

NSPCC

Trends in Child Protection

ENGLAND

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EVERY CHILDHOOD IS WORTH FIGHTING FOR

Trends in Child Protection: England

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This research paper was produced as part of a wider project on improving outcomes within the child protection system, commissioned by the Early Intervention Foundation (EIF) in collaboration with the Local Government Association (LGA) and supported by the NSPCC, Research in Practice and the University of Oxford. The project had five strands (described below), all of which are published as separate research papers. An overview report, published by EIF and the LGA, brings together the key findings, lessons and recommendations from this wider programme of research.

This paper and others in the series can be accessed via the EIF website, at <http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview>

1. Improving the effectiveness of the Child Protection System – a review of literature: A review of literature in order to identify both known and emerging/innovative systems and practices and other ways of working shown to improve outcomes for children who have experienced abuse and neglect or are clearly identified as being at risk of such abuse. This has been carried out by Professor Jane Barlow and Anita Schrader McMillan at the University of Oxford.
2. Child protection – a review of the literature on current systems and practice: A literature review of publicly available information investigating current local authority delivery of approaches, systems or interventions presented as good practice in published reports. This has been carried out by Research in Practice.
3. The use of research evidence regarding ‘what works’ in local authority child protection systems and practice: An analysis of five local authorities: An examination of child protection systems and practices in a small number of local areas using surveys or deep dives. This maps out a comprehensive list of the features of the systems and practices in those areas, in order to understand the journeys and interventions experienced by children at risk, and where financial cost are incurred. This has also been carried out by Research in Practice.
4. Trends in Child Protection: England: This has been carried out by the NSPCC as part of their annual How Safe are our Children? report, using trend data on 22 indicators around child protection that cover England.
5. An analysis of international trend data on child protection indicators: A review of international indicators that are the same as or similar to those in the NSPCC’s How Safe are our Children? report, in order to facilitate international comparisons, also carried out by the University of Edinburgh with the support of the NSPCC.

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Introduction

Each year since 2013, the NSPCC publishes the report 'How safe are our children' which is intended to help us understand the extent of abuse and neglect in the UK. Child abuse and neglect is complex and often hidden and there is not one single source of data that allows us to track or measure all child abuse and neglect. What we do have is multiple sources of data, each with its own merits and weaknesses. This report draws on the methodology used by the NSPCC in compiling the 'How safe are our children' reports, but using data specific to England where possible. For each indicator, we have set out the strengths and limitations of the data.

The indicators we have used

We have compiled 22 different indicators in an effort to understand the extent of abuse and neglect in England. The indicators relate both to deaths due to child maltreatment and the incidence of abuse and neglect. In each case there are multiple ways to measure the extent of child maltreatment.

Since there is a wide range of relevant information, we have had to be selective in the measures presented. Our aim has been to provide the most robust and comprehensive picture possible, so we have chosen indicators that:

- provide different insights on the extent of child abuse and neglect;
- use robust data, where possible based on a large sample and standardised measures. Where there are weaknesses in the data we state these; and
- wherever possible, use data that can be tracked over time and is included in the NSPCC How Safe series.

What we have not been able to include

We have not been able to include data on all forms of child abuse in this report, largely due to the paucity of data available. Often data may be available, yet it will not be broken down by age allowing children to be identified.

We have not been able to provide a complete picture of administrative data or self-report data related to all forms of abuse in this report. This is largely due to the paucity of data available or the incomplete nature of the recorded data.

Some examples include:

- data on assaults in England is recorded by the police and published, but is not broken down by the age of the victims. The police do record this information but it is not currently collected and/or published centrally
- there is insufficient data on children's own views about how safe they feel from abuse and neglect
- the only large scale dataset that looks at the prevalence of abuse and neglect is the NSPCC study conducted in 2009. There is a need for a new prevalence study to be conducted by the government that looks at all forms of abuse and neglect.

For more information or comparisons with other nations in the UK, please see the NSPCC How Safe reports available at <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/how-safe-are-our-children-2016/>.

Overview of project

Improving the effectiveness of the Child Protection System in England

Local authorities have a statutory duty to provide a child protection (social work) service for the most vulnerable children. They have a number of statutory functions under the 1989 and 2004 Children Acts. The Improvement Board of the Local Government Association (LGA) commissioned the EIF to review the evidence on what works in child protection and to compare this against services being delivered and the nature of decision making in a small number of local authorities. The aim was to establish whether there are messages or conclusions that can be extracted that could help guide investment decisions and advise local government as to how to use scarce resources to best effect in delivering a Children's Social Care service in this challenging context. The work has also considered if there are any implications for national leadership of the children's social care system.

Whilst many local authorities have long been interested in the use and application of evidence about what is most effective in protecting vulnerable children, current pressures create the case for looking again at the evidence. The aim of this is to identify whether it is possible to establish a clearer picture of what has been shown to work for certain children and families and whether the available evidence could be brought together and made more accessible to those who need to use it.

This research paper was produced as part of a wider project on improving outcomes within the

child protection system, commissioned by the EIF, funded by the LGA and supported by the NSPCC. An overview report, published by the EIF and the LGA, brings together the key findings, lessons and recommendations from this wider programme of research. This paper and others in the series can be accessed via the EIF website, at <http://www.eif.org.uk/publication/placeholder-hyperlink-to-be-replaced-later>.

Activity in scope for the project was local authority systems, interventions and practice with children and young people who require a social care response, as defined by current legislation and guidance. This includes:

- children assessed to be in need of services due to risks to their health and development under Section 17 of the Children Act 1989
- children assessed to be experiencing, or at risk of, significant harm and thus requiring a Child Protection Plan under Section 47 of the Children Act 1989
- children assessed to be at such significant risk that care proceedings are necessary and for whom the local authority is going through the Public Law Outline (PLO) process.

Population data used in this report

In this report we draw on UK population data published by the Office for National Statistics (ONS) for England and Wales. The most recent population data draws on the 2014 mid-year population estimates.

INDICATOR 1

Child homicides

Includes the offences of murder, manslaughter and infanticide

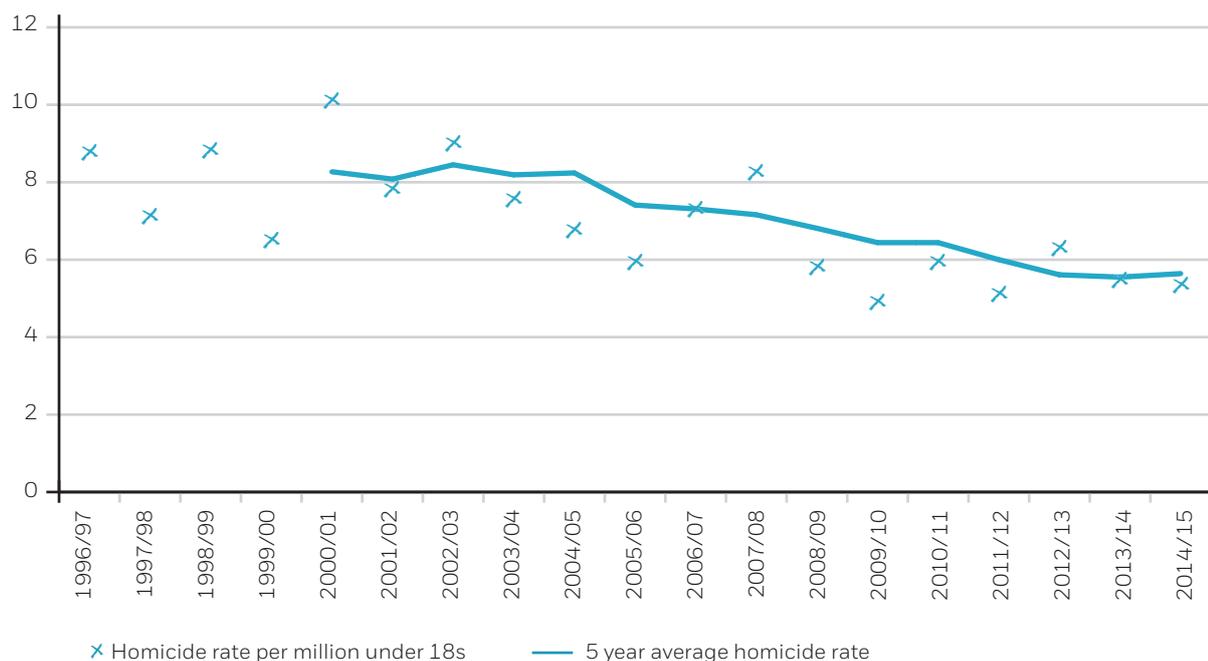
KEY MESSAGES

There were 62 child homicides in 2014/15.

The five-year average child homicide rate has decreased by 24 per cent over the last decade, and is currently 5.6 per million children.

The number of child homicides each year is small, with 62 recorded crimes in 2014/15, similar to the number seen in 2013/14. Using five-year average figures to view trends in child homicide data, there is a long term decline in child homicides. In 2000/01 the five-year average was 8.3 homicides per million children, reducing to 7.4 in 2005/06 and a decade later, reducing further to 5.6 homicides per million children in 2014/15.

Homicide rate per million children aged 0 to 17 years



Data source

Office of National Statistics (ONS) (2015) Focus on: Violent Crime and Sexual Offences, 2014/15. Historical data and data for under 18s provided to the NSPCC by the Home Office

Why is this measure important?

The child homicide rate is an important measure of child safety. It shows the number of children killed by another person. The statistics give an indication of how many children are dying directly as a result of violence or abuse. Historical data is available and consistent recording methods allow robust comparison over time.

What are the limitations of the data?

Police-recorded homicide statistics reflect the number of child homicides reported each year. However, they will only record cases where there is sufficient evidence to suspect that a homicide has taken place. Studies have indicated that the number of child deaths where abuse or neglect is suspected as a factor is higher than shown in the police-recorded homicide figures.* Statistical homicide data provides an indication of the scale of the problem, but cannot help us understand the preventable factors behind child deaths. The number of child homicides recorded each year is small which means a slight change in the number of deaths has a significant impact on homicide rates. This is compensated for by looking at five-year averages.

* Brandon, M. et al. (2012) New learning from serious case reviews: a two year report for 2009–2011 (DfE, London); Ofsted (2008) The Annual Report of Her Majesty's Chief Inspector of Education Children's Services and Skills 2007/08, p.69.

INDICATOR 2

Child mortality

Deaths by assault and undetermined intent*

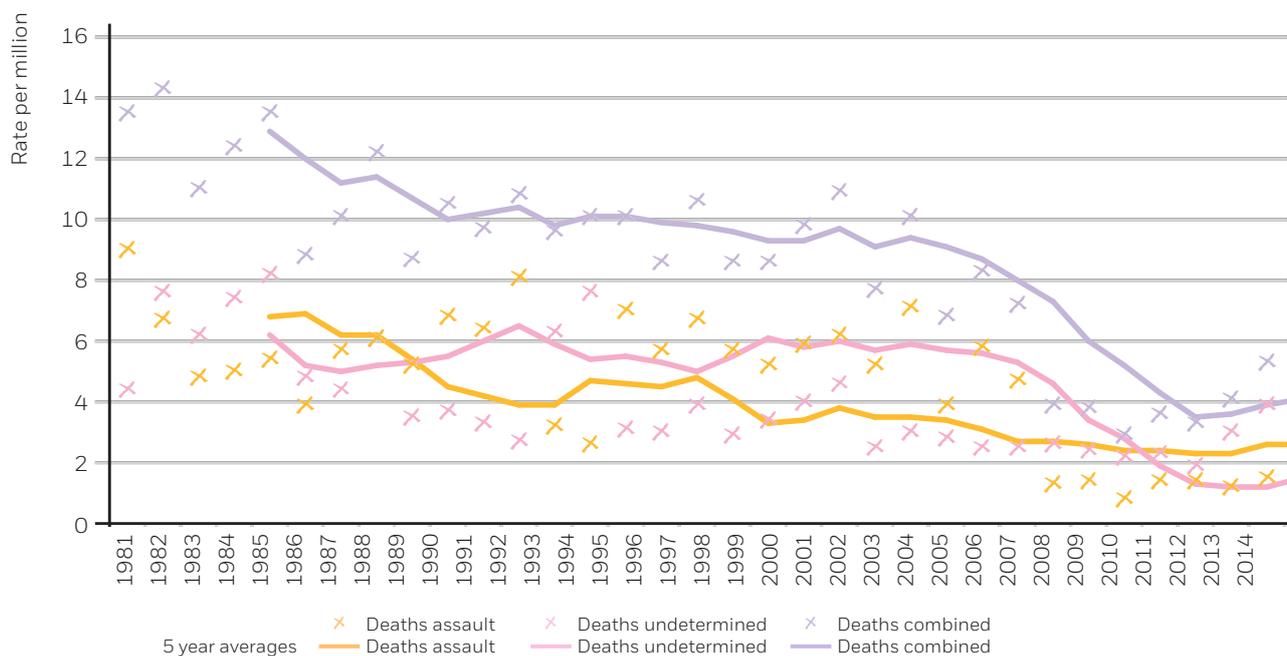
KEY MESSAGES

In 2014, 38 children aged under 14 died as a result of assault, neglect or undetermined intent.

Deaths due to assault, neglect and undetermined intent have decreased over the last 30 years. The five-year average has reduced by 69 per cent, currently 4.1 deaths per million children.

There were 38 deaths of children aged between 28 days to 14 years in 2014, which were the result of assault or neglect, or due to undetermined intent. Where the cause of death is noted as 'undetermined intent', someone including the individual themselves may be responsible for the death, but this cannot be proven. The current five-year average rate is 4.1 deaths per million children under 14. There has been a 69 per cent decrease in the rate of such deaths, from 12.9 deaths per million children in 1985 to 4.1 per million children in 2014.

Mortality rates among children aged 1 month to 14 years by assault and undetermined intent



* Data drawn from the deaths recorded from 2001 using ICD-10 under the codes of assault and neglect (X85-Y09, Y87.1) and undetermined intent (Y10-Y34, Y87.2) and pre-2001 using ICD-9 under the codes E904, E960-E969 and E980-E989.

Data source

ONS Mortality statistics: deaths registered in England and Wales (Series DR). Historic data provided to NSPCC.

