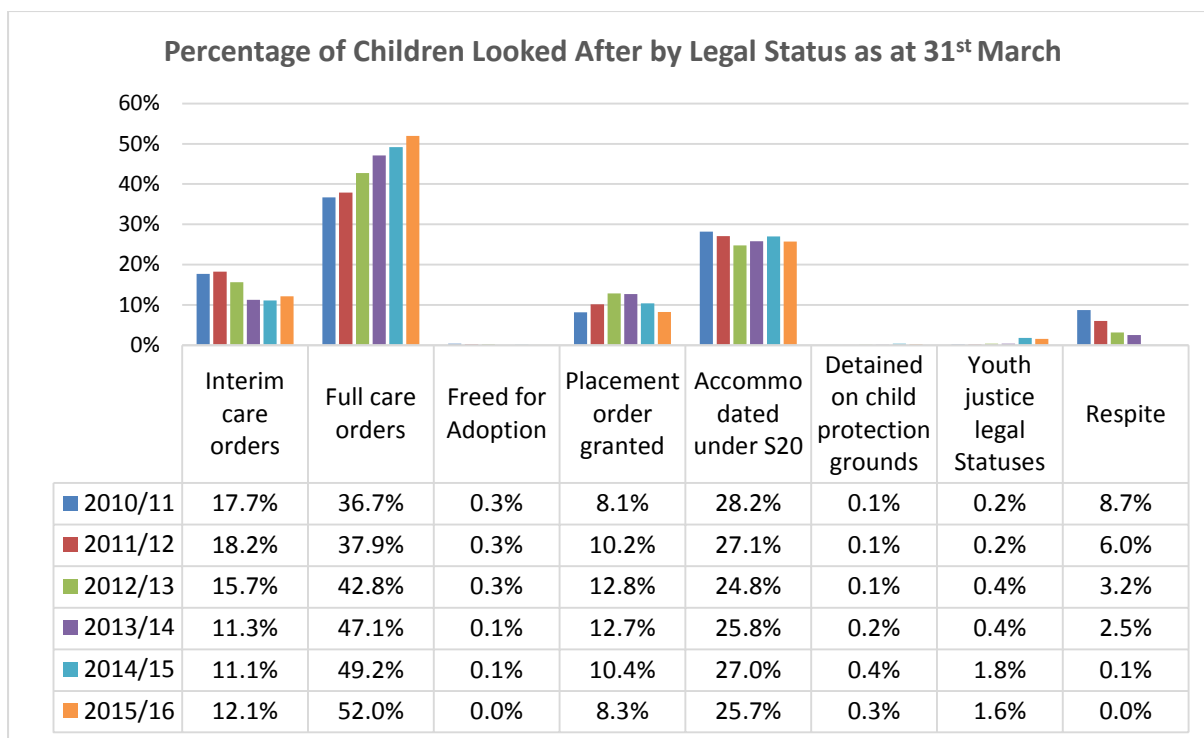


Figure 41: Percentage of children looked after by legal status as at 31st March

Whilst they account for a relatively small proportion of the overall total, there has been a significant increase in the number of children detained (Legal Status On remand, or committed for trial or sentence, and accommodated by LA ; Detained in LA accommodation under PACE; or Sentenced to CYPA 1969 supervision order with residence requirement). At 31st March 2016, 900 young people in 122 responding authorities were looked after under legal status ‘Sentenced to CYPA 1969 Supervision Order with residence requirement’ and there were 1,000 the year previously. Prior to 2014/15, only a handful of children were looked after under this legal status, with the majority of the youth justice group comprised of “On remand, or committed for trial or sentence, and accommodated by LA”. The increase is likely to be directly linked to the LASPO Act 2012 which conferred looked after status to children and young people on secure remand, and transfers the cost of remand arrangements to local authorities.

10.4.2 Cafcass

There has been an increase of 14.6% in all care applications in the last year alone according to data from the Children and Family Court Advisory and Support Service (Cafcass), which equates to 12,787 in 2016/17 (a rate of 11 per 10,000 0-17 population).

The length of time it takes to complete care and supervision applications from when the application is issued to when the application completed (Cafcass, 2016) reduced markedly between 2012/13 and 2014/15 from 48 to 30 weeks, and has remained at an average 30 weeks for the last three years.

10.5 Placements of Children Looked After at 31st March

There has been little change in the type of placement for children looked after since 2011/12 apart from children placed for adoption and in Young Offender Institutions (YOIs).

- The largest proportion of children are placed with foster carers other than relative or friend (62%). Foster care as a whole accounts for almost three quarters of all placements (73.5%)
- A larger proportion of children are placed in children’s homes (8.5% at 31st March 2016 - although overall numbers are small)
- The percentage of children placed for adoption has increased overall by 9% since 2010/11, but has been decreasing steadily since 2013/14, which reflects the pattern in legal statuses where we see falling percentages of children with placement orders, granted by the courts. It also reflects the age profile of children looked after
- Increasing proportions in independent living arrangements chimes with higher numbers of UASC aged 16 and 17, and the continued impact of the Southwark Judgement
- Although secure units and YOIs are the second smallest category overall in 2015/16 at 0.6%, this still represents a 36% increase on 2010/11.

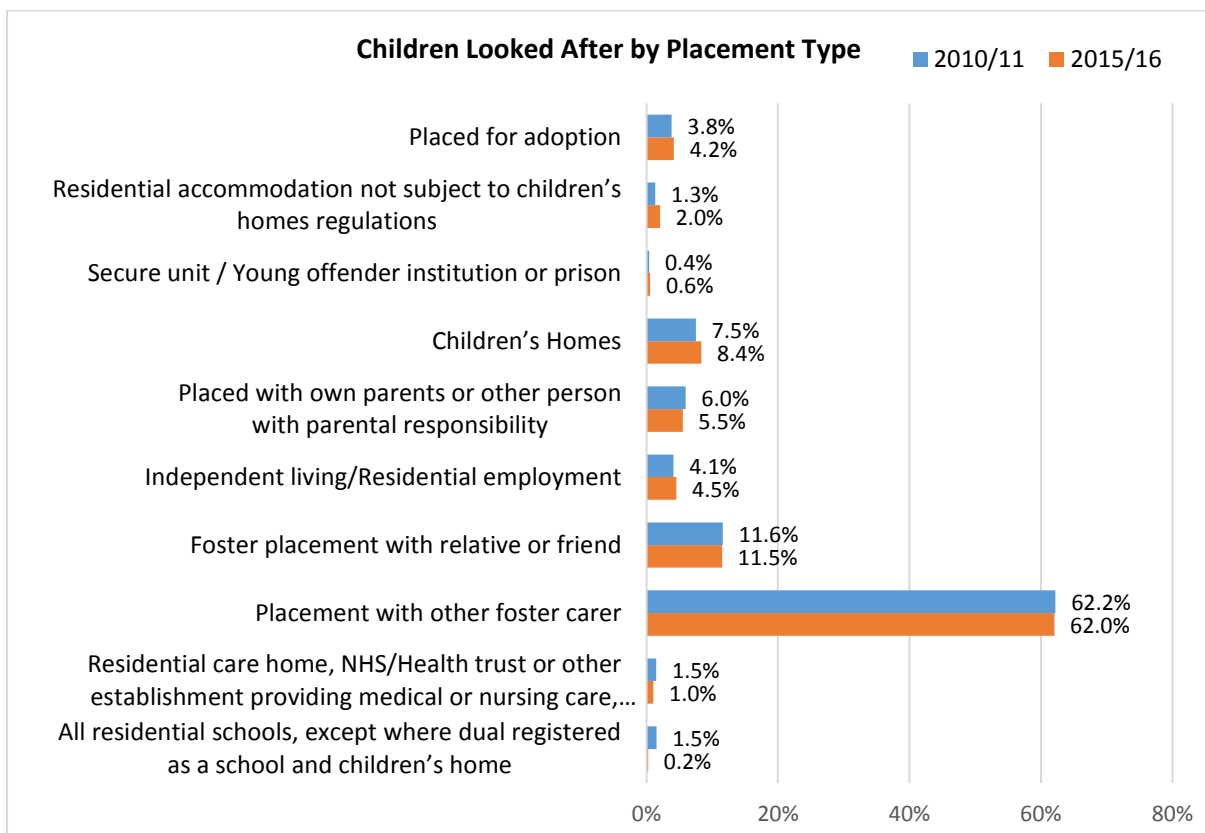


Figure 42: Percentage of children looked after at 31st March 2011 and 2016 by placement type

The introduction by DfE of placement codes for foster care which now distinguish not only between kinship and other foster carers, but also between Long Term Foster Care, Foster For Adoption (FFA) / Concurrent Planning, and Other Foster Care allow us to view the type of foster placement at a greater level of granularity than previously. 11.6% of children looked after are placed with kinship carers, with the remainder in either local authority or independent fostering agency placements. Nearly half (45.2%) of all children in foster placements are in long term placements, 0.5% foster for adoption or concurrent planning. We know from Ofsted data that one third of all fostered children are in Independent Fostering Agency placements (Ofsted, 2016).

10.5.1 Long term stability of placements

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

In the 118 local authorities providing data (shown by the blue points on the chart below) an average of 66.7% of placements meet the long term stability measure. Average performance has changed little over the years, but more authorities are performing below 50%.

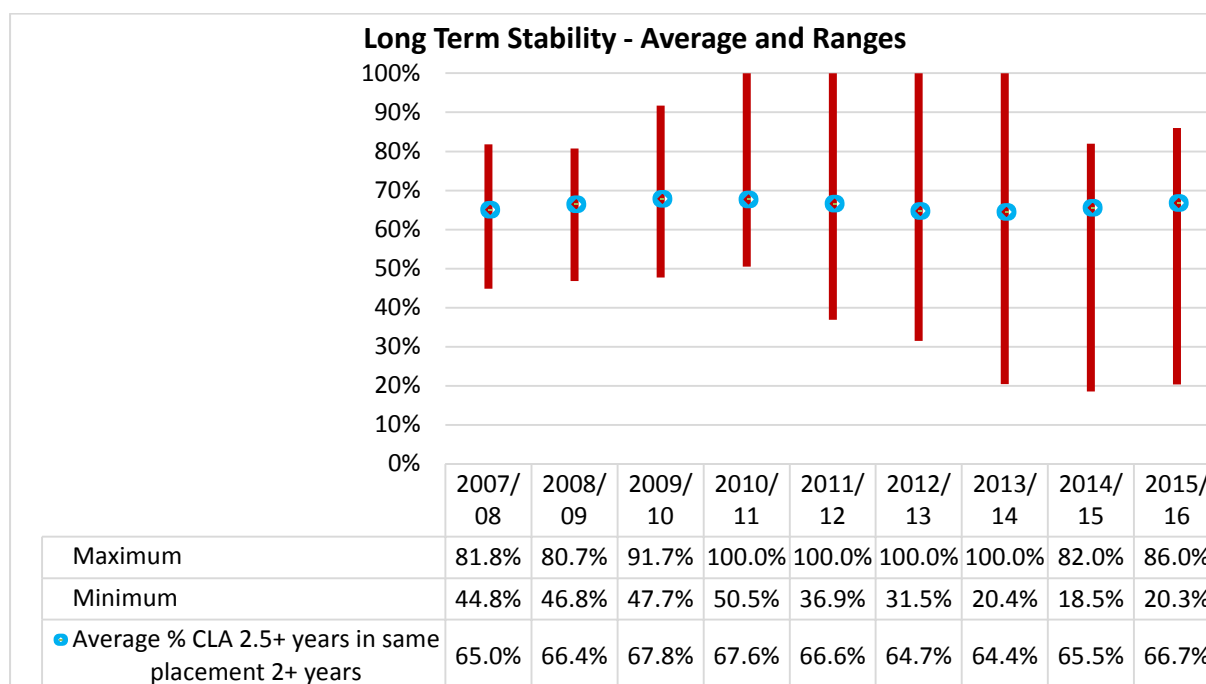


Figure 43: Long term placement stability. Source of historical Data: DfE statistical releases

10.6 Welfare Secure and Tier 4 Mental Health Placements

88 local authorities provided responses in respect of the demand for welfare secure and tier 4 mental health placements and how the demand is being met. Increased demand for these services was reported by 18 local authorities with most referring to 'risky teenage behaviours' as the reason for such a request. 62% of respondents stated that they had experienced significant difficulties in obtaining most notably welfare secure but also tier 4 mental health placements due to extremely limited availability.

