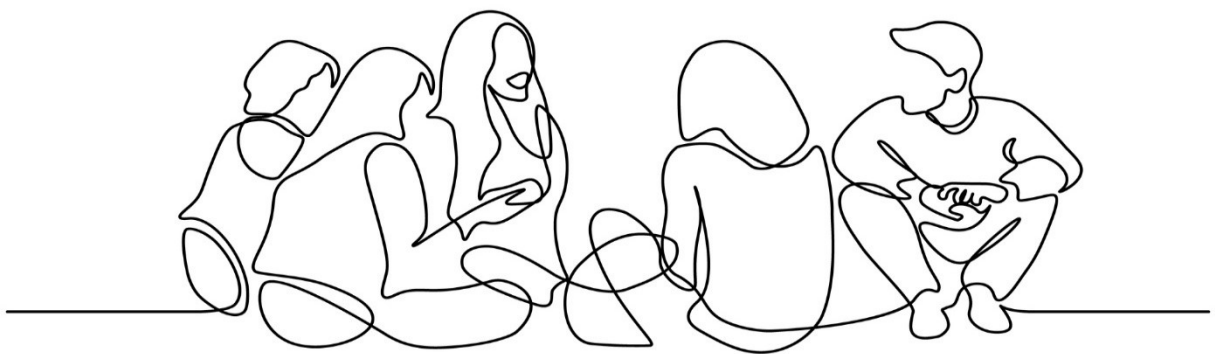


# ADCS Safeguarding Pressures Research – Phase 9



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## Foreword

In March 2024, ADCS published a policy position paper called *Childhood matters*, which attempted to articulate the impact of austerity on children, young people and families as well as the vital public services they rely on. It was an update to the 2017 policy paper



*A country that works for all children*. Sadly, in the intervening years precious little had changed and too many things had gone in reverse, from rising levels of child poverty and numbers of families needing our help and support to an increasingly difficult fiscal picture for local authorities.

Summer 2024 brought a snap general election and a new government. The first Autumn Budget brought some welcome investment for children and children's services. However, we need sustained, long-term investment for all local authorities, not just some, and a plan and vision for childhood and beyond. This was the central premise in *Childhood matters*.

The ninth phase of this longitudinal research covers the period April 2022 up to the end of March 2024. It shows some changes in safeguarding activity which have not previously been seen, or not to the extent currently being seen. Several common threads emerged across data submissions and interviews with leaders from local authorities right across the country, including the ongoing and unaddressed impact of the pandemic on children, young people and families. This is visible in increased mental health needs, rising school exclusions and delayed development in the youngest children who were born during the pandemic and started school this year. Leaders raised a number of concerns about housing, from access to affordable, good quality housing, the use of temporary accommodation, overcrowding and an increasingly transient population moving around the country, typically but not exclusively from the south to the north, due to housing costs. Such moves break community links and results in disruption to health, care and education services.

Many directors of children's services voiced concerns about children's health too, whether about lengthening delays in accessing assessment and treatment for parents and carers or children and young people themselves. The visibility and prioritisation of children's needs and outcomes in the still relatively new integrated care system structures was also frequently raised as a key strategic concern by leaders. Perhaps unsurprisingly, there were lots of shared concerns about the SEND system too, not just about financial sustainability but the experiences of children and young people with additional needs and disabilities. As recent research has shown, we've never spent more in this space, but this sadly hasn't secured any significant improvements in outcomes over the last decade.

The fabric of communities and the resilience of families, as well as public services, have been stretched over the last few years. This report and a growing body of evidence shows there are links between poverty and children's social care activity. Delayed access to public services, from the NHS to the family courts, is impacting on family functioning and on children's lives and outcomes.

Andy Smith

ADCS President 2024–25

## Introduction

The data explored in this report are from the ninth phase in the Safeguarding Pressures (SP) series, a unique programme of mixed methods enquiry that shines a light on the pressures facing children's safeguarding services over the period 2007–08 to 2023–24. The purpose of the series is to highlight the needs of children and families and the efforts of those trying to support them to live good lives.

Safeguarding Pressures represents a chance to understand child and family safeguarding activity over time, using a broader set of data than are published through the annual statutory returns. Through this data we start to understand some of the challenges that local authorities face as they support children and families in their areas and the impacts of services, systems and workforce activity.

SP9 updates the longitudinal quantitative data collected over the series and brings that together with the reflections of directors of children's services (DCSs) and their teams gathered in qualitative survey returns and interview discussions.

**Data return (124 responses, an 81% response rate):** Led by Data to Insight, the local authority owned children's services data support service. All local authorities received an email containing a data collection template inviting them to participate in the research. The data returns were completed by local authorities in Excel documents and collated by the researchers.

**Survey (86 responses, a 56% response rate):** Led by Research in Practice, the membership network for evidence-informed policy and practice. All local authorities received an email invitation from ADCS to participate in an online survey open between late June and early September 2024. The bespoke survey included a mix of scaled and open-text questions.

**Interviews (34 interviews):** Interviews were conducted by Research in Practice with directors of children's services in 34 local authorities during July and August 2024.

These data are contextualised with evidence from other sources to elucidate the pressures on families, communities, safeguarding services and their partners across local public services.

This report is published in the first months of a new government, and many of their early policy commitments respond directly to issues outlined here. For instance, two areas of pressure that dominated discussions with DCSs as well as survey returns were the sufficiency, quality and cost of placements for children in care and the cost pressures in the

special educational needs and disabilities (SEND) system. Both have been the focus of new policy announcements.

The pressures on child and family safeguarding and statutory protection and care are evidentially linked to the wider conditions in which children and families live and either survive or thrive. DCSs lead within social contexts that have put intense pressures on children, families and communities over the last two years. DCSs hold responsibilities within local systems of health, welfare, criminal and family justice, education, housing and adult services in which their hard levers to influence are limited and in which they may struggle to make heard the voices and needs of children and young people. Their powers to hold others to account do not match the weight of their responsibilities.

The picture set out below is of DCSs and their teams doing their level best to provide what at times may be the only public service response to children and families, some of whom are in the deepest depths of deprivation, homelessness, and destitution due to their immigration status.

## 1 Safeguarding in a context of austerity, fragility and disparity 2022–2024

The 153 statutory safeguarding local authorities in England are far from equal. They differ in population from 2,000 to 1.2 million, and in geography from tiny inner-city authorities to large rural counties. Outdated funding formulas and short-term grants offered within an otherwise austere financial context have further destabilised the uneven ground on which safeguarding services operate. In the wake of the austerity era and global pandemic, and in the context of the cost of living crisis, these pressures are felt across the public sector, reducing the resilience in the system to safeguard and support the needs of children, young people and families. Social and economic inequalities experienced by children and families and their direct relationship to safeguarding pressures are explored below.

The Institute for Fiscal Studies' (IFS, 2024a) report on changes to English councils' funding and spending between 2010 and 2024 provides nuanced detail on the issues faced by local authorities since austerity measures were introduced in 2010. Looking ahead, the report identifies 'two interconnected challenges on levels and distribution of funding' (IFS, 2024a, p.2):

- Councils' overall core funding is 9% lower in real terms and 18% lower per person in 2024 compared with 2010, reflecting a 46% reduction in central government funding between 2010–11 and 2019–20
- Funding pressures and challenges fall disproportionately harder on poorer areas. In 2024–25, local authorities in the most deprived decile of the country will see their 'core spending power' fall by 24.4% on average in real terms, compared with 3.1% in the least deprived decile of local authorities.

Temporary, one-off government funding in the period 2022–24, such as the pandemic recovery funds and an additional £600m in the Social Care Grant in early 2024, have provided sticking plasters but by no means addressed reductions in funding of the preceding decade. Spend increased by more than funding between 2022 and 2024 and the ongoing use of one-year funding settlements since 2019 has hampered financial planning and sustainability.

National government funding settlements have become increasingly linked to spending power in recent years (Brien and Sandford, 2024). An analysis conducted for the IFS set out how funding systems for local public services do not reflect differences in local need and, rather than being fit for purpose to address inequalities, exacerbate them (Ogden et al., 2023). Further analysis of the combination of local levels of deprivation, local authority



reserves and local economic output demonstrates the disparities between local authorities these pressures are creating on local authorities' resilience across the country (Grant Thornton UK LLP, 2024).

North–South disparities are well evidenced. In the South, a higher proportion of reserves as a percentage of net revenue expenditure provides greater resilience and flexibility, while for a range of historic and structural reasons, deprivation levels are much higher in the North. One in five people in the North live within one of the 10% most deprived areas in England compared with one in 49 people in London and 1 in 27 people in the South (Grant Thornton UK LLP, 2024). Less familiar is that under the current spending formula, metropolitan boroughs receive the most funding per person while shire counties and districts receive the least.

Local authorities have been able, in varying degrees, to offset funding cuts through higher council tax revenues, although central government has imposed caps and limits here. But cuts to central government funding did not take account of differences in the extent to which authorities relied on these two funding streams. As a result, local authorities that are more reliant on funding from central government, typically the more deprived areas less able to raise funds via local taxation, faced greater overall funding cuts.

Since 2018, 12 section 114 notices<sup>1</sup> have been issued, compared with two issued in the preceding 30 years (Institute for Government, 2024). A 2024 survey found that half of local authorities thought it was likely that they would issue a section 114 notice in the next five years (Local Government Information Unit, 2024). Of the one in five local authorities in England assessed as being at risk of financial failure in 2024, those in the North were twice as likely to be 'at risk' compared with those in the South and London (Grant Thornton UK LLP, 2024). Nevertheless, London Councils report the possibility of more London boroughs issuing section 114 notices, with three already reliant on Exceptional Financial Support from the government, and more expected to be in that position in 2025 (London Councils, 2024).

Two SP9 survey respondent authorities said they had issued section 114 notices between April 2022 and March 2024, and five said they were considering issuing a notice within the next 12 months. In interview discussions with DCSs, the assumption was that, without a significant intervention, more section 114 notices would follow.

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<sup>1</sup> These give notice that a local authority's forecast income is insufficient to meet its forecast expenditure for the next year.

## 1.1 Short-term funding

Nearly three quarters (74%) of the local authorities responding to the SP9 survey reported receiving at least one form of other grant funding from government in the two-year period. Many were bracing for the current end dates for several significant ring-fenced grants.

Action for Children analysed government funding allocations for six programmes launched since 2018<sup>2</sup> and found that 148 local authorities have received funding from at least one of these programmes, with 47 involved in one and up to 11 in four programmes (Elliot, 2024). Given the competitive nature of these opportunities, many local authorities will ultimately not benefit, despite having put considerable resources into the application process, contributing to the fragmented picture of provision across England.

SP9 survey respondents noted how grants have allowed innovations to be tested, provided opportunities to build workforce knowledge and capacity, enabled work on transformation to take place and contributed to policy development on a national level. However, pressures arising from short-term, time-limited, competitive funding in the context of resource pressures are significant. Delivery timescales are often insufficient for the implementation and embedding of funded projects. Uncertainty and late confirmation of continued funding impact upon planning for sustainable models of service delivery. Employers' redundancy liabilities and the time it takes to wind down a programme make uncertainty difficult to manage and put pressure on staff, who may well seek other employment when the future is uncertain. This leads to instability for children, young people and families in receipt of services.

## 1.2 Impact of funding pressures on leaders

The current financial position was regarded as untenable by all the DCSs who participated in this research and the impact on leaders was evident. Those with supportive chief executives and lead members recognised how fortunate they were, but all of them felt the pressure to justify escalating costs and financial precarity to locally elected members and others. Some of the most experienced DCSs said that these pressures were now taking a toll.

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<sup>2</sup> Reducing Parental Conflict Programme (2018–25); Strengthening Families, Protecting Children (2019–24); Family Hubs Transformation Funding (2022–25); Supporting Families (2022–25); Family Hubs and Start for Life (2022–25); Families First for Children pathfinder and Family Networks pilot (2023–25).

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I am not sure how long you can expect DCSs to stay in post. It has become harder over the years, but it is helped by the experience and that experience comes at a price which some will not pay, hence the high turnover. (DCS, Metropolitan, West Midlands Region)

But the reality is that it is the most difficult time in public service that I've ever experienced in [the many] years that I've been a public servant... unless there's some amelioration of the finance issues, the indications are very alarming. (DCS, Unitary borough, London Region)

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The latest annual snapshot of DCS turnover shows 62 changes of postholder across 49 different local authorities in 2022–23, amongst the highest on record (ADCS, 2024a). The Staff College explored children's services leadership turnover in which respondents cited siloed government working, a lack of focus on children in national policy, inspection and a 'blame culture' as factors contributing to churn (The Staff College, 2023).

## 2 Overview of safeguarding pressures on children and families' lives

Of the 86 SP9 survey respondents, 91% reported an increase in safeguarding contacts and referrals over the two-year period ending 31 March 2024, noting particular increases in contacts involving very young children and older adolescents. This section provides an overview of some of the issues identified in the SP9 data returns and the qualitative survey and interviews, connecting these with the longitudinal view across the previous phases of the SP series.

### 2.1 Child and family poverty

Child and family poverty and community-level deprivation continued on the shameful upward trajectories of recent years over the SP9 period of enquiry (2022–23 and 2023–24).

Increased rates of child poverty are well evidenced, with an estimated 4.3 million children living in poverty in 2022–23 compared with 3.6 million in 2010–11 (Department for Work and Pensions (DWP), 2024). At regional level, the most severe increases and the highest rates of child poverty (at or above 25%) are in the North East, West Midlands and Yorkshire and Humber (Stone, 2024).

A report for the Joseph Rowntree Foundation found that approximately 3.8 million people experienced destitution in 2022, including approximately one million children, nearly triple the number in 2017 (Fitzpatrick *et al.*, 2023). While the majority (72%) were born in the UK, migrants were disproportionately affected by destitution, lacking access to both cash and other forms of support. The report looked across the four nations and housing was a much more significant contributory factor to poverty in England than elsewhere.

The relationship between poverty and safeguarding pressures came through strongly in survey responses and interviews with DCSs. Some local authorities were tracking the link between demand for services and levels of local deprivation.

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There is a strong correlation between rates of referral and deprivation. Analysis highlights that the rate of referral in the 10% most deprived communities is around five times higher than the rate in the 10% least deprived communities. (Survey, County, Yorkshire and Humber Region)

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Interviews with DCSs were dominated by comments about how wider determinants, the social inequalities that Sir Michael Marmot termed the 'causes of causes' (Strategic Review

of Health Inequalities in England post-2010., 2010; Marmot et al., 2020) drive demand for safeguarding services.

- Nearly three-quarters of the 86 survey respondents said that demand from families in poverty had risen as a result of welfare reforms. Rising child poverty is driven by the increase in relative poverty among families with three or more children (from 35% in 2010–11 to 46% in 2022–23) who are excluded from claiming Child Tax Credit or Universal Credit for more than two children following the introduction of the two-child limit policy in 2017 (IFS, 2024b)
- Nearly half said service demand had risen in relation to families with no recourse to public funds (NRPF). For families with pre-settled status and mothers who were survivors of domestic abuse on dependent visas and/or with NRPF, statutory children’s social care was often the only route to access housing support and basic living costs
- Nearly two-thirds said that poverty-driven demand has grown from families where one or more parents were in work
- Financial pressures of the cost-of-living crisis had a disproportionate effect on families with pre-existing vulnerabilities; respondents suggested that poverty was often, but not always, linked with parental substance misuse, mental ill health, domestic abuse and family conflict.

## 2.2 Housing and homelessness pressures

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We are seeing on a daily basis families experiencing homelessness and struggling to cope with rent increases... We are funding landlords and paying increased rents to keep our most vulnerable families in their homes, this is not sustainable (Survey, Unitary, West Midlands Region)

We are seeing an increasing influx of families rehoused into cheaper accommodation, often from London boroughs... Moving families 300 miles away from their support networks is going to escalate risk. Housing policy drives a lot of that... It’s really significant, and it ends up disproportionately impacting some communities.... We looked at two areas of acute deprivation, one predominantly long-term, stable community in social housing, the other an almost identical profile in terms of poverty but is mostly very cheap rental property, so, everything very similar apart from the housing. But the children who are escalating in crisis and coming into care are off the scale higher in [the latter community] ... and that’s where a lot of the

families from the south get rehoused as well... Housing is the issue, that is the key difference (DCS, County, North East Region)

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Safeguarding and wellbeing concerns created by insufficient affordable housing and homelessness ran through survey responses and DCS interviews; concerns have been raised in past SP reports but never to the scale and extent seen now. Around half of survey respondents said local populations had increased and provided information on the impact of inward and outward movements. Areas of lower cost accommodation attracted families struggling with the cost of living, increasing local child populations and contributing to increased general pressure on public services and children's social care in particular.

Just under three-fifths (59%) of SP9 survey respondents said that increased demand on services was being driven by poor quality housing. Over three-fifths (61%) reported increased safeguarding activity linked with homelessness. Just over half (54%) said that demand on children's social care was being driven by housing need amongst homeless young people.

Data from the Ministry of Housing, Communities and Local Government (MHCLG) show that there were 151,630 homeless children living in temporary accommodation in the first three months of 2024; this is 15% higher than for the same period in 2023 and the highest figure since records began in 1998 (MHCLG, 2024). Temporary housing was described as often inadequate, in houses of multiple occupation (HMO), of poor standard and located in areas of high deprivation and crime.

Local authority spending on temporary accommodation for homeless families has risen from £315m in 2015–16 (18% of housing budgets at the time) to at least £1.048 billion (60% of housing budgets) in 2023–24 (LGA, 2024). Housing and homelessness pressures in the capital are particularly acute; in March 2024, there were 17.8 households per 1,000 households living in temporary accommodation in London, compared with 2.5 households per 1,000 in the rest of England (MHCLG, 2024).

### 2.3 Out of area housing arrangements

Homelessness legislation requires local housing authorities to take reasonable steps to prevent or relieve homelessness for households that meet certain criteria which include those with one or more children. The duties of children's services under section 17 of the *Children Act 1989* may also include the provision of accommodation.

Families may be housed in another local authority area on either a short- or long-term basis. While this is in some instances a response to safeguarding or welfare issues, the driver is more often the lack of affordable housing options in a local authority district.

Government data record that nearly a third of all homeless households were accommodated out of their own local area, leading to families being moved away from formal and informal support networks and local connections to parts of the country where accommodation is less expensive, including the few outer London authorities where housing was comparatively cheaper than in inner boroughs. In all, 78.9% of those accommodated out of area were from London authorities, (MHCLG, 2024). Recent research demonstrates that the number of homeless households placed out of area is 'severely undercounted' in government data and evidences the over-representation of Black and minority ethnic households in out-of-area placements (Iafrati *et al.*, 2024).

Twenty-nine per cent of SP9 survey respondents noted increased safeguarding activity with families that had recently moved into their area with no previous contact with statutory services. Respondents from some cities described rapid inward movement of families from overseas leading to changes in the local demographic profile of an area and increased demand for services. Respondents described children's services staff needing professional development to work confidently with families whose first languages and cultural norms regarding parenting were unfamiliar.

Where a child or family is receiving services or is the subject of a section 47 enquiry, formal transfer processes should be followed, with responsibility remaining with the originating authority until transfer is completed. Some DCSs described instances where an originating authority closed cases before families were relocated or delayed notifying the receiving authority. Insufficient, inconsistent notification systems impacted on the ability of families to access services swiftly. Particular concerns were raised by respondents about two groups – unborn babies and young people identified as either experiencing or at heightened risk of extra-familial harms, such as criminal or sexual exploitation.

Youth homelessness due to family breakdown and a significant increase in young people at risk of extra-familial harm presenting as homeless were two issues discussed by DCSs. The SP data series shows the number of children aged 16 and 17 recorded as presenting as homeless at the point of entering care increasing steadily since 2017–18 (Figure 1) and more sharply in the last two years.

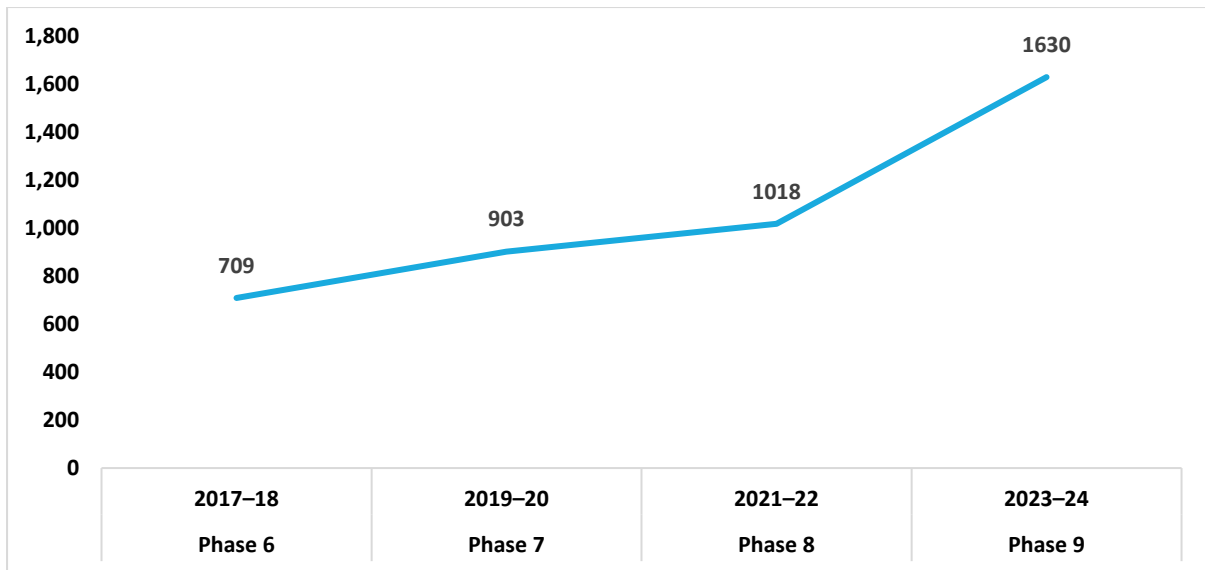


Figure 1: Number of children aged 16 and 17 in care on 31 March due to homelessness.

