



REVOLVING DOOR

PART 2:

Are we failing children at risk of abuse and neglect?

HOW

ACTION FOR CHILDREN

WORKS

From before they are born until they are into their twenties, we help disadvantaged children across the UK. We do it through practical services and programmes that are proven to work.

We work in partnership with other charities, local authorities and health services, and are supported by a broad range of donors, campaigners, experts and professionals. We help children by intervening early to stop neglect and abuse. We work with parents to keep families together.

Our 7,000 staff and volunteers run over 600 services, from family centres to intensive support services, support for disabled children, youth work to finding loving foster homes. We influence policy and advocate for change.

Together, we make a difference to the lives of 370,000, children, young people and families every year.

HOW

ACTION FOR CHILDREN

WORKS

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Executive Summary

Our core mission at Action for Children is that any child that needs help gets help so it is of major concern to us when this doesn't happen.

A year ago, we published research showing that there were an estimated 140,000 children on the fringes of social care without support.¹ These children were referred to local authority children's services because someone was worried about them, were assessed, but did not meet thresholds for statutory support, and then were not signposted to other help.

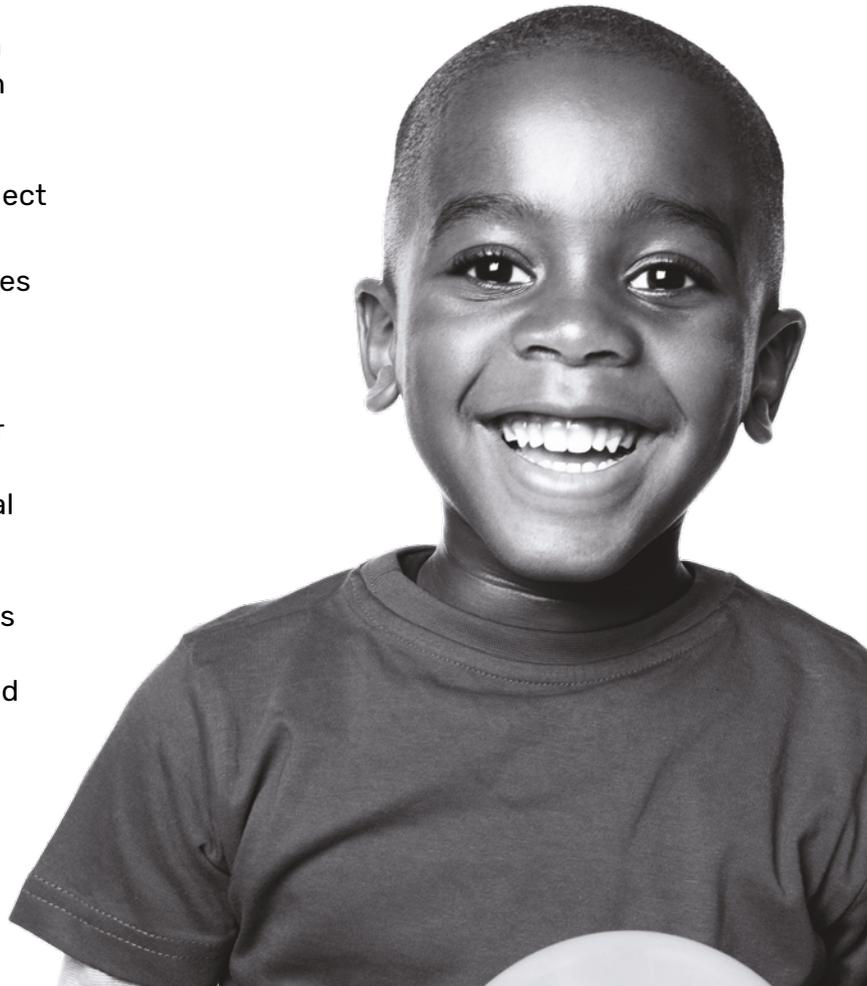
At the time, we questioned if the children left in this situation, end up in a revolving door being re-referred into children's social care, only getting help when they reach crisis point. Now we can reveal just how many of these children are coming back for help year after year because the opportunity for early intervention may have been missed.

New figures for this report reveal that over a two-year period, as many as 36,000 children had to be referred a number of times before there was any statutory intervention to help them with serious issues like abuse and neglect and family dysfunction

This is important. Vital family support services for problems like domestic violence and substance misuse can provide help that can stop problems spiraling out of control, and prevent the need for statutory services later on. However, years of central government budget cuts mean that often, these essential support services are no longer available. This can lead to poor outcomes for children and families. Analysis of serious case reviews where children had had some contact with children's social care found that 45% involved children who were below the threshold for a statutory service.²

It also leads to poor outcomes for local authorities who may end up paying for more costly interventions: research found that for every £1 invested in targeted services designed to catch problems early, society benefits by between £7.60 and £9.20.³

There is a compelling case to support these children, but they are often overlooked; this report is one of the first to look at who these children are and what happens to them. Our analysis looks at a two-year period from 2013/14 to 2014/15.



What we found:

- Our analysis using nearly 60% of the total number of referrals showed that over 70,000 children were referred in both 2013/14 and 2014/15. The real figure could be more than 120,000 children.⁴
- Of these children, nearly 1 in 3, over 21,000 children, who were referred in 2013/14 but didn't get statutory support, were referred back again in 2014/15. The real figure could be more than 36,000 children.⁵ This suggests opportunities to help these children earlier may have been missed.
- Nearly 1 in 5 (over 13,500 children, the real figure could be more than 23,000) received no statutory support in 2013/14 but went on to be assessed as needing this support in 2014/15.⁶ Again, this suggests opportunities to help these children earlier may have been missed.
- More than 1 in 10 (8,000 – the real figure could be more than 13,500) children who were referred in both years received no statutory support in either year.⁷ This is potentially leaving children for even longer periods of time without support, struggling to cope until they reach crisis point. Whilst statutory support may not be the right response for these children, the absence of early help for many children means this is a serious cause for concern. Some local authorities are focussing on improving their early help offer, but our first report found that only one in four children who did not meet thresholds for support were signposted for early help services.
- The police, health services and schools are the top three referrers for both children that do get statutory support and those that do not. Abuse and neglect, followed by family dysfunction, make up nearly three quarters of referrals for these children. The top two reasons for referral for children who do not go on to get statutory support are the same for those that do.

The same people are worried about these children for the same reasons as those that do go on to get statutory help, with thousands of children facing re-referrals. Our analysis can't show the individual level of need, and statutory support may not always be the right response. But these findings are concerning in the light of our research from last year which showed that an estimated 140,000 children who did not meet thresholds for statutory support were not signposted on to other forms of help.

This is happening within the context of reduced central funding from government for local authorities and increasing demand.

Between 2010 and 2017 there has been a:

- **13% increase in the number of children in care;**
- **31% increase in the number of children subject to a child protection plan; and**
- **108% increase in child protection investigations.**

And yet there was a £2.4 billion real terms cut in central government funding for children and young people's services between 2010/11 and 2015/16. With pressures on funding, there has been a fall in local authority spend on early help services of 40%, and at the same time an increase in spending of 7% on late intervention for children and families at crisis point. This has led to cuts in services that help families before problems escalate, such as children's centres. As a result, there are fewer services out there to help these children and their families when they do not get access to statutory support.⁸

Something needs to change. The forthcoming 2019 Spending Review is an opportunity for central government to ensure it provides adequate funding to local authorities for children's services. With the right funding, they will be able to provide vital interventions at the right time.

But alongside the right funding, we also need the right approach. As we approach the 30th anniversary of the Children's Act 1989, the government must now reflect on what change is needed to ensure children's services can help children and young people when they need it, before their problems escalate.

Action for Children recommends:

- 1. Central government needs to take immediate steps to ensure the current funding crisis in children's services is addressed in the forthcoming Spending Review.**
- 2. As part of this, central government needs to ensure that local authorities have sufficient funding and are incentivised to address problems early.**
- 3. Government should undertake a review of early help and how local authority children's services and wider safeguarding partners can be better supported to meet the needs of children and young people before they reach crisis point.**
- 4. This review should seek to understand both what is working well and what is not in the provision of early help, including:**
 - Whether practice and implementation has drifted from the original intention of section 17 of the 1989 Act;
 - How to address differing thresholds around the country for access to support, building on the current review by the APPG for Children;
 - What pathways should be in place to ensure children who do not meet thresholds are provided with early help if this is needed (building on existing good practice);
 - The level of early help available given funding reductions in recent years and whether this is sufficient to meet demand;
 - The impact of local deprivation on access to early help and how this can be addressed;
 - How to improve data collection around families in contact with local authorities so we can better understand the barriers families face in meeting the needs of their children.

Introduction

Action for Children's ambition is that any child who needs help, gets help. Unfortunately, for thousands of children, help is not available when they need it.

Ongoing funding cuts and falling local authority budgets mean that at a time when the needs of children and families are increasing, the services to help them are reducing.⁹ We are calling for a change of approach with reinvestment in support that helps children and families early, as soon as problems are identified.

Of the 12 million children in England, approximately 390,000 are classified as children in need, 50,000 are on a child protection plan, and 70,000 are looked after.¹⁰ This report is the second in a two-part series that focusses on a group of children who are not captured by these official statistics. These are children who have had a social care assessment because someone is worried about them but whose needs are not considered serious enough to get statutory support.

We have focussed on this group because we're concerned that if assessment does not lead to appropriate support for a child, then we are missing opportunities to act early. Child neglect and other forms of harm are preventable, and with the right support, can be stopped.¹¹

This report builds on the findings from our first report, *Revolving Door Part 1: are vulnerable children being overlooked?* In Part 1 we found that in 2015/16, only one in four children whose case was closed after assessment were referred to early help.