22 of the local authorities that have experienced considerable difficulty with availability have had to put in place bespoke packages of care to support this cohort of young people within their community whilst waiting for welfare secure and tier 4 mental health placements to become available. These are often high risk, high costs placements which include setting up specific arrangements with external providers, and adding staffing to existing placements. One local authority is currently reviewing its children's homes provision including designation of homes for therapeutic support to develop safe alternatives to secure welfare placements for all children except those with the most exceptional needs.

"We know tier 4 beds are not available so try to meet needs in high cost private residential provision. Significant lack of CCG funding if a child does not have a diagnosable and treatable mental illness." - South West LA

Direct and indirect costs associated with the need to either access welfare secure or tier 4 services many miles from the home authority, or the use of private or other expensive alternative resources features highly in the responses. Added to this must, therefore, also be the consideration of "hidden" financial costs such as staff travel time, and the transporting of individual children and young people.

Two responding authorities referred to engaging specialist multi agency support for the management of young people requiring tier 4 mental health support. They have utilised specific mental health projects in community settings for teenagers with emerging mental health problems. One of these reports that children have been redirected from the cusp of care and successfully cared for within the community.

"We have had some early indicators of success with our ... mental health innovation project which provides a specialist multi agency response to teenagers with emerging complex mental ill health problems, in a community setting. Outcomes are that only one child has become looked after whilst 19 other children have been successfully cared for in the community. The service also provides step down from tier 4 if appropriate and offers short breaks for children in crisis rather than being admitted to our paediatric ward." - North West LA.

21 local authorities were clear that more robust mental health arrangements for young people were required locally and were actively seeking dialogue with clinical commissioning groups and child and adolescent mental health services to find local solutions. Of particular relevance is the need for provision that enables a step down from tier 4 in-patient provision into the community.

10.7 Reasons for Children Ceasing to be Looked After

119 authorities provided valid data on reasons for children leaving care. The majority returned home to live with parents (31.6%), however, the proportion has been reducing since 2010/11. From 2014/15, DfE differentiates between 'returned home planned returns (E4A)' and 'unplanned returns (E4B)'. 96 local authorities provided data which distinguished between these new codes and in 2015/16 there were 4.4 times as many planned returns (5,116) as unplanned returns (1,166). The ratio between planned and unplanned returns varies hugely between authorities, but shows no discernible regional pattern.

The proportion of children leaving care through adoption increased steadily between 2010/11 and 2014/15, but there has been a decline in 2015/16, to 15.3% of all children leaving care. Indeed, in 2015/16 a greater proportion (16.2%) found permanence through Child Arrangement Orders or Special Guardianship Orders.

13.9% of children leave care and move to independent living arrangements, likely linked to the increases in adolescent entrants to care and UASC.

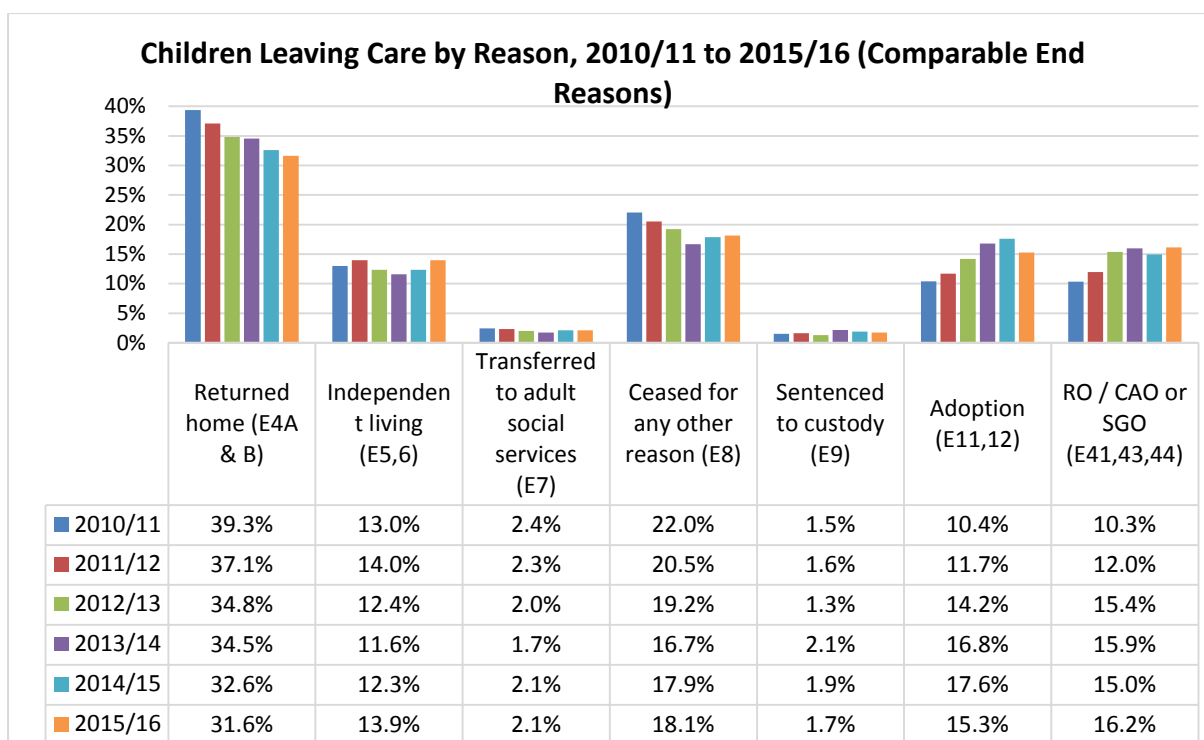


Figure 44: Children leaving care by reason ceased for comparable end reasons. Note: categories 'Died' and 'Care Taken Over by Another LA' excluded due to small numbers (<1% Of Total for Each)

Three new end reasons were introduced in 2014/15 which account for small proportions of the overall total in responding authorities:

- 119 (0.4%) ceasing to be looked after due to Accommodation on remand ended (E14)
- 55 (0.2%) ceasing to be looked after due to moved abroad (E16)
- 239 (1.0%) ceasing to be looked after due to age assessment determined child is aged 18 or over and E5, E6 and E7 do not apply (E15). This represents a notable increase (55%) in the proportion leaving care when age assessments determine that the child is 18 or over, a phenomenon undoubtedly linked to rising numbers of UASC (see [Special Thematic Report on UASC](#)).

10.8 Adoption and Permanence

Adoption and permanency have been the subjects of much legislation, case law, government initiatives and special funding. Two years ago, Phase 4 of this research found that the pressure and 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, was one of the greatest challenges for local authorities going forward.

10.8.1 Children adopted, with placement orders, and placed for adoption

The previous section reported that 15.3% of all children leaving care in 2015/16 were adopted. This mirrors DfE statistics for the same period for all local authorities, which state that there were 4,690 children looked after adopted during the year, 15% of children leaving care (DfE, 2016c). Variations between authorities include 12 local authorities which had 25% or more of their children leaving care being adopted, ten of these were in the North of England and in a quarter of authorities, 20% of children leaving care are adopted.

Correlating the percentage of children adopted during the year with the percentages of children at 31st March with a placement type of Placed for Adoption, and the percentage with a legal status of Placement Order, it seems likely that fewer children looked after will be adopted in the next year.

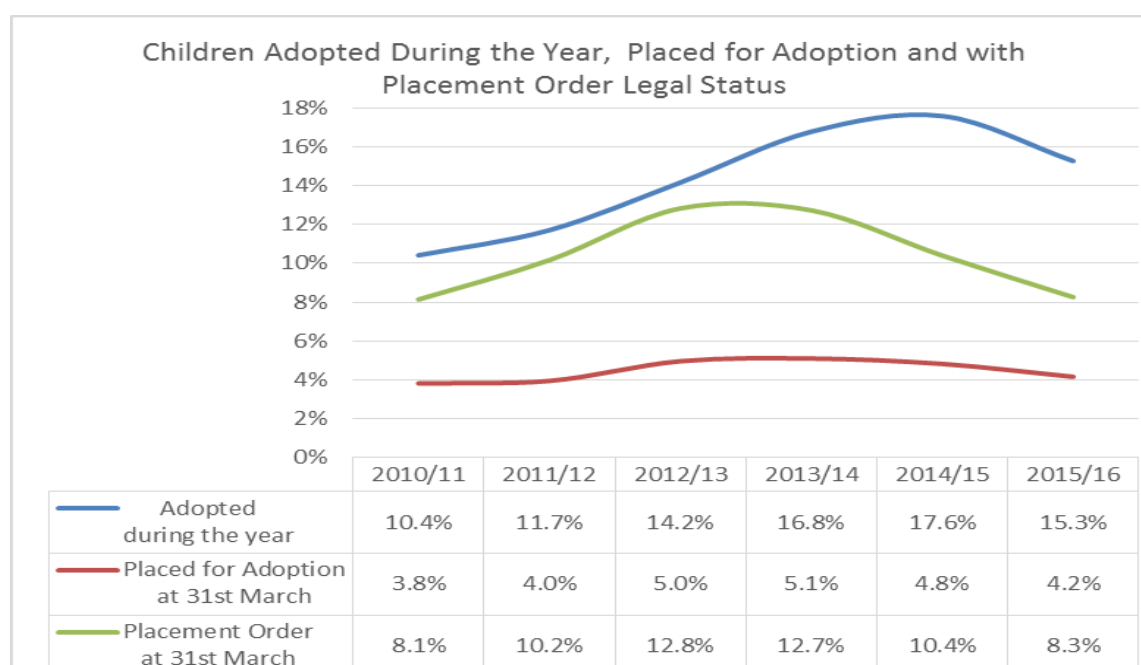


Figure 45: Children adopted during the year, placed for adoption and with placement order legal status at 31st March

10.8.2 Special Guardianship Orders and Child Arrangement Orders

46 responding authorities were supporting 7,033 Special Guardianship Orders (SGOs) and 2,241 Child Arrangement Orders (CAO) or Residence Orders (RO) at 31st March 2016. The rate per 10,000 0-17 population of SGOs supported has more than doubled from 9.18 in 2012/13 to 18.73 in 2015/16 and the rate of ROs and / or CAOs reduced from 7.53 to 5.97. Again, rates vary considerably between authorities and regions.

