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Bringing the global to the local

REVIEW OF GLOBAL TRENDS IN THE PREVALENCE AND SERVICES FOR CHILD MALTREATMENT IN ORDER TO INFORM RESEARCH, POLICY AND PRACTICE IN ENGLAND

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EVERY CHILDHOOD IS WORTH FIGHTING FOR

Bringing the global to the local: Review of global trends in the prevalence and services for child maltreatment in order to inform research, policy and practice in 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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Lastly, appreciation goes to the researchers and service providers who are documenting child maltreatment globally. Your work is vital in establishing an evidence-base that is being used to advocate for investments in child protection systems, and design programmes to prevent and respond to child maltreatment.

Overview

Research shows that child maltreatment is prevalent and impacts on the health and well-being of children in every society. This report presents for the first time international trend and prevalence data according to the NSPCC indicators utilised in the "How safe are our children" annual reports in order to compare England against other countries.

The task of comparing data is difficult for several reasons. First, countries lack common and consistently applied definitions for types of child maltreatment. Also, measures in the number of children on child protection plans in official data are affected by inconsistencies in recording and measurement, both within and across countries. There are also difficulties in recording the rate of referrals to and investigations of child protection concerns, and each country may measure different entry points into child welfare services. Difficulties with self-reported surveys include that they are often conducted at only one point in time. As a result, each indicator may have a different comparator country due to the data collected and recorded – the comparison countries are clearly highlighted in each chapter. Additionally, England-specific data has been used wherever possible but in some instances, UK-wide data allowed for more direct or robust comparisons. Despite the challenges, this report points to the potential that cross-country comparisons, particularly with other high-income countries such as the U.S., Canada, Australia and European countries can provide both in terms of understanding the bottlenecks and barriers in child protection systems but also how to improve our measurement and collection of data on prevalence and services in order to analyse cross-country trends in a meaningful way.

Findings

This paper compiles, for the first time, available global statistics according to the 16 NSPCC indicators collected annually for the UK.

Child deaths are declining over time in the UK. Comparative data shows that child homicide and suicide rates have been showing a steady decline over the past several decades in high-income countries globally. Child death rates in the UK are among the lowest in Europe.

There is a lack of comparative trend data related to prevalence of child maltreatment. Where we do have data, we know that **self-reported prevalence of child maltreatment and harm is lower than the US.** When prevalence of various forms of child maltreatment – including physical, sexual and emotional abuse and neglect – are self-reported in household surveys, the UK shows a lower overall prevalence of child maltreatment than the US when using similar instruments albeit different methods of data collection (e.g. household interviewer administered questionnaires in the UK and telephone surveys in the US). However, the self-reported prevalence of children experiencing physical abuse is similar between the UK and the US and is the most commonly reported form of abuse in both nations. The increasing importance of the Internet in children's lives also increases the risk of experiencing online harm. While children in the UK are generally less likely to report experiencing online harm compared to other EU countries and Australia, the prevalence of cyberbullying is increasing both in the UK and several other EU countries. The prevalence of crime victimisation among adolescents in England is low, around 5%, though children in England are more likely to report being the victim of assault or a hate crime in the past year than children in other European countries such as Denmark, Ukraine and Italy.

Children in the UK are more likely to contact the NSPCC Childline about concerns related to abuse or violence compared to child helplines in other high human development index countries. Research has shown that helplines are important avenues for help-seeking for children, especially for forms of violence such as sexual abuse. Comparative data shows that, over time, the UK has seen a pronounced increase in rates of sexual offenses reported to the police, more so than most other high-income countries, but underreporting of sexual abuse to the police is still an issue.

England has a higher rate of children referred to social welfare services compared to Australia and this shows an upward trend. The rate of children referred is higher in England than in Australia, even though Australia has mandatory reporting whereas England does not, with an overall increase from 2010 to 2015. Professionals account for over 70% of referrals in England and Australia, but referrals made by parents, relatives and other individuals are more common in Australia and the US compared to England. The composition of child protection plans between countries differs with England having more referrals related to neglect compared to Australia and Canada but far fewer than the US. Of all types of abuse, child sexual abuse was the least common type of abuse subject to a child protection plan across all countries except the US. **Overall, children in England spend less time on child protection plans compared to Australia, and the time on plans in England is decreasing over time.**

The number of looked after children is increasing in England but the number of placements a child has is declining. The number of looked after children is higher in England than Canada, but the number of placements that looked after children have is declining in England, showing trends towards more stability in placements.

The UK is a destination country for child trafficking and internal trafficking is an issue, especially for girls. The number of trafficked children identified in the UK is higher than in some European countries such as France but lower than Germany and other countries. In the UK, trafficking of children happens within the country - with increasing reports of girls trafficked internally for sexual exploitation – and children are also trafficked to the UK from other countries with the UK being recognised as one of the top destination countries globally.

Overall, this data shows that much work still needs to be done to ensure that all children who have been abused are able to access the protection they need and that child abuse is prevented before it ever starts.

Methods

Our aim for this report is to provide the most robust and comprehensive picture possible, given the data constraints, to compare child maltreatment trend and prevalence data from England against other countries according to the NSPCC indicators utilised in the "How safe are our children" annual reports. We chose existing indicators from NSPCC's annual report 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 broken down by either England or the UK and that are comparable to at least other high-income countries globally. Where comparisons are tenuous given the specifics of measurement we have noted these.

The majority of the England data used in this report was provided by NSPCC, which was collated from various administrative and survey sources for their annual report. The comparative international data was identified by searching multiple institutional databases (e.g. World Health Organization, OECD), academic literature databases (e.g. ERIC, PsycINFO, SocINDEX) and national statistical databases (e.g. the US Department of Health and Human Services). Separate searches were conducted for each indicator and results for each were analysed. Rather than using data from a specific set of countries, the decision upon which country data to report was based upon an assessment of its robustness and suitability for comparison with the available England/UK data.

Where possible, England-specific data has been used throughout the report but UK-wide data allowed for more direct/robust comparisons in some instances, particularly where regional or global databases were used. England specific data was used instead of four country UK data because these comparisons are already made in the 'How safe are our children' annual reports published by NSPCC.

The data sources used in the final version of the report are listed here:

Data sources

England/UK:

Crime Survey for England and Wales

NSPCC's *How safe are our children*?

NSPCC's *Child Abuse and Neglect in the UK today study*

National/country-specific:

AU Kids Online survey, Australia

Australian Institute of Health and Welfare

Canadian Incidence Study of Abuse and Neglect

Child Trends Databank, US

Multiple Cause of Death Files, Vital Statistic Cooperative Program, US

National Survey of Children's Exposure to Violence, US

US Department of Health & Human Services

Global/regional:

Child Helpline International

Council of Europe Group of Experts on Action against Trafficking in Human Beings

EU Kids Online survey

Health Behaviour in School-aged Children survey

International Self Report Delinquency Study

Net Children Go Mobile survey

United Nations Office on Drugs and Crime Statistics

WHO Global Health Estimates

WHO Mortality Database (and the WHO European Detailed Mortality Database)

Measuring child maltreatment

Here we provide a glossary of international definitions of different forms of violence against children juxtaposed next to national England definitions[1] as interpreted by the law and or related children's policies.

VIOLENCE AGAINST CHILDREN

The UN defines violence against children in line with article 19 of the CRC: "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse."

PHYSICAL ABUSE

International definition

That which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

England definition

Physical abuse is "a form of abuse which may involved 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" (HM Government, 2015).

SEXUAL ABUSE

International definition

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.

England definition

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" (HM Government, 2015).

[1] These definitions are not substantially different from those used in Scotland, Wales or Northern Ireland.

EMOTIONAL ABUSE

International definition

Emotional abuse involves the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment.

England definition

Emotional abuse is "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" (HM Government, 2015).

NEGLECT

International definition

Neglect can be defined as the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible.

England definition

"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); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs" (HM Government, 2015).

Global definitions are from the *UN Convention on the Rights of the Child* and the *World Report on Violence and Health, World Health Organization, 2002*. The sexual abuse definition is from the *Report of the Consultation on Child Abuse Prevention*, 29–31 March 1999. Geneva, World Health Organization, 1999 (document WHO/HSC/PVI/99.1)

What are the difficulties in measurement?

Challenges in collecting and using administrative data

For all forms of child maltreatment, research has shown that children who are known to child protection services may be the tip of the iceberg in terms of the *actual* number of children experiencing harm (Gilbert et al., 2009). Child protection system differences such as the thresholds for action, definitions of maltreatment and methods of recording data differ not only within different jurisdictions within countries but also between countries (Munro & Manful, 2012). Thus, international comparisons can only be indicative (Bilson et al., 2015). An example of how definitions of maltreatment can impact on data comes from the U.S. where some states include psychological or emotional abuse in the legal definition of child abuse and neglect while other states do not. As another example, in Pennsylvania, cases of neglect are handled by a federal assistance programme rather than state services, and therefore the state does not report allegations of neglect to the National Child Abuse and Neglect Data System (NCANDS) unless it is determined to be "severe neglect". Consequently, for the NCANDS data, Pennsylvania had the lowest percentage of children reported as victims of neglect. Furthermore, this may make other categories of abuse, such as sexual abuse, appear magnified (Fox, 2006). Countless other examples exist which underpin the importance of uniform definitions especially for surveillance systems.

Administrative data that is routinely published and can be compared also differs between countries often due to differing child protection systems and capacity to collect data (Munro & Manful, 2012). Many countries also do not have reliable surveillance systems. In addition, data may miss hidden or hard to reach populations of children.

Measuring the incidence of various types of severe abuse including child deaths using administrative data also presents specific methodological challenges. Data on child filicide and homicide are usually collected through police reports, newspaper accounts or mortality surveillance systems (UNICEF, 2014b). Public health surveillance systems are in the nascent stages of development for many countries and reliable and comprehensive child death data is often not collected. Data that is collected is often not directly comparable across countries due to definitions, source of data and time periods.

Administrative data does not give an indication of the prevalence or magnitude of child maltreatment but about the populations that are engaged with different agencies. Prevalence data is critical for several reasons:

- To provide an estimate of the scope of child maltreatment,
- To provide an estimate of how many children who are experiencing violence are getting services or are seen within the child protection system,
- To provide details on the nature of child maltreatment so that services and prevention efforts can be better targeted, and
- To determine in the long term if prevention efforts are having an impact.

Challenges in collecting and using self-reported prevalence data

There are several methodological issues involved in measuring child maltreatment and research has shown that some of the variance between study findings may in fact be due to methodological issues (Pereda et al., 2009). Some of the key difficulties in measurement can be found in the definitions and questions asked, the sampling designs, the age of the respondent and the type of study conducted.

Evidence from a global meta-synthesis of 111 studies on physical abuse found that studies using a broad definition of child physical abuse, those that measured physical abuse during childhood (from 0–18 years), and studies that included several questions on physical abuse led to higher prevalence rates (Stoltenborgh et al., 2013). The number of questions asked and measuring across childhood also increased reporting of sexual abuse according to another global meta-analysis of 217 studies on child sexual abuse (Stoltenborgh et al., 2011). Whereas for measuring emotional abuse prevalence, a global meta-analysis of studies found that type of instrument (face-to-face vs. paper and pencil questionnaires among other approaches), whether or not the study used validated instruments, the number of questions or the sample size did not significantly impact on prevalence estimates (Stoltenborgh et al., 2012). One of the only methodological considerations that led to underreporting for emotional abuse was sampling design with lower reported prevalence rates in randomised studies than studies using convenience samples (Stoltenborgh et al., 2012).

Further information is presented in Appendix A on the difficulties in measuring prevalence of various forms of child maltreatment. All of these issues should be kept in mind when reviewing study findings and global comparisons.

1. CHILD HOMICIDE

The child homicide rate shows how many children are killed by another person, indicating how many children are dying as a direct result of violence.

Key message

One fifth of homicide victims globally are children and adolescents under the age of 20, resulting in about 95,000 deaths in 2012 (Fig 1; UNICEF, 2014a).

Child homicide rates are declining in England and other high-income countries. There has been a 32% decrease in the child homicide rate in England since 2000/1, from 10.11 per million children aged 0–17 years to 5.35 per million in 2014/5 (Fig 2; Bentley et al., 2016). Comparatively, the US has also seen a sharp decline in adolescent homicides since the early 1990s, falling from 20.3 deaths per 100,000 children aged 15–19 years in 1992 to 6.6 per 100,000 in 2014 (Fig 3; Child Trends Databank, 2015)

Yet, the rates remain high in other parts of the world, especially Latin America and adolescent males are disproportionately affected. Homicide is the leading cause of death among males between 10 and 19 years old in Panama, Venezuela, El Salvador, Trinidad and Tobago, Brazil, Guatemala and Colombia (UNICEF, 2014a). Nigeria has the highest number of child homicides at 13,000. Among countries in Western Europe and North America, the United States has the highest homicide rate (4 per 100,000 children aged 0–19 years) followed by Canada (3 per 100,000). After rounding, the child homicide rate in the UK was 0, as in many European countries.

What are the limitations of the data?

Data on child homicide are usually collected through police reports, newspaper accounts or mortality surveillance systems. Public health surveillance systems are in the nascent stages of development for many countries globally with higher-income countries having more well developed systems (UNICEF, 2014b).

Data availability and comparability

The most comprehensive source of child mortality data globally is from the World Health Organization, which reports UK-wide data. Trend data on child homicide is available for some high-income countries. The US, for example, has published data on adolescent homicides since the 1970s, which is presented here to compare with national data from England. A very limited number of countries collect filicide or homicide data making it difficult to estimate the extent of intentional child deaths. Classification of deaths is a problem globally with many intentional deaths often not being classified as such. Challenges in comparing data arise from differing definitions and death classification systems, sources of data and time periods.

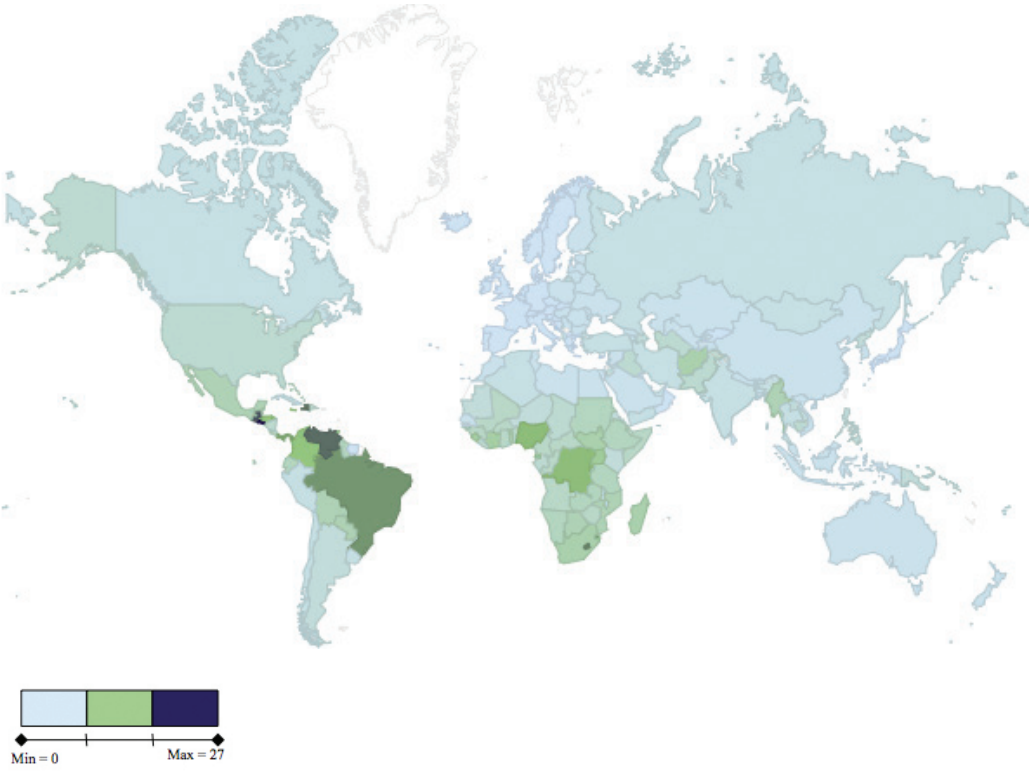
Data sources used for this indicator

WHO Global Health Estimates, 172 countries (2012)

Child Trends Databank, US (1972–2014)

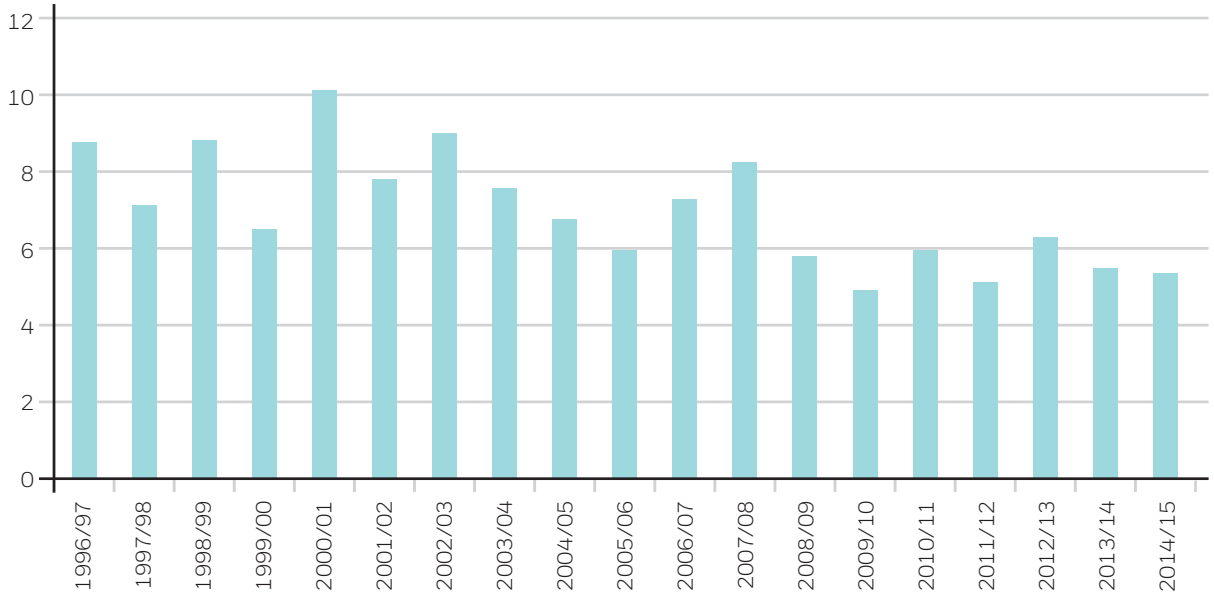
NSPCC's *How Safe Are Our Children*?, England (1996/97–2014/15)

