



Children's Social Care Statistics Northern Ireland 2013/14



A National Statistics Publication

The United Kingdom Statistics Authority (UKSA) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

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Once statistics have been designated as National Statistics it is a statutory requirement that the code of practice shall continue to be observed.

This publication replaces and combines 'Children Order Statistical Tables' and 'Children Order Statistical Trends' for Northern Ireland. This change to our publications was implemented after public consultation and as a requirement to maintain designation as National Statistics following an assessment of children's social care statistics in Northern Ireland by the UKSA in March 2012. More recently, November 2013, the UKSA assessed the statistical output on Looked After Children in Northern Ireland. These assessment reports can be found on the UKSA [website](#).

If you have any comments on this publication, please complete our [questionnaire](#).

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Statistics and research for the **Department of Health, Social Services and Public Safety** is provided by the Information and Analysis Directorate (IAD). IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.



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This publication is produced by Community Information Branch.

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- *Provide up-to-date, quality information on children and adult social services and community health;*
- *to disseminate findings widely with a view to stimulating debate, promoting effective decision-making and improvement in service provision; and*
- *be an expert voice on social care information.*

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About Community Information Branch

The purpose of Community Information Branch (CIB) is to promote effective decision making in children and adult social services by providing quality information and analysis.

We collect, analyse, and publish a wide range of community information that is used to help monitor the delivery of personal social services policy. Information collected by CIB is used to assess HSC Trust performance, for corporate monitoring, policy evaluation, and to respond to parliamentary/assembly questions.

Information is widely disseminated through a number of regular key statistical publications and ad hoc reports, details of which are available online.

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Introduction

Children (Northern Ireland) Order 1995

The Children (Northern Ireland) Order 1995 (the Children Order) is the principal statute governing the care, upbringing and protection of children in Northern Ireland. It affects all those who work and care for children, whether parents, paid carers or volunteers. The Children Order emphasises the unique advantages to a child being brought up within his or her own family. In practice, this means that the Children Order sees families as a major way of supporting and helping children. Health and Social Care Trusts have the power and in some circumstances the duty, under the Children Order, to help children by providing services to their families.

A child can be referred to social services for a variety of reasons. When a child is referred, social services undertake an initial assessment to determine if that child is a 'child in need' as defined by the Children Order. If a child is considered to be a child in need, services should be offered to assist the child's parents/carers to meet that identified need. Should there be concerns that a child may be suffering or at risk of suffering 'significant harm', Social Services will conduct an investigation under Article 66 of the Children Order and respond appropriately. A Child Protection case Conference may be convened and the child's name included on the Child Protection Register and a Child Protection Plan drawn up to safeguard the child. If there are significant concerns that indicate authoritative intervention is required, Social Services may make an application to the Court for a Legal Order to enable them to afford an appropriate level of safeguarding to the child. This may include removing a child from its family and into the care of the HSC Trust.

Children in Northern Ireland

There are 432,015 children living in Northern Ireland¹. At 31 March 2014, about 26,000 of these were known to Social Services as a Child in Need. Furthermore, 1,914 were on the Child Protection Register and 2,858 were children in care of the HSC Trusts (a Looked After Child).

Considerable resources go into safeguarding children. Around £200m is spent annually on Family and Child Care within Personal Social Services in Northern Ireland^{2,3} and 1,961 Social Service staff employed are specifically graded as Child and Family Care social workers⁴. Many other work groups would also be involved in children's social care, such as managerial and

¹ Mid Year Estimate 2013 (NISRA 2014)

² Trust Financial Returns (TFR P), 2012/13, Family and Child Care Programme of Care (PoC3)

³ Children can also be treated under other Programmes of Care e.g. Independent and Statutory Residential Homes for Children with learning disabilities come under the Learning Disability PoC (PoC 6)

⁴ Northern Ireland Health and Social Care Workforce Census (31 March 2014), DHSSPSNI

administrative teams, multidisciplinary teams and staff in different residential settings. In addition, the Courts and educational system could also be involved in many aspects of children's social care.

	31 March 2014		
	Rate per 10,000 child population		
	Children in Need	Child Protection Register	Looked after children
Belfast HSC Trust	856.7	48.0	95.7
Northern HSC Trust	471.9	42.8	63.8
South Eastern HSC Trust	475.2	51.5	56.3
Southern HSC Trust	456.4	36.6	49.9
Western HSC Trust	855.1	45.1	70.8
Northern Ireland HSC Trust	601.8	44.3	66.2

Source: Delegated Statutory Functions / Corporate Parenting Returns
Mid Year Estimate 2013 (NISRA 2014)

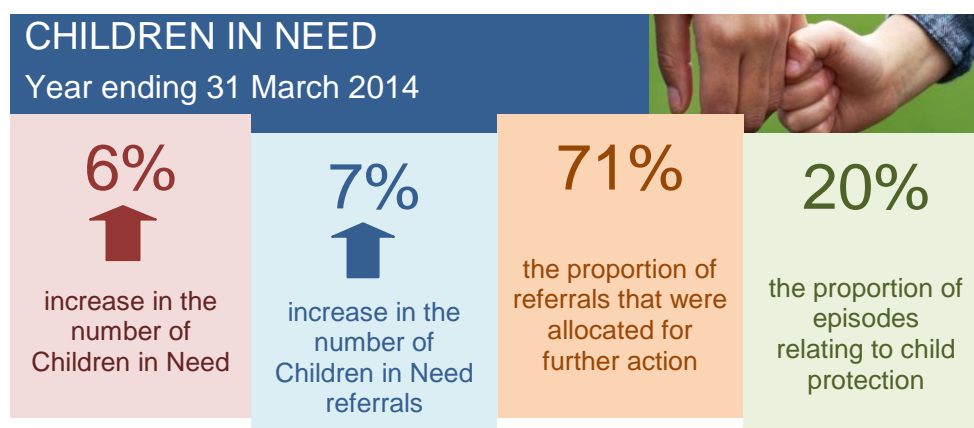
This bulletin presents the latest figures on Children in Need, the Child Protection Register and Looked After Children, as well as information on Residential Homes and Day Care provision. It is however worth noting that not all children who are abused or neglected are known to services; for every child subject to a child protection plan or on a register in the UK it is estimated that there are likely to be around eight other children who have suffered maltreatment⁵. This and new ways of harming and abusing children (e.g. through internet or trafficking) provide serious challenges to protecting children.

⁵ Source: "How safe are our children" (NSPCC 2013)

Section One: Children in Need

Key Findings

- At 31 March 2014, 25,998 children in Northern Ireland were known to Social Services as a Child in Need;
- The number of Children in Need referrals has steadily risen over the last number of years. Between 2012/13 and 2013/14, the number of Children in Need referrals rose by 7% to reach 40,165 referrals;
- Of the children referred to social services, a quarter had their needs met at the time of referral whereas 71% were allocated for further action (assessment/service);
- For those that were allocated for further action, the majority related to a carer who needed support to give appropriate care for the child (78%), 20% related to child protection investigations whereas 2% related to a child with disability.



Please note that the Department of Health, Social Services and Public Safety is in the process of changing its Children in Need information collection to better reflect the way the service is being delivered as well as aiming to streamline the information flow and minimise the burden on HSC Trusts. This has caused some changes to the information presented compared with previous years. Please see Technical Annex for further details.

Children in Need in Northern Ireland

A Child is in Need if:

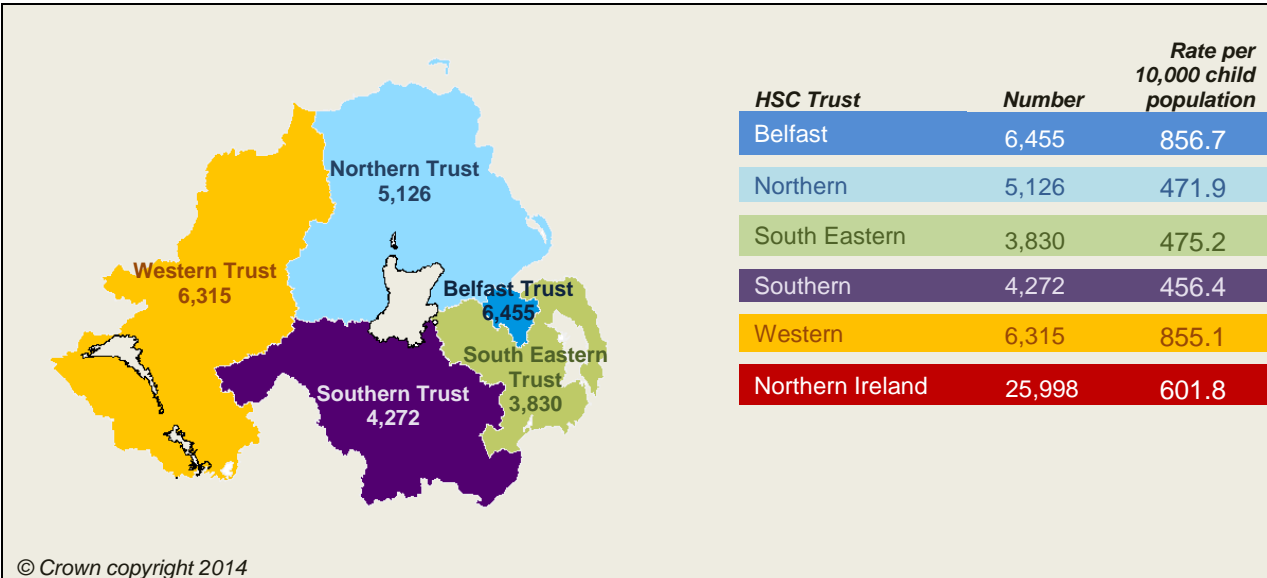
- a) he or she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by an authority;
- b) his or her health or development is likely to be significantly impaired, or further impaired without the provision of such services; or
- c) he or she is disabled.

Source: Children (Northern Ireland) Order 1995 – Guidance and Regulations

At 31 March 2014, 25,998 children in Northern Ireland were known to social services as a Child in Need⁶. This represented 602 children per 10,000 child population. The Belfast and Western Health and Social Care (HSC) Trusts had the highest proportion of the Children in Need. Taking into account the size of the Trusts’ child populations in general, the Belfast and Western HSC Trusts also had a larger rate of Children in Need than in the three other HSC Trusts (see Figure 1.1 below for details). A possible contributing factor to the higher rates in these regions could be that the Belfast and Western HSC Trusts contain Northern Ireland’s two biggest cities, Belfast and Londonderry, and these two large urban areas contain some of the most deprived areas within Northern Ireland.

The number of Children in Need in 2014 was six percent higher than in 2013 when there were 24,473 Children in Need. This increase was mainly down to a rise in the number of Children in Need in the Belfast HSC Trust. For all the other Trusts the number of Children in Need was similar in 2014 to that in 2013.

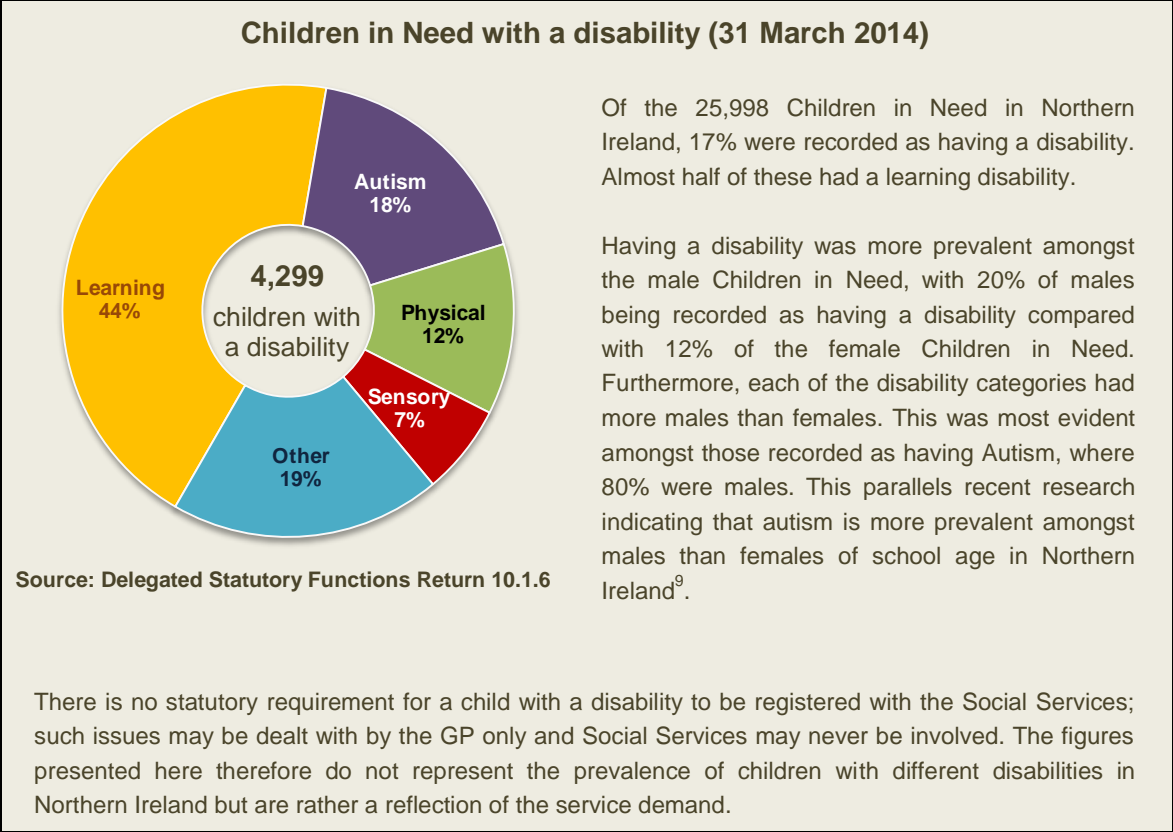
Figure 1.1. Children in Need by HSC Trust (31 March 2014)



Source: Delegated Statutory Functions Return 10.1.1
2013 Mid Year Population Estimate (NISRA 2014)

⁶ Known to social services indicates that social services had an open case file for a child.

Of the Children in Need at 31 March 2014, a higher proportion were male than female (53% and 47% respectively). This gap was slightly larger than the gender split in the child population in general, with 51% male and 49% female under 18 years of age⁷. The higher proportion of male Children in Need was most evident, across all the HSC Trusts, in the age groups 5-11 and 12-15, whereas less evident amongst the younger children and those aged 16 and over⁸.