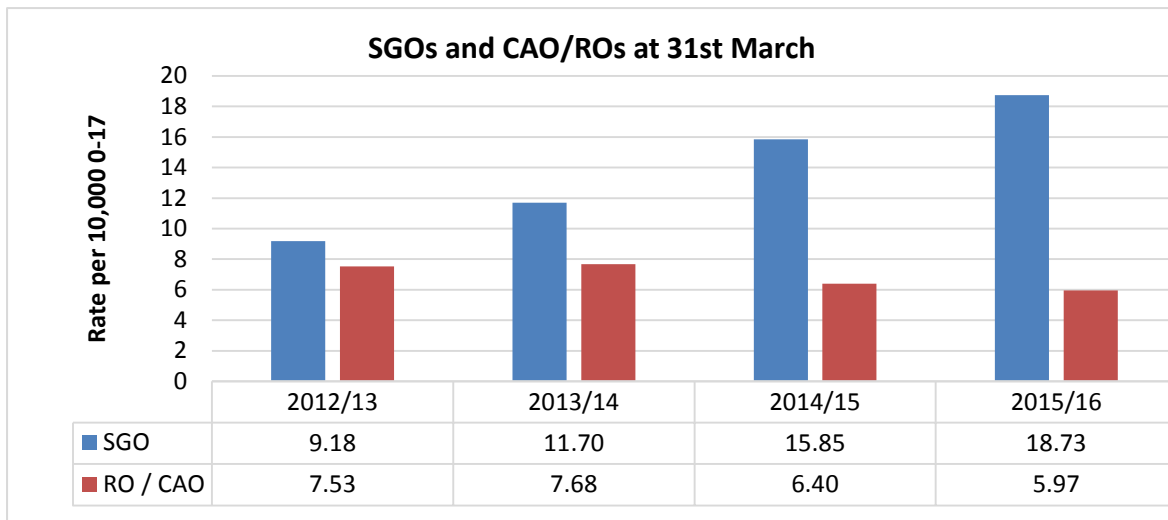


Figure 46: Rates per 10,000 under 18 population of supported Special Guardianship Orders, and Residence Orders / Child Arrangement Orders at 31st March

10.8.3 Change in agency decision to adopt

Annually, local authorities report the number of children for whom the decision to adopt has been reversed, defined as “This decision would be taken after a review has been made of the child’s case under regulation 36 of the Adoption Agencies Regulations 2005. If it is decided that the child should no longer be placed for adoption, the local authority should revise the child’s care plan and apply to the court to revoke the placement order. Any suspended care order will be resurrected. The local authority is required to regularly review the child’s case.” (DfE, 2015c).

113 authorities supplied valid data on changes in adoption decisions, indicating 857 children in responding authorities had the decision changed away from adoption in 2015/16 (a rate of 0.91 per 10,000 0-17 population), overall a 54% reduction from 2011/12. There has been a reduction in the proportion of children where the decision has been reversed due to changing needs of the child (to 23.7%); however, there has been an increase in the number of reversals where the court did not make a Placement Order.

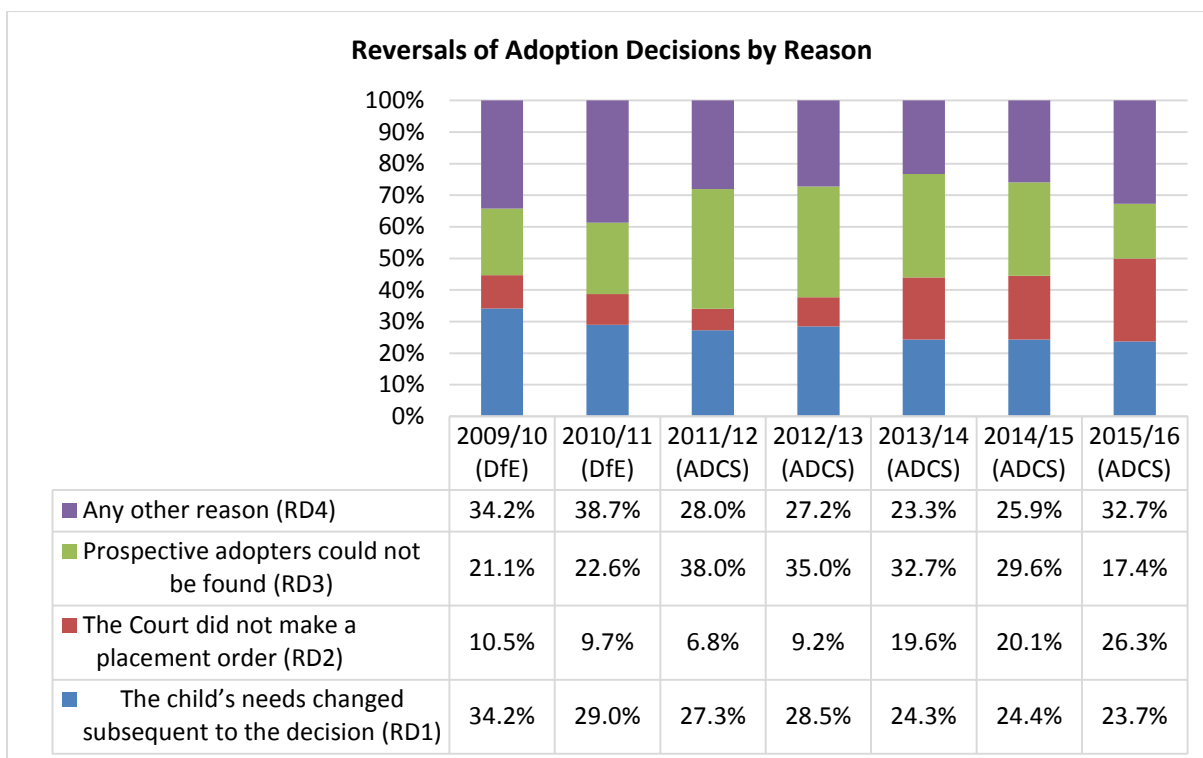


Figure 47: Reversals of adoption decisions by reason

There are some geographical variations in the proportion of reversal decision by region, most notably higher proportion in London and a lower proportion in the East Midlands where the court did not make a Placement Order (42%) and a higher proportion in the East of England and West Midlands where 'prospective adopters could not be found'. This may be related to differences in approaches taken by local Family Courts or availability of prospective adopters.

In previous phases of this research, the reasons why authorities made adoption decisions which were subsequently reversed remain 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 wishing to pursue SGO rather than adoption
- Children whose level of need, functioning or age proved to be a barrier.

10.8.4 Adoption Leadership Board (ALB) quarterly adoption data

The latest available published data from the ALB quarterly voluntary adoption data collection covers the period July to September 2015. The headline findings at that time were in line with the findings above in terms of falling number of new adoption decisions and children adopted, but additionally reported that whilst the time taken between a child

entering care and being placed had decreased, there was an increase in time taken between Placement Order and match.

For adopters, there was an improvement in the time taken to approve prospective adopters, but a decline in the time taken between approval and matching. There was an overall decrease in the numbers of adoptive parents registering, and in the numbers being approved.

10.9 Unaccompanied Asylum Seeking Children (UASC)

DfE indicates that the number of UASC looked after by all local authorities in England more than doubled from 2,050 at 31st March 2014, to 4,210 at 31st March 2016 (DfE, 2016e). However responses from 111 local authorities indicated this may be higher across the country – 4,500 at 31st March 2016, although far more were supported at some point during the year 2015/16. Recent world events have led to a significant increase in the number of UASC coming into the country through various means. The ADCS special thematic report on UASC which was published on 3rd November 2016 contains further details.

The thematic report concludes that the prevalence of UASC in local authorities across the country is diverse with local authorities falling broadly into three groups:

- Those who do not yet have any, or few UASC in their care. These authorities are starting to ‘gear up’ to develop services. These tend to be in the South West, some parts of the West Midlands and some, but not all, of the North of England
- The second group are those local authorities which have seen an increase in numbers, especially more recently. These are finding it difficult to manage the resource requirements at present from existing budgets
- The third group is those which have high numbers already and have already developed and funded specialist services and are more confident in their approach, but a further increase in numbers and the funding climate is challenging, as it is for all local authorities.

The voluntary UASC National Transfer Scheme went live on 1st July 2016, and so areas with few or no UASCs at the start of the financial year 2016/17 will have very different experiences several months on.

In August, we asked authorities to predict the direction of travel and some of the key changes they expect to see in the next two to three years that will influence activity and services provided for asylum seeking and migrant children. 43 out of 49 authorities were expecting an increase, but the scale and pace of change in recent weeks requires authorities

and services to mobilise extremely quickly. The direction of travel needs a strategic, operational and adequately resourced response that is realistic and achievable and one that takes into account the dual and longitudinal pressures of supporting UASC when they become care leavers.

This research has focussed primarily on the pressures felt by local authority children's social care, however the breadth of professional and community engagement required to support and care for UASC (for example police, education, health, leisure, faith groups, interpreters, local communities) also requires attention to ensure a whole system approach is taken and adequately resourced.

Many of the local authorities responding to this research are concerned about availability of the right services to meet the needs of these vulnerable young people in a context of uncertainty over factors such as disputed age and immigration status. Key concerns are shortage of school places; shortage of suitable and affordable placements; shortage of affordable rented housing ; enhanced risk of UASC going missing; inability to access mental health services in some areas; and, community cohesion tensions which impact upon a young person's sense of belonging. These are common concerns but are felt more acutely in areas which do not have a history of taking larger numbers of refugees, asylum seekers or UASC. Delays in Home Office making immigration decisions are contributing to the extension of unnecessary costs for local authorities, but also delaying the time it takes for young people to settle and engage in UK life.

These concerns, about the availability of and impact upon services, come at a time of unprecedented pressure on local authorities' budgets and public frustration with reductions in services, including pressure on health care, are likely to be a continuing feature of political discourse requiring careful local and national political leadership.

11 Care Leavers

A care leaver is defined by DfE as a person who has been looked after for at least 13 weeks since the age of 14, and who was in care on their 16th birthday, supported under Section 24 of The Children Act 1989. The current context has, and continues to, change and local authorities responding in Phase 5 directed greater attention to these young people and services for them, including the unintended impacts of legislation and case law on local authorities despite reducing budgets. £265m

"LASPO and Southwark Judgement were well intended pieces of law but implications have not been thought through and are having a massive impact" – Case Study LA

was spent by local authorities on services for care leavers in 2013/14 compared to £241m in 2015/16.

DfE data collection changed in 2013/14, from collecting information about those aged 19 only, to those aged 19 to 21 and in 2015/16 this was further extended to include 17 and 18 year olds.

There were 29,363 care leavers aged 17 to 21 in 120 responding authorities at 31st March 2016, and DfE reports that nationally there were 35,620 care leavers aged 17 to 21. Whilst the number aged 19 to 21 has not changed dramatically over the past three years some authorities are experiencing greater increases. For example, one North East local authority reported a 40.5% increase in care leavers supported; and another reported “Pressure on placements for care leavers is increasing to unprecedented levels”. However, there were also examples of how authorities are configuring and commissioning accommodation to address needs.

New draft legislation proposes raising the age for supporting care leavers to 25, amongst other changes for this particular group of young people.

There are regional variations to the rate of care leavers, as the figure below shows, and whilst some of this will be due to UASC, the impact of Southwark Judgement and increase in children starting to be looked after in the older age group is increasing the number of care leavers too.