Figure 1. Homicide rate per 100,000 children aged 0–19 years, 2012



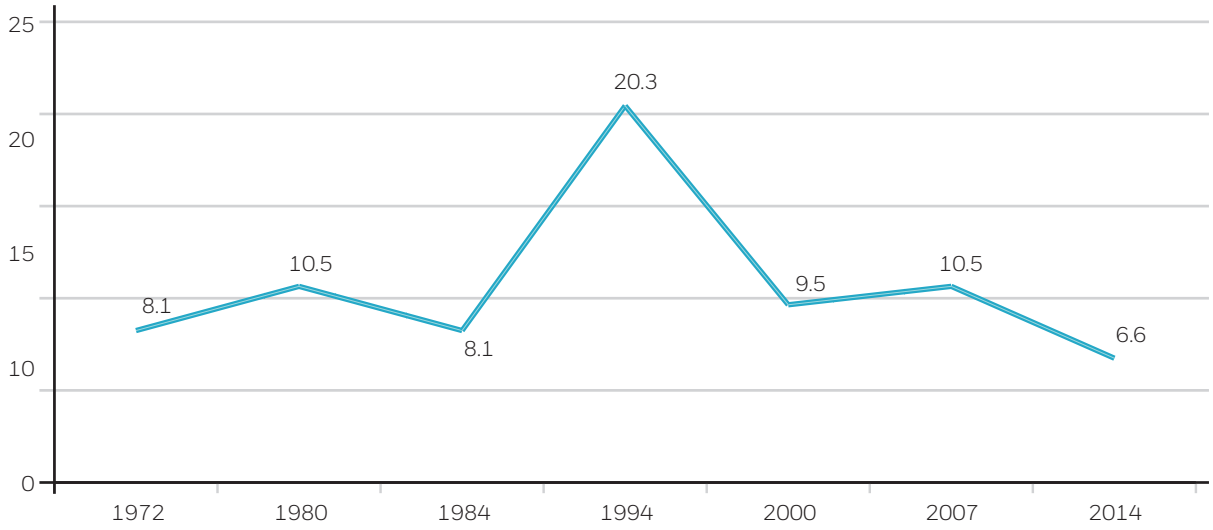
Source: UNICEF (2014a)

Figure 2. Number of adolescent homicide victims aged 0–18 years per 1,000,000 in England, 1996–2015



Source: Bentley et al. (2016)

Figure 3. Number of US adolescent homicide victims aged 15–19 years per 100,000, 1970–2014



Source: Child Trends Databank (2015)

2. CHILD MORTALITY

Unlike child homicide, child mortality can include a range of both intentional and unintentional deaths as well as those deaths of undetermined intent. It is important to examine child deaths data due to the limitations of child homicide data of not fully capturing deaths due to child maltreatment and neglect.

Key message

The death rate among both girls and boys in the UK is one of the lowest in Europe. Child mortality rates due to intentional injury, negligence, maltreatment or physical violence vary across countries, by gender and by place where the death occurred. Intentional injury death rates are highest among boys in Lithuania and Finland, and in Norway[2] and Ireland among girls (Fig 4; MacKay & Vincenten, 2014).

Among countries in the Organisation for Economic Cooperation and Development (OECD), the US has the highest child death rates attributed to negligence, maltreatment or physical violence (3.67 per 100,000), followed by Mexico (2.79 per 100,000; See Fig. 5; OECD, 2013). In the Republic of Korea, Luxembourg, Portugal, the Slovak Republic and Switzerland, there were no registered deaths of this nature between 2002 and 2008. In the UK, the death rate from 2005–2007 was 0.24 per 100,000 with a total number of 35 cases over the three years. Over one-third (36%) occurred at home. This is comparable to the overall average, though there are wide variations. In Romania and Japan, the majority of cases occurred at home (83% and 74%, respectively) while in the Nordic countries, there were no registered deaths of this kind at home (OECD, 2013).

The rate of deaths attributed to undetermined intent among children under 14 years has declined in the UK since 1980 overall (Fig 6; Bentley et al., 2016). When looking at recent data from 2010 to 2014, however, the rate slightly increased. In contrast, over the same five years in the US, the rate of undetermined deaths among children and young people aged 0–19 years remained stable or declined among all age groups (Fig 7; CDC, 2015). The rate fluctuated among very young children under the age of 1 year, but an overall decrease was seen from 2010 to 2014.

What are the limitations of the data?

This data shows the number of child deaths where another person was responsible or where responsibility was not determined. Its accuracy depends on consistent application of recording procedures, and does not necessarily reflect the actual number of child deaths where violence or abuse is a factor (Bentley et al., 2016).

Data availability and comparability

Child deaths were drawn from national vital registration systems as collated by the World Health Organization in their mortality statistics. The underlying cause of death is defined in accordance with the rules of the International Classification of Diseases: "the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury" (OECD, 2013). Procedures for determining causes of death may vary across countries. Mortality is presented as a rate which is derived by dividing the total number of deaths by the total population and averaging data over the last three years available (unweighted averages) (OECD, 2013).

Data sources used for this indicator

WHO European Detailed Mortality Database, 26 selected European countries, including the UK (2012)

WHO Mortality Database, 24 selected OECD countries, including the UK (various years)

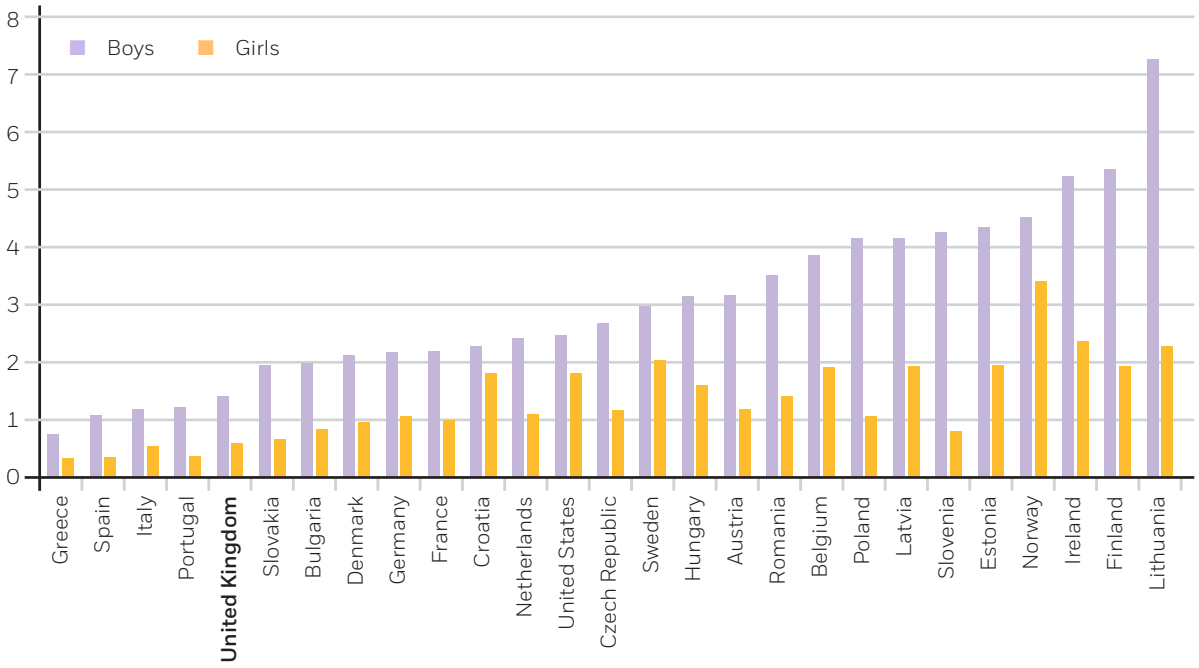
U.S. Department of Health & Human Services, US (2014)

Multiple Cause of Death Files, Vital Statistic Cooperative Program, US (2010–2014)

NSPCC's *How Safe Are Our Children*?, England (1980–2014)

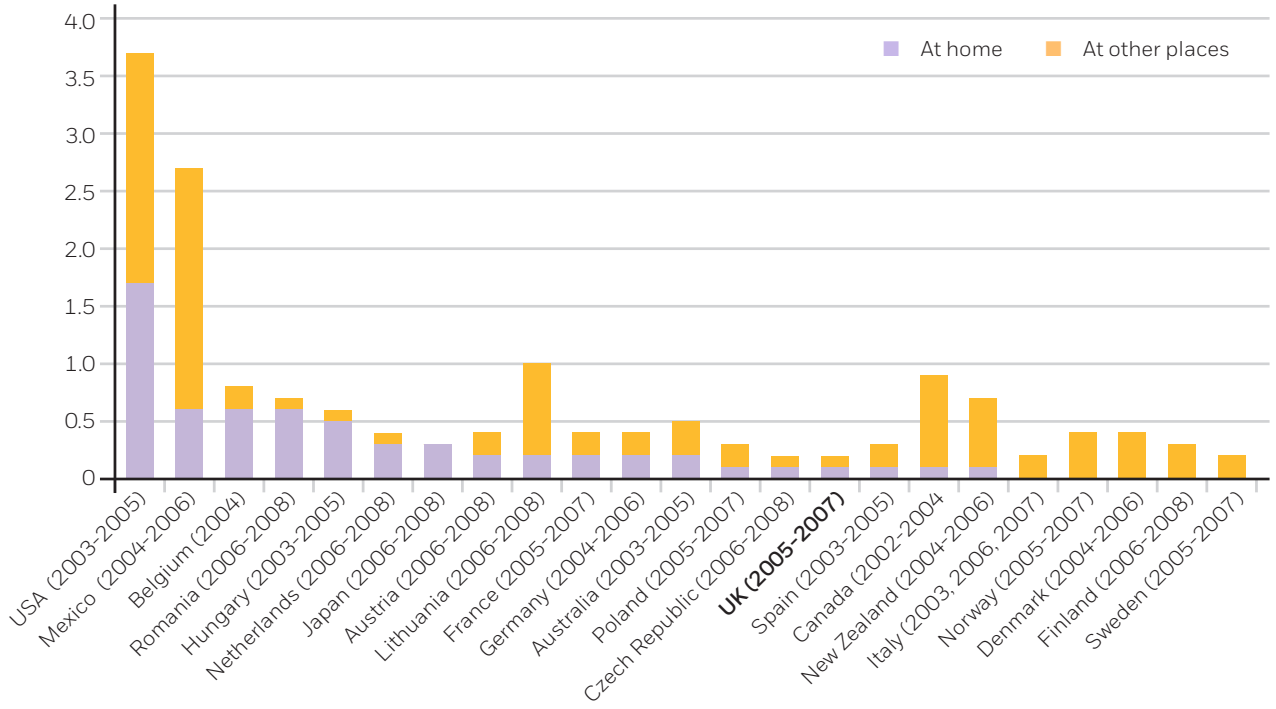
[2] MacKay and Vincenten (2014) report that the high rate in Norway is an aberration due to a mass shooting in 2011 where 55 young people aged 19 and younger were killed.

Figure 4. Intentional injury deaths* per 100,000 children aged 0–19 in the European region** and the United States, 2012



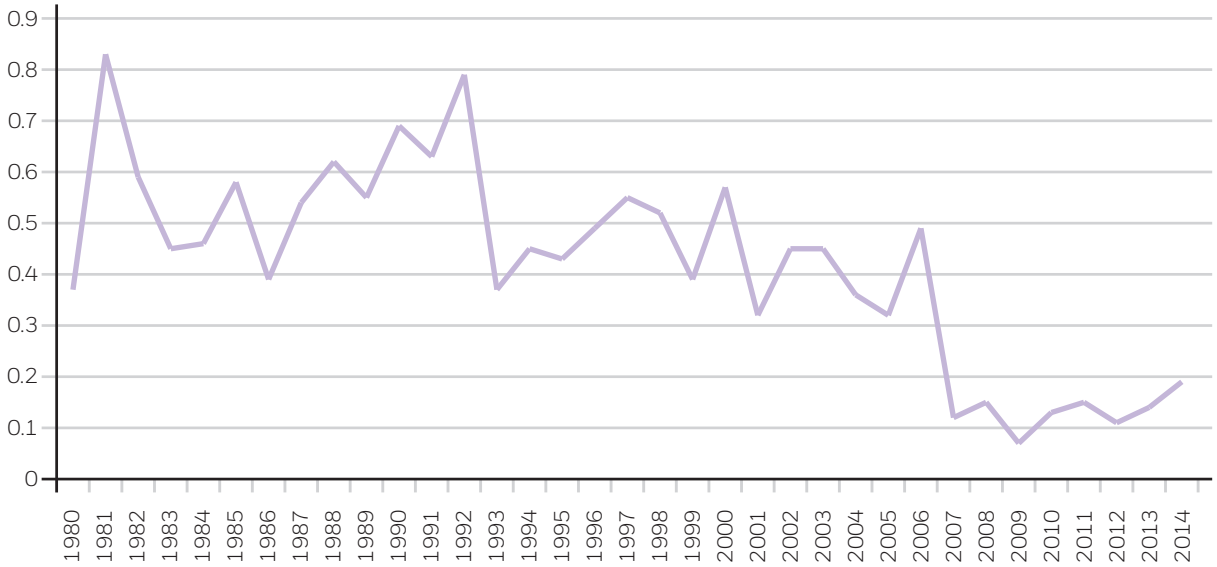
* Intentional injuries include deaths attributed to child maltreatment, neglect or abuse, peer violence, suicide/self-directed violence, war and other intentional injuries.
** Data from Cyprus, Iceland, Malta and Luxembourg were excluded from MacKay and Vincenten's analysis due to small numbers.
Source: EU data from MacKay and Vincenten (2014), which uses WHO European Detailed Mortality Database (DMDB) 3-year averages for 2009–2011 or 3 most recent years of data available; *US data from* U.S. Department of Health & Human Services, Administration for Children and Families (2016). US data are from 2014.

Figure 5. Deaths among children aged 0–19 years due to negligence, maltreatment or physical assault per 100,000



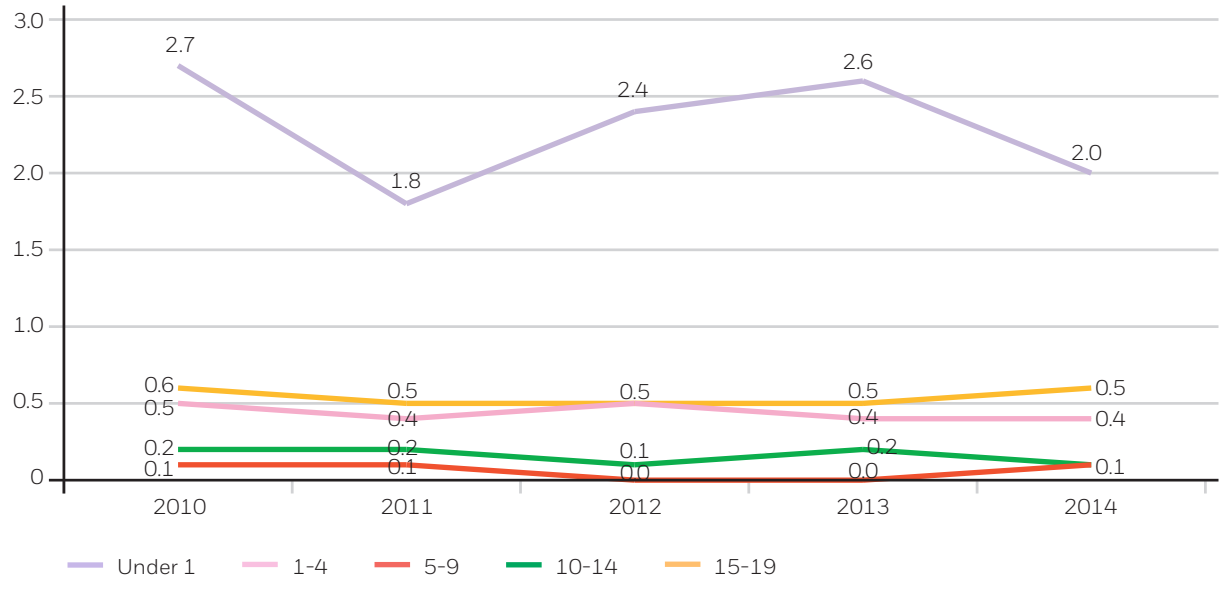
Source: OECD (2013) based on WHO mortality database. Iceland data are not reported here. There was one death which translated to a very high death rate (1.5) due to the small population.

Figure 6. Deaths among children 1 month to age 14 years by undetermined intent in England per 100,000, 1980–2014



Source: Bentley et al. (2016)

Figure 7. Deaths among children aged 0–19 years due to undetermined intent in the US per 100,000, 2010–2014



Source: CDC (2015) Data are from the Multiple Cause of Death Files, 1999–2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

3. CHILD SUICIDES

Child suicides are preventable deaths that potentially reflect a lack of proper support for other issues, such as mental health difficulties or family problems, including abuse and neglect.

Key message

Child suicides rates fluctuate annually in most countries within a small margin, however they show an overall decline since 1990 globally with a few exceptions. Overall England has one of the lower child suicide rates globally, as demonstrated in Figure 8, which specifically examines rates for 15–19 year olds (OECD, 2013).

Significant decreases in child suicide rates are found in a number of countries including Hungary, Iceland, Estonia, Norway, and Finland. Some countries, such as New Zealand, Brazil and Japan and Ireland however, have seen an increase in suicide rates among adolescents aged 15–19 years (OECD, 2013). Among children aged 10–14 years, suicide rates increased among both genders in Mexico and the Philippines from the 1990s to the 2000s (Kõlves & De Leo, 2014).

What are the limitations of the data?

Classification of death as intentional (versus accidental) is a common challenge when collecting suicide data, especially for children. Furthermore, data on suicide attempts and suicidal ideation is not often reflected in national statistics.