Why is this measure important?

Mortality statistics report the number of children who have died in any given year based on death certificates provided by local registrars and information from coroners and procurators fiscal. Data shown here is specifically from the deaths recorded under the codes of 'assault and neglect' and 'undetermined intent' and therefore show a subset of the preventable deaths of children. Deaths recorded as 'undetermined intent' are generally probable suicides for adolescents, whereas for children it is more likely that a question remains over whether someone else was responsible, though this cannot be proven. While the statistics may not fully reflect the number of child deaths where abuse or neglect may have been a factor, they do give an understanding of how many children are dying directly as a result of violence, abuse, or in suspicious circumstances. This data may overlap with the homicide

data in indicator 1, but is a fundamentally different way of recording deaths since it is based on the cause of death rather than whether a homicide was committed.

What are the limitations of the data?

Mortality statistics reflect the number of child deaths where another person was responsible or responsibility is not determined, though their accuracy depends on consistent recording practices. Furthermore, they do not necessarily reflect the full number of child deaths where abuse or neglect is suspected as a factor. Studies* have indicated that the number of child deaths where abuse or neglect is suspected as a factor is higher than shown in the mortality figures. Data is normally only published for children in 'five year' age groups (e.g. 10 to 14 years), so the figures which are readily available only cover children up to the age of 14. The numbers of child deaths by assault and undetermined intent are also relatively small; meaning a small change in the number of deaths has a significant impact on rates. This is compensated for by looking at five-year averages.

* Brandon, M. et al. (2012) New learning from serious case reviews: a two year report for 2009–2011 (DfE, London); Ofsted (2008) The Annual Report of Her Majesty's Chief Inspector of Education.

INDICATOR 3

Child death reviews

Factors which could be modified to prevent future deaths

KEY MESSAGES

There has been a 13 per cent decrease in the number of child deaths over the last 5 years.

Almost a quarter of deaths contain factors we can learn from to prevent future deaths.

53 per cent of reviews of deaths resulting from abuse or neglect identified achievable prevention interventions.

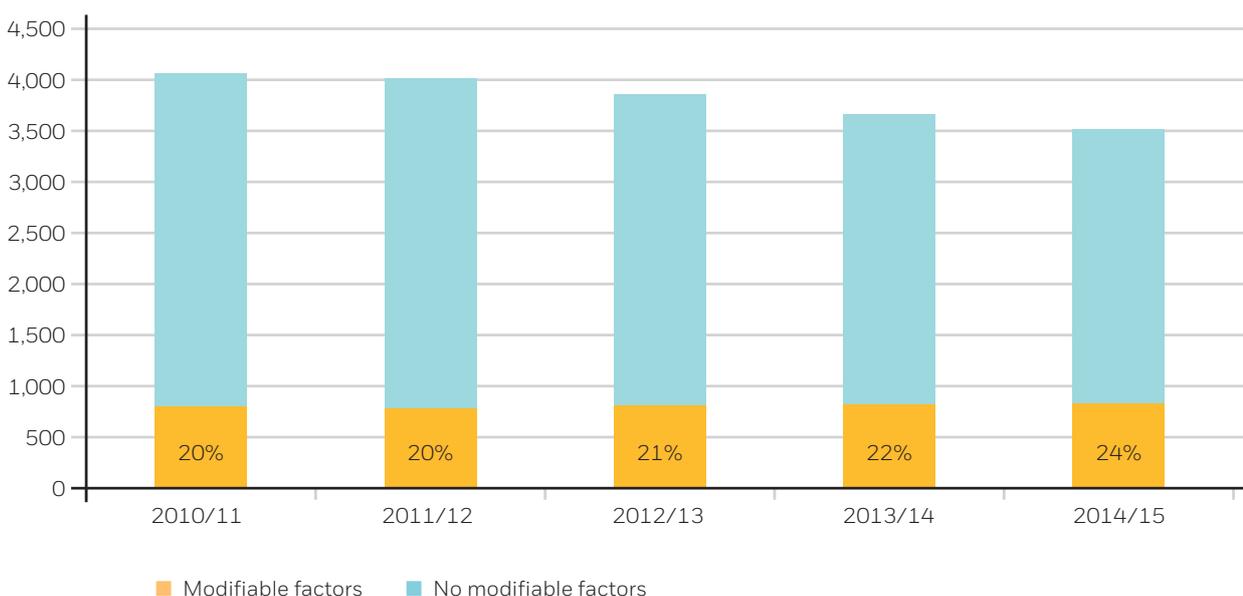
The total number of child death reviews completed in 2014/15 was 3,515, which is a 13 per cent decrease from 2010/11. Child death reviews identify factors that contributed to the death, including those which could be prevented in future deaths, known as 'modifiable

factors'. Whilst the overall number of child death reviews has decreased, deaths contributed to by modifiable factors have increased by 3 per cent over the same time period (827 in 2014/15 compared with 800 in 2010/11). There is therefore an increase in the proportion of deaths where the review has identified factors that we can learn from to prevent future deaths (from 20 per cent to 24 per cent).

In 2014/15 the most common categories of death containing factors which could be prevented in future deaths were: perinatal/neonatal events; sudden unexpected, unexplained deaths; and trauma and other external factors. The majority of such deaths, 64 per cent, occur where the child is under 1.

There were 60 reviews in 2014/15 where the category of death was recorded as deliberately inflicted injury, abuse or neglect. This is 1.7% of all child deaths. More than half of these deaths were identified as contributed to by factors which could be modified to prevent future deaths (32 out of 60).

Child death reviews



Data source

Department for Education (DfE), Child death reviews: year ending 31 March.

Why is this measure important?

From 1 April 2008, Local Safeguarding Children Boards (LSCBs) have had a statutory duty to review deaths of all children from birth (excluding still born babies) up to 18 years old, who are normally resident within their area. This is known as the Child Death Review Process. Since 1 April 2010, LSCBs have been required to determine whether there were 'modifiable factors' in the death of a child when reviewing the death. Modifiable factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce future child deaths, for example, a road accident if it was outside a school where there should have been a crossing.

What are the limitations of the data?

In a small number of cases (31 reviews in 2014/15) panels were unable to determine if there were modifiable factors in a child's death as there was insufficient information available. In some cases this was because it was not possible to gather further information, for example if the coroner was unable to conclusively determine the cause of death. In other cases it was because of difficulties in obtaining accurate information, for example when a child died abroad and limited information was provided to the panel. The lack of specificity in definition of modifiable factors means there may be variability around how these deaths are recorded as having modifiable factors as it is at the discretion of each LSCB.

INDICATOR 4

Child suicides

KEY MESSAGES

There were 142 suicides of 15 to 19 year olds in 2014, of which 105 were recorded as deaths by intentional self harm.

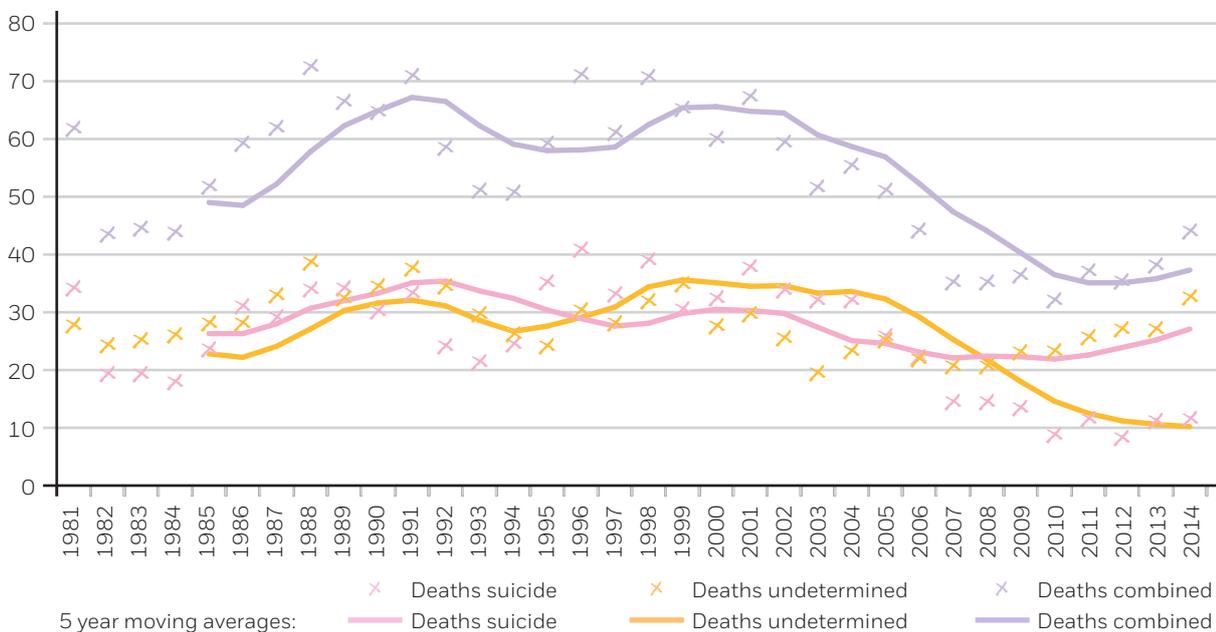
Five year average intentional self harm rates for 10 to 19 year olds have decreased since the 1980s; however they have been increasing since 2010, up 27 per cent.

In 2014 there were 105 suicides where death was recorded as by intentional self-harm, and a further 37 deaths recorded as by undetermined intent, of 15 to 19 year olds. Whilst the number of suicides remains

significantly lower than the 1980s and 1990s, this is the highest number of suicides since 2006. Following a decade of decline since 2000, the five-year average rate has stabilised with currently 37.3 suicides per million 15 to 19 year olds.

Deaths by undetermined intent appear to have stabilised and remain low with the five-year average at it's lowest in 30 years. However, the number of suicides has increased each year for the last 7 years clearly showing a gradual increasing trend. The five-year average has increased from 22.1 to 27.1 suicides per million 15 to 19 year olds; an increase of 24 per cent since 2010. A similar increase is seen when combining intentional self harm data for 10 to 14 and 15 to 19 year olds. The current five-year average rate is 15.0 suicides per million children, up 27 per cent from 11.9 in 2010.

Child suicides



Data Source

ONS Mortality statistics: deaths registered in England and Wales (Series DR). Historic data provided to NSPCC.

Why is this measure important?

Information on the number of suicides is an important measure of the safety of children and young people. Suicide may be the result of a combination of factors, such as abuse, neglect, family problems or mental health issues. Tracking the numbers of children and young people who take their own lives shows the number of children who feel there is no way out of their problems and for whom the right help is not there. It therefore shows a subset of the preventable deaths of children.

What are the limitations of the data?

The broader definition used to measure suicide has been used.* The definition includes deaths given an underlying cause of intentional self-harm (labelled on the graphs as suicides) or an injury/poisoning of undetermined intent. Deaths of undetermined intent are seen as cases where the harm was self-inflicted, but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves. However, this cannot be applied to younger children due to the possibility that these deaths were caused by unverifiable accidents, neglect or abuse. Therefore the suicide data for 10 to 14 year olds only uses deaths coded under 'intentional self-harm'. Data on suicides from mortality statistics is affected by difficulties in recording the cause of death where intent is unclear. There may be difficulties in recording a death either as a suicide or as an accident. Data on attempted suicides is not reflected in these statistics. The number of child suicides each year is relatively small. This means a small change in the number of deaths has a significant impact on rates. We have tried to compensate for this by looking at five year averages. Finally, as data is published in age bands, data for all under 18s is not readily available.

* For 15 to 19 year olds: deaths recorded under the codes 'intentional self harm' (from 2001: X60-X84 and Y87.0. Pre 2001: E950-E959) and 'event of undetermined intent' (from 2001: Y10-Y34 and Y87.2. Pre 2001: E980-E989). For 10 to 14 year olds: deaths recorded under the code 'intentional self-harm'.

INDICATOR 5

Sexual offences against children

KEY MESSAGES

There were 39,388 sexual offences against children in 2014/15 recorded by the police.

In 2014/15, the police recorded the highest number of sexual offences against children in the last decade; up 84 per cent since 2012/13.

There were 39,388 recorded sexual offences against children aged under 18 in 2014/15. This is a rate of 3.4 sexual offences per 1,000 children aged under 18. There has been a significant increase in the number of recorded offences in the last two years. The number of recorded sexual offences against children under 18 has risen by 84 per cent, from 21,372 in 2012/13 to 39,388 offences in 2014/15. The rate of sexual offences has similarly increased significantly from 1.9 to 3.4 offences per 1,000 children over the same period.

Recorded sexual offences against children under 18



Data source

Home Office Police Recorded Crime Open Data Tables (various dates) and FOI requests sent to police forces.

Why is this measure important?

This measure shows the number of sexual offences committed against children recorded by the police. The data covers a range of sexual offences, including rape, sexual assault, sexual activity with a minor and child grooming. The data provides an important picture of the amount of sexual abuse committed against children that comes to the attention of the police and is then recorded as an offence.

What are the limitations of the data?

Police recorded crime statistics suffer from under-reporting and therefore do not reflect the actual number

of offences committed. Trends in the data may reflect increased public awareness and changes in policing rather than an increase in incidence. The focus of published police recorded crime statistics is on offences, rather than victims of crime. This can make it hard to establish the total number of sexual offences committed against children as offence types cover different age groups, with the majority relating to children aged under 16 only. The NSPCC has addressed this issue by making freedom of information requests to all police forces asking for the number of recorded sexual offences against under 18s. Data reflects the year in which an offence was reported, not the year it was committed, so a proportion of offences will be historic. In January 2014 the UK Statistics Authority removed the National Statistics designation from recorded crime data in England and Wales following concerns about the data's reliability.*

* UK Statistics Authority (2014) Assessment of compliance with the code of practice for official statistics: statistics on crime in England and Wales.

INDICATOR 6

Cruelty and neglect offences

KEY MESSAGES

There were 8,506 cruelty and neglect offences against children under 16 by their parents and carers recorded by the police in 2014/15.

Numbers of recorded cruelty and neglect offences are now the highest they have been in a decade, having risen 75 per cent.