Source: SP9 respondents. The England number is extrapolated from 74 local authority responses based on the proportion of the England population.

## 2.4 Lasting effects of the COVID pandemic and lockdowns

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In my view, there's a significant COVID legacy that is particularly visible for children and families facing multiple disadvantages and who are, as a result, more isolated, have fewer personal and financial resources etc. In younger children, speech, language and communication development, alongside basic development and early socialisation, has suffered with early years settings and schools reporting an increase in delayed development. (Survey, County, South West Region)

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DCSs interviewed for SP8 in 2022 foresaw long-lasting impacts of the pandemic and lockdowns. Those we spoke to for SP9 reflected that as a society we may still not fully appreciate the ongoing and longer-term impacts of the pandemic on children's emotional and mental health, their development and educational attainment (Education Endowment Foundation, 2022; Milanovic *et al.*, 2023). References were made to 'cumulative hidden harm', stemming from the lockdown periods, with young children showing developmental delays, delayed speech and language, the breaking of societal norms around school attendance and challenging behaviours in school with an increase in exclusions and suspensions as a result (Powell *et al.*, 2024).

Families were described as less resilient than prior to the pandemic, leading to higher numbers of family breakdowns and children unable to remain living in family homes. This included breakdowns involving children who had previously been adopted or placed on



special guardianship orders. Many DCSs and survey respondents pointed to increased numbers of parents who were socially isolated and unable to call on others for respite or support, leading to increased stress levels and impacting on parental functioning.

## 2.5 Increasing prevalence of poor mental health

Poverty and financial vulnerability are associated with reduced mental health for both parents and children. Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20% (Morrison Gutman *et al.*, 2015; Treanor, 2016).

Lord Darzi's independent investigation concluded that the NHS is in crisis and that children's health, particularly their mental health, is suffering as a result (DHSC, 2024). CQC's state of health care report cited data that in 2023, one in five children and young people between the ages of 8 and 25 were estimated to have a probable mental health disorder (CQC, 2024). The CQC underlined the huge impact on children and young people of mental health support and intervention delayed or denied. And yet, timely access to child and adolescent mental health services (CAMHS) continues to be a challenge, with children with social care involvement and those from deprived communities being systematically more likely to be refused mental health services following a referral (Mannes *et al.*, 2024). DCSs suggested that pathways require wholesale transformation and that funding to local authorities, to lead on the provision of earlier help to support positive mental health and wellbeing, will be required to meet the exponential increase in demand.

SP9 respondents consistently reported a deterioration in the mental health of parents, carers, children and young people since the pandemic, which was seen to accelerate and aggravate pre-existing inequalities and safeguarding pressures. Across the population, the mental health impact of the pandemic is being keenly felt among young people, especially those with a disability, those living in more deprived areas, those who are neurodivergent and those with special educational needs and lower levels of school attendance. Reduced social interaction, concerns about access to healthcare and medication, and financial stress have all been identified as contributing factors (British Medical Association, 2023).

Over three-quarters (77%) of survey respondents reported an increase in safeguarding demand over the past two years associated with children and young people's mental health. This is also evident in the data returns. Young people with significant mental health and/or emotional wellbeing issues combined with unsupported neurodiversity needs and those with eating disorder presentations were among the concerns raised. In one local authority in the Yorkshire and Humber region, a DCS reported a 40% increase in the number of young

people presenting at Accident and Emergency departments following attempts to take their own lives between 2021 and 2024. These were mainly girls between the ages of 10 and 15 years, about half of whom had experienced sexual violence prior to their suicide attempt.

Waiting lists and restrictive CAMHS criteria for accepting children and young people for treatment contributed to delays in accessing services and as a consequence to children becoming increasingly unwell. Long waits for diagnosis followed by further waits for access to treatment were seen to have become normalised.

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The lack of health resource to support these young people in a timely way, unless you have a diagnosis of a mental illness rather than poor mental wellbeing, autistic spectrum conditions or other ‘untreatable’ conditions, is resulting in the level of ill health and needs escalating rather than being managed and prevented. (DCS, County, South East Region)

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## 2.6 Parental factors

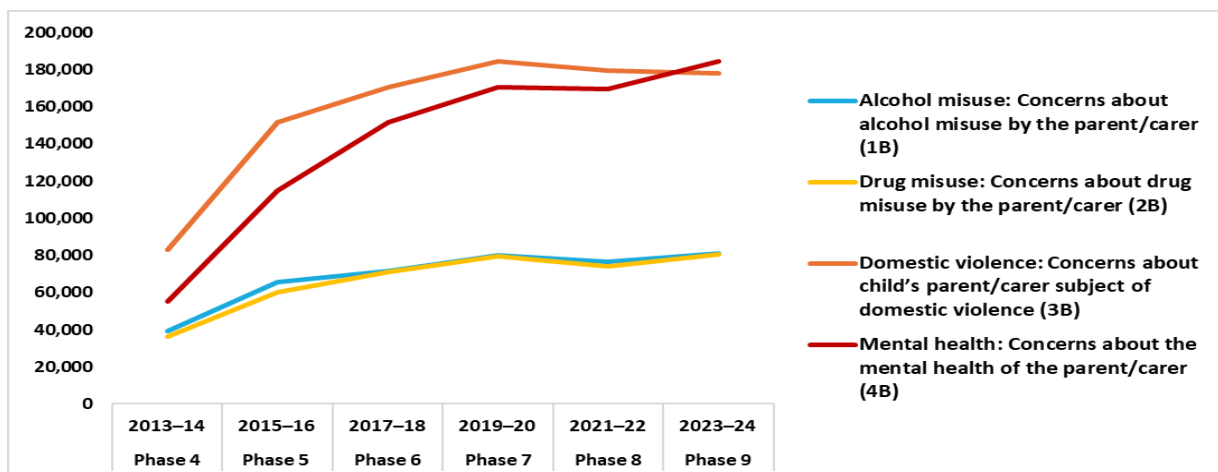


Figure 2: Children's social care assessment factors for parents/carers.

Source: SP9 respondents. The England numbers are extrapolated from 123 local authority responses based on the proportion of the England population.

SP9 data show parental mental health, alcohol misuse and drug misuse as assessment factors have been rising since 2021-22. While two-thirds of survey respondents reported that domestic abuse had driven increased safeguarding demand over the last two years, data returns show domestic abuse decreased slightly as a factor in children's social care assessments (Figure 2), having substantially increased since SP4 started reporting on this in 2013-14.

For the first time in the SP series, the most frequently reported assessment factor in children’s social care was parental mental health. This has been on a sharp upward trajectory in recent years (Figure 2), with a 10% increase in assessments in which parental mental health was the main presenting need between phases 8 and 9 of this research. Three-quarters of survey respondents reported that issues arising from deterioration in parental mental health had increased pressures on their services over the past two years. Increased stress levels and unmet needs of parents were seen to impact on parental functioning.

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For the majority of parents we work with, we are increasingly seeing parents employing maladaptive and dangerous strategies to manage their own needs.  
(Survey, Unitary, South West Region)

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Two-thirds of survey respondents said that parental alcohol misuse and substance misuse had intensified the pressure on services in the past two years, particularly the use of Class A drugs, including cocaine and opiates. These data reflect research showing that problematic alcohol and substance use both rose during the pandemic and do not show signs of returning to pre-pandemic levels (Roberts *et al.*, 2021).

Survey respondents and DCS interviews alike described increased numbers of infants at risk of, or having experienced, serious harm – in particular neglect and physical injury – related to parental substance misuse and mental health needs. In addition to the issues of housing, poverty and family stress, respondents linked this to new parents lacking in their own experiences of ‘good enough’ parenting coupled with reductions in help and support available. For instance, respondents highlighted under-resourced and understaffed health visiting services, which reduced the line of sight on infants in the earliest weeks of life, including in some areas overstretched health visitor teams relying on virtual contact rather than home visits.

**Responses to address parental needs shared by respondents included:**

- The strengthening of assessment tools and practice approaches to recognise the impact for children of adults’ Class A drug use and dependency
- Use of online methods to support training offers to education providers and other partners
- Introducing the option for children, young people and parents/carers to access therapeutic support virtually using MS Teams where they request this.

## 2.7 Harms outside the home and online

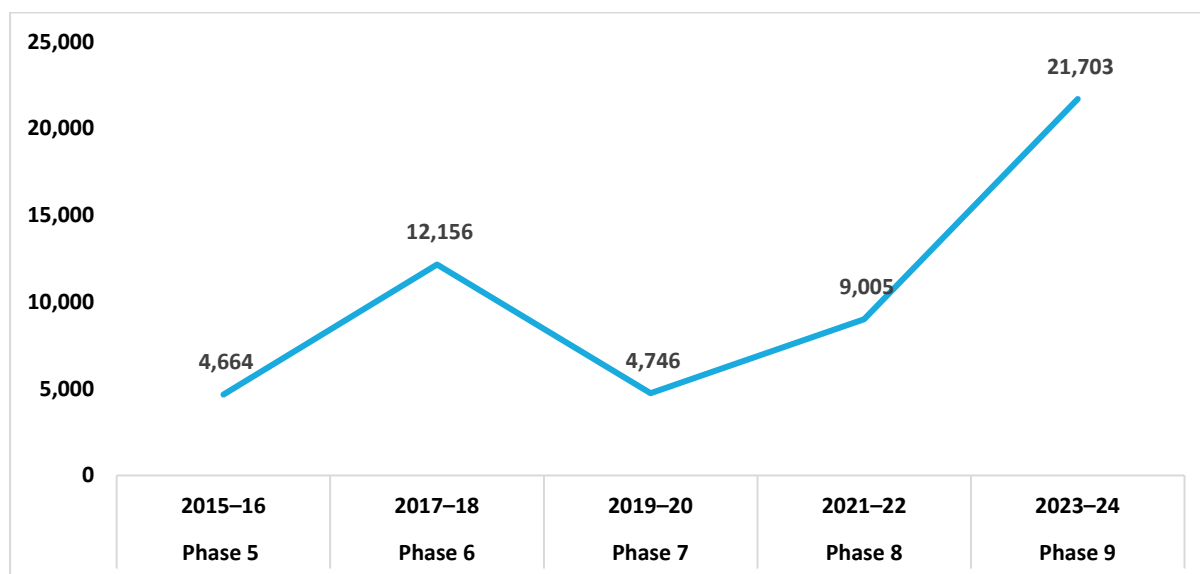


Figure 3: Early help assessments completed in the year with the reason for involvement being missing, CSE, trafficking or gangs

Source: SP9 respondents. The England number is extrapolated from 48 local authority responses based on the proportion of the England population.

Nearly four-fifths (79%) of survey respondents and many DCS interviewees had seen an increase in safeguarding demand driven by extra-familial harms.

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...you could link that to class and to disconnection from a community, social media, increased poverty, all of which are clear lines to exploitation. And we've seen it play out with children with complex needs and with autism whose vulnerabilities make them much more vulnerable to exploitation. (DCS, Unitary, North West Region)

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Knife crime was reported to have escalated, including in areas where this had been at a reasonably low level.

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...the general view of our police colleagues would be that there's still the same number of young people carrying knives, but there seems to be more willingness to use them. And in the world of criminal exploitation, there is a growth in the number of these young people being both victims and perpetrators. (DCS, Unitary, East Midlands Region)

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This trend is reflected in other research. In 2022-23, the number of proven violent offences by 10-17-year-olds had halved compared with ten years previously (2012-13). However, there has been an increase in arrests of 10-17-year-olds for violent offences in the last two

years (Youth Endowment Fund, 2024). There were also reports from more than one local authority of young people being involved in joint enterprise charges as secondary parties alongside adults in the criminal courts.

As a single assessment factor in children’s social care, child criminal exploitation increased between 2021–22 and 2023–24, whilst child sexual exploitation as an assessment factor decreased over the same period, which may indicate improved identification of the primary issue (Figure 4).

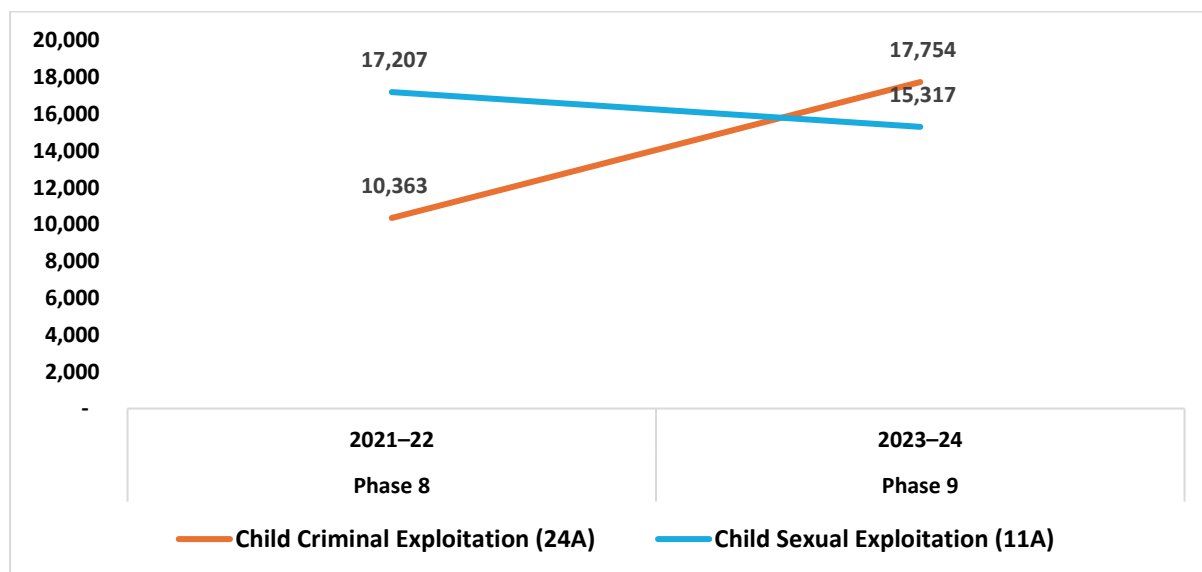


Figure 4: Child criminal exploitation and child sexual exploitation as assessment factors

Source: SP9 respondents. The England numbers are extrapolated from 123 local authority responses based on the proportion of the England population.

Seventy-two per cent of survey respondents said their area had either started or increased ‘contextual safeguarding’ activities in response to harms outside the home. The term refers to the application of the seminal work of Professor Carlene Firmin and colleagues to build understanding of and responses to young people’s experiences, contexts and influences beyond family and home.<sup>3</sup> In 2022–23 Firmin and her team worked with three local areas to develop and pilot ‘risk outside the home pathways’ (Firmin *et al.*, 2024) that build the application of contextual safeguarding in practice. Multi-agency involvement is core to working contextually so it was a matter of concern for some survey respondents that the police, who are essential statutory safeguarding partners, were not joining contextual safeguarding conferences due to lack of capacity.

<sup>3</sup> [www.contextualsafeguarding.org.uk](http://www.contextualsafeguarding.org.uk)

As a response to the immediate risks of harms outside the home, children may be moved out of area either with or without their family. The evidence-informed critiques of this approach (Wroe et al., 2023) were echoed by one DCS reflecting on the risks this strategy can incur.

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I suppose my argument on this may be perceived to be very risky, but the behaviour of these children when they're away from their local boroughs is riskier. Is the risk greater if he's with his family and we put support workers around him? (DCS, Unitary borough, London Region)

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## 2.8 Safeguarding in relation to children and young people's online activity

Just over two-thirds of survey respondents said that there had been a moderate or significant increase in safeguarding demands as a result of children and young people's online activity with the relationship drawn between online harms and harms outside the home. There is no clear national data here to draw on; insights on technology-enabled sexual abuse and exploitation are captured across multiple different agencies and collections.

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Anecdotally, I can report that in all complex strategy meetings I have chaired for the past 12 months, there are concerns regarding children and adults communicating through WhatsApp and more recently TikTok. The selling of drugs and vapes has increased in terms of social media platforms being used, in particular through TikTok. We also have intelligence that suggests that the stealing of cars, motorcycles and bicycles is coordinated by adults and young people using the TikTok online platform. My view is that increasing online activity is facilitating an increase in the exploitation of children and young people. (Survey, County, South West Region)

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For many – perhaps most – children, online and offline worlds intersect, and significant aspects of their lives, such as socialising and play, take place online. One responding local authority referenced a survey into young people's internet usage across their city. The majority (91%) of secondary and sixth form pupils said they had a social media account. Around a fifth reported using the internet for more than six hours on a normal school day, and for longer at the weekend. Over 70% said that they had received messages from people that they did not know and about a quarter said that they had been asked to do something that they did not want to do. This echoes research by the Children's Commissioner (2022), in which 45% of 8–17-year-olds said they had seen harmful content that made them worried or

upset, including sexualised or violent imagery, trolling or content promoting self-harm, suicide or diet restriction.

Online harm and abuse are areas of global concern, involving local and international factors, and keeping track of children and young people's online lives is challenging for families and professionals whose IT skills and social media literacy are often less sophisticated.

Qualitative evidence gathered via surveys and interviews pointed to an increase in concerns about online activities for children as young as 10. These included:

- Parents seeking help as they struggled to cope with children 'addicted to their phones' with impacts being seen on sleep, school attendance and conflict in the home
- The link between online activity and the increasing number of teenagers otherwise isolated from society
- Children sharing explicit images on social media or sharing images of others, including financially motivated sexual extortion
- Children and young people subjected to online exploitation, with perpetrators finding ways to target children who might be particularly vulnerable to perpetrator strategies
- Referrals to Prevent relating to online activity by children and young people
- Children and young people accessing violent pornography and radicalisation videos, as well as using Snapchat to arrange sexual encounters, or using Telegram because, in contrast to Snapchat, it is not possible to take screen shots of images.

## 2.9 School absence and exclusion

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The breaching of the social contract with schools is widely reported and we see families [...] finding it difficult to maintain attendance and the structure required for good school attendance. (Survey, County, South West Region)

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Since the pandemic, rates of school exclusion and suspension have risen sharply to record highs, and the safeguarding pressures generated are significant. The relationship between children being out of school and at risk of extra-familial harms are well understood (Maxwell *et al.*, 2019). In DCS interviews, post-pandemic school absence was often linked with children feeling isolated and unwilling to leave the family home. The interviews reflected the gathered data in terms of a large increase in children open to children's social care who are persistently absent from school and costly increases in the use of alternative provision (AP) placements.

A lower level of engagement with education was described as a ‘real ticking time bomb’, particularly in the secondary sector where respondents noted that schools were seeing more disruptive behaviour in 11-year-olds entering secondary education, but this was also evident in primary schools. Concerning levels of dysregulation and risk-taking were reported in children as young as six and linked by respondents with developmental trauma that had started early in their lives.

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... whereas historically, I would say, you would see challenges, perhaps from the age of 13 or 14, 15... becoming involved in things that cause harm to them. Now we're seeing this kind of dysregulation, both in our education system and in our social care system, in children aged six, seven, eight and nine, so that is where some of the complexity comes from, the impact of trauma starting earlier in their lives. (DCS, Unitary, North East Region)

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Analysis for the Institute for Public Policy Research (Gill *et al.*, 2024) found that 32 million days of school learning were lost to children in 2022–23 due to a combination of unauthorised absence and exclusions.<sup>4</sup> Suspensions and exclusions across all schools and year groups in England were predicted to have risen by over 20% in 2023–24 compared to the previous year.

According to Gill *et al.* (2024):

- Children interacting with social care are permanently excluded at eight times the national rate and severely absent from school at over five times
- Students entitled to free school meals are nearly five times more likely to be permanently excluded and four times more likely to be suspended than their peers
- The poorest areas of England have the highest rates of lost learning through unauthorised absences and suspensions
- Children from some ethnic minority backgrounds are disproportionately placed in AP. These include children from Black Caribbean (two and a half times more likely than

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<sup>4</sup> Gill *et al.* (2024) described an ‘exclusions continuum’ covering 14 types of ‘losing learning’ (including exclusions, suspensions and unauthorised absences). Researchers compared the first two terms of 2022–23 with a sample from the same period in 2023–24. They additionally found that the suspension and exclusion rate for secondary school children (years 7 to 11) increased from 14.3% to 17%, which is a rise of one-fifth. That number is 72% higher than in 2018-19 (the last full school year before the pandemic).



average), Romani (Gypsy), Roma and Irish Traveller (four times more likely), and children with mixed Black Caribbean and white heritage (two and a half times more likely)

- Children with mental health needs are three times as likely to have to move schools than their peers; and those with mental health needs so severe that it is classified as a special educational need are 17 times more likely than average to be educated in AP schools serving excluded pupils
- Children with school-identified special educational needs are five times more likely to be permanently excluded.

## 2.10 Elective home education

Regional Improvement and Innovation Alliance (RIIA) benchmarking data has reported on children who are electively home educated since April 2022. Figure 5 shows rates per 10,000 children continuing to rise. In 2022, the Department for Education (DfE) began publishing termly data on children who are missing from education and reported 111,700 children being educated at home in autumn 2024, and 153,300 children at any point across the 2023-24 academic year (DfE, 2024b).