Data availability and comparability

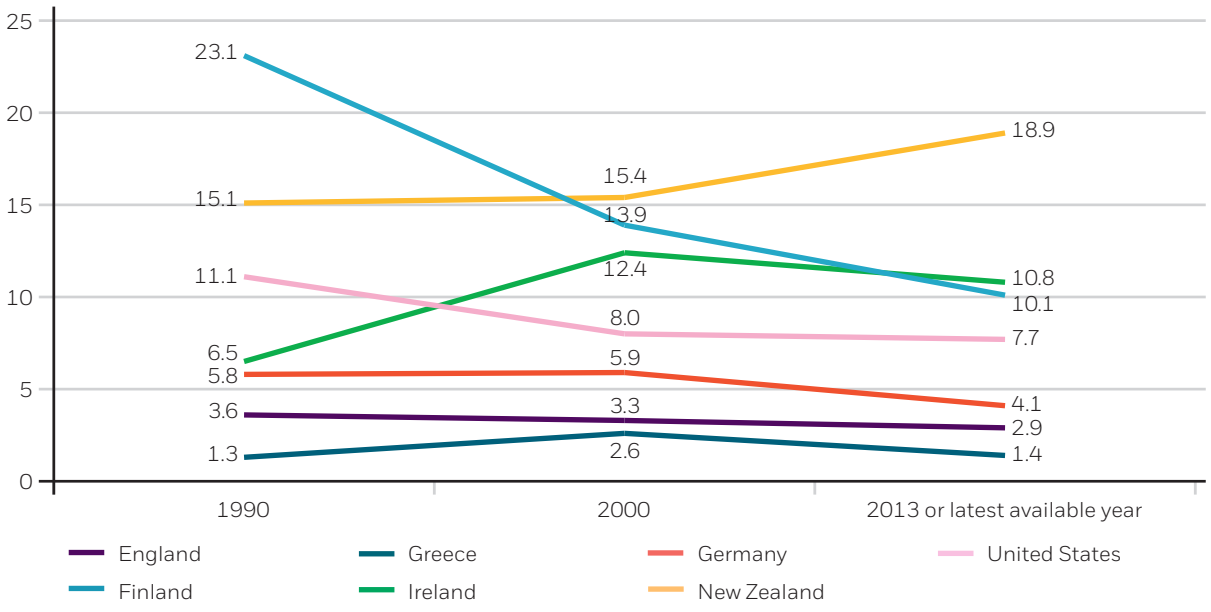
The WHO mortality database also collects data on deaths attributed to suicide from national vital registration systems. The actual numbers of child suicides are relatively small; meaning a small change in the number of deaths has a significant impact on rates (Bentley et al., 2016). Finally, different datasets are published across various age groupings including into young adulthood which make it difficult to disaggregate suicide rates among children.

Data sources used for this indicator

WHO Mortality Database, 6 OECD countries (1990–2013, or latest available year)

NSPCC's *How Safe Are Our Children*?, England (1990–2013)

Figure 8. Suicides per 100,000 children aged 15–19 in selected countries, 1990–2013



Source: England data from Bentley et al. (2016); Remaining countries from OECD (2013) based off data from WHO 2015 Mortality Database

4. RECORDED SEXUAL OFFENCES

While only a snapshot of the true prevalence of sexual violence against children, recorded sexual offences are an important indication of not only the number of sexual abuse cases brought to the police, but also a potential reflection on the robustness of the child protection system in a country. Though definitions vary across countries, in general, these crimes include 'child pornography offences, procuring a child for prostitution, statutory rape of a person below the age of consent and other offences related to the sexual exploitation of children' (UNODC, 2015).

Key message

The rate of reporting of sexual offences in the UK has increased over the last decade[3] but underreporting still remains an issue. There are wide variations in the rate of sexual offences against children reported to police globally. When looking at data trends over time, globally, a number of patterns of reporting emerge. These can be broadly classified as:

- Persistent lower rate of reporting – in the case of Egypt, Morocco, Japan, India, Belarus and the Ukraine, for example.
- Stable rate of reporting – in the case of Israel, Norway, Belgium and New Zealand for example.
- Progressive increased rate of reporting – evident in a minority of cases including the UK and Sweden.

Countries that show persistent low rate of reporting, broadly although not exclusively, have less developed social welfare and rule of law systems. Countries that show consistent or increased rates of reporting – as in the case of the UK – in general have strong welfare and legal systems in place.

Only Sweden and Northern Ireland see a higher rate of reporting of sexual violence against children to the police than England and Wales. In 2013–14, this rate was higher in England and Wales than ever before. This increase could be attributed in part to high-profile cases in the media, such as the inquiry into historical child sexual abuse cases and the exposure of child sexual exploitation rings (Allnock, 2015). In conjunction with focusing on prevention, efforts to ensure that child sexual offences continue to be reported are crucial, and lessons could be learned from Sweden where data shows an even greater trend of increased rate of reporting (See Box 1).

BOX 1: BARNAHUS: A CHILD-CENTRED MODEL TO INCREASE SEXUAL VIOLENCE REPORTING

Modelled after 'children's advocacy centers' in the US, the *barnahus*, or 'children's house' model has been used in Nordic countries for several years – the first house was established in Iceland in 1998. The model aims to create a child-friendly system of investigating cases of child abuse by improving cross-agency coordination. Where other countries, England included, require children who report abuse to undergo multiple interviews with several professionals in different settings, the barnahus model works with the police, health practitioners, social workers and other agencies to streamline investigations of suspected child abuse after a child is referred to the centre. According to a recent report by the Children's Commissioner for England (2016), this has not only increased convictions of perpetrators of sexual abuse in Iceland but also increased disclosure: nearly 50% of exploratory interviews resulted in disclosures of sexual abuse in 2014. In Sweden, which opened its first barnahus in 2005, there was a marked increase in sexual offences against children recorded by the police between 2007 and 2008, which has continued to grow (See Fig 9). The centres are widely recognised as a best-practice model, including by the Council of Europe and ISPCAN (Guðrandsson, 2015). In September 2016, the Mayor of London announced it would open the country's first two 'Child Houses' to assist child victims of sexual abuse, a promising step to increase reporting of sexual abuse and improve children's experiences with the child protection system.

What are the limitations of the data?

Legal definitions of offences and differences in methods of reporting make cross-country comparisons extremely difficult. Changes in legislation also change the definitions of data collected, meaning the recorded sexual offences categories can change from year-to-year depending on legislative reform (UNODC, 2015).

[3] According to Bywaters and colleagues (2016), evidence suggests that there was a dramatic decline in substantiated cases attributed to sexual abuse since the 1980s and 1990s.

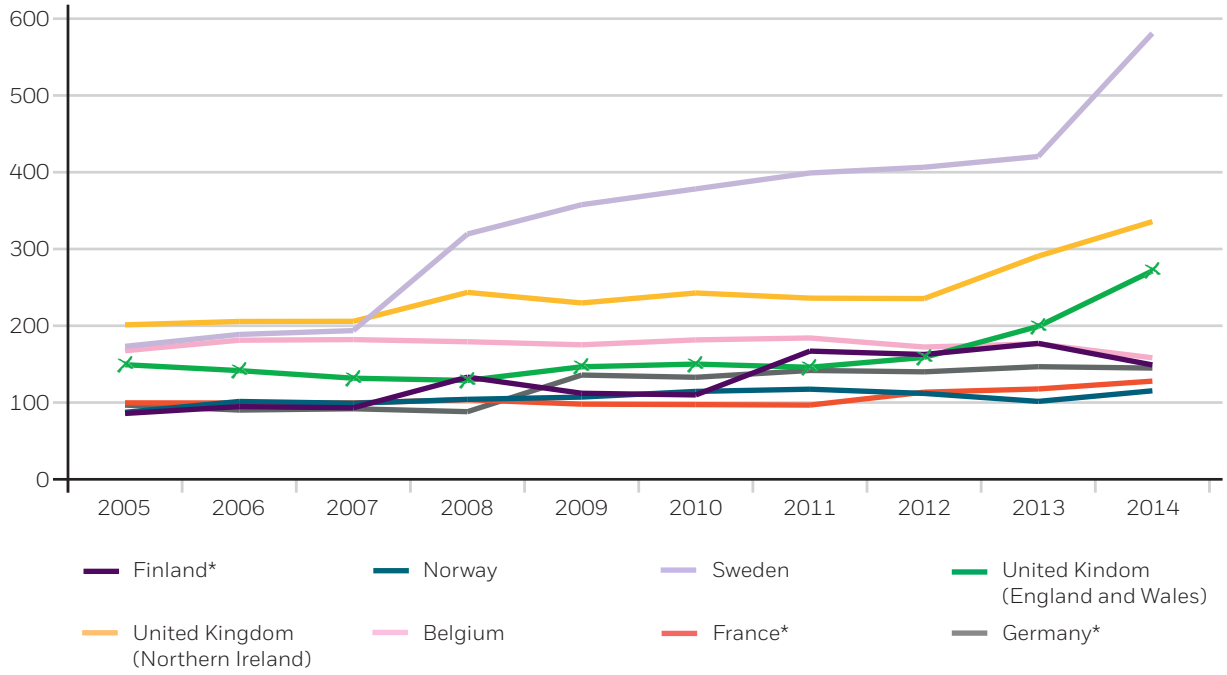
Data availability and comparability

Many countries do not have publicly accessible recorded sexual offences data, but the UN Office on Drugs and Crime collects and publishes police data from 108 countries. Recorded sexual offences are also only a small portion of the true prevalence of sexual abuse (Garcia-Moreno, Guedes & Knerr, 2012), since research has shown that it is often the most underreported type of violence that children may experience (Pinheiro, 2006).

Data sources used for this indicator

United Nations Office on Drugs and Crime, 9 selected countries, with England and Wales data reported together. (2005–2014)

Figure 9. Rate of police-recorded sexual offences against children per 100,000 of total population in selected countries, 2005–2014



Source: UNODC (2015)
* Indicates there was a change in the national definition of sexual offences against children and/or counting rules between 2003 and 2014. This may affect rates.

5. SELF-REPORTED PREVALENCE

This measure presents survey data on self-reported prevalence of children's experiences of violence. Although there are limitations, survey data is an important measure to estimate the prevalence of violence, as many cases go unreported and are therefore not reflected in administrative data.

Key message

Using the same questionnaire, the UK has a lower prevalence of child maltreatment than the United States but is very similar to the US in terms of the prevalence of children experiencing physical violence during their lifetime (Fig 10; Radford et al., 2011; Finkelhor et al., 2013). The percentage of children in the US who reported some type of maltreatment perpetrated by their parents or caregivers is significantly higher than in the UK (Fig 11).

What are the limitations of the data?

There are varying limitations to measuring the prevalence of child maltreatment. Evidence shows that the number of questions asked, the age range of respondents, the method of administering the survey (face-to-face vs. paper and pencil), whether or not the study utilised a validated instrument as well as sampling design can lead to higher levels of disclosure of violence in surveys (Stoltenborgh et al., 2013, 2012 and 2011; Fang et al., 2015). See Appendix A for further discussion on the challenges in measuring self-reported prevalence data.

Data availability and comparability

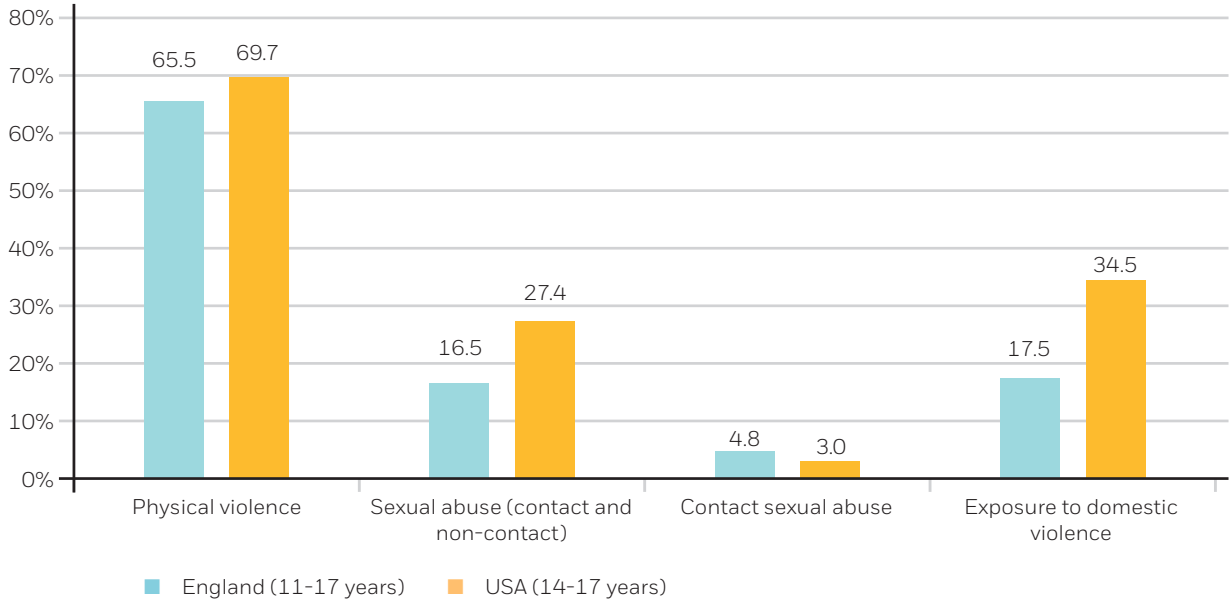
NSPCC UK prevalence data used the Juvenile Victimization Questionnaire (JVQ), which has also been used in the United States and other countries. Comparisons between countries other than the US and the UK are difficult because of the differing age ranges of study respondents or the very specific respondent groups (e.g. twins only samples). Even the data presented here has a smaller age range for the US data than for the UK, which may make the US data proportionally larger if the same age ranges had been included.

Data sources used for this indicator

NSPCC's *Child Abuse and Neglect in the UK today* study, UK (2009)

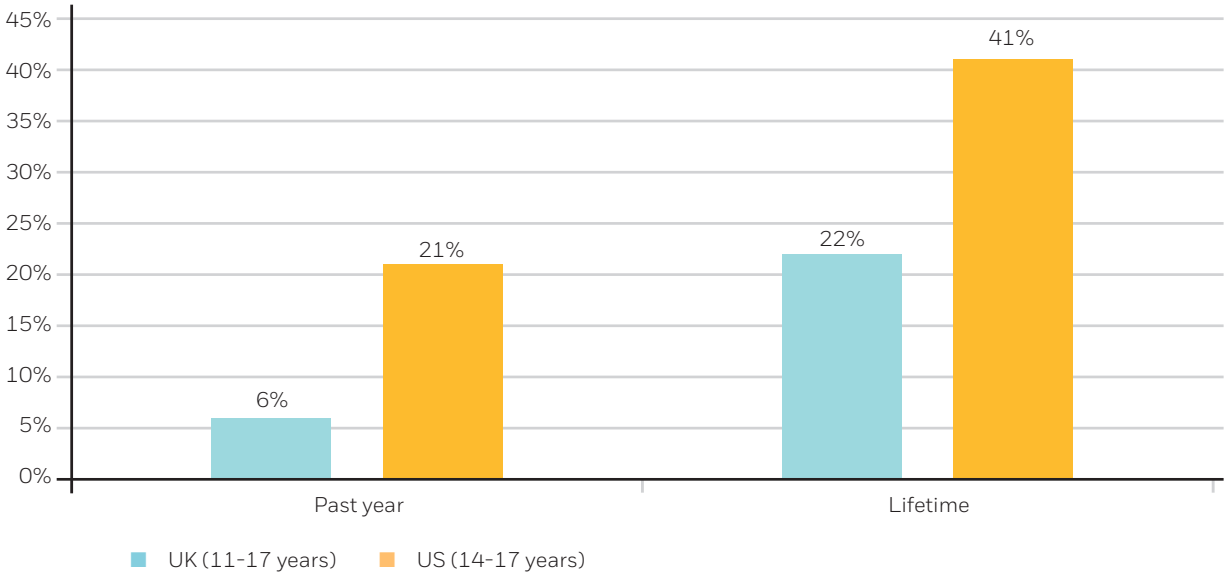
National Survey of Children's Exposure to Violence, US (2011)

Figure 10. Percentage of children who experienced violence in the UK and the US, lifetime prevalence*



Source: UK data from 2009 in Radford et al. (2011); US data from 2011, Finkelhor et al. (2013)
* UK data: 2,275 young people between the ages of 11 and 17 and 1,761 young adults between the ages of 18 and 24 years old. US data: NatSCEV data utilising telephone interviews The experiences of 4,503 children and youth aged 1 month to 17 years were assessed by interviews with caregivers and with youth in the case of those aged 10 to 17 years.

Figure 11. Percentage of any type of maltreatment** by parent/caregiver in the UK and the US, past-year and lifetime prevalence



Source: UK data from 2009 in Radford et al. (2011); US data from 2011, Finkelhor et al. (2013)
** Maltreatment includes physical abuse, emotional abuse, sexual abuse, neglect or custodial interference or family abduction

6. CONTACTS WITH CHILDLINE

Child Helpline International Foundation is a global network of toll-free child helplines in 142 countries. Child helplines provide a platform for children to discuss their concerns about a range of issues, including specific forms of abuse and neglect, details of which are recorded by each helpline. This allows for tracking issues that are affecting children, which may not be reflected in official statistics.

Key message

Children in the UK are more likely to contact NSPCC Childline about concerns related to abuse or violence when compared with Child Helpline contacts of other similar countries globally. In high-income countries, approximately 16% of all contacts made to Childline were about abuse and violence compared to 23% in the UK[4] in 2011. However, when the top concerns related to abuse and violence are ranked, the results between the UK and other high-income countries are nearly identical (Table 1; Child Helpline International, 2012).

The UK also reports data from the NSPCC helpline, which is an advice and support service for members of the public or professionals to use if they have concerns about a child's welfare. In England, neglect was the most common reason for contacts made to the general helpline about abuse or neglect (Fig 12; Bentley et al., 2016). This highlights the potential differences between what children are reporting (bullying and physical abuse) and what the public is reporting (neglect).

What are the limitations of the data?

It is difficult to estimate the total number of children utilising a particular child helpline since the same child may make multiple calls. Definitions of types of abuse may vary between helplines, and the accuracy of reporting is dependent on consistent recording.

Data availability and comparability

Global, regional and countrywide data are reported by Child Helpline International. The most recent global data available are from 2011 from 88 countries, but data from 37 national helplines from Very High Human Development Index countries are presented here in order to compare UK data with similar countries. More recent data are available for the UK, however, 2011–2012 data has been reported here for more accurate comparison.