There were 8,506 recorded cruelty and neglect offences in 2014/15. This is a rate of 8.3 offences per 10,000 children aged under 16. Figures include offences of abandonment of a child, as this offence was merged with that of cruelty to and neglect of children in 2013. The number of offences has continued to rise over the past five years and have increased by 75 per cent over the past decade, from 4,855 offences in 2005/06. In the same time period, the rate of offences has risen from 4.9 in 2005/06 to 8.3 in 2014/15. Whilst a previous significant rise in offences from 2002/03 to 2003/04 is likely to be attributable to the introduction of national crime recording standards, the reason for the current increase is not yet known.

Cruelty and neglect by parents and carers



Data source

Home Office Police Recorded Crime Open Data Tables (various dates).

Why is this measure important?

This measure shows the number of offences recorded by the police where a parent or carer “wilfully assaults, ill-treats, neglects, abandons or exposes a child under 16 in a manner likely to cause them ‘unnecessary suffering or injury to health’”. The data does not reflect the total number of children actually suffering from cruelty or neglect, but it does provide an important picture of the cases of cruelty

and neglect against children that come to the attention of the police and that are recorded as offences.

What are the limitations of the data?

Police-recorded crime statistics suffer from under-reporting and therefore do not reflect the actual number of offences committed. In some cases, it is agreed that the best interests of the child are served by a social-care led intervention rather than a full police investigation. Trends in the data may also reflect increased public awareness and changes in policing rather than an increase in incidence.

INDICATOR 7

Self-reported prevalence of abuse and neglect

KEY MESSAGES

The prevalence of child abuse and neglect in the UK is significantly higher than reported to authorities.

In the UK, a fifth of 11 to 17 year olds have experienced severe maltreatment and a quarter of 18 to 24 year olds experienced severe maltreatment as a child.

One in twenty 11 to 17 year olds in the UK has experienced contact sexual abuse and one in ten 18 to 24 year olds experienced contact sexual abuse as a child.

Children are exposed to abuse in their home, in school and in the community, perpetrated by their parents, siblings, adults they know, peer or strangers. Over a quarter of all children are exposed to family violence by the time they are 18 and almost a quarter of all children are exposed to domestic violence by the time they are 18.* A quarter of 18 to 24 year olds said they were maltreated by their parent. A quarter of 18 to 24 year olds said they were victims of abuse by a sibling during their childhood. The data for 11 to 17 year olds is higher at a third.

Three in every five children aged 11 to 17 have been victimised by a peer. This includes anything from bullying to assault. A similarly high number have been exposed to community violence.**

Lifetime Rates for Exposure to Domestic and Family Violence

	11-17s			18-24s		
	Male	Female	Total	Male	Female	Total
Domestic violence	16.4%	18.7%	17.5%	19.5%	28.0%	23.7%
Family violence	18.6%	21.1%	19.8%	24.7%	31.1%	27.8%

Overall Maltreatment and Victimization by Perpetrator Type

Maltreatment and Victimization by Perpetrator Type	11-17s		18-24s
	Past Year	Lifetime	Lifetime
Maltreatment by <i>parent/guardian</i>	6.0%	21.9%	24.5%
Maltreatment by adult outside home	3.1%	7.8%	12.8%
<i>Sibling</i> victimisation	16.0%	31.8%	25.2%
Intimate partner abuse	5.0%	7.9%	13.4%
<i>Peer</i> victimisation	35.3%	59.5%	63.2%
Exposure to <i>community</i> violence	31.2%	61.4%	66.5%

* Four questions were asked about exposure to domestic violence specifically physical violence and threatening behaviour from an adult partner/ex-partner towards the parent, and two questions about other forms of physical violence against family members.

** Exposure to community violence is determined by a series of questions which ask about a range of different violent or criminal acts the young person may have witnessed or been exposed to such as seeing another person being hit, having their home burgled or witnessing family or domestic violence.

Capturing the current rate of abuse, in the last year 2.5 per cent of under 11 year olds and 6 per cent of 11 to 17 year olds have been subject to maltreatment by their parent or carer. Similarly 1.2 per cent of under 11 year olds and 3.1 per cent of 11 to 17 year olds have been subject to maltreatment by an other adult.

A fifth of 11 to 17 year olds have experienced some form of severe maltreatment and a quarter of 18 to 24 year olds experienced severe maltreatment as a child. Boys

and girls aged 11 to 17 are equally likely to experience severe physical abuse, maltreatment or neglect, where as girls in the 18 to 24 category were more likely to have experienced these types of abuse in their childhood.

One in twenty 11 to 17 year olds reported that they had experienced contact sexual abuse and over one in ten 18 to 24 year olds experienced contact sexual abuse as a child. Girls were approximately three times more likely to experience contact sexual abuse than boys.

Lifetime Exposure to Severe Maltreatment

Maltreatment type	11-17 years			18-24 years		
	Male	Female	Total	Male	Female	Total
Severe physical abuse	6.7%	7.1%	6.9%	10.2%	12.9%	11.5%
Contact sexual abuse	2.6%	7.0%	4.8%	5.1%	17.8%	11.3%
Severe neglect by a parent or guardian	9.9%	9.8%	9.8%	7.0%	11.0%	9.0%
Severe maltreatment by a parent or guardian	13.5%	13.3%	13.4%	11.6%	17.5%	14.5%
All severe maltreatment	18.2%	19.0%	18.6%	20.3%	30.6%	25.3%

Data source

Radford et al. (2001) Child abuse and neglect in the UK today.

Why is this measure important?

This measure draws on the findings of the NSPCC research report *Child abuse and neglect in the UK today*, published in September 2011. In this study, a sample of parents, young people and young adults in the UK were interviewed in 2009 about experiences of child abuse and neglect.* The findings provide the only UK-wide research-based indication of the prevalence and impact of child abuse and neglect. Definitions of terms used in this indicator can be found in the glossary.

What are the limitations of the data?

This is a UK wide self-report survey for 11 to 24 year olds and a caregiver survey for the under 11s. As survey data, it may be subject to error associated with sampling and respondents recalling past events. For under 18s, parental consent was needed, which may have resulted in some sample bias. The change in measures between surveys (only a subset of measures were repeated) limits trend analysis. This survey has not been repeated since 2009, so no new data is available. Although the data is available for England, the small sample size means that it is problematic to report this separately.

* 2,275 young people between the ages of 11 and 17 and 1,761 young adults between the ages of 18 and 24.

INDICATOR 8

Childline

Contacts and referrals

KEY MESSAGES

Low mood/unhappiness and family relationships remain the two most common issues that children and young people in the UK contact Childline about.

Childline made 4,005 referrals in 2015/16 on behalf of 3,609 children to external agencies in the UK. This is a 7 per cent increase since 2014/15.

The Childline website received a total of 3,477,162 visits. This figure has increased by 8 per cent since 2014/15.

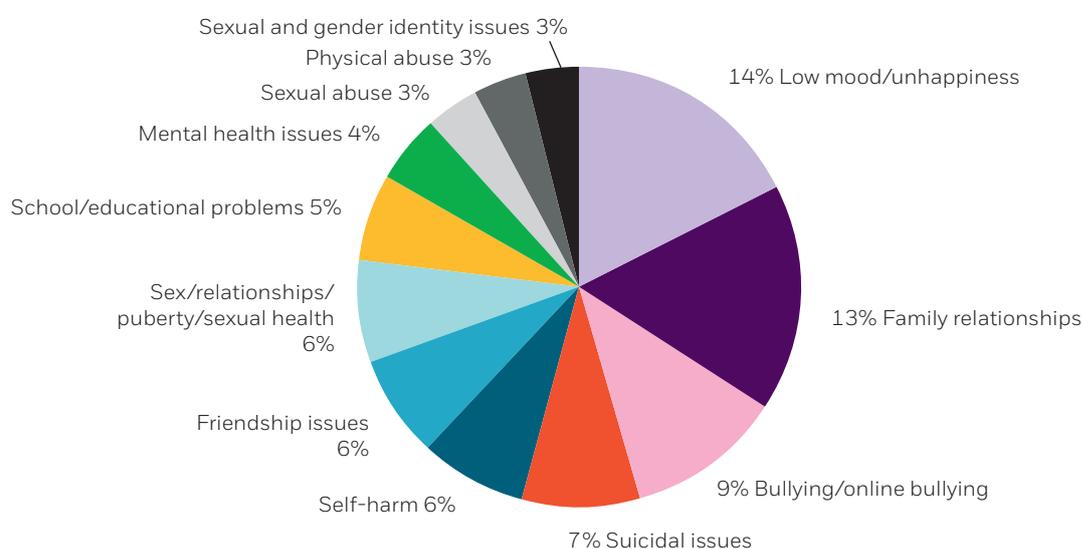
Low mood/unhappiness and family relationships remain the most talked about issues in counselling sessions* with a 19 per cent increase in children's primary concern being unhappiness from 2014/15 to 2015/16. Bullying, self-harm and suicidal issues were also among the top five main concerns counselled. Sessions focussed on suicidal issues increased by 10 per cent from 2014/15 to 2015/16. The number of counselling sessions about gender and sexual identity have increased by almost half compared to the previous year, now also accounting for 3 per cent of children's primary concerns.

Sexual abuse and physical abuse each account for 3 per cent of the main concerns counselled, though the number of counselling sessions for each has reduced by 15 per cent and 10 per cent respectively. Over the past year 10,067 counselling sessions were carried out with children whose main concern was sexual abuse/online sexual abuse. This accounted for 43 per cent of all abuse-related main concerns, making it the highest abuse related concern in 2015/16.

In 2015/16, Childline made 4,005 referrals** on behalf of 3,609 children to external agencies. This is a 7 per cent increase in referrals on the previous year. Suicide remains the most frequent reason for a referral to be made, accounting for 55% of all referrals. Counselling sessions and resultant referrals about this issue have been significantly increasing since 2009 and rose a further 10 per cent this year when compared with 2014/15. In terms of abuse, physical abuse accounted for 10 per cent of referrals made in 2015/16 and 4 per cent related to sexual abuse/online sexual abuse.

In addition to offering counselling sessions, the Childline website is a resource for children and young people. In 2015/16 the website received 3,477,162 visits, an 8 per cent increase from 2014/15. Information about sexting remains the most viewed Childline Explore page, followed by 'Your Rights' which provides information on rights to help children stay safe and get fair treatment. The Message Boards received 2,838,634 page views with 67,513 posts by children and young people.

Counselling sessions primary concerns 2015/16



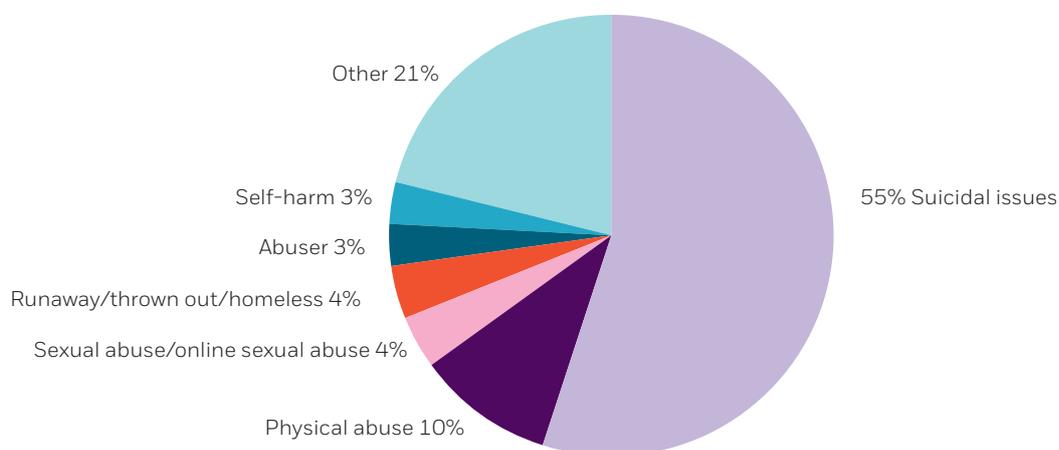
* Counselling sessions take place in calls, online chats or emails.

** Childline only make a referral to an agency when the child is in a life-threatening situation, facing significant harm or where the child has requested direct help.

Top 10 primary concerns identified in counselling sessions

Primary Concern	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Low mood/unhappiness				13%	12%	13%	14%
Family relationships	13%	13%	13%	13%	13%	14%	13%
Bullying/online bullying	12%	11%	10%	11%	10%	9%	9%
Suicidal issues	3%	3%	4%	5%	6%	6%	7%
Self-harm	3%	4%	5%	8%	9%	7%	6%
Friendship issues	3%	4%	4%	5%	6%	6%	6%
Sex/relationships/puberty/sexual health	5%	5%	5%	4%	7%	6%	6%
Mental health issues				3%	5%	5%	4%
Sexual abuse	7%	6%	5%	4%	4%	4%	3%
Physical abuse	9%	7%	6%	5%	4%	4%	3%

Referral primary concerns 2015/16



Data source

Childline data (on file with the NSPCC).

Why is this measure important?

Childline is the UK's free, 24-hour helpline for children and young people. Information about Childline counselling sessions provides a unique indication of the nature and levels of concerns among children. It allows us to identify emerging trends in the issues that children are facing. Childline information also allows us to track concerns about specific forms of abuse and neglect that may not be covered in official crime or child protection statistics.

What are the limitations of the data?

This data only captures where children have contacted Childline and is therefore only a snapshot of the concerns they may have. In general it is not possible to identify the number of individual children who are contacting Childline, as the same child may make multiple contacts. The number and reasons for contacts can also be affected by news coverage, NSPCC marketing, changes to how Childline data is coded and the introduction of new ways to contact Childline, such as online counselling. Childline data covers the UK as a whole. Due to the confidentiality of the service, very few young people tell a counsellor where they live, and therefore a breakdown of data for England is not possible.

INDICATOR 9

The NSPCC Helpline

Contacts and referrals

KEY MESSAGES

There were **41,733 contacts made to the NSPCC Helpline in 2014/15.**

85 per cent of contacts relate to physical abuse, sexual abuse, emotional abuse or neglect.

80 per cent of calls with concerns of child abuse or neglect are referred to an external agency.