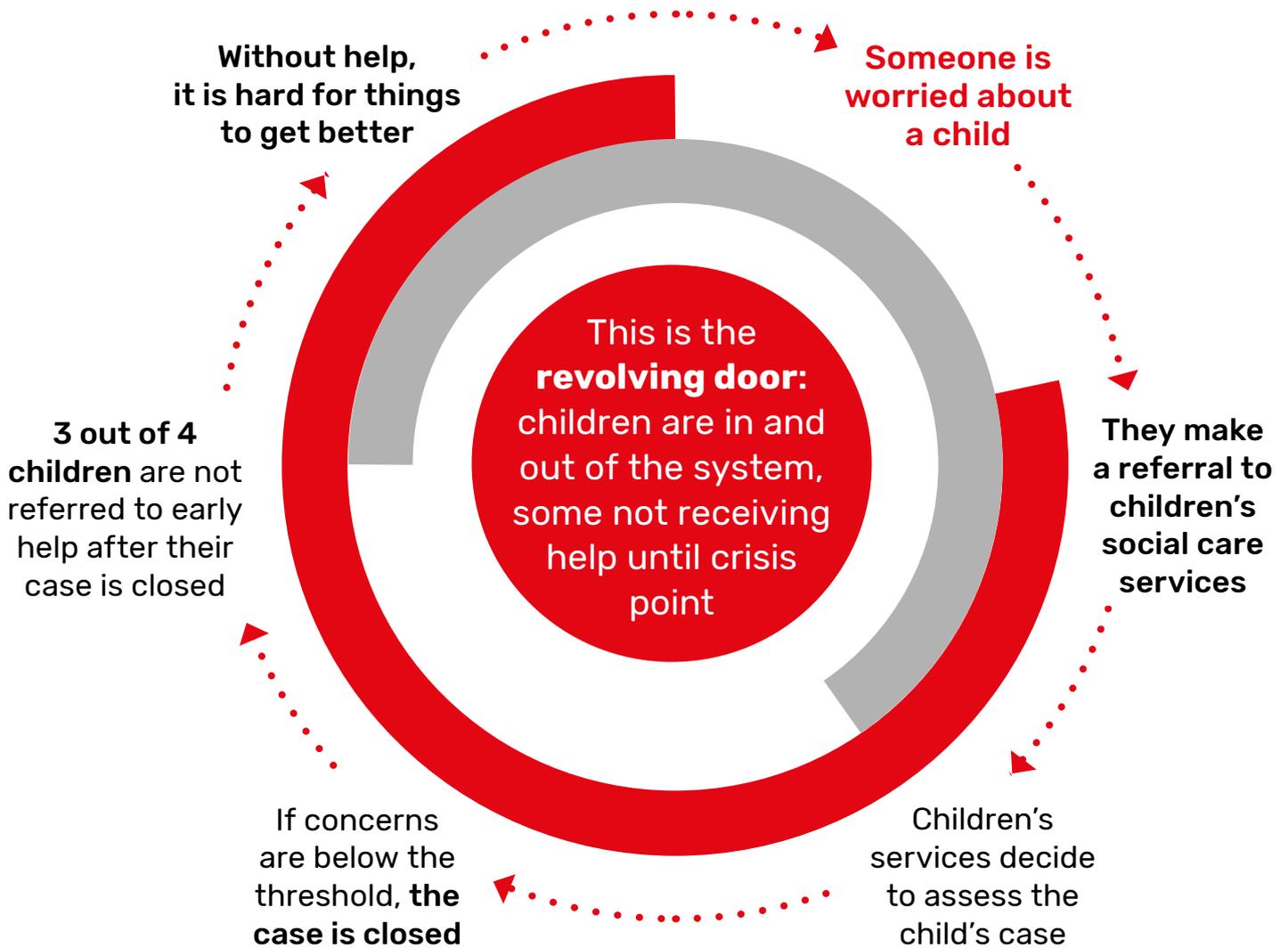
This means there were an estimated 140,000 vulnerable children on the fringes of social care without support.

Revolving Door Part 2 goes further to explore who these children are, their interactions with social care and the likelihood that they are stuck in a 'revolving door', referred and re-referred to children's services, but only receiving help at crisis point.



What is the revolving door?

Figure 1: The revolving door



“It is really difficult to get help, you go to somewhere and then you don't meet the criteria, but we don't know what the criteria are, no one ever tells us.”

a parent¹²

Definitions

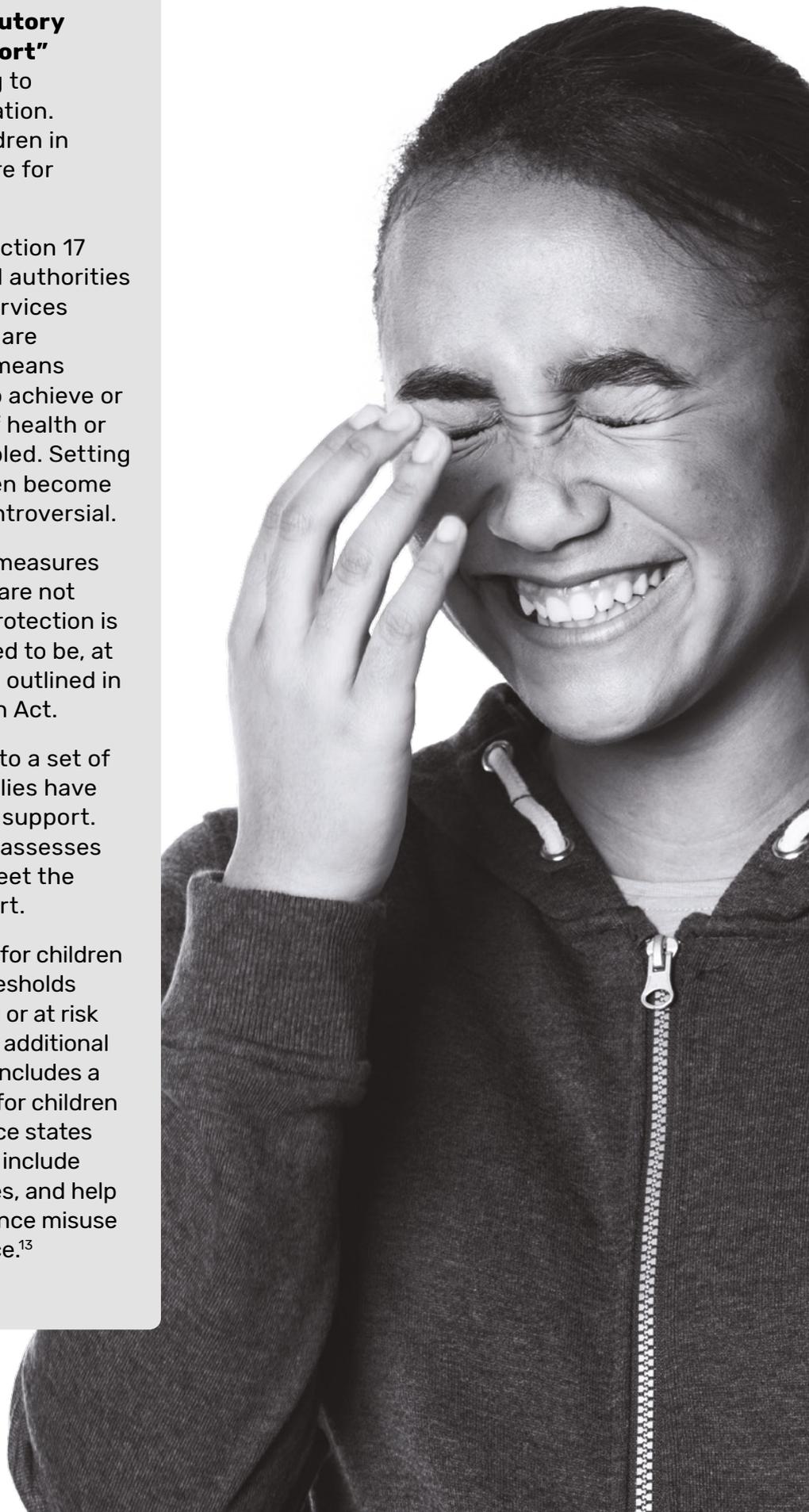
When we use the terms **“statutory system”** or **“statutory support”** in this report, we are referring to support required under legislation. This includes support for children in need, child protection and care for looked after children.

“Children in need”. Under section 17 of the 1989 Children Act, local authorities are required to ensure that services are provided for children who are deemed to be “in need”. This means children who need services to achieve or maintain a reasonable level of health or development or who are disabled. Setting the threshold at which children become “in need” has always been controversial.

“Child Protection” refers to measures taken to protect children who are not safe. The threshold for child protection is when children are, or suspected to be, at risk of significant harm. This is outlined in section 47 of the 1989 Children Act.

The term **“threshold”** refers to a set of criteria that children and families have to meet to access services or support. In most cases a social worker assesses a child to determine if they meet the threshold for statutory support.

“Early help” refers to support for children who do not meet statutory thresholds (i.e. they are not a child in need or at risk of harm) but who require some additional support beyond their peers. It includes a range of services and support for children and families. Statutory Guidance states that early help should typically include family or parenting programmes, and help for families affected by substance misuse problems and domestic violence.¹³



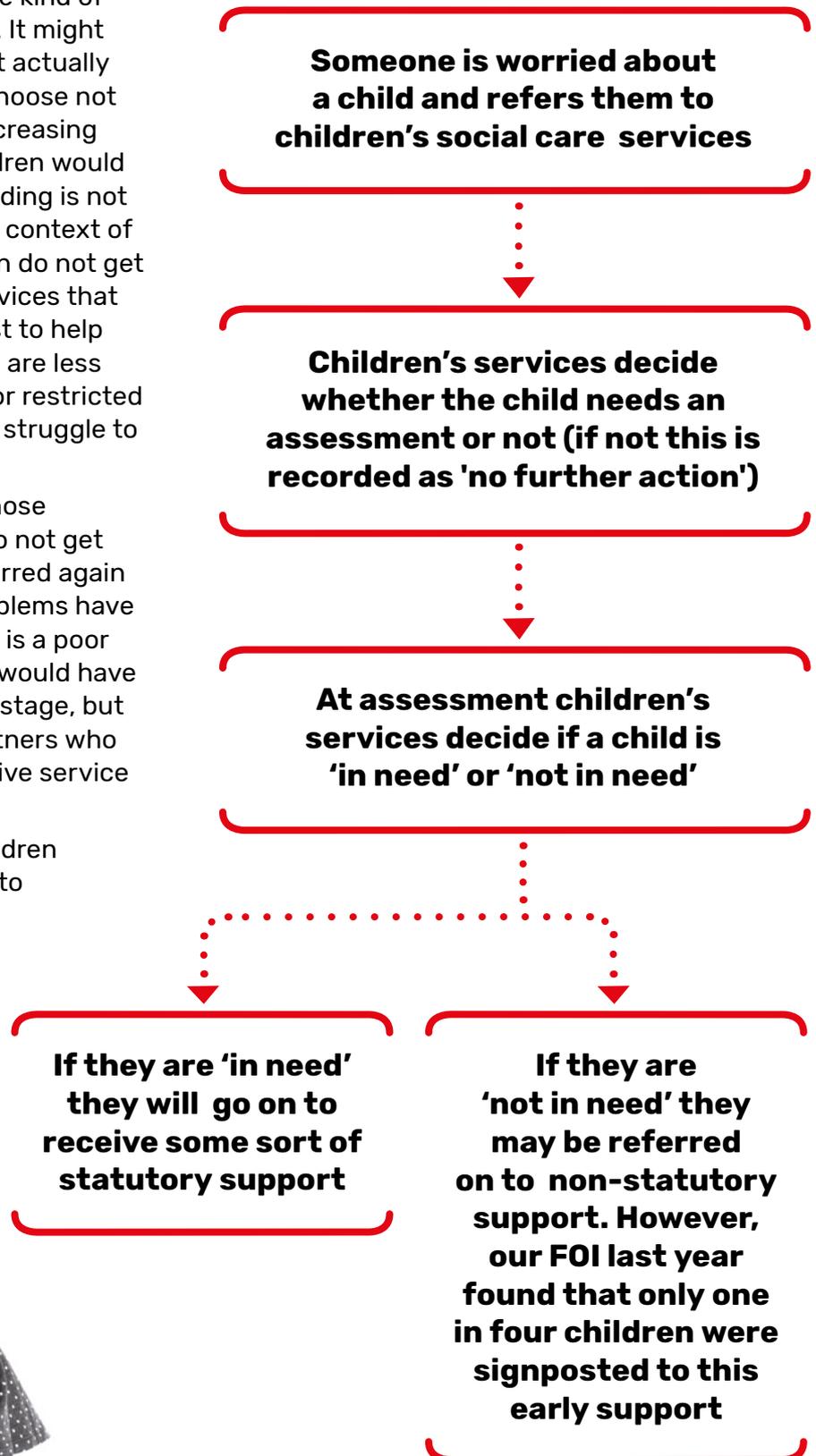
What is the problem we want to explore?