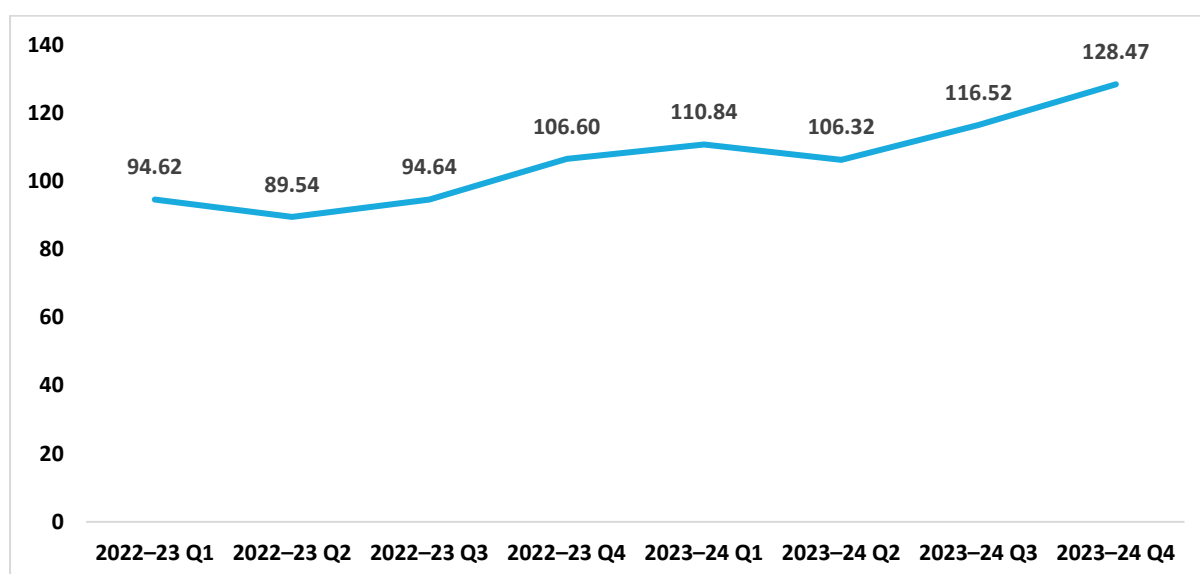


Figure 5: Children who are electively home educated at the end of the period

Source: RIIA quarterly dataset. Rate per 10,000 of the 5-16 population.

While some parents and carers decide to home educate their children for positive reasons, others do so in response to their children's negative experiences at school, particularly children with SEND and poor mental health or those who are experiencing bullying and discrimination at school (Smith *et al.*, 2020). DCSs associated at least some of the increases

in elective home education with schools' punitive behaviour management policies and a curriculum that is failing to meet the needs of too many children. They also expressed concern that some schools guide parents towards home educating pupils, something that is well documented (Purcell et al., 2023), as is the fact that children who are moved out of school are disproportionately likely to be eligible for free school meals, have an Education, Health and Care Plan (EHCP) or special educational need (SEN) support and have a history of absences and school exclusions (FFT Education Datalab, 2023; Gill *et al.*, 2024).

The Child Safeguarding Practice Review Panel (CSPRP) reviewed 27 cases where children educated at home died or were seriously harmed (CSPRP, 2024). Three groups of children were identified:

- Children who were kept at home, had never been to school and had little or no contact with the world outside their family
- Children who were withdrawn from school, where professionals were aware of family issues or known safeguarding concerns, though not necessarily at a level leading to a referral to children's social care
- Children withdrawn from school because parents disagreed with a school's approach for faith or cultural reasons.

*Keeping Children Safe in Education* (DfE, 2024c) states that local authorities, schools and other key professionals should work together to coordinate a meeting with parents or carers electing to home educate; the CSPRP review did not find evidence that this had occurred in those cases.

### **New policy announcement**

The King's speech in July 2024 and the November policy paper *Keeping Children Safe, Helping Families Thrive* (DfE, 2024d) set out plans for legislation including:

- The requirement for all schools to cooperate with the local authority on school admissions, SEND inclusion and place planning, giving local authorities greater powers to help them deliver their functions on school admissions and ensure admissions decisions account for the needs for communities
- The intention to create a duty on local authorities to have and maintain Children Not in School Registers and provide support to home-educating parents
- Legislating that if a child is the subject of a section 47 enquiry, or on a child protection plan, local authority consent will be required to home educate.

## 2.11 Special educational needs and disabilities (SEND)

Special educational needs and/or children's disabilities are examples of child and family experience which, when they cumulate together, compound the chances of lives becoming increasingly and untenably difficult. The relationship between experiences of SEND and safeguarding concerns are multi-directional. Of all children in need as at 31 March 2023, half had a special educational need compared with 17.1% of the overall pupil population (DfE, 2024a). In relation to serious youth violence, there is a disproportionate relationship between children and young people's involvement and intersecting inequalities of ethnicity, racism and poverty (HMIP, 2024). In addition, a recent Ofsted report flagged the relationship to unidentified needs, particularly of children and young people who might be considered neurodivergent and those with special educational needs and/or disabilities, with long waits for diagnoses, treatments and therapies as contributing factors to vulnerability and risks (Ofsted, 2024a).

Wide-ranging reforms to SEND were brought in under the *Children and Families Act 2014*, which introduced Education, Health and Care Plans (EHCPs). The expectation was that EHCPs would be reserved for a small cohort of children and young people with complex health needs and disabilities, with most children with special educational needs supported effectively within inclusive, mainstream schools. Over the ensuing decade, various factors have contributed to exponential increases in the numbers of children and young people with EHCPs. These include real terms cuts to school funding; the driving forward of the academisation agenda; the narrowing of the school curriculum; accountability and performance frameworks for schools that are calibrated to academic results and do not reward inclusion; and depleted community support services. All have contributed to parent expectations that appropriate support for their child's educational needs would only come with a statutory EHCP.

The number of children and young people with EHCPs rose 140% between 2014–15 (when this included statements of educational needs and EHCPs that were replacing them) and 2023–24 (DfE, 2024d). RIIA benchmarking data show requests for SEND assessments since 2022 have fluctuated, with an overall upward trend (Figure 6). However, looking at the national trend can mask starker changes in individual local authorities. In one, requests for EHCP assessments went up by 40% year on year and, at the time of responding to the SP9 data collection, were three times higher than in 2021–22.

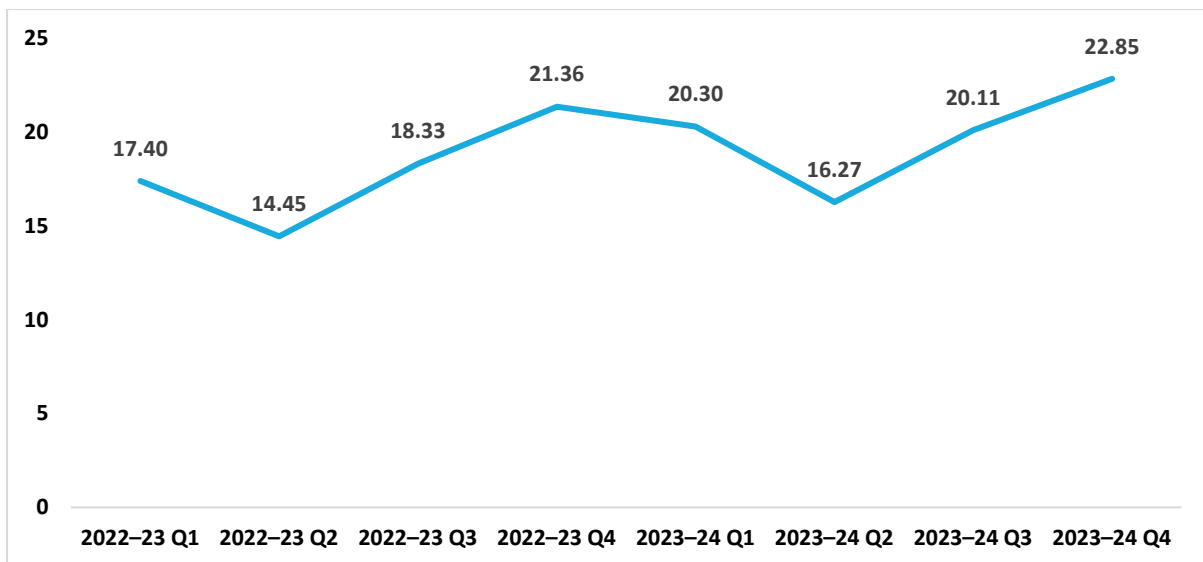


Figure 6: Number of initial requests for a SEND assessment received in the period

Source: RIIA quarterly dataset. Rate per 10,000 0–25 population.

Analysis of EHCPs shows the increases in demand are predominantly in relation to children and young people diagnosed with autism, pupils with social, emotional and mental health needs and those with speech, language and communication needs. In combination, these represent 88% of the total increase in pupils with EHCPs between 2015–16 and 2023–24 (DfE, 2024a; ISOS, 2024; Roman-Urrestarazu *et al.*, 2021).

In relation to autistic children, the views expressed by DCSs were that, while the pandemic may have exacerbated needs, increased prevalence is a continuation of the exponential increase in diagnoses of autism over the last 25 years (Russell *et al.*, 2022). In regard to the speech, language and communication needs of 0–5-year-olds, there was a consensus that children’s developmental trajectories have been disrupted by the social isolation experienced during the pandemic. While some DCSs associated these developmental issues with health inequalities and family deprivation, they were evident across family demographics. DCSs questioned if EHCPs were the appropriate mechanism to address such developmental needs in the early years.

The chances of a primary school child with SEND having an EHCP is higher if they live in an affluent area rather than in a deprived area, even within the same local authority (Campbell, 2023), and DCSs noted that parental expectations play a large part in the increase in demand for EHCP assessments. A national shortage of educational psychologists delays the completion of EHCP assessments. Assessment decisions taken to tribunal in 2022–23 increased by 24% on the previous year; of these, 98% of decisions find in favour of parents (Ministry of Justice, 2023).

Educational reforms in recent years have impacted on local authorities' abilities to meet a range of duties. The proportion of academisation varies significantly by local authority but nationally around 80% of secondary schools and around 40% of primary schools are academies, directly funded by and accountable to the DfE. While local authorities have statutory duties regarding all learners and schools in their area in relation to school place planning, special educational needs and safeguarding, SP9 respondents articulated ongoing struggles in meeting these duties. The DfE's regional directors now make decisions over opening and closing schools in an area, and academies can set their own admissions policies. Local authorities have been unable to build new schools for some years despite having a statutory responsibility to ensure there are sufficient school places. In many areas, this has resulted in larger home-to-school transport costs, as well as increased reliance on independent specialist schools.

Between 2015–16 and 2023–24, while placements in state-funded special schools increased by 60%, those in the independent and non-maintained sector have risen by 132% (Isos, 2024). When children are no longer educated in mainstream schools, money flows away from state-funded schools. There has been a 56% rise in children leaving state-run provision for privately run provision paid for by the state between 2018–19 and 2023–24 (Gill *et al.*, 2024). Many children who attend a residential school will stay there until they are 18, which adds further pressure to local authority budgets.

Increases in the number of children being transported long distances and across local authority borders to education settings result in very significant increases in demand for transport, up by 23.3% in 2023–24 compared with the previous year and by 137% since 2016–17 (LGIU, 2024). Home-to-school transport costs for children with SEND have surged in line with the rise in EHCPs plus inflation. One large rural authority reported spending more on taxis to transport children to and from school than on social workers.

The last two annual reports of the Office of Schools Adjudicator (2023 and 2024) refer to the tensions that exist between Ofsted judgements made of schools on the basis of pupils' attainment and the level of inclusion. All local authorities have a 'Fair Access Protocol' (FAP) to 'ensure that vulnerable children, and those who are having difficulty securing a school place in-year, are allocated a place as quickly as possible' (DfE, 2021). However, DCSs gave examples of academies reluctant to accept children in care, those with SEND or an EHCP.

DCSs expressed frustrations with school and inspection systems that they perceived as favouring schools with few or no children with SEND at the expense of inclusion.

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We have a school system that is not inclusive and is not incentivised to be inclusive. We have children in the wrong provision. Many could probably get GCSEs if they were in mainstream with support, but they're not going to get GCSEs. (DCS, Unitary borough, London Region)

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The high needs funding system supports provision for children and young people with SEND. While funding to the high needs block has increased from £4.8 billion in 2014–15 to £9.2 billion in 2024–25, with a further £1 billion allocated in the 2024 Autumn Budget, the national cumulative high needs deficit stands at £3.16 billion and is predicted to rise to nearly £5 billion by 2026 (Isos, 2024). The recent Isos research highlights that, despite record expenditure, outcomes for children have not improved.

Many examples of how the financial situation continues to deteriorate were given. One example is set out below.

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...we're financially in a really challenging position, driven by both increase in numbers and increase in unit costs. We also have an accelerated action plan around the quality of EHCPs... Our EHCP timeliness is really poor but the number of requests for assessment coming in continues to rise... We need to move away from a position where the local authority is the deliverer of SEND... My [delivery] responsibility is actually very small within the SEND world. We need to invest in schools to make sure that they can deliver what we need them to do. (DCS, County, South West Region)

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Accounting arrangements put in place in 2020 by the government at that time (known as the statutory override) allows local authorities to keep Dedicated Schools Grant (DSG) deficits off their balance sheets. This arrangement is set to end in March 2026, with some local authorities warning that without clarity on longer term arrangements, they may have to issue section 114 notices much earlier than 2026 as carrying these deficits on their balance sheet will result in insolvency.

In 2022, the DfE published the outcome of a SEND review and a Green Paper articulating the challenges in the system and the need for change (DfE, 2023a). This was followed in 2023, by a SEND improvement plan (DfE, 2023a), which survey respondents and DCS interviewees felt did not go far enough and was not being pursued with sufficient urgency.

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The [SEND Improvement] plan fails to address how to manage supply and demand so I can't see any way out of stopping escalating costs. It leaves the buck at the door of the local authority and fails to hold schools and other partners, as well as trusts and regional commissioners, accountable. (DCS, County, Eastern Region)

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#### **Responding to SEND pressures:**

- One local authority was running a pilot in 10 primary schools to provide very early multidisciplinary conversations involving clinicians. Results indicate a two-thirds reduction in ECHP assessment requests because clinicians were able to say whether a diagnosable condition was present and, where necessary, assess its severity.
- One local authority was working with a health provider both to offer consultations and to develop the capacity of school staff to respond to presenting needs when appropriate. This was in direct response to a two-year wait for an assessment by a child development centre, during which time the child's needs might otherwise go unmet and escalate. They were already seeing a slight reduction in school exclusions associated with the programme of work.
- One London local authority had based a dedicated CAMHS team within children's social care, working with social workers and families and providing consultation to schools and other professionals.

#### **New policy announcement**

On taking up office in 2024, the government announced a review of both the national curriculum and statutory assessment system; exploring the barriers faced by children with SEND in mainstream schools is set to be central to the review. Responsibility for services for children with special educational needs and disabilities was also moved from the portfolio of the Children and Families Minister to the Minister for School Standards, indicating a shift in thinking in relation to SEND and how it fits in the wider education system.

The government has also initiated a review of the NHS to inform the development of a new long-term strategic plan which is backed by a £22.6 billion investment in the Autumn Budget. Health services are an important part of the picture here.

### 3 Early help, family help

Early help for children and families broadly describes a range of activities across universal services, such as schools, and targeted services, such as youth work, to respond and support early and prevent escalation of problems (Ofsted, 2022b). Over the years of funding shortfalls, local authorities have had to divert funds from preventative services to meet statutory duties for children’s social care (CCN, 2020). Targeted early help funding has fallen by more than 44% since 2010, alongside a 57% increase in spend on statutory services, leaving early help in 2023 at less than 18% of total children’s services spend, compared with 36% in 2010–11 (Larkham, 2024). The impact of austerity on health, youth and wider public services in parallel contributes to children and families’ problems intensifying and requiring more intrusive and expensive statutory intervention (Ofsted, 2023; Pro Bono Economics, 2022).

Conversely, in areas that have been able to invest in and sustain early help over time, DCSs reported being able to track the direct relationship between this work and the stemming of statutory child protection responses. One DCS in a high-performing authority attributed their unusually strong ability to invest over the long term to stability – across the political make-up of the local authority and in long-standing working relationships between lead member, chief executive and DCS over many years.

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We’re an authority that has invested millions in early intervention over 10 years, so schools do 70% of our early help... so we do have low numbers [of children in care] ... My lead member will take decisions to invest in things that will come to fruition in six or seven years... Consistency and stability... that translates across all the services, incremental gains, not overspending... Success breeds success (DCS, Unitary, Yorkshire and Humber Region)

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The breadth and diversity of early help activity available in different areas makes data collection challenging. Nevertheless, SP research focuses on a small set of aggregate early help performance data. These demonstrate increased numbers of families working with (‘open to’) early help services over the recording period (Table 1) and a steady upward trend in early help assessments (EHAs) over the period 2013–23 (Table 2).



Table 1: Number of cases open to early help as at 31st March.

Source: SP9 respondents. The England number is extrapolated from 111 local authority responses based on proportion of England population.

|                              | Phase 6 | Phase 7 | Phase 8 | Phase 9 | Change over time | Change P8 to P9 |
|------------------------------|---------|---------|---------|---------|------------------|-----------------|
|                              | 2017–18 | 2019–20 | 2021–22 | 2023–24 |                  |                 |
| Number                       | 164,517 | 184,632 | 188,044 | 197,741 | 20%              | 5%              |
| Rate per 10K 0-17 population | 140     | 157     | 160     | 165     | 17%              | 3%              |

Table 2: Number of EHAs/CAFs completed in the year (1st April to 31st March - overall total).

Source: SP9 respondents. The England number is extrapolated from 116 local authority responses based on proportion of England population.

|                              | Phase 4 | Phase 5 | Phase 6 | Phase 7 | Phase 8 | Phase 9 | Change over time | Change P8 to P9 |
|------------------------------|---------|---------|---------|---------|---------|---------|------------------|-----------------|
|                              | 2013–14 | 2015–16 | 2017–18 | 2019–20 | 2021–22 | 2023–24 |                  |                 |
| Number                       | 138,187 | 207,719 | 227,271 | 244,429 | 286,055 | 309,863 | 124%             | 8%              |
| Rate per 10K 0-17 population | 120     | 179     | 194     | 207     | 243     | 258     | 114%             | 6%              |

Many SP9 survey respondents described early help activity increasing despite only a fifth reporting any increase in early help budgets. All respondents were concerned about the sustainability of this provision.

The period 2022–24 saw several initiatives focused on universal and specialist early help provision. In autumn 2021, the then government committed £300 million over three years to the family hub and start for life programme in 75 local authorities. Further family hub funding to March 2026 was announced in autumn 2024. The 75 receiving funding were pre-selected by the DfE based on Income Deprivation Affecting Children Indices (IDACI) average rank, subject to the additional condition that a minimum of 25% of local authorities from each rural urban classification were pre-selected.

Of the SP9 86 survey respondents, 42 had received family hub funding. Figure 7 displays rates of EHAs for those in our sample with and without family hub funding. It appears that those with family hub funding have had higher levels of EHAs than others consistently over time. This difference increased in Phase 8 before dropping to previous levels in Phase 9.

Table 3: Comparing the rates per 10,000 (0–17-year-olds) of early help assessments completed in areas with family hub funding against those without

Source: SP9 respondents. Rate per 10,000 of the 0–17 population.

|  | Phase 4 | Phase 5 | Phase 6 | Phase 7 | Phase 8 | Phase 9 |
|--|---------|---------|---------|---------|---------|---------|
|  | 2013–14 | 2015–16 | 2017–18 | 2019–20 | 2021–22 | 2023–24 |
| Authorities with family hub funding    | 136     | 197     | 226     | 231     | 303     | 288     |
| Authorities without family hub funding | 107     | 164     | 166     | 186     | 196     | 231     |

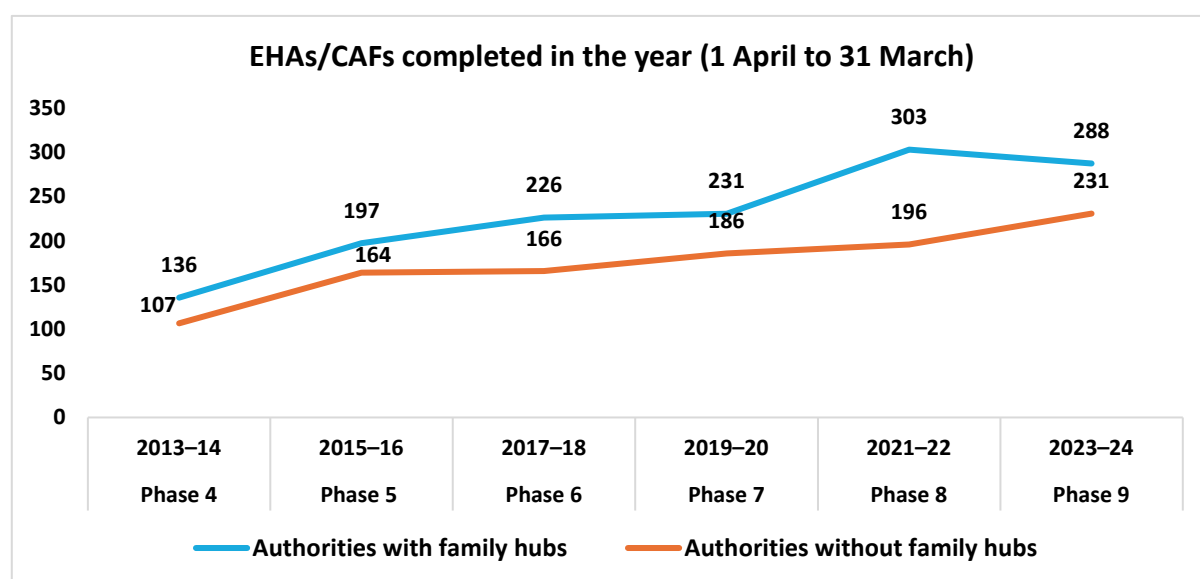


Figure 7: Comparing the rates per 10,000 (0–17-year-olds) of early help assessments completed in areas with family hub funding against those without

Source: SP9 respondents. Rate per 10,000 of the 0–17 population.

Nearly three-quarters of survey respondents said they had started a family hub or similar in the research period. This includes some areas which had not been selected to receive government funding, resulting in around 400 family hubs across England. Family hubs were viewed very positively; nevertheless, in interviews conducted some months before the Autumn Budget and funding announcements, DCSs were concerned about sustainability.

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To address the fact that too many children come into [the] orbit of children’s social care without having received any targeted early help, the early help offer is completely wrapped around family hubs, with the health visitors and school nurses integrated. But when the funding goes these roles will disappear because there will not be the resources to sustain them. We tried to build in as much sustainability as

possible, but some of those specialist elements will end. (DCS, Unitary, North East Region)

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Two-thirds of survey respondents said they had increased both their early help and targeted family support services. *Stable Homes, Built on Love* (DfE, 2023b) led to the launch of the Families First for Children pathfinder programme (initially in three local authority areas and then expanded to a further seven) funded from July 2023 to March 2025. The pathfinders have a focus on ‘family help’ that brings together child in need and targeted early help activities; multi-agency child protection teams; greater involvement of family networks in decision-making; and practical and financial support via family network support packages. Family network pilots are testing the impact of providing flexible funding to extended family networks in seven local authorities.