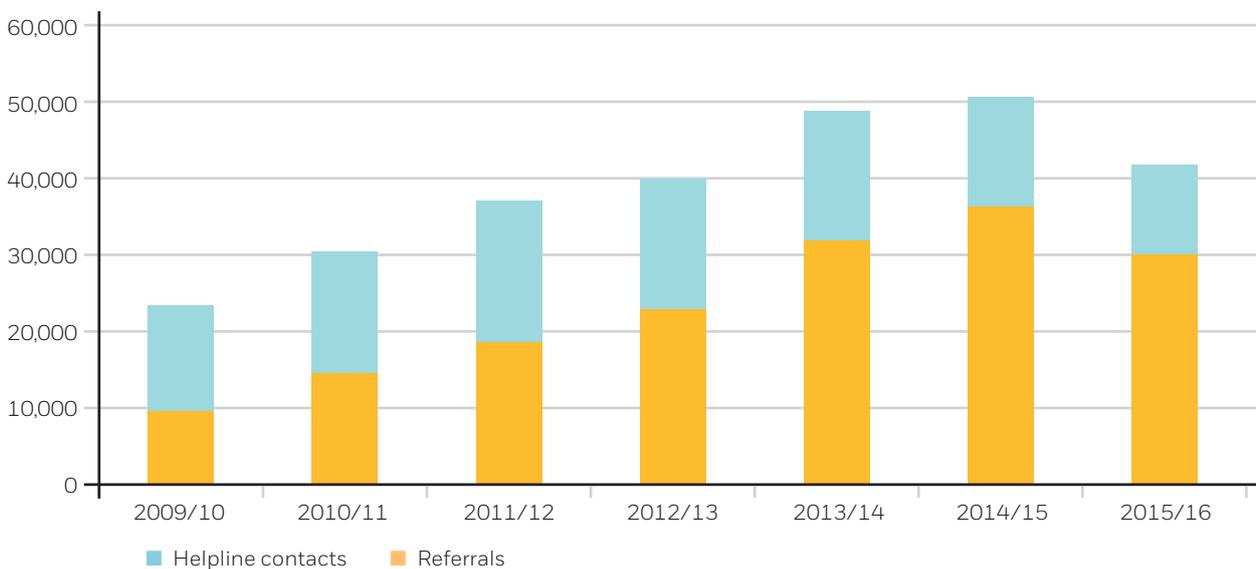
Contacts to the Helpline have increased by 78 per cent since 2009/10. Contacts to the Helpline result in the person calling receiving advice or a referral being made

to an external agency such as a local authority or the police. The proportion of all contacts that are referred to an external agency has increased each year over the last seven years.

In the majority of cases, 85 per cent, calls that are made to the Helpline are with concerns of child abuse or neglect. Referrals of these calls are higher with 89 per cent of all contacts relating to neglect and 84 per cent of contacts relating to physical abuse leading to a referral. Other reasons for contacting the Helpline include concerns about child or adult behaviour, family relationships and child health.

Data for the UK shows that the Helpline is most commonly utilised by the public, parents, carers and relatives, as opposed to professionals and children.*

Helpline contacts and referrals



Data Source

NSPCC Helpline Data (on file with the NSPCC).

Why is this measure important?

The NSPCC Helpline offers an advice and support service for anyone worried about the safety or welfare of a child. Information from the Helpline gives us an indication of the levels of concern among the public and professionals about children's welfare, the nature of these concerns and whether they are serious enough to warrant a referral to police or children's services. This is also a useful indicator to assist in future service planning for local authorities.

What are the limitations of the data?

Contacts to the Helpline are based on people's own perceptions of abuse and neglect, and therefore, the data only captures instances of abuse and neglect that callers have identified. Also the number and reasons for contact can be affected by news coverage and NSPCC marketing. Data on those contacting the Helpline is only available for the UK, not England.

* Professionals includes social care and children services professionals, health professionals, education professionals, the police and probation.

INDICATOR 10

Online harm

KEY MESSAGES

The Internet Watch Foundation removed 68,092 URLs hosting child sexual abuse images worldwide in 2015.

In 2014/15 the number of police recorded offences for 'Obscene Publications' in England rose by 69 per cent compared to the previous year.

Childline counselling sessions related to cyber bullying and sexting increased in the UK compared to the previous year.

In 2015, the Internet Watch Foundation (IWF) identified and worked with partners to remove 68,092 URLs hosting child sexual abuse imagery worldwide. This is a 118 per cent increase from the previous year though this increase can be explained as it was the first full year where the IWF actively searched for illegal images.* From the total number of URLs confirmed as hosting child sexual abuse images, 69 per cent were assessed to be of children aged 10 and under.** Of these URLs 14,299 were commercial child sexual abuse images, meaning they were being sold for commercial gain.

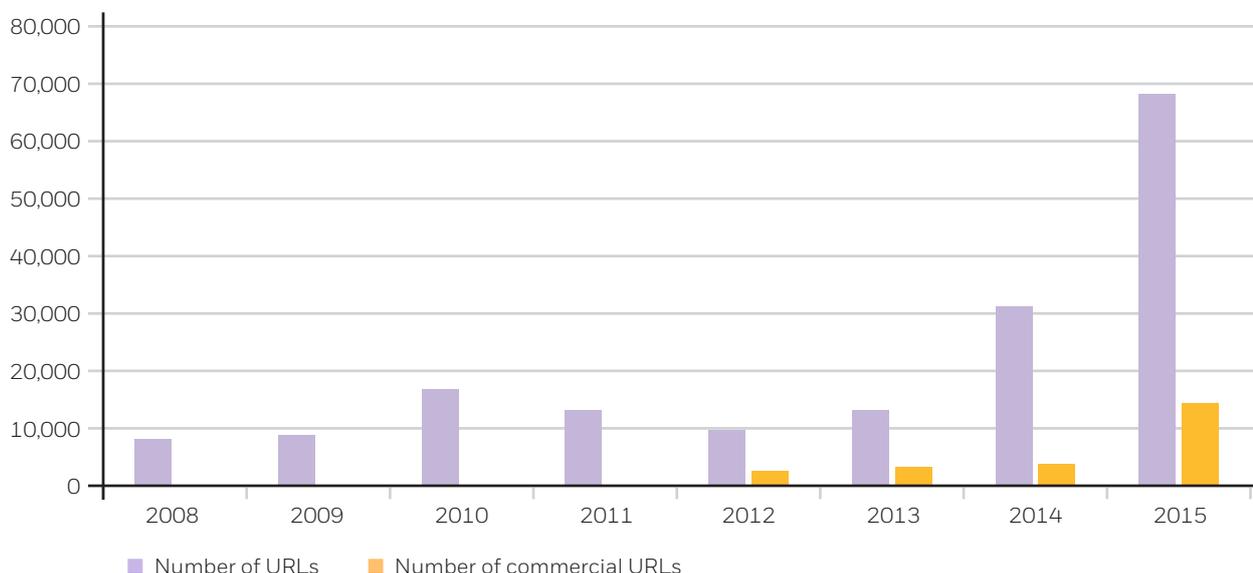
In 2014/15 the number of police recorded offences for 'Obscene Publications', which includes, but is

not limited to, images of child sexual abuse, rose by 69 per cent in England compared to the previous year. The ONS attributes this increase to a rise in offences relating to making and distributing indecent or pseudo-photographs of children and adults, through the use of internet and mobile phones. The police have also stated that they are giving more attention to child sexual exploitation cases which is likely to have led to an increase in the number of offences recorded under this category.

Children and young people who use the internet were asked if they have seen anything online that they found worrying, nasty or offensive in some way.† 16 per cent of 12 to 15 year olds and 11 per cent of 8 to 11 year olds had seen harmful content. Although there remains a gap between the percentage of older children (12 to 15 years) and the percentage of younger children (8 to 11 years) who have seen something nasty or offensive, the gap has narrowed since 2014 with a greater proportion of younger children viewing harmful content online.

There were 4,541 Childline counselling sessions in 2015/16 across the UK where cyber bullying was mentioned, which is a 13 per cent increase since 2014/15.†† In addition, there were 1,392 counselling sessions regarding sexting, which is a 15 per cent increase since 2014/15.

URLs hosting child sexual abuse material



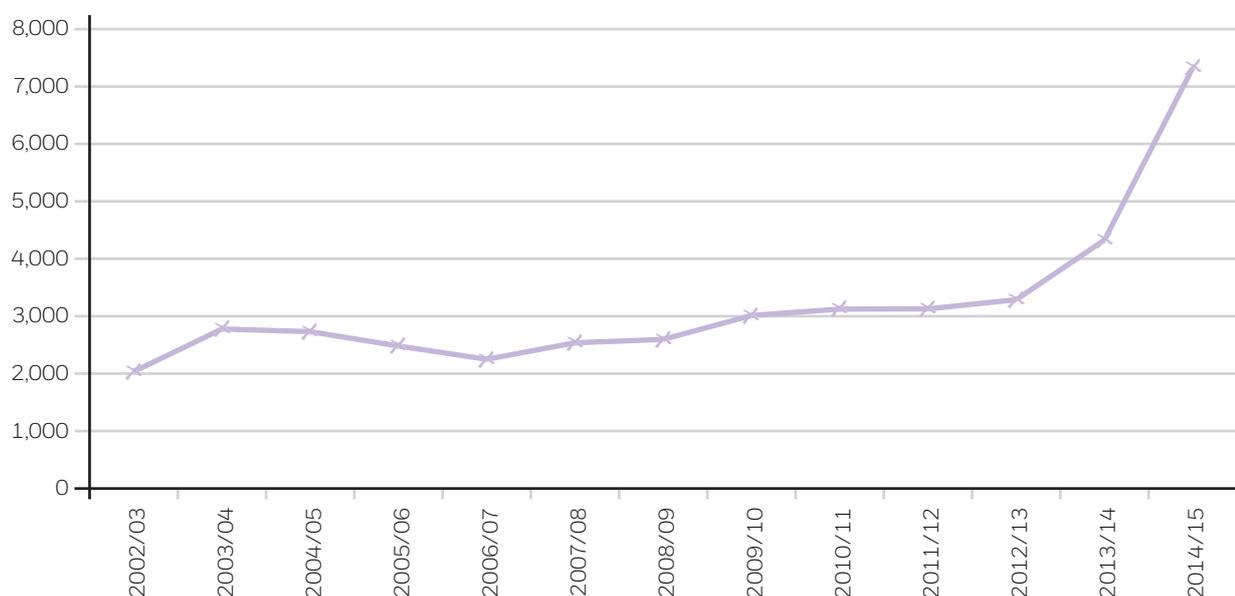
* The IWF was granted powers to proactively search for criminal content in 2014; previously they were only permitted to work on reports made by the public.

** The IWF assesses images for the age of the child but as this cannot always be identified this figure may be higher.

† Ofcom (2015) Children and parents: media use and attitudes report.

†† See indicator 7 for more detail on the limitations of Childline data.

Reported obscene publication offences



Data sources

Childline data on file with the NSPCC. Ofcom (2015) Children and parents: media use and attitudes report. ONS (2016) Crime in England and Wales: Year ending September 2015. IWF (2016) Annual report 2015.

Why is this measure important?

The internet can be extremely beneficial for children; they can use it to learn, communicate, develop, create and explore the world around them. However, too often, it also leaves them vulnerable to risks and exposes them to experiences which they find upsetting. These online risks are not always fully understood but it is essential for children's safety that they are addressed. For many children a distinction between their online and offline lives does not exist.

What are the limitations of the data?

The research and evidence presented here are snap shots of information because longer term trend data is limited; this is a relatively new and emerging area of research. Research tends to concentrate on children aged around eight or nine and above. We know little about the risks and harm experienced by younger children online. The data is mainly UK data though reference is made to England where data is available.

Obscene publications: It is a crime in England to create, possess or distribute indecent photographs or pseudo-photographs of children. These crimes are recorded as 'Obscene Publications', a category which includes a variety of offences relating to obscene material and which is not focused exclusively on children. This means that the figures shown are the maximum number of possible offences which have been recorded in relation to indecent images of children. Some of these offences will relate to adults, but we do not know how many.

INDICATOR 11

Violent crime

Experienced by 10 to 15 year olds

KEY MESSAGES

In 2014/15, 5.7 per cent of 10 to 15 year olds in England and Wales were the victim of a violent crime.

An estimated 373,000 violent offences were experienced by children aged 10 to 15 in England and Wales in 2014/15.

In 2014/15, 5.7 per cent of 10 to 15 year olds in England and Wales were the victim of a violent crime in the 12 months prior. 3.8 per cent were victims of violence and sustained an injury. As an indication, this

is over three times the proportion of adults who were victims of violent crime in 2014/15, though direct comparisons are problematic due to methodological differences.

The Crime Survey estimates that a total of 709,000 crimes were experienced by children aged 10 to 15 in 2014/15. Over half (53 per cent) were violent crimes (373,000) while most of the remaining crimes were thefts of personal property (278,000). The majority of the violent offences, (67 per cent) resulted in injury to the victim. In comparison, about 52 per cent of violent incidents among adults aged 16 or above resulted in injury to the victim. In 2014/15, 3.8 per cent of 10 to 15 year olds were the victims of violence and sustained an injury, which is equal to 249,000 individual incidents.

Violent offences

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Wounding	1.8%	1.1%	1.0%	1.0%	1.1%	0.8%
Assault with minor injury	3.7%	3.7%	3.6%	2.9%	3.3%	2.8%
Assault with no injury	2.4%	1.7%	2.2%	1.4%	1.7%	1.6%
Robbery	1.3%	0.9%	1.3%	1.0%	0.7%	0.7%
Violence with injury	5.5%	5.0%	4.8%	4.2%	4.5%	3.8%
Violence without injury	3.4%	2.1%	3.1%	2.1%	2.2%	2.1%
Any violent incidents	8.5%	6.8%	7.7%	6.1%	6.5%	5.7%

Data sources

ONS (2015) Crime in England and Wales, Year ending March 2015, technical report: volume one.

Why is this measure important?

The Crime Survey for England and Wales (previously the British Crime Survey) is a face-to-face survey in which people resident in households in England and Wales are asked about their experiences of crime in the previous 12 months. The 2014/15 survey was based on interviews with around 3,000 children aged 10 to 15. Crime survey estimates are higher than the number of crimes recorded by the police because the survey captures offences that have not been reported to the police. The survey is therefore an important way of increasing our understanding of crime however it should be noted that the participants may choose not to disclose the occurrence of a crime.