Data sources used for this indicator

Child Helpline International, data reported by 37 national helplines from Very High HDI countries (2011)

NSPCC's *How Safe Are Our Children*?, England (2011–12)

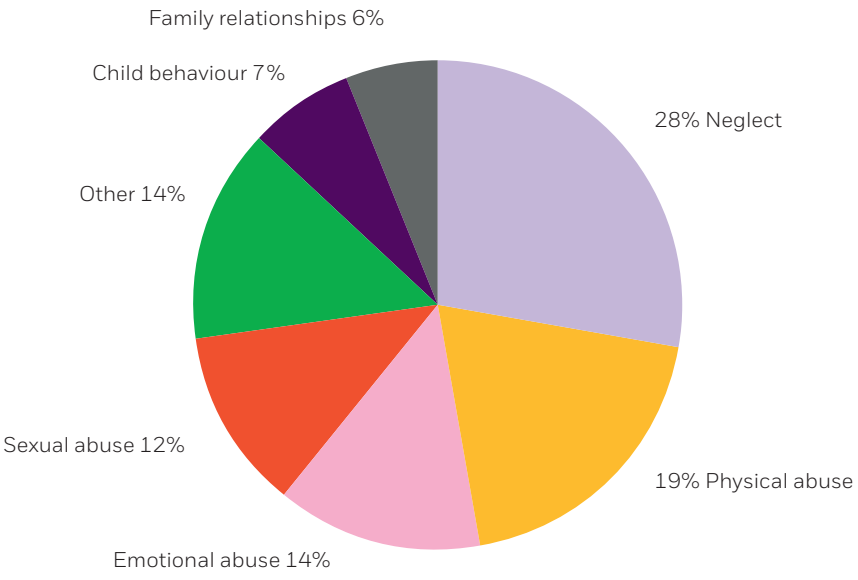
[4] For countries with a very high development index (See table 1 for more information), this figure includes contacts made to Childline about bullying, physical abuse, sexual abuse, emotional abuse, neglect, witness to violence, domestic violence, cyberbullying or any other forms of abuse or violence. In the UK, this figure represents contacts made to the NSPCC Childline about bullying, physical abuse, sexual abuse, cyberbulling, emotional abuse and neglect.

Table 1. Percentage of all contacts made to Childline by type of abuse and neglect in the UK and countries with very high human development index levels*, 2011

	UK		Very High HDI countries	
Concern	**% of total case notes**	**(*n*=315,111)**	**% of total case notes**	**(*n*=2,117,846)**
Bullying	9	29,189	3	65,285
Physical abuse	6	17,542	2	51,040
Sexual abuse	5	15,993	2	37,440
Neglect	1	1,646	1	26,121
Emotional abuse	1	2,729	1	16,258
Cyberbullying	1	2,410	0.2	3,506

Source: UK data from Bentley et al. (2016); Very high HDI country data from Child Helpline International (2012)
* Countries with very high HDI levels included in this analysis are: Argentina, Australia, Australia, Belgium, Brunei Darussalam, Canada, Chile, Croatia, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hong Kong, Ireland, Israel, Japan, Latvia, Lithuania, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Qatar, Saint Martin (French part), Singapore, Spain, Sweden, Switzerland, Taiwan, Province of China, United Arab Emirates, UK and United States

Figure 12. Percentage of contacts made to the NSPCC helpline[5] pertaining to abuse and violence by type, England, 2011–2012



Source: Bentley et al. (2016)

[5] The NSPCC helpline is different to the Childline in that anyone may contact it, rather than just children. It offers advice and support for professionals and the public who are concerned about the safety or welfare of a child.

7. ONLINE HARM

While the internet is an increasingly important and beneficial part of children's lives, it can also make them vulnerable to risks such as grooming, or expose them to experiences that may upset or harm them.

Key message

Children in the UK are less likely to report being bothered or upset by something they have seen online, and also less likely to report meeting an online contact in person compared to children in Australia and the EU average (Fig 13; Haddon, Livingstone & EU Kids Online Network, 2012; Green et al., 2011). Children in the UK are slightly more likely to report cyberbullying than the EU average (8% and 6%, respectively) but are less likely to be cyberbullied than Australian children (13%).

Children's exposure to online risk appears to be changing. Compared to 2010, data from 2013 and 2014 shows that children aged 11–16 years old from Belgium, Denmark, Ireland, Italy, Portugal, Romania and the UK are less likely to make contact online with someone they didn't know but are more likely to meet an online contact in person and to be cyberbullied (Fig 14; Mascheroni & Curnan, 2014). Cyberbulling is increasing in each of these countries, including the UK where it increased from 8% in 2010 to 12% in 2014 (Fig 15). From 2010 to 2014, the percentage of children who said they were bullied off- or online remained relatively stable (with the exception of Belgium, where it decreased, and Denmark, where it increased), while the percentage of children who said they were cyberbullied increased in all countries.

What are the limitations of the data?

There is currently limited trend data available for online harm and it is difficult to determine how prevalence estimates fluctuate from year to year for this emerging area of data collection. Though more recent data from 2014 is available for a few European countries, prevalence data from 2010 are also presented here in order to compare with the available Australian data. Little is known about the risks and harm experienced by younger children online.

Data availability and comparability

The *EU Kids Online* project surveyed 25,142 Internet users aged 9–16 and their parents in 25 countries in 2010, including the UK (Haddon, Livingstone & the EU Kids Online Network, 2012). Though conducted in fewer countries, the Net Children Go Mobile survey (Mascheroni & Cuman, 2014) was conducted more recently in 2013 and 2014, and includes about 3,500 9–16 year olds in Belgium, Denmark, Italy, Ireland, Portugal, Romania and the UK. As the Net Children Go Mobile survey used many of the same survey questions as *EU Kids Online*, it allows for comparisons between the two projects. In Australia, *AU Kids Online* conducted parallel research using the *EU Kids* surveys and protocols 6 months after the EU survey with 400 children and their families. These projects provide the most comparable international data.

Data sources used for this indicator

EU Kids Online survey, 25 European countries (2010)

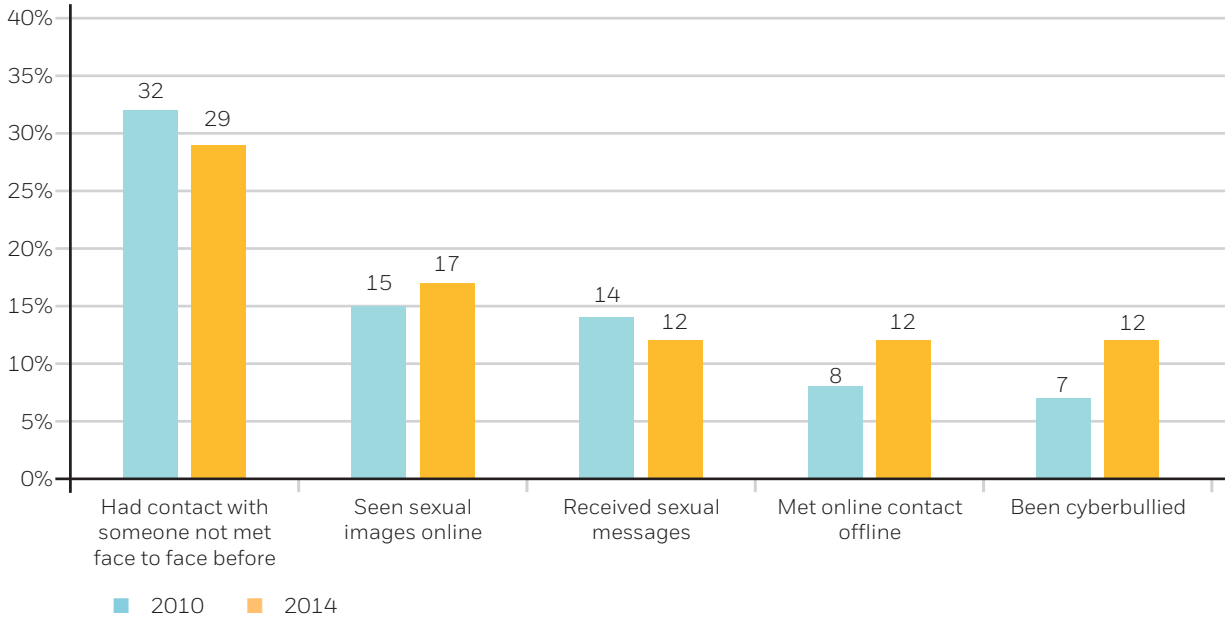
AU Kids Online survey, Australia (2010)

Net Children Go Mobile survey, 7 European countries (2013–14)

Figure 13. Percentage of children aged 9–16 years reporting exposure to online risk, UK, EU average and Australia, 2010

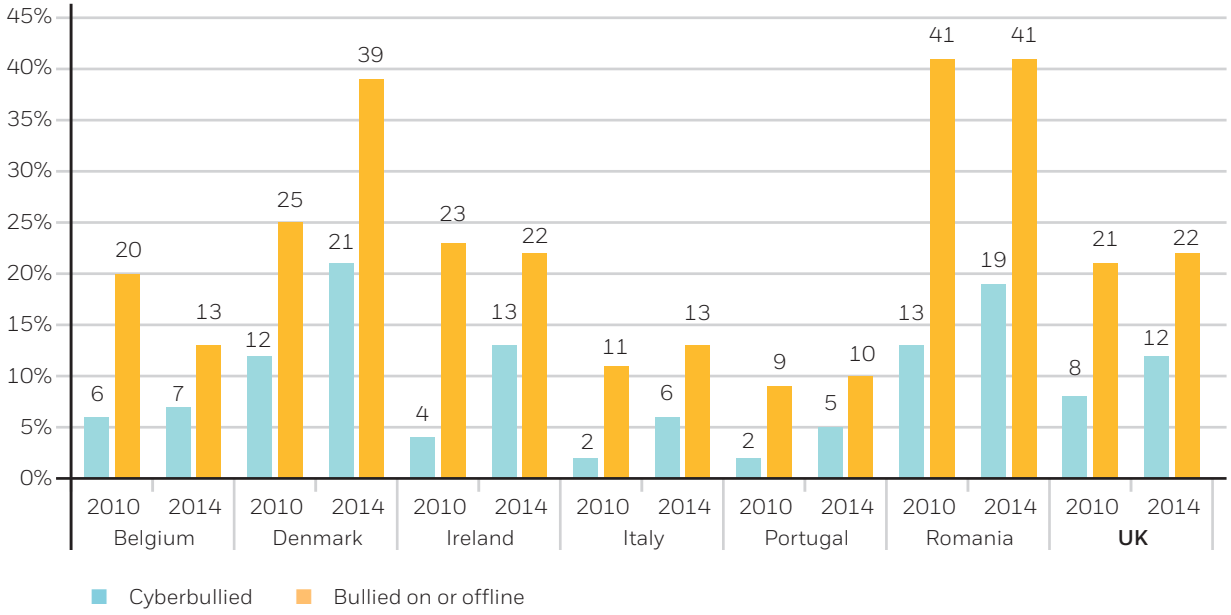
Source: UK and EU data from Haddon, Livingstone and the EU Kids Online network (2012); Australia data from Green et al. (2011)

Figure 14. Percentage of children aged 11–16 years reporting exposure to online risk, EU average, 2010 and 2014



Source: Mascheroni & Cuman, 2014
* Reports data from children aged 11–16 years old who use the internet in Belgium, Denmark, Ireland, Italy, Portugal, Romania and the UK.

Figure 15. Percentage of children aged 9–16 years reporting bullying online and offline by country, 2010 and 2014



Source: Mascheroni & Cuman, 2014

8. VIOLENT INCIDENTS

This measure presents data from surveys asking young people about their experiences of crime in the previous year. Crime surveys supplement police data as crimes against adolescents are often unreported (Marshall et al., 2015).

Key message

Crime victimisation among adolescents is low in England and in many European countries. Past-year assault victimisation for children is similar in England, Belgium and Germany, around 5%.

Two separate surveys found that the prevalence of assault victimisation among adolescents in England was around 5% in 2014–15, which has remained relatively stable over the past few years (Figs 16 and 17; Bentley et al., 2016; Herlitz et al., 2016). Compared to England, the prevalence of assault victimisation in the past year is higher in Estonia, Serbia and Bosnia-Herzegovina, around 7%, while the prevalence in Kosovo and Venezuela is less than 2% (Marshall et al., 2015). About 6% of children in England said they had been threatened with or experienced violence because of their religion, language, skin colour or background, which is higher than Denmark, Italy, Belgium, Finland, Germany and Switzerland (Fig 18; Herlitz et al., 2016; Marshall et al., 2015).

What are the limitations of the data?

Results from two projects are presented here: the Crime Survey for England and Wales and the third wave of the International Self Report Delinquency Study (ISRD-3). As survey data, certain methodological considerations may affect results, including sampling and respondent recall. In many countries participating in the ISRD-3, which is an international study exploring crime victimisation and offending among adolescents, the survey is conducted in urban schools and therefore generalisation to the national population should be made with caution. School-based surveys also present additional challenges including access through gatekeepers and teacher presence but other research has shown they may increase prevalence reporting for certain types of violence (Fang et al., 2015).

Data availability and comparability

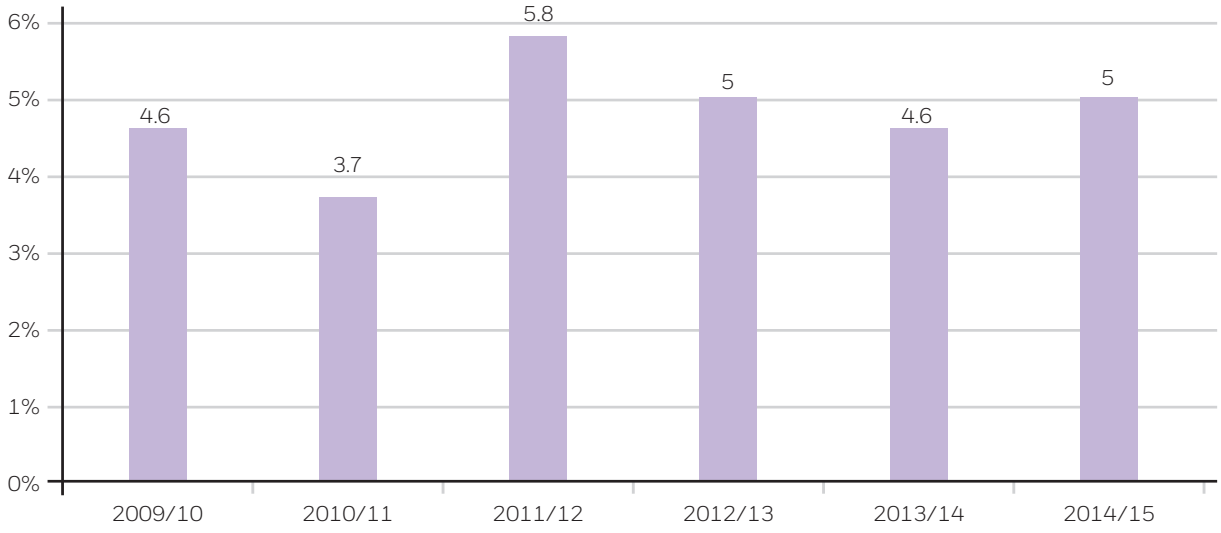
The Crime Survey for England and Wales asks 10 to 15 year olds about their experiences with crime through face-to-face interviews. England also participates in the ISRD-3, along with over thirty other countries, a project which gathers information from 12–16 year olds about crime victimisation and perpetration. At the time of this report, a cross-country analysis of preliminary findings for 15 countries was available. Preliminary findings from England were also available in a separate analysis. The *Understanding and Preventing Youth Crime in England* survey, which is part of the ISRD-3 study, interviewed 367 students from 11 schools in Birmingham and 533 pupils from 8 schools in Sheffield between September 2014 and December 2015. Whereas the Crime Survey for England and Wales is administered via face-to-face interviews, the ISRD-3 is self-administered online or via paper-based questionnaires, which may affect results and also complicates cross-country comparisons, though these surveys remain the best international comparisons on child crime victimisation.