Success breeds success in attracting pathfinder and Sector Led Improvement Partner (SLIP) resources, enabling system development and redesign and contributing to long-term positive trends. However, where numbers of children in care are low and are benchmarked by leaders as being at an appropriate level, a different approach to measuring the impact of early help is required.

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In other authorities, where we’ve gone in as SLIP, you can have a big impact if you get your early help right. You can reduce children in care numbers, support reunification and all of that... But if you’re already operating at a low level of children in care, you can’t look at that as a good measure of success (DCS, Unitary, Yorkshire and Humber Region).

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Local authorities without pathfinder funding were also developing multi-agency approaches to better coordinate family help to children and families.

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[In one school] there were 13 children on CP plans and 23 with children in need plans and six children who were looked after. When [we] investigated it emerged that children’s social care were sending 13 different social workers, four different case workers, and six or seven early help workers into one school. So, they have piloted a wraparound team based on clusters where there is a secondary school and four or five primary schools and involving therapeutic support, early help, practical help and social work. (DCS, Metropolitan, North West Region)

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Most local areas have relied heavily on the Supporting Families Programme<sup>5</sup> to fund early help services over recent years. Here, a sharp contrast was drawn between the experiences of those funded through ‘payment by results’ and the 21 local authorities with what was termed Earned Autonomy (EA) status.<sup>6</sup> This enabled the transfer of Supporting Families funding up-front, removing significant resource burdens in tracking family outcomes to evidence results and enabling increased headroom to develop and sustain a robust early help model. This perspective was borne out in MHCLG-funded research which found EA created efficiencies and aided planning and the maintenance of infrastructure (Ipsos Mori, 2019).

One DCS with EA status reflected on the long-term benefits of sustained investment on the children’s social care system as a whole.

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Whilst we’re seeing a lot of increase in complexity, we’re not seeing increase in demand at the front end of the system. I think that’s because early help is a bit more embedded. We’re one of the few nationally who have a lower referral rate now than pre-COVID. Some of that is about practice change... we’re working with fewer children for longer and we’re seeing more at the top end of the system.

We’ve got a very well-developed range of what are now family hubs. We’ve got Earned Autonomy with Supporting Families which makes a huge difference... because we get the money up front it gives us the flexibility to have a really robust early help model... [At national government level] a coherent family help model needs to bring together the massive proliferation of initiatives, mainly with short-term funding, that don’t have a level of coherence. We’ve been able to join that up at local level and that gives us some of the flexibility we have... and we can see how that has impacted through on the flow of families into social care. (DCS, County, North East Region)

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<sup>5</sup> Launched in 2021 as a new iteration of the Troubled Families Programme, which started in 2012, and moved from the Department of Levelling Up, Housing and Communities (DLUHC) to the DfE in 2024.

<sup>6</sup> 15 local authorities have Earned Autonomy status through Supporting Families funding: Barking and Dagenham, Brighton and Hove, Bristol, Camden, Cheshire West and Chester, Durham, Ealing, Islington, Kent, Leeds, Liverpool, Lincolnshire, Sheffield, Staffordshire and Westminster, along with Greater Manchester Combined Authority. In 2023–24, Dorset, Hertfordshire, Lancashire, Norfolk, Somerset and Wolverhampton were also awarded earned autonomy.

Figure 8 and Table 4 show the changes in activities following early help assessment over the SP series. This shows a reduction in 'no support provided' and significant reduction in 'step up' to social care between SP8 and 9.

Table 4: Service activities following early help assessments

Source: SP9 respondents. The England numbers are extrapolated from 68 local authority responses based on the proportion of the England population

|  | Phase 5 | Phase 6 | Phase 7 | Phase 8 | Phase 9 |
|--|---------|---------|---------|---------|---------|
|  | 2015–16 | 2017–18 | 2019–20 | 2021–22 | 2023–24 |
| Referral to social care (step up)            | 13%     | 14%     | 11%     | 13%     | 7%      |
| Referral to universal service(s) (step down) | 21%     | 14%     | 11%     | 14%     | 13%     |
| Advice and information provided only         | 6%      | 7%      | 5%      | 4%      | 14%     |
| Support – intervention provided              | 0%      | 0%      | 48%     | 47%     | 45%     |
| NFA – no support intervention provided       | 19%     | 17%     | 10%     | 9%      | 8%      |
| NFA – end of support intervention provided   | 42%     | 48%     | 16%     | 13%     | 13%     |

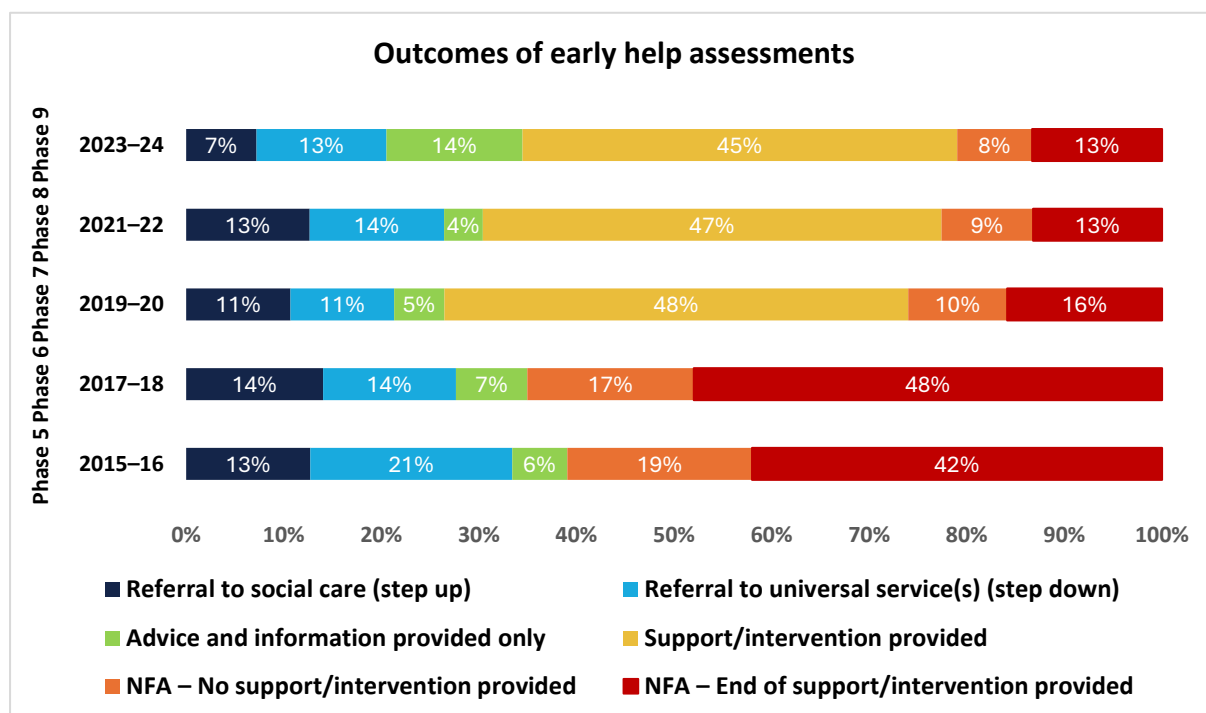


Figure 8: Service activities following early help assessments

Source: SP9 respondents. The England numbers are extrapolated from 68 local authority responses based on the proportion of the England population.

These activities were looked at across authorities in England and compared to those local authorities with EA status for the SP9 period. This shows that EA areas were more likely to

provide practical support rather than information and advice only and less likely to end the support they were providing in-year (Figure 9).

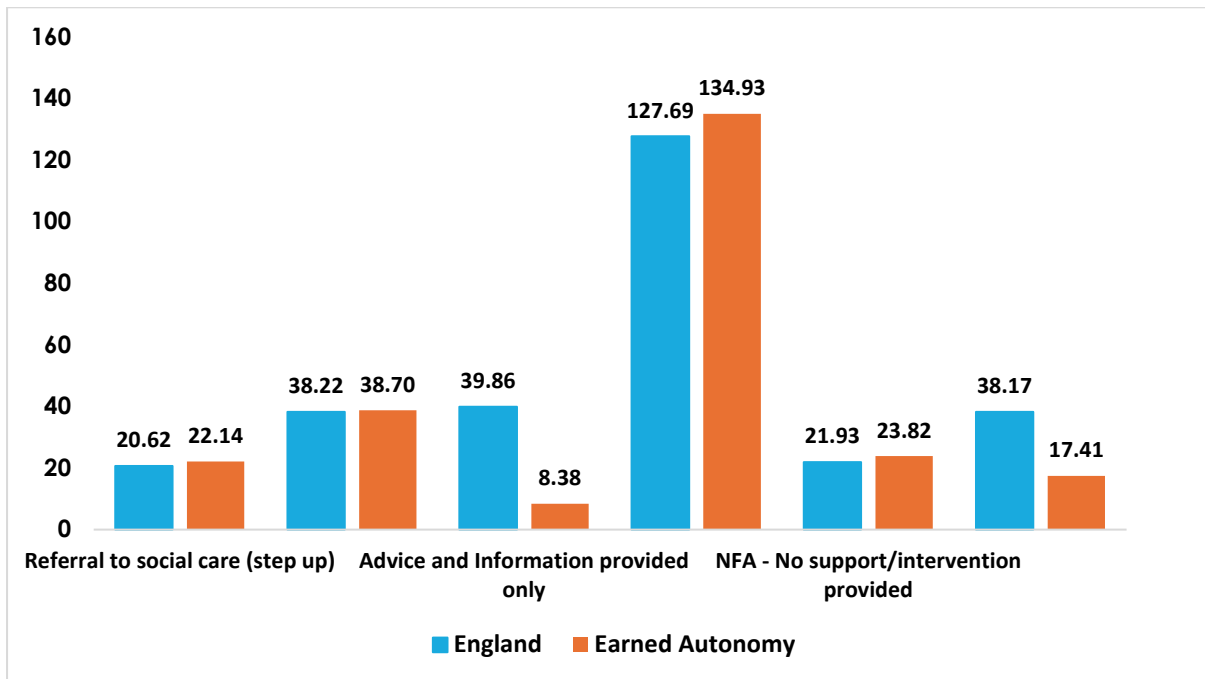


Figure 9: Service activities following early help assessments for Earned Autonomy authorities compared with all authorities that submitted data

Source: SP9 respondents. The England number is extrapolated from 68 local authority responses based on the proportion of the England population.

### New policy announcement

In November 2024, the Secretary of State for Education announced the suspension, with immediate effect, of the payment by results mechanism for Supporting Families funding. She also announced a new Children's Social Care Prevention Grant to lay the groundwork for children's social care reform, enabling investment in additional prevention activity through Family Help.

## 4 Children’s social care

All 34 of the SP9 DCS interviewees referred to increases in serious, complex child safeguarding concerns, particularly in relation to young children, larger sibling groups and to adolescents facing risk and harm outside the home, including serious violence and what is recorded on data systems as ‘gang’ activity.

Despite this overall increase in pressure, over half of survey respondents (55%) also identified at least one area where there had been a decrease in safeguarding activity, citing examples such as child protection conferences or numbers of children entering care. These changes were attributed to the implementation and embedding of models of social work practice, often alongside a more robust early help offer. In some areas, specific events, such as the closure of a Home Office commissioned asylum hotel, or a declining child population were contributing factors.

### 4.1 Contacts with children’s social care

Table 5: Initial contacts received in the period (1st April to 31st March).

Source: SP9 respondents. The England number is extrapolated from 108 local authority responses based on proportion of England population

|                              | Phase 1   | Phase 2   | Phase 3   | Phase 4   | Phase 5   | Phase 6   | Phase 7   | Phase 8   | Phase 9   | Change over time | Change Phase 8 to Phase 9 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|---------------------------|
|                              | 2007–08   | 2009–10   | 2011–12   | 2013–14   | 2015–16   | 2017–18   | 2019–20   | 2021–22   | 2023–24   |                  |                           |
| Number (England)             | 1,349,042 | 1,746,665 | 2,051,273 | 2,324,825 | 2,190,049 | 2,395,852 | 2,519,393 | 2,766,704 | 3,001,339 | 122%             | 8%                        |
| Rate per 10k 0–17 population | 1,210     | 1,555     | 1,809     | 2,026     | 1,889     | 2,045     | 2,137     | 2,352     | 2,501     | 107%             | 6%                        |

Initial contact data tracks safeguarding concerns raised with local authorities by members of the public and multi-agency partners. Many local authorities operate a combined first point of contact that gathers all contacts, while others have a discrete first point of contact for early help concerns before the front door to children’s social care. SP data returns on initial contacts show an upward trend over the course of this research, with just one small drop in activity evident in phase five. While increases over the early years of the project may be attributed to developing recording practices, increases in recent years are likely indicative of greater activity at the first point of contact. SP9 data show initial contacts across England topped three million in the year ending 31 March 2024, up 8% on phase 8 of the research.

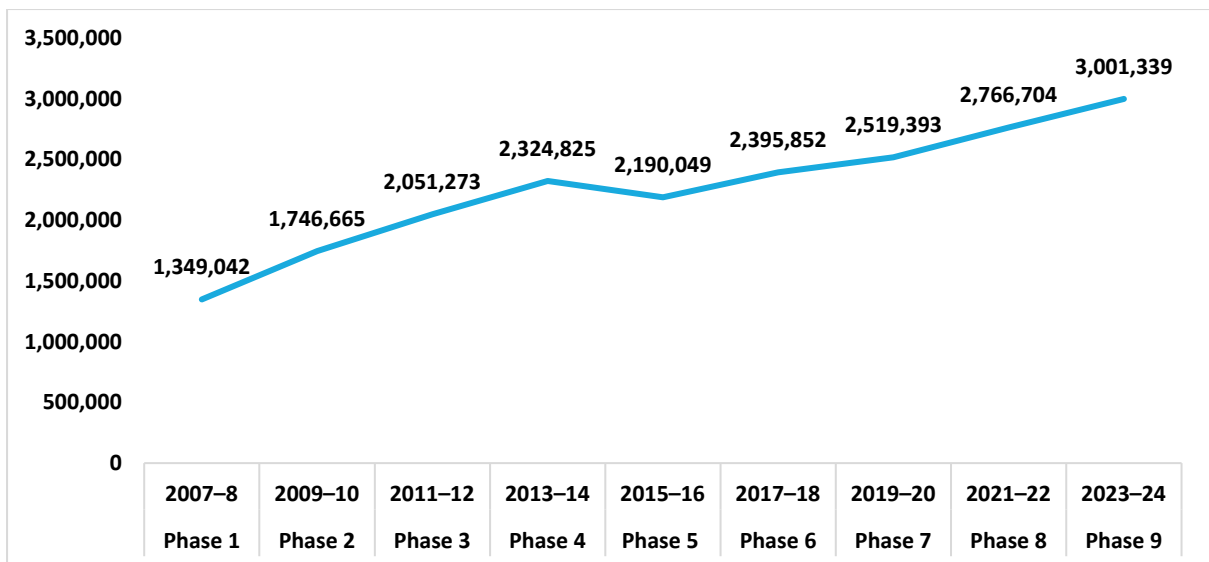


Figure 10: Initial contacts received in the period

Source: SP9 respondents. The England number is extrapolated from 108 local authority responses based on the proportion of the England population. Contacts from all sources have grown in number, with some notable changes over time.

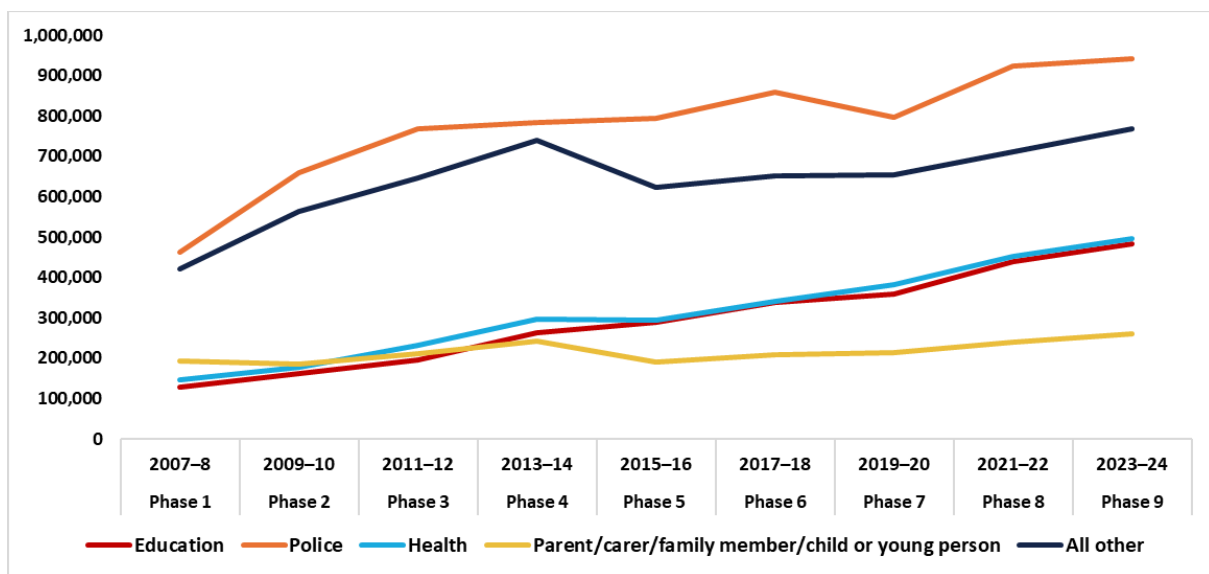


Figure 11: Sources of initial contacts received in the period

Source: SP9 respondents. The England numbers are extrapolated from 108 local authority responses based on the proportion of the England population.

Police remain the single largest source of contacts throughout the series and have increased in number by 104% over the series. As a proportion of the total there has been a decrease. Education and health agencies have increased in number over the series by 280% and 240% respectively and increased as a proportion of all contacts as below. These increases in contacts made by partner agencies might reflect both the changes in systemic practice, procedure, or either the structure or maturity of multi-agency safeguarding arrangements as



well as increased levels of safeguarding concern amongst professionals and society as a whole.

Table 6: Initial contacts by source as a proportion of all contacts

Source: SP9 respondents. The England number is extrapolated from 103 local authority responses based on proportion of England population.

|  | Phase 1<br>2007–08 | Phase 2<br>2009–10 | Phase 3<br>2011–12 | Phase 4<br>2013–14 | Phase 5<br>2015–16 | Phase 6<br>2017–18 | Phase 7<br>2019–20 | Phase 8<br>2021–22 | Phase 9<br>2023–24 |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Education  | 9%                 | 9%                 | 10%                | 11%                | 13%                | 14%                | 15%                | 16%                | 16%                |
| Police   | 34%                | 38%                | 37%                | 34%                | 36%                | 36%                | 33%                | 33%                | 32%                |
| Health   | 11%                | 10%                | 11%                | 13%                | 13%                | 14%                | 16%                | 16%                | 17%                |
| Parent/carer, family member, child or young person | 14%                | 11%                | 10%                | 10%                | 9%                 | 9%                 | 9%                 | 9%                 | 9%                 |
| All other  | 31%                | 32%                | 31%                | 32%                | 28%                | 27%                | 27%                | 26%                | 26%                |

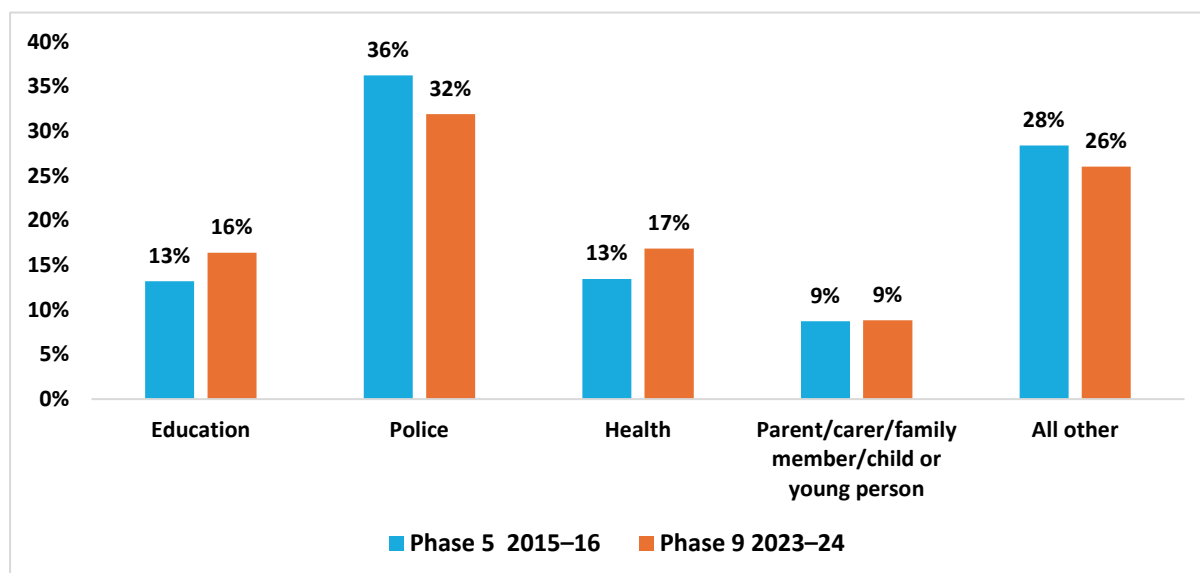


Figure 12: Summary of initial contacts by source as a proportion of all contacts

Source: SP9 respondents. The England number is extrapolated from 103 local authority responses based on the proportion of the England population.