London	39.4
South West	34.2
West Midlands	32.1
North East	31.7
North West	29.1
East of England	28.3
Yorks & The Humber	25.5
East Midlands	25.3
South East	23.3
England	29.8

Figure 48: Care leavers – rate per 10,000 0-17 year olds at 31st March 2016 by region

The Children & Families Act 2014, introduced ‘Staying Put’ duties on local authorities to provide care leavers with the opportunity to remain with their former foster carer after they reach the age of 19. National data (DfE, 2016c) indicate there has been an increase in the number of 18 to 20 year olds who were eligible for care leaver support, ‘Staying Put’ with former foster carers, from 14% at 31st March 2014, to 23% (a total of 1920 care leavers) at 31st March 2016. Interviewees and respondents confirmed that the improved outcomes for care leavers that Staying Put brings are welcome, but Staying Put has reduced the availability of foster carers for new children starting to be looked after, creating a significant pressure in in-house foster placements which in turn increases the reliance on independent fostering agency placements, at a significantly higher cost.

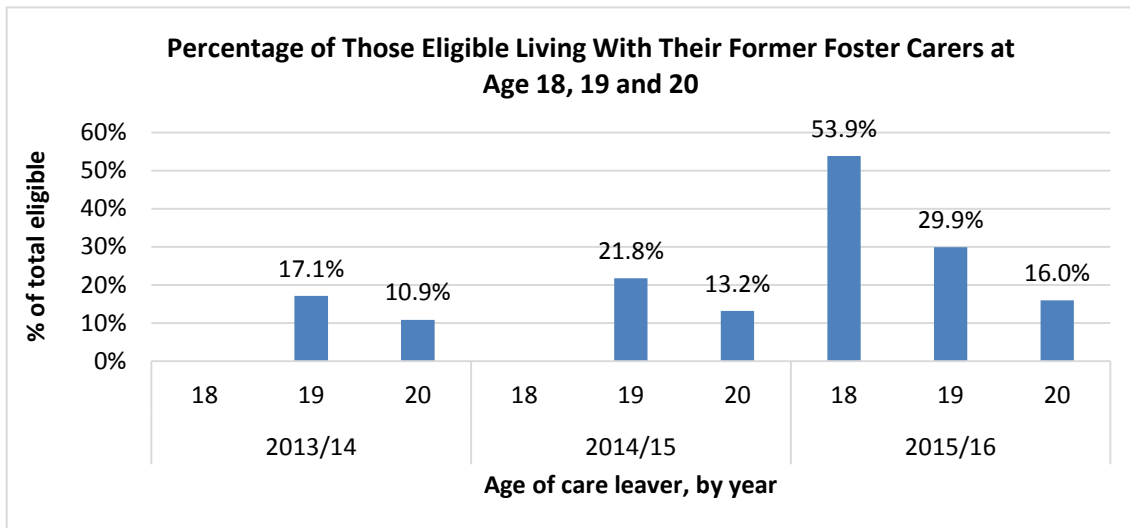


Figure 49: Percentage of those eligible living with their former foster carers at age 18, 19 and 20

National Audit Office in their report *Care leavers' transition to adulthood*, concludes that "The poor life experiences of too many care leavers are a longstanding problem. Without well-targeted support their deep needs will not be met, with costly consequences both for the young people and for society. While there is a clear legal framework and an inspection regime in place, the system is not working effectively to deliver good outcomes for all care leavers." (NAO, 2015)

12 Adolescents

This section explores the needs of young people, the changing context in which they live, the risks they face and services provided to them by the local authority and its partners. Although adolescents are defined loosely here as 15-18 year olds or in some cases younger, the quantitative evidence below is specifically provision for 16 and 17 year olds.

12.1 Needs of Adolescents

92 respondents described the changes, needs and demand on service provision in their local authority for 15-17 year olds. 85 respondents reflected multiple areas for consideration in terms of need and the services provided. In Phase 4, reference was made to the growing awareness and anxiety amongst social workers and partner agencies about risk-taking behaviours by teenagers. This is reflected again in



the Phase 5 responses, but better identification of mental health issues and sexual exploitation were cited, thus enabling local authorities to respond more effectively to the needs of this group.

33% of authorities have re-modelled their services, including re-focussing resources into edge of care services and working with families to support them to manage better the risk-taking behaviour of their teenagers. In the North West region, ten out of 14 respondents, (over 70% of NW local authorities), note some degree of re-modelling to increase responsiveness, to meet adolescents' needs, which are being driven by:

"...our FGC and CSE teams alongside the recently established DfE Innovation project team... means that we are well placed to be able to respond promptly and with significant resource to prevent family breakdown" -North West LA

- Homelessness
- Mental ill health
- Missing
- Child Sexual Exploitation
- Prevent, radicalisation and gangs
- Other youth issues.

Specialist, joint funded and targeted partnership schemes and working practices are reported to have improved responses to specific risks, such as CSE, missing and homelessness. This includes use of family group conferencing as a means of meeting needs in a restorative, solutions-focused, family-inclusive way.

An area of significant increased demand appears to be in relation to the use of welfare secure accommodation for young people where CSE or going missing are concerns. 15 local authorities report an increase in the use of such facilities.

"The most significant thing is that it is harder and harder to get placements for high risk teenagers and some children have had to stay at home because we have not managed to find placements for them despite contacting 50 or more providers. This is a major issue for us. It has been affected by the problem of Ofsted ratings for residential units, if they have a lot of high risk children they will have a lot of missing episodes etc and then are likely to be judged inadequate or requires improvement and then local authorities can't/won't use them so they close. Some of the best residential homes have been lost because of this". – London LA

12.2 Missing Children and Young People

Children and young people may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be. There are particular concerns about the links between children running away and the risks of other forms of exploitation, which are well evidenced.

100 authorities reported 28,387 children missing from home at any point during the year, in 61,900 episodes. Where stated, police was the most common source of this data. 127 authorities reported 8,023 children looked after who were missing from care at any time during the year⁸, in 39,111 episodes. In addition, 3,940 children looked after were absent from placement without authorisation in 15,245 episodes. For all England, DfE reports 8,670 children who were missing from care at any time during the year, an increase of 41% on the previous year and 9% of all children looked after. 89% were missing for less than three days and 260 children looked after were missing at 31st March 2016 (DfE, 2016e).

More children were reported missing from independent fostering agency (IFA) placements (55% of all children who went missing), despite only one third of all fostered children being placed in IFA placements.

The South East and London reported the highest percentages of children going missing (six percent and five percent respectively, consistent with previous years).

There are additional factors over and above going missing which contribute to children being 'unseen' and therefore potentially more vulnerable. This includes children missing from education, children who are excluded from school and children who are electively home educated. A survey by ADCS in May 2016 found that in total 73 local authorities reported a recorded electively home educated population of 18,042. From this figure it could be inferred that there is somewhere in the region of 37,500 children and young people in England being home educated at this time. (ADCS, 2016).

⁸ DfE SSSA903 guidance states that a missing child is "a looked after child who is not at their placement or the place they are expected to be (e.g. school) and their whereabouts is not known" and a child absent from placement without authorisation is "a looked after child whose whereabouts is known but who is not at their placement or place they are expected to be and the carer has concerns or the incident has been notified to the local authority or the police."

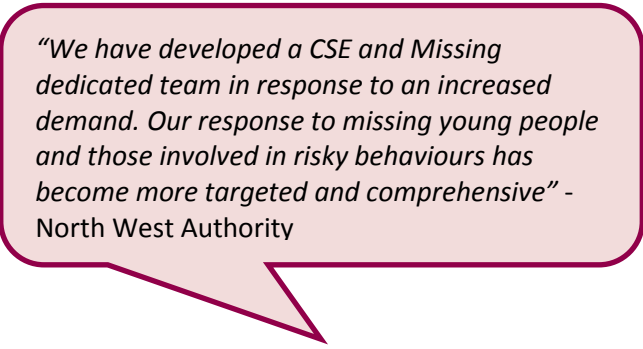
12.3 Children at Risk of Sexual Exploitation (CSE)

In Phase 5 we asked, for the first time, for numbers of children *at risk* of CSE during the year. We allowed local authorities to use their own local definitions, and unsurprisingly therefore it is clear from the comments that the data supplied represent a wide range of counting and recording methodologies, with some providing information about children who have been subject of a CSE risk assessment; some where CSE was a presenting factor in assessment; or other local definitions. The number provided does not indicate the number who have been victims of CSE. 100 local authorities supplied data relating to a total of 13,466 children, equating to a rate of 15.7 per 10,000 0-17. Numbers of children identified ranged from 8 to 713, and rates per 10,000 ranged from 1.1 to 137.5.

The highest rates of children who may be at risk tended to be reported in areas where there has been significant media interest in CSE, but also represented are several coastal towns. Some authorities have clearly defined data, suggestive of a focused, preventative approach to the issue. However, these include authorities where their work in relation to CSE has drawn criticism at inspection, which itself is a potentially powerful driver in determining current and future foci.

The majority of responding authorities and all interviewees felt that the increased awareness of CSE amongst public, professionals and practitioners had resulted in higher referral rates as recognition of signs and risk improve. One authority reported a 63% increase in CSE cases in the past year, due to awareness raising and the dedicated focus of a specific multi-agency team.

From authorities' comments we can see that a range of data is available and presumably utilised by authorities themselves in understanding the local issues relating to risk of CSE. Six authorities commented that the data relate to assessments included in the CiN Census where CSE is identified as a factor, and three mentioned using data from the police or through joint working with police via the LSCB. Others mentioned a variety of support services working with these children, some giving numbers of referrals to these services. Three authorities talked about numbers of children going to Multi-Agency Sexual Exploitation (MASE) panels (or equivalents), and two made reference to CSE conferences. From the multiplicity of arrangements described there is also clearly a range of different risk assessment approaches in use in authorities.



"We have developed a CSE and Missing dedicated team in response to an increased demand. Our response to missing young people and those involved in risky behaviours has become more targeted and comprehensive" - North West Authority

12.4 Radicalisation and Gangs

81 authorities provided information about PREVENT whilst gang activity and other youth issues feature in only 29 responses. Operational activity to implement the PREVENT duty is widely reported as being in place

in all of the local authorities responding to this question. Use of CHANNEL panels is established in most, with one indicating a clear decision to move from a virtual panel to a “physical” one.

Are radicalisation and PREVENT agenda, gangs, other youth issues making a difference to safeguarding activity?

(Number of LAs responding)



The lead response for PREVENT is situated in different service areas in local authorities. These include community safety, youth offending, early help and the Local Children’s Safeguarding Board. A significant investment has been made in awareness raising amongst partner agencies and the use of workshops to raise awareness of Prevent (WRAP) training to achieve this, particularly in school environments.

Cases resulting in safeguarding actions for “PREVENT” reasons appear to be increasing generally across local authorities, with some specific areas experiencing a more rapid growth than others. Most report increasing but still small numbers of such cases. For 15 local authorities, these are reported as often very complex and requiring high levels of spending on care or wardship proceedings and for some, the movement of young people to out-of-area residential placements further increases costs.

For context, the overarching data show that 40% of responses indicated little or no impact on their safeguarding services. Two out of 81 local authorities make specific reference to the presence of far right extremist safeguarding issues within their locality (one each in Eastern and Yorkshire & Humber regions).

36 out of 81 respondents noted that they had not seen a significant increase in safeguarding issues relating to PREVENT, or had limited local intelligence that would indicate this is a concern. Of these, the largest percentages were in two regions – South East and South West.

There does appear to be a loose demographic pattern, with higher prevalence in areas with ethnically diverse populations and in inner city environments. Interestingly, five local authorities noted an increase specifically in PREVENT concerns where mental ill health featured.

In terms of gang- related activity, the largest increase appears to be reported from the London Boroughs, with five Eastern region authorities also indicating a rise. Other local authorities noted that criminal gang activity (adults) sometimes spills over from bordering areas and can have an impact on child safeguarding activity.