Data sources used for this indicator

Crime Survey for England and Wales, England, (2009/10 to 2014/15)

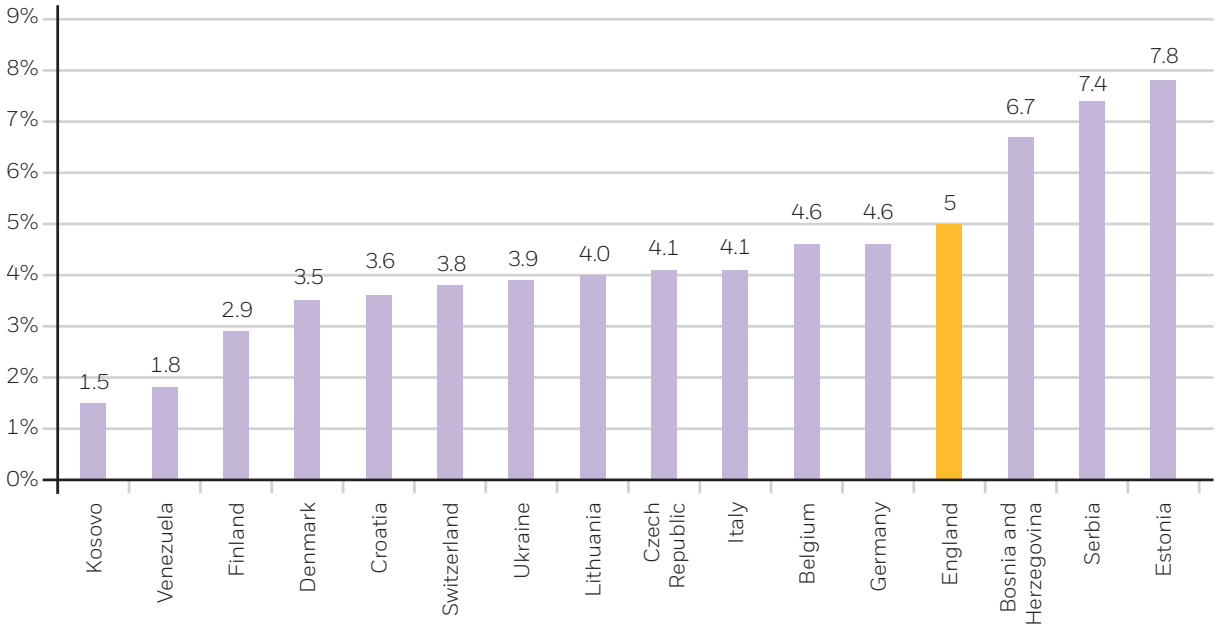
ISRD-3, 16 countries, including England (2013–15)

Figure 16. Prevalence of past-year assault victimisation among children aged 10–15 years, England (%)



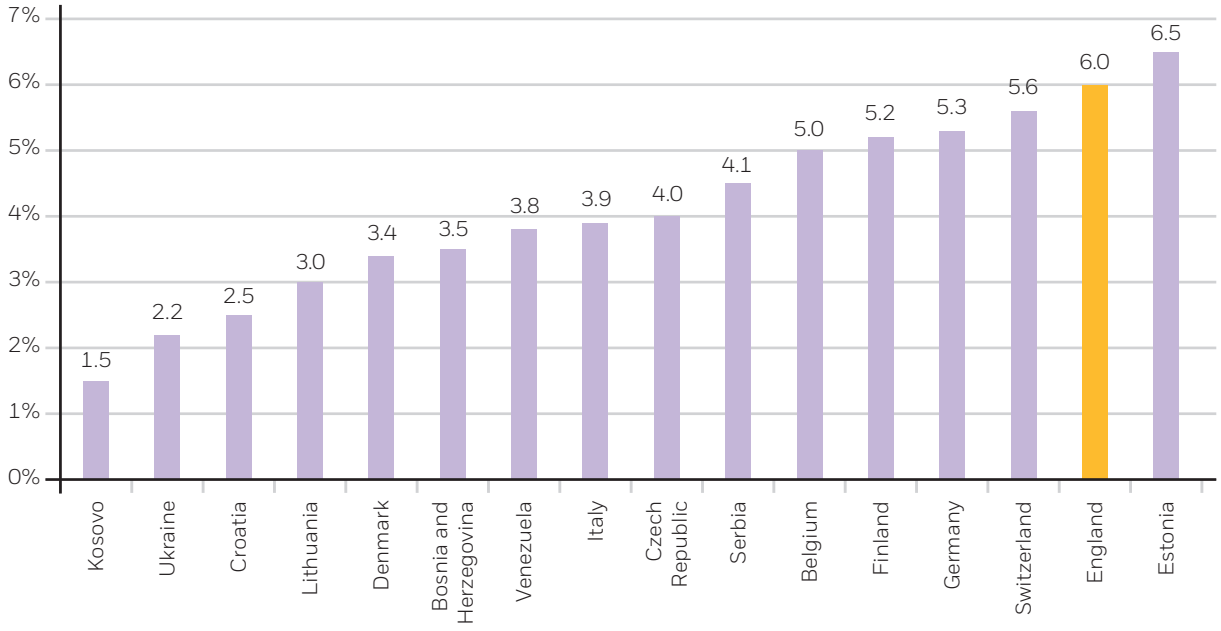
Source: Bentley et al. (2016)

Figure 17. Prevalence of past year assault victimisation among 7th, 8th and 9th graders aged 12–16 years in selected countries, 2013–2015 (%)



Source: Marshall et al. (2015) for all countries except England, which comes from Herlitz et al. (2016)

Figure 18. Prevalence of past year hate crime victimisation among 7th, 8th and 9th graders aged 12–16 years in selected countries, 2013–2015 (%)



Source: Marshall et al. (2015) for all countries except England, which comes from Herlitz et al. (2016)

9. REFERRALS AND ASSESSMENTS

A referral (or 'notification' in some countries including Australia) is the first step of the child protection process, and is made if there is concern for a child's safety or welfare. Anyone may make a referral to the authorities, and professionals, such as teachers and police, are legally required to report concerns for a child's wellbeing in some countries.

Key message

The rate of children referred per 1,000 children is higher in England (47.7 per 1,000 children aged 0–18 years) than Australia (39.2 per 1,000 children aged 0–17 years) though both saw an overall increase from 2010 to 2015 (Figures 19 and 20; Bentley et al., 2016; AIHW, 2016). About three-quarters of all referrals of suspected cases of child abuse were made by professionals in England in 2015, about 70% in Australia in 2014–15[6] and less than two-thirds in the US in 2014 (62.8%). The police were the most common source of referral in England, and individuals such as parents or other relatives were less likely to make referrals to child protective services than in Australia and the US (Fig 21; Bentley et al., 2016; AIHW, 2016; US DHHS, 2016).

What are the limitations of the data?

Referrals to child protection systems out of concern for a child are the initial stage of the child protection process in more developed systems. Referrals may not pertain solely to concerns about child protection issues, however. Furthermore an increase in referrals does not necessarily indicate an increase in the number of children at risk, but rather may reflect an increase in awareness among the general population.

Data availability and comparability

Data for England, Australia and the US are reported here. In England, the data represents 'accepted' referrals, meaning only calls that are assessed and meet certain criteria are reported here. In Australia, the procedures for recording a notification differ across the country. Some jurisdictions report data for all notifications received, while other jurisdictions only report notifications if they have been assessed and there is reason to suspect the child is in need of protection. It is important to note that Australia[7] and the US[8] have mandatory reporting while England does not, which may affect comparisons.

Data sources used for this indicator

NSPCC's *How Safe Are Our Children?*, England (2010–2015)

Australian Institute of Health and Welfare, Australia (2009/10–2014/15)

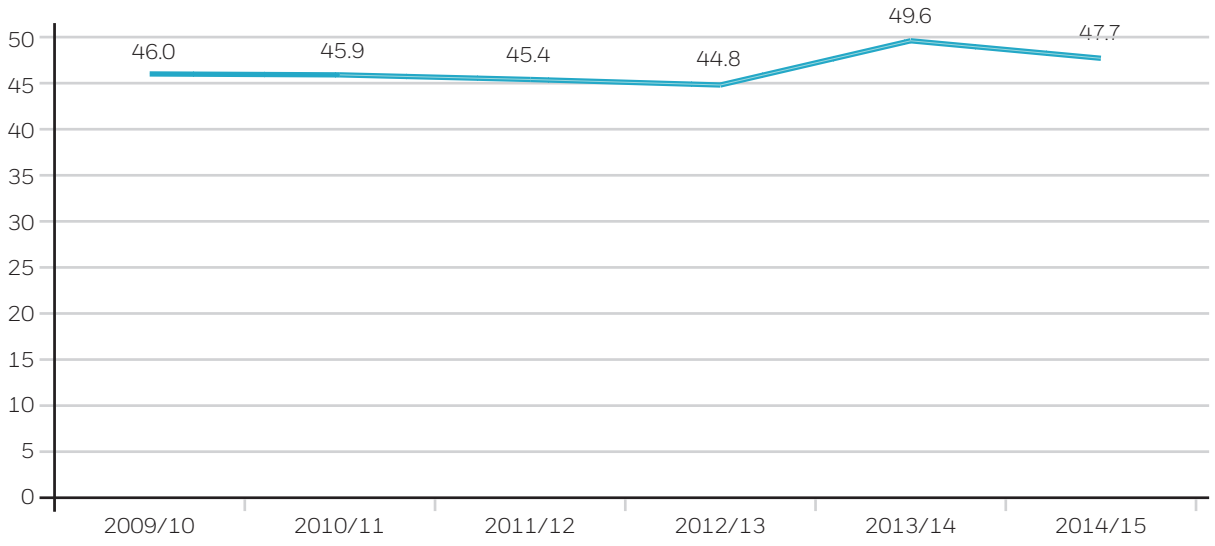
US Department of Health & Human Services, Administration for Children and Families, US (2014)

[6] Data recorded from 1 July 2014 to 30 June 2015

[7] Though the Australian legislation on mandatory reporting differs across jurisdictions, in general, those who frequently work with children such as teachers, doctors, nurse and police, are mandated to report reasonable suspicions of child abuse to government authorities. Mandatory reporting is required by all adults in the Northern Territory and for sexual offences in Victoria. In all jurisdictions, it is mandatory to report all suspicions of sexual abuse, while reporting of other types of abuse varies. New South Wales and the Northern Territory have mandatory reporting for exposure to domestic violence, as well as neglect, for example (CFCA, 2016).

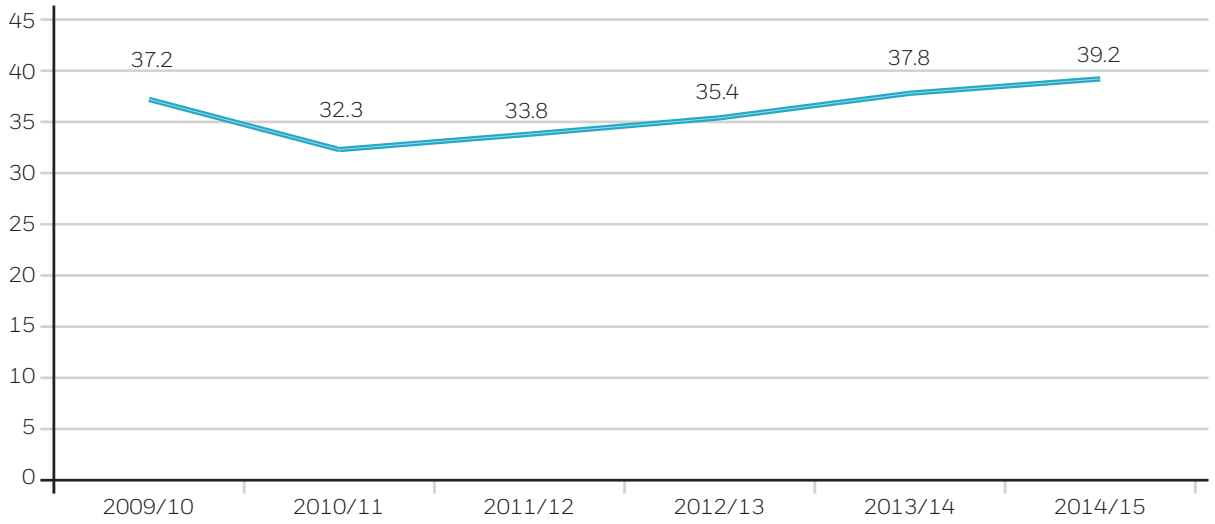
[8] Like Australia, legislation around mandatory reporting varies by state in the US, but in most states, professionals such as social workers, teachers, doctors, child care providers and police are mandated by law to report suspected cases of child abuse or neglect to an appropriate agency, such as child protective services, law enforcement or a child abuse hotline. Though the laws are amended frequently, about 18 states also require any person who suspects child abuse or neglect to report (Child Welfare Information Gateway, 2016).

Figure 19. Number of children referred per 1,000 children aged 0–18 years in England, 2010–2015



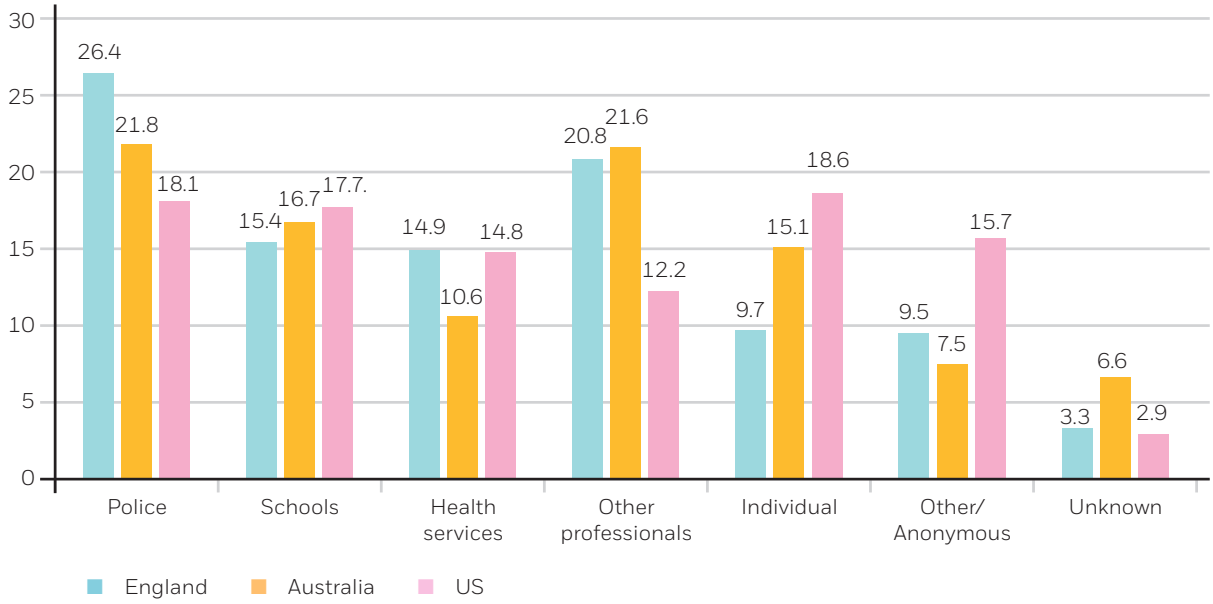
Source: Bentley et al. (2016)

Figure 20. Number of children referred per 1,000 children aged 0–17 years in Australia, 2009–10 to 2014–15*



Source: Australian Institute of Health and Welfare (2016)
* Australia records its data from 1 July to 30 June of the following year.

Figure 21. Referral source (%) in England, Australia and the US, 2014 and 2015*



Source: England data from Bentley et al. (2016); *Australia data from* Australian Institute of Health and Welfare (2016); *US data from* U.S. Department of Health & Human Services, Administration for Children and Families (2016)
* England data is from 2015, Australia is from 1 July 2014 to 30 June 2015 and the US data is from 2014

10. CHILDREN IN THE CHILD PROTECTION SYSTEM

While not a comprehensive measure of child abuse, children who are subject to a form of a child protection plan is an indication of those children who are deemed to be at continuing risk of harm as identified by the child welfare system.

Key message

Australia has a much higher rate of children on a care and protection order (CPO) than England has children on child protection plans (CPPs).[9] In Australia this was 9.1 per 1,000 as of 30 June 2015 compared to 4.3 per 1,000 children in England at 31 March 2015, which has increased slightly in both countries over the last 3 years (Figs 22 and 23; Bentley et al., 2016; AIHW, 2016).

There are a number of reasons for this that the data evidence:

1. Children in Australia stay on orders for longer (*see also*: indicator 13).
2. A large number of temporary orders are issued in Australia.
3. In Australia, more children are consistently admitted to orders, than discharged from orders.

What are the limitations of the data?

This data only shows the number of children identified by authorities as requiring intervention due to abuse or neglect, and there are likely many children who experience harm who are not identified. It therefore does not reflect all instances of child abuse.

Data availability and comparability

Cross-country comparisons on the number of children in child protections systems is extremely difficult due to differing procedures and definitions. Data from Australia on the number of Children on Care and Protection Orders (CPO) is the most comparable with the England data on number of Children on Child Protection Plans (CPP). While not a perfect comparison, it is an indicative measure of the number of children being supported by state services as a result of child maltreatment, abuse or neglect.

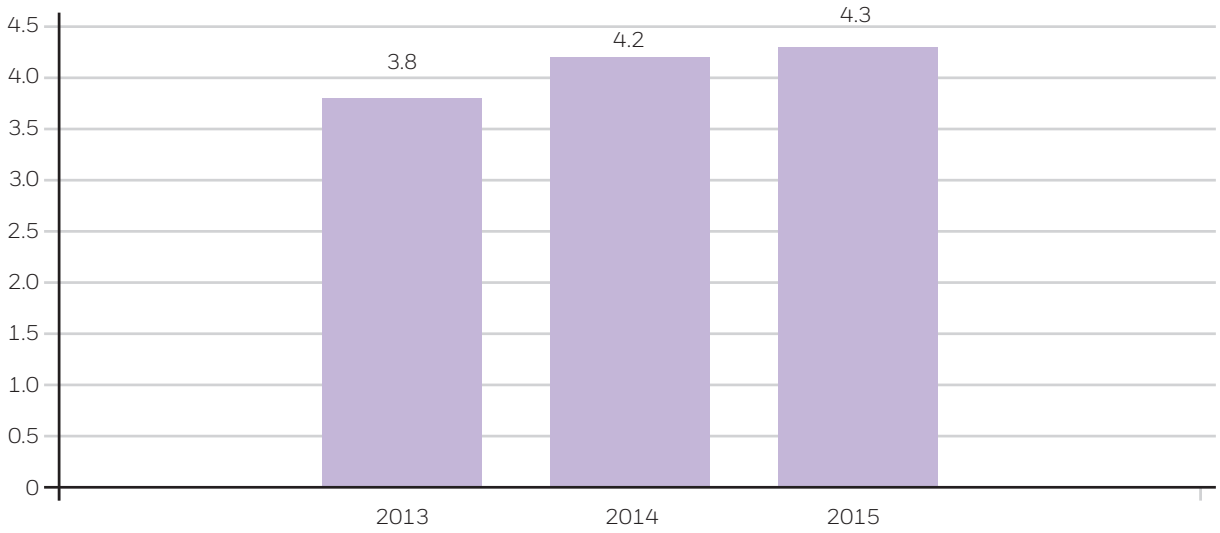
Data sources used for this indicator

NSPCC's *How Safe Are Our Children?*, England (2013–2015)

Australian Institute of Health and Welfare, Australia (2012/13–2014/15)

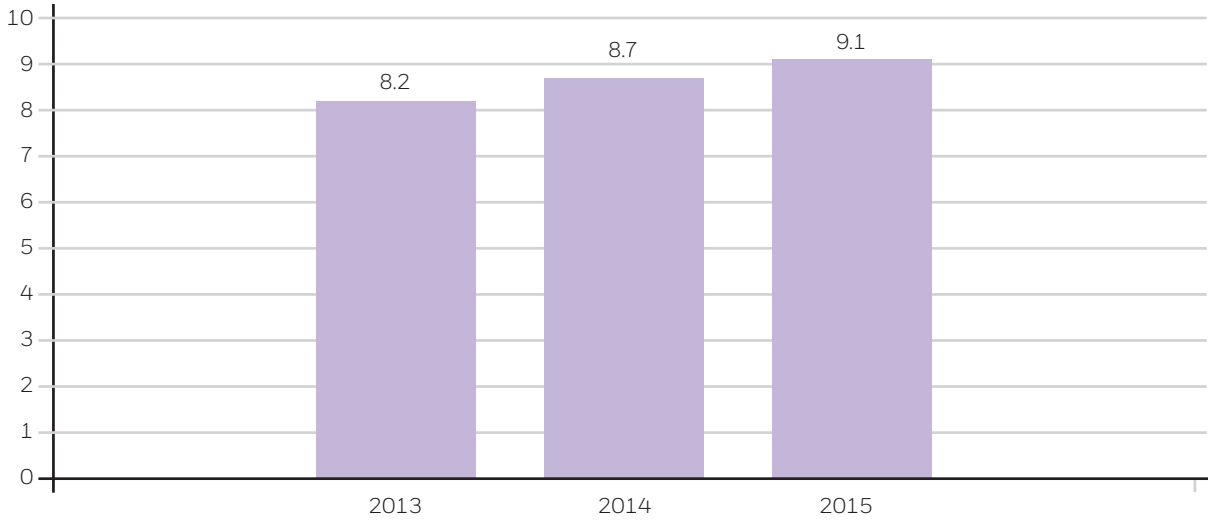
[9] In England a child is registered on to a CPP, which remains in place until the risk of harm has gone. A CPP will be reviewed after three months and then at six monthly intervals. In England a CPP is a separate intervention from a Care Order. A CPO in Australia is equivalent to both a CPP and a Care Order in England. In Australia, CPOs are used to intervene when a child is at risk of continued harm following substantiation, but also for placing children in care – as such they are broader than CPPs. In England if a CPP is ended but services still need to be offered to the child and their family then a Children in Need Plan is put in place. This is not the case in Australia as the CPO covers both areas.