Many people might assume, that if someone is worried about a child and refers them to social services, they will get some kind of help. That is not always the case. It might be because these children do not actually need help or that their families choose not to access it. However, there is increasing concern that many of these children would benefit from support but the funding is not there to provide it. In the current context of budget reductions, when children do not get access to statutory help, the services that might have been there in the past to help them, such as children’s centres, are less able to do so. Many have closed or restricted their support as local authorities struggle to manage reducing budgets.¹⁴

We wanted to explore whether those children who are assessed but do not get statutory help, end up being referred again to social services when their problems have got worse. If this is the case, this is a poor outcome, both for the child who would have benefited from help at an earlier stage, but also for local authorities and partners who may have to fund a more expensive service for that child.

Figure 2 sets out the journey children can take when they are referred to social services:

Figure 2: Referral pathways



What we did

We are worried these children are being overlooked. To find out more about children who do not reach thresholds for support, we worked with Aldaba Limited to analyse an extract from the Children in Need database (run by the Department for Education).¹⁵ For more information on our methodology, see Appendix 1.

Local authority databases capture information about these children. This is because someone has contacted children’s social care about each of these children, and for many, a social worker assessed their needs.

How many referrals are we talking about?¹⁶

The following table captures the number of referrals and their outcomes, for the years 2013-2017.¹⁷

Figure 3: Referrals and their outcomes for 2013/14 to 2016/17

Year	Total referrals	Number no further action	Number assessed as not in need	Number in need
2013/14	657,790	92,450	127,780	437,560
2014/15	635,620	87,530	146,300	401,790
2015/16	621,470	61,800	158,060	401,610
2016/17	646,120	66,040	179,930	400,150

Source: Department for Education, Characteristics of children in need: 2016 to 2017,

Our analysis has been carried out on data from 2013-15 as this was the latest data available at the time.¹⁸ We looked at 99% of all referrals in 2013/14 (651,599 referrals) and 2014/15 (633, 106 referrals).

Our findings

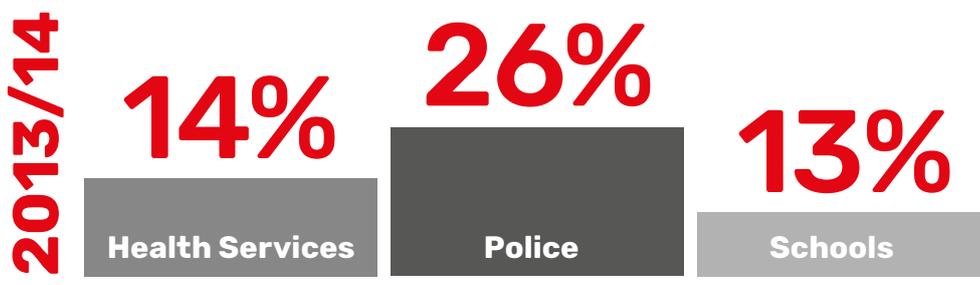
Who is worried about these children?

We looked at the data to see who is worried about these children and referring them to children’s social care.

Our analysis found the top three referrers for children who have a statutory assessment and are not found to be in need are **the same** as for those who are referred and found to be in need – the police, health services and schools. **The same people are worried about these children as the children who go on to receive statutory help from social services.**¹⁹

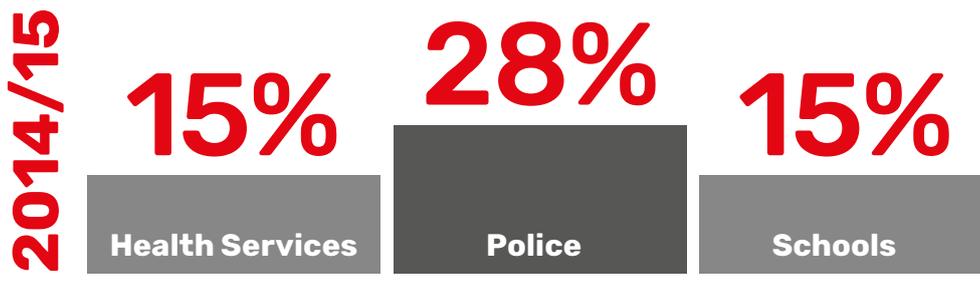
This is important as the police, health services and schools are all public bodies who have a recognised role in safeguarding and promoting the welfare of children in a local area. This was recognised by their role in Local Safeguarding Children’s Boards and their role in the new Children and Social Work Act 2017.²⁰ These are professionals who know how to assess whether a child is in need of support. They are from professions where child safeguarding is recognised as a key responsibility and where there are safeguarding frameworks, policies and training to ensure people make appropriate referrals to children social services.

Figure 4: The top three referral sources for children who had their case closed after assessment.



Source: Department for Education, National Pupil Database

Note: n = 125,467 referrals resulted in an assessment, and the assessment concluded that the child was not in need in 2013-14.



Source: Department for Education, National Pupil Database

Note: n = 146,046 referrals which resulted in an assessment, and the assessment concluded that the child was not in need in 2014/15.

What are they worried about?

As well as identifying who was worried about these children, we can also identify what these children’s needs were by looking at their assessment. Assessments record a child’s primary need using a series of codes.²¹

Abuse or neglect	Children in need as a result of, or at risk of, abuse or neglect; also includes children at risk because of domestic violence.
Family in acute stress	Children whose needs arise from living in a family that is going through a temporary crisis that diminishes the parental capacity to adequately meet some of the children’s needs.
Parental disability or illness	Children whose main need for services arises because the capacity of their parent(s) (or carer(s)) to care for them is impaired by the parent(s) (or carer(s)) disability, physical or mental illness, or addictions.
Child’s disability	Children and families whose main need for services arises because of their child’s disability, illness or intrinsic condition.
Family dysfunction	Children whose needs primarily arise from living in a family where the parenting capacity is chronically inadequate.
Socially unacceptable behaviour	Children and families whose need for services primarily arise out of the child’s behaviour impacting detrimentally on the community.
Low income	Children, living in families or independently, whose needs primarily arise from being dependent on an income below the standard state entitlements.
Absent parenting	Children whose needs for services arise mainly from having no parents available to provide for them.
Cases other than Children in Need ..	Children who have been adopted and, although they are no longer a child in need, receive adoption support from social services immediately after adoption.
Not stated	Children whose reference data is not completely entered on the system and whose need code is yet to be determined, or, the case is a referral that has been closed following assessment.

Our analysis found that children who do not qualify for statutory support are not being referred for less serious reasons (though it's important to note that our analysis can't show the individual level of need of these children).

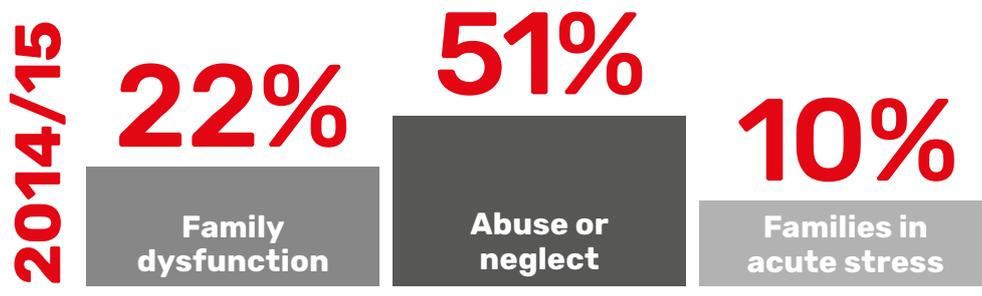
The top two reasons for referral, making up nearly three quarters of referrals, are abuse and neglect, followed by family dysfunction. **These are the same top two reasons as for those children who are found to be in need.²²**

Figure 5: The top three reasons for referral for children who were assessed but did not reach the threshold for support.



Source: Department for Education, National Pupil Database

Note: n = 125,467 referrals resulted in an assessment, and the assessment concluded that the child was not in need in 2013-14.



Source: Department for Education, National Pupil Database

Note: n = 146,046 referrals which resulted in an assessment, and the assessment concluded that the child was not in need in 2014/15.

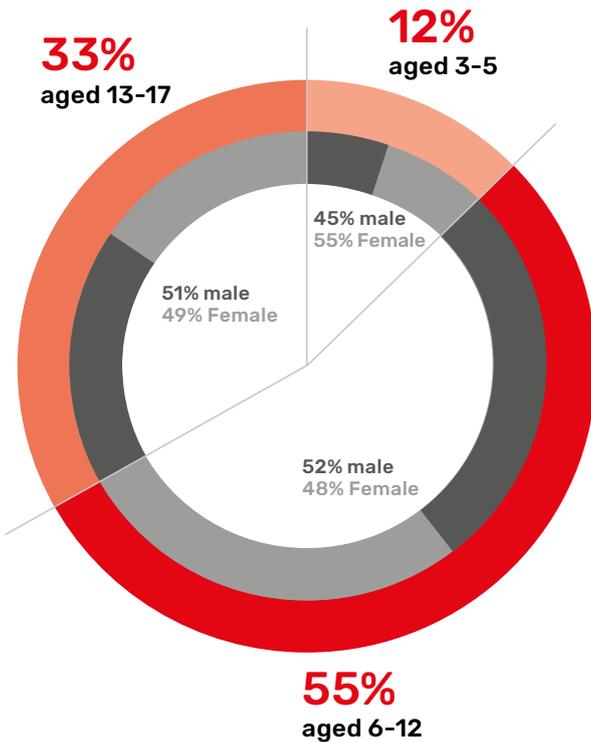


Who are these children?