The proportion of initial contacts resulting in a referral to children’s social care has decreased since 2013–14 (Figure 13). As a result, the number of contacts passed to statutory services over this period has remained broadly stable (with the lowest recorded being c.611,000 in 2019–20 and the highest at c.696,000 in 2023–24).

Over the same period, the proportion of contacts passed to early help has fluctuated, but overall, the number has risen by 93% (from about 224,000 in 2015–16 to about 431,000 in 2023–24). This probably reflects an increased focus on, and funding for, early help as well as changes to statutory guidance in this regard (e.g. *Working together to safeguard children*, HM Government, 2018, 2023).

Contacts resulting in no further action have increased in number (from about 474,000 in 2015–16 to 715,000 in 2023–24) and were 23% of all initial contacts in SP9.

Table 7: Initial contacts by outcome as a proportion of all contacts.

Source: SP9 respondents. The England number is extrapolated from 92 local authority responses based on proportion of England population.

|  | Phase 4 | Phase 5 | Phase 6 | Phase 7 | Phase 8 | Phase 9 |
|--|---------|---------|---------|---------|---------|---------|
|  | 2013–14 | 2015–16 | 2017–18 | 2019–20 | 2021–22 | 2023–24 |
| Referral to children’s social care                   | 30%     | 29%     | 28%     | 25%     | 24%     | 22%     |
| Pass to early help services                          | -       | 10%     | 13%     | 16%     | 16%     | 14%     |
| Advice and Information or signpost to other services | 28%     | 31%     | 30%     | 26%     | 33%     | 30%     |
| No further action                                    | 25%     | 21%     | 22%     | 24%     | 16%     | 23%     |
| Other  | 17%     | 9%      | 7%      | 9%      | 11%     | 11%     |

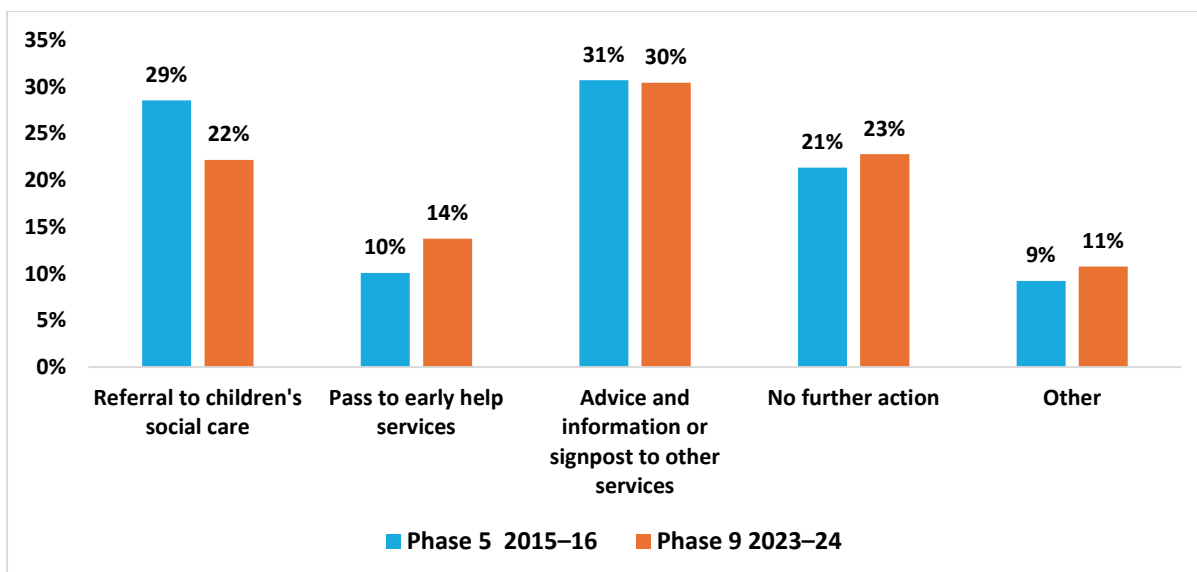


Figure 13: Summary of initial contacts by outcome as a proportion of all contacts

Source: SP9 respondents. The England number is extrapolated from 92 local authority responses based on the proportion of the England population.

One of the strengths of the ADCS Safeguarding Pressures research is the ability to ask local authorities to describe their activity in a more holistic way than is currently represented in the main statutory data returns. This significant volume of activity is not captured in national returns and these data, which offer a unique glimpse into front-door activity, evidence an increased demand for support from local authorities, in the form of initial contacts, particularly by multi-agency partners.

Further, this suggests that much of this demand is being managed through an increased early help offer and by local authorities acting as a central point for offering information, advice and signposting to other services on behalf of the local partnership. This aligns with the model of early help promoted by initiatives, such as Supporting Families and family hubs, where the need for a range of agencies to work together is identified, but the local authority generally takes the lead role in coordinating this activity. This new reality may go some way to explain the gap between the majority of survey respondents reporting increased levels of safeguarding activity and the broadly stable numbers of Children in Need or child protection plans seen in recent years.

## 4.2 Referrals

Where deemed appropriate, an initial contact can progress to a referral for services from children's social care. This is where a social worker or manager considers whether a social care assessment or services may be required. While national data to 31 March 2024 (DfE 2024e) show a drop in referrals of 2.9% compared to the previous year, SP9 data returns

show a slight increase (Figure 14), reflecting the experiences of some of those who responded to the survey.

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We have seen a significant increase in referrals to children’s social care over the last two years with a 15% increase in referrals between 2022–23 and 2023–24. This is a continuation of a trend that has been evident since the end of the COVID-19 pandemic... Last year saw a 47% increase in referrals to children’s social care... across most communities, but the increase has been biggest in those from our most deprived communities and lower- to middle-income households. (Survey, County, Yorkshire and Humber Region)

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Slight inconsistencies between the SP dataset and the DfE’s annual statistics are to be expected due to the methodology used to extrapolate national data from a sample of local authorities. In this case, for SP9, 122 local authorities provided referral data which was used to calculate the national picture.

Both the SP dataset and the DfE’s Children in Need statistical release show a trend of broad stability in referral numbers, with a very slight decline seen since 2017–18; this decrease is more evident in the nationally published data. As the feedback above illustrates, although the broad trend for referrals is that of stability, individual local authorities within this group will have different experiences in any given year and it remains important to hear the stories behind the national average trend.

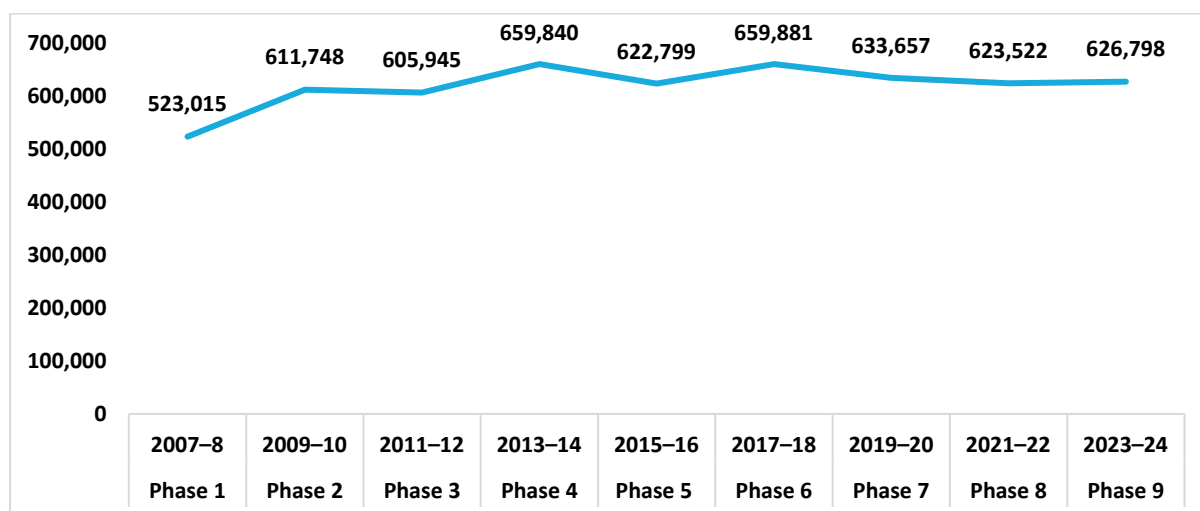


Figure 14: Summary of total referrals over time. Source: SP9 respondents

Source: The England number is extrapolated from 122 local authority responses based on the proportion of the England population.

Figure 15 illustrates the proportion of referrals by source. The police remain the largest single referrer (29% of the total), followed by schools (20%), health (15%) and other local

authority services (14%). Referrals from police have slightly decreased in recent phases, while schools have increased.

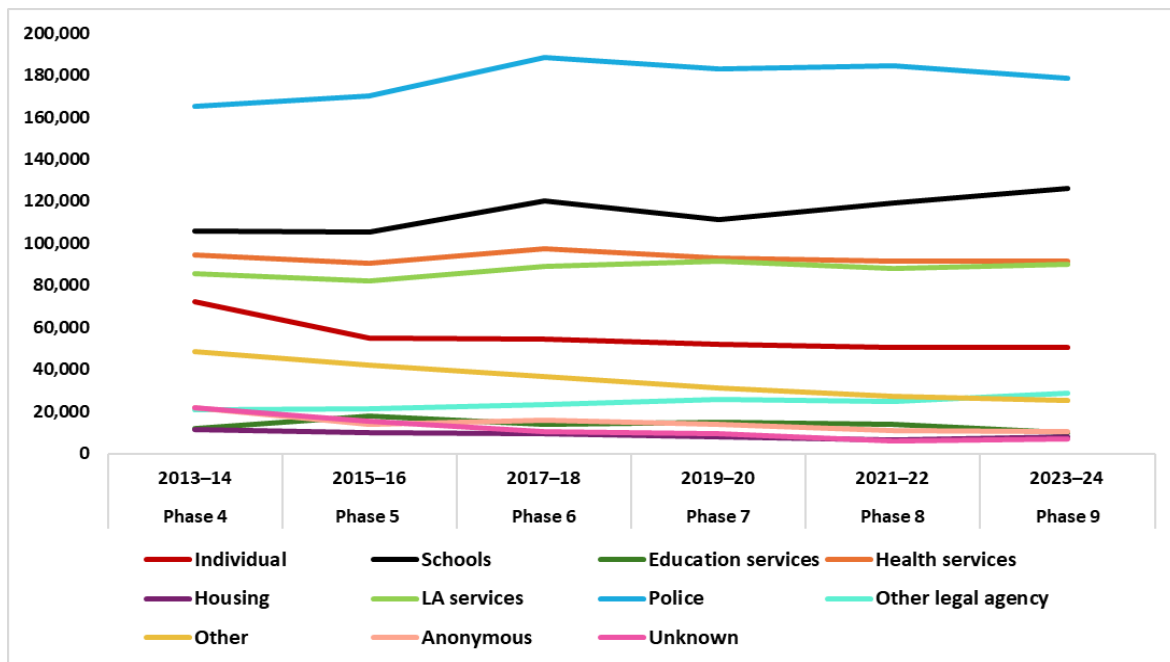


Figure 15: Proportion of referrals by source

Source: SP9 respondents. The England numbers are extrapolated from 124 local authority responses based on the proportion of the England population.

The proportion of re-referrals to children’s social care within 12 months of a previous referral remains stable. Safeguarding Pressures data suggests that around one in five or 21% of referrals are re-referrals, with some minor variation year on year. This is consistent with the DfE’s published Children in Need data. Phase 9 saw a slight increase in this proportion to 21.6%. National data does not give a reason for the re-referral so it should not be inferred that need was not appropriately met following initial referral.

Here again it should be noted that within both the DfE and SP data, while the average rate of rereferral remains stable, there is considerable variance between individual local authorities, particularly those that may have lower numbers of referrals. In the 2023–24 Children in Need dataset, re-referrals across all local authorities ranged from 7.4% to 45%.

Table 8: Proportion of referrals that were re-referrals within 12 months of a previous referral

Source: SP9 respondents. The England number is extrapolated from 122 local authority responses based on proportion of England population.

|                | Phase 4 | Phase 5 | Phase 6 | Phase 7 | Phase 8 | Phase 9 |
|----------------|---------|---------|---------|---------|---------|---------|
|                | 2013–14 | 2015–16 | 2017–18 | 2019–20 | 2021–22 | 2023–24 |
| Re-referrals % | 23%     | 20%     | 20%     | 21%     | 20%     | 22%     |

### 4.3 Child protection plans

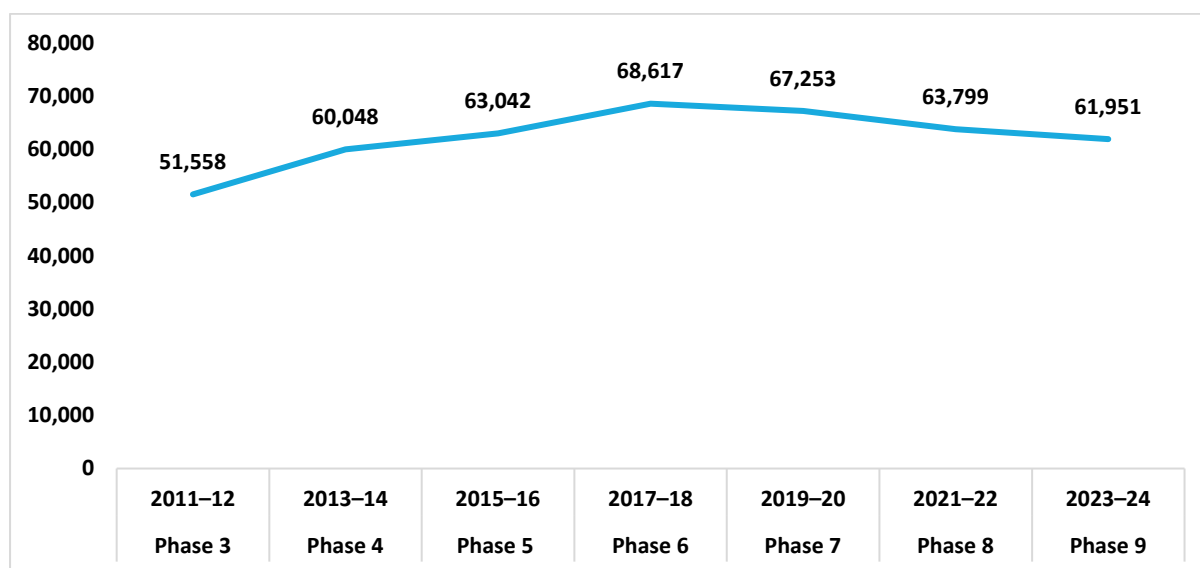


Figure 16: Summary of child protection plans starting in the year

Source: SP9 respondents. Number extrapolated from 123 local authority responses based on the proportion of the England population.

Extrapolated across England, SP9 data show just under 62,000 child protection plans starting in the year ending 31 March 2024. While for some, increases in contacts and referrals led to increased numbers of children in need plans and child protection plans, as Figure 16 shows, the overall trend has been broadly steady with a slight decline in the number of children with child protection plans starting in this research period. Interviews with around a third of DCSs noted such a decline and attributed this primarily to intensive quality assurance and improvement activity to make sure services were responding as early as possible and holding cases at the most appropriate level.

## 4.4 Children in care

SP data, extrapolated from 123 respondents, indicate that there were around 83,625 children in care as at 31 March 2024. This represents an increase over previous phases, rising from 65,125 in Phase 3 (2011–12). The rate of increase has slowed in recent phases, with Phase 7 (2019–20) marking the point at which numbers stabilised. Between Phases 8 and 9, the most recent phases, there was a 2% increase.

As noted below, the number of unaccompanied asylum-seeking (UAS) children in care has increased year on year, with UAS children now representing around 8.5% of all children in care (about 7,106 children according to the latest SP data). The care population excluding UAS children would therefore be around 76,000, in line with 2017–18 levels.

The overall picture of numbers of children and young people in care across five age groupings shows that the most significant increase of any age group is 16 years old and over. Children aged 10–15 make up the largest cohort (38%) of the care population.

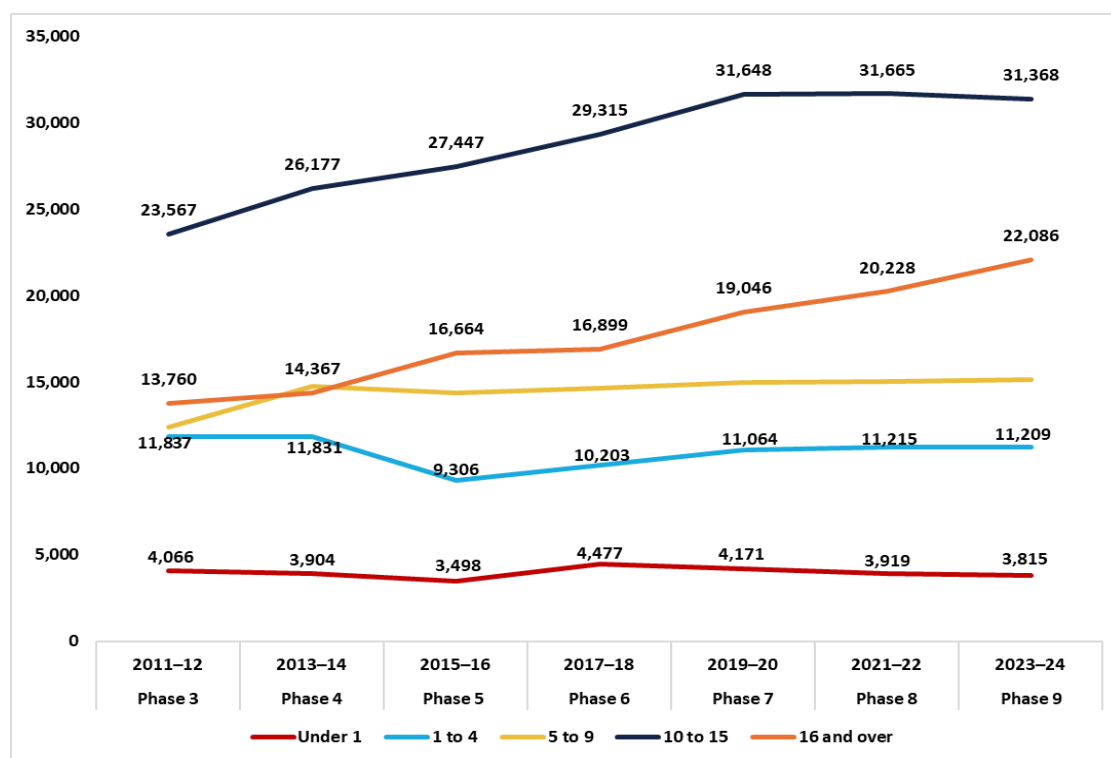


Figure 17: Children in care on 31 March by age group.

Source: SP9 respondents. The England numbers are extrapolated from 123 local authority responses based on the proportion of the England population. Please note that data labels have been added to highlight trends in the charts, but not all data labels are added due to limited space.

Figure 18 shows the reduction in care entrants in the 2021–22 pandemic period, other than for the children aged 16 and over, which continued on its sharp upward trajectory, increasing by 350% since the start of the SP data series. Other age groups have all increased between

SP8 and SP9, apart from the under ones, which fell by 2%. As ever, aggregated data mask the detail of different approaches taken locally. More detailed investigation would be required to understand whether or to what extent the increased proactive support to parents pre-birth that is taking place in many local areas might be contributing to this reduction in care placements for under ones. Evidence from research and from the ongoing work in specialist communities of practice underline how varied these responses are amongst local authorities (e.g. see Mason *et al.*, 2022).

Table 9: Children entering care by age group

Source: SP9 respondents. The England numbers are extrapolated from 123 local authority responses based on proportion of England population.

|         | Phase 1 | Phase 2 | Phase 3 | Phase 4 | Phase 5 | Phase 6 | Phase 7 | Phase 8 | Phase 9 | Change over time | Change P8 to P9 |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|------------------|-----------------|
|         | 2007–08 | 2009–10 | 2011–12 | 2013–14 | 2015–16 | 2017–18 | 2019–20 | 2021–22 | 2023–24 |                  |                 |
| Under 1 | 4,235   | 4,928   | 5,820   | 5,941   | 5,450   | 6,132   | 6,045   | 5,362   | 5,228   | 23%              | -2%             |
| 1-4     | 4,227   | 6,778   | 6,148   | 6,676   | 5,826   | 5,904   | 5,623   | 4,819   | 5,098   | 21%              | 6%              |
| 5-9     | 3,198   | 5,770   | 5,142   | 5,822   | 5,719   | 5,802   | 5,245   | 4,758   | 5,105   | 60%              | 7%              |
| 10-15   | 9,095   | 11,755  | 9,291   | 9,138   | 9,458   | 8,970   | 8,369   | 8,206   | 8,771   | -4%              | 7%              |
| 16+     | 2,250   | 5,222   | 4,287   | 4,689   | 6,407   | 6,081   | 6,507   | 8,195   | 10,153  | 351%             | 24%             |



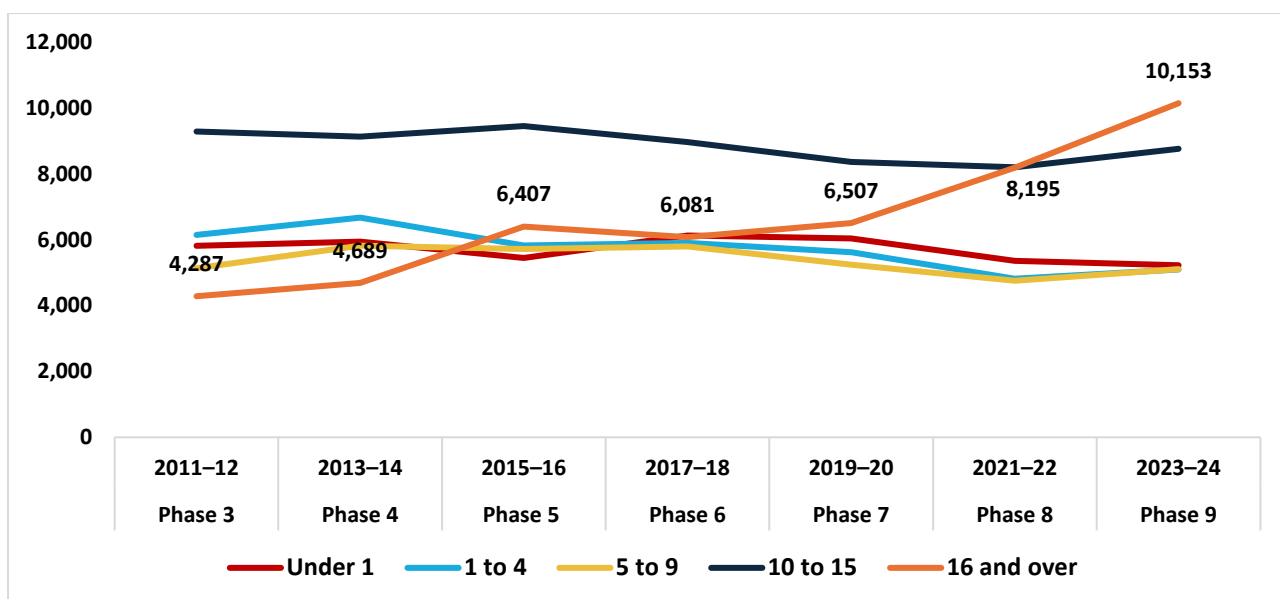


Figure 18: Children entering care by age group

Source: SP9 respondents. The England numbers are extrapolated from 123 local authority responses based on the proportion of the England population. Please note that data labels have been added to highlight trends in the charts, but not all data labels are added due to limited space. Please refer to Table 9 above for all figures featured in this chart.