“There is an increase in gang visibility and affiliation and referrals where gang activity is a referral concern have doubled. Activity suggests some impact from Metropolitan drug networks spreading in to the Area”. - South East LA.

The use of former ‘legal highs’ and other drugs are reported as a significant factor for most authorities, along with increased gang activity.

Data quality, collection and retrieval are significant by their respective absences from these responses. Data are referred to in only a very small number (0.03%) of responses overall, suggesting that these are not yet being systematically collected. This is an area for improvement in order to assist in designing appropriate, responsive services.

13 Correlating Activity Across Children’s Services

It is only when analysis of early help and safeguarding activity is correlated that effectiveness of the whole system can be seen. This section aims to do that, through comparing activity with deprivation and population changes; identification of a ‘revolving door’ and mapping case-level decision making bodies.

13.1 Comparing Safeguarding Activity with Deprivation and Population

Fisher *et al* (1986), and Bywaters (2016) amongst others have established 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 for children looked after for many authorities, but not all. This weakening correlation in some authorities may re-inforce the conclusion that early help is preventing children requiring social care activity in those areas, but also 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 population change is the difference between 2011 and 2015 population. The colours show type of activity from highest in dark blue, to lowest in light blue across a range of data including population and IDACI. Note: where there are empty white cells, data were not provided by the authority.

2015/16 rates per 10,000 0-17 population using 2015 MYE													
	IDACI Average Score	Population Change	EHAs	Contacts	Referrals	Assessments	CIN at 31 st March	Starting CP	CP Plans at 31 st March	Starting to be looked after	Looked after at 31 st March	UASC at 31 st March	Care Leavers at 31 st March
NE	0.357	0.01	120	4680	756	797	460	94	78	56	120	1	50
L	0.353	0.10	284		623	655	495	47	40	52	88	14	76
EM	0.345	0.06	185	908	881	744	288	125	83	41	90	3	44
NW	0.343	0.08	154	1671	969	743	250	79	72	37	106	2	49
Y&H	0.340	0.02		925	700	641	418	80	67	43	116	1	37
NW	0.337	-0.01	189	3414	875	849	306	73	64	29	89	1	33
NW	0.334	0.02	261	1376	829	747	297	77	47	49	115	2	43
L	0.322	0.09	113	2023	579	561	370	51	37	31	53	4	41
L	0.319	0.13	91	1887	539	419	231	51	42	36	69	5	38
WM	0.313	0.04	413	808	689	634	264	48	26	23	112	1	26
L	0.307	0.06	96	3110	498	501	269	41	28	27	43	8	30
NE	0.307	-0.03		2757	464	594	467	73	64	52	105	1	35
WM	0.305	0.04	131	927	458	404	227	47	30	26	64	3	33
L	0.303	0.07	496		850	340	369	48	45	37	75	4	62
WM	0.299	0.06	387	1255	379	332	187	65	45	25	67	0	27
L	0.296	0.06	654	4009	416	393	237	55	50	37	69	4	49
L	0.287	0.18	48	1065	388	335	471	23	21	23	39	8	39
L	0.287	0.05	42	1240	420	357	200	49	30	30	67	5	46
EM	0.284	0.05	11		375	374	198	64	63	31	79	1	26
WM	0.284	0.03	253	1809	672	760	250	89	63	28	96	1	28
NE	0.282	-0.02	218	3169	643	669	307	74	62	43	99		40
NW	0.278	0.06	122	2085	548	534	237	122	90	35	103	1	43
NE	0.273	0.05	19	2545	400	436	252	81	75	42	88	1	50
NE	0.273	-0.01	213	3067	455	559	269	76	54	37	73		25
L	0.272	0.18	108	1324	407	373	305	55	55	22	41	4	43
L	0.270	0.06	110		510	434	263	51	38	28	43	6	35
NW	0.268	0.00	221	1578	352	467	281	63	51	28	85	1	23
L	0.267	0.08	116	1090	519	514	244	49	41	36	78	3	42
L	0.267	0.05	163	1243	492	437	358	39	31	35	58	8	44
NW	0.266	0.00	184	1770	518	628	214	58	44	30	95	1	33
L	0.265	0.07	90	1904	318	336	182	33	26	32	45	9	39
NW	0.260	0.03	195	990	469	389	194	68	56	31	71	1	23
WM	0.253	0.07	312	3671	1067	850	350	72	66	37	77	2	33
E	0.251	0.09	345	2201	987	669	241	83	54	43	75	6	36
SE	0.250	0.07	148	2389	1456	692	1000	100	68	43	117	1	35
EM	0.249	0.03	95	4626	609	490	397	70	53	26	76	1	24
Y&H	0.249	0.03		2804	396	574	179	37	36	21	61	0	24
Y&H	0.249	0.02	211	1837	613	695	190	91	83	36	56		24
Y&H	0.248	0.00	296	2385	382	764	241	73	61	75	75	0	36
SW	0.246	0.06		3142	402	571	213	60	52	37	73	3	49
NW	0.246	0.01	113	3055	285	340	145	45	45	26	87		32
WM	0.245	0.01	187	2594	522	509	198	61	49	29	76		31
Y&H	0.243	0.01	116	2774	944	709	254	94	65	37	76	0	30
SW	0.241	0.02	482	2630	788	747	305	106	52	48	111		54
NW	0.241	0.00	111	2809	669	713	238	91	60	29	99	0	39
NE	0.239	0.00	527	2141	604	518	249	46	35	30	68	0	25
E	0.237	0.07	282	4298	502	561	251	43	34	26	67	2	37
L	0.232	0.05		1803	507	453	351	43	39	44	86	46	69
NW	0.231	0.03	325	1996	669	598	262	33	33	24	85	1	19
E	0.227	0.03	148	872	386	380	117	52	49	35	66	1	31
NE	0.227	-0.01	248	2243	523	550	264	85	68	54	86	0	37
NE	0.226	0.01	319	1808	646	599	359	72	66	34	88	1	22
Y&H	0.225	0.05		1283	598	649	240	50	36	23	75	2	29
SW	0.225	0.02		2404	1022	767	262	100	67	39	78	1	43
Y&H	0.224	0.02	485	2938	1454	342	766	42	28	25	69	5	
L	0.222	0.09		4575	519	518	223	39	34	25	45	6	40
SE	0.220	0.04	117	1705	517	493	414	88	85	33	68	0	33
WM	0.220	0.00	102	2039	630	566	319	75	51	29	107	0	33
E	0.218	0.07	115	1298	589	713	295	80	71	47	82	18	43
NE	0.215	-0.01	127	2786	940	535	266	74	58	38	90		26

	IDACI Average Score	Population Change	2015/16 rates per 10,000 0-17 population using 2015 MYE										UASC at 31 st March	Care Leavers at 31 st March
			EHAs	Contacts	Referrals	Assessments	CIN at 31 st March	Starting CP	CP Plans at 31 st March	Starting to be looked after	Looked after at 31 st March			
NE	0.357	0.01	120	4680	756	797	460	94	78	56	120	1	50	
L	0.353	0.10	284		623	655	495	47	40	52	88	14	76	
EM	0.345	0.06	185	908	881	744	288	125	83	41	90	3	44	
NW	0.343	0.08	154	1671	969	743	250	79	72	37	106	2	49	
Y&H	0.340	0.02		925	700	641	418	80	67	43	116	1	37	
NW	0.337	-0.01	189	3414	875	849	306	73	64	29	89	1	33	
NW	0.334	0.02	261	1376	829	747	297	77	47	49	115	2	43	
L	0.322	0.09	113	2023	579	561	370	51	37	31	53	4	41	
L	0.319	0.13	91	1887	539	419	231	51	42	36	69	5	38	
WM	0.313	0.04	413	808	689	634	264	48	26	23	112	1	26	
L	0.307	0.06	96	3110	498	501	269	41	28	27	43	8	30	
NE	0.307	-0.03		2757	464	594	467	73	64	52	105	1	35	
WM	0.305	0.04	131	927	458	404	227	47	30	26	64	3	33	
L	0.303	0.07	496		850	340	369	48	45	37	75	4	62	
WM	0.299	0.06	387	1255	379	332	187	65	45	25	67	0	27	
L	0.296	0.06	654	4009	416	393	237	55	50	37	69	4	49	
L	0.287	0.18	48	1065	388	335	471	23	21	23	39	8	39	
L	0.287	0.05	42	1240	420	357	200	49	30	30	67	5	46	
EM	0.284	0.05	11		375	374	198	64	63	31	79	1	26	
WM	0.284	0.03	253	1809	672	760	250	89	63	28	96	1	28	
NE	0.282	-0.02	218	3169	643	669	307	74	62	43	99		40	
NW	0.278	0.06	122	2085	548	534	237	122	90	35	103	1	43	
NE	0.273	0.05	19	2545	400	436	252	81	75	42	88	1	50	
NE	0.273	-0.01	213	3067	455	559	269	76	54	37	73		25	
L	0.272	0.18	108	1324	407	373	305	55	55	22	41	4	43	
L	0.270	0.06	110		510	434	263	51	38	28	43	6	35	
NW	0.268	0.00	221	1578	352	467	281	63	51	28	85	1	23	
L	0.267	0.08	116	1090	519	514	244	49	41	36	78	3	42	
L	0.267	0.05	163	1243	492	437	358	39	31	35	58	8	44	
NW	0.266	0.00	184	1770	518	628	214	58	44	30	95	1	33	
L	0.265	0.07	90	1904	318	336	182	33	26	32	45	9	39	
NW	0.260	0.03	195	990	469	389	194	68	56	31	71	1	23	
WM	0.253	0.07	312	3671	1067	850	350	72	66	37	77	2	33	
E	0.251	0.09	345	2201	987	669	241	83	54	43	75	6	36	
SE	0.250	0.07	148	2389	1456	692	1000	100	68	43	117	1	35	
EM	0.249	0.03	95	4626	609	490	397	70	53	26	76	1	24	
Y&H	0.249	0.03		2804	396	574	179	37	36	21	61	0	24	
Y&H	0.249	0.02	211	1837	613	695	190	91	83	36	56		24	
Y&H	0.248	0.00	296	2385	382	764	241	73	61	75	75	0	36	
SW	0.246	0.06		3142	402	571	213	60	52	37	73	3	49	
NW	0.246	0.01	113	3055	285	340	145	45	45	26	87		32	
WM	0.245	0.01	187	2594	522	509	198	61	49	29	76		31	
Y&H	0.243	0.01	116	2774	944	709	254	94	65	37	76	0	30	
SW	0.241	0.02	482	2630	788	747	305	106	52	48	111		54	
NW	0.241	0.00	111	2809	669	713	238	91	60	29	99	0	39	
NE	0.239	0.00	527	2141	604	518	249	46	35	30	68	0	25	
E	0.237	0.07	282	4298	502	561	251	43	34	26	67	2	37	
L	0.232	0.05		1803	507	453	351	43	39	44	86	46	69	
NW	0.231	0.03	325	1996	669	598	262	33	33	24	85	1	19	
E	0.227	0.03	148	872	386	380	117	52	49	35	66	1	31	
NE	0.227	-0.01	248	2243	523	550	264	85	68	54	86	0	37	
NE	0.226	0.01	319	1808	646	599	359	72	66	34	88	1	22	
Y&H	0.225	0.05		1283	598	649	240	50	36	23	75	2	29	
SW	0.225	0.02		2404	1022	767	262	100	67	39	78	1	43	
Y&H	0.224	0.02	485	2938	1454	342	766	42	28	25	69	5		
L	0.222	0.09		4575	519	518	223	39	34	25	45	6	40	
SE	0.220	0.04	117	1705	517	493	414	88	85	33	68	0	33	
WM	0.220	0.00	102	2039	630	566	319	75	51	29	107	0	33	
E	0.218	0.07	115	1298	589	713	295	80	71	47	82	18	43	
NE	0.215	-0.01	127	2786	940	535	266	74	58	38	90		26	