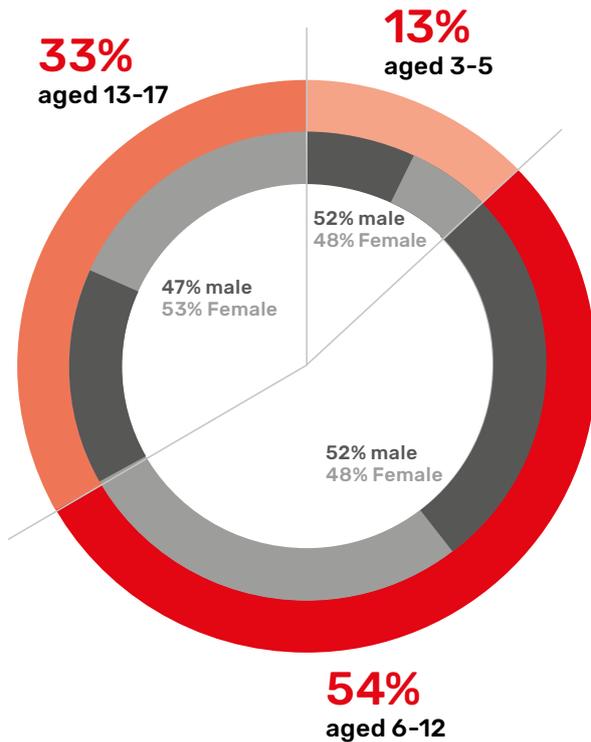
We wanted to get a better understanding of who these children are. Of the children who had referrals but were assessed as below the threshold –

Figure 6: Gender and age of children who were assessed but did not meet thresholds for support

In 2013/14:



In 2014/15:



Source: Department for Education, National Pupil Database. Note: 1. n = 61,725 individuals assessed as not in need, and experiencing both no further action, and assessed as not in need in 2013-14; 2. Analysis includes 59,932 of them whose age is between 3 and 17, and have demographic information;

Source: Department for Education, National Pupil Database. Note: 1. n = 68,718 individuals assessed as not in need, and both experiencing no further action, and assessed as not in need in 2014-15; 2. Analysis includes 66,922 of them whose age is between 3 and 17, and have demographic information

Overall, most children are aged between six and 12. There was a roughly even gender split, with a slight weighting towards boys. This is reflective of the gender split of all children, where 51% are male.²³

In every age group, children were more likely to live in deprived areas than the child population as a whole. In 2013/14, 55% of these children lived in a deprived area, compared to 32% of all children. In 2014/15, 48% of these children lived in a deprived area, compared to 32% of all children.²⁴ This is important to consider when looking at the disproportionate impact of budget cuts on deprived local authorities.²⁵

In terms of ethnicity, the breakdown of this group is similar to those children that do go on to receive statutory support, but it also does not vary significantly from that of the child population as a whole.²⁶

What we don't know about these children is the context in which they are growing up. There have been calls for the Department for Education to include data on parents. In this way factors which collectively compromise parenting capacity can be understood. These details would give a far richer picture to help understand what barriers families are facing to providing their children with the support they need.²⁷

Children’s journeys

Information about these children is captured in local authority databases and reported to the Department for Education. We used this data to identify whether children who do not meet the threshold are likely to be re-referred. Are children stuck in a ‘revolving door’, repeatedly in contact with statutory services, but only receiving help at crisis point?

How many referrals did we analyse?

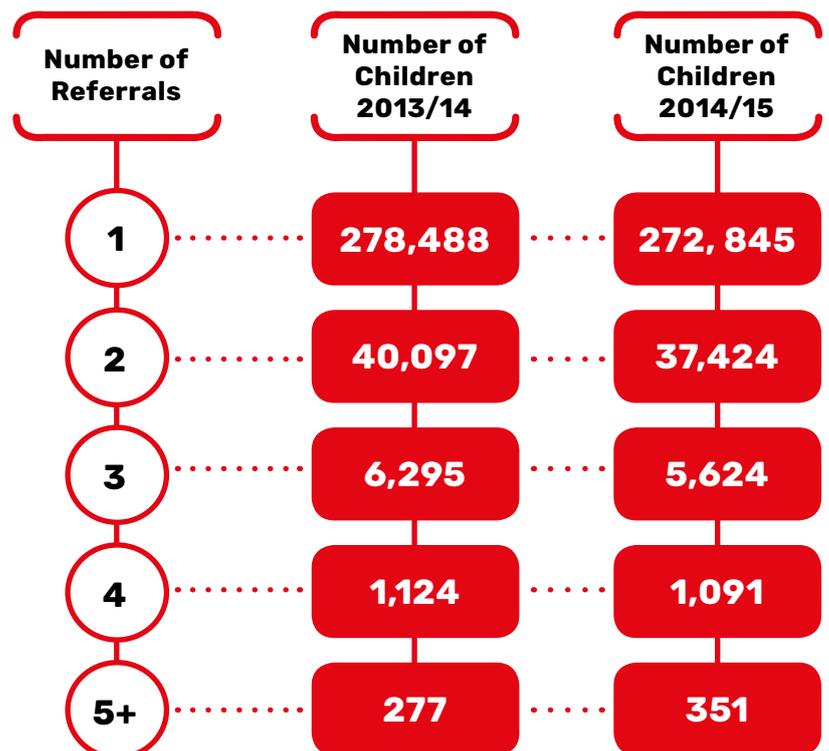
There were 657,790 referrals in 2013/14 overall, with around 33% ‘below the threshold’ (both ‘no further action’ and ‘not in need’ in figure 3) (220, 230 children). We were able to analyse 651, 599 referrals but not all had a matching pupil reference number which is needed to get a more detailed picture of a child’s journey. In 2013/14 almost 60 percent of referrals had a matching pupil reference number. That is 383,535 referrals corresponding to 326, 281 children (some children have multiple referrals).

In 2014/15 there were 635,620 referrals, 36% of which were ‘below the threshold’ (233, 830 children). Of the 633,106 referrals included in our analysis, 370, 844 (again almost 60 percent) had a matching pupil reference number. Those 370, 844 referrals correspond to 317, 335 children. It is important to remember that this means our analysis captures what happens to almost 60% of these children. But this means that over 40% are outside the scope of this work. So when we say that 70,000 children were referred in 2013/14 and 2014/15, the real number could be more than 120,000.

How many times are children being referred to social services?

We looked at how many referrals children have.

Figure 7: Number of referrals children had



Source: Department for Education, National Pupil Database, Children in need census, bespoke extract

Does this indicate a revolving door?

We looked at children who had had multiple referrals to see whether these resulted in:

1. No further action: this is when a social worker decides not to assess a child because there isn't evidence of sufficient need
2. Assessed as not in need: a child is assessed by a social worker but is not found to be eligible for statutory support
3. Assessed as in need of statutory support, or children in need: a child is assessed by a social worker and found to be eligible for statutory support

4. A combination of 1 & 2

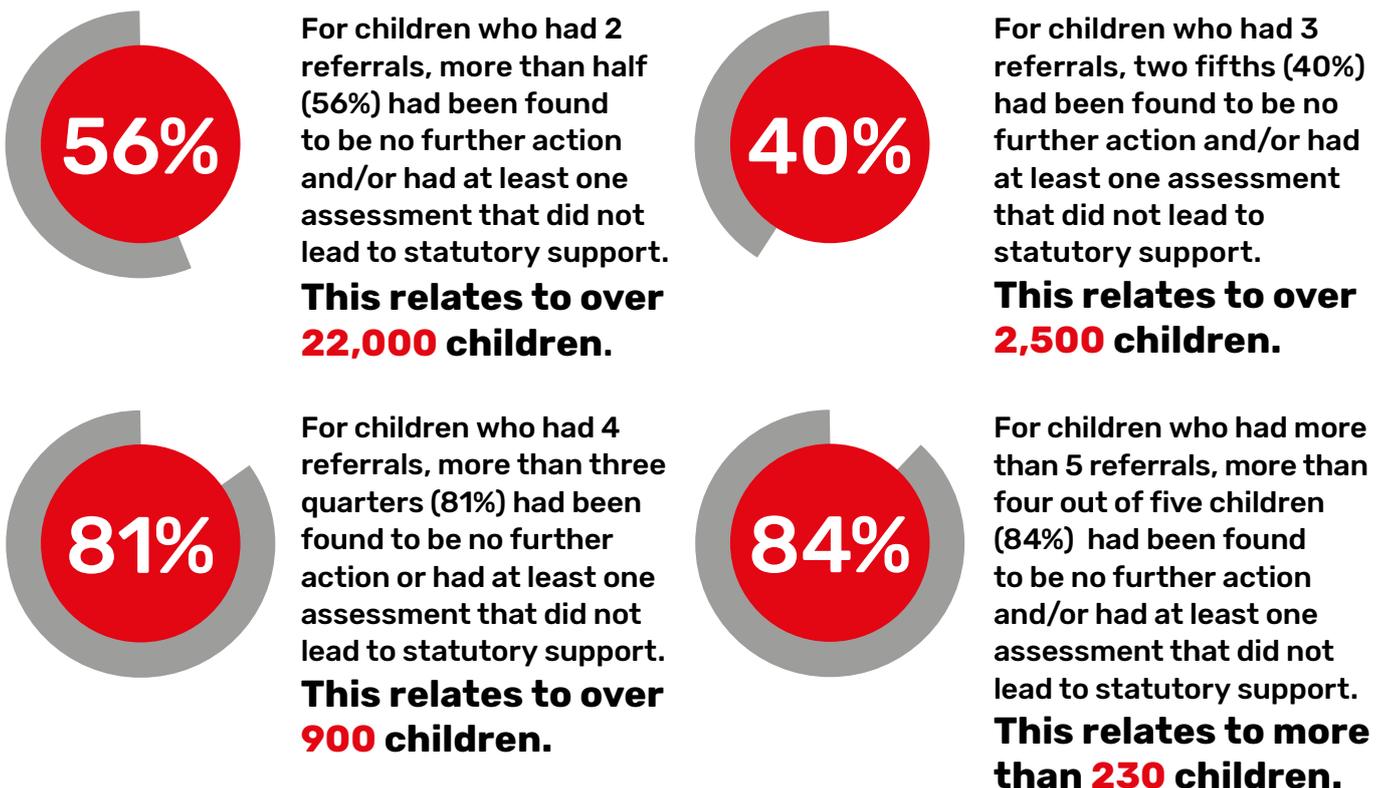
5. A combination of 1, 2 & 3

It is important to note that some referrals overlap in the dataset, so we were not able to analyse them sequentially – or in other words, it was not possible to see if a child that had a referral that resulted in no further action was later found to be in need within the same year. What we can see is if they had multiple referrals.

2013/14 analysis:

Overall, we found that in 2013/14, 26,115 children had had multiple referrals with at least one referral that resulted in no further action or assessed not in need (this number would be higher if we had been able to analyse the whole dataset). Some of these children will also have been assessed as in need, but all of them had at least one referral that resulted in no further action or assessed not in need.