#### 4.5 Unaccompanied asylum-seeking children and young people (UAS)

As at 31 March 2024, UAS children represented around 8.5% of children in care nationally and accounted for 17% of all children taken into care in the year 2023–24 (DfE, 2024e).

These numbers represent a 370% increase in UAS children in care over the last 10 years, with a 29% increase between SP8 and SP9 (Table 10).

Table 10: Number of UAS children in care over time

Source: SP9 respondents. Extrapolated from 115 respondents.

|  | Phase 4 | Phase 5 | Phase 6 | Phase 7 | Phase 8 | Phase 9 | Change over time | Change P8 to P9 |
|--|---------|---------|---------|---------|---------|---------|------------------|-----------------|
|  | 2013–14 | 2015–16 | 2017–18 | 2019–20 | 2021–22 | 2023–24 |                  |                 |
| Number of UAS children in care at period end | 1,511   | 4,524   | 4,395   | 4,592   | 5,524   | 7,106   | 370%             | 29%             |

The absence of safe and legal routes for asylum-seeking children and young people entering the country results in significant safeguarding pressures, which fall disproportionately on local authorities that include major ports or transport routes. The National Transfer Scheme (NTS) was set up by the government in 2016 as a mechanism to transfer responsibility for unaccompanied asylum-seeking and refugee children from one local authority to another;

participation has been mandatory for all local authorities since 2022. In addition to those arriving via the NTS, children and young people come to the attention of local authorities by other means. These include people trafficking and young people being dispersed through the Asylum Dispersal programme as adults following an assessment at the point of entry by the Home Office and subsequently re-assessed by local authorities as UAS children.

New data collected for SP9 shows significant regional variation in the rates and numbers of UAS children entering local authority care. The South East shows the highest rate, and the highest increase in UAS children entering care (Figure 19). The considerable increase in numbers in the South East in 2023–24 reflects the July 2023 High Court judgement which deemed that all UAS children arriving in Kent must be looked after by Kent County Council until transferred via the NTS (*EPCAT v KCC* [2023]). Most other regions are also working with a higher intake of UAS children.

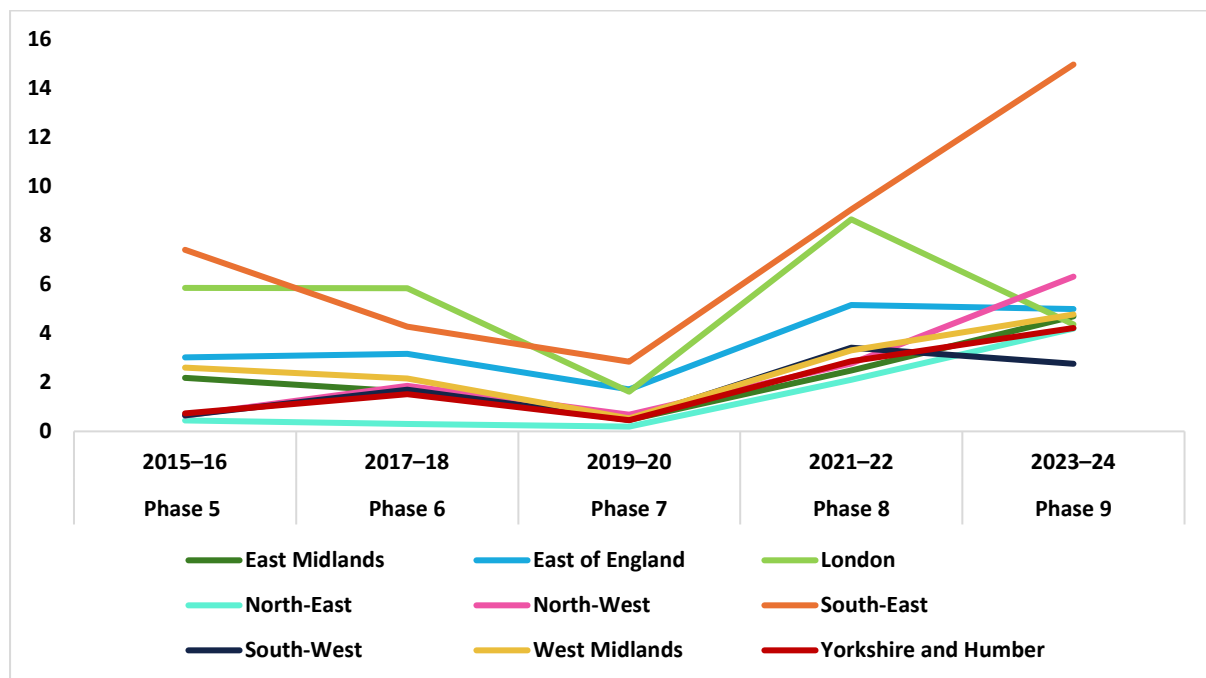


Figure 19: Rate of UAS children in care by region

Source: SP9 respondents. Rate per 10,000 of the 0–17 population.

The vast and increasing majority of UAS children in care are boys; in 2019–20, SP7 data showed around nine UAS boys to every girl in care. In 2023–24, these data show closer to 22 boys for every UAS girl in care.

Table 11: Number of UAS children by gender at period end

Source: SP9 respondents. Number extrapolated from 122 respondents.

|        | Phase 7 | Phase 8 | Phase 9 |
|--------|---------|---------|---------|
|        | 2019–20 | 2021–22 | 2023–24 |
| Male   | 4,500   | 5,597   | 6,995   |
| Female | 506     | 353     | 318     |

Most (89%) of UAS children in care in 2023–24 are aged 16 plus, with 17-year-olds the age group with the highest number and the biggest rate of increase over time.

Table 12: Number of UAS children at period end by age group

Source: SP9 respondents. Number extrapolated from 115 respondents.

|          | Phase 7 | Phase 8 | Phase 9 | Change over time | Change P8 to P9 |
|----------|---------|---------|---------|------------------|-----------------|
|          | 2019–20 | 2021–22 | 2023–24 |                  |                 |
| Under 10 | 16      | 9       | 3       | -80%             | -71%            |
| Age 10   | 2       | 3       | 4       | -40%             | 52%             |
| Age 11   | 9       | 3       | 3       | -88%             | 2%              |
| Age 12   | 19      | 19      | 9       | -84%             | -53%            |
| Age 13   | 41      | 69      | 32      | -76%             | -53%            |
| Age 14   | 176     | 171     | 168     | -47%             | -2%             |
| Age 15   | 438     | 522     | 587     | -13%             | 13%             |
| Age 16   | 1,401   | 1,606   | 2,005   | 28%              | 25%             |
| Age 17   | 2,668   | 3,345   | 4,382   | 97%              | 31%             |

The consequent increase in the proportion of children in care in the 16+ age group who are UAS is shown in Figure 20.

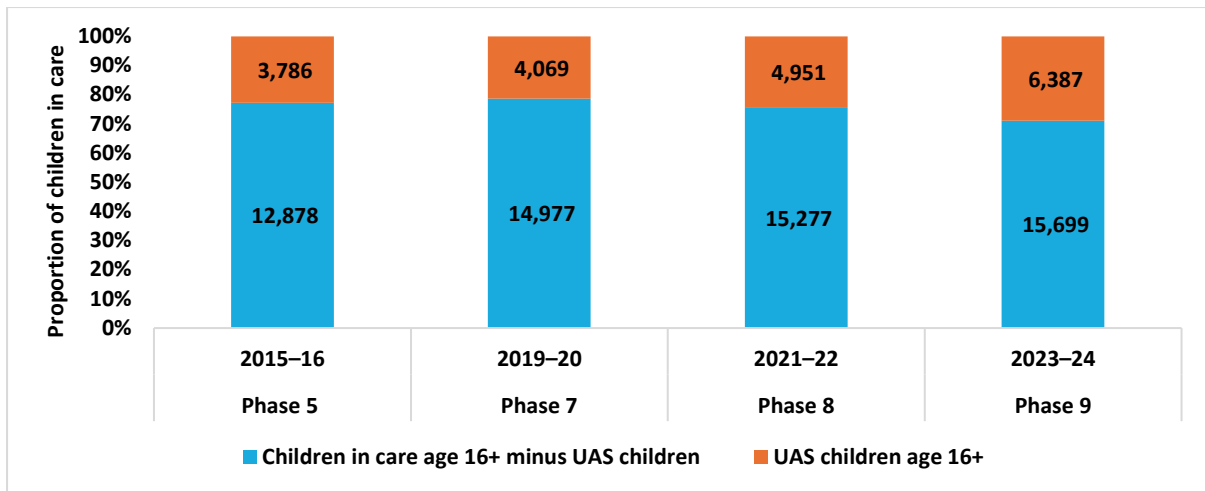


Figure 20: Number of UAS children aged 16+ in care as a proportion of all children in care aged 16+  
 Source: SP9 respondents. The numbers are extrapolated from 123 local authority responses based on the proportion of the England population.

DCSs expressed a strong commitment to supporting UAS children in SP9 interviews, and those most closely engaged with this issue shared proactive thinking and planning in shaping appropriate responses. Many DCSs discussed the ongoing demands of providing appropriate placements and support for UAS children and adolescents who need trauma-informed support and care. The absence of national planning and support to enable an effective and sustainable asylum system was a source of real concern.

#### 4.6 UAS care leavers

The large proportion of older UAS children leads to care leaver numbers rapidly expanding. Many UAS adolescents will have been in care only weeks or months before turning 18; in one local authority there were twice as many former UAS care leavers aged 18–25 years as there were UAS children in care aged under 18.

SP9 data demonstrate both the great increase in the total number of care leavers since 2017–18 and the proportion who are former UAS children increasing from about 12% in 2017–28 to about 18% in 2023–24.

Table 13: UAS children as a proportion of care leavers on 31 March. Note: Includes all care leavers whose 17th–25th birthday was in the reporting year.

Source: SP9 respondents. The England numbers are extrapolated from 112 local authority responses based on proportion of England population.

|  | Phase 6 | Phase 7 | Phase 8 | Phase 9 |
|--|---------|---------|---------|---------|
|  | 2017–18 | 2019–20 | 2021–22 | 2023–24 |
| Care leavers                                 | 39,827  | 31,749  | 55,073  | 70,991  |
| UAS children care leavers                    | 4,705   | 9,361   | 10,621  | 12,954  |
| Care leavers minus UAS children care leavers | 35,122  | 22,388  | 44,452  | 58,037  |

A report by East Midlands Councils (2024) sets out clearly the extent to which delays in asylum decision-making and central government funding shortfalls are placing a multi-million-pound annual financial burden on local government and increasing pressure on placement sufficiency for care leavers. The report articulates how East Midlands authorities are responding regionally to these pressures with a range of initiatives.

Government funding from the Home Office covers about 59% of placement and staffing costs (such as personal advisors, social workers and legal support) for former UAS care leavers. Funding pressures are particularly acute when providing support to the third of UAS young people awaiting an asylum decision who cannot work or study and have no recourse to public funds (NRPF). Research by the Migration Observatory shows that, though asylum claim backlogs have been reduced, there were still close to 100,000 claims outstanding at the end of 2023 (Cuibus et al., 2024).

Respondents to both the survey and interviews described how a lack of access to education, employment and appropriate therapeutic support leaves young people in limbo, exacerbating mental health difficulties, risk of exploitation and involvement in unlawful activity, such as modern slavery.

**Proactive responses shared by respondents included:**

- Improved systems for placement planning, development of bespoke supported accommodation provision, specialist social workers, personal advisors and independent reviewing officers, and dedicated teams
- Local authority teams based close to dedicated housing provision, enabling immigration interviews to be conducted at their offices, as well as therapeutic support to address the consequences of violence and trauma some UAS have experienced

- Work was also undertaken by some local authorities to safeguard former UAS care leavers during the race riots in summer 2024.

## 4.7 Exiting from care and adoption

DfE data shows adoption numbers levelling at around 3,000 per year since 2021. As a proportion of all children ceasing to be in care, adoptions have fallen from 13% in 2017–18 to 9% in the latest reporting year (DfE, 2024e).

SP data suggests that adoption breakdowns have decreased, with extrapolated numbers (from 114 respondents) indicating a fall in the number of children coming into care who were previously adopted from 219 in 2019–20 to 171 in 2023–24.

The number of children leaving care under a special guardianship order (SGO) remained steady over the last two years at about 3,800. Most SGOs were granted to relatives or friends (88%); the remainder were largely to other former foster carers (9%). The average age at SGO remained the same as last year at six years and two months (DfE, 2024e).

SP data on reasons for children leaving care suggest some changes. Extrapolated numbers (from 122 respondents) show more children are ceasing to be in the care of one local authority as their care is taken over by another local authority in the UK. The number rose from 1,005 in Phase 8 (2021–22) to 2,479 in the latest phase, representing an increase of 147%.

Age assessments of unaccompanied asylum seekers which determined that a young person initially identified as a child is in fact over the age of 18 have increased between Phase 8 and Phase 9, from 212 to 412, representing a 94% increase.

Other end-of-care reasons have remained broadly stable, with a slight fall in adoptions as noted above.

## 4.8 Child and family social work workforce

In 2022–23 there were more social workers employed in children's services than at any point since data collection started in 2017 (DfE, 2004f). The data also show the second highest turnover rate and vacancy rate for child and family social workers since 2017 (DfE, 2024f), leading the DfE to uplift the national risk around insufficient social work capacity from 'moderate–very likely' to 'critical–very likely' (DfE, 2024g).

There is a crowded landscape of routes into the profession – through undergraduate courses, fast-track graduate programmes and degree apprenticeships. The last of these was

the priority for the majority of DCSs interviewed as a route to 'growing your own' from staff who already live and work locally and have a grounded understanding of the challenges of social work. Apprenticeship programmes are likely to improve retention and have the potential to increase access for UK minority ethnic participants and for mature applicants (Higgs, 2021).

A growing number of local authorities are recruiting internationally, from South Africa, Zimbabwe, Nigeria, the Indian subcontinent and elsewhere.<sup>7</sup> Most of the DCSs interviewed had only recently started this initiative and were either awaiting the arrival of workers or in the process of introducing workers to social work in England. These workers were offered the same, or similar, training as that offered to newly qualified UK trained workers.

The increased numbers in the workforce are largely newly qualified social workers, which can create pressures on more experienced colleagues. In interviews and survey responses the lasting impact of the pandemic on the workforce was noted, both in relation to the loss of experienced staff and a legacy of gaps in experience for workers who qualified in the lockdown periods and had limited contact with families and colleagues (see Baginsky *et al.*, 2024). About a third of DCSs reflected on the weariness of the social work workforce. A lack of public recognition of the role of social workers and the work they do, reinforced during pandemic, was seen to have contributed significantly.

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There was amazing work, but when teachers and nurses were applauded, social workers did not receive the recognition for making face-to-face child protection visits, etc. There is a weariness, and then the additional pressures and the financial challenges make it a very tough context. (DCS, County, South West Region)

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Survey respondents found child protection and court social work the most challenging areas to recruit to, as well as specialist roles such as in pre-birth teams or adoption, particularly as the latter requires three years' post-qualification experience.

DCSs report that a negative judgement following inspection by Ofsted generates increased staff churn and reliance on agency social workers, some of whom operate as 'project teams'. In one survey response, over 40% of social workers had left the authority within two years

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<sup>7</sup> Since spring 2023, Nigeria and Zimbabwe have been on the red list of countries that should not be considered for recruitment by health and social care employers in order to retain these workforces in their home countries to meet demand for services.

following an 'inadequate' Ofsted judgement; another rated as 'requires improvement' reported operating with 40% agency staff.

National data showed 7,200 full-time-equivalent agency social workers in post, an increase of 6.1% since 2022 and the largest number of agency staff since 2017, representing nearly 18% of the children's social work workforce (DfE, 2024f). These data also demonstrate the relationship between Ofsted judgements and use of agency workers. All ten authorities with the lowest rate<sup>8</sup> of agency workers were rated 'good' or 'outstanding'. Of the ten with the highest rate of agency workers, seven were rated 'inadequate', two 'requires improvement' and one 'good' (DfE, 2024f).

While there had been some success in converting long-term agency staff to permanent positions, a respondent from London hypothesised that the London Pledge<sup>9</sup> has caused the most experienced agency staff to remain with agencies because if they left, they would not be able to return to the agency on the same rate in the future. A number of DCSs also noted the evidence of global majority agency workers' preference for agency working in light of the evidence that progression to permanent senior management roles is low (Durban *et al.*, 2021; SESLIP & LiiA, 2023). These data underline the need for employers to create safe, inclusive and actively anti-racist environments.

### **New policy announcement**

In response to this issue, statutory guidance on the use of agency child and family social workers came into force on 31 October 2024. After a period of transition, local authorities will be required:

- To agree and observe regional pay caps
- Not to use agency staff who have less than three years post-qualification experience
- Not to employ agency staff that have recently left permanent roles in the same region

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<sup>8</sup> The agency worker rate, as at 30 September, is calculated as (the number of) FTE agency (children and family) social workers divided by the sum of FTE agency social workers and FTE social workers.

<sup>9</sup> The London Pledge is a shared commitment by London's directors of children's services to address reliance on agency workers. Thirty-two London boroughs are working to establish a more balanced social worker workforce across London: by collecting data on a quarterly basis; working actively with providers to improve partnership working with the existing supply chain; controlling rising agency worker rates through agreed regional capped rates based on evidence; and ensuring accurate performance feedback on candidates through a shared reference template.



- To manage all staff working in project teams
- To submit quarterly returns to the DfE on the number of agency workers and how they have been used.

These changes followed joint working between the ADCS and the DfE to address ongoing concerns about profiteering and the business practices of some social work agencies, as well as concerns about the quality of work with, and experiences of, children and families. The ADCS proposal of a ban on the use of agency project teams for statutory social work was not taken forward by the DfE.

While retention issues are acute in local authorities with a challenging inspection outcome, this is by no means exclusively the case, as highlighted by a DCS in a local authority where services have been judged to be 'outstanding'.

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With qualified social workers, the average length of service for leavers is 1.7 years. Of those who left... 33% left within 12 months of starting, which creates extra recruitment demand in an already challenging recruitment market.... While we do have a comprehensive recruitment pipeline for newly qualified social workers through Frontline, Step Up and apprenticeships, attracting experienced social workers remains a challenge. (Survey, County, Eastern)

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Retention strategies discussed in DCS interviews included newly created roles, retention payments, revised pay scales, and the seemingly peripheral but significant factor of offering dedicated free parking. Examples of system-wide approaches to improving organisational culture were described (see also Cook, 2024; DfE, 2024h). In authorities where turnover rates were low, this was attributed to good support for workforce emotional health and wellbeing, a good professional development offer, opportunities for progression and secondment, and creation of senior social work roles and reduced caseloads to enable experienced staff to supervise and develop inexperienced workers.

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We have bright young things and wise old heads – with a gap in the middle. We need senior social workers who don't want to [...] become managers. (DCS, Unitary, Eastern Region)

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## 4.9 Family court related pressures

In January 2023, the President of the Family Division announced the relaunch of the Public Law Outline (PLO) with the re-stated aim that applications for care or supervision orders are

completed within the statutory time limit of 26 weeks. At the time of the relaunch the average was 46 weeks, with only 23% of cases disposed within the 26-weeks target. A parallel drive to close cases with durations of more than a hundred weeks may be skewing national average data; while the latest statistics show the average duration has fallen to 41.2 weeks, 32% of newer cases are now disposed within 26 weeks (Ministry of Justice, 2024). Survey respondents were equally divided as to whether the relaunch was a positive impetus for change. Comments noted improved and increased pre-proceedings work helping ensure the right cases were escalated to court and diverting some families to alternative routes.

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There has been a significant increase in the use of pre-proceedings [in the organisation], with 50% more families entering pre-proceedings in 2023–24 than the previous year. This not only gives parents the opportunity to make necessary changes in the hope of diverting from proceedings but also the opportunity for assessments and direct work to be completed in readiness for initiating proceedings if changes are not made. (Survey, Metropolitan, Yorkshire and Humber Region)

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Where durations were reduced, this was attributed to fewer in-court assessments, more collaborative work across the Local Family Justice Board and fewer final hearings. Other changes included refreshed social worker training on conducting assessments, and reduced reliance on residential family assessments and expert witnesses.