Continued/

			EHAs	Contacts	Referrals	Assessments	CIN at 31 st March	Starting CP	CP Plans at 31 st March	Starting to be looked after	Looked after at 31 st March	UASC at 31 st March	Care Leavers at 31 st March
Y&H	0.214	0.01	52	1751	535	701	195	48	41	19	65	2	22
NW	0.211	-0.02		1438	489	476	227	68	48	26	87		27
L	0.207	0.10	205	1472	674	442	270	55	47	29	40	3	26
NE	0.204	0.00	164	1782	408	406	245	59	44	42	72	1	30
SE	0.204	-0.03	171	6167	945	937	349	115	85	29	81		40
L	0.202	-0.07	124	1055	445	416	49	72	47	29	42	4	23
NW	0.202	-0.01		2815	683	777	187	75	40	23	72	0	24
SE	0.198	0.09	116	996	845	596	433	92	69	36	60	2	28
SE	0.197	0.07	283	1230	419	312	195	16	14	28	52	6	22
SE	0.195	0.09	190	2748	685	638	293	78	57	32	47	2	30
L	0.194	0.03	53	2423	522	561	197	38	29	29	46	6	25
L	0.192	0.07	78	1911	677	711	276	54	45	18	28	2	22
Y&H	0.192	0.02		937	579	429	148	52	42	26	66	0	20
E	0.189	0.06	150	1640	336	546	234	56	42	33	67	6	36
SW	0.187	0.10		2644	614	508	283	64	42	33	74	0	40
NE	0.186	-0.04	65	2719	844	997	429	67	61	35	65		20
NW	0.184	0.02	351		466	488	268	79	59	28	72	1	30
NW	0.180	0.01			494	582	392	71	59	26	68	0	22
SE	0.178	0.02	152	857	464	498	180	40	32	45	70	26	30
EM	0.177	0.02	160	3615	440	393	192	37	23	21	44	2	18
E	0.177	0.02	48	1891	508	557	546	44	27	24	62	0	37
L	0.175	0.07	114	1686	583	518	165	35	30	20	35	4	25
EM	0.175	0.01	346	1217	545	498	577	57	43	23	51	2	27
SW	0.172	0.05	168	2718	695	640	261	59	49	37	60	3	36
EM	0.170	-0.02	575	1921	561	466	233	54	48	18	38	1	25
L	0.169	0.04	28	1612	432	392	263	48	34	25	32	5	27
EM	0.168	0.05	213	1629	492	674	197	76	60	36	61	9	29
E	0.168	0.02	38	1390	380	396	151	25	19	14	33	3	29
L	0.166	0.05	173	1118	375	292	172	34	32	30	40	3	30
NW	0.166	0.00	213	2582	405	414	210	58	48	23	71	1	23
WM	0.164	0.01	39	967	606	237	161	50	45	33	72	15	56
SW	0.162	0.02	53	1439	554	507	274	69	48	30	60	1	27
NW	0.158	0.02	347		480	445	241	73	31	23	47	0	26
WM	0.157	0.00	266	526	437	578	227	55	41	21	60	2	35
NW	0.155	-0.03	44	1915	481	513	246	64	44	22	71		22
NW	0.153	0.01	69	1320	304	326	162	69	62	40	78	1	25
E	0.150	0.00	350	2922	508	482	162	40	28	23	52	4	22
SW	0.148	0.03	138	1372	287	282	236	37	30	26	52	2	31
WM	0.147	-0.02		673	502	580	245	48	42	23	58	5	28
SW	0.146	0.02	76	1856	361	569	189	58	46	28	45	1	21
WM	0.138	0.01			530	362	178	51	42	33	68	8	28
WM	0.138	0.00	26	1565	830		395	98	63	32	80	2	45
E	0.137	0.06		1469	398	414	176	48	38	19	48	6	22
SW	0.135	0.01	107	1240	485	530	228	71	50	41	50		40
E	0.132	0.05	184	962	254	254	134	31	28	20	38	3	27
SW	0.128	-0.01	168	1769	605	680	224	69	53	37	62	0	32
E	0.127	0.04	250	2848	295	343	148	41	33	27	46	5	16
NW	0.124	0.00		1313	500	560	202	44	37	23	51	0	23
Y&H	0.123	0.02	128	994	188	180	95	41	37	21	52		31
SW	0.121	0.03	95	1891	323	315	231	52	42		44	1	22
EM	0.120	0.01		941	242	152	119	32	25	18	35	2	18
SE	0.118	0.03	59	1466	681	389	245	50	40	25	42	4	21
SE	0.118	0.01	31	2446	591	601	214	59	51	19	46	1	21
SW	0.114	0.01	68	1515	418	519	205	46	37	16	40	1	
Y&H	0.114	-0.01	438	1380	341	312	154	30	24	14	35	0	19
SE	0.110	0.06		2231	388	390	222	50	41	21	35	0	20
SE	0.104	0.01	98		389	430	212	57	41	16	46	3	22
SE	0.098	0.04	122	1309	575	464	142	51	38	20	38	2	14
SE	0.097	0.04	44	2583	459	475	175	39	34	19	34	6	19
SE	0.084	0.04		770	330	274	231	52	43	9	26	1	17

Figure 50: Correlating deprivation, population and safeguarding activity 2015/16

Region	2015/16 rates per 10,000 0-17 population							
	EHAs	Contacts	Referrals	CiN at 31 st March	CP Plans at 31 st March	Looked after at 31 st March	Care Leavers at 31 st March	
North East	273	2557	609	318	58	82	32	
North West	199	1929	583	257	52	80	29	
Yorks & The Humber	291	1818	622	208	42	65	26	
West Midlands	280	1964	582	292	43	54	25	
East Midlands	211	1463	589	236	43	74	32	
East of England	202	1701	425	215	30	49	28	
London	172	2030	499	262	38	52	39	
South East	105	1853	503	208	42	52	23	
South West	130	1949	490	228	46	55	34	

Figure 51: Correlating deprivation, population and safeguarding activity across regions – rates per 10,000 0-17 population

Based on data from responding authorities, there appears to be a variation in rates per 10,000 0-17 population between regions, most notably in the north of the country where there is significantly more safeguarding activity, including taking children into care, than elsewhere in the country. This cannot be explained by levels of population or deprivation alone.

13.2 Revolving Door

Data relating to re-referrals, second or subsequent child protection plans and children re-entering care for a second or subsequent time have been reported in previous sections. There is evidence of a continued revolving door, but with little change from Phase 4 apart from an increase in children subjects of second or subsequent plans. What this pattern does not tell us however, is how much of this subsequent activity is positive for children; or whether the subsequent activity is due to new, different needs.

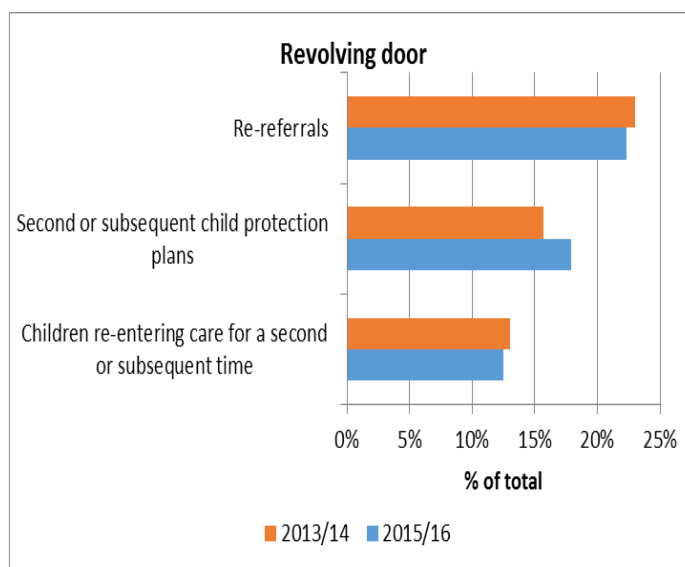


Figure 52: Revolving door

13.3 Decision Making Panels

We wanted to know the range of multi-agency, case-level, decision making bodies, or ‘panels’, and to understand to what extent the same child could be subject of more than one panel or plan, and the impact in terms of case worker time and effectiveness. 77 responding local authorities and four case study local authorities provided information about the number of panels in operation within local areas. There appears to be an increase in panels providing co-ordinated responses and case management for specific presenting issues or risks that children and young people may be subject to, and which bring agencies together strategically and operationally. Some of these have, or were in the process of being merged such as CSE with missing, or creating overarching, generic panels for vulnerable children which included CSE, missing, trafficking and other presenting and related issues.



Figure 53: Types of panels

Three quarters of the responding authorities stated that there was either a small or no overlap, and in all cases number of panels was not onerous as in many instances the most appropriate panel will be determined to avoid duplication, based on the most serious presenting issue. There is a clear oversight of the cases and interventions, as well as shared intelligence on which to develop strategy and services. The emphasis is on decision making at the appropriate level, and holding one another to account with a clear expectation that children have one plan, and through that, one place where decisions are made about them and with them.

14 Outcomes for Children and Young People

In the two years between ADCS Safeguarding Pressures research Phases 4 and 5, performance improved in 11 of the 17 key performance measures (see figure 54). These measures for children’s social care largely relate to organisational processes rather than outcome indicators to measure the difference we are making to outcomes for children and young people. Reports such as The Children’s Society *Good Childhood Report 2016* provide views from children and young people as to their outcomes.

Performance Measure	2007/08	2013/14	2015/16	Improved in the two years since Phase 4
	(Phase 1)	(Phase 4)	(Phase 5)	
Percentage of initial child protection conferences held within 15 days of the start of the section 47 enquiries which led to a conference	52.0	69.3	76.7	✓
Single assessment for children's social care carried out within 45 working days of referral	n/a	82.2	83.4	✓
Percentage of re-referrals to children's social care within 12 months of previous referral	24.0	23.4	22.3	✓
Review of child protection cases - Percentage that should have been reviewed that were reviewed	99.4	94.6	93.7	✗
Percentage of children subject of CP Plan who had been subject of a previous plan	13.6	15.8	17.9	✗
Child protection plans which last 2 years or more which cease during the year	5.3	4.5	3.8	✓
Percentage of children looked after at 31 st of March, placed more than 20 miles from their homes, outside LA boundary	13	13	14	✗
Percentage of children at 31 st March with 3 or more placements during the year	12	11	10 (2015)	✓
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	65	67	68 (2015)	✓
Percentage looked after children adopted in year	13	15	17	✓
Percentage of looked after children subject to a conviction, final warning or reprimand during the year	8.8	5.6	5.0 (2015)	✓
Percentage of looked after children with a substance misuse problem during the year	5.1	3.5	4.0 (2015)	✗
Percentage of looked after children classed as persistent absentees	9.3	4.7	4.9	✗
Percentage of looked after children achieving 5+ GCSE at grades A*-C (including English and Maths)	10.2	12.2	13.8 (2015)	✓
Care leavers at 19 in Education, Employment or Training	64.9	58	48	✗
Care leavers in suitable accommodation	88.4	78	81 (2015)	✓
Average time between a child entering care and moving in with their adoptive family	625 (2008-11)	628 (2011-14)	593 (2012-15)	✓

Figure 54 : Key performance measures for children's social care

15 Resources

15.1 Finance

In October 2016, the LGA submission to the autumn statement (LGA, 2016) predicted a funding gap of £5.82 billion by 2020 across adults and children's social care, homelessness and other core council services. The children's services element of this was a gap of is £1.89 billion. DfE's own research into children's services spending and delivery (2016f) concluded that budgets were decreasing against rising demand, and the main strategy identified to manage demand among councils participating in the research, was placing an emphasis on early help and integrating services and that *"In the future, the local councils face risks such as growing needs among some groups in the population, for example in relation to child sexual exploitation and mental health, which are particularly uncertain and have implications for future spending. The capacity to forecast, and prepare for those risks is very limited"*.