Figure 8: Number of children who had had multiple referrals where at least one resulted in 'no further action' or assessed as 'not in need' (2013/2014)

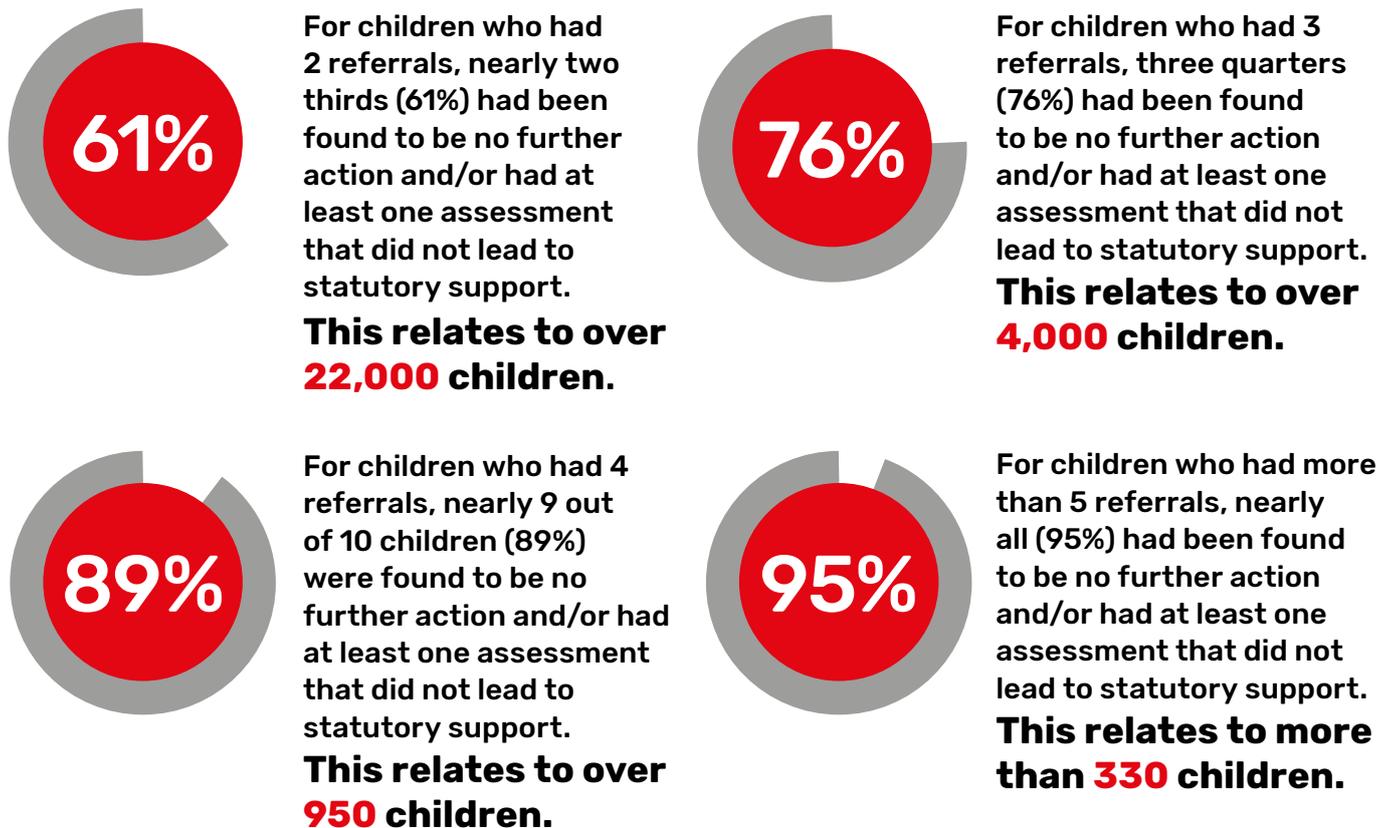


Source: Department for Education, National Pupil Database.
 Note: 1. n = 326,281 individuals included in our new analysis for 2013-14;

2014/15 analysis:

2014/15, we found overall 28,407 children had had multiple referrals that had at least one referral that resulted in no further action or assessed not in need (and again, this number would have been higher if we had been able to analyse the whole dataset). Some of these children will also have been assessed as in need, but all of them had at least one referral that resulted in no further action or assessed not in need.

Figure 9: Number of children who had had multiple referrals where at least one resulted in 'no further action' or assessed as 'not in need' (2014/2015)

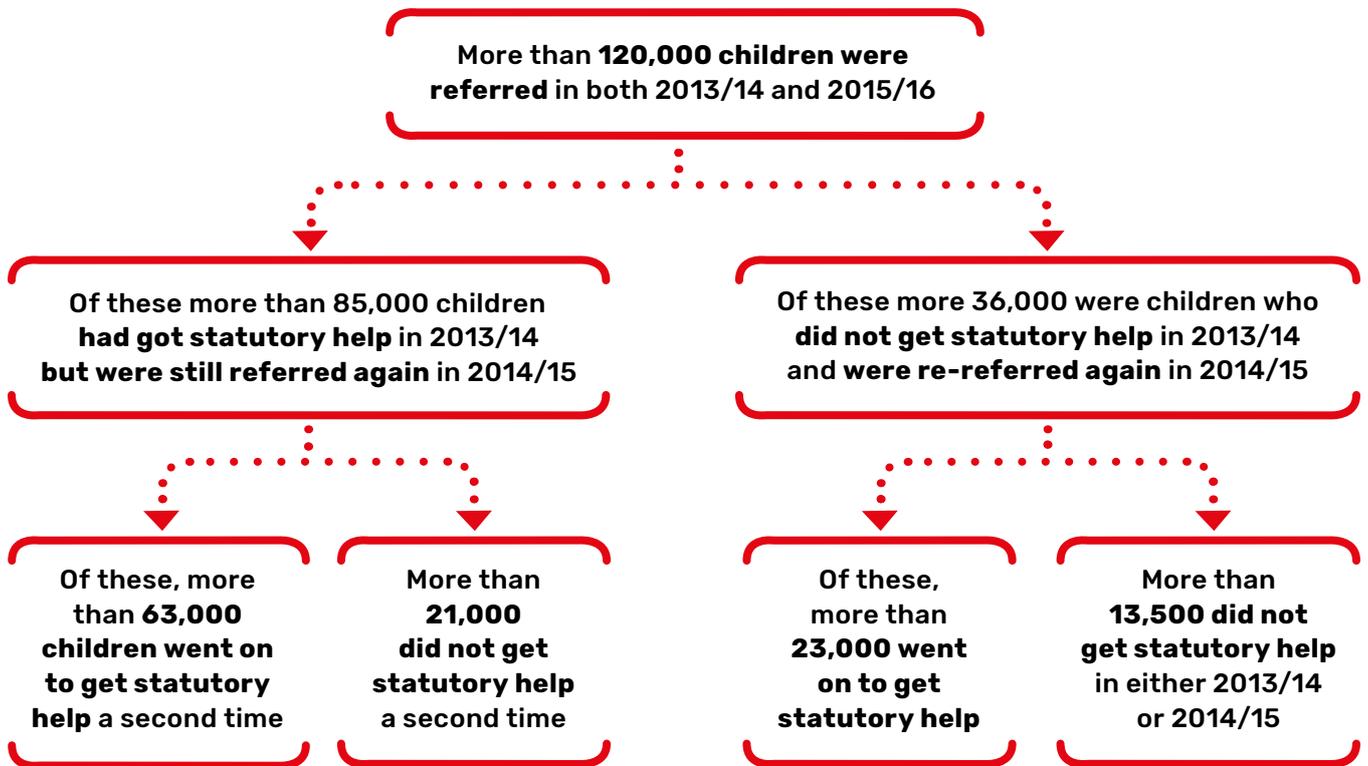


Source: Department for Education, National Pupil Database.
 Note: n = 317,335 individuals included in our new analysis for 2014-15;

However, to get a clearer picture of the revolving door effect, we looked at what happened across the two-year period, 2013-15. For these figures we used the analysis for the 59% of referrals that had pupil matching reference numbers and extrapolating this to 100% to show what the real figure may be.

We looked at whether children who were referred in 2013/14, were re-referred in 2014/15.²⁸ We found there were over 70,000 children (71,890) who were referred in both 2013/14 and 2014/15. The real figure may be over 120,000 children. Of these 71,890, just under a third (30%, 21,633 children, the real figure may be over 36,000 children) were found to be no further action or not in need in 2013/14, receiving no statutory support. The other two thirds, (69%, 50,257 children, the real figure may be over 85,000 children) had been found in need in 2013/14.

Figure 10: Referral outcomes for children who were referred in 2013/14 and then re-referred in 2014/2015



Our analysis found there were potentially opportunities to help children earlier that had been missed.

Of the children who had not met the threshold in 2013/14 who were re-referred in 2014/15, nearly two thirds -

63%, over 13,500 children, the real figure may be over 23,000 children - were found to be in need.

We also found that some children referred in 2013/14 were still not getting help when re-referred in 2014/15.

More than a third -

37%, over 8,000 children, the real figure may be over 13,500 children

- who had been referred in 2013/14 and did not receive statutory support, still did not qualify for support in 2014/15 suggesting further opportunities have been missed. Whilst statutory support may not be the right response for these children, the absence of early help for many children means this is a cause for concern. Some local authorities are

focussing on improving their early help offer, but our first report found that only one in four children who did not meet thresholds for support were signposted for early help.

Our findings also raise questions about whether when children do get help, it is meeting their needs.

Of children who were referred in 2013/14 and had at least once met the threshold for support, who were then re-referred in 2014/15, three quarters met the threshold-

75%, over 37,000 children, the real figure may be over 63,000 children.

This means they had episodes of need for two consecutive years.

This raises concerns about whether interventions are effectively meeting children and families’ needs in a sustainable or lasting way. While the focus of our work has been on children below thresholds, this suggests that children who have received support from children’s social care may also experience the revolving door effect.

How can we address the revolving door?

The current context

To understand how we can address this problem, we need to look at the climate in which children’s social services are operating. There is mounting evidence that thousands of children are at risk of being overlooked. This is because they do not meet thresholds for statutory support but at the same time the availability of non-statutory early help services has reduced with recent budget cuts. The percentage of referrals that are assessed and then require no further action has been steadily rising from 19.1% in 2012 to 27.8% in 2017.²⁹ There could be many reasons for this, but one potential explanation is that as local authorities’ budgets shrink, thresholds rise so that limited resources target those in greatest need and there is no longer capacity to tackle problems before they reach crisis point.³⁰ In 2017, the All Party Parliamentary Group for Children (APPGC) launched an inquiry into children’s social care thresholds. The APPGC surveyed 1600 social workers and found that seven out of ten thought that the threshold for qualifying as a ‘child in need’ had risen over the last three years.³¹

Our recent research with the Children’s Society and the National Children’s Bureau (NCB) found that there has been a 24% real terms decrease in central government funding for children and young people’s services between 2010/11 and 2015/16, while local authorities have reduced overall spending by 16% over this same period.³² The findings also show a shift in spend.