Government reforms rooted in the *Independent review of children's social care* (MacAlister, 2022) will see a greater emphasis on 'family first' working, with the intention to mandate the use of family-based decision-making before care proceedings can be initiated, and increased support and involvement of kinship networks.<sup>10</sup> Just over a third (36%) of SP9 survey respondents said they had increased their use of family group decision-making at the pre-proceedings stage. One respondent commented on the multiple pilots and pathfinders raising challenges for the workforce. Another suggested that, rather than these multiple initiatives, there needs to be a system change within all areas of family justice to implement the proposed reforms.

Half of survey respondents were either neutral or negative about the relaunch of the PLO, pointing to challenges outside of local authority control, most importantly delays in court

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<sup>10</sup> These reforms are currently being tested in pilot sites for Families First for Children, Family Network Support Packages and the Designated Family Judge Trailblazer pilot.

listings and judicial availability. The experience of many was that despite improvements in pre-proceedings work, further assessments were still being requested within proceedings.

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Since the relaunch of the PLO, we have seen increased pressure from the courts to meet all deadlines for all parties, increased scrutiny around the use of expert assessments and the test of whether these are necessary. There is beginning to be a change in how work completed in pre-proceedings is valued by the court, with a reduction in demand for repeat of assessments already completed. However, this is not consistent, and more work is needed in this area to avoid repetition and support us to reach the 26-week timescale. (Survey, Metropolitan, East Midlands Region)

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Other factors impacting on improving timeliness raised by respondents include complex international proceedings and reduced availability of independent experts, solicitors, Cafcass guardians and suitable placements. The issue of family members coming forward as potential kinship carers late in the process was noted, and judges not always adopting a consistent stance in terms of their willingness then to agree to assessments.

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We have found a detrimental change in the culture and approach of the court, Cafcass and solicitors... often having unrealistic expectations about the local authority's ability to keep children safe in the community, with no understanding of, or willingness to consider, available resources. Overall, social workers report that they increasingly find court a hostile and combative environment; many cite the experience of attending court as the primary reason they want to leave frontline social work. (Survey, County, South West Region)

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Pre-birth work was a significant and growing area of safeguarding activity, informed by research using Cafcass data which made evident that the number of newborn babies who were the subject of care proceedings in England and Wales more than doubled between 2007–08 and 2017–18, with significant variations across regions (Pattinson et al., 2021).

Just under a third of survey respondents reported that infant removals in their area had increased in the past two years. In some areas there had been a significant increase in legal planning and care proceedings being initiated early, particularly involving parents whose children had previously been removed from their care. Forty-one per cent of survey respondents said they had strengthened their pre-proceedings offer for mothers at risk of having an infant removed into care. Twenty-nine per cent said they had introduced or expanded provision working with parents who had had one or more children removed in public law proceedings (recurrent care services). Despite references to a reduction in

reliance on residential assessments, several DCSs referred to an increase in cases involving serious harm to babies and judicial caution about recommending the separation of a baby from its mother.

## 5 Care placements

### 5.1 Current policy background

Published in November 2024, the DfE policy paper, *Keeping children safe, helping families thrive: Breaking down barriers to opportunity* (DfE, 2024d) sets out a range of 'whole-system and child-centred' reforms to be included in legislation. The first principles set out in the paper centre the reforms on supporting children and families to stay together; when this is not in a child's best interests, children should be supported to live with kinship or foster carers rather than in residential care.

The paper takes forward many initiatives recommended in the *Independent review of children's social care* (MacAlister, 2022), including the regionalising of placement commissioning through the establishment of regional care co-operatives (RCCs). The ADCS has previously expressed concern about the potential of the RCC model to improve outcomes and address challenges identified by both the Competition and Markets Authority and the MacAlister review itself (ADCS, 2023). Two regions are in the early stages of piloting RCCs; those interviewed who were involved in the piloting said that while DfE grant funding was helping to grow capacity, it was 'a drop in the ocean'. Others expressed concern about shifting legal responsibility from a local authority to an unaccountable regional entity and uncertainties about the role of local authorities as corporate parents within these arrangements.

Over the SP research timeline, a variety of factors have influenced the availability of suitable places for children to live safely and securely when alternative care is deemed in their best interests.

### 5.2 Fostering placements

By far the largest proportion of children in care (around 67%) live in foster care placements (DfE, 2024e). The breakdown of foster placement types across the SP data series shows increased numbers of fostering arrangements involving family and friends, alongside reducing numbers of non-kinship foster carers (the latter often termed 'mainstream', terminology which may need reviewing). The increasing number of children living in the care of relatives or friends reflects a growing impetus and emphasis in policy and practice on engaging family networks to support the care of children. The first national kinship care strategy was published in late 2023, setting out the DfE's ambitions to champion kinship

care, reinforced a year later in the *Keeping children safe, helping families thrive* policy paper (DfE, 2024d).

Table 14: Number of children in different foster care types as at 31 March

Source: SP9 respondents. Number extrapolated from 122 respondents.

|  | SP 5<br>2015-16 | SP 6<br>2017-18 | SP 7<br>2019-20 | SP 8<br>2021-22 | SP 9<br>2023-24 | Change<br>over<br>time | Change<br>P8 to<br>P9 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|------------------------|-----------------------|
| Child fostered with relative/friend (long term)  | 4,597           | 4,365           | 5,277           | 5,554           | 5,749           | 25%                    | 4%                    |
| Children fostered with relative-friend (approved adopter FFA-concurrent planning)        | 57              | 65              | 48              | 31              | 43              | -24%                   | 38%                   |
| Children fostered with non-kinship carer (neither long term nor FFA-concurrent planning) | 3,649           | 5,240           | 6,533           | 7,092           | 7,775           | 113%                   | 10%                   |
| Children fostered with non-kinship carer (long term)                                     | 19,374          | 17,576          | 17,142          | 16,693          | 14,254          | -26%                   | -15%                  |
| Children fostered non-kinship carer (approved adopter FFA-concurrent planning)           | 269             | 341             | 339             | 461             | 442             | 64%                    | -4%                   |
| Children fostered with non-kinship carer (neither long term nor FFA-concurrent planning) | 25,146          | 27,677          | 28,811          | 27,649          | 28,076          | 12%                    | 2%                    |
| <b>Total</b>   | <b>53,092</b>   | <b>55,264</b>   | <b>58,150</b>   | <b>57,480</b>   | <b>56,339</b>   |                        |                       |

Nationally, applications from prospective foster carers were at a five-year low at the year ending March 2023, though 2024 data suggest a 6.25% increase at the year ending March 2024 (Ofsted, 2024b). Numerous reasons were posited by DCSs in SP9 interviews for the declining numbers of non-kinship foster carers. Many are reaching retirement age; others find they can no longer afford to foster and are seeking alternative sources of income. Rising house prices were seen to lead to carers' adult children moving back in with their parents. Other foster carers were retaining a room for a young person to return to during university holidays. A small number of DCSs suggested that increased requirements for contact with

birth families had led to some foster carers leaving the role because of the disrupting impact this had on some children and their lives. With reduced numbers of carers comes less opportunity to match children and carers well the first time, which was seen to contribute to placement instability.

Increased placement costs were linked with challenges around recruitment and retention and higher rates paid by independent fostering agencies (IFA). The balance between local authority foster carers and IFAs has continued to shift with IFAs now offering 48% of filled mainstream fostering places (Ofsted, 2024b).

Reflecting the increase in family and friends care of various types, 60% of survey respondents said their local authority had either introduced new services to support kinship carers (including special guardians) or had expanded existing provision. It is vital that the system continues to develop to ensure appropriate support for kinship carers: some DCSs expressed concerns about kinship care breakdowns and the challenge of finding suitable alternative placements, particularly when a child reaches adolescence. Practical and financial support and access to appropriate therapeutic provision for children were all seen to be required to further enable family and friends to step up and care for children in the range of kinship care arrangements.

### 5.3 Residential care

The number of children placed in registered children's homes has continued to rise across the SP9 data period (Figure 21). Time and again, DCSs interviewees explained how lack of foster placements and IFAs' reluctance to accept children and young people with more complex needs were driving up the use of residential placements. Ofsted research found that two-fifths of children placed in a children's home were there because of a foster placement breakdown (Ofsted, 2022), the largest group of whom were aged 14 to 15 years old. While data from the Nationwide Association of Fostering Providers (NAFP) showed the numbers of children moving out of residential care homes into fostering placements rising between 2019 and 2022, these mainly involved children who had been placed temporarily in a children's home due to a shortage of appropriate foster placements and those who had responded well to therapeutic interventions (NAFP, 2023).

While the number of mainstream children's homes in England has grown by 44% over the past four years, the number of available placements only increased by 28% over the same period, reflecting the fact that many homes are designed to accommodate only one or two

children (Ofsted, 2024c).<sup>11</sup> Between 2019–20 and 2022–23 the average cost of a residential placement increased by 20% (IFS, 2024a).

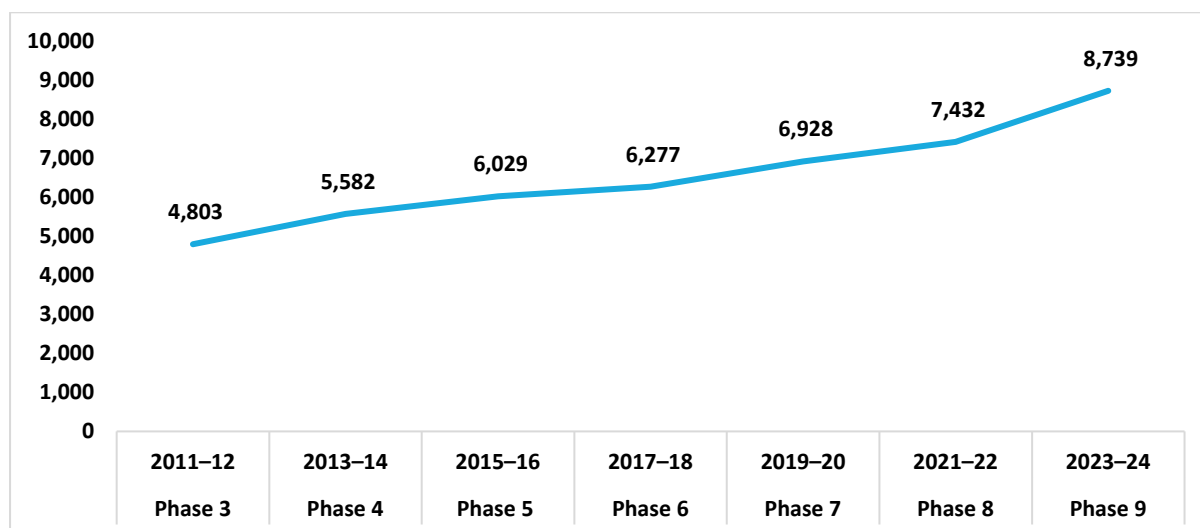


Figure 21: Number of children in care in children’s homes subject to Children’s Homes (England) Regulations 2015 (K2) on 31 March

Source: SP9 respondents. England number is extrapolated from 123 local authority responses based on the proportion of the England population.

Children’s home provision is very unevenly distributed across the country, with clusters in areas of higher deprivation and lower house prices. DCSs flagged that the trend has been driven by private care providers targeting cheap property and local labour. In March 2024, the North West had the most children’s homes (866) and places within them (2,823). Indeed, 25% of all mainstream children’s homes were in the North West of England (Ofsted, 2024c). By contrast, London had the fewest homes (220), and the South West region the fewest places (731) (Ofsted, 2024c). This uneven distribution results in too many children being placed a long way from their home area and relational networks. In some instances, out-of-area placements have been considered necessary to safeguard children from involvement with extra-familial harm and exploitation in their home area, or to meet specialist needs though there are evidence-informed critiques of this approach (Wroe et al., 2023).

<sup>11</sup> In the Spring Budget 2024, an additional £165m was allocated to building and maintaining open and secure children’s homes as part of a public sector productivity drive. The money consisted of £45m in match funding for local authorities to build homes providing an additional 200 placements, and £120m for maintaining the children’s secure home network and rebuilding two of these homes.



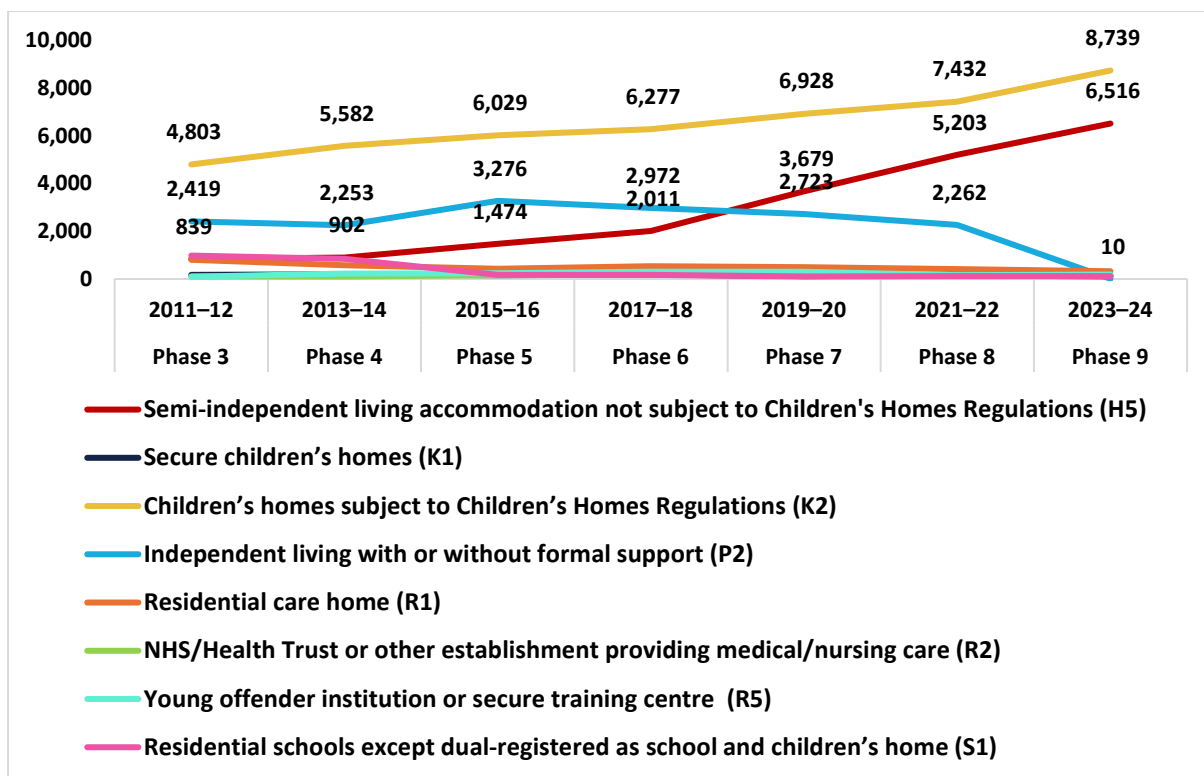


Figure 22: Number of children in each placement type on 31 March. Placement codes from SSDA903 included in brackets.

Source: SP9 respondents. The England numbers are extrapolated from 123 local authority responses based on the proportion of the England population.

Usage of various residential placement types over the SP series are set out in Figure 22 above. The steep increase in the use of ‘semi-independent living accommodation not subject to children’s homes regulations’ and the sharp drop in ‘independent living without formal support’ illustrates the shift required by providers of semi-independent and independent living accommodation to register as supported accommodation providers.<sup>12</sup> It is worth noting that the majority of UAS children are placed in this type of provision. Over two-thirds of survey respondents said they had made changes in their service provision since the reforms to semi-independent and independent accommodation were introduced.

<sup>12</sup> It became unlawful for young people to be placed in former semi-independent and independent living placements from 28 October 2023. Between 27 October 2023 and 28 April 2024 former semi-independent and independent living placement providers were required to submit a completed application to Ofsted to continue to operate as a supported accommodation provider beyond that date.

## 5.4 Complex needs 'low incidence, high cost' placements

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We have seen a reduction in what is available to us from external sources, and this means that, in effect, children who need those services [secure and Tier 4 mental health] do not, and cannot, all have access to them, and they are then accommodated in other provision types that are not best suited to meet their needs. We need improved engagement with health around the complex mental health needs of young people to ensure they are being met in the most appropriate location. (Survey, County, Eastern Region)

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Local authorities have statutory duties to provide secure accommodation where a child is a danger to themselves or others or is regularly placing themselves at risk. They also have duties to uphold children's rights under Articles 2 and 3 of the European Convention on Human Rights (ECHR). Many of the interviews with DCSs and survey responses foregrounded 'complexity' – a term, like vulnerability, that is often used and not always clearly defined. Ofsted published work in 2024 which defined complexity as 'describing multiple needs which require joined up responses from a range of professional specialists', which underlines the need for adequately resourced and joined up partnership working. The Framework for Integrated Care offers a similar definition (NHS England and NHS Improvement, 2022).

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We are also seeing an increase in children of a younger age with complex needs – a third of our children living in children's residential homes are now under 11 years of age. Whilst further exploration is required, this is likely to relate to children who should have started school during the pandemic but did not attend school or socialise and consequently struggled thereafter in a social and academic environment. (Survey, Unitary, South East Region)

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The increase in young people aged 16 years and over coming into care has been particularly noticeable in Phases 8 and 9, and one facet of complexity might reflect the cumulating adverse experiences of older children through their early years and childhoods. Nevertheless, it is also true that comments were made about increasing numbers of children from age eight upwards experiencing complex vulnerabilities leading to statutory involvement and, for some, care placement at the point of crisis or in the absence of other options.

Pre-pandemic, the children whose needs escalated to this level of concern had most often been known to children's social care for some time. Post-pandemic, SP9 respondents

described seeing more children and young people with complex needs with whom they had had no previous involvement for myriad reasons. The social isolation and concordant erosion of parents' resilience to cope with children and young people's behaviours in the pandemic and since, plus a lack of access to timely mental health support for both parents and children, appear to be key factors in leading children and families to the door of children's social care, particularly where self-harm and suicidal ideation escalate and families do not feel they can keep themselves or their child safe (ADCS, 2021).

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Around 10% of my children in care are in what we classify as high-cost placement for high levels of complexity... They basically drive all the costs in our system and if we can offset that cost we can invest that money elsewhere... So, we are targeting our development [of new provision] on the top 25 of these placements (DCS, County, North East Region)

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Children with the highest level of complex needs make up a small but rising proportion of all children in care. The cost of such placements absorb a very large proportion of local authorities' children's services budgets. The number of children in residential care has doubled since 2011 and spending on these placements rose by 90% to £2.4bn in 2022–23, with almost half of this increase in the last two years of the period (Larkham, 2024). Many DCSs interviewed were forecasting a significant overspend in this area and shared examples of individual packages of support costing tens of thousands of pounds per week and in excess of £1 million per year.

These high costs do not always mean that appropriate, therapeutic, well-boundaried care placements are being provided. The acute insufficiency of placement options, and the related use of unregistered provision is an area of intense public, political and judicial attention. The prevalence of complex mental health concerns has increased and yet the number of inpatient child mental health beds has fallen by a fifth since 2017 and 16 secure children's homes have closed since 2002 (Nagalro, 2024). The severe shortage of places in secure children's homes leaves around 50 children waiting for such placements on any given day (Ofsted, 2024a).

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Risk around placement costs and availability of placements has been really stark, which leads to risk... you have to take the placements you can get, which is not how any of us would want to be practising... the knock-on effect of big cost pressures, councils are having to make decisions about what not to do because of that and that brings its own level of risks as well. (DCS, Unitary, Yorkshire and Humber Region)

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The pressures associated with providing appropriate protection, care and therapeutic support to meet the needs of children and young people with the most complex needs came through strongly in SP9 survey responses and interviews. Often this is being done at the point of crisis and DCSs discussed tensions and strained relationships with health colleagues in relation to this sufficiency crisis as well as strong levels of challenge from judges asked to authorise emergency placements and restrictive support packages under a deprivation of liberty (DoL) order.

## 5.5 Deprivation of liberty (DoL) orders

In the face of the ‘dangerous inadequacy’ (*T (A child) v Caerphilly County Borough Council* [2021] UKSC 35) of suitable secure accommodation for children and young people with the most complex needs in particular, local authority applications to the High Court to exercise its inherent jurisdiction in order to authorise the deprivation of a child in care’s liberty whilst in a placement have risen exponentially in recent years, although absolute numbers remain low relative to the whole child population.

DoL order application statistics have only been published in national administrative data since July 2023. Prior to this, Cafcass (England) data on DoL order applications showed a 462% increase from 103 to 579 applications between 2017–18 and 2020–21. Data from the national DoL court showed 1,389 applications between July 2022 and June 2023 and 299 between April and June 2024 (Ministry of Justice, 2024).

An evidence review for Nuffield Family Justice Observatory (Roe et al., 2022) developed a typology of categories of need of children and young people who are the subject of a DoL order application, broadly consisting of children who have experienced complex and ongoing trauma, have learning or physical disabilities or who are at risk of harms outside of the home, such as criminal exploitation. The review raised the serious concern that, despite the high level of complex needs these children and young people experience, ‘we do not know where these children are placed, what restrictions are placed on their liberty, or what their outcomes are’.

HM Courts and Tribunals Service does not currently provide local authority level data for number of DoL order applications. Fifty-two per cent of SP9 survey respondents reported having increased their use of DoL orders over the past two years, although the volume of increase nationally suggests that this is a partial picture.

The President of the Family Division, and other senior judges, have expressed ‘deep anxiety that the child care system should find itself struggling to provide for the needs of children

without the resources that are required', acknowledging that the inherent jurisdiction 'is there to fill the gaps in the present provision, but it cannot be doubted that it is only an imperfect stop gap, and not a long term solution' (Re T (A Child) [2021] UKSC 35). These issues and the development of the law are both legally and politically live.

Placement shortages, according to survey and interview respondents, allow 'cherry picking' by providers to accept children and young people with lower levels of need. This behaviour was seen to relate to providers' concerns about a negative Ofsted judgement if the child's issues of risk and harm rapidly escalate. There were repeated references to care providers giving 'immediate notice' when a child's behavioural issues intensified, contributing to the perspective that an increasingly outdated regulatory framework may be creating or exacerbating barriers to meeting the best interests of children and young people. DCSs suggested that this framework should be reviewed with urgency.