What are the limitations of the data?

Data is available for England and Wales combined for the last six years. However, comparison is only possible over the past four years due to changes in the way the statistics

are collected. As survey data, it may be subject to error associated with sampling and respondents recalling past events. The survey only provides data for children aged 10 to 15 years old and only covers certain offence categories (violence and theft offences). Methodological differences between the adult's and children's survey mean that direct comparison is not possible. It also excludes children living in communal establishments, boarding schools, youth detention centres and children's homes.

The survey uses two different measures of crime due to difficulties in classifying some crimes against children. These are called the 'preferred measure' and the 'broad measure'. The 'preferred measure' takes into account factors identified as important in determining the severity of an incident (such as relationship to the offender and level of injury or value of item stolen or damaged) and as such only this data is used here. The 'broad measure' includes those incidents in the preferred measure and also takes into account minor incidents between children and family members that would not be treated as criminal matters.

INDICATOR 12

Social Services referrals

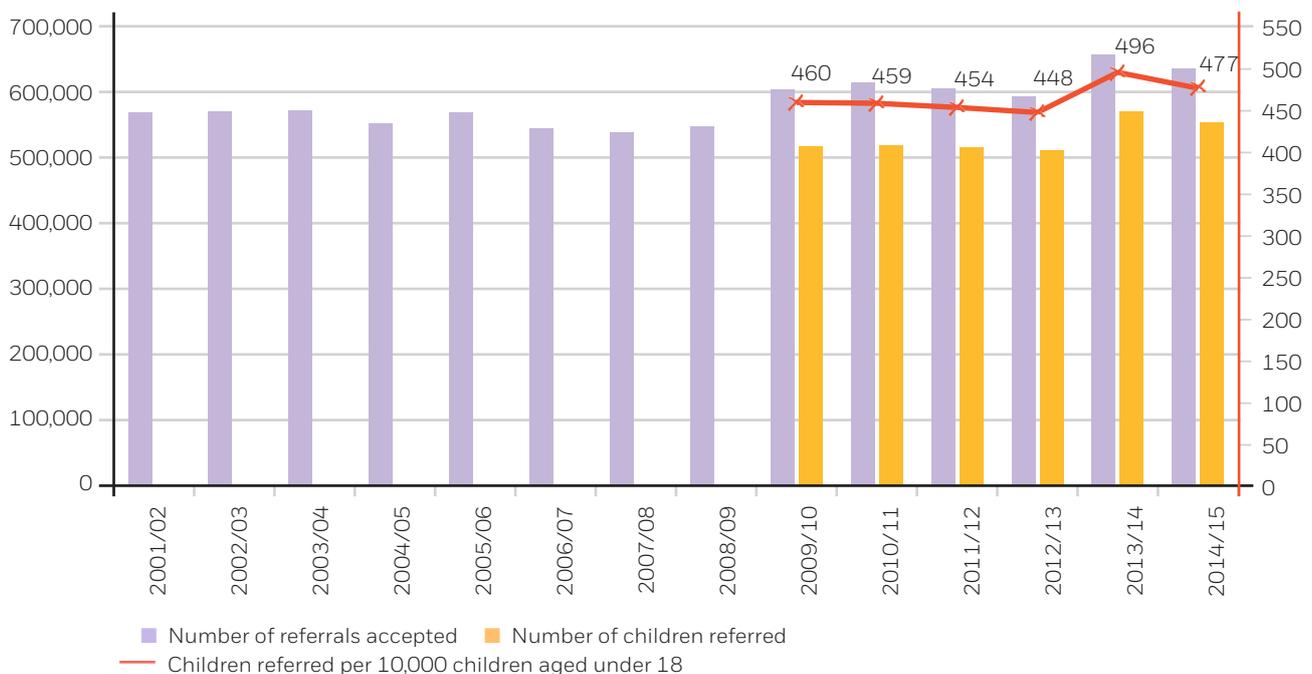
KEY MESSAGES

There is a long-term increase in the number of referrals despite the decrease in 2014/15.

A quarter of referrals are re-referrals from within a 12 month period.

There were 635,600 referrals relating to 553,500 children for 2014/15. The number of referrals declined slightly in 2014/15, following an increase in 2013/14. Despite the reduction in 2014/15, the numbers of referrals and children referred remain higher than those seen prior to 2013/14 and in general, referrals are following a long term increasing trend. Almost a quarter of referrals are re-referrals from within a 12 month period (24 per cent). The proportion of re-referrals has remained stable over time.

Referrals to social services



Data source

DfE Children in Need statistics. Additional data provided by the DfE in correspondence with the NSPCC.

Why is this measure important?

A referral is the first stage of the child protection process. A referral is made about a child because some aspect of their life is giving cause for concern. A referral is a request for services to be provided by children's social care services where the child is not previously known to them, or where the case was previously open but is now closed. On receipt of a referral, children's social care will decide what further work needs to be done. It may be that more investigation is needed in the form of a social work assessment, or it may be that it can be resolved by providing some information, or referring to another agency. In some cases no further action

is needed. Anyone who has concerns about the safety or welfare of a child can make a referral to statutory services including a local authority social services department, the police, health services, family, friends, and neighbours. Children and young people can also self-refer.

What are the limitations of the data?

Re-referral data is not available for 2009/10 because data was not collected in a comparable way for this year only. An increase in referrals is not good or bad in terms of the safety of children — an increase could indicate an increase in awareness of concerns about the safety of a child; alternately it could indicate an increase in the levels of concern about the safety of children or changes in legislation, policy and practice.

INDICATOR 13

Assessments by Social Services

KEY MESSAGES

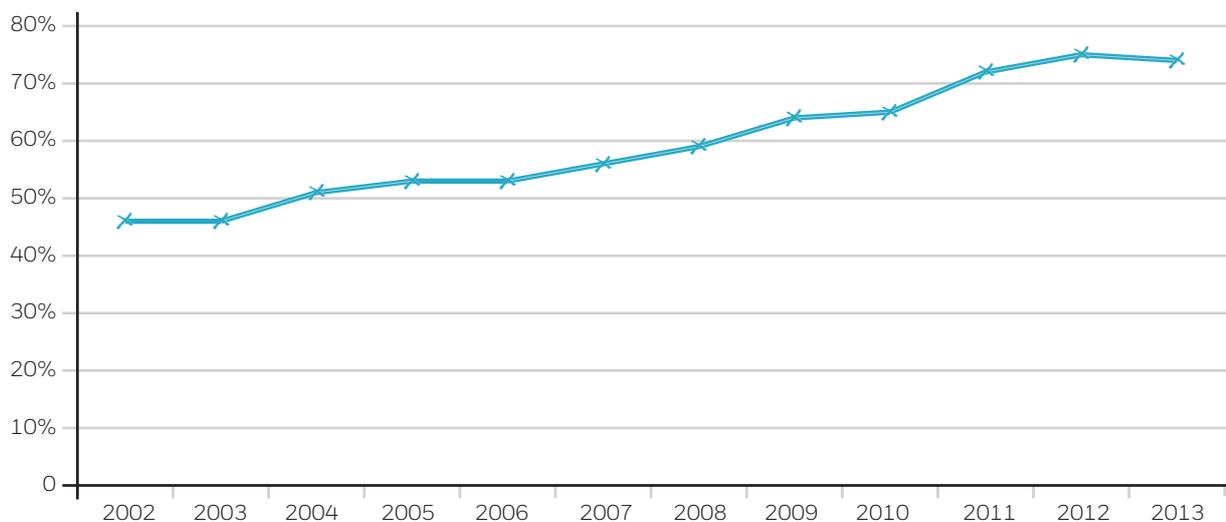
Domestic violence, emotional abuse, mental health and substance misuse were the most commonly cited factors in assessments.

Once a referral is made, one action that can be taken is that an assessment is made. The number of assessments carried out by Social Services as a proportion of the number of referrals accepted had been increasing since 2003. 2015 data relates to continuous,

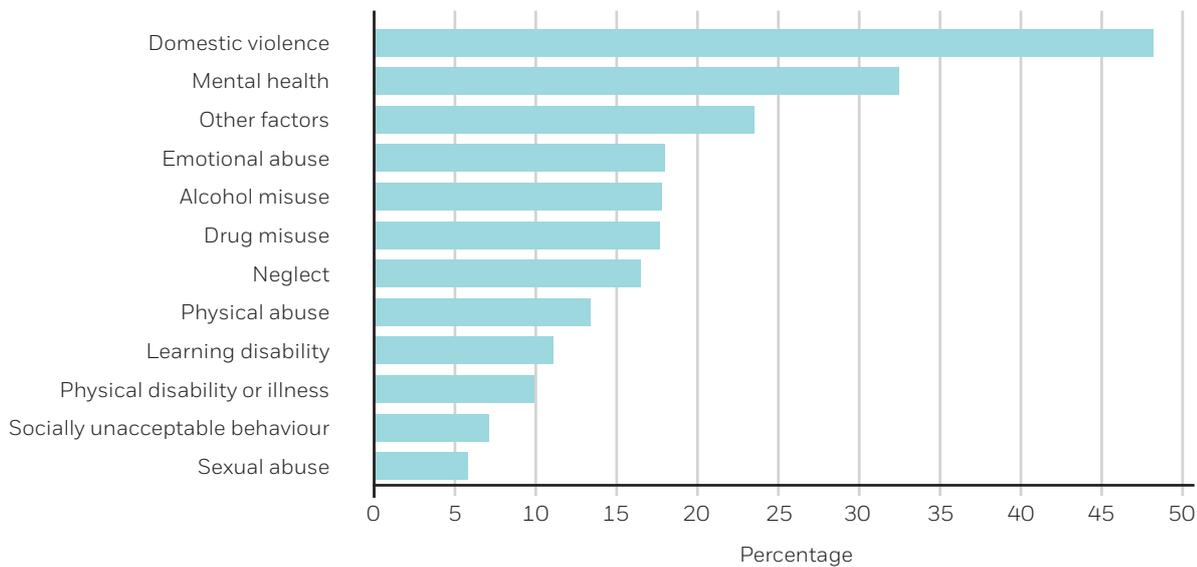
as opposed to initial, assessments and is not directly comparable to previous years. In 2015, 87 per cent of referrals had an assessment carried out.

Multiple factors are identified through assessments. This was recorded for the first time in 2014/15. Domestic violence was the most common factor identified in 48 per cent of assessments. This was followed by mental health at 33 per cent, which incorporates both the mental health of the child and other adults in the family/household. Emotional abuse, alcohol misuse and drug misuse are also commonly noted factors each identified in 18 per cent of assessments.

Number of assessments as a proportion of referrals



Factors identified in assessments



Data source

DfE Children in Need statistics.

Why is this measure important?

A referral may result in a number of different actions including a social work assessment, a referral to another service for support if the child is not at risk of significant harm, or no further action. The statutory guidance 'Working Together to Safeguard Children' was revised in 2013 giving local authorities more flexibility when assessing children. Previously local authorities carried out an initial assessment within 10 working days and (where needed) a more in-depth core assessment within 35 working days. Local authorities now have the flexibility to carry out a single continuous assessment within 45 working days.

What are the limitations of the data?

As local authorities now carry out continuous assessments, they are no longer making a distinction between an initial and a core assessment. As a result, data on initial assessments completed as a percentage of referrals is no longer available. As of 2015 a full set of data is available for the number of continuous assessments. The second data set, factors identified at the end of assessment are in addition to the primary need identified at assessment and were collected for the first time in 2014 but not all local authorities did this so there is no trend data available yet.

INDICATOR 14

Children In Need Due to abuse or neglect

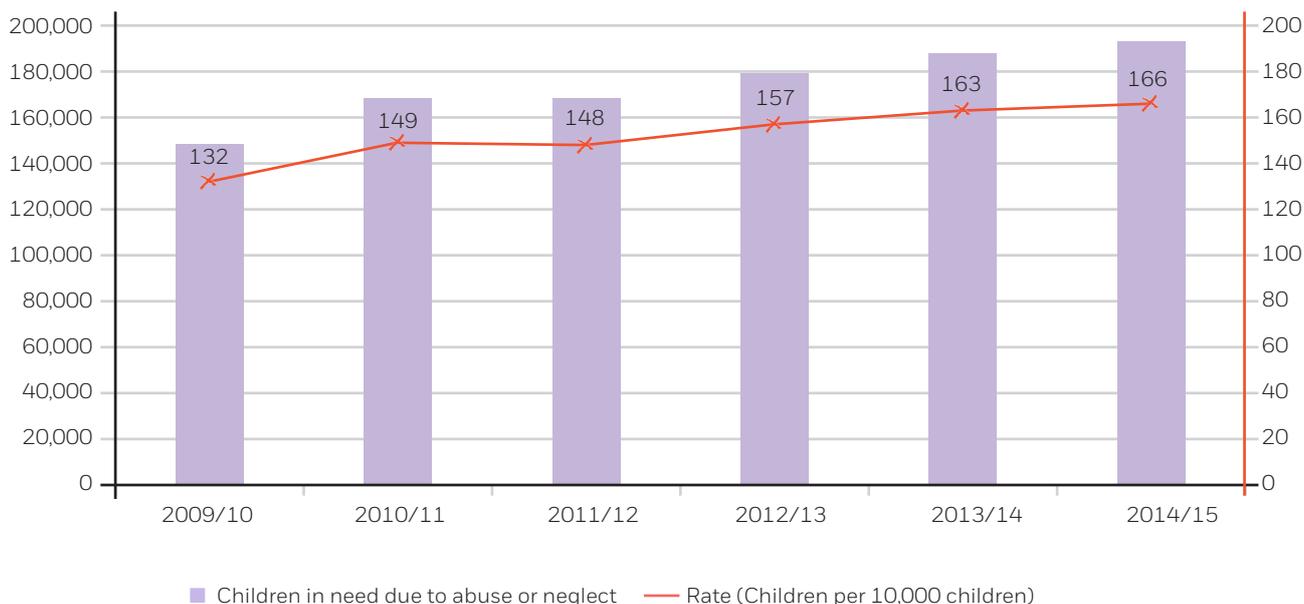
KEY MESSAGES

Almost half of all children in need are in need due to abuse or neglect.