"We spend more money on bus drivers and taxis than we do on social workers, which is difficult to reconcile given the demands on children's social care". – South East LA.

15.1.1 Section 251 data

69 local authorities provided valid 2015/16 outturn and 2016/17 budget information across key children's services headings within the Section 251 return, indicating an 8% reduction on total children's services spend from 2015/16 outturn and 2016/17 budget (from £3.95 billion to £3.63 billion). The total change was more marked in some areas of spend which, given the pressures which have been evidenced here, will provide significant challenges for the local authorities. For example:

- Leaving care support services reduced across the 69 responding authorities from £152m to £136m (10% reduction)
- Asylum seeker services reduced from £16.6m to £15m (11% reduction)
- Other Community Education reduced from £1.4m to £1.2m (13% reduction)
- Growth areas tended to be around education budgets, for example education of children looked after (from £15m to £16m) and Educational Psychology from £54m to £57m.

15.1.2 What authorities told us

Nearly all local authorities are experiencing budget reductions generally, although 11 out of 30 authorities specifically describing social care budgets reported an increase in funding, generally short term and grant-based. There is evidence that local authorities which have been inspected and judged by Ofsted to be inadequate have invested to improve services for children in need of help and protection.

Some authorities no longer have social care budgets protected and are starting to experience a reduction with others feeling this will occur in the future. Examples of the quantum of budget cuts reported by authorities include:

- £10.1m reduction over the last three years, to a net budget in 2016/17 of £33.2m, followed by a further 20% reduction in net budget required over the next 3 years (North East Metropolitan)
- £2m reduction in children looked after budget and further £8m savings required by 2020 (North West Metropolitan)
- £1.5m savings in 2016/17, £8.7m savings in 17/18 and £13.3m savings in 18/19 (London Borough)
- £2m overspend this financial year on care placement and EHC Plans (Yorkshire & Humber Metropolitan)
- 30% reduction in budgets since 2010 (East of England unitary)
- Savings of £170m over the next 2 years (East of England unitary)
- Reduction from £105m in 2010 to £87m in 2015 and further savings of £27m needed by 2019 (South West shire).

“We have made £80m worth of cuts since 2010 and government grant continues to be cut, and we need to make savings of an additional £30m by 2018, then a further £17m by 2020. The council is protecting safeguarding services as much as possible and reducing the impact of the cuts by commercial initiatives and strong financial management. However, early help services are being restructured in order to make savings while ensuring they are still able to provide appropriate help and support to families with complex and acute needs.” – West Midlands LA.

Pressure on budgets for children looked after and care leavers are the most substantial and are exacerbated by relative reliance upon high rates of agency social workers and high usage of IFA placements. Those local authorities with investment in or protection of social care services recognise that current services are unlikely to be sustainable and are exploring alternatives.

15.1.3 Other funding sources

There was evidence of authorities proactively bidding for funds where feasible, and which local authorities reported had a positive impact on their design and delivery of services. For example:

- DfE Children’s Social Care Innovation Programme (from 2013) currently supporting 53 projects across the country, with more announced this month
- Staying Put grant
- Social Impact Bonds, of which a common use seems to be for children on the edge of care
- DfE Adoption Support Fund from 2015 to 2020 to provide support for SGO and adoptive parents (£21m 16/17, £28m 17/18). Local authorities are required to match-fund costs in excess of £5,000 per adopted child/family
- Troubled Families programme.

These alternative sources of funding are becoming increasingly critical to local authorities where authorities have the capacity and expertise to make bids: *“it is very wearing to keep chasing grants that are only going to be around for a year or two”*. Alternatives such as encouraging partner or others to buy in (e.g. pooled funding) and trading of services were suggested.

Using council reserves, savings from reduction in back office and support staff and facilities are just some of the ways that authorities are balancing budgets, in addition to trying to develop innovative ways to manage and deliver services within budget.

“As with many other LAs, 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

15.2 Improved Commissioning

82 authorities provided information about changes to commissioning of services for children looked after. Recruitment of foster cares was cited by six to be increasingly challenging due to the impact of Staying Put and higher rates paid by IFAs to carers. A significant pressure was commonly around finding placements (residential or foster care) for challenging young people or those with complex needs, whereby choice and availability has decreased; and an

increase in costs for out of area placements (17% in two years according to one LA). As one authority stated, “the providers are calling the shots” as “residential units are becoming increasingly reluctant to accept children with challenging behaviours”. This demand sometimes results in a child being placed further away with associated costs such as travel and staff time thereby also increasing.

Authorities are trying to meet these challenges, with 37 stated that collaboration on a regional or sub-regional approach to the commissioning of fostering or residential care placements was limiting or reducing some cost. Others had reviewed and tightened procedures to provide more robust scrutiny of commissioned services; jointly procured or block purchased services, including semi-independent living; reviewing care packages; or, strengthening joint commissioning and shared services with health for example.

“There have been a number of service reviews where we have analysed the market and looked at value for money in the context of our commissioning. This has resulted in areas of improved practice, for example the assessment of needs for Care Leavers in Semi-independent accommodation. We have also looked to develop support for the most complex of children and young people, one example being the introduction of Therapeutic Fostering”.
– East of England LA

15.2.1 No recourse to public funds

Families with no recourse to public funds (NRPF) are those 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 themselves who are unaccompanied or separated from their parent or legal or customary caregiver. There may not be safeguarding or other social care concerns, with one authority calculating that 95% would not meet the threshold apart from financially. As well as the cost of financial support, social work time in undertaking assessments is also required.

This support is also unbudgeted as part of children’s services base budget and is not in the funding formula which determines authority funding.

32 authorities reported spend of £15m on families with no recourse to public funds in 2015/16. Of these, 19 also provided information about the number of families supported in this way, indicating that these 19 authorities spend £8.24 million on 961 families (an average of £8,578 per family) although the amount per family varied significantly. For some local authorities, the total spend is in excess of £1m.

Responding authorities, interviewees and case study authorities reported the pressure that NRPF puts on already stretched budgets.

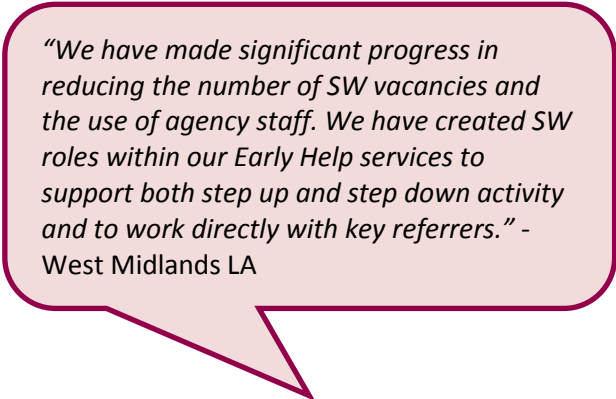
15.3 Workforce

87 respondents provided information about changes to social work staffing over the past two years; significant changes to social work staffing were reported by many and for a variety of reasons.

The recruitment of experienced social work staff still presents a challenge for authorities, with 41% reporting continued and increasing difficulties attracting staff with experience of front line fieldwork, and others describing ‘churn’ of staff due to greater incentives for staff to move around. Recurring areas of particular challenge were Team Managers, senior, advanced or experienced social work practitioners within child protection, child in need and court teams. Independent Reviewing Officers were also noted as being particularly hard to recruit.

25 authorities reported an increased reliance upon agency workers. The ASYE workforce is being recruited into existing vacancies, but many authorities report that whilst helpful in the longer term, this does present some early challenges, for example in the allocation of more complex cases. 43% of respondents reported that they had a higher dependence on ASYE workers than in previous years, but that they also experience these workers moving on after a relatively short period of time.

A number of authorities, (40%), have undergone or are planning the re-modelling of services to manage vacancy and caseload pressures. This ranges from additional funding to increase team sizes, to the realignment of early help and social work safeguarding teams to manage thresholds.



“We have made significant progress in reducing the number of SW vacancies and the use of agency staff. We have created SW roles within our Early Help services to support both step up and step down activity and to work directly with key referrers.” - West Midlands LA

Investment in worker development and offering incentives such as advanced training is apparent in the feedback and authorities are aware of the need to improve retention as well as recruitment.

The quality of agency staff varies, with some authorities reporting concerns about the lack of expertise of some. This may correlate with other more generic comments about ASYEs leaving to move to “more lucrative agency positions”.

The model of “grow our own” experienced workers can be seen across nine authorities all of which made specific reference to developing a broader skills mix amongst workers and re-modelling of services to reduce the reliance on qualified social worker posts. “Aspiring Managers” programmes have been successful for six authorities.

Capping agency pay rates through local memoranda agreements across all regions appears to have helped with containing costs.

The DfE workforce return summary 2015 indicates a 1% increase in the numbers of agency social workers. Agency workers make up 16% of the social work workforce nationally, but there are significant regional variations – acute increases particularly in the North East, South East and London Boroughs.

High caseloads and change of allocated worker were cited as some of the consequences of this continued pressure. As - one interviewee stated: “what children and families tell us is that they want continuity, they want stability so they like it when a social worker sticks with them and so when you get churn in the workforce, that can be damaging to relationships with children and families”.

16 National Policy and Legislation

63 respondents told us about the impact of national policy or initiatives on safeguarding work in local authorities in the past two years:

- The impact of **adoption and permanency reforms**, including the Public Law Outline and the focus that it brings to timeliness of decision making. This can be counteracted by case law, creating confusion and uncertainty for workers and causing delay in the time taken for children to achieve permanency.

“The Public Law Outline...has had a significant impact on social work resources. A reduction had been anticipated in the number of expert reports that would be commissioned and in the need for social work reports. However, there has been a significant increase within [authority] in the volume of statements and viability assessments ordered by the court within tight timescales. This has also led to requests by judges for ad hoc urgent decisions by the Agency Decision Maker. There has been limited recognition by the judiciary on the pressure created on the social work workforce which is a predominantly newly qualified staff group”. – North West LA

- 14 of the 16 respondents mentioning **Ofsted Inspection** felt the focus in the SIF on quality of practice and casework, JTAI inspections holding partners to account, or the Ofsted ‘getting to good’ seminars, had a positive impact on safeguarding in their local authority
- Of concern for many authorities was an increase in private law applications (Section 7 and Section 37) and attendant requirement for social work court reports
- In cases where there are mental capacity issues, children’s services had in the past relied on parental responsibility or the responsibility held through the local authority to make decisions. However, recent court rulings (*Re AB* and *Birmingham and D*)⁹ mean this is no longer possible and have created additional burdens on local authorities. Of the 15 authorities responding who told us about the impact of Deprivation of Liberty Safeguards¹⁰, approximately 40% stated this it is early days but would impact; 20% felt it would have a positive impact in terms of improved safeguarding and the principles were sound. It has raised the profile and helped awareness amongst practitioners particularly focussing on those young people who are most vulnerable, and 40% felt the impact was negative due to the increase in legal planning requirements and an increased cost pressure at a time when LA budgets are already stretched
- The national focus on CSE, was felt by nine authorities to be positive, and helped authorities to introduce more effective policies and better partnership working
- All nine respondents mentioning the DfE Children’s Social Care Innovation Programme felt it had a positive impact on safeguarding work, providing funds, flexibilities and space to test new ways of working
- Those responding mentioning Staying Put agreed that it created positive outcomes for young people who were able to stay with their former foster carer, but this was a prime example of where changes to government policy increase costs for local authorities, without commensurate additional funding, thereby resulting in authorities carrying the financial burden and negative impact on the sufficiency of foster carers in the local authority (and increasing the likelihood of needing to use more expensive IFA placements)
- Troubled Families programme was felt by some to have had a positive impact.