In the absence of a registered alternative, the use of unregistered placements is a last resort. DCSs and survey respondents described how they maintained regular contact with Ofsted.

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As a result of increased numbers of children in care, increased complexity of need and worsening sufficiency we have also seen an increase in the number of children placed in [unregistered] settings which we monitor carefully and progress activity, including weekly reporting to Ofsted. (DCS, Unitary, North East Region)

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As described throughout this section, a key area of concern across the DCS interviews and survey responses was the 'materially higher profits' being made by private providers than would be expected if the market 'were functioning effectively' (Competition and Markets Authority (CMA), 2022). In April 2024, the DfE launched the Market Interventions Advisory Group, led by former DCS and previous ADCS President Steve Crocker, to explore the profiteering of private companies from children's social care. *Keeping children safe, helping families thrive* (DfE, 2024d) outlines plans to address profiteering through legislation which will 'improve competition, regulation and commissioning', increase visibility of the costs of placements and level of profit, with the introduction of a backstop power to cap profits if required in the future. The paper also outlines plans for further capital investment to increase placement sufficiency and to amend primary legislation in order to create a statutory framework to provide children 'with the right place to live, which offers the right level of care, and that can truly meet their needs and keep them safe'. The intention is to 'enable the system to deliver specialist care and accommodation for children who have complex needs,

which has the potential to reduce both local authority reliance on costly unregistered placements and immediate and lifetime costs to the health and justice systems’.

## 5.6 Developing residential provision

Two-thirds of those responding to the survey had either started developing their own children’s homes or had increased existing provision, and there are initiatives underway across the country to meet the sufficiency and resourcing challenges linked to residential provision for children in care. This requires joined up thinking and planning across health and social care plus significant capital and revenue funding.

DCSs working towards opening their own children’s homes were investing through local authority capital programmes on an invest-to-save basis and forecasting revenue costs lower than market costs. Some intended to develop enough provision to sell places to other local authorities to help cover initial costs.

One local authority worked with the local mental health trust to develop inpatient mental health support, a short-break residential home and an outreach service to try to keep some children out of hospital and support moves back home. Nevertheless, even with these additions, demand was still exceeding available provision.

New local secure and semi-secure provision was seen to be meeting some needs and generating significant cost savings. An example given by an interviewee was of a reduction in costs from £1.2 million to £4,500 per year for one child, with significantly improved outcomes of stability, engagement in education and step down to foster care.

Challenges to developing provision cited by research participants included delays as a result of the processes for Ofsted registration.

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The whole registration process with Ofsted is an absolute nightmare... it’s been taking 18 months to two years from purchasing properties to getting open... And the whole regulatory framework is just horrendous, and that creates a real risk. It’s not child focused. (DCS, County, North East Region)

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A number of DCSs suggested that Ofsted should look to prioritise local authority homes and streamline the process which they, as a known and trusted operator, must follow, with a view to more swiftly securing a registration and ultimately relieving budget pressures.

There are issues with sufficiency of registered managers in particular, and workforce shortages in general, and local authorities are in competition with private providers who may

pay more. One local authority described developing residential managers through a dedicated training programme, and another was attempting to attract people into residential care by offering a no-cost bridging course.

While many were seeking to develop their residential provision, one DCS was instead focusing on boosting foster carers' ability to provide homes that would be a bridge to children returning to their families.

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We had 12 children where the solution was seen to be high-cost placements. We got all our foster carers around the table and said, 'This is the problem that we have, this is where we are, this is what our children need.' If we hadn't had that conversation with foster carers, without a shadow of a doubt those kids would have continued to be in very, very high-cost residential provisions. There was only one breakdown, one young man came back in, and he's now back with the foster carer. But apart from that, all of them are [with] foster carers or with their own families. (DCS, Unitary, North West Region)

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Others were developing edge-of-care and therapeutic support teams and using evidence-based models to help prevent family breakdown and support residential and foster placements. Another had also developed a specialist team whose staff carried very low caseloads with the aim of supporting parents and other professionals to manage autistic children's needs at home. Several were considering providing intensive support including short breaks to help parents manage their children at home.

## 6 Local safeguarding partnerships

Multi-agency safeguarding arrangements (MASA) involve local authorities, police and integrated care boards (ICBs) working together to safeguard children as set out in statutory guidance (HM Government, 2023). DCSs described the essential nature of effective multi-agency safeguarding arrangements and the challenges therein.

Of the 86 SP survey respondents, 41% said that the capacity of police as safeguarding partners for children and young people had deteriorated over the last two years, and 45% thought that the introduction of ICBs<sup>13</sup> had led to a deterioration in the response to the health and safeguarding needs of local children and young people.

Local multi-agency working is essential to safeguarding policy, strategy and practice, and partnership working was explored in depth during the interviews with DCSs.

The funding pressures of the last 14 years continue to impact on all safeguarding partners (Ofsted, 2023) and this is contributing to a lack of capacity for appropriate involvement; ICB budgets have been reduced by 30% since they were introduced in summer 2022.

Operational borders for the work of the three partners are rarely coterminous. Some local authorities must engage with more than one ICB, while ICBs and police forces often work across multiple local authority areas; this raises challenges in capacity for appropriate representation, commissioning arrangements and strategic and practical activities. Other issues raised include conflicting professional cultures and different policy targets in combination with a lack of cohesion and policy tensions between different government departments.

Participants shared numerous comments about the difficulties experienced in engaging ICBs in the children's agenda.

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I fear they think people are born as adults. We need a children's plan. We're working on that this year for our ICB, but it's been years of banging the head and it's a national problem. (DCS, Metropolitan, Yorkshire and Humber Region)

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From a DCS perspective, ICBs were described as 'clunky and cumbersome', dominated by centralised decision-making that was often difficult to understand, with priorities dominated by the needs of adults, particularly older adults. Accessing Continuing Care for children under section 117 of the *Mental Health Act 1983* has been a particular area of contention,

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<sup>13</sup> In a further reorganisation of health services, ICBs replaced CCGs in 2022.



with many local authorities reporting resistance from ICBs to contribute to the costs of mental health aftercare for children and young people. In many areas, the financial pressures within ICBs have resulted in restricted access to mental health provision for children, particularly to in-patient Tier 4 provision. Where funding was available, DCSs reported challenges in accessing it.

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Every case is a battle with health – [starting] at the beginning with every single child, as if the conversations about previous children have not happened. Challenges around young people with complex needs, often co-morbidity of mild learning difficulties or trauma-caused developmental delay and psychological distress. I am continuously reminding them that they do have responsibilities for challenging behaviour for under-18s, they don't for over-18s, but they say it is for our commissioned service in CAMHS to provide and CAMHS say they have not been commissioned by the ICB to do this. (DCS, Unitary, North West Region)

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Some DCSs considered these problems to be underpinned or compounded by the fact that the DfE's production of the statutory guidance (HM Government, 2023) did not appear to have been co-produced and jointly owned by the Department for Health and Social Care, Home Office or the Ministry of Justice. *Working together to safeguard children* (HM Government, 2023) establishes the role of lead safeguarding partner, requiring the most senior officials across the local authority, police and health to have a clear line of sight to the quality of practice. This was widely regarded as impractical by DCSs, who asked how chief executives and chief constables were realistically able to do this.

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Apparently, in *Working Together* my chief executive and the area commanders and the ICB chief executives can do all the heavy lifting. DCSs have argued for quite a while to have more power and control over partnerships than less, and in a way, making me [the DCS] a senior manager is pretty much saying your role is really a sub-level role. I mean, that just doesn't make any sense at all. (DCS, Metropolitan, North East Region)

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In many cases, health and the police were said not to accept their full share of financial responsibilities, leaving local authorities to cover the bulk of the costs. For example, one safeguarding partnership cost the local authority about £298,000 with the police contributing what was described as a 'derisory' £14,000. In the interviews with DCSs, a small number commented that their local authorities were providing 95% of some partnership budgets. As a result, the default position was often described as one where the local authority was the

lead partner, leading some DCSs to regard multi-agency safeguarding arrangements (MASA) as peripheral to the safeguarding and child protection work that had to be done.

**Some examples from respondents where MASA were working well:**

- Using an ICB development day to design a ‘sort of children’s plan’ which, while still going through governance, had already led to changes, including senior leaders becoming more open to co-located working. (DCS, South West Region)
- Work with key partners often took place bilaterally around particular issues or programmes. There were examples of integrated teams to address mental health and exploitation, but the resources had to be negotiated outside the safeguarding partnership. (DCS, West Midlands Region)
- Creation of a Children and Young People’s Population Health Board involving all parts of the health economy and the voluntary sector, enabling agreement to be reached over priorities. (DCS, Yorkshire and Humber Region)

## 6.1 Education as a fourth statutory safeguarding partner

The government has committed to recognising schools and other education settings as ‘the fourth statutory safeguarding partner’, where previously they have been listed as a ‘relevant agency’.

SP9 survey respondents reflected on the benefits and challenges anticipated of a potential role for education as the fourth statutory safeguarding partner. This move was seen to have the potential to lead to greater engagement, enhance insight into education’s culture and practices and strengthen multi-agency working. It was also seen as a way of working more closely to reduce the number of children excluded or suspended from school and supporting improved attendance. The key challenge articulated in both interviews and survey responses was how to coordinate and secure genuine engagement and representation locally with the diverse education economy without a single representative body or agency. The engagement of very large multi-academy trusts (MATs) at a local level was raised, although the new duty will cover early years and college settings too.

Many local authorities were already finding ways to bring schools into a stronger relationship with their MASA, helped by designated safeguarding leads’ networks, strong relationships with head teachers and various teacher–headteacher forums.

**Arrangements shared by respondents included:**

- Headteacher attending the partnership's operations board meetings, a chief executive of a multi-academy trust (MAT) sitting on the multi-agency safeguarding board, and an education executive group which brought MAT CEOs together on a termly basis (DCS, South East Region)
- Strategic safeguarding and inclusion education meetings and safeguarding partnership education safeguarding committees (Survey, South East Region).

## 7 Key messages

As the policy announcements flagged throughout this report demonstrate, the new government has strongly signalled commitments to children and young people, social mobility and rebuilding decimated public services. The new *Children's Wellbeing and Schools Bill* is the first legislation focused wholly on children's needs and rights since 2017.

ADCS's *Childhood matters* (ADCS, 2024b) advocated the need to think, plan and work in the round with and for all children to address the 'causes of causes' of the vulnerabilities children experience. SP9 data adds to the body of evidence on how the cumulation of adverse child and family experiences increases the chances of lives becoming untenably difficult and directly contributes to children's social care activity. This evidence underlines the imperative for a cross-governmental framework for policy development, decision-making and investment to equitably improve the life chances of all children and young people, regardless of where they live, their family background or circumstances. Preventative early help, safeguarding and protection and care are a continuum and require coordinated and sufficient resourcing across local authorities and safeguarding partners in health, education, housing, welfare, justice and immigration.

The nine phases of SP research span 17 years of tracking safeguarding trends and the shape of the system and activity are markedly different in 2024 than in 2007. There is now significantly increased activity earlier on in the system via initial contacts at the front door of children's social care and in universal as well as targeted early help. There is also significant growth in the numbers of care experienced young people being supported up to age 25, due both to expanded entitlements for care leavers plus growing numbers of former UAS children entering the care system at age 16 or over and exiting in short order. While aggregated data show activity in children's social care assessments, children in need, child protection planning and children in care numbers (excluding UAS children) as broadly stable in recent years, it is important to remain alert to the significant local and regional variations underpinning them.

### 7.1 Themes

#### Poverty

With more than one in four children in the UK living in poverty, family and community deprivation and inequality remain the most acute issues underlying safeguarding pressures and the extent of these issues are the greatest since the SP series began. It is known that

poverty exacerbates parental mental ill health (Elliott, 2016) and increases risks of domestic abuse (Fahmy and Williamson, 2018), harm to children (Bywaters et al., 2022) and children entering care (Bennet et al., 2022).

The acute lack of affordable homes is driving family poverty, housing insecurity and homelessness. Stress and disruption contribute to the association between housing insecurity and poor health and poor developmental and educational outcomes for children. Temporary accommodation costs have escalated for local authorities, drawing money away from other service areas. As a result, families are being relocated away from support networks into areas where property is cheaper and deprivation is higher is resulting in greater demands on children's services.

The cost of living, austerity, welfare reform and the pandemic all disproportionately impact on children and compound racial and class disparities (JCHR, 2015). While these are global pressures, UK responses leave this country ranked 37 out of 39 EU and OECD nations on child poverty, and 39 for achieving positive change in child poverty over the preceding decade (Rees *et al.*, 2023).

The government's commitment to addressing child poverty is evident in the recent launch of a child poverty taskforce; nevertheless, policy changes will take time to impact on the current situation and the resultant pressures on children, families and children's services will continue for years to come.

### Early help

SP9 brings new evidence to support the case for sustained commitment to, and funding for, early help and speaks to the government's commitment 'to break the cycle of late intervention and to keep families together wherever possible'. SP9 data show increased early help activity and green shoots of the impact of family hubs investment on improving community-based support. DCSs that have been able to make long-term investments in early help can track the impact on stemming the flow of families drawn into contact with statutory services and numbers of children entering care.

Recent government spending commitments on early intervention (on family hubs, removing the payment by results mechanism for Supporting Families funding and the new Children's Social Care Prevention Grant) signal very positive down payments on the government's commitment to prevention and children's development. The Young Futures Programme will see further partnership focus here and hubs opening in communities to prevent serious youth violence and to address mental health issues among young people.

The further developments via the new government's family help reforms should include strengthening the legal framework around the partnership provision of preventative services.

When SP9 survey respondents were asked about their priorities for the new government, the most frequently mentioned were those that follow.

### Management and regulation of the placement market

Since DCS interviews took place in summer 2024, a number of initiatives have been announced to help address the challenges in the placement market. These include measures to address profiteering from the care of children and a commitment to further capital investment in residential provision for children with the most complex needs. Further challenges identified include the level of delay in the Ofsted registration process, workforce sufficiency and the need for health partners to commit, collaborate and share the costs of supporting the needs and outcomes of children in care.

### Mental health and wellbeing provision for children

Plans for new mental health legislation and review of the NHS are to be welcomed, with the proviso that children's needs require distinct focus and attention here. In particular, wholesale transformation to address the inequalities in access to mental health support for children with social care involvement requires focused attention (Mannes *et al.*, 2024). In the early help space, DCSs suggested that additional funding to local authorities to lead on the provision of earlier help to support positive mental health and wellbeing will be required to meet the exponential increase being seen in terms of both need and demand.

The SP9 data elucidates the insufficiency of appropriate, therapeutic provision for the small but worrying cohort of children with significant needs requiring high-cost, intensive placements at the point of crisis. Individuals in this group have often experienced significant abuse, trauma and loss, and present a high risk to themselves or to others.

On health partnership working for children more broadly, this generation of children are the first in 200 years not guaranteed to live longer, healthier lives than those who came before them (Thomas *et al.*, 2024). And yet, DCSs in many parts of the country expressed growing frustration at the failure of integrated care boards to prioritise children and young people's needs and to support place-based partnership working.

### Long-term and sustainable funding for child and family services

Recent funding commitments for children's social care, for SEND and new capital investments in children's homes and schools are welcomed, as is the new government's

increased regulation of agency social work and the moves to stem the profiteering in the care market. However, the hollowing out of local public and voluntary services over decades, outlined in Section 1 of this report, requires a great deal more time and investment to place child and family services on a sustainable financial footing.

SP9 data show initial contacts with children's social care topping three million, the highest since the SP data series began. National data show the number of children on child protection plans on a downward trajectory, reduced 3.1% since 2020 (DfE 2024i). Interviews with around a third of DCSs noted such a decline and attributed this primarily to intensive quality assurance and improvement activity to make sure services were responding as early as possible and holding cases at the most appropriate level.

In 2023-24, the number of children and young people in the care system fell by 0.5% compared to 2022-23 (DfE, 2024e) but remains much higher than a decade ago (83,630 compared to 68,790). Older children and young people are the fastest-growing group of children in care. Pressing issues remain in relation to the funding arrangements with the Home Office regarding support for UAS children, and former UAS care leavers where current levels of funding do not meet the actual costs of local authorities meeting their statutory duties.

The recruitment and retention crisis in children's social work will require consistent investment in building the employment conditions that evidence shows support experienced workers to remain in the profession (Cook, 2024).

Sustainable development will be enabled by a shift away from short-term, competitive funding to long-term, equitable funding streams that enable forward planning, stabilise the workforce and enable local authorities to meet local need.

## Education

In safeguarding terms, issues of school absences, exclusions, SEND and social care involvement were raised in interviews and there are deep concerns about what one of our DCS interviewees termed the 'broken social contract' between schools, families and communities. Many schools do invaluable and tireless work at the heart of local communities and early help partnerships, providing food, washing facilities and all manner of other means to protect and support the children they work with daily. But since the pandemic, and as recognised by the previous HM Chief Inspector of Ofsted, the social contract between some parents and schools has been fractured. This is reflected in higher rates of school absence and in disruptive behaviours in the classroom and was linked by SP9 respondents to a school system which has favoured an attainment-focused curriculum over inclusivity and as

a result is failing too many pupils. The inspection regime and the perverse incentives it generates need addressing if schools are to better meet the needs of all children.

The move away from inclusion has compounded problems in the SEND system. The increased numbers of children with EHCPs, combined with a lack of capacity in maintained special schools and an inability to open new schools in response to this growing need combine to place local authorities under further financial pressures.

Welcome early policy announcements from the government include consultations on the curriculum and assessment methods, measures to address gaps in accountability and governance in the schools system, a new register for children missing from school plus Autumn Budget funding commitments to capital spending on schools. A great deal more needs to be reinvested in our education system and the government commitment on this is clearly stated.

Longer-term reforms are welcome, and needed, but the transformation of education, SEND and social care systems, not to mention changes to health and policing, will take some years to realise. In the interim, more is needed to ensure that children do not continue to suffer deprivation and harm as a result of incoherent or outdated policy decisions across a range of government departments and that more local authorities do not tip into financial insolvency.

The safeguarding system does not exist in isolation. This government's mission-led approach offers a unique opportunity to put prevention at the heart of cross-ministerial policy, resourcing and local systems. The SP9 data presented evidences the tenacity and commitment of local government as allies in realising the opportunity mission. DCSs and their teams continue to have an unapologetic and unwavering focus on children and families and are ready to work with the government on these imperatives going forward.

## 7.2 Safeguarding Pressures 9: Data collection methods

The report is based on new primary data collected between June and September 2024, combining survey responses, point-in-time data returns and interviews. Our primary data are further supplemented and contextualised with information and statistics from numerous publicly available data sources and reports, as cited throughout.

**Survey (86 responses, a 56% response rate):** All local authorities received an email invitation from ADCS to participate in an online survey open between late June and early September 2024. The bespoke survey included a mix of scaled and open-text questions.

**Data return (124 responses, an 81% response rate):** All local authorities received an email containing a data collection template inviting them to participate in the research. The



data returns were completed by local authorities in Excel documents and collated by the researchers.

**Interviews (34 interviews):** Interviews were conducted with directors of children's services in 34 local authorities during July and August 2024.

Table 15: Regional breakdown of survey responses, data returns and interviews<sup>14</sup>

| Region (total LAs in region) | No. survey responses | No. data returns | No. of interviews |
|------------------------------|----------------------|------------------|-------------------|
| North East (12)              | 7                    | 10               | 5                 |
| North West (24)              | 9                    | 15               | 4                 |
| Yorkshire & Humber (15)      | 10                   | 15               | 3                 |
| West Midlands (14)           | 7                    | 12               | 2                 |
| East Midlands (10)           | 4                    | 8                | 6                 |
| East of England (11)         | 8                    | 10               | 2                 |
| London (33)                  | 17                   | 25               | 5                 |
| South East (19)              | 14                   | 18               | 4                 |
| South West (15)              | 10                   | 11               | 3                 |

Table 16: Ofsted judgements of authorities involved in interviews at the time of interview

| Ofsted judgement     | No. of authorities |
|----------------------|--------------------|
| Outstanding          | 9                  |
| Good                 | 11                 |
| Requires improvement | 9                  |
| Inadequate           | 5                  |

Table 17 below outlines the numbers of local authorities participating in different areas of data collection.

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<sup>14</sup> In the East Midlands two authorities returned one joint submission.

Table 17: Local authorities' participation in the three forms of data collection

| Area of data collection               | No. of authorities |
|---------------------------------------|--------------------|
| Survey, data return and DCS interview | 18                 |
| Survey and data return                | 59                 |
| Data return and DCS interview         | 11                 |
| Survey and DCS interview              | 1                  |
| Data return only                      | 36                 |
| Survey only                           | 8                  |
| Interview only                        | 4                  |

Table 18: Outlines the number of authorities by region which were not involved in any areas of data collection

| Region               | No. of authorities |
|----------------------|--------------------|
| North East           | 1                  |
| North West           | 7                  |
| Yorkshire and Humber | 0                  |
| West Midlands        | 1                  |
| East Midlands        | 1                  |
| East of England      | 0                  |
| London               | 4                  |
| South East           | 0                  |
| South West           | 1                  |

### 7.3 Notes on quantitative data analysis methods and charts

- Rebased local authority population figures, from the ONS mid-2023 estimate, were used for the quantitative data analysis in this report. These figures, used by local authorities and the DfE, may result in some slight variances from figures calculated in previous Safeguarding Pressures reports.
- The updated population figures were used to calculate the rate per 10,000 for the age group 0–17. They were also used to scale up responses to a national level, accounting for gaps where submissions were not received from every local authority.

This means that, where not all local authorities responded, figures are scaled to approximate national values, based on our best understanding of the returns we received.

- Because this research is a sample of local authorities only, rates per 10,000 and any extrapolated numbers, which are based on responses from all local authorities at child level, may not match exactly to DfE statistical publications.
- The charts presented in this report largely reflect the data at a national level, offering an overview of the trends across England as a whole. It is important to note, however, that there is considerable variation between individual local authorities. The figures representing England are based on the submissions received from local authorities. The figures have been scaled according to England's population to create a representative national picture.

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