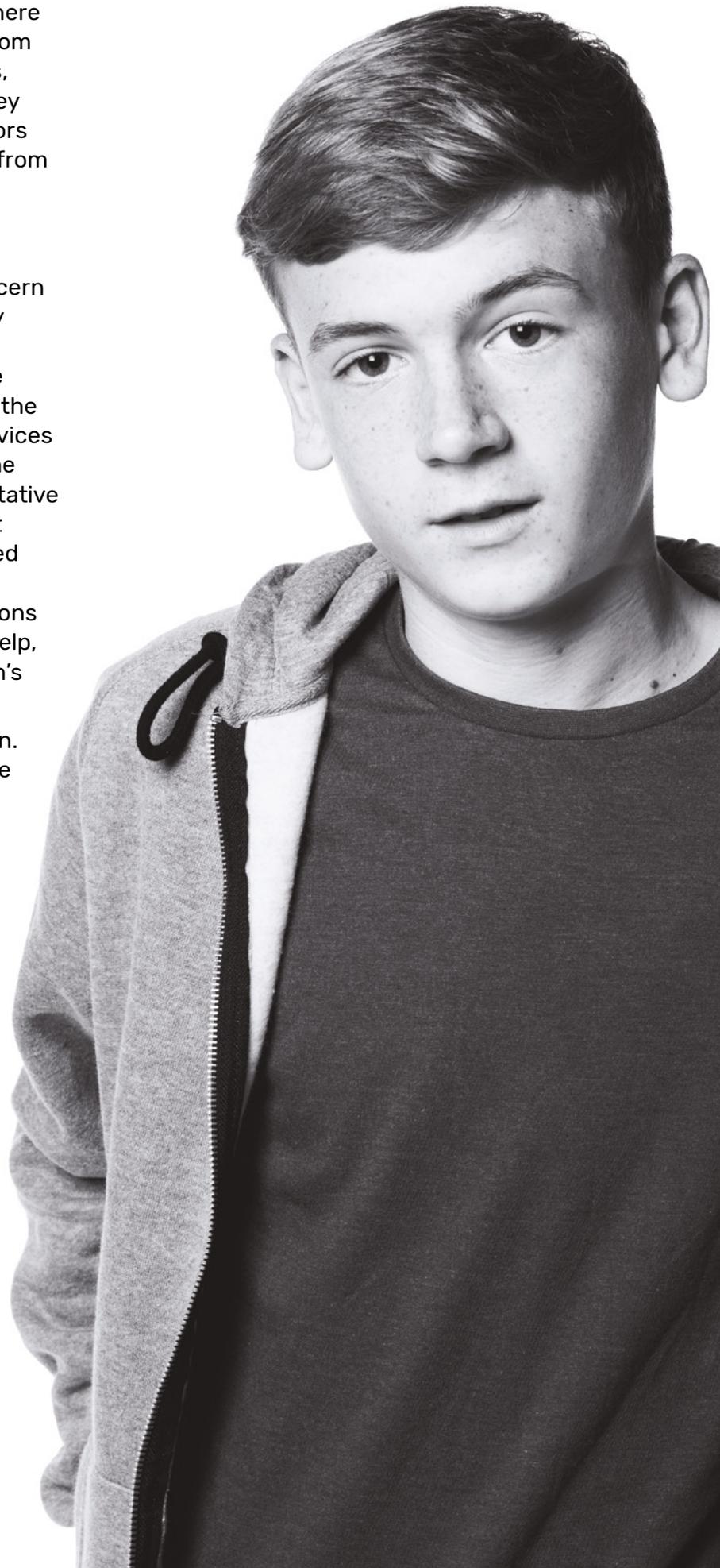
● **Local authority spending on early help services for children and young people, such as children’s centres and family support, has fallen from £3.6 billion in 2010/11 to £2.1 billion in 2015/16. This is a fall of 40%.**
 ● **Reducing these early help services is likely to increase demand for statutory interventions over time.**
 ● **At the same time there has been a 7% increase in local authority spending on late intervention.**³³

Universal and early intervention services have been shown to make the difference to children and young people.³⁴ When these services are not available, when children don’t meet thresholds for statutory support, there is a lack of appropriate early help services to signpost them to.

We recently surveyed Conservative councillors and found that over a third believe that there is a 'lack of clear direction and funding' from central government for children's centres, family hubs and family support. The survey also found that over a quarter of councillors thought that future savings would come from targeted family support, and over a third thought future savings would come from children's centres and family hubs.³⁵

These findings highlight the growing concern among local authorities about their ability to help children and families early and effectively. This concern is echoed by the Local Government Association (LGA) and the Association of Directors of Children's Services (ADCS). The LGA and ADCS have urged the government to support a shift to a preventative approach and increase cross government support for children. Both have highlighted the impact of child poverty, increasing demand for children's social care, reductions in central government funding for early help, and the £2 billion funding gap for children's services by 2020.^{36 37}

Local authorities are in a difficult situation. The demands they face are growing, there was a 108% increase in child protection investigations between 2010 and 2017, while their resource base is decreasing.³⁸ It is becoming increasingly clear that a rethink of how children's services both operate and are funded is needed.



Is early help the answer?

Benefits of early help

Targeted early help for vulnerable children and families works because it addresses issues which are evidenced as impairing children's development, and their wellbeing. Research has shown that experience of adverse childhood experiences is associated with poorer longer term outcomes, including brain development and physical and mental health.³⁹ Interventions which reduce exposure to, and help children recover from these adverse experiences, can prevent problems from occurring or stop them before they become serious.⁴⁰

As well as being better for children and families, early help is also a sound investment for local authorities and government. Ofsted found that:

“investment in early help is associated with stronger outcomes for children... Because investment was linked to better outcomes, the more costly problems were prevented, freeing up resources for further investment.”⁴¹

Ofsted's findings are supported by a recent survey by the Department for Education, which found that four in five (83%) local authorities were confident that a greater focus on early help reduces demand for statutory services.⁴²

This is supported by evidence about the impact of early intervention services for children and families, and its benefits for government. For every £1 invested in targeted services designed to catch problems early and prevent problems from reoccurring, society benefits by between £7.60 and £9.20.⁴³ This shows why early

help is cost effective over the long term. The Early Intervention Foundation estimates that the cost of late intervention (via the cost of addressing issues like mental health problems or youth crime) is nearly £17 billion per year in England and Wales.⁴⁴

What kind of help do families need?

NICE guidelines outline the types of support that can benefit families:

“For parents who are identified as at risk of abusing or neglecting their child because of their lifestyle or drug addiction, the guideline suggests parenting programmes be considered. A range of other options (such as regular home visits) are listed according to the severity and extent of the abuse”⁴⁵

“Consider a comprehensive parenting intervention... for parents and children under 12 if the parent or carer has physically or emotionally abused or neglected the child. This should be delivered by a professional trained in the intervention and comprise weekly home visits for at least six months that address: parent-child interactions; caregiving structures and parenting routines; parental stress; home safety; any other issues that caused the family to come to the attention of services. As part of the intervention, help the family to access other services they might find useful.”⁴⁶

These guidelines are also clear that this support can be provided by a wide range of actors; including GPs and health visitors as well as social workers. Help should include practical support as well as referral to targeted interventions.

What happens if early help isn't available?

In Part I of this series, we found that only one in four children whose case was closed after assessment were referred to early help services. Ofsted has found that some children who did not receive early help because they didn't meet the threshold had their problems worsen, and they were re-referred for social care support.⁴⁷ While this finding was based on reviewing 84 cases, it could highlight a broader pattern.

Department for Education statistics show that one in five referrals are re-referrals within 12 months.⁴⁸ Our new analysis shows that of the children who had not met the threshold in 2013/14 who were re-referred in 2014/15, nearly two thirds (63%, over 13,500 children, the real number could be more than 23,000) were found to be in need, suggesting earlier opportunities to provide support had been missed.

Analysis of children's referrals over time reinforces the importance of addressing children's needs at the first opportunity, and for support to address the root causes of children and families' problems. One study looked at almost 500,000 children over a six-year period and found 50% were referred back to children's services, and 8% entered care. Due to ongoing concerns, professionals refer children back to social care multiple times. These children's problems may get worse, leaving them to undergo "prolonged periods of unmet needs and recurrent episodes of abuse, neglect [or] maltreatment" before they receive help.⁴⁹ Living through sustained periods of neglect can have a lifelong impact on an individual's mental and physical wellbeing.⁵⁰

Variation in practice

It is important to note that some local authorities are prioritising and recognising the importance of early help. The Early Intervention Foundation is working with many areas to help embed an early intervention approach.⁵¹ And the recent Joint Targeted Area Inspections on the theme of neglect show the variation in approaches and how early help can be effective. Looking in detail at six areas, there was a wide variety of practice. In one area, "the needs of the child and their family are met at an early stage through timely access to effective help." However, in a different authority, "too many children are subject to social care assessments that do not lead to the provision of appropriate services, and cases are closed too early without sufficient progress being made."⁵²



Case study

An Action for Children family support worker described the uphill battle she had in getting help from social care for a child in desperate need of support, after opportunities for early intervention had been missed:

“Last year, a mum with learning difficulties and her six-year-old son were referred to us by his school for intensive family support.

“Until then, the only professionals to have seen the family were the local health visitor team who had run their concerns past children's services several times, but no action was taken to offer early help to the family. Without parenting support in place, the alarm was raised again when the boy was at school, but he still didn't get any help from children's services.

“When we visited the family home it was filthy and smelly with barely any furnishings. The only comfort in the boy's room was an old cushion which looked like a sack of potatoes and had never been washed. It was clear he had had no stability or routine.

“At around six stone, he was very overweight for his age and we discovered he was typically eating sausage rolls for breakfast, a whole tube of Pringles crisps at morning break-time and fried chicken take-away for tea most nights.

“As well as always turning up dirty to school, he couldn't function in the classroom or communicate with other children and would often make strange noises or start screaming.

“We immediately began visiting two or three times a week to offer an intensive programme of parenting support- with a particular focus on healthy eating. And we contacted children's social care to make an urgent referral into child protection.

“The young boy is now in residential care but early opportunities were missed to help him and his family a number of times when the alarm was raised, and sadly the system failed him.”