The number of children who are in need due to abuse or neglect has increased over the last six years.

The total number of children in need at 31 March 2015 was 390,960 which is a slight decrease, 2 per cent, from the previous year. Of these, 192,940 were categorised as children in need due to abuse or neglect. This is actually a slight increase, 3 per cent, from the previous year. Whilst the number of all children in need has fluctuated over the last six years, the number of children who are in need as a result of abuse or neglect has increased. Children in need due to abuse and neglect now account for almost half, 49 per cent, of all children in need. There are currently 166 children in need due to abuse or neglect per 10,000 children.

Children in need due to abuse or neglect



Data sources

England CIN census 2009/10 to 2014/15.

Why is this measure important?

A child in need is a child who is unlikely to have, or have the opportunity to have, a reasonable standard of health and development without any support provided by a public authority. There are many different reasons why a child would be in need including for instance, being disabled. Here we have, as far as possible, focused on the data on children who are in need due to abuse or neglect.

What are the limitations of the data?

An increase or decrease in this number does not mean that children are becoming more or less safe. A fluctuation may mean that more or fewer children are coming to the attention of social services, rather than a change in actual numbers of children in need.

INDICATOR 15

Children in the child protection system

KEY MESSAGES

There are currently almost 50,000 children subject to a Child Protection Plan at any one time.

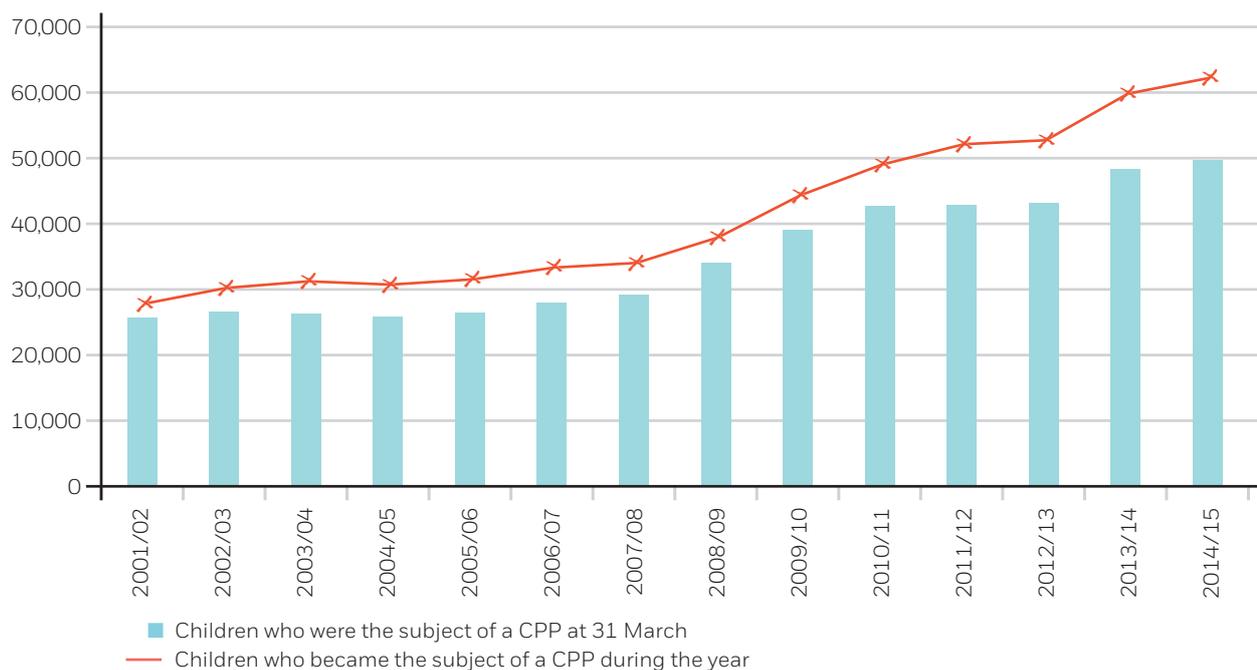
The number of children in the child protection system has approximately doubled since 2001/02.

62,210 children became the subject of a Child Protection Plan (CPP) during 2014/15.* The number

of plans initiated each year has increased by 4 per cent since 2013/14 and 97 per cent since 2004/05. In an annually comparable snapshot, 49,690 children were subject to a plan at the end of 2014/15. This is an increase of 3 per cent from the previous year and 95 per cent in the last decade.

A similar trend is expected in the number of plans initiated and the number of children subject to a plan at any one time. However since 2009/10 the number of plans initiated has increased at a slightly higher rate year on year, than the number of children on a plan at any one time.

Children on Child Protection Plans



Data Sources

DfE Characteristics of children in need: 2014 to 2015.

Why is this measure important?

Children subject to CPPs are deemed to be at continuing risk of harm. Data on CPPs is captured in two ways: firstly the number of children who become the subject of a plan in a financial year and secondly the number of children who are on a plan at the end of each financial year. A child can be subject to a plan for varying periods therefore these two measures aims to capture both the number of plans throughout a year and provide an indication of the number of children on a plan at any one time.

What are the limitations of the data?

Data is only held on children who have been identified by the authorities as being in need of a CPP. Many children who have experienced or are likely to experience significant harm may not be identified. These figures should therefore not be interpreted as a record of all child abuse. An increase in the number of children subject to CPPs could suggest that more abuse is coming to the attention of social services or that it is more prevalent.

* If a child is the subject of more than one plan during the year, each plan is counted.

INDICATOR 16

Composition of Child Protection Plans

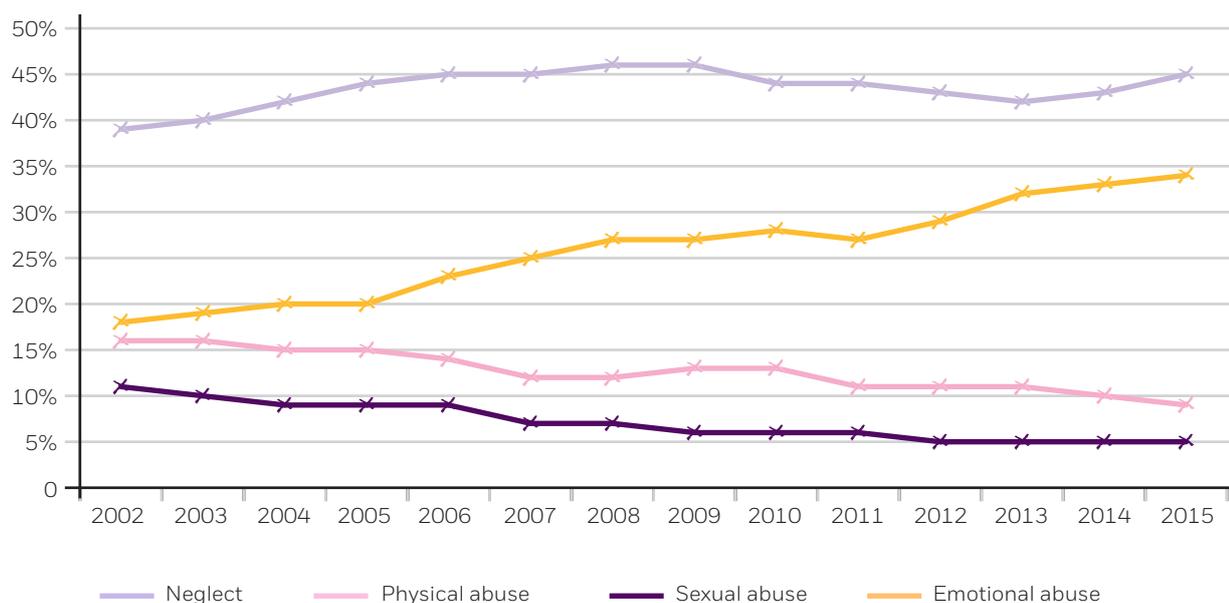
KEY MESSAGES

Neglect remains the most common cause for being subject to a Child Protection Plan.

There is an increase of emotional abuse cited as the reason a child is subject to a Child Protection Plan.

The most common reason cited for being the subject of a Child Protection Plan (CPP) is neglect, which has accounted for over 40 per cent of plans for the last 13 years and is currently cited in 45 per cent of plans. Notable however, is that there is a long-term increasing trend in the number and proportion of plans where emotional abuse is noted as the cause for the plan. Both neglect and emotional abuse are cited as the cause in over 10,000 more CPPs each since 2005 and are therefore the contributors of the increase in plans over the last decade. Physical abuse is the reason for 9 per cent and sexual abuse is the reason for 5 per cent of plans.

Reason cited for being subject to a Child Protection Plan



Data Source

DfE Characteristics of children in need: 2014 to 2015.

Why is this measure important?

This data shows the reasons why a child deemed to be at continuing risk is subject to a CPP; that is, the initial category of abuse (neglect, physical abuse, emotional abuse, sexual abuse or multiple forms of abuse), as assessed when the CPP commenced.

What are the limitations of the data?

There is variation in the way local authorities record the category of abuse; some record one category (the main category) even where there have been instances of different types of abuse.

INDICATOR 17

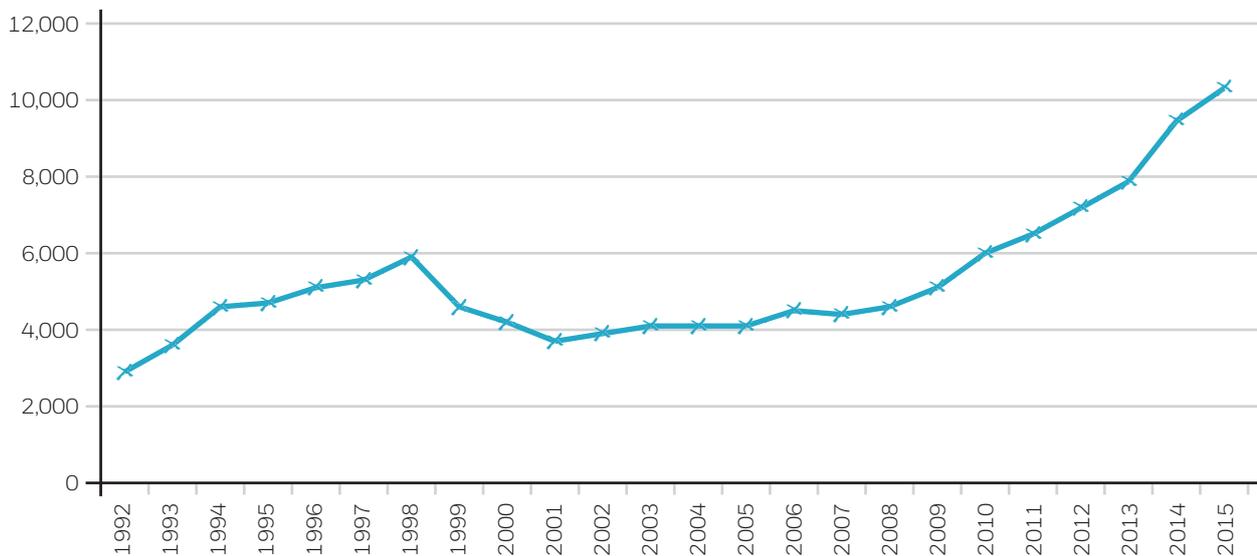
Returning to a Child Protection Plan

KEY MESSAGES

The percentage of children who become subject to a subsequent Child Protection Plan has increased slightly since 2010/11.

Whilst relatively stable for a decade, the percentage of children who become subject to a Child Protection Plan (CPP) for a second or subsequent time within 12 months has increased a small amount since 2010/11. Currently, 17 per cent of plans initiated are re-registrations.

Re-registrations to Child Protection Plans



Data Source

DfE Characteristics of children in need: 2014 to 2015.

Why is this measure important?

Re-registration data shows the number of children subject to CPPs who come back onto the plans within a 12 month period. Re-registration rates could suggest that the decision to initially remove them from a CPP was premature and that they are not actually safer or they could suggest that circumstances in the child's life have changed requiring re-registration.

What are the limitations of the data?

Data is only held on children who have been identified by the authorities as being in need of a CPP. Many children who have experienced or are likely to experience significant harm may not be identified. These figures should therefore not be interpreted as a record of all child abuse.

INDICATOR 18

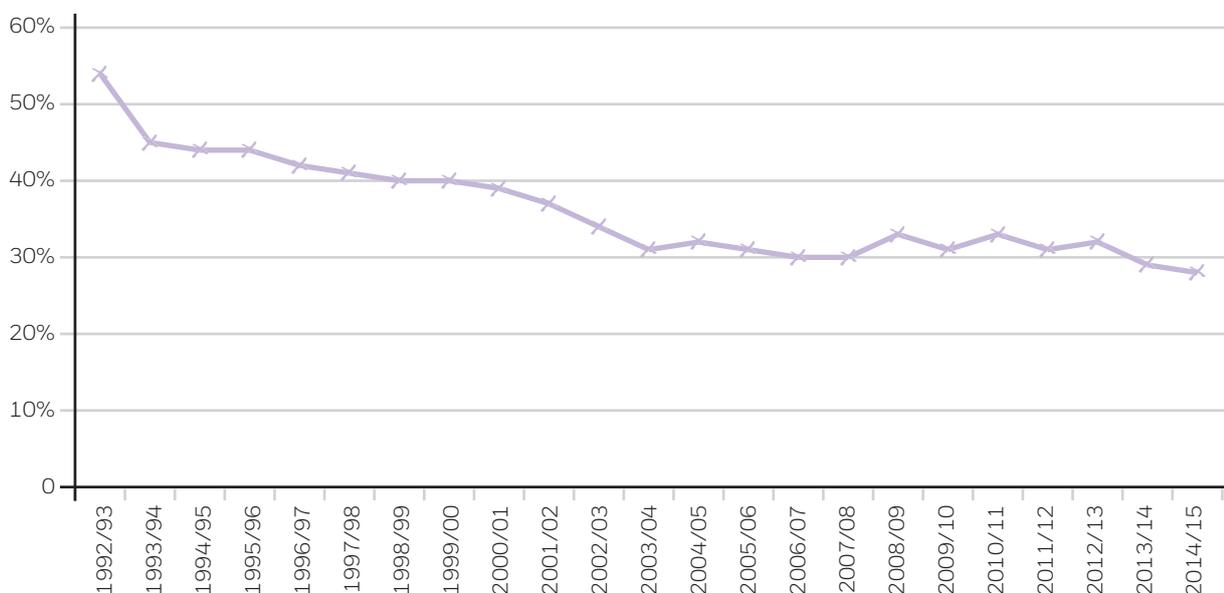
How long are children subject to Child Protection Plans

KEY MESSAGES

In 2014/15 41 per cent of children were the subject of a Child Protection Plan for between 6 months and a year.