Figure 22. Number of children per 1,000 who were the subject of a child protection plan in England, 2013–2015*



Source: Bentley et al. (2016)
* Data is reported as of 31 March of each year

Figure 23. Number of children per 1,000 who were the subject of a care protection order in Australia, 2012/13 to 2014/15**



Source: Australian Institute of Health and Welfare (2016)
** Data is reported as of 30 June of each year.

11. COMPOSITION OF CHILD PROTECTION PLANS

This measure shows the reasons why a child has been deemed to require some form of protection intervention. England collects data on the reasons why a child is on a Child Protection Plan (CPP). In Australia and Canada, the closest comparable data available is the outcome of substantiated investigations. The available US data reports the maltreatment type experienced by child victims, defined as a child for whom at least one type of maltreatment was substantiated or indicated as determined by the state.[10]

Key message

In 2015, the top two reasons why children are subject to a CPP in England are neglect (45%) and emotional abuse (34%). These have remained the most common reasons for children to be placed on CPPs over the last decade though the percentage of CPPs due to emotional abuse has steadily increased (Fig 24; Bentley et al., 2016). The percentage of substantiated investigations attributed to emotional abuse in Australia has also been increasing over the last several years, and was the most common type of abuse identified in 2014–15[11] (43%) followed by neglect (26%) (Fig 25; AIHW, 2016). In both countries, the percentage of physical abuse cases has slightly decreased while sexual abuse has remained relatively stable.

When looking at the snapshot of the latest year data that is available, neglect appears to be much more common in the US compared to England and Australia (Fig 26). In 2014, the majority of child victims in the US were neglected (75%) while only 6% of victims experienced emotional abuse (referred to as 'psychological maltreatment' by the US system; US DHHS, 2016). In Canada, 28% of substantiated investigations were due to neglect, but the number one type of abuse was exposure to intimate partner violence (31%) (Fig 27; Public Health Agency of Canada, 2008). This was not a separate category in the other countries analysed and therefore children exposed to this type of violence would be recorded in a different category in England, the US and Australia. In all countries except the US, sexual abuse was the least common (Australia, 13%; England, 5%; and Canada, 2%). About 1 in 12 victims in the US were sexually abused (8.3%).

Multiple types of abuse were recorded in England (8%) and Canada (18%). In England, typically only one category may be selected for a CPP, which is why this figure could be lower. In Canada, about a quarter (24%) of substantiated investigations involving more than one type of maltreatment were identified as neglect and exposure to intimate partner violence. In Australia, the primary type of substantiated abuse is reported, but co-occurring types of abuses are also recorded. Emotional abuse co-occurred in 51.9% of cases where physical abuse was the primary type of abuse substantiated, and co-occurred in over a quarter (28.8%) of sexual abuse cases. In the US, the vast majority of victims (85.8%) experienced one type of maltreatment, but these victims could have suffered from that form of maltreatment more than once.

What are the limitations of the data?

In England, this data shows why children are subject to a CPP, and in Australia and Canada, it shows the type of abuse recorded in substantiated investigations. The US data shows the maltreatment type experienced by child victims. The procedures and definitions for categorising abuse differ across and even within countries. For instance, in the US, most states recognize neglect, physical abuse, psychological maltreatment and sexual abuse as the four main types of maltreatment, but some states include medical neglect as a separate category.

[10] Some states record if the child received a disposition of 'alternative response victim', meaning maltreatment was identified by a means other than an investigation. This can occur when a family voluntarily accepts CPS services, for example. These are also included in the reported data, as are children who died of child abuse and neglect.
[11] Australia reports data from 1 July 2014 to 30 June 2015.

Data availability and comparability

The categories across countries differ, which likely skews results and affects comparison. For example, exposure to intimate partner violence was a separate category only in Canada, so this data may be hidden in a separate category in England and Australia. The US data is also different to the other countries in that the child is the primary unit of analysis rather than the substantiated investigation. Children who are victims of more than one type of maltreatment are included in each maltreatment type, so the total in Fig. 26 exceeds 100%. Also, a child is counted in a category only once, regardless of how many types the child is reported as a victim. Australian and US data is available for all substantiated cases and child victims, respectively, of violence, abuse, exploitation or maltreatment. In Canada, the available data is based on a sample of 6,163 substantiated investigations.

Data sources used for this indicator

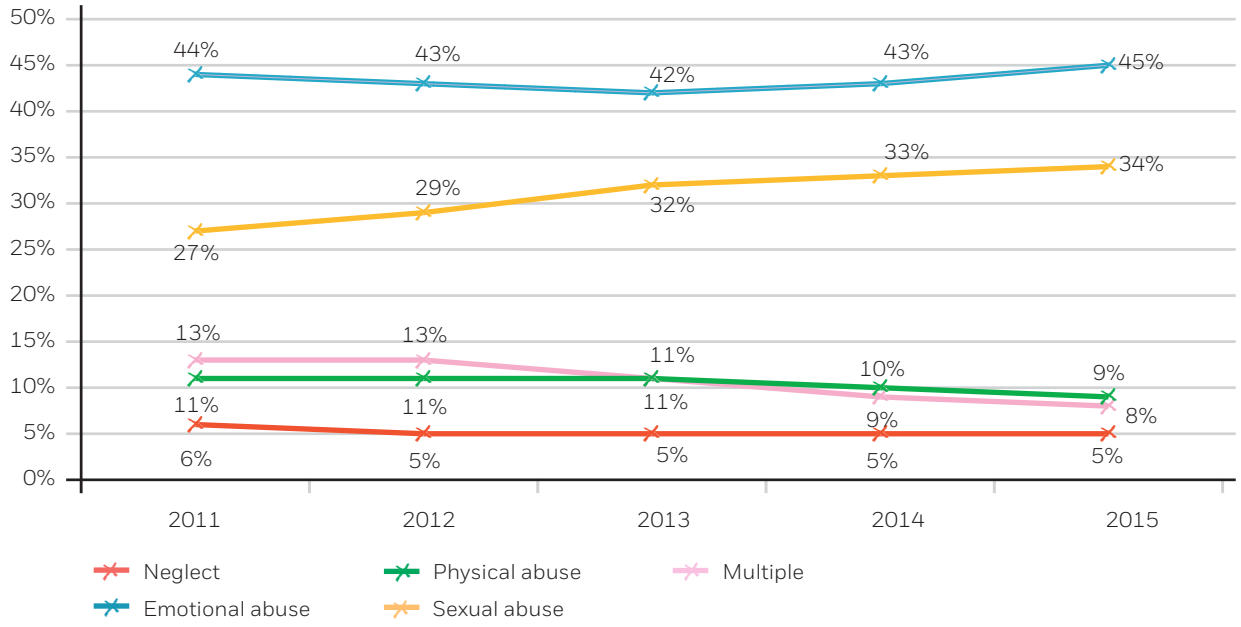
NSPCC's *How Safe Are Our Children?*, England (2011–2015)

Australian Institute of Health and Welfare, Australia (2010/11–2014/15)

US Department of Health & Human Services, Administration for Children and Families, US (2014)

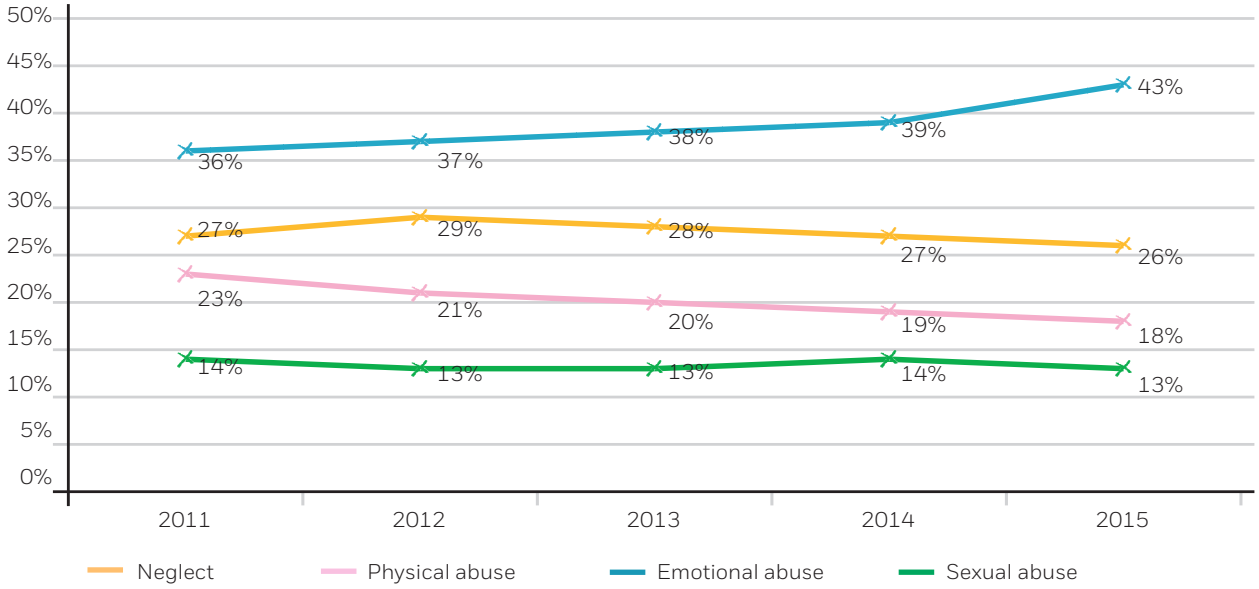
Canadian Incidence Study of Abuse and Neglect, Canada (2008)

Figure 24. Reason of registration onto a child protection plan in England by type of abuse (%), 2011–2015



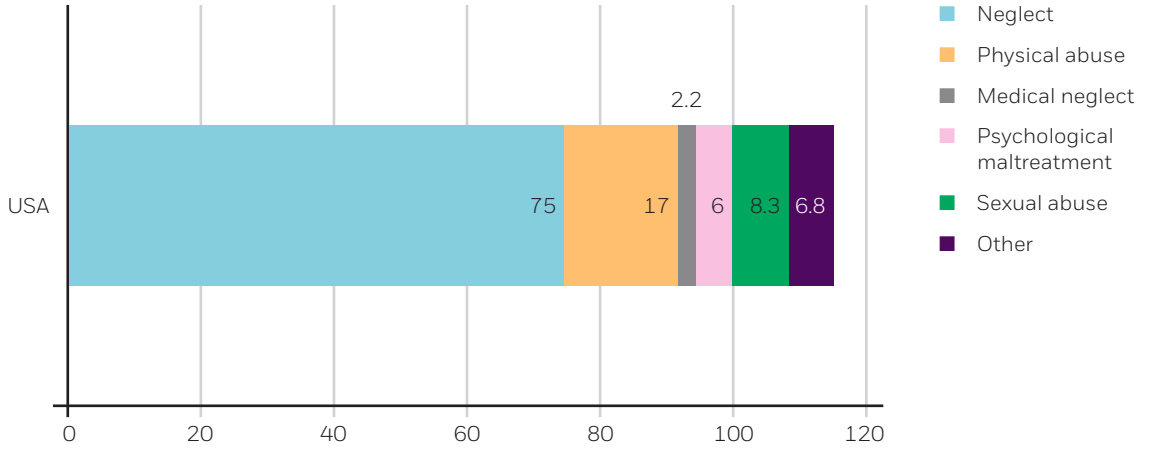
Source: Bentley et al. (2016)

Figure 25. Composition of substantiated cases of abuse and neglect in Australia by type of abuse (%), 2010/11 to 2014/15*



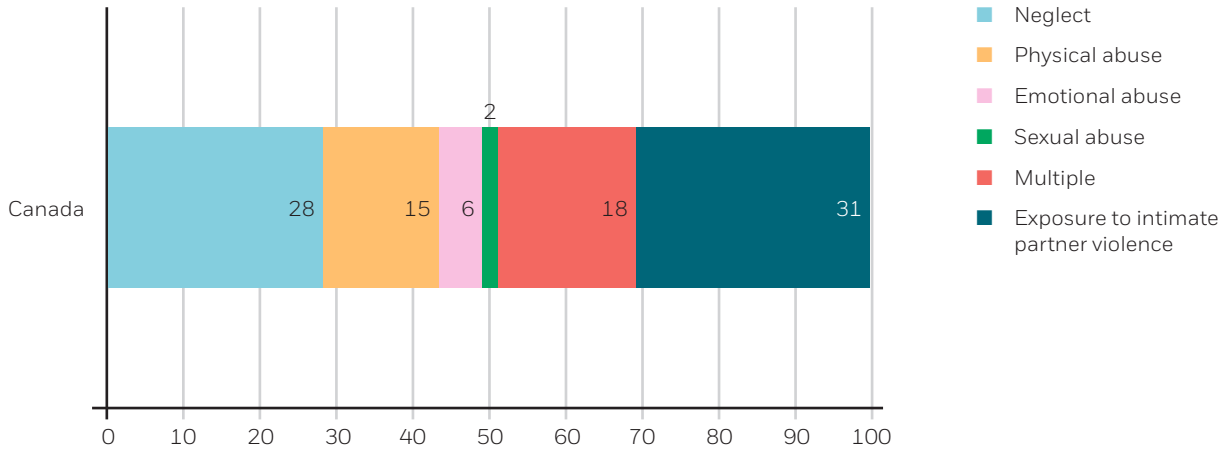
Source: Australian Institute of Health and Welfare (2016)
* Data for each year is reported from 1 July to 30 June the following year.

Figure 26. Composition of substantiated cases of abuse and neglect in the USA by type of abuse (%), 2014*



Source: U.S. Department of Health & Human Services, Administration for Children and Families (2016)
* Medical neglect involves the failure of the caregiver to provide for the appropriate health care for the child when finances are not an issue (either because the caregiver is financially capable of providing the care or because financial support was offered). Psychological maltreatment is an 'act of omission' that caused or could have caused conduct, cognitive, affective, or other behavioural or mental disorders. Examples include verbal abuse or excessive demands on a child's performance. The 'other' category includes types of maltreatment such as, 'threatened abuse', 'parent's drug/alcohol abuse' or 'safe relinquishment of a newborn'. There are variations between states as to what is included in the 'other' category.

Figure 27. Composition of substantiated cases of abuse and neglect in Canada by type of abuse (%), 2008



Source: Public Health Agency of Canada (2010)

12. RE-REGISTRATION ONTO A CHILD PROTECTION PLAN

Examining data on re-registration onto a child protection plan provides some insight into whether new children or those who have previously received child protection services are registered onto Child Protection Plans. High re-registration rates may suggest that a child was prematurely removed from a child protection plan when the risk of harm was still present, or that a second child protection concern is evident that poses risk of harm to the child.

Key message

One-third of children in Australia who were placed on a child protection order in 2014 had already been on such an order previously, compared to 15.8% of children in England (Fig 28; Bentley et al., 2016; AIHW, 2015). A contributing factor towards the higher rate of re-registration onto a CPO in Australia is possibly linked to the issuance of temporary orders,[12] although, at the same time, if a new care and protection order is applied in 5 days or less of the discharge of another order (regardless of the type of order), neither an admission nor discharge are counted. In England the percentage of children re-registered onto a CPP marginally increased over the last 10 years but can generally be considered to be constant.

What are the limitations of the data?

This data only shows the number of children identified by authorities as requiring intervention due to abuse or neglect, and there are likely many children who experience harm who are not identified. It therefore does not reflect all instances of child abuse.

Data availability and comparability

Again, the Australian data provides the best comparison with England data, though there are key differences. In England, a CPP will be reviewed after three months and then at six monthly intervals, but will remain in place until it is believed that the child is no longer at risk of harm. In England a CPP is a separate intervention from a care order. In Australia, CPOs can be made for either a period of up to 2 years (usually in cases of continued risk of harm), or for a period until the child reaches 18 years of age (this is usually for cases where the order is for care).