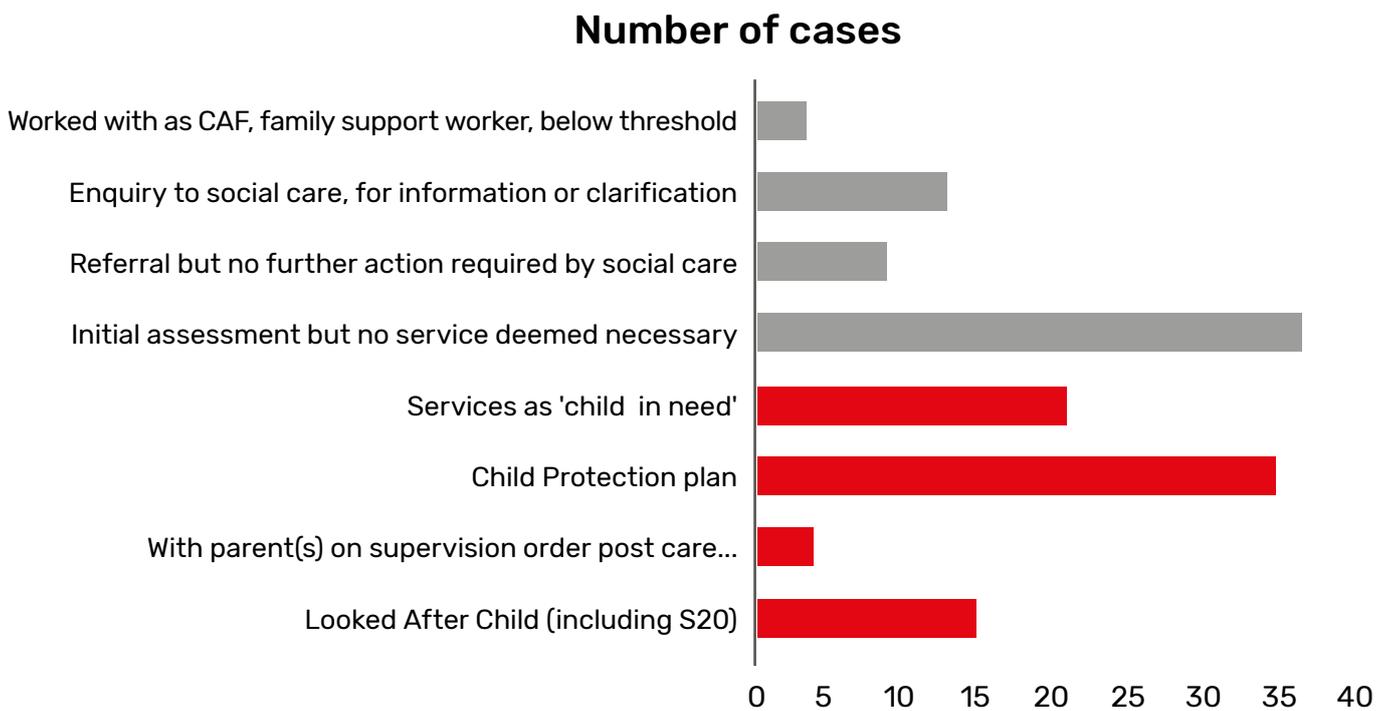
Serious case reviews and thresholds

Findings from serious case reviews suggest that children below the threshold can be at risk of serious problems or at risk of harm. In successive analyses of serious case reviews, thresholds have been highlighted as an area of complexity and difficulty for professionals. This is because “Perceptions of these [thresholds] vary between agencies and fluctuate depending on workloads, professional backgrounds, new or emerging understanding, or political or cultural expectations.”⁵³ This links to our findings that

police, health professionals and teachers were the top three referrers of children who did not go on to receive statutory support. The report on serious case reviews noted, “Differences in perceived thresholds can lead to frustration or breakdown in effective working, resulting in children falling through the gaps or their needs not being met.”⁵⁴

Researchers have examined the level of involvement that serious cases had with children’s services. This is captured in the following graph:

Figure 11: Highest level of social care received in study of serious case reviews 2011-2014.⁵⁵



This graph shows the 137 cases where there had been at least some contact with children’s social care. Of these, 45% involved children who had had contact with social care but were below the threshold for a service; their referral had not been accepted, or an assessment had not led to a service, but they were ‘on the radar’.⁵⁶

These findings add to our concerns that children need early support, before they reach statutory thresholds, otherwise we are at best, storing up their problems for later, and at worst, leaving children in unsafe situations.

What does this mean for government policy?

The call for a renewed focus on early help is not new, but both the increasing level of need and reduction in resources adds urgency to the case for change.

We need to rethink how we approach social care and early help. We need to move to an approach with the flexibility to respond to children's needs at an earlier stage, rather than one which relies on thresholds and risk which can limit or delay access to support. Professionals in the child protection field have often suggested that this could be achieved through taking a public health approach that looks at prevention and early help rather than only stepping in when problems escalate.^{57,58}

“A public health approach aims to prevent or reduce a particular illness or social problem in a population by identifying risk indicators. It is an approach that aims to prevent problems occurring in the first place, quickly respond to problems if they do occur, and minimise any long-term effects – and prevent reoccurrence.”⁵⁹

Moving to such an approach would take time, and commitment by government. Although the Children's Social Care Innovation Programme has a number of projects exploring models of support for children who do not meet statutory thresholds, a more sustained approach is needed if we are to see real change. We have identified some interim steps to begin that journey.

Funding

Currently, there is no clear legal duty to provide early help. When faced with budget cuts, this can lead to a disinvestment in early help, and increased spending on late intervention. This is because local authorities find it more difficult to cut funding for services that they have a statutory duty to provide.⁶⁰

A recent study found a 38.3% real terms fall in early intervention median spend per child from 2010/11 to 2014/15.⁶¹ Cuts to these services were more pronounced in the most deprived third of local authorities, with a fall of 45.6% between 2010/11 and 2014/15 in contrast to a 28.3% reduction in the least deprived third.⁶²

Local authorities urgently need additional funding if they are to change their approach and have the resources to invest in children and families at an early stage.

Recommendation 1:
Central government needs to take immediate steps to ensure the current funding crisis in children's services is addressed in the forthcoming Spending Review.

Recommendation 2:
As part of this, central government needs to ensure that local authorities have sufficient funding and are incentivised to address problems early.

The current legal and policy framework

As well as addressing the funding situation, central government needs to consider whether the current legal and policy framework sufficiently promotes early help. The 2011 Munro Review of Child Protection made the case for a stronger legal framework:

“Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so co-ordinating their work is important to reduce inefficiencies and omissions.”⁶³

Munro’s vision was for an early help duty that would ensure local areas have an early help offer for children and families whose needs do not fit the criteria for statutory social care support.

However, it could in fact be argued that section 17 of the 1989 Children Act already provides that duty. Section 17 states that “the general duty of every local authority ... to safeguard and promote the welfare of children within their area who are in need”.⁶⁴ The definition for a child in need is set out in section 17(10).⁶⁵ It is a broad definition and encompasses a wide range of issues, essentially anything that is impacting on a child’s health or development. There is no national guidance, regulation or other mechanism that sets a minimum threshold for when a child becomes “in need.” Statutory guidance does indicate it should be directed

towards situations where there are more complex needs.⁶⁶ However, each local area is responsible for determining their own processes and levels for intervention, leading to variation in thresholds around children’s access to help and protection across the country.⁶⁷

In 2013, we highlighted the problems around interpretation and implementation of section 17:

“The Children Act 1989 definition of children ‘in need’ theoretically enabled local authorities to work with a broad range of children. In reality, however, traditional political and funding structures have made it almost impossible for local authorities to shift away from the provision of costly acute interventions and towards prevention, even before the current squeeze on public expenditure. This problem has created a mismatch between successive governments’ ambition for early intervention and their ability to deliver it.”⁶⁸

This problem, identified five years ago, has not changed significantly. It has more recently been highlighted by the Law Commission who consulted on whether to examine:

“The operation of the general duty on local authorities to provide services for the care of children and families under section 17 of the Children Act 1989, including the need for statutory eligibility criteria for section 17 services...”⁶⁹

Next year marks the 30th anniversary of the Children Act 1989. This seems an appropriate moment for the government to review how current legislation, policy, guidance and funding mechanisms are supporting local authorities to deliver effective early help services to children and families.

Recommendation 3:

Government should undertake a review of early help and how local authority children's services and wider safeguarding partners can be better supported to meet the needs of children and young people before they reach crisis point.

Recommendation 4:

This review should seek to understand both what is working well and what is not in the provision of early help, including:

- **Whether practice and implementation has drifted from the original intention of section 17 of the 1989 Act;**
- **How to address differing thresholds around the country for access to support, building on the current review by the APPG for Children;**
- **What pathways should be in place to ensure children who do not meet thresholds are provided with early help if this is needed (building on existing good practice);**
- **The level of early help available given funding reductions in recent years and whether this is sufficient to meet demand;**
- **The impact of local deprivation on access to early help and how this can be addressed;**
- **How to improve data collection around families in contact with local authorities so we can better understand the barriers families face in meeting the needs of their children.**

This review needs to be undertaken transparently, with the sector, children, young people and families' voices included. We are not advocating for a 'one size fits all' model for children's social care, and each local area needs to take the approach which will be most effective for them. More clarity from government does not need to be prescriptive. However, the Munro Review was clear that the role of government is to "establish the goals the system should aim at, providing clarity around roles, responsibilities, values and accountabilities, but allowing professionals greater flexibility and autonomy to judge how best to achieve these goals and protect children and young people".⁷⁰ The current system does not achieve this standard.



Conclusion

This report is the second in a two-part series which shines a spotlight on children who have repeated contact with the social care system but whose needs are assessed to be below the threshold for statutory support.

We are concerned that these children are stuck in a revolving door, repeatedly in contact with children's services, but not receiving the help they need. Without the right help, it is more likely that these situations will escalate to crisis point, placing children at risk of harm.

Our research has found that neglect and abuse is the most common concern for this group of children, suggesting that most are living in challenging family situations. Thousands of children's needs are overlooked due to the current system's focus on risk and thresholds.

Over 70,000 children (the real number may be more than 120,000) were referred to children social services in both 2013/14 and 2014/15. Of those children who had not met thresholds for support in 2013/14, nearly two thirds (63%, over 13,500 children, the real number may be more than 23,000) were found to be in need, suggesting earlier opportunities to provide support had been missed.

A further third (37%, over 8,000 children, the real number may be more than 13,500 children) who did not receive help in 2013/14, still did not qualify for support in 2014/15. This is particularly concerning given the finding in our first report that only one in four children who did not meet thresholds for support were signposted for early help. Given that of serious case reviews where children had had some contact with children's social care, 45% involved children who were below the threshold for a service, there is a need to address this problem.⁷¹

Action for Children is calling for a change in approach, for a system whose policies and processes are geared up to help children early and to look at families' needs through a preventative lens. This is not a new call, but the need for it to be heard is becoming more urgent.

The government must now take a comprehensive look at the current resourcing and approach to children's services. This way, we can ensure that all children get the right help, as soon as they need it.

Appendix

1. Methodology

Children in need data extract

We worked with the consultancy Aldaba to analyse an extract from the Children in Need database (run by the Department for Education). We requested this data in March 2017, and received the extract in October 2017.

Analysis

We requested anonymised children in need data from 2013/14 and 2014/15 based on the variables listed below:

- Local authority
- Referral source and date
- Sex
- Age
- Ethnicity
- Child's needs
- Whether or not their case met the threshold
- English Index of Deprivation

We first collated descriptive statistics about the population of children whose case was closed after initial assessment. This included variables such as age, sex, local authority, referral source and category of need.

We then used the data to build case histories for individual children to determine outcomes of multiple referrals within 12 month period, and over a two year period.

2. Note on data quality

When reading the findings of this report it is important to note the following -

Some information was erroneously provided by the DfE:

- Some referrals assessed as not in need were also classified as 'no further action after initial assessment'

- Some referrals for individuals who were not of school age actually had pupil matching reference numbers
- There were unlikely ages for some referrals, such as 90+

We designed our analysis to avoid erroneous or inconsistent information as much as possible. However, the fact that we identified errors in the information means that we should recognise the potential limitation in the results.

Interpretation of the results:

Our analysis for 2013/14 and 2014/15 is for referrals made in those years, and does not consider:

- When those referrals were closed, or,
- Whether the individual had had referrals in previous years, and what the outcome of these referrals was (this was outside the scope of our analysis)

Repeat referrals for the same individual are not necessarily chronologically sequential

- For example, one individual may have referrals opened at various points during the year, with the oldest ones actually being closed last.