The length of time that children are on a Child Protection Plan (CPP) varies from months to years. In 2014/15 41 per cent of children were the subject of a CPP for between 6 months and a year. Over the last 3 years there has been a minimal decrease in the proportion of children who remain subject to a CPP for more than a year.

Percentage of plans ceased that are longer than 1 year



Data Source

DfE Characteristics of children in need.

Why is this measure important?

When a child is de-registered from their CPP, it would suggest that there were no longer concerns about that child's safety and that he or she was indeed safe and no longer at a risk of harm.

What are the limitations of the data?

Data is only held on children who have been identified by the authorities as being in need of a CPP. Many children who have experienced or are likely to experience significant harm may not be identified. These figures should therefore not be interpreted as a record of all child abuse. It should be noted that there is no optimal amount of time to be subject to a CPP.

INDICATOR 19

Looked after children

KEY MESSAGES

61 per cent of looked after children are looked after as a result of abuse or neglect.

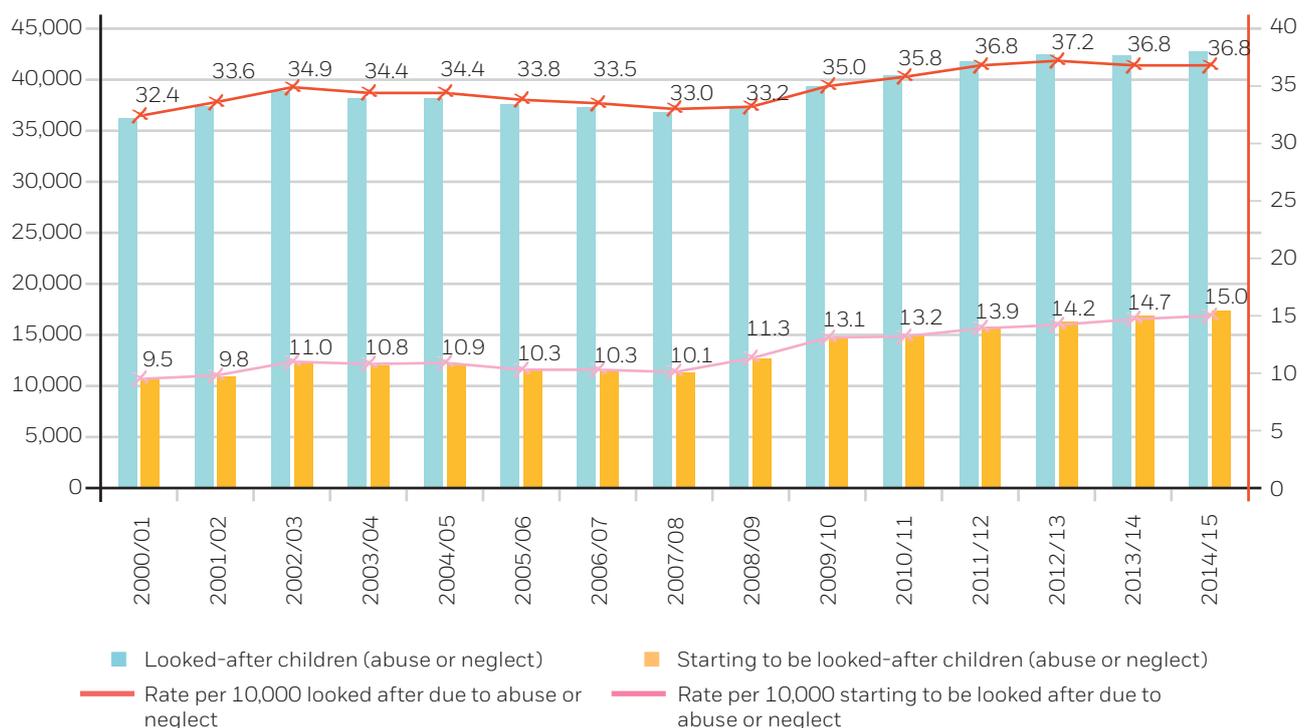
The number of children looked after due to abuse or neglect continues to increase.

There has been an increasing trend in the number of children who are looked after due to abuse or neglect

since 2007/08, which is reflective of the increasing trend of looked after children. As such, the proportion of children that are looked after due to abuse or neglect has remained at between 61 and 62 per cent of all looked after children for the last decade.

There were 42,710 children looked after due to abuse and neglect at 31 March 2015 which is less than a 1 per cent increase on the previous year. During 2014/15 17,380 children became looked after as a result of abuse or neglect, which is almost a 3 per cent increase on 2013/14.

Looked after children due to abuse or neglect



Data source

DfE (2015) Children looked after in England (including adoption and care leavers) year ending 31 March.

Why is this measure important?

The term 'looked after children' refers to those children that are cared for by the state. The measure gives an indication of the number of instances in which the state acts as a corporate parent. There are many reasons why the state might be a corporate parent, including because a child has suffered abuse or neglect, was at risk, or is disabled. Children may be looked after for short periods of time, for example in instances of respite care. The total number of looked after children is frequently cited as an indication of the state of child welfare and the efficacy of social services. We have also focused on children who are looked after due to abuse or neglect. This allows us to track changes in this specific area of need and thereby gain a deeper understanding of key influencing factors within that area.

What are the limitations of the data?

Statistics on looked after children are available for different categories of need. The reason why a child first becomes looked after is registered under whichever category is most applicable at that time. This may not be the only category relevant to that child for the period over which he or she is looked after and therefore may not include all looked after children where abuse or neglect is a factor.

INDICATOR 20

Proportion of looked after children

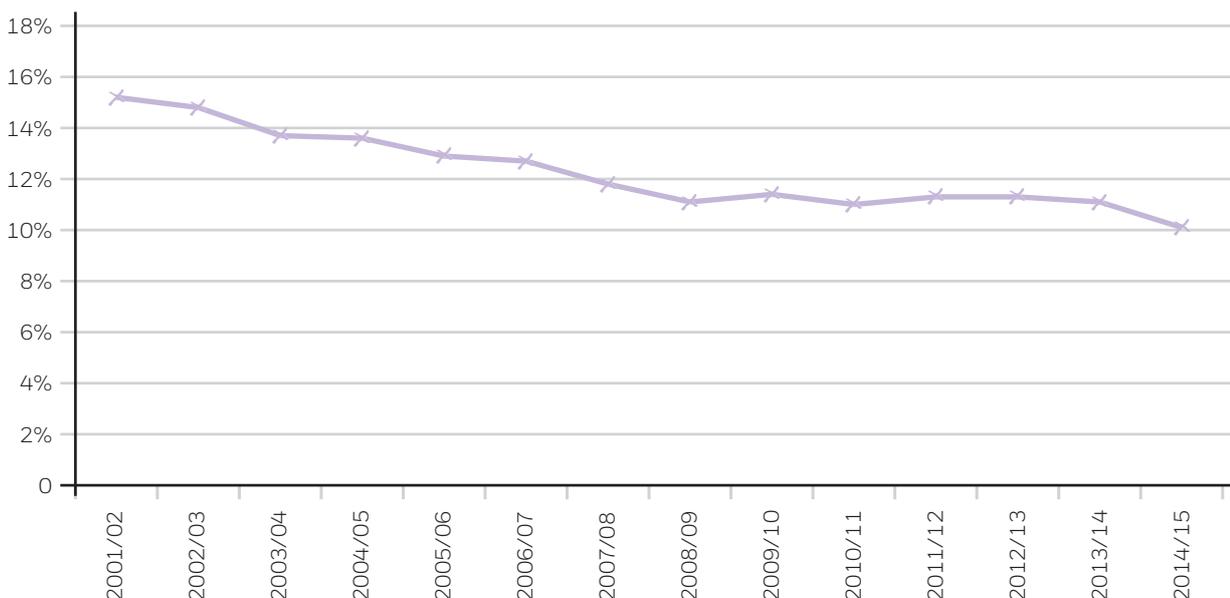
Who have three or more placements during the year

KEY MESSAGES

The number of all looked after children who have three or more placements during the year has continued to fall.

7,040 children who are looked after in 2014/15 had three or more placements. This is 10 per cent of all children who are looked after. The proportion of children who experience multiple placements has been reducing since 2002, which suggests that placement stability is improving.

Looked after children with three or more placements during the year



Data source

DfE (2015) Children looked after in England (including adoption and care leavers) year ending 31 March 2015.

Why is this measure important?

This indicator shows the proportion of children who have three or more placements in a year (See Indicator 19 for information about children looked after generally and as a result of abuse and neglect). The evidence suggests that many children do well in care, particularly if they are able to settle into their placements long term.* However, research suggests a link between placement instability

and poor mental health outcomes for children in care.** Here we present the available data on the proportion of children who have three or more placements in a year. A reduction in the proportion of children who have three or more placements would suggest that placement stability is improving.

What are the limitations of the data?

The data on number of placements relates to all children who are looked after, not just those children who are looked after due to abuse or neglect. Available data is not broken down to that level of detail.

* Sebba, J. et al. (2015) The educational progress of looked after children in England: linking care and educational data.

** Villodas, M.T. et al (2016) Long-Term Placement Trajectories of Children Who Were Maltreated and Entered the Child Welfare System at an Early Age: Consequences for Physical and Behavioral Well-Being. *Journal of Pediatric Psychology*, 41(1): 46-54.

INDICATOR 21

Emotional wellbeing and offending rates

For looked after children

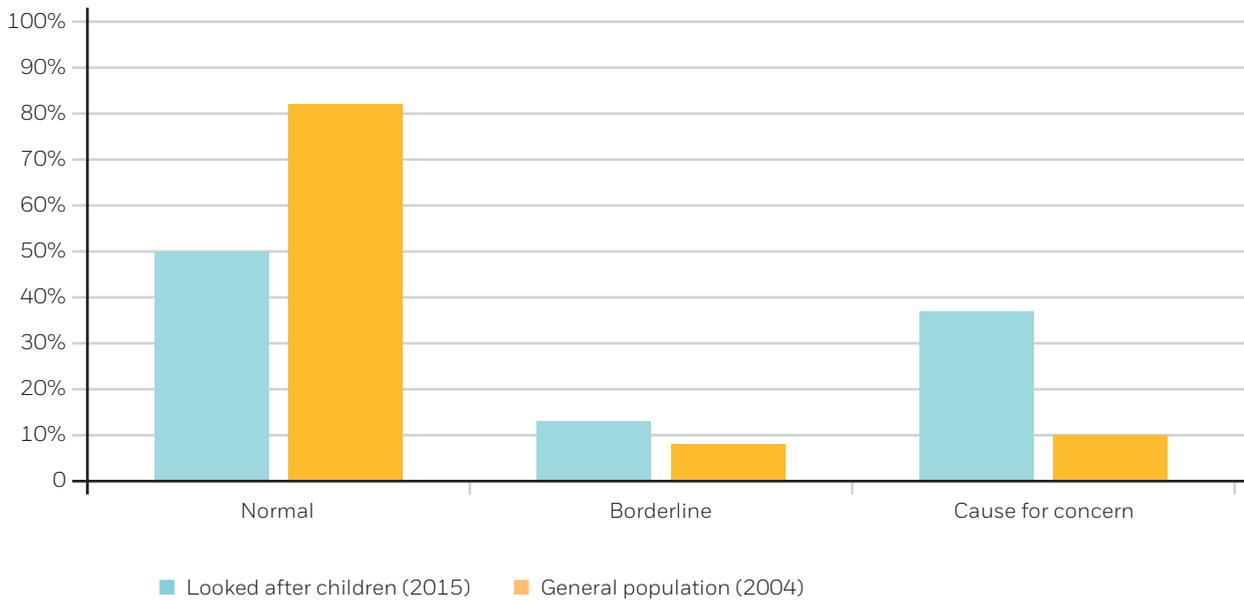
KEY MESSAGES

Only half of children who are looked after have emotional and behavioural health that is considered 'normal'.

Offending rates amongst looked after children are falling, though remain higher than for all children.

Physical and mental health can be broadly categorised as 'normal', 'borderline' and 'cause for concern'.* Compared to the general population,** a greater proportion of looked after children's health is identified as being of concern. The average score for looked after boys mental health is within the 'borderline' range which is significantly higher than the average for the general population. Of note, the rate of children offending has been declining for the last four years. Looked after boys are 3.5 times more likely to be convicted of a crime or subject to a final warning than their peers. Boys are more than twice as likely to offend as girls.

Strengths and Difficulties Questionnaire scores



* <http://www.sdqinfo.org/norms/UKSchoolNorm.html>.
 ** 2004 British Survey of Children and Adolescent Mental Health.

Data sources

DfE, Outcomes for children looked after by Local Authorities: 31 March 2010-2015. General population SDQ data: <http://www.sdqinfo.org/norms/UKSchoolNorm.html>. Meltzer, H., Gatward, R., Goodman, R., and Ford, F. (2000) Mental health of children and adolescents in Great Britain. London: The Stationery Office.

Why is this measure important?

This data refers to children who are currently in care. As a result of their experiences before entering and during care, children in care are at greater risk of various poor outcomes than their peers. For example, evidence suggests that looked after children are four times more likely to have mental health problems than their peers.* Guidance published in March 2015** highlighted the importance of placing an equal emphasis on looked after children's physical and mental health. It set out the responsibilities of local authorities and clinical commissioning groups to ensure that children in care and care leavers do not experience delay or other barriers in accessing services to support their wellbeing. All local authorities are required to ensure that a Strengths and Difficulties Questionnaire (SDQ) is completed for each of their looked after children aged 4 to 16.