⁷ 2013 Mid Year Population Estimate (NISRA 2014)

⁸ See Tables for further details <http://www.dhsspsni.gov.uk/downloadable-data.htm>

⁹ "Prevalence of Autism (including Aspergers syndrome) amongst school aged children in Northern Ireland", DHSSPS 2014

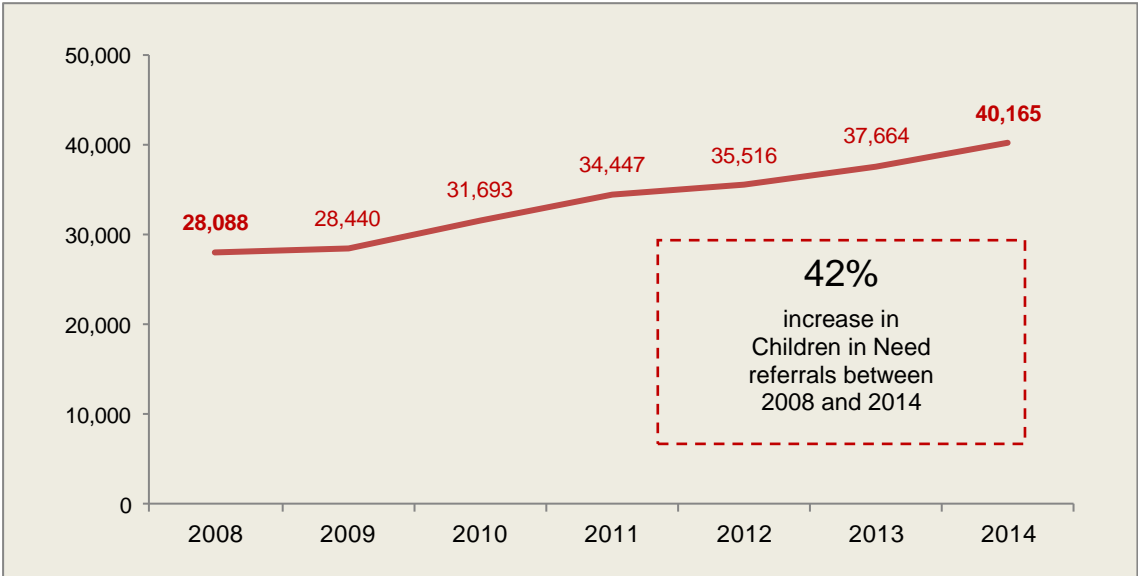
Children in Need Referrals

A referral is defined as a request for services to be provided by children’s social care and is in respect of a child who is currently not assessed to be in need. A referral may result in an episode of care which may be an initial assessment of the child’s needs, the provision of information or advice, referral to another agency or alternatively no further action.

During the year ending 31 March 2014, HSC Trusts in Northern Ireland had received 40,165 Children in Need referrals. The Northern HSC Trust had received the largest amount of referrals accounting for 25% of the overall total whereas the South Eastern HSC Trust received the fewest number of referrals amounting to 17% of the overall total¹⁰.

The number of Children in Need referrals has steadily increased over the last years. It rose by 43% between 2007/08 and 2013/14 and the increase between 2012/13 and 2013/14 was 7%. The rise in number of referrals may be explained by a number of factors including the recent economic downturn, greater awareness of child protection issues and greater willingness to take action to protect children who are potentially at risk.

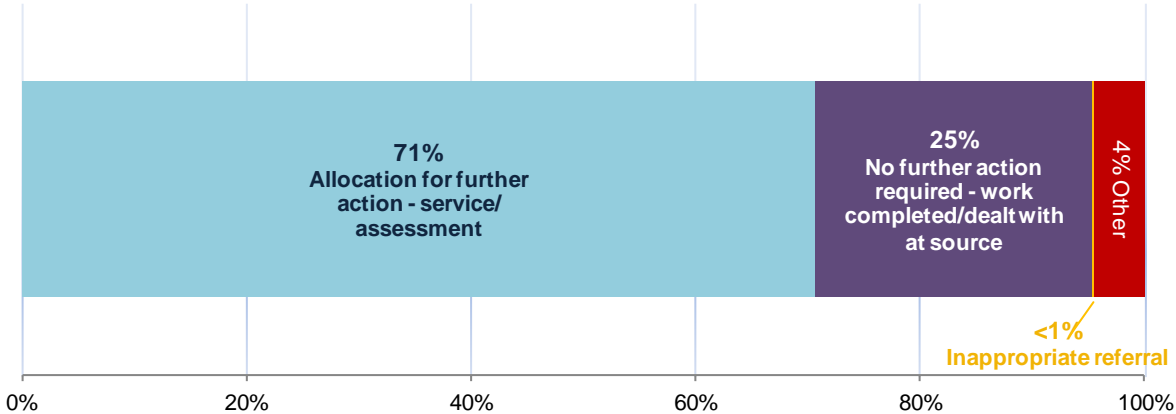
Figure 1.2. Referrals during Year Ending 31 March (2008 - 2014)



Source: Children Order Return N1

¹⁰ See Tables for further details www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm

Figure 1.3. Children Referred during 2013/14 – Current Status at 31 March 2014



Source: Children Order Return N2

Of the children referred to social services during 2013/14, a quarter of the referrals were of a nature that enabled them to be dealt with as they were received ('at source') whereas 71% were allocated for further action¹¹.

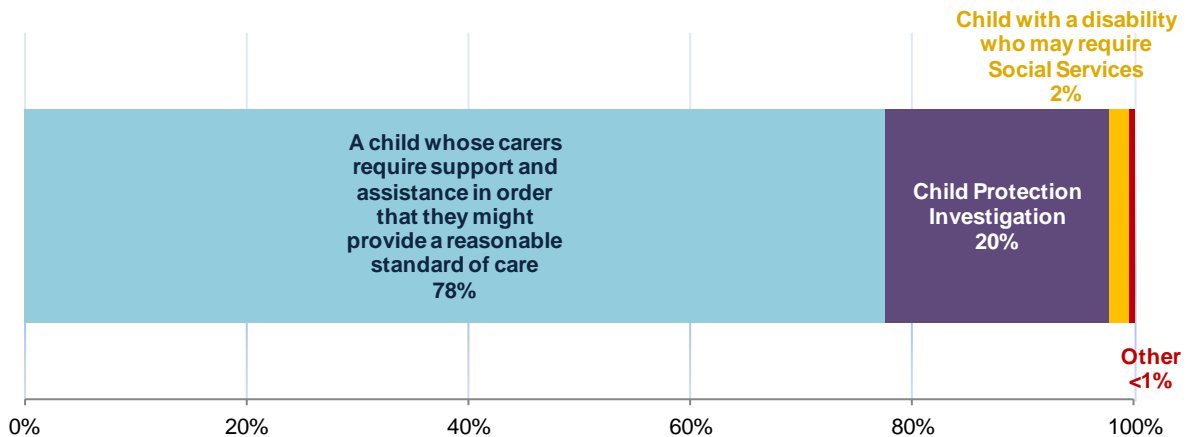
Just over half of the children referred in the Northern HSC Trust were allocated for further action. This was lower than in the other Trusts where between 70% and 82% were allocated for further action. This may reflect variations in the processes within the Trusts, as more cases were being dealt with as they are received in the Northern HSC Trust (38%) compared with the other Trusts (between 13% and 29%).

¹¹ This refers to the referral status at 31 March 2014 for children referred during 2013/14.

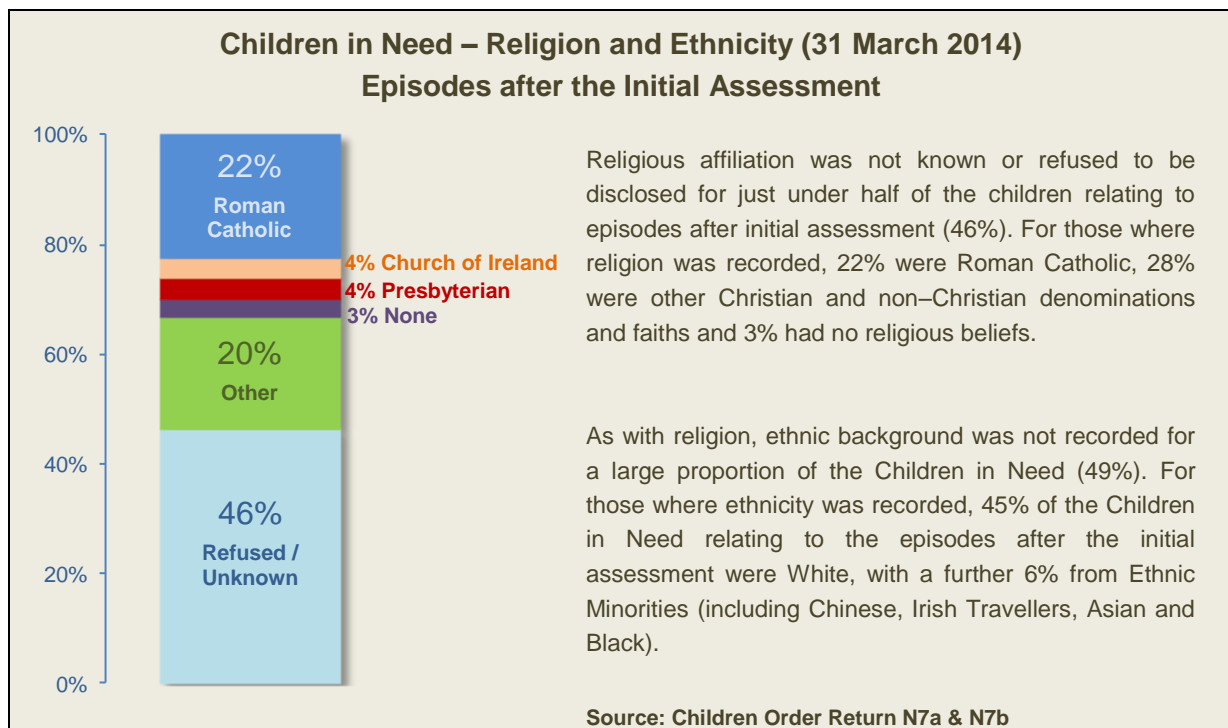
Children in Need Episodes (after Initial Assessment)

Of the Children in Need that had undergone an initial assessment, the majority of the episodes were categorised as relating to a 'Child whose carers require support and assistance in order to provide a reasonable standard of care' (78%)¹². A further 20% of episodes resulted in a Child Protection Investigation¹³ and 2% were 'Children with a Disability who may require Social Services'. These were the same proportions as in 2012/13.

Figure 1.4. Episodes by Category After Initial Assessment (2012/13)



Source: Children Order Return N6



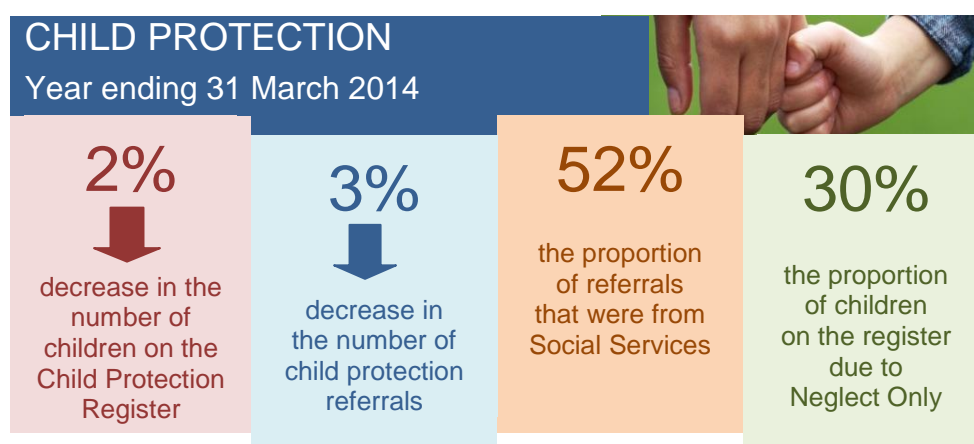
¹² 'Category' after initial assessment excludes children awaiting assessment, assessed as not in need and those whose need was unmet.

¹³ For further details on Child Protection please see Section 2.

Section Two: Child Protection

Key Findings

- At 31 March 2014, 1,914 children were listed on the Child Protection Register in Northern Ireland. This represented the lowest number since 2007;
- Neglect and physical abuse were the main reasons for a child being on the Child Protection Register;
- A total of 4,114 child protection referrals were received by HSC Trusts, a 3% decrease on the previous year;
- There were 2,004 new registrations to the Child Protection Register and 2,058 de-registrations during the year.



The figures presented in this section relate to child protection statistics for the year ending 31 March. The Department of Health, Social Services and Public Safety also publish quarterly child protection information in the bulletin "Children Order Child Protection and Referral Statistics", available from : <http://www.dhsspsni.gov.uk/index/statistics/socialcare/child-protection-register.htm>

The Child Protection Register

The Child Protection Register is a confidential list of all children in the area who have been identified at a child protection conference as being at significant risk of harm.

Source: Children's Legal Centre

At 31 March 2014, 1,914 children were listed on the Child Protection Register in Northern Ireland. This represented 44.3 children per 10,000 population under 18 years of age. Of the 1,914 children on the register, 51% were boys and 49% were girls, the same as the gender split in the general children's population. The age distribution on the register did however not mirror the age distribution in the child population in Northern Ireland generally. On the Child Protection Register there were a higher proportion of children aged under 5 compared with the overall child population (40% and 30% respectively). Conversely, the Northern Ireland population had a higher proportion of those aged 12 and over than represented on the register (33% and 23% respectively).