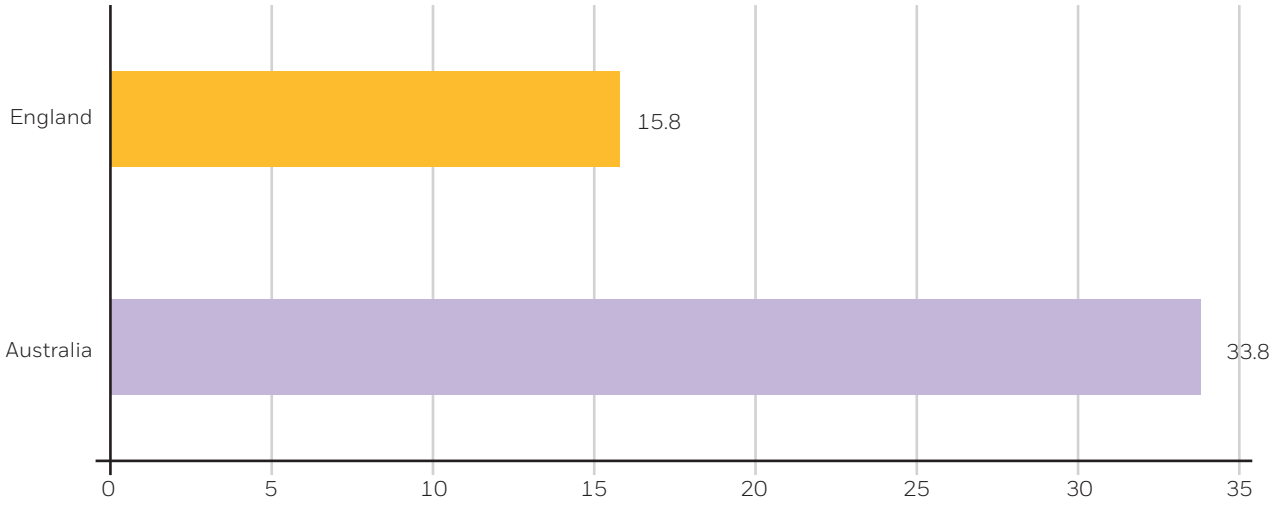
Data sources used for this indicator

NSPCC's *How Safe Are Our Children?*, England (2014)

Australian Institute of Health and Welfare, Australia (2014/15)

[12] Temporary orders are also issued in England, but less frequently than in Australia

Figure 28. Percentage of children who became the subject of a care protection plan in England or a care protection order in Australia for a second or subsequent time, 2014



Source: England data from Bentley et al. (2016); *Australia data from* Australian Institute of Health and Welfare (2015)

13. HOW LONG ARE CHILDREN ON CHILD PROTECTION PLANS?

When a child is unregistered from a protection plan or order, this suggests that the child has been deemed to no longer be at risk of harm.

Key message

In England, 3.8% of children who were discharged from a CPP in 2015–16 had been on a plan for 2 years or longer (Fig 29; Bentley et al., 2016)**.** In Australia in 2014–15 of the children discharged from care, 41.4% had been on an order for two years or longer (Fig 30; AIHW, 2016). Of these children, 19.3% had been on an order for 2 to 4 years, while 11.0% had been on an order for 8 years or longer. The stark differences between the two countries can likely be attributed to key differences between their child protection systems.[13]

In the UK, the duration spent on a CPP has decreased significantly over time – in 2000, 11.3% of children were on a CPP for two years or longer, compared to 3.8% in 2015 (Bentley et al., 2016). In cases where children have spent a longer time on a CPP, it is considered that the case may have been allowed to 'drift' (Bentley et al., 2016). UK practice suggests that a within a two year time frame, adequate support should have been provided to the family to ensure that the child is no longer at risk. At this stage, where there is no improvement, a court intervention may be required.

What are the limitations of the data?

This data only shows the number of children identified by authorities as requiring intervention due to abuse or neglect, and there are likely many children who experience harm who are not identified. It therefore does not reflect all instances of child abuse.

Data availability and comparability

Few countries have publicly available data on the length of time children receive child protection services. Australia publishes information on how long children are on a CPO and England reports information on length of time on a CPP. As discussed previously, a CPO and CPP are not exactly the same, as the CPO involves the courts rather than child protection services.

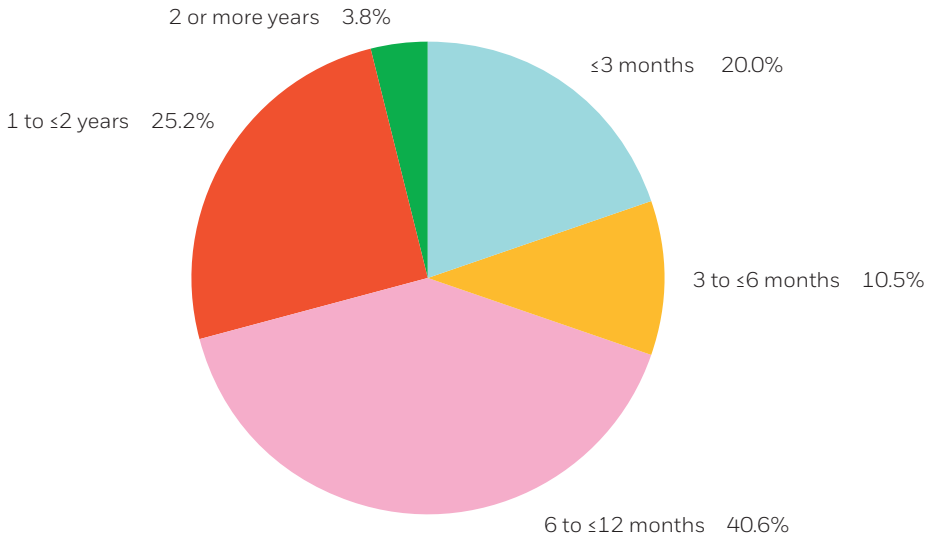
Data sources used for this indicator

NSPCC's *How Safe Are Our Children?*, England (1990–2015)

Australian Institute of Health and Welfare, Australia (2014/15)

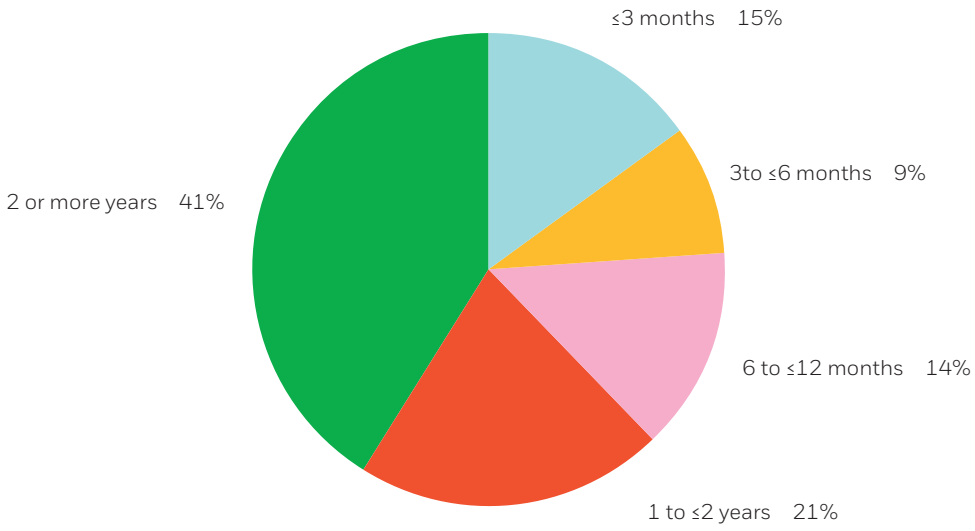
[13] In Australia, one of two types of CPOs are issued: a short term order that lasts for either one or two years, or a long term order, which is granted after it is decided the best way to ensure a child's protection is for guardianship to be given to Child Safety, a family member or other person on a long-term basis. Long-term orders last until the child turns 18 years of age, and these types of long-term interventions are used more often than in England. In the UK a child is registered on to a CPP, which remains in place until the risk of harm is reduced.

Figure 29. Percentage of children who ceased to be the subject of a child protection plan in 2015/16 (n=62,750), England*



* Year ending 31 March 2016
Source: Bentley et al. (2016)

Figure 30. Percentage of children discharged from care and protection orders in 2014/15 (n=10,268) by length of time on order, Australia*



* Year ending 30 June 2015
Source: Australian Institute of Health and Welfare (2016)

14. LOOKED AFTER CHILDREN

Looked after children (also referred to as foster children in many countries) generally refers to those children who are cared for by the state. Alternative care arrangements can include non-relative foster homes, 'kinship care' or living with relatives, group homes or institutions. Definitions and thresholds for state intervention vary even within the UK and across countries. There are a number of reasons why the state may intervene to assume responsibility for the care of a child, such as parental illness or absence, or if a child has experienced abuse or neglect.

Key message

When comparing to other OECD countries, the proportion of looked after children aged 11, 13 and 15 in the UK in 2010 was the same as in Switzerland, the Slovak Republic and Luxembourg at 0.6 (Fig 31; OECD, 2013). This is lower than France (1.4), Italy (1.7) and Israel (2.3) but higher than the Netherlands (0.1), Greece (0.3) and the US (0.4).

The number of looked after children specifically due to abuse and neglect in England has been increasing in recent years.[14] In England, it increased from 32.4 per 10,000 children aged 0–18 years in 2001, to 36.8 in 2015 (Bentley et al., 2016). This rate is slightly lower in Canada where in 2008, there were 30 children per 10,000 who were in alternative care as a result of maltreatment (Public Health Agency of Canada, 2008).

What are the limitations of the data?

The Health Behaviour in School-aged Children (HBSC) survey provides the data on the number of looked after children (Currie *et al*., 2012). HBSC is a cross-national study of 11, 13 and 15 year old schoolchildren and is therefore very likely to be an underestimate because it is only for those age groups who are in school. It also does not provide any information as to why children are under state care, and therefore does not reflect the prevalence of child maltreatment (OECD, 2013).

England and Canada report specific data on the number of children who are looked after due to abuse or neglect. In England, this category is determined at registration, and may not be the sole reason why a child is looked after during their placement. In Canada, the data is available through the Canadian Incidence Study of Abuse and Neglect, conducted in 1998, 2003 and 2008, and may be limited by differences in procedures across province and territories.

Data availability and comparability

The HBSC data allows for the best available cross-country comparisons of children in alternative care among specific age groups of school-aged children in OECD countries. Very few countries report the reason why a child becomes looked after. The English data reported comprehensively includes national registrations of looked after children, while the Canadian data is based on a sample of 15,945 child welfare investigations.

Data sources used for this indicator

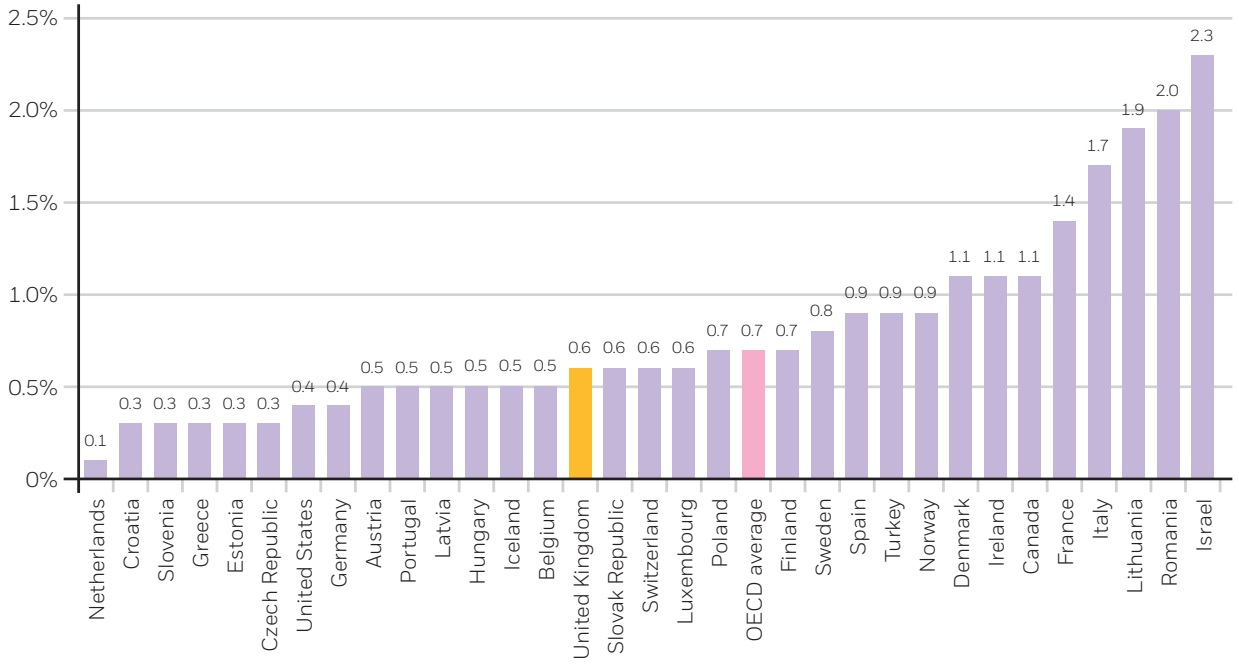
NSPCC's *How Safe Are Our Children?*, England (2001–2015)

HBSC survey, 32 countries, including the UK (2010)

Canadian Incidence Study of Abuse and Neglect, Canada (2008)

[14] While the focus of this report is not comparisons to other UK countries, the number of looked after children due to abuse and neglect is also increasing in Wales, from 51.5 per 10,000 children in 2010 to 64.4 per 10,000 children in 2013, higher than both England and Canada (Bentley et al., 2016).

Figure 31. Proportion of children aged 11, 13 and 15 living in state run foster and child homes, 2010



Source: OECD, 2013

15. NUMBER OF PLACEMENTS FOR LOOKED AFTER CHILDREN

This measure shows the percentage of children for which the state is acting as a corporate parent who have had multiple placements while under state care. Evidence shows that placement instability can negatively affect the wellbeing of looked-after children.

Key message

The percentage of looked after children in England who have 3 or more placements during one year has decreased from 13% in 2003 to 9% in 2015 (Fig 32; Bentley et al., 2016)**.** In the US, about 15% of children who were in foster care for less than 12 months had 2 or more placements in 2013, which remained consistent from the previous 3 years. The longer children are in care in the US, the more likely they are to be moved between placements with about two-thirds of children in foster care for over 2 years having 2 or more placements (Fig 33; US DHHS, 2016).

What are the limitations of the data?

In both England and the US, these figures represent all looked after children, not only those who are looked after due to abuse or neglect.

Data availability and comparability

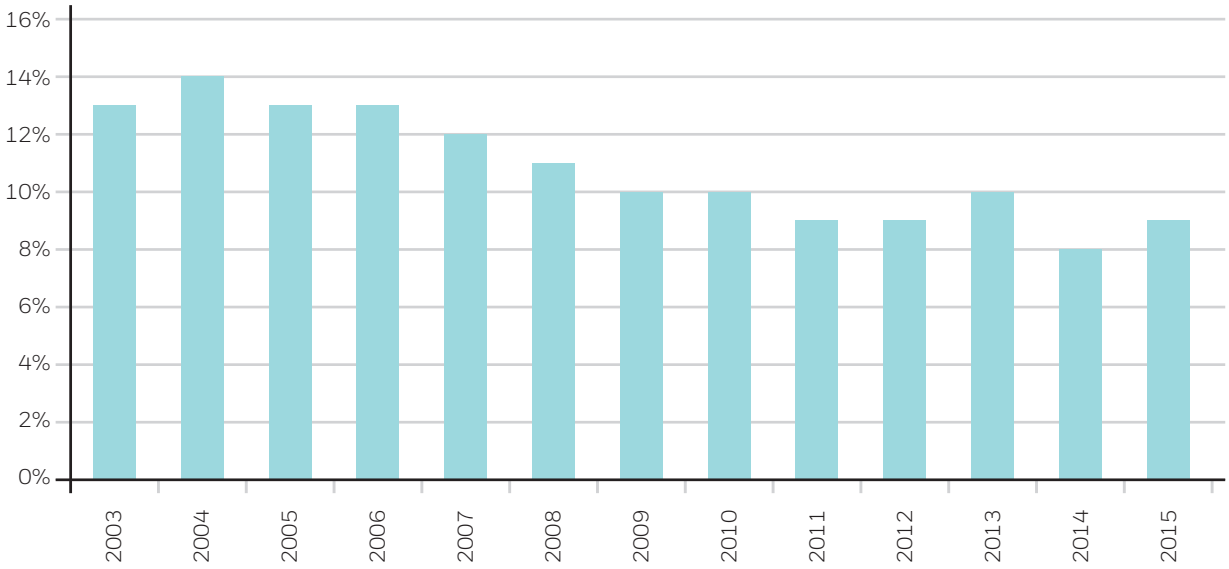
The US publishes detailed information on foster care statistics, which is most similar to the England data. A key difference is that the data from England reports the percentage of looked after children with 3 or more placements, while the available data from the US only reports the percentage of children who had two or more placements. The comparability between the two countries is therefore limited.

Data sources used for this indicator

NSPCC's *How Safe Are Our Children?*, England (2003–2015)

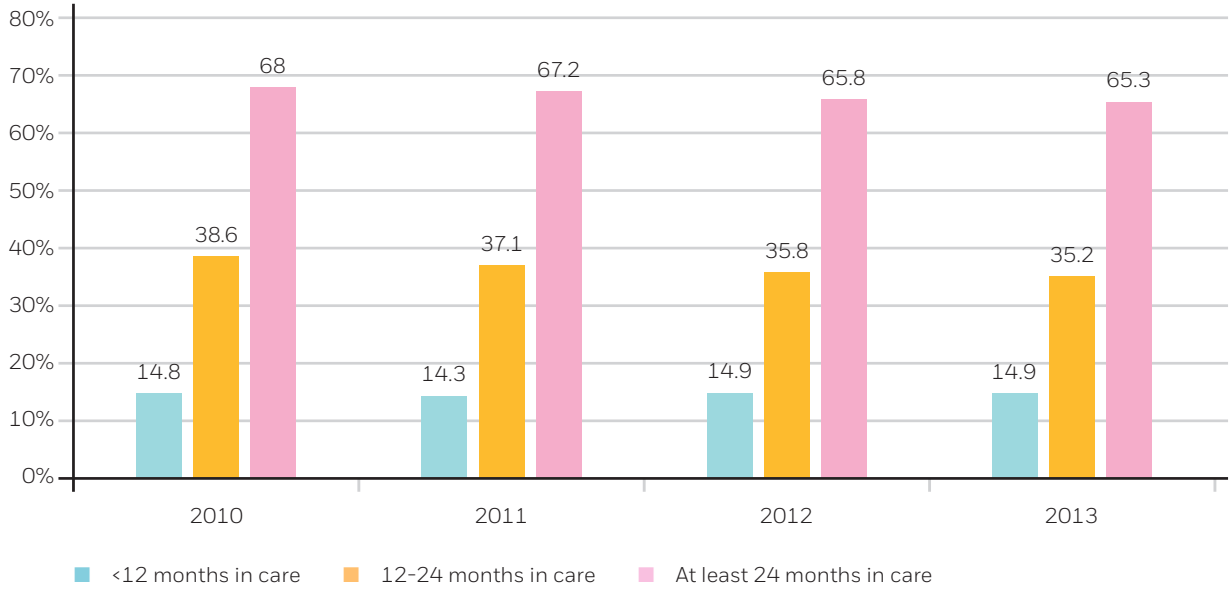
US Department of Health & Human Services, Administration for Children and Families, US (2010–2013)

Figure 32. Percentage of looked after children who had 3 or more placements during the year, England 2003–2015



Source: Bentley et al. (2016)

Figure 33. Median percentage of children in foster care who had more than 2 placements while in care, US, 2010–2013



Source: U.S. Department of Health and Human Services Administration for Children and Families (2016)

16. CHILD TRAFFICKING

Trafficking is a transnational problem, reliant on highly efficient and extensive criminal organisations. Child trafficking involves the recruitment and movement of children for the purpose of exploitation and victims are highly vulnerable to multiple forms of abuse.