What are the limitations of the data?

The data on outcomes relates to all children who are looked after, not just those children who are looked after due to abuse or neglect. However, as we can see in a previous indicator, these form approximately 60 per cent of looked after children. The SDQ is carried out by the foster carer who may not have known the child for long therefore certain behavioural/emotional problems may not be captured. Only 70 per cent of SDQs are returned which is a 3 per cent increase in the previous year. The reasons for not collecting a SDQ include: (1) carer refused to complete and return questionnaire (2) not possible to complete the questionnaire due to severity of the child's disability (3) child or young person refuses to allow an SDQ to be completed.

* p21 of Meltzer, H., Corbin, T., Gatward, R., Goodman, R., and Ford, T. (2003) The mental health of young people looked-after by local authorities in England. Office for National Statistics, London: HMSO.

** <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>.

INDICATOR 22

Child trafficking

KEY MESSAGES

There were 732 children trafficked in 2014, up 22 per cent from 602 in 2013.

224 children were referred to the NSPCC Child Trafficking Advice Centre (CTAC) between November 2014 and October 2015, an increase of 40 per cent from 2013/14.

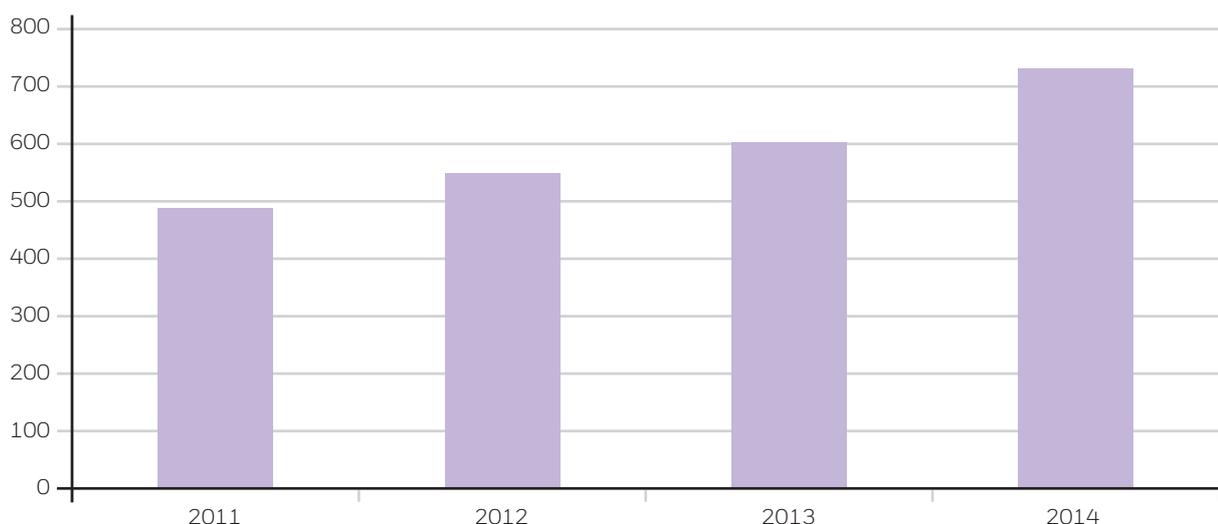
The most frequent exploitation type in CTAC referrals is sexual exploitation, followed by criminal exploitation.

In 2014 the National Crime Agency (NCA) estimated that there were 732 child victims of trafficking, up 22 per cent from 602 in 2013. Of the total, 449 (61 per cent) were female, 260 (36 per cent) were male, and in 23 (3 per cent) of the cases the gender was unknown.

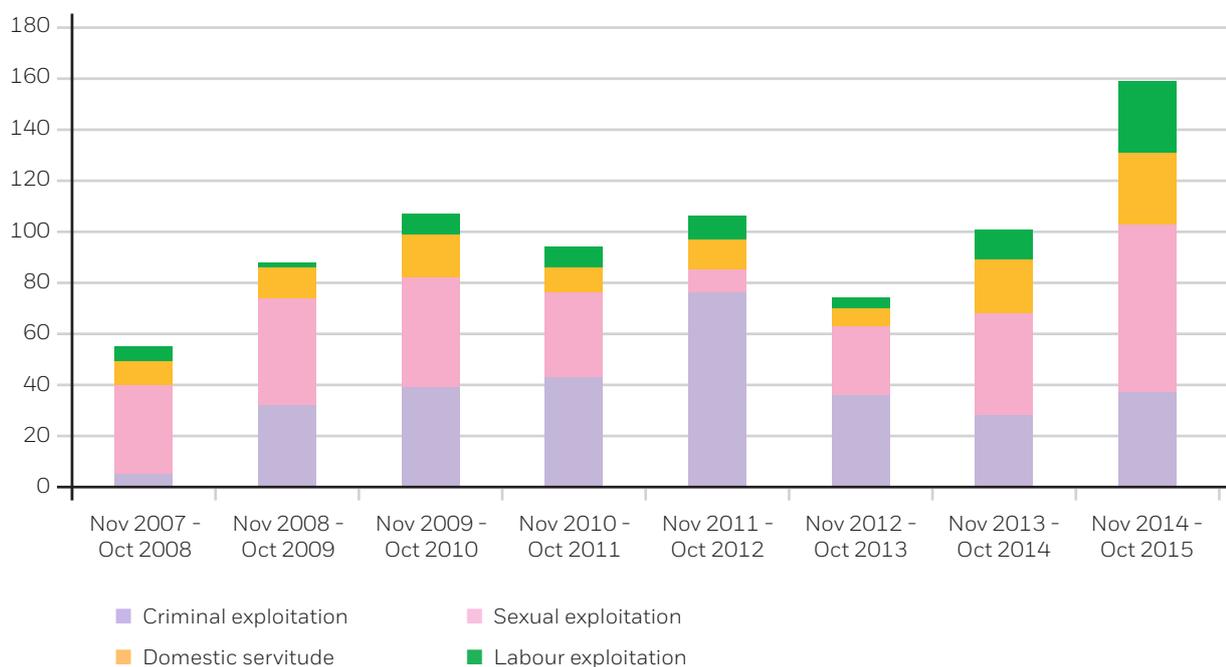
Between November 2014 and October 2015, 224 children were referred to CTAC reaching its highest number to date. The total number of children has increased by 40 per cent since the previous year and by 96 per cent since the comparable period in 2007/08. Overall sexual exploitation forms the largest exploitation type. There has been a 65 per cent increase in sexual exploitation when comparing the most recent two years. Criminal exploitation is the second most common exploitation type, increasing by 32 per cent in the same period. This category covers cannabis cultivation, street crimes and possible benefit fraud where children are living with unrelated adults in informal fostering situations.

Both domestic servitude and labour exploitation have also seen an increase this year compared to the previous year. Asia is the most common region of origin for children referred to the CTAC, making up 38 per cent of all children referred. This is followed by Europe, which accounts for 28 per cent of referrals, and Africa for 27 per cent.

Estimated number of potential victims of child trafficking



CTAC referrals by main exploitation type



Data sources

CTAC data on file with the NSPCC. Serious Organised Crime Agency (SOCA) (2012) UK Human Trafficking Centre (HTC): a baseline assessment of the nature and scale of human trafficking in 2011. SOCA (2013) UKHTC: a strategic assessment on the nature and scale of human trafficking in 2012. NCA (2014) Strategic Assessment: the nature and scale of human trafficking in 2013. NCA (2015) Strategic Assessment: the nature and scale of human trafficking in 2014.

Why is this measure important?

Child trafficking is the recruitment and movement of children for the purpose of exploitation and is a form of modern slavery. Child trafficking can happen across borders and internally. Children cannot give informed consent to being trafficked. It is a serious form of child abuse that causes significant harm to its victims. Victims are vulnerable to a very high level of physical, emotional and sexual abuse and neglect while being trafficked. This measure uses data from referrals received by the NSPCC CTAC* as well as data collated by the UKHTC from a range of sources including the National Referral Mechanism (NRM).**

What are the limitations of the data?

The hidden nature of child trafficking makes it difficult to identify its true extent. Both CTAC and NRM data depends on a referral being made by a professional with concerns about a child. However, not all cases of identified trafficking will be referred, and even if a referral has been made, the trafficking indicators may not always be clear. This means that these data sources don't necessarily reflect the full scale of child trafficking in the UK. Increases in referrals may not indicate an increase in children being trafficked, but rather an increase in the numbers being identified. Data is not available for England therefore UK data has been provided. Figures from the NCA include data on children trafficked within the UK, whereas CTAC's data only includes children trafficked to the UK from overseas. As in previous years, no new data breaking down trafficking figures by nation has been identified so a nation-level analysis has not been included.

* The CTAC was launched in 2007 and provides a UK-wide service offering advice to professionals with concerns about child trafficking. The service receives referrals from a range of professionals across the country.

** The National Referral Mechanism (NRM) is a victim identification and support process which is designed to make it easier for all the different agencies involved in a trafficking case (e.g. police, UK Visa and Immigration, local authorities and NGOs) to cooperate, share information about potential victims and facilitate their access to advice, accommodation and support.

Glossary

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Child in need (CIN)

A child in need is a child who is unlikely to have, or have the opportunity to have, a reasonable standard of health and development without any support provided by a public authority.

Child Protection Plan (CPP)

Children subject to plans are deemed to be at risk of ongoing harm. Plans record details regarding children where there are concerns about their safety.

Child protection systems in the UK

Services to safeguard and protect children are underpinned by legislation, guidance and policies. England's child protection system is founded on the Children Acts of 1989 and 2004. Child protection in England is the overall responsibility of the Department for Education (DfE), which issues guidance to local authorities. The most recent guidance is Working together to safeguard children. England's 148 Local Safeguarding Children Boards (LSCBs) use this guidance to produce their own procedures that should be followed by practitioners and professionals who come into contact with children and their families in their local authority area. LSCBs are responsible for ensuring that the key agencies involved in safeguarding children work effectively together in safeguarding and promoting the welfare of children at the local level. Their core membership is set out in the Children Act 2004, and includes local authorities, health bodies, the police and others.

Contact sexual abuse

For this definition, statutory contact sexual offences were restricted to: if under 18 and perpetrated in a position of trust; if under 16 and perpetrated by an adult relative; and under 13 and perpetrated by any other non-resident adult.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

International classification of diseases

The International Classification of Diseases (ICD) is the standard tool used to classify causes of death. It provides World Health Organization (WHO) member states with a common language for reporting and monitoring causes of death between countries and over periods of time. All member states use the ICD, which has been translated into 43 languages.

Intimate partner abuse

Abuse that occurs within an intimate partner relationship. The duration of the relationship is varied, from one day to years. There is no age restriction for this type of abuse.

Looked-after children

The term “looked-after children and young people” is generally used to mean those looked after by the state. Legislation defines who is looked after. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care.

Neglect

The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Online Sexual Abuse

In the UK there is no single agreed definition of what constitutes online child sexual abuse. The NSPCC’s view is that it is important that the agencies working on preventing and tackling online child sexual exploitation have a shared definition as this will ensure all the agencies that work in this field have an agreed focus. The NSPCC’s working definition of online child sexual abuse is: the use of technology to manipulate, exploit, coerce or intimidate a child to (but not limited to): engage in sexual activity; produce sexual material/content; force a child to look at or watch sexual activities; encourage a child to behave in sexually inappropriate ways; or groom a child in preparation for sexual abuse (either online or offline). It can also involve directing others to, or coordinating, the abuse of children online. As with other forms of sexual abuse, online abuse can be misunderstood by the child and

others as being consensual, occurring without the child’s immediate recognition or understanding of abusive or exploitative conduct. In addition, fear of what might happen if they do not comply can also be a significant influencing factor. No child under the age of 18 can consent to being abused or exploited. Financial gain can be a feature of online child sexual abuse, it can involve serious organised crime and it can be carried out by either adults or peers.

Overall maltreatment

Defined by the NSPCC Child Maltreatment Study* as: all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Butchart et al. 2006: 9).

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Recorded offences

Police record a crime if, on the balance of probabilities, the circumstances as reported amount to a crime defined by law and if there is no credible evidence to the contrary.

Referral

A referral is the first stage of the child protection process in all four nations. A referral will be made about children because some aspect of their life is giving cause for concern. Anyone who has concerns about the safety or welfare of a child can make a referral to statutory services. However it is worth noting that some referrals are for services (eg, disabled children) so not every referral is the first stage of the child protection process.

Severe maltreatment

A combination of screener questions from the NSPCC Child Maltreatment Study that are analysed together.** This is a combination of subjective and objective questions. Only acts of maltreatment by adults are included. These acts include severe physical abuse, severe neglect and contact sexual abuse.

* Radford, L.; Corral, S.; Bradley, C.; Fisher, H.; Bassett, C.; Howat, N. and Collishaw, S. (2011) *Child abuse and neglect in the UK today*, London: NSPCC, p.7

** ibid

Severe neglect

This term is used to describe a combination of screener questions from the NSPCC Child Maltreatment Study that are analysed together.* Only acts of violence perpetrated by parents or guardians are included. Acts of severe neglect include acts of medical and supervisory neglect that occurred with high lifetime frequency (more than six times in the young person's lifetime), resulted in some type of physical harm and acts which the young person felt amounted to "child neglect" or were of "criminal" nature. All neglect screener questions are adjusted for age-appropriate responses.

Severe physical abuse

This term is used to describe a combination of screener questions from the NSPCC Child Maltreatment Study that are analysed together.** Only acts of violence perpetrated by adults are included. Acts of violence included were where a weapon which could potentially cause harm was used, resulted in an injury, had a high frequency (more than six times in the young person's lifetime), more than two types of physical violence perpetrated or if the young person felt the acts perpetrated upon them were "child abuse" or "criminal".

Sexting

The exchange of sexual messages or self-generated sexual images or videos through mobile phones or the internet.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

URL

URL is an acronym for Uniform Resource Locator and is the address of a website.

* Radford, L.; Corral, S.; Bradley, C.; Fisher, H.; Bassett, C.; Howat, N. and Collishaw, S. (2011) *Child abuse and neglect in the UK today*, London: NSPCC, p.132

** ibid