⁹ *Re AB (A child: deprivation of liberty)*, ruled that a local authority cannot consent to the deprivation of liberty of a child in its care. *Birmingham and D*, ruled that parents are not able to consent to the deprivation of liberty of 16 or 17-year-olds.

¹⁰ The Deprivation of Liberty Safeguards (DoLS) apply to people who are in a care home or hospital, when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

16.1.1 Case law and the courts

82 out of 91 respondents described changes in judicial review and case law, and its impact upon achieving good outcomes for children and young people. There are examples of authorities were working closely with courts to improve outcomes.

“Innovative pre-birth collaborative work with Cafcass and the courts, to support additionally prompt decision making for babies, will be trialled at the end of 2016”.
– East of England LA

Half of respondents described experiences whereby courts have been directing more specialist assessments, whether mother and baby placements or expert assessments, which introduce delay to proceedings and increase costs. Through case law (*Re: B, Re: B-S; Re: A, Re: N*) courts have tended to disregard the local authority’s plan and recommendations for a Placement Order and adoption, in favour of placing children in Regulation 24 placements with family members; placements with parents under a Care Order or Special Guardianship Order, or greater use of Supervision Orders. These decisions can be contrary to local authority advice, and authorities reported an increase in breakdown of family placements and SGOs where this has been the case, leading to more change for children, increased need for support, and further assessments.

New guidance and case law on children who are accommodated under Section 20, has resulted in authorities reviewing their section 20 cases and taking more to court resulting in higher numbers in care proceedings, but as one local authority said: “it reduces our flexibility to work in partnership with families outside of the court proceedings”. Legal Aid funding changes are placing a further burden on local authority budgets.

“Like most authorities we have seen an increase in SGO’s (and conversely a decrease in adoptions) due to the well-established and reported case law. Whilst we welcome the minor changes to the SGO assessment guidelines we do not feel that these go far enough and we are still under pressure from our local courts to support SGO arrangements which we have concerns about in meeting the longer term needs of children. We are now beginning to experience an increase in s20 cases going into proceedings following ‘guidance’ issued by Justice Mumby. Whilst we fully agree that younger children should not remain subject to S20 arrangements and this impacts on achieving permanency, we do not believe that this appropriate or proportionate for adolescents and feel that the guidance is contrary to the ‘no order’ principle.” – London LA

17 Summary of Factors, Challenges and Enablers

Throughout this report we have provided evidence of and on occasion hypotheses for reasons for changes in prevalence of activity, characteristics or needs of children and young people. This presents collectively a very busy terrain of interlocking factors, challenges and enablers within a host of different models of service delivery and experiences across local authorities. Being able to focus on what has, or could, have the biggest impact, and identifying those which offer both challenge and also support delivery and improvement, is therefore critical. The figure below summarises these, from the evidence and what local authorities told us were:

- Reasons for increase or decrease in any particular part of safeguarding activity in their local authority and what part early help has played so far in affecting safeguarding activity
- 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
- 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 and the trajectory for quantity of safeguarding and children looked after activity (e.g. will numbers of children continue to rise?).

CHALLENGES	ENABLERS
<p>Demographic and socio-economic factors:</p> <ul style="list-style-type: none"> • Population changes • Migration, immigration and the international context • Increase in poverty • Different housing costs in local areas, and homelessness <p>Presenting needs:</p> <ul style="list-style-type: none"> • Emotional wellbeing and mental ill health • Continued increase in ‘toxic trio’, especially domestic abuse • Growth in number of children looked after placed by another authority in area • Increase in complexity of needs and demand for services • Increase in opportunities for exploitation and abuse which are difficult to control, e.g. social media, online bullying, CSE, peer on peer exploitation <p>Governance and Profile:</p> <ul style="list-style-type: none"> • Some legislation and national policy (e.g. welfare reforms, DoLs) • Mandatory reporting • Increased judicial intervention and challenge in care planning • High profile child deaths and serious case reviews and media attention • Media pressure and public perception <p>Resources:</p> <ul style="list-style-type: none"> • Overall reduction in funding • Recruitment and retention of staff • Managing external markets, eg Agency placements and social work • Cost of housing • Non-statutory nature of early help makes it most vulnerable to cuts • Current child protection system may not fit well with adolescents need • Loss of some services (e.g. youth) <p>Organisational effectiveness:</p> <ul style="list-style-type: none"> • Caseloads • Cultural changes in the way service-users are engaged • Pace of change • Risk averse culture • Partnership reforms (police, health, schools) 	<p>Demographic and socio-economic factors:</p> <ul style="list-style-type: none"> • Helping communities to be more resilient and changing approach to delivery • Creative solutions in collaboration with housing sector <p>Presenting needs:</p> <ul style="list-style-type: none"> • Early help and earlier targeted intervention • Demand management • Better identification of risk (e.g. CSE, FGM, trafficking) <p>Governance and Profile:</p> <ul style="list-style-type: none"> • Some legislation and national policy • Integrated and joint working • Local political support • Increased information/data • The right culture in local authorities <p>Resources:</p> <ul style="list-style-type: none"> • Grants such as DfE Children’s Social Care Innovation Programme • Local authorities’ staff • Technology – mobile working • Rounded approach to developing social work and promoting quality and sufficiency • National fostering stocktake • Better commissioning • Better use of technology • Agile workforce <p>Organisational effectiveness:</p> <ul style="list-style-type: none"> • Exploring different ways of working • Co-location/integration of services • Evidence of ‘what works’ and sharing goodpractice • Ability to innovate and do things differently based on evidence and learning from best practice

Figure 55: Summary of challenges and enablers

17.1 Enablers

71 responding authorities and 19 interviewees provided information about current and potential enablers for children’s services, many of which they were already utilising to manage and minimise demand as well as better meeting the needs of children and their families.

- Strong integrated working either within the local authority, sub-regional or regional bases was mentioned as a key enabler by 35% of responding authorities. One interviewee described it as being able to ‘shrink together’ rather than ‘shrink apart’, to develop and exploit opportunities for more cost effective planning and/or delivery. An increase in partnership working and enthusiasm for re-designing multi-agency processes to be more efficient, including sector-led improvement is enabling for local authorities in the regionalising of key areas of work and in developing shared ways of working
- The second biggest enabler within children’s services was cited as the workforce. There are “excellent, creative and passionate people” in authorities who are committed, responding to change and innovations and investing in them. The clear drive for high quality practice, through social work reform and otherwise, provides an opportunity to upgrade the professional standing of social work, but maintain a focus too on developing good key skills for the workforce
- Respondents and interviewees frequently cited the part that early help plays, and must continue to play. An increasing emphasis on targeted early help services was felt to be positive and some respondents state that they are reducing demand on social care through earlier intervention using evidence-based programmes
- Additional funding and freedoms provided by DfE Children’s Social Care Innovation programme funding (if successfully bid for) and other grants are enablers, especially for those local authorities seeking to make whole system changes
- The right culture which is less risk-averse, shares responsibility, and is more asset based; exploring new ways of working; learning about and implementing ‘best practice’ approaches; new technology such as client record management systems; mobile working; and, better data and performance management were also cited as enablers in delivering effective children’s services
- Implementation of *Putting Children First* (DfE, July 2016) and the forthcoming national fostering stocktake were also felt to be potential enablers to improving services and outcomes for children and young people

There have been a number of publications over the past year, including ADCS’s own *Pillars and Foundations* (ADCS, 2016b) which urge a different approach to tackling rising demand for social care services, and which the sector is embracing.

18 Direction of Travel

Of the 85 respondents who predicted future trajectory of quantity of safeguarding and children looked after activity (i.e. rising or falling numbers), 40% predicted a continued rise, 25% a reduction and 24% a stable picture. Six felt that activity would increase then decrease and four felt it was too early to say, and difficult to projecting a “fragile” system.

Two thirds of those who predict a reduction stated that this would be due to the impact of ‘doing things differently’ which will take time to become effective, generally 18 months. Local authorities predicting rises in children looked after largely stated this would be due to UASC, but also more interventionist action and delays re-introduced into the system through courts and case law.

The level of risk and vulnerability of children is likely to increase due to the impact of social and economic pressures on families. Children's needs are becoming more complex at a time when specialist interventions and services, such as tier 4 mental health provision, are depleted. However, efforts are being made to improve early preventative approaches, streamline assessment processes and expand edge of care services in order to reduce the numbers of children needing intervention through child protection plans or becoming looked after.

Applying the projected population changes to the numbers of children looked after, children in need, and children subjects of child protection plans, and assuming no further relative change per head of population, would result in the increases shown.

	Number as at 31st March 2016	Potential increase by 2020
Children looked after	71,239	3,267
Children in need (excl. children subject of a child protection plan and children looked after)	280,871	12,879
Children subjects of child protection plans	49,641	2,276

Figure 56: Impact of population change by 2020 alone on social care activity

“The long view is one of (rightly) increasing expectations on families of acceptable behaviours and lower tolerance of risks. This, combined with ‘new’ issues (forms of child exploitation, radicalisation, FGM etc.) and continued stark inequalities in society does not indicate a falling trajectory of need / demand.” – East of England LA

19 Conclusion

The picture of rising activity since 2007/8 shows some signs of diminishing for particular authorities though overall it remains on an upward trajectory. Despite small national increases or no change, there is evidence that more local authorities are reducing numbers of referrals, children subjects of child protection plans and children looked after but there is significant variation between local authorities.

Thresholds to children’s social care were reported to have remained the same in the majority of authorities and there was evidence of impact of investment in early help services where these were established. The numbers of children who are receiving support from early help or social care services per 10,000 0-17 population as illustrated in the figure below, remains substantial.



Figure 57: Summary of rates per 10,000 0-17 population 2015/16

There are myriad factors outside of the direct influence of the local authority which impact upon the provision of effective services to children and their families, but local leaders and services have managed thus far to contain some of them – a situation which may no longer be feasible. There are examples where additional investment through local political support,

or funding from bids to the DfE Children’s Social Care Innovation Programme have provided opportunities to trial and take different approaches to meeting needs.

Local authorities speak about the passion and commitment of their staff to improve the life chances of children and young people despite the dual challenges of rising demand and diminishing resources. The root causes of why children are suffering abuse and neglect, or require additional specialist support for reasons such as domestic abuse, neglect, or homelessness continue unabated.

We cannot simplify this very complex area and the context for those who have a responsibility to safeguard children now are no less stark than they were in 2010 when Phase 1 of this research was undertaken. However, the research now, in 2016, presents a much clearer view of reducing budgets, increasing and more complex needs of children, young people and their families together with a growing sense that a tipping is being reached, despite planned and thoughtful action by authorities. As one interviewee put it - a “perfect storm of increased need, expectations and reduced resources”.

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