Comparing data from Revolving Door Parts I & II

In Part 1 of this series, our analysis was based on data that local authorities supplied in response to a Freedom of Information Act request (FOI). This report uses Department for Education data, collected as part of the Children in Need Census (as outlined above). As the data used in each report comes from different sources, it cannot be directly compared, and the numbers vary.

DfE notes on data quality

We have reproduced relevant sections of the Department's explanation of data quality issues for each of the years we requested.

2013/14***Referral source**

Referral source was collected from local authorities for the first time this year. In determining the code set local authorities were consulted through our local authority focus group. The data was collected for each referral from 1 April 2013 onwards – where multiple referrals were received by the authority for a child at the same time then we asked the local authority to record and report the source of the first referral they received. Only one local authority did not report this information. A data confidence indicator has been published alongside figures for each local authority.

Referrals within 12 months of a previous referral

Figures for the number and percentage of referrals in 2013/14 which occurred within 12 months of a previous referral are presented in the publication again this year. They are based on data returned by the local authority in both their 2012/13 and 2013/14 CIN census returns. Each 2013/14 referral is counted in the re-referral figure if there has been another referral for the child within the previous 12 months. A data confidence indicator sits alongside these figures. Further detail of the checks made to inform this indicator can be found in the annex.

Referrals resulting in no further action and children assessed not to be in need

Figures for children assessed not to be in need are identified as referrals which only resulted in an initial assessment or continuous assessment, and which end with a case closure reason of 'RC8 – Case closed after initial assessment – no further action'. Supporting guidance for the collection explains that this closure code should only be used for cases where the child has been assessed not to be in need. There appears to be a significant variation between local authorities in the number of referrals resulting in no further action and the numbers of children assessed not to be in need. This could be down to differing local practices on the thresholds of when certain assessments are carried out, or it could be a data issue. As such, users should be cautious in using these figures.

2014/15

Referrals within 12 months of a previous referral

Figures for the number and percentage of referrals in 2014 to 2015 which occurred within 12 months of a previous referral are presented in the publication again this year. They are based on data returned by the local authority in both their 2013 to 2014 and 2014 to 2015 children in need census returns. Each referral in 2014 to 2015 is counted in the rereferral figure if there has been another referral for the child within the previous 12 months. A data confidence indicator sits alongside these figures. Further detail of the checks made to inform this indicator can be found in the annex.

Referrals resulting in no further action and children assessed not to be in need

Figures for children referred and no further action are referrals where, after initial consideration, no further action is required and therefore the case is not formally assessed. Figures for children assessed not to be in need are identified as referrals which only resulted in an assessment, and which end with a case closure reason of 'RC8 - Case closed after assessment - no further action'. Supporting guidance for the collection explains that this closure code should only be used for cases where the child has been assessed not to be in need. There appears to be a significant variation between local authorities in the number of referrals resulting in no further action and the numbers of children assessed not to be in need. This could be down to differing local practices on the thresholds of when certain assessments are carried out, or it could be a data issue. As such, users should be cautious in using these figures.

Factors identified at assessment

Recording of all factors as understood at the end of assessment relevant to:

- the impairment of the child's health and development,
- the parent/carer's capacity to respond to the child's needs, and
- other people in the family/household e.g. a sibling or lodger.

Where more than one factor was relevant, then all were reported. Factors identified at the end of assessment were collected and reported for the first time last year; however data was only published at a national level due to some concerns about its quality. The quality has improved this year so we have published information at local authority level. Experience tells us that it can take a year or two for new data items to 'bed in' so users should use the data with some caution. If more than one factor has been identified at assessment, each can be reported within the census. Most children will have more than one factor identified and reported.

3. End notes

- ¹ Action for Children (2017). *Revolving door part 1: Are vulnerable children being overlooked*. Available at: <https://www.actionforchildren.org.uk/media/9363/revolving-door-report-final.pdf>
- ² Peter Sidebotham, Marian Brandon, Sue Bailey, Pippa Belderson, Jane Dodsworth, Jo Garstang, Elizabeth Harrison, Ameeta Retzer and Penny Sorensen (2016). *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-_Pathways_to_harm_and_protection.pdf
- ³ New Economics Foundation (2009). *Backing the future*. Available at: http://b.3cdn.net/nefoundation/e15acdab95a4f18989_j8m6vrt0j.pdf
- ⁴ Not all referrals for 2013/14 and 2014/15 had a pupil matching reference number which is needed to get a detailed picture of a child's journey. In both years, 59% of the referrals had this number. The more than 120,000 figure is based on using our analysis for 59% of the referrals with a pupil matching reference number and extrapolating this to 100%. Whilst this is not a precise figure, the absence of pupil matching reference numbers for the whole sample means this is currently the best way of estimating the figure.
- ⁵ The more than 36,000 figure is based on using our analysis for 59% of the referrals with a pupil matching reference number and extrapolating this to 100%. Whilst this is not a precise figure, the absence of pupil matching reference numbers for the whole sample means this is currently the best way of estimating the figure.
- ⁶ The more than 23,000 figure is based on using our analysis for 59% of the referrals with a pupil matching reference number and extrapolating this to 100%. Whilst this is not a precise figure, the absence of pupil matching reference numbers for the whole sample means this is currently the best way of estimating the figure.
- ⁷ The more than 13,500 figure is based on using our analysis for 59% of the referrals with a pupil matching reference number and extrapolating this to 100%. Whilst this is not a precise figure, the absence of pupil matching reference numbers for the whole sample means this is currently the best way of estimating the figure.
- ⁸ Action for Children, NCB, The Children's Society (2017). *Turning the Tide*. Available at: <https://www.actionforchildren.org.uk/media/9883/turning-the-tide-report-web.pdf>
- ⁹ *Ibid*
- ¹⁰ Ofsted (2017). *Children's social care data in England 2017: main findings*. Available at: <https://www.gov.uk/government/publications/childrens-social-care-data-in-england-2017/childrens-social-care-data-in-england-2017-main-findings>
- ¹¹ Haynes, A; Cuthbert, C; Gardner, R; Telford, Parent; Hodson, D (2015). *Thriving Communities: A framework for preventing and intervening early in child neglect*. NSPCC. Available at: <https://www.nspcc.org.uk/globalassets/documents/research-reports/thriving-communities-framework-neglect-report.pdf>
- ¹² Action for Children (2014). *Preventing child neglect in the UK: what makes services accessible to children and families? An annual review by Action for Children in partnership with the University of Stirling: London*. Available at: https://www.actionforchildren.org.uk/media/3214/preventing-child-neglect-in-the-uk_annual-review_march2014.pdf
- ¹³ HM Government (2015). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. Available at: <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- ¹⁴ Action for Children, NCB, The Children's Society (2017). *Turning the Tide*. Available at: <https://www.actionforchildren.org.uk/media/9883/turning-the-tide-report-web.pdf>
- ¹⁵ www.aldaba.co.uk
- ¹⁶ In Part 1 of this series, our analysis was based on data that local authorities supplied in response to a Freedom of Information Act request. As the data used in each report comes from different sources, it cannot be directly compared, and the numbers vary slightly.
- ¹⁷ Department for Education (2017). *SFR 61/2017 Characteristics of children in need 2016-2017*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/656395/SFR61-2017_Main_text.pdf

¹⁸ We put in a request to the Department of Education for data on 10 March 2017 and were provided with the complete information in November 2017.

¹⁹ In 2013-14 the top three refers were the police, followed by health and then schools. See: Department for Education (2014), *SFR43/2014 Characteristics of children in need in England: 2013 to 2014*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/367877/SFR43_2014_Main_Text.pdf

In 2014-15 the top three refers were the police, followed by schools and then health. See Department for Education (2015), *SFR41/2015 Characteristics of children in need: 2014 to 2015*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf

²⁰ Significant changes to local multi-agency arrangements have recently been established through the Children and Social Work 2017. The Act creates new duties for police, health and the local authority to make arrangements locally to safeguard and promote the welfare of children in their area. Although schools are not included as a safeguarding partner, the DfE's recent consultation response on changes to the statutory guidance, *Working Together to Safeguard Children*, recognises the need to emphasise the role of schools in the final revised guidance. See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683115/Changes_to_statutory_guidance_-_Working_Together_to_Safeguard_Children.pdf

²¹ Department for Education (2017). *Children in need census 2017 to 2018*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570877/CIN_census_2017_2018_guide_v1.1.pdf

²² In 2013/14 abuse or neglect was the recorded as the primary need of 47% of children found to be in need, followed by family dysfunction at 19%. See: Department for Education (2014). *SFR43/2014 Characteristics of children in need in England: 2013 to 2014*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/367877/SFR43_2014_Main_Text.pdf

In 2014/15 of children found to be in need, 49% had abuse or neglect recorded as their primary need, followed by family dysfunction at 18%. See Department for Education (2015). *SFR41/2015 Characteristics of children in need: 2014 to 2015*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf

²³ Office of National Statistics mid-year population estimates (mid 2015). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesanalysisistool>

²⁴ For this analysis we have used the Index of Multiple Deprivation (IMD) produced by the Ministry of Housing, Communities and Local Government. This includes sub domains of deprivation (including the Index of Deprivation Affecting Children (IDACI) and is supplied by different geographic units. We have used Upper Tier Local Authorities for the analysis. Deprived was defined as a local authority below 60 per cent of the Income Deprivation Affecting Children Index (rank of average ranks for the local authority). The Index is available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

Population figures are taken from the Office of National Statistics mid-year population estimates for 2013 and 2014. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesanalysisistool>

²⁵ Action for Children, NCB, The Children's Society (2017), *Turning the Tide*. Available at: <https://www.actionforchildren.org.uk/media/9883/turning-the-tide-report-web.pdf>

²⁶ See: Department for Education (2014), *SFR43/2014 Characteristics of children in need in England: 2013 to 2014*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/367877/SFR43_2014_Main_Text.pdf

And Department for Education (2015), *SFR41/2015 Characteristics of children in need: 2014 to 2015*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf

²⁷ <http://www.communitycare.co.uk/2017/10/03/new-looked-children-statistics-dont-tell-us/>

²⁸ Our analysis looked at whether children had been re-referred in the next year but did not look at whether they were re-referred for the same reason. However, it is of note that nearly three quarters of referrals in both years were for abuse and neglect or family dysfunction so it is likely that many were re-referred for related reasons.

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- ³³ *Ibid*
- ³⁴ Ofsted (2016) *The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2016*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574464/Ofsted_social_care_annual_report_2016.pdf
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- ⁵⁷ Daniel, B. (2015). 'Why have we made neglect so complicated? Taking a fresh look at noticing and helping the neglected child', *Child Abuse Review*, 24(2), pp. 82-94.
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- ⁶⁵ The definition for a child in need is set out in section 17(10) of the Children's Act 1989 as follows:
(10) For the purposes of this Part a child shall be taken to be in need if—
(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
(c) he is disabled
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**By gathering evidence
and identifying solutions**

**By fighting for change
and influencing policy**

**By making sure
children and families are
at the forefront
of decision making**

**By ensuring that
every child who needs
help, gets help**

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