Table 2 A: Age distribution on the Child Protection Register and the Northern Ireland Child Population

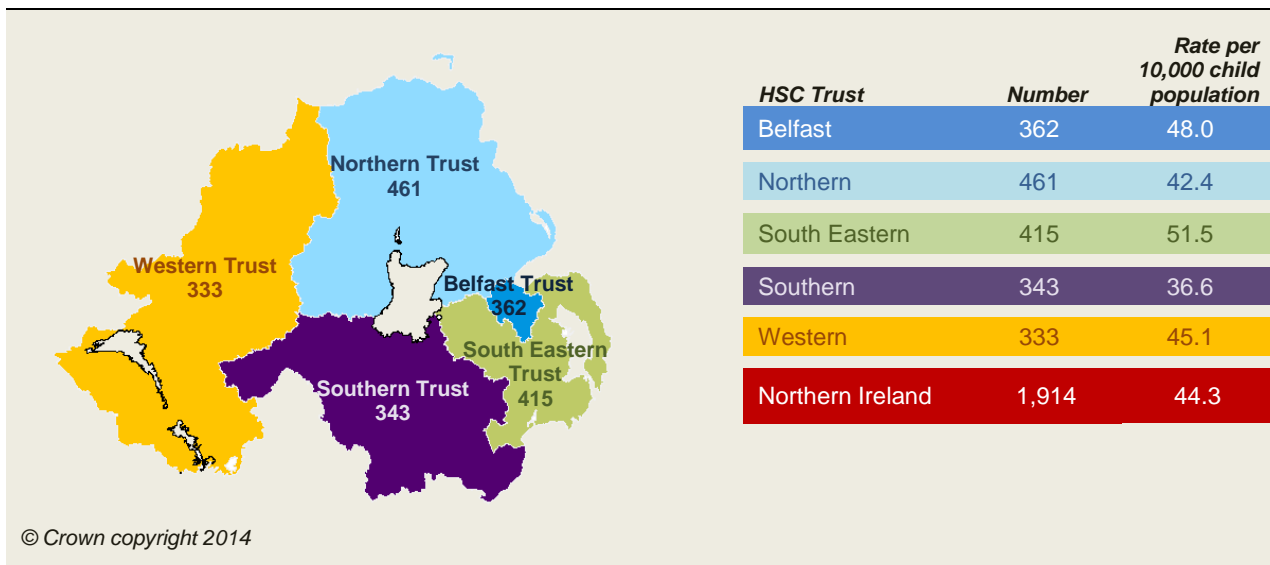
	Age group				
	Under 1	1-4	5-11	12-15	16 & over
Children on the Child Protection Register	11%	29%	37%	18%	5%
Northern Ireland child population	6%	24%	38%	22%	11%

Children on the Child Protection Register had a younger age profile than the general child population in Northern Ireland

Source: Children Order Return CPR1
2013 Mid Year Population Estimate (NISRA 2014)

The Northern HSC Trust had the largest number of children on their Child Protection Register compared with the other HSC Trusts (24% of the overall number). However, when taking the Trusts' child populations into account, the South Eastern HSC Trust had the highest rate of children on the Child Protection Register (51.5 children per 10,000 child population). The Southern HSC Trust had the lowest rate with 36.6 children per 10,000 population.

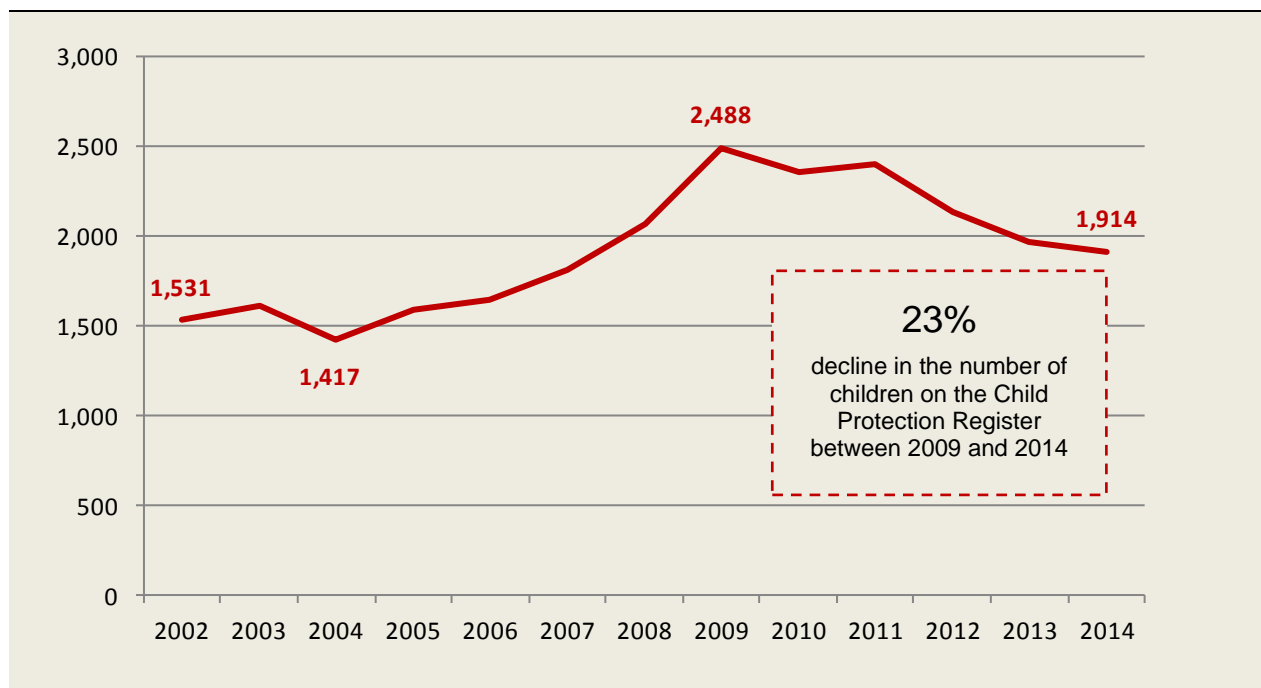
Figure 2.1. Children on the Child Protection Register by HSC Trust (31 March 2014)



Source: Children Order Return CPR1
2013 Mid Year Population Estimate (NISRA 2014)

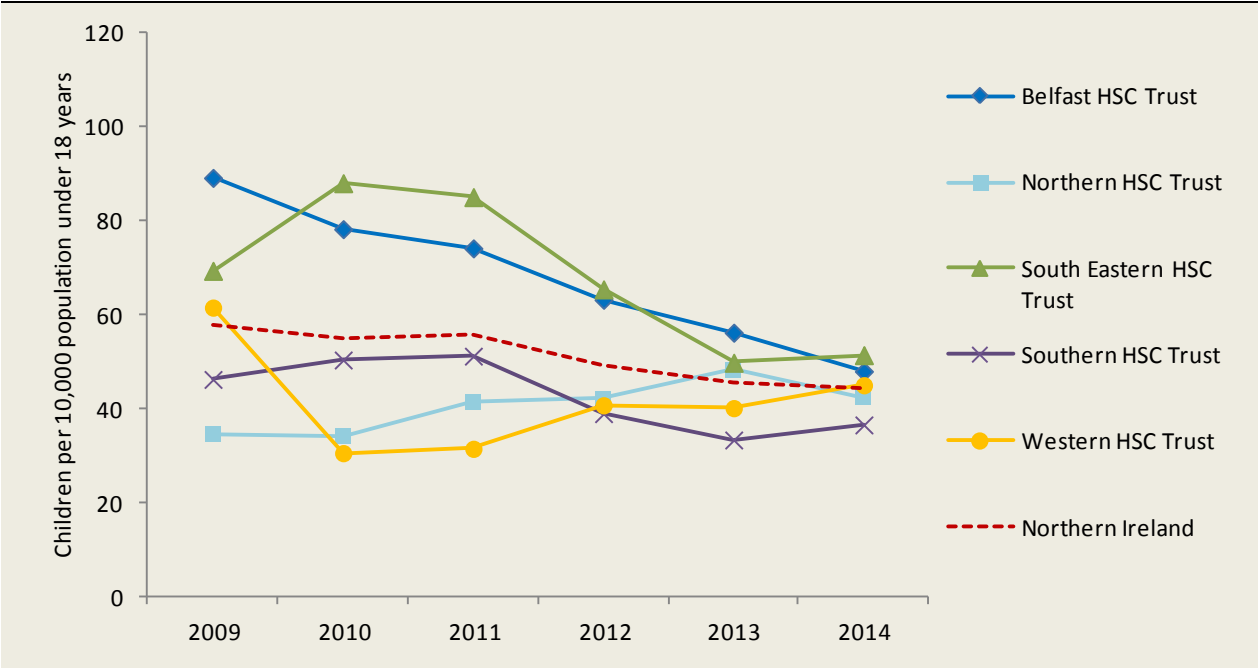
The 1,914 children on the Child Protection Register at 31 March 2014 represented a 2% (47) decrease from the previous year (1,961) and was the lowest number since 2007. The rapid growth in number of children on the Register between 2008 and 2011 may have been influenced by several high profile child protection cases covered by the media over this time period. The lowest number of children on the Register in the past ten years occurred in 2004, when around 500 fewer children were on the Child Protection Register than in 2014.

Figure 2.2. Number of Children on the Child Protection Register in Northern Ireland at 31 March (2002 – 2014)



Source: Children Order Return CPR1

Figure 2.3. Rate of Children on the Child Protection Register per 10,000 Population under 18 at 31 March (2009 – 2014)



Source: Children Order Return CPR1
2013 Mid Year Population Estimates (NISRA 2014)

Figure 2.3 sets out the rate of children on the Child Protection Register per 10,000 child population. The rate at 31 March 2014 was the lowest recorded since 2009, with 44.3 children per 10,000 of the population under 18 years. The highest rate recorded during this period was 57.9 children per 10,000 child population at 31 March 2009.

Among the HSC Trusts there has been variation in the rate of children on the register with the Belfast and South Eastern HSC Trusts generally having had higher rates than the Northern, Southern and Western HSC Trusts, although the variance in rates has narrowed in the last three years. The cause of this narrowing would appear to be due to a fall in the proportion of children on the register in the Belfast and South Eastern HSC Trusts rather than a rise in numbers in the other Trusts.

Category of Abuse

The **category of abuse** under which each child is considered to be at risk is decided at the Child Protection Case Conference. When agreement is reached that the child is at risk and protection is necessary, each child is recorded under the category that best reflects the nature of the risk.

The four main categories used are: neglect, physical abuse, sexual abuse and emotional abuse. For more complex cases mixed categories are used e.g. 'neglect and physical abuse' or 'physical and sexual abuse.'

Source: 'Co-operating to Safeguard Children', DHSSP 2003

Neglect: The actual or likely persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold and starvation, or persistent failure to carry out important aspects of care, resulting in significant impairment of the child's health or development, including non-organic failure to thrive.

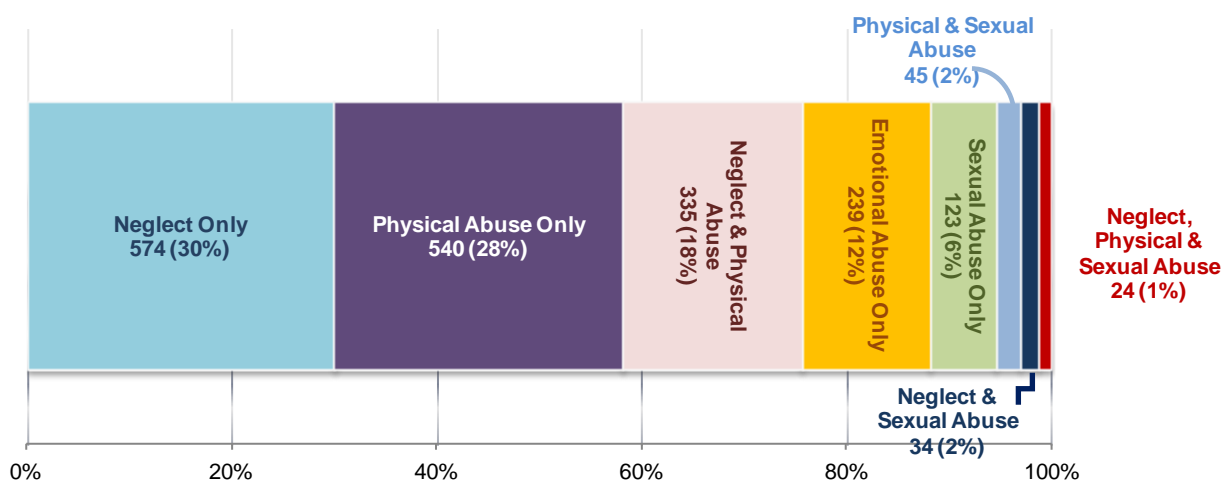
Physical Abuse: Actual or likely deliberate physical injury to a child, or wilful or neglectful failure to prevent physical injury or suffering to a child including deliberate poisoning, suffocation or Munchausen syndrome by proxy.

Sexual Abuse: Actual or likely exploitation of children or adolescents. The child may be dependent and/or developmentally immature.

Emotional Abuse: Actual or likely, persistent or severe emotional ill treatment or rejection resulting in severe adverse effects on the emotional, physical and/or behavioural development of a child. All abuse involves some emotional ill treatment. This category should be used where it is the main or only form of abuse.

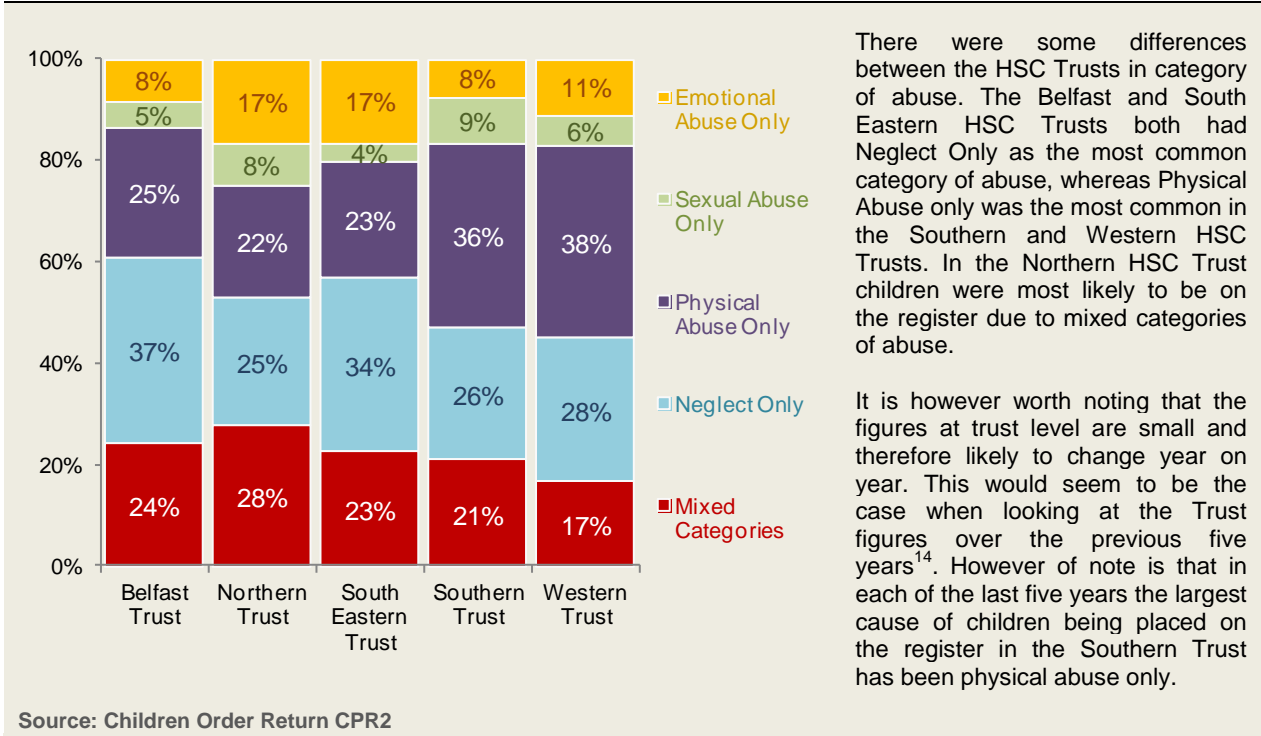
Neglect and physical abuse were the main reasons for a child being on the Child Protection Register. The categories Neglect only, Physical Abuse Only and Neglect and Physical Abuse accounted for three quarters of all cases on the Child Protection Register at 31 March 2014. Neglect Only was the largest single cause of a child being placed on the register (30%) while the combination of Neglect and Physical was the most common cause of the mixed categories. Sexual abuse on its own or in combination with other categories of abuse was the least likely cause of a child being placed on the protection register.

Figure 2.4. Children on the Child Protection Register by Category of Abuse at 31 March 2014



Source: Children Order Return CPR2

Figure 2.5. Children on the Child Protection Register by Category of Abuse and HSC Trust at 31 March 2014



Despite there being some fluctuation year on year in Category of Abuse at Trust level (see above), the regional figures have stayed relatively stable. The proportion of children on the register in each category of abuse has only seen small percentage point changes over the years 2009 to 2014.

Legal Status

The Child Protection Register identifies children for whom there are serious concerns, and as such, the children on the register do not need to have to have a specific legal status. Those children on the register with a legal status are in many cases likely to be crossovers with looked after children.

The majority, 90%, of children on the Child Protection Register at 31 March 2014 had no recorded legal status, 5% were Accommodated (Article 21), 3% had Interim Care Orders, 1% had Interim Supervision Orders and 2% had Other legal statuses¹⁵. These figures were similar to those recorded in previous years.

There was some variation between the Trusts, with 17% of children registered in the Belfast Trust having a legal status compared with 6% in the South Eastern Trust. Of those children with a legal status, the largest proportion in each Trust, except for the Western Trust, were

¹⁴ See Tables for details on previous year's figures www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm
¹⁵ Please see Appendix B for definitions of different legal statuses

Accommodated (Article 21). The largest proportion of children in the Western Trust with a legal status had a Care Order.

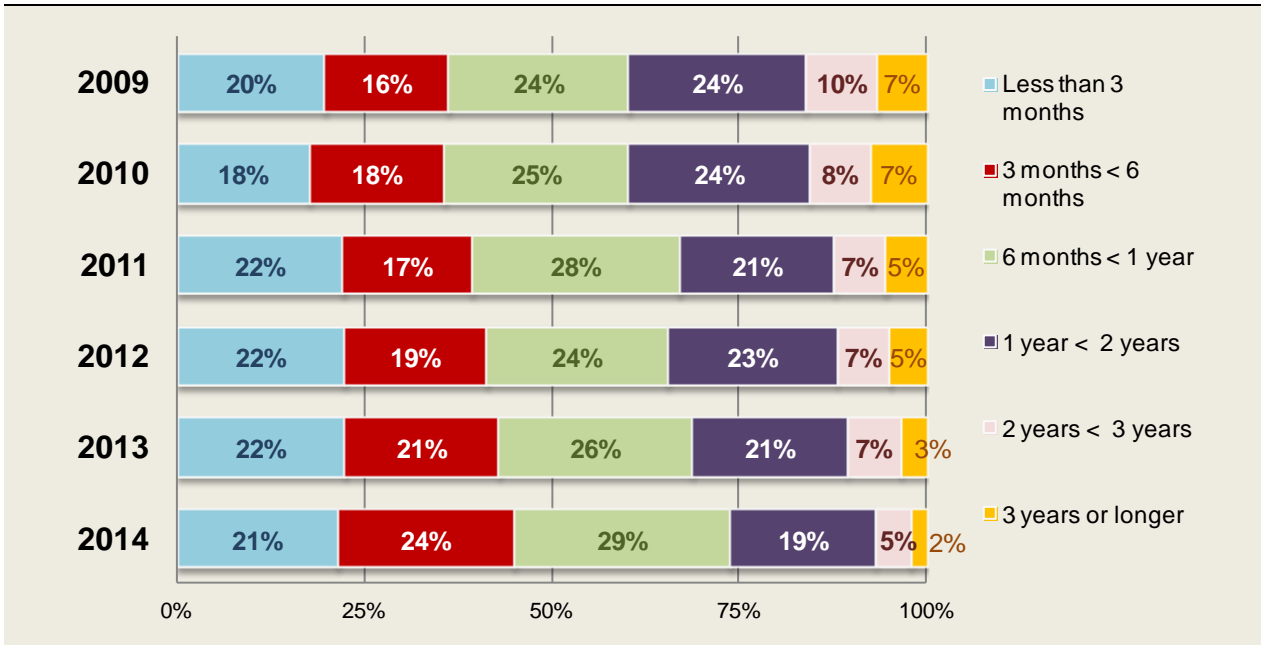
Duration on the Register

Of the 1,914 children on the Child Protection Register at 31 March 2014, three quarters had been on the register for less than one year. The largest number of children had been on the register for between six months and one year (29%) and the lowest number had been on the register for three years or longer (2%).

The proportion of children on the register for two years or longer declined by nine percentage points from 16% to 7% between 2009 and 2014. During the same period there was an increase of fourteen percentage points in children on the register for one year or less, from 60% to 74%.

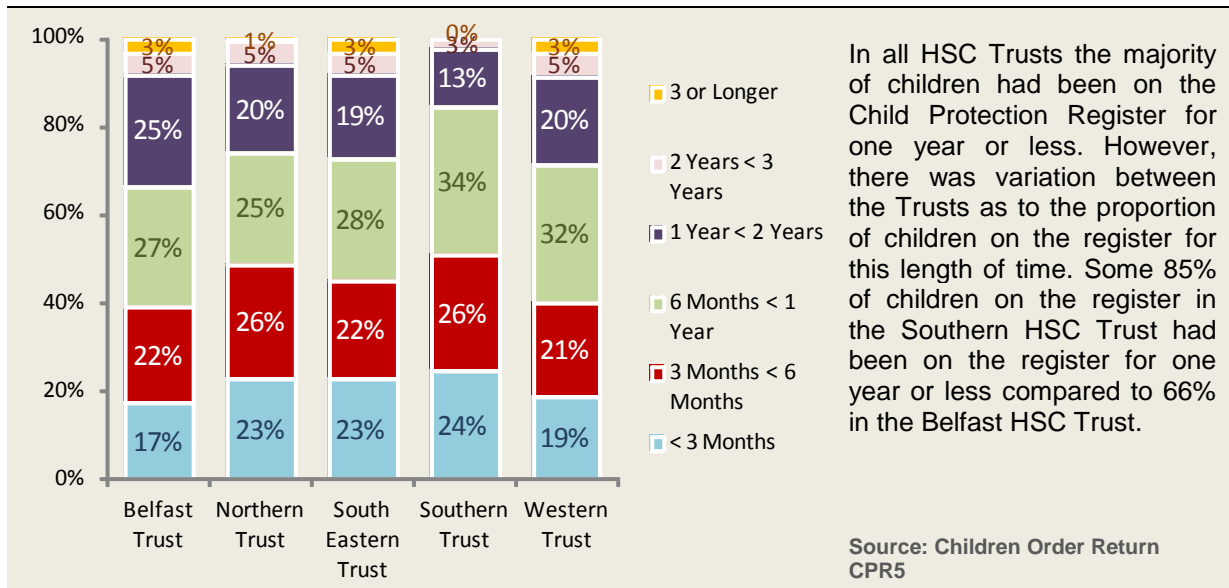
The observed trend in the duration on the Child Protection Register may be a reflection of renewed focus, in the aftermath of some high profile child protection cases, to ensure robust child protection planning is in place for each individual child. This could also have affected the review process of the child’s protection plan which may account for more timely de-registrations from the register or identification of a child protection plan that may not protect the child to the standards that is needed. In such latter cases the HSC Trust may move towards applying for a Care Order for the child which may subsequently result in the child being removed from the Child Protection Register. Of note is that of all children who became looked after during 2013/14, two-thirds had previously been on the Child Protection Register.

Figure 2.6. Children on the Child Protection Register by Duration at 31 March (2009 – 2014)



Source: Children Order Return CPR5

Figure 2.7. Children on the Child Protection Register by Duration on Register and HSC Trust at 31 March 2014



Child Protection Referrals

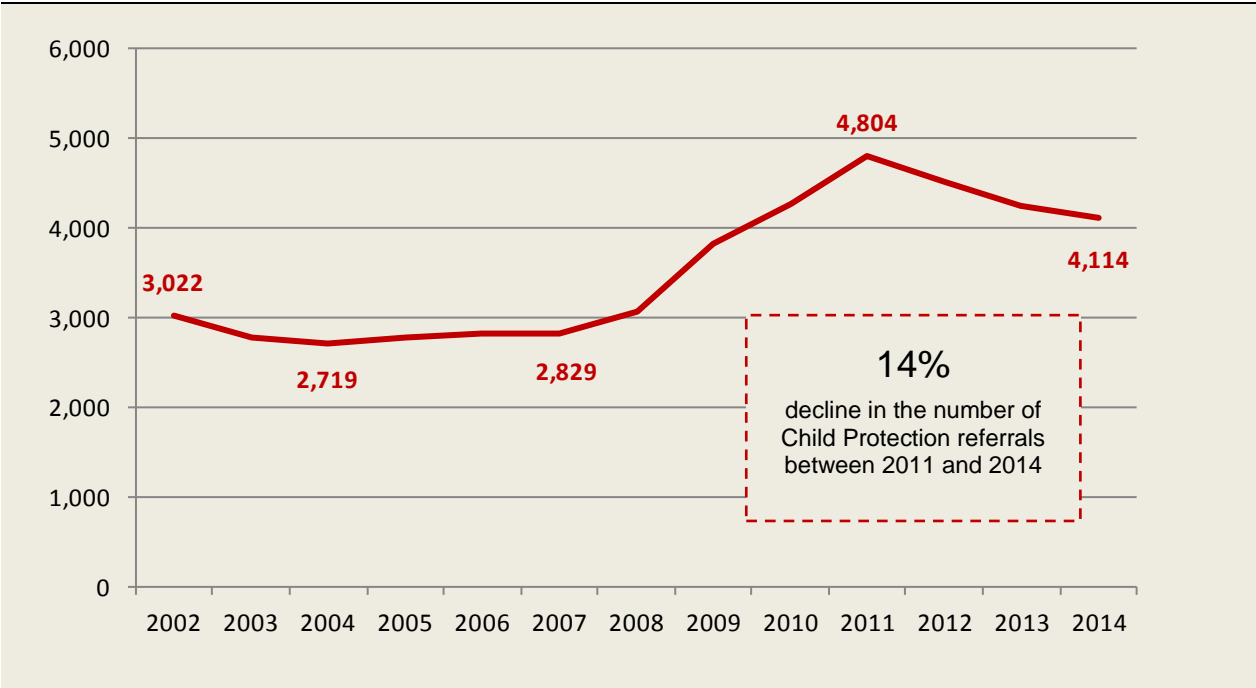
A Child Protection Referral is one for which the initial assessment indicates that there may be Child Protection issues. The threshold for action should be the allegation or suspicion of child abuse. However the balance needs to be struck between taking action designed to protect the child from abuse while at the same time avoiding unnecessary intervention. Except in emergency situations or urgent cases when immediate protective action is required, referrals will require preliminary discussion with other professionals from the child protection agencies and with the referrer. In some cases it will be necessary to seek specialist opinion.

Source: 'Co-operating to Safeguard Children' DHSSPS, 2003

A total of 4,114 child protection referrals were received during the year ending 31 March 2014. This amounted to 95 referrals per 10,000 of the population under 18.

The 4,114 referrals received was a decrease of 3% from the year ending 31 March 2014. This represented a continuation of the decline in referrals received over the previous three years. However, the number of referrals received in 2013/14 was 8% higher than during 2008/09. As with the number of children on the Child Protection Register, a possible contributing factor to the sharp increase in the number of child protection referrals between 2008 and 2011 could be the recent economic downturn as well as several high profile child protection cases.

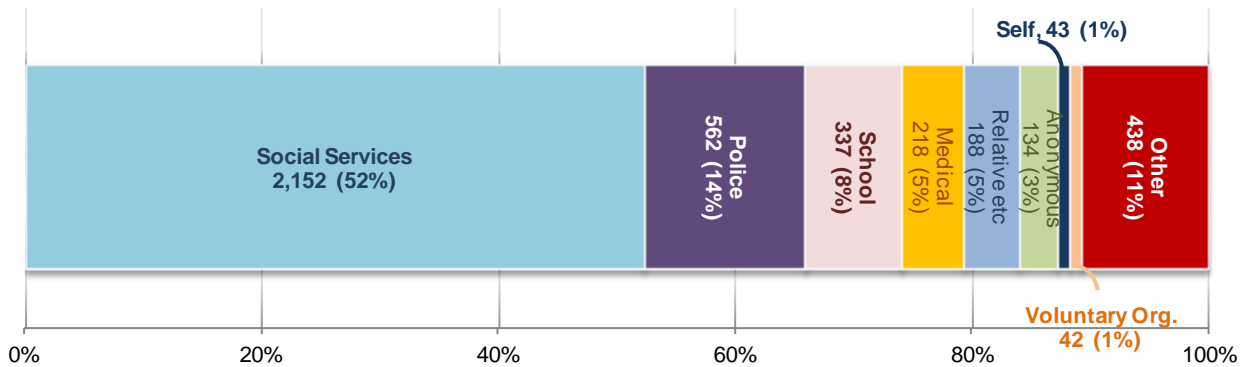
Figure 2.8. Number of Child Protection Referrals during year ending 31 March (2002-2014)



Source: Children Order Return CPR3

During 2013/14, Social Services accounted for 52% of all child protection referrals received, with 14% from the Police and 8% from School. Furthermore, 5% of the referrals were made by relatives, neighbours or friends while 43 referrals (1%) were made by the child itself. These figures were similar to previous years as the source of referral has remained relatively stable over the last five years.

Figure 2.9. Child Protection Referrals by Source of Referral Year Ending 31 March 2013



Source: Children Order Return CPR3
 Note: Medical contains GPs, Community Nurses and Hospital

Child Protection Referrals by HSC Trust

The five HSC Trusts work to the same overarching standards of safeguarding children. However, variations within the Trusts may account for the large differences seen in the number of referrals coded as child protection referrals. Taking the Trust populations into account, the number of referrals ranged between the Trusts from 60.3 to 153.9 referrals per 10,000 child population. The number of referrals recorded could subsequently affect the number of investigations carried out. These variations make it difficult to compare the HSC Trust referral statistics and further analysis would be required to understand these issues.

An Initial Case Conference may follow a Child Protection Investigation, and a registration to the Child Protection Register is the possible outcome of the Initial Case Conference. There is substantially less variance between the HSC Trusts when looking at the number of registrations to the Child Protection Register compared with the referral statistics. The registration rates ranged from 41.8 to 55.3 registrations per 10,000 child population within the Trusts in 2013/14.

Table 2 B: Number of Child Protection Referrals, Investigations, Initial Case Conferences and Registrations to the Child Protection Register during year ending 31 March 2014 by HSC Trust

HSC Trust	Child Protection Referrals	Child Protection Investigations	Initial Case Conferences	Registrations to the CPR	<i>Difference between number of referrals and initial case conferences</i>	<i>Percentage of initial case conferences that lead to registrations</i>
Belfast Trust	537	481	334	315	-38%	94%
Northern Trust	655	634	611	483	-7%	79%
South Eastern Trust	1,240	1,188	499	446	-60%	89%
Southern Trust	1,037	388*	519	439	-50%	82%
Western Trust	645	569	350	321	-46%	92%
Northern Ireland	4,114	3,260	2,313	2,004	-44%	87%

Source: Children Order Return CPR3, CPR6, CPR7 & CPR11

Note: These figures relate to the year ending 31 March and therefore, referrals received at the end of this period may not yet have resulted in an investigation, Initial Case Conference or Registration. Likewise, investigations, Initial Case Conferences or Registrations carried out at the beginning of the year may relate to referrals received and captured in the previous year.

* The Southern HSC Trust has informed that their Child Protection Investigation figure does not include investigations deemed 'protocol not appropriate.'

Child Protection Investigations

There were 3,260 child protection investigations carried out during 2013/14. This was a decrease of 7% on the previous year. The drop in investigations correlates with the drop in the number of child protection referrals received and the overall fall in the number of children on the Child Protection Register.

“Social Services and the police have, for some time, recognised the need to co-ordinate their investigations into suspected child abuse to ensure that each can fulfil its functions in a manner which best serves the child. Both are concerned about the child’s welfare, although the former’s concerns are dealt with by the civil law, and those of the police, by criminal law.”

Child Protection Investigations are classified using one of the following categories:

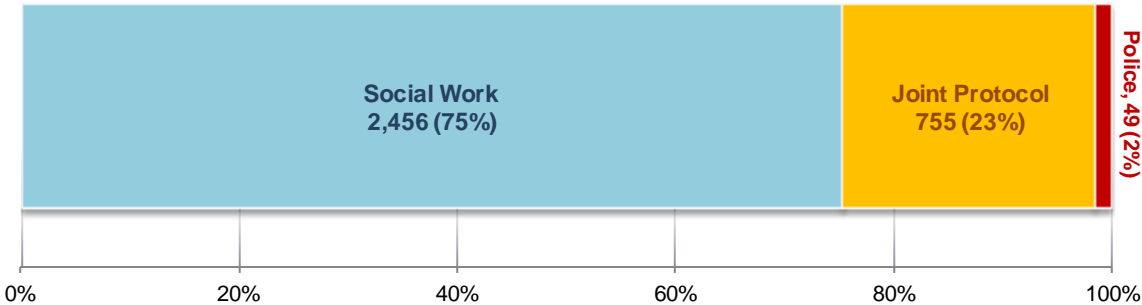
- a) Joint Protocol (carried out jointly by social workers and the PSNI);*
- b) Social Workers; and*
- c) PSNI.*

Source: ‘Northern Ireland Social Work Law’ White, 2006

The vast majority of the 3,260 child protection investigations were carried out by Social Workers (75%), with a further 23% Joint Protocol Investigations involving both the Police and Social Workers. The remaining 2% (49 investigations) were recorded as carried out by Police only. These figures were similar to those recorded the previous year.

The proportion of investigations carried out by Police only was similar across all HSC Trusts (between 1 and 2 percent of investigations). The Southern HSC Trust had an even split of Joint Protocol and Social Work investigations in 2013/14, whereas in all other HSC Trusts the majority of investigations were Social Work investigations (between 75% and 88% of investigations).

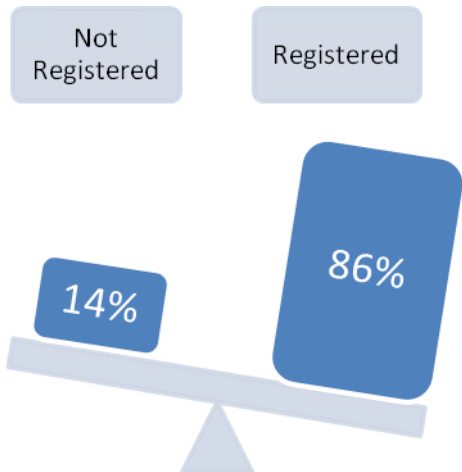
Figure 2.10. Child Protection Investigations (year ending 31 March 2014)



Source: Children Order Return CPR6

Initial Case Conferences

The Case Conference is a meeting organised by the social work services to consult with other agencies to collate information about the child and family. The Child Protection Case Conference has a specific role regarding the protection of children. The purpose is to allow the participants to pool their knowledge of the child's health, development and functioning and the carer's capacity to ensure the safety and well being of the child and assess risk.



During the year ending 31 March 2014, 2,313 Initial Case Conferences had been completed across Northern Ireland, a 5% increase on the previous year. This is in contrast to child protection referrals and investigations where slightly decreasing numbers have been observed in the last year.

Some 86% of Initial Case Conferences resulted in a child being placed on the Child Protection Register in 2013/14. At HSC Trust level there was some variation ranging from 93% of case conferences resulting in registration in the Belfast HSC Trust to 79% in the Northern HSC Trust.

The proportion of Initial Case Conferences that resulted in the child being placed on the Child Protection Register has remained stable, between 84%-86%, from 2008/09 to 2013/14.

Registrations, Re-registrations and De-registrations

Registration is the placement of a child on to the Child Protection Register. Where a child has moved on or off the Register several times during the year each registration is recorded.

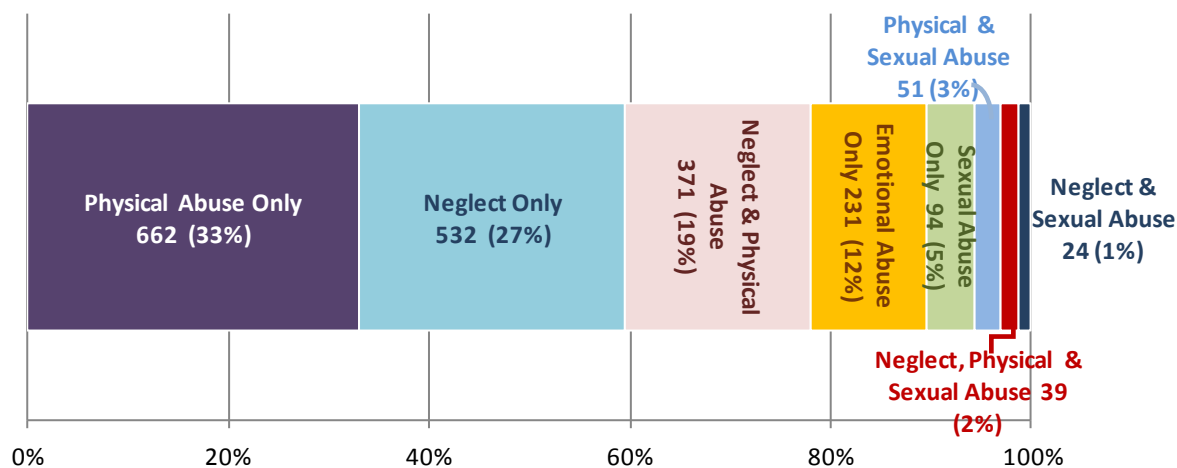
Deregistration is the removal of a child from the Child Protection Register. Where a child has moved on or off the Register several times during the year each deregistration is recorded.

Re-registration is the placement on to the Child Protection Register of a child who has already been on the register, irrespective of the date of their first registration on the Register.

During the year ending 31 March 2014, there were 2,004 registrations to the Child Protection Register, a 7% increase on the previous year. This was a change in trend following two years of declining registrations. The largest proportion of registrations occurred in the Northern HSC Trust (24%), with the Belfast HSC Trust accounting for the least amount (16%). Children aged 5–11 years old accounted for the largest proportion of registrations in each HSC Trust area, with young people aged 16 and over the least likely to be registered.

Almost 80% of those children registered during the year were likely to suffer from Physical Abuse Only, Neglect Only or a combination of the two. Physical Abuse Only was the single largest cause of registrations, accounting for a third of all registrations.

Figure 2.11. Registrations to the Child Protection Register by Category of Abuse



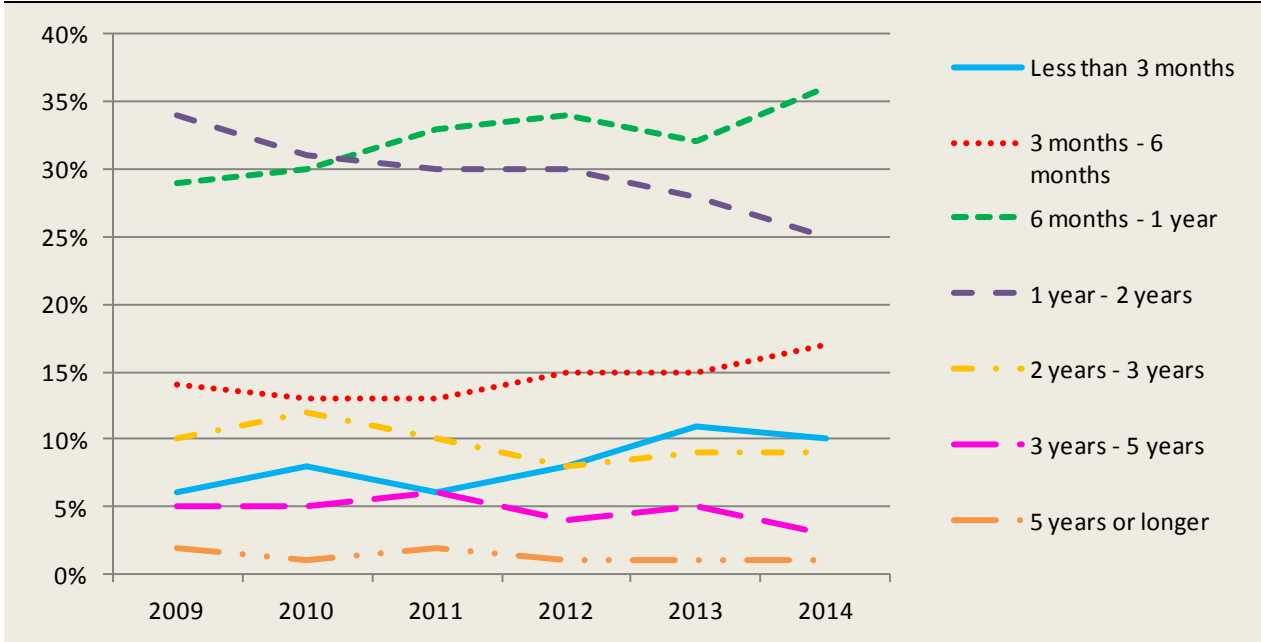
Source: Children Order Return CPR8

Physical Abuse Only accounted for the largest proportion of children registered in every Trust apart from the Belfast Trust in which Neglect Only was the biggest single cause for registration. Similar to the category of abuse of children on the register, figures at Trust level are small and therefore may exhibit large year on year variances.

There were 386 re-registrations to the Child Protection Register during 2013/14. The number of re-registrations has increased each year from 2009/10 onwards, with an increase of 15% between 2012/13 and 2013/14. Similar to the previous year, the Northern Trust accounted for almost a third of all re-registrations, in comparison just over a tenth of all re-registrations occurred in the Belfast Trust. There were increases in the numbers of re-registrations in each Trust area apart from the Belfast Trust which saw a decrease of 33%¹⁶.

Some 2,058 children were removed from the Child Protection Register during 2013/14, an increase of 1% on the previous year. The largest proportion of de-registrations occurred in the Northern Trust, with the least amount in the Western Trust.

Figure 2.12. De-registrations from the Child Protection Register by Duration on the Register (2009 – 2014)



Source: Children Order Return CPR10

In recent years, most of the children removed from the register had been listed there for 6 months to 1 year or between 1 and 2 years. There has, however, been some reduction in the proportion of those on the register for 1-2 years accompanied by an increase in those children de-registered after less than 3 months and 3-6 months.

¹⁶ Caution should be used in considering percentage changes at Trust level due to the small numbers involved.

Child Protection Comparability across the United Kingdom

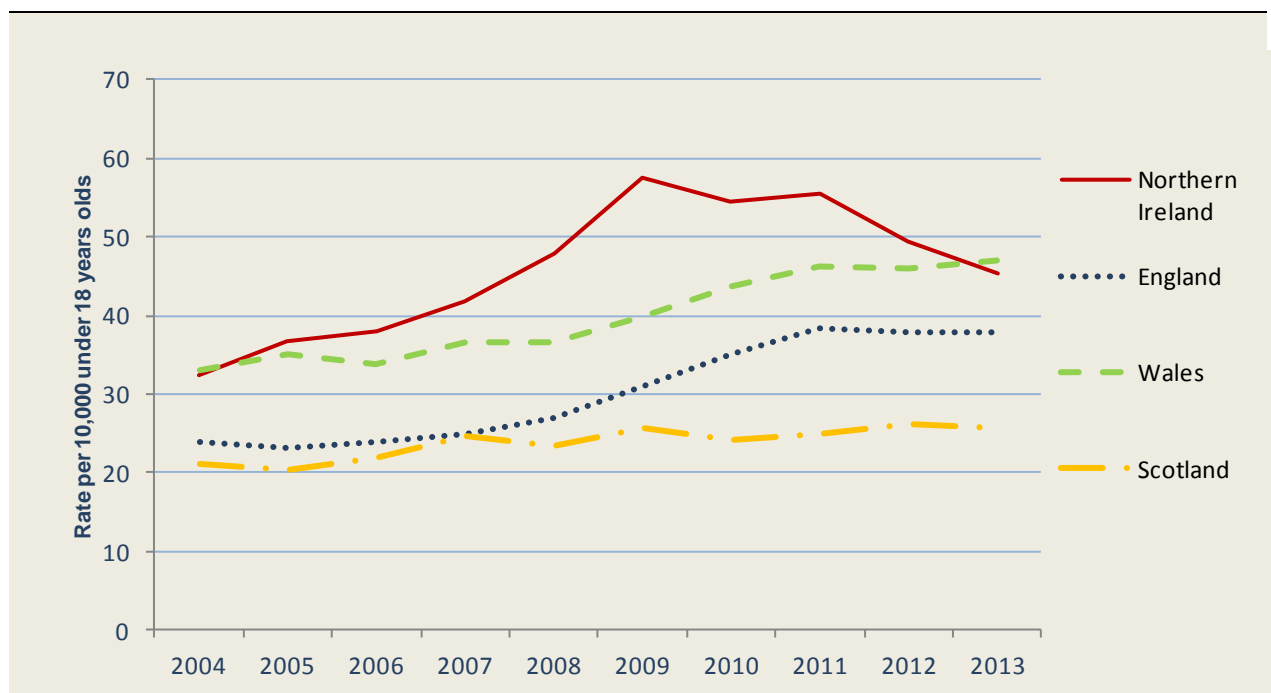
Child Protection systems across the United Kingdom vary but are generally comparable. Scotland's collection year for these figures runs from 1 August to 31 July, so end year figures are reported as at 31 July. In comparison the collection in England, Wales and Northern Ireland runs from 1 April to 31 March.

Child Protection figures in Northern Ireland show a much different pattern compared to the other UK countries. Up to 2009 there was a very steep rise in the rate, however since then there has been a slower decline in the rate of children on the child protection register.

Scotland has consistently had the lowest rate of children on its child protection register, with a very slight rise during the last decade. Over the same period there was a sharper rise in both England and Wales. None of these countries have shown much change over the last three years in their child protection rates.

In 2013 Wales overtook Northern Ireland as having the highest rates of child protection in the UK.

Figure 2.13. Cross UK Comparison of Rate of Children on the Child Protection Register per 10,000 under 18's, 2004 – 2013^{1,2}



Sources: England – 'Characteristics of Children in need in England', Wales – 'Local Authority Child Protection Registers & Scotland 'Children's Social Work Statistics.'

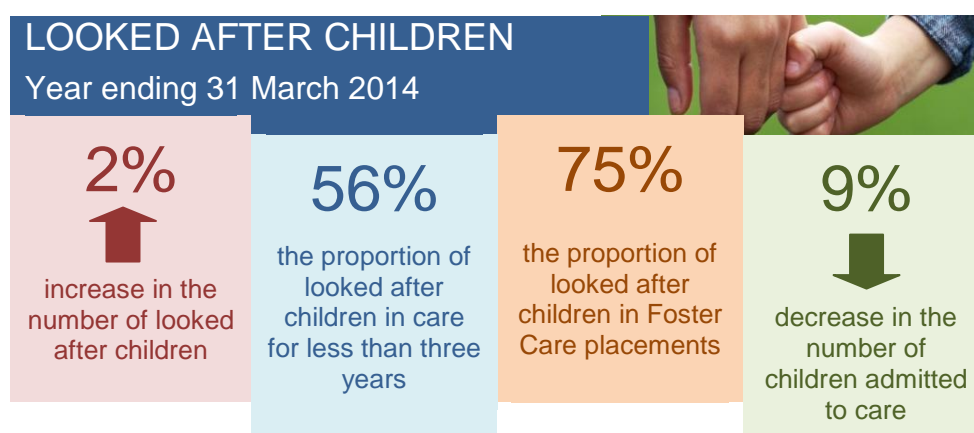
¹ 2011, 2012 and 2013 figures for Scotland taken at 31 July, all other figures at 31 March.

² Up to 2009 figures for England have been taken from aggregate CPR3 return provided by local authorities. In 2010 this data source was replaced by the child level Children in Need (CIN) census and so readers should be cautious in making direct comparisons between the 2009 and 2010 figures.

Section Three: Looked After Children

Key Findings

- At 31 March 2014, 2,858 children were looked after in Northern Ireland. This was the highest number recorded since the introduction of the Children (Northern Ireland) Order 1995;
- The majority of looked after children in Northern Ireland had been looked after for less than three years, with a tenth looked after for ten years or longer;
- Three quarters of the looked after children were in foster care placements, 12% placed with parents, 7% in residential care and 5% in other placements. This was similar to previous years;
- During 2013/14 there were 910 admissions to care and 798 discharges.



Looked After Children in Northern Ireland

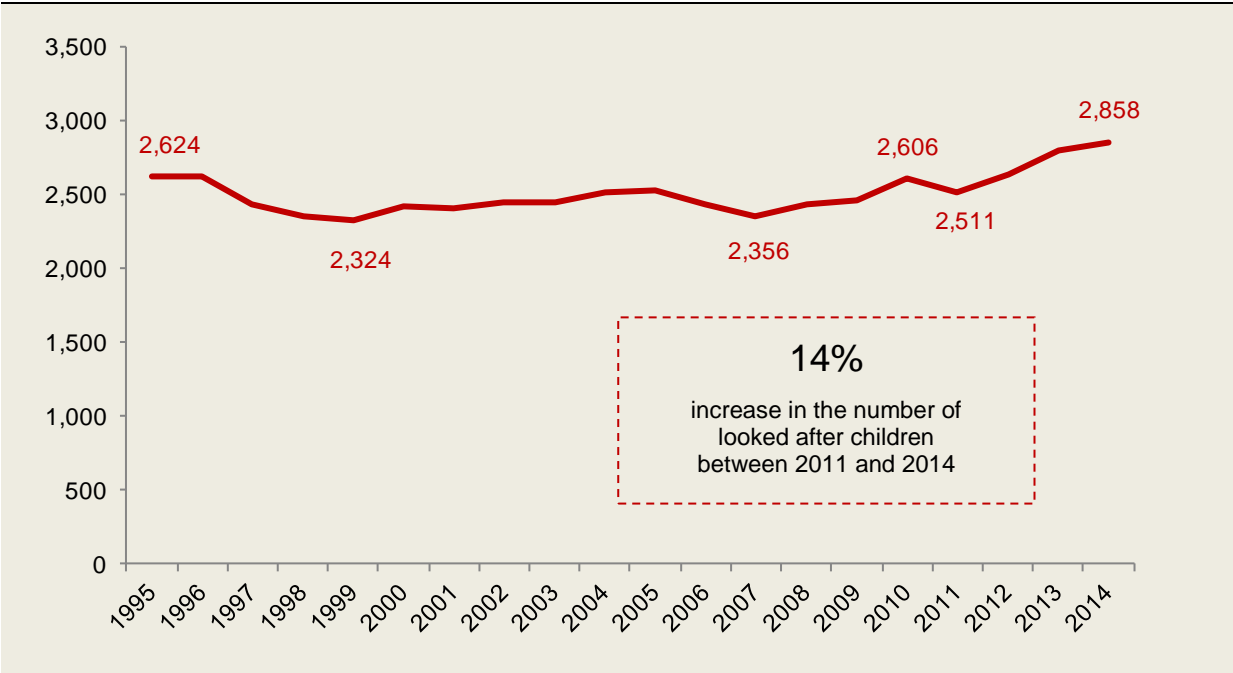
A Child is Looked After by an Authority if he or she is in their care or if he or she is provided with accommodation for a continuous period of more than 24 hours by the Authority in the exercise of its Social Services function.

Source: 'Northern Ireland Social Work Law', White, 2006

At 31 March 2014, 2,858 children were looked after in Northern Ireland. This was the highest recorded number of looked after children since the introduction of the Children (Northern Ireland) Order 1995, representing 66.2 children per 10,000 of the child population. The number of looked after children in Northern Ireland has risen by 14% since 2011 and by 23% since 1999 when the lowest number of looked after children was recorded under the 1995 Children Order legislation. The number of looked after children at 31 March 2014 was 2% higher than at the same time the previous year (2,807).

An admission to care is, in the main, a response to circumstances when other interventions have not been sufficient to safeguard children. The Children in Need data set out in Section One of this report shows that the number of children referred for an assessment of need has risen by 7% on the previous year, therefore a rise in the number of looked after children would not be unexpected.

Figure 3.1. Looked After Children in Northern Ireland at 31 March (1995 – 2014)



Source: Children Order Return LA1 & Delegated Statutory Functions Return 10.3.1

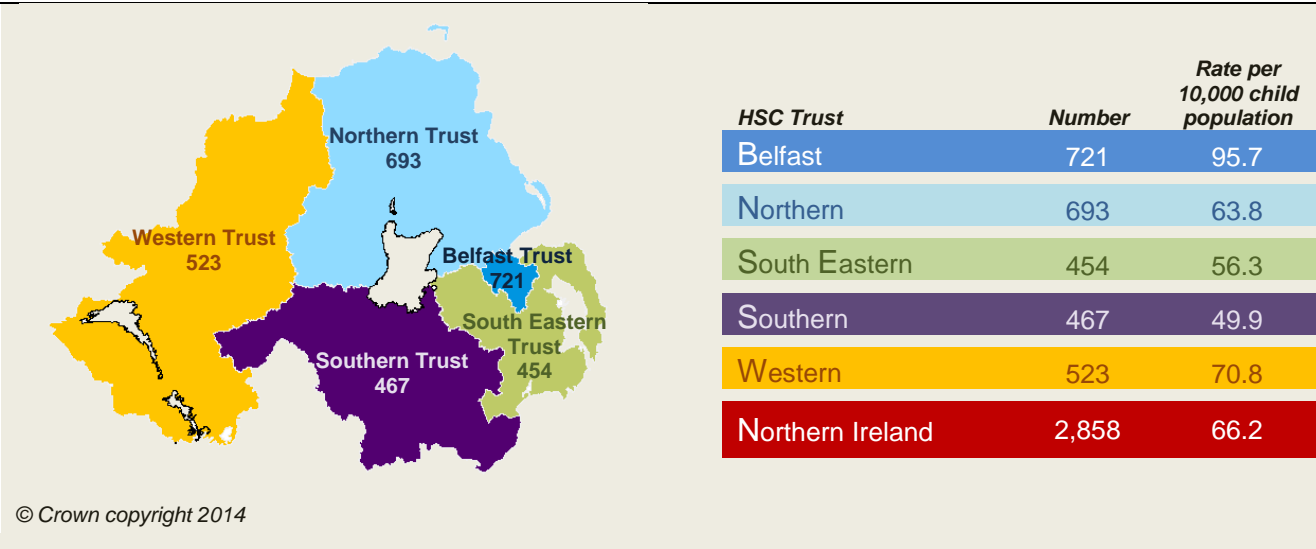
This growth in the number of looked after children may be due to a number of inter related factors arising from increased pressures on families and professional agencies due to the economic climate. These factors include low employment, poverty and a reduction in support systems.

Furthermore, the rise in numbers of looked after children can partly be attributed to recent legal judgements in relation to young people age 16–17 years who present as homeless and are then taken into care, this group accounted for 10% of admissions to the Western HSC Trust during the year.

The Belfast and Northern HSC Trusts had the highest numbers of looked after children in 2013/14. However, taking into account the size of the Trusts’ general child population; the Belfast and Western HSC Trusts had higher rates of looked after children than the other Trusts. A possible contributing factor for this may be that the Belfast and Western HSC Trusts contain Northern Ireland’s two biggest cities, Belfast and Londonderry, and these two large urban areas contain some of the most deprived areas within Northern Ireland.

Changes in the number of looked after children in the Trust between 2012/13 and 2013/14 ranged from increases of 12% and 8% in the Western and Belfast Trusts to a decrease of 12% in the South Eastern Trust. The Northern and Southern HSC Trusts had similar numbers of looked after children both years.

Figure 3.2. Looked After Children by HSC Trust (31 March 2014)



Source: Delegated Statutory Functions Return 10.3.1
2013 Mid Year Population Estimate (NISRA 2014)

At 31 March 2014, some 5% (153) of the looked after children were also on the Child Protection Register. This was 19% less than at the same time the previous year (189). The largest proportion of these children (looked after and on the Child Protection Register) were located in the Western HSC Trust (27%).

Source: Delegated Statutory Functions Return 10.3.11

Of those children looked after at 31 March 2014, a slightly higher proportion were male than female (51% and 49% respectively). This was the same as the gender split in the general childrens population. Looking at the gender splits within the HSC Trusts, it was only the Belfast HSC Trust that had a noteworthy difference between its male and female looked after population (55% and 45% respectively).

The looked after children had an older age profile compared with the general child population in Northern Ireland; 44% of the looked after population were aged 12 years and over whereas 33% of the general child population were in this age group.

Table 3 A: Age distribution of Looked After Children and the Northern Ireland Child Population

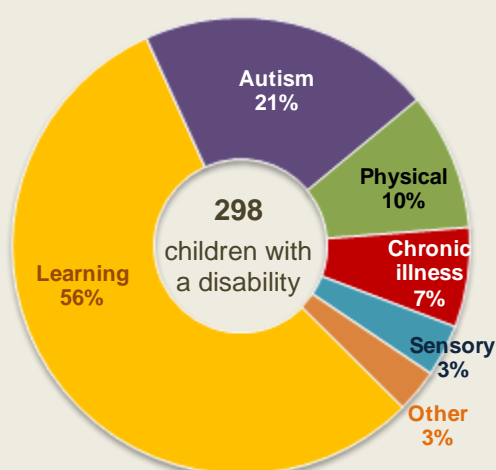
	Age group				
	Under 1	1-4	5-11	12-15	16 & over
Looked After Children	3%	20%	33%	25%	19%
Northern Ireland child population ^A	6%	24%	38%	22%	11%

Looked After Children had an older age profile than the general child population in Northern Ireland

^A Source: Mid Year Population Estimates 2013, NISRA (2014)

Source: Delegated Statutory Functions Return 10.3.1

Looked After Children with a Disability (31 March 2014)



Source: Delegated Statutory Functions Return 10.3.12

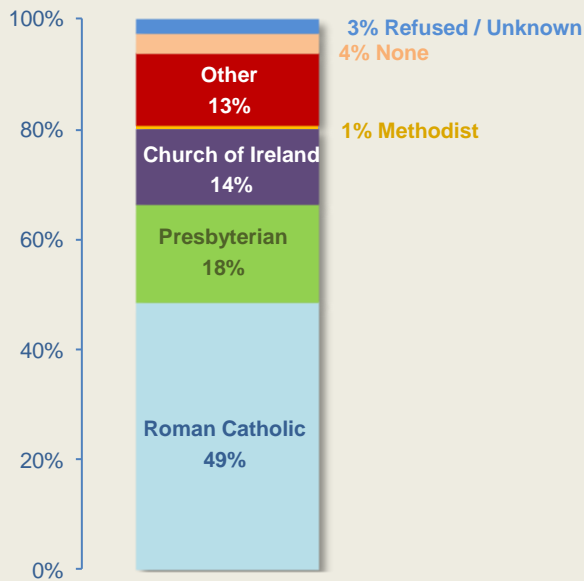
Of the 2,858 looked after children in Northern Ireland, 10% were recorded as having a disability. Over half of these had a learning disability.

Disability was more prevalent in the male population with 13% of males having a disability recorded compared to 8% of females. In each disability category, apart from 'other', males outnumbered females. This was especially evident in those with autism, with 67% being male. These findings were consistent with those in *'The Prevalence of ASD (including Asperger's syndrome) in School Age Children in Northern Ireland'*, which was recently published on the Department's website.

The largest proportion of looked after children with a disability were located in the Belfast HSC Trust (40%), where Autism was the most common disability recorded. In each of the other Trusts most disabled children had a Learning Disability.

Note: 'Autism' includes those with Aspergers and ADHD. Children with no category assigned are included in 'Other'.

Looked After Children – Religion and Ethnicity (31 March 2014)



Disaggregating on the basis of religion shows that the largest proportion of looked after children were Roman Catholics (49%), with a third from the main Protestant churches. Just over a tenth of children were from Other Christian and non-Christian denominations, with just under a tenth having either no religious faith or it was unknown. These figures do not necessarily indicate that there is a larger problem within the Roman Catholic community, however rather reflect the demographic trends within Northern Ireland. The 2011 Census figures indicate that the Roman Catholic community and those brought up with Other religious affiliations have a younger age distribution and as such a larger child population than Protestant¹⁷ communities.

The vast majority of children looked after in Northern Ireland were white (94%). The ethnicity of 1% was either not known or not recorded, the remaining 5% was made up of a variety of ethnicities with black and traveller children making up the largest individual groupings.

Source: Delegated Statutory Functions Return 10.3.2

Note: 'Church of Ireland' contains a small number of those included as 'Church of England'.

¹⁷ Census 2011: Detailed Characteristics for Northern Ireland on Health, Religion and National Identity, May 2013

Legal Status of Looked After Children

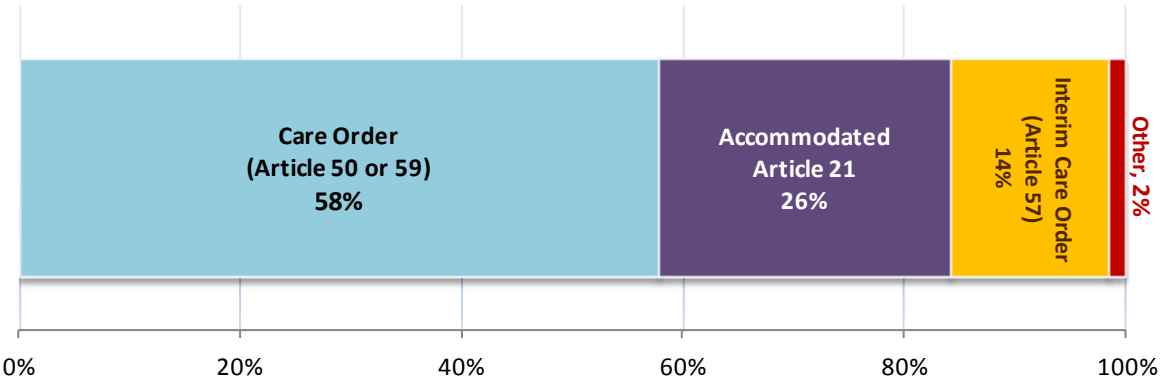
The legal status of looked after children was, in 2013/14, similar to that in previous years. The majority, 58%, of looked after children were subject to a Care Order (Article 50 or 59), 26% were Accommodated Article 21, 14% had an Interim Care Order and 2% had other legal statuses including Deemed Care Orders.

*Before a Court makes a **Care Order** it must be satisfied that the child is suffering, or is likely to suffer, significant harm; and that the harm, or likelihood of harm, is attributable to: '(i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give him; or (ii) the child's being beyond parental control.*

Source: White, C. 'Northern Ireland Social Work Law' 2006

There was some variation between the HSC Trusts, with the South Eastern Trust having 34% of its looked after population Accommodated Article 21. In comparison 19% of children looked after in the Southern HSC Trust had this legal status. Children accommodated under Article 21 have been placed in care with the permission of their parents.

Figure 3.3. Legal Status of Looked After Children at 31 March 2014



Source: Delegated Statutory Functions Return 10.3.1
 Note: 'Other' includes 'Deemed Care Orders (Paras. 11 & 30 of Sch. 8)'

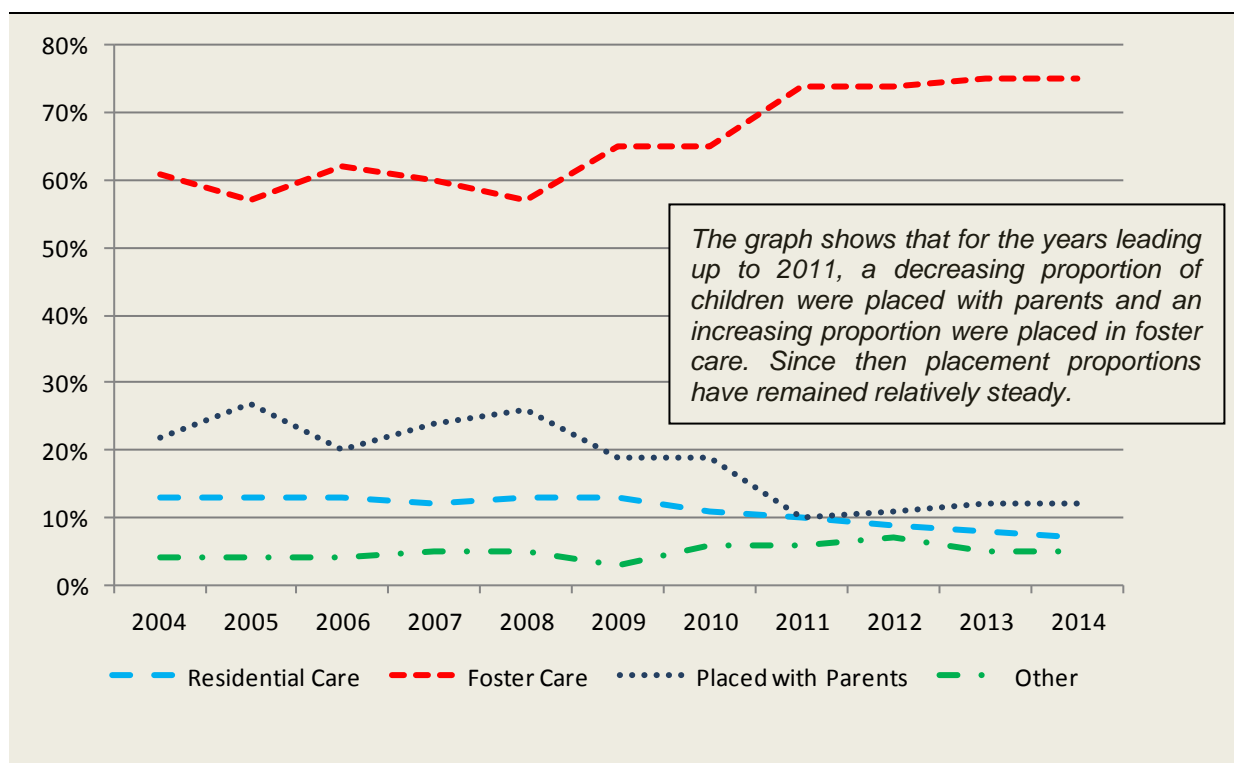
Some 23% of children in the Southern HSC Trust had an Interim Care Order at 31 March 2014. In contrast, just 6% of children in the South Eastern HSC Trust had this legal status. An Interim Care Order is put in place if the proceedings for a Care Order are adjourned or in any family proceedings in which a Court orders a Trust to investigate the circumstances of a child. An Interim Order can initially be in place for up to eight weeks, for up to four weeks upon renewal and subsequent occasions that a Court deems an Interim Order necessary.

Placement of Looked After Children

Fostering continues to be the preferred placement option for looked after children, with 75% of children being fostered at 31 March 2014. A further 12% of children had been placed with parents, 7% were in Residential Care and 5% in Other placements¹⁸. These figures were similar to those recorded in 2013.

The favouring of foster care as a placement type can be linked to the philosophy running through the Children (Northern Ireland) Order 1995 that safe family settings are a major way of supporting and helping children¹⁹. Furthermore, just over two fifths of those children in foster care were in a kinship placement, meaning that they were placed with one of their own family or friends.

Figure 3.4. Looked After Children by Placement at 31 March (2004 – 2014)



Source: Children Order Return LA2 & Delegated Statutory Functions Return 10.3.3

¹⁸ Description of placement types is included in Appendix B

¹⁹ See "Introduction" for further details.

'Kinship carer' means a relative, friend or other person with a prior connection with somebody else's child, who is caring for a looked after child full time. [...] This may be someone who knows the child in a more professional capacity such as a childminder, a teacher or a youth worker although these are not exclusive categories.

Source: 'Minimum Kinship Care Standards, Northern Ireland', DHSSPS, 2014

There has been a recent emphasis placed on kinship care. This can be seen with the recording of the proportion of foster care placements that are kinship care placements as one of the DHSSPS's indicators within the Health and Social Care (Indicators of Performance) Direction (Northern Ireland) 2014²⁰. It is however essential to note that the needs and circumstances of each child are unique and that a kinship care placement is not suitable for every child.

There has been a small increase in those foster care placements that are kinship placements from 39% in 2011 to 42% in 2014. Within the HSC Trusts, at 31 March 2014 the Western HSC Trust had the highest proportion, 48%, compared to the Southern HSC Trust which had the lowest, 34%. Over the four years from 2011 to 2014 the Western HSC Trust saw a growth in foster care placements that were kinship placements from 26% to 48%. Over the same period there was little change in the other Trusts.

Health and Social Care (Commissioning Plan) Direction (Northern Ireland) 2014/15

Ministerial priorities are set out in the Health and Social Care (Commissioning Plan) Direction which is accompanied by the Health and Social Care (Indicators of Performance) Direction, which highlights areas of importance.

One such area of importance set out in the 2014/15 Indicators of Performance is looked after children absconding from care. Absconding in this connection defined as an unauthorised absence or having gone missing from residential or foster care for more than 24 hours, requiring the Police to be notified.

During the year ending 31 March 2014, 74 looked after children had absconded a total of 166 times, on average just over two cases of absconding per child.

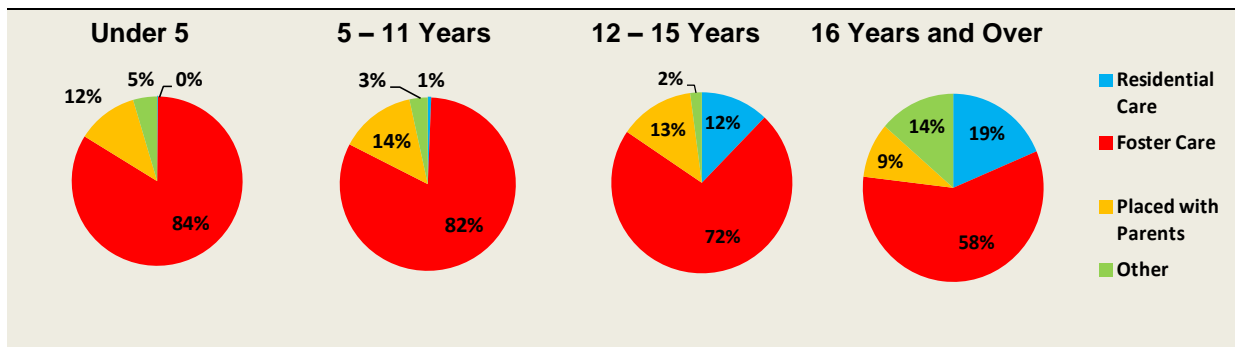
Just under half of all children who absconded from their residential or foster care placement were in the Belfast HSC Trust. Absconding occurred least often in the Southern Trust during 2013/14 where 7 children absconded 16 times.

A possible reason for the Belfast HSC Trust to have the largest number of children absconding from care is that the Trust has the largest number of looked after children using residential care facilities and foster care providers.

Source: Delegated Statutory Functions Return 10.3.34

²⁰ <http://www.dhsspsni.gov.uk/performance-measures.htm>

Figure 3.5. Placement of Looked After Children by Age Group at 31 March 2014



Source: Delegated Statutory Functions Return 10.3.3

The age of looked after children can have an influence on the suitability of placement. In all age groups the majority of children were placed in Foster Care, though we can see from Figure 3.5 that this proportion decreased with age. Post-primary school aged children were more likely than their younger counterparts to find themselves in Residential Care, with 19% of those aged 16 and over in this placement. These figures are similar to those recorded in previous years.

The “Our Life in Care” Survey

The “Our Life in Care” survey covers the views and experiences of children and young people in care. It addresses areas that are important to the children but may be difficult to cover in traditional statistical returns. These are areas such as the need for contact with family and friends, feeling safe, being bullied in school and having an adult they can talk to about anything.

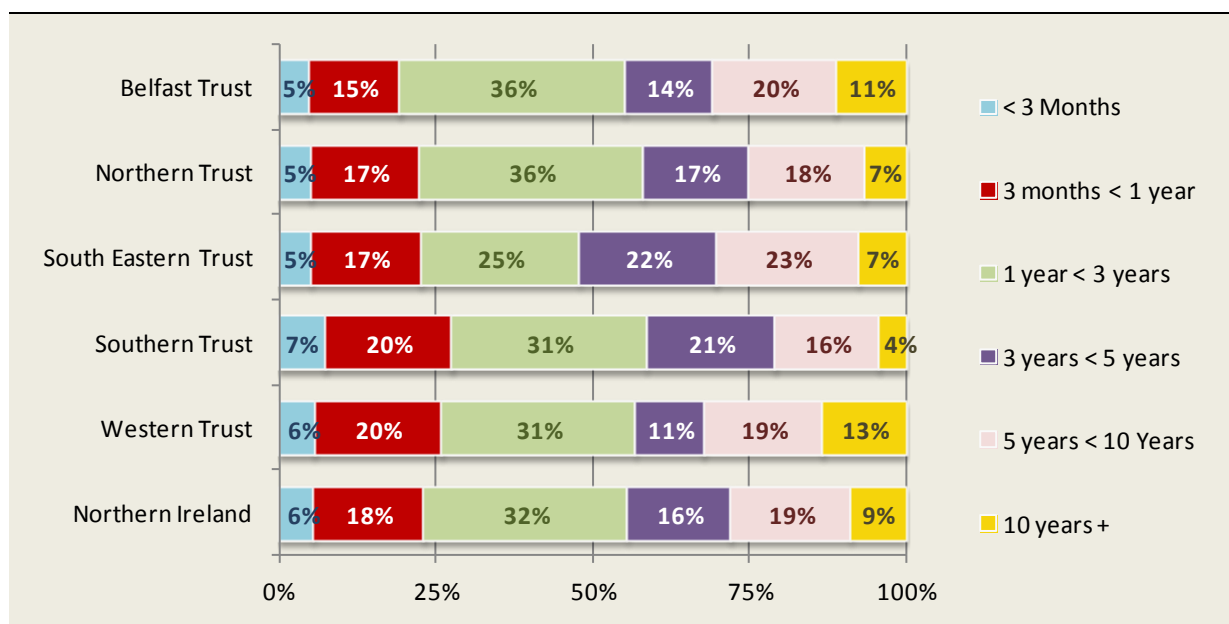
“It’s reassuring to see that a steady, high number of participants [looked after children] are feeling both settled (79%), and safe where they live (83%). There is still the balance of children and young people however – as many as 21% - who don’t feel settled and 17% who don’t feel safe where they live.”

Our Life in Care 2013, VOYPIC (2014)

Duration in Care of Looked After Children

The majority of looked after children in Northern Ireland at 31 March 2014 had been in care for less than three years (56%). This trend was observed in each HSC Trust except for the South Eastern HSC Trust in which 52% of children had been in care for three years or longer.

Figure 3.6. Looked After Children by Duration in Care and HSC Trust at 31 March 2014



Source: Delegated Statutory Functions Return 10.3.4

Just over 10% of the looked after populations in both the Western and Belfast HSC Trusts had been in care for ten years or longer, in contrast just 4% of the Southern looked after population had been in care for this period of time. This has been an ongoing trend over the previous five years.

Looking at the age groups of children over the age of one, the largest proportion in each age group had been looked after for between one and three years²¹, with the smallest proportion in care for less than three months. This finding differs slightly from the previous year when the largest proportion of those children in care aged 16 or over had been in care for between five and ten years.

²¹ See Tables for details www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm

Admissions to Care

During the 2013/14 year, 910 children were admitted to care in Northern Ireland; this was 9% less than in 2012/13. This decrease in admissions follows two years of gradually increasing numbers of admissions. The Northern HSC Trust accounted for the largest proportion of admissions (26%), followed by the Southern HSC Trust (20%). The South Eastern and Belfast HSC Trusts accounted for 19% and the Western Trust had 16% of admissions.

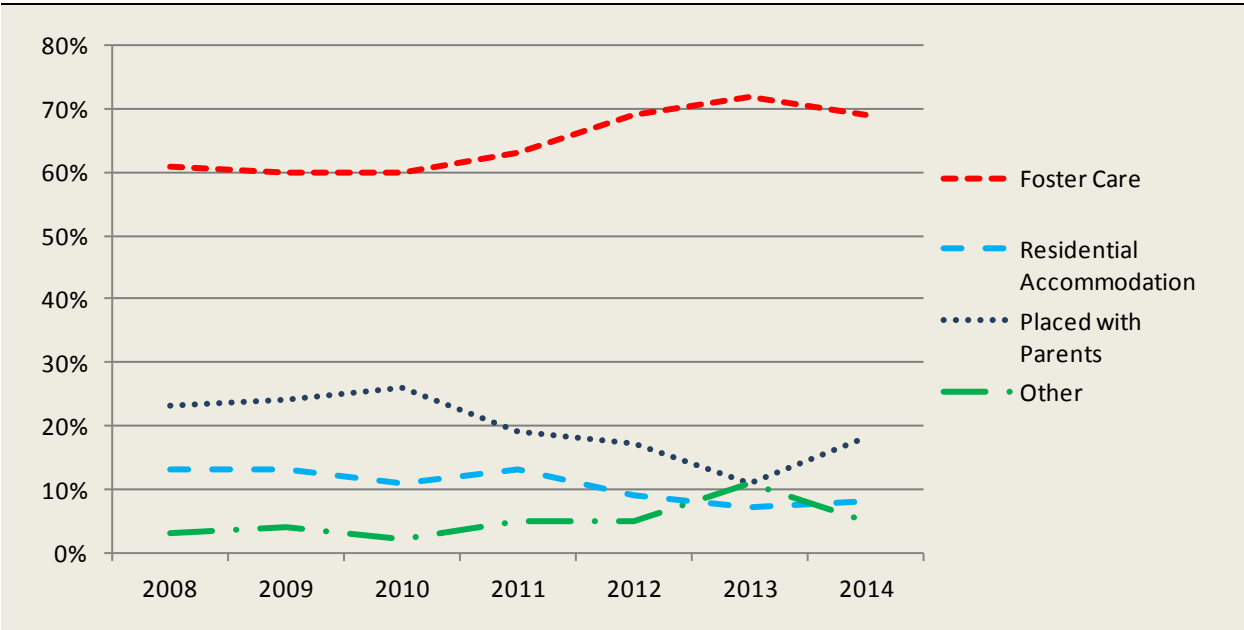
Almost two thirds of those admitted to care had previously been on the Child Protection Register.

Almost three quarters of admissions to care during the year were Accommodated Article 21²². This pattern was evident throughout Northern Ireland however there was some variation with three fifths of children in the Belfast Trust admitted with this legal status compared to over four fifths in the South Eastern Trust.

In recent years, the vast majority of children admitted to care have initially been placed in foster care. This proportion has increased by 10 percentage points between 2007/08 and 2013/14.

Over the same period the proportion of those initially placed with Parents, along with those placed in Residential Accommodation steadily decreased. The year 2012/13 appears to be somewhat of an anomaly compared to 2011/12 and 2013/14 with lower levels of admissions Placed with Parents and higher proportions of admissions placed in 'Other' placements.

Figure 3.7. Admissions to Care by Placement during year ending 31 March (2008 – 2014)



Source: Delegated Statutory Functions Return 10.3.39

²² See Appendix B for description of legal statuses

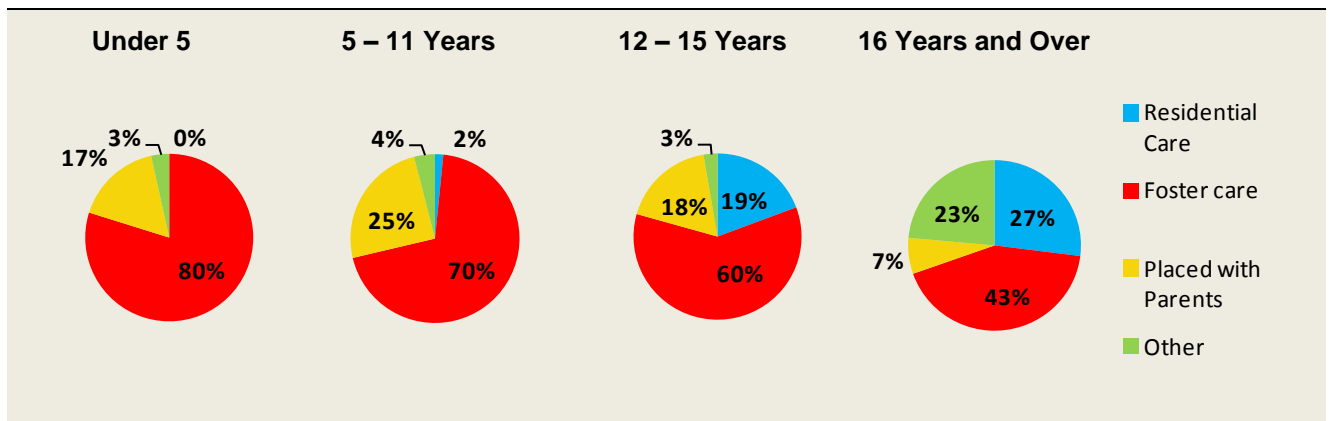
Of the 624 admissions to Foster Care during 2013/14, 40% were with Kinship Care.

There were some differences between the HSC Trusts in terms of the placement when admitted to care. The majority of admissions in the Western HSC Trust were placed with Parents; in each of the other Trusts, Foster Care accounted for the largest proportion of admissions.

The Belfast HSC Trust placed 16% of its admissions in Residential Care compared to 5% or less of admissions in the Northern and Southern HSC Trusts. However, due to the low numbers involved, especially in relation to Residential Care and Other Placements, care must be taken when interpreting the figures.

Age can have an influence upon the placement of those admitted to care. Across each of the age groups Foster Care accounted for the largest proportion of admissions; however children in older age groups were more likely to be admitted to a Residential Care home. It is also of interest to note that those young people aged 16 or over who were admitted to care were the least likely to be placed with Parents.

Figure 3.8. Admissions to Care by Placement and Age during 2013/14



Source: Delegated Statutory Functions Return 10.3.39

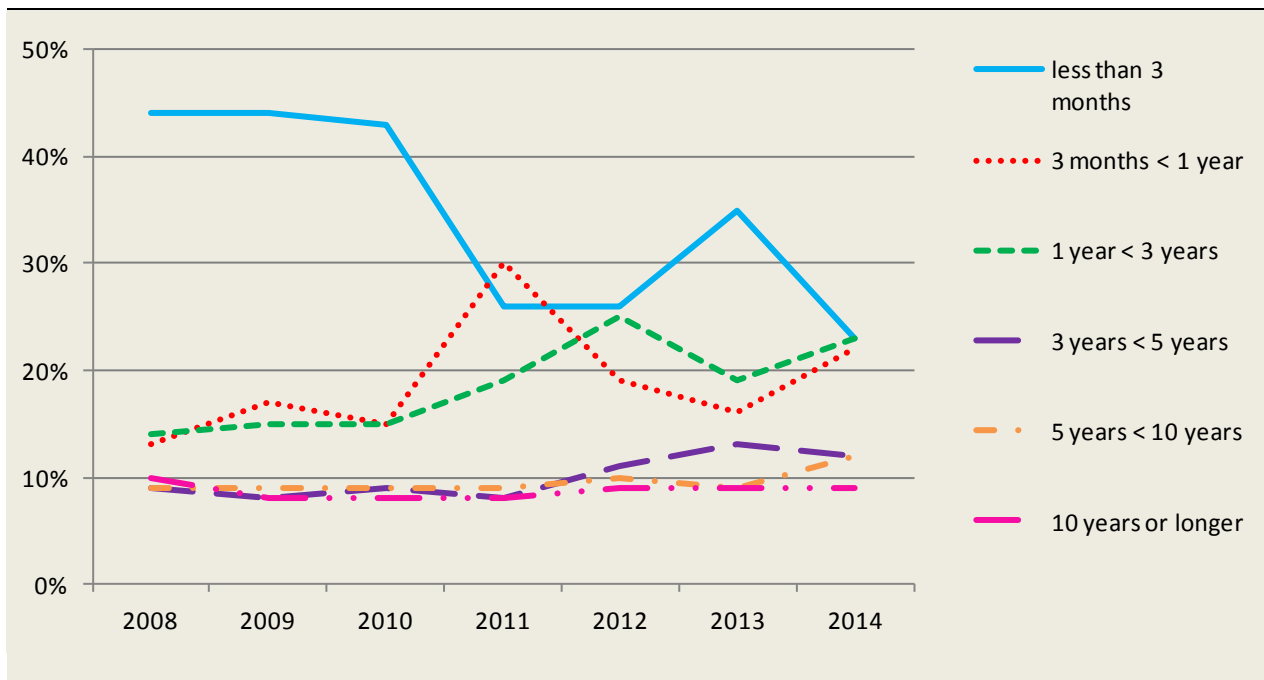
Discharges from Care

During the year ending 31 March 2014, there were 798 discharges from care in Northern Ireland, this was a decrease of 6% on the previous year. The largest proportion of all discharges occurred in the Northern Trust (27%), with the least occurring in the Western Trust (11%).

In general, over the last few years, most children have been discharged from care after less than three months of becoming looked after. However there has been a large decline in this proportion from 43% in 2009/10 to 23% in 2013/14. This decline has coincided with notable increases in those discharged having spent between three months and one year in care and between one and three years in care.

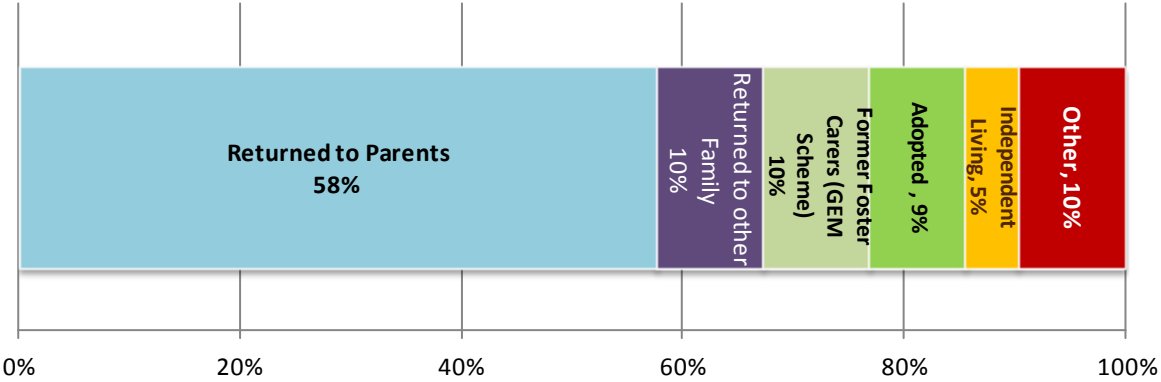
Those discharges that occurred after three to five years, five to ten years and ten years or more have remained relatively steady over the same time period. They have each accounted for around 10% of discharges year on year.

Figure 3.9. Discharges by Duration in Care during year ending 31 March (2008 – 2014)



Source: Delegated Statutory Functions Return 10.3.41

Figure 3.10. Destination of Children Discharged from Care during 2013/14



Source: Delegated Statutory Functions Return 10.3.42

Some 58% of children discharged from care during 2013/14 returned to live with their parents, 10