Key message

Countries are often categorised as a country of origin, transit or destination, or any combination of these (Fig 34). The UK, Germany and France, all primarily destination countries, have identified more child victims of trafficking in recent years than other European countries (Fig 35). This may be partially attributed to the lack of comprehensive national systems to identify trafficking victims in many countries such as Iceland, Belgium, Italy and Ireland (EU FRA, 2009).

Many victims are girls trafficked for the purposes of sexual exploitation. In Norway, however, 76% of the 79 child victims of trafficking identified in 2010 were boys, as were 51% of 65 children in 2011. **In the UK, victims are mainly girls** (77% of the 141 identified from 2009–2011) from foreign countries such as Nigeria, China, Viet Nam and Romania. They are trafficked for the purposes of sexual exploitation, domestic servitude and forced criminality, such as street begging and pickpocketing. **There are indications that trafficking within the UK is also on the increase, in particular of girls for sexual exploitation** (EU FRA, 2009).

What are the limitations of the data?

Like all forms of abuse, child trafficking is a hidden phenomenon and thus difficult to identify and measure and often depends on a referral being made to a professional about a potentially trafficked child. This represents a very small proportion of the likely cases of trafficking as victims are often hidden and prevented from seeking help (EU FRA, 2009). Increases in the estimates of trafficking may also be difficult to interpret as with other areas of violence against children – as this may simply refer to an increase in the number of children identified not necessarily an increase in the prevalence of trafficking.

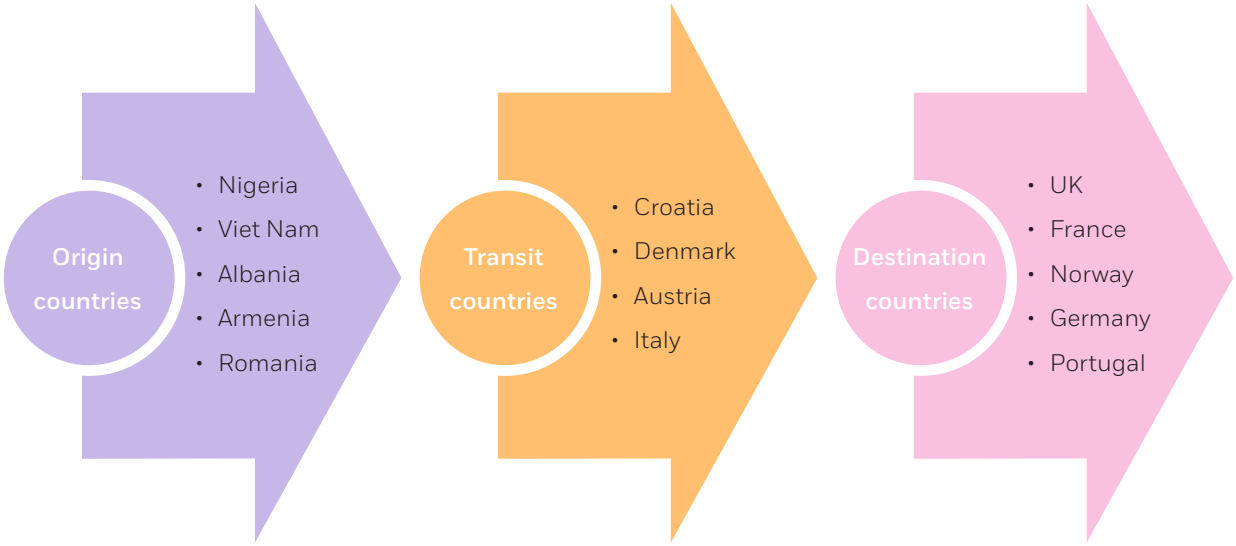
Data availability and comparability

In Europe, the Council of Europe Group of Experts on Action against Trafficking in Human Beings (GRETA) monitors and evaluates trafficking in each EU member state. There are vast differences in the political will and available financial and human resources to address trafficking in each country. GRETA (2014) also notes that awareness of trafficking among citizens in EU countries is variable, which has implications for the number of referrals made to authorities.

Data source used for this indicator:

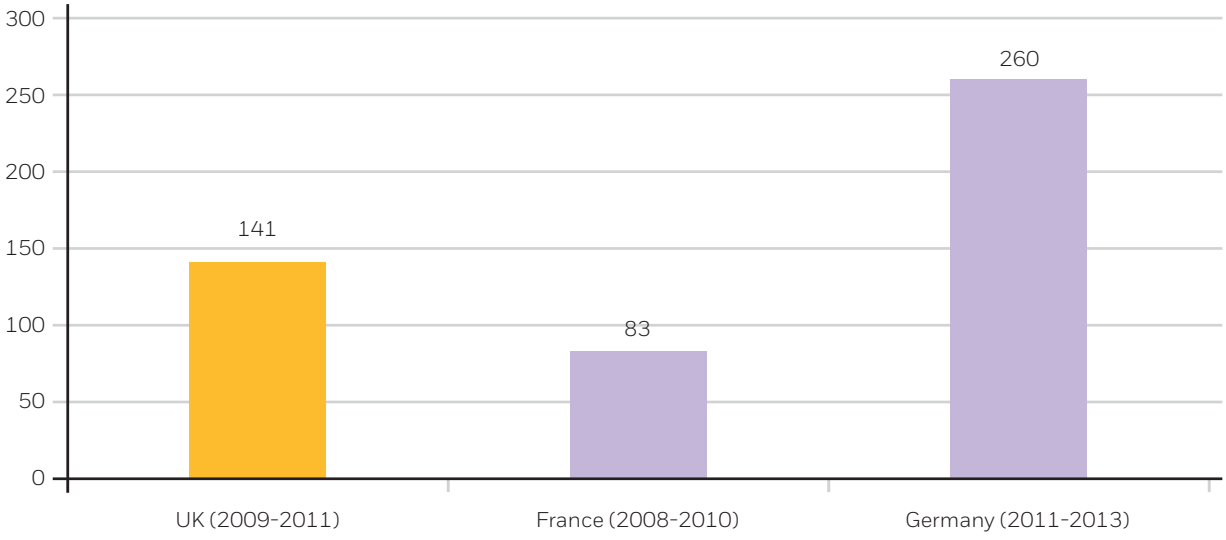
Council of Europe GRETA, EU countries, (various years)

Figure 34. Origin, transit and destination countries for child victims of trafficking to Europe



Source: Council of Europe GRETA (2014)

Figure 35. Number of child trafficking victims identified by authorities



Source: Council of Europe GRETA (2014)

Conclusion

Despite differing contexts and challenges in data collection on child maltreatment globally, this report points to the potential that cross-country comparisons, particularly with other high-income countries such as the U.S., Canada, Australia and European countries can provide. Examining similar data from different contexts allows a deeper analysis of the potential bottlenecks and barriers in child protection systems and also contributes to the dialogue on how to improve our measurement and collection of trend data on prevalence and services in order to inform responses to child maltreatment and prevention programming.

Appendix A: Measuring self-reported prevalence

Definitions and Questions Asked

One of the key limitations in comparing findings across studies is the lack of standardised measurement of types of child maltreatment. While some studies use validated instruments and scales to measure types of maltreatment such as physical abuse or sexual abuse, each of the studies may report these findings in different ways. We know from previous research that the instruments used (Finkelhor et al., 2013), the order of questions asked and the number of questions asked on a specific topic can have an impact on prevalence estimates (Fang et al., 2015). For example, for sexual abuse, higher levels of prevalence are found in surveys when questions are framed around behaviourally specific acts instead of relying on terms such as 'sexual violence' or 'sexual abuse' which can be subjective given social norms (Dartnall & Jewkes, 2012). For sexual violence in particular, recent meta-analyses have shown that the number of questions asked increases the reporting of sexual abuse (Fang et al., 2015; Stoltenborgh et al., 2011).

Another key challenge is differing definitions and terminology. An example is emotional abuse, which is one of the most under-researched areas of violence against children globally (Dunne, 2009; Stoltenborgh et al., 2012). This is partially due to the fact that emotional abuse has not been recognized as a distinct form of violence against children, as reflected in the lack of national definitions and laws in many countries (Egeland, 2009; Stoltenborgh et al., 2012). A key challenge in measurement has been definitions and terminology, which may utilise a variety of terms interchangeably with emotional abuse: psychological aggression; psychological violence; verbal abuse; verbal violence; verbal aggression; emotional maltreatment and mental abuse. It is unclear how much this variation is due to different conceptualisations of emotional abuse across forms of measurement.

Underreporting

The measurement of sexual violence against children represents one of the most serious challenges in the victimisation field as it is often hidden, unreported and under-recorded (Pinheiro, 2006). Most forms of abuse are seen as stigmatizing and shameful, which can make it difficult for survivors to share their stories (Dartnall & Jewkes, 2012). Children are in especially vulnerable positions as the perpetrator of the violence may be a parent, family member, caretaker, service provider or significant figure in the community. Children are often coerced or threatened into not telling and disclosure of experiences has very real consequences for children including separation from family, rejection from community members, punishment, withdrawal of services and even exposure to further violence. A further challenge exists in the social norms surrounding the types of violence against children; examples include ideas about appropriate levels of discipline, ideas on the roles of women and girls, and adult sexual entitlement. These social norms in turn make disclosure and reporting in both research and for services even more difficult.

Underreporting may also be an issue for understanding violence experienced by gender. For example, not all population-based household surveys ask about violence against boys or disaggregate findings by gender and even less is known about the equality of inclusion of boys in qualitative research.

Age and Type of Respondent

Another factor of concern involves adult or retrospective recall of adverse events in childhood, which may cause several errors in estimating prevalence. Research has shown that this can be due to several factors including recollection, subsequent experiences that may influence memories and not being able to remember the timing or specifics of traumatic events, often due to how trauma impacts on memory (Hardt & Rutter, 2004).

Sampling and Study Design

Sampling designs in addition to the type of respondent (adult, child) and method of survey have shown to impact prevalence findings. For example, research shows that the differences in prevalence estimates on sexual violence may be due in part to methodological variation between studies, with face-to-face questions linked with underreporting particularly for sexual violence questions (WHO, LSHTM & MRC 2013). Respondents may also be disclosing abuse experiences for the first time through research. For example, in the World Health Organization's Multi-country Study on Violence Against Women, between one fifth and almost one half of the female respondents reporting sexual abuse, the survey interviewer was the first person disclosed to about those experiences (Jansen et al., 2004). This highlights that many surveys on violence, especially those that measure sexual violence, may still be underestimating the true prevalence of the violence experiences of the respondents (Ellsberg et al., 2001).

Sampling designs in addition to the type of respondent (adult, child) and methodological issues related to the implementation of the survey procedures, including the selection and levels of training of interviewers, and ensuring appropriate support of respondents and interviewers, have ethical implications and have also been shown to influence levels of disclosure within prevalence surveys (WHO, LSHTM & MRC, 2013; CP MERG, 2012; Ji, Finkelhor & Dunne, 2013; Dartnall & Jewkes, 2012).

Appendix B: Glossary

Child protection plan / care and protection order

Children subject to plans or on registers are deemed to be at risk of harm. Plans and registers record details regarding children where there are concerns about their safety. Despite a difference in terminology, plans and registers are roughly the same. In England a child may be subject to a child protection plan (CPP) if they are deemed to be at risk of on-going harm.

In Australia, a care and protection order (CPO) is issued, typically as a last resort, for children who are at risk, and when it is deemed to be necessary in order to secure care and protection for the child. A CPO is only to be made if a family care meeting has been held (or attempted) and a satisfactory solution to meet the child's safety needs is not agreed. In order to issue a CPO, the Court must be satisfied that there is no parent able, willing and available to provide adequate care and protection for the child, and that it is the best available solution for the child. In general, in the interest of providing a settled and stable living arrangement, long-term guardianship orders are preferable to a series of temporary arrangements.

Child protection systems in the UK

Services to safeguard and protect children in the UK are underpinned by legislation, guidance and policies. As power is devolved within the UK, differences between the respective child protection systems have become increasingly pronounced. In comparing information about child abuse in each of the four nations, it is important to understand the different contexts in which the statistics have been compiled.

Each nation's approach is founded on key pieces of child protection legislation about the welfare of children, covering support for children in need as well as children in need of protection. In England and Wales these are the Children Acts of 1989 and 2004; in Northern Ireland, the Children (Northern Ireland) Order 1995 and Safeguarding Board for Northern Ireland Act 2011; and in Scotland, the Children (Scotland) Act 1995.

England

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.

Northern Ireland

Child protection in Northern Ireland is fully devolved to the Northern Ireland Executive and Northern Ireland Government departments, in particular to the Department of Health, Social Services and Public Safety (DHSSPS).

The Safeguarding Board for Northern Ireland (SBNI) co-ordinates, and ensures the effectiveness of work to protect and promote the welfare of children. The board includes representatives from health, social care, the police, the probation board, youth justice, education, district councils and the NSPCC. The SBNI is responsible for developing policies and procedures to improve how different agencies work together.

DHSSPS guidance *Co-operating to Safeguard Children and Young People in Northern Ireland* (2016) provides the overarching policy framework for safeguarding children and young people in Northern Ireland. This will be supplemented by regional policies and procedures being developed by the SBNI. Other child protection provisions can be found in the Sexual Offences (NI) Order 2008, Safeguarding Vulnerable Groups (NI) Order 2007 and various departmental circulars and guidance documents.

Scotland

Child protection in Scotland is the responsibility of the Scottish Government. National interagency child protection guidance was published by the Scottish Government in 2014, providing a national framework for agencies and practitioners at a local level to work together to protect children. The Children and Young People (Scotland) Act 2014 places the Scottish Government's broader *Getting it Right for Every Child* approach on a statutory footing. The Act places a range of duties on public authorities to promote and safeguard children's wellbeing, including a Named Person for every child to act as a single point of contact for children and families, and a requirement to share relevant information about wellbeing concerns with the Named Person. These provisions are due to come into force in August 2016.

The child protection system in Scotland is unique within the UK in having a Children's Hearing System. This is based upon the principles that there is no meaningful distinction between children for whom there are child protection concerns and children who have committed offences and, further, that families should be involved in the processes for determining intervention and support for children. Introduced by the Social Work (Scotland) Act 1968, and reformed recently by the Children's Hearings (Scotland) Act 2011, the system allows for decision-making to be made by a panel of lay persons, based upon the needs of the child.

In Scotland social work departments and the police have a statutory duty to investigate and take action to protect children, where there is reasonable cause to suggest they are suffering, or likely to suffer significant harm. However offence and care and protection cases must be referred to the Scottish Children's Reporter Administration if compulsory measures of care are needed. Anyone, not just professionals, can make such a referral.

Scotland also has a national structure of local Child Protection Committees which are responsible for the strategic planning of local interagency child protection work. Although these have a similar remit to LSCBs in England, they do not have a statutory basis. They are the main network with whom the Scottish Government engages in developing child protection policy, with the Government convening national meetings of Chairs of Child Protection Committees. Joint inspection of child protection in Scotland was introduced by legislation in 2006 and covers education, social work, police, community social care and health services. It is carried out by a new unified independent body, Social Care and Social Work Improvement Scotland (SCSWIS), known as the Care Inspectorate.

In February 2016, the Scottish Government announced a review of Child Protection, which will include consideration of Child Protection Committees; the Child Protection Register; leadership; inspection; and the 2011 Act reforms to the hearings system. This is due to report by the end of the year.

Wales

Child protection in Wales is the responsibility of the Welsh Government. The Children Acts 1989 and 2004 are the current legislative framework for child protection and safeguarding. The key guidance in Wales is *Safeguarding children: working together under the Children Act 2004*, which was issued by the Welsh Government in 2007.

The *All Wales Child Protection Procedures* provide processes that all professionals in Wales must follow and there are a series of All Wales Protocols that guide the work of all professionals in certain areas such as child sexual exploitation.

The National Assembly for Wales has primary law-making powers and social services were identified as a priority in the government's legislative programme for 2011 to 2016. The Social Services and Wellbeing (Wales) Act 2014 has reformed social care legislation and repealed parts of the Children Acts since it was enacted in April 2016. The Act strengthens collaboration by placing duties on local government, health boards and other public bodies to improve the wellbeing of people and place duties to provide preventative services and advice and assistance in order to reduce the demand on social services. The Act repeals Parts 3 and 4 of the Children Act 1989; this includes Section 17 Children in Need which is replaced by a duty to assess the needs of a child for care and support, meet eligible needs and consider providing preventative services or information, advice and assistance. The Act also is establishing six Safeguarding Children Boards (to replace the 22 LSCBs) in Wales and a National Independent Safeguarding Board. The Welsh Government has also consulted on regulations and codes of practice which supersede the current Working Together guidance. The guidance is currently being rewritten to take into account changes brought in by the Act.

Looked-after children (see also: state run foster and care homes)

The term "looked-after children and young people" is generally used to mean those looked after by the state. England, Northern Ireland, Scotland and Wales have specific legislation that 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.

Notification (see also: Referral)

In Australia, when a case of suspected child abuse is reported, the policies for assessment varies across jurisdictions. In some jurisdictions, all reports regarding concerns for children are considered to be a notification while in other jurisdictions, the initial report is subject to an assessment and considered a notification only when the information received suggests that a child needs care or protection. This may result in higher levels of notifications being recorded in jurisdictions where all reports are recorded as notifications.

State run foster and child homes

This refers to living situations where children are under state responsibility, where public authorities take full responsibility for children in their care.

Referral (see also: Notification)

A referral is the first stage of the child protection process in the UK. 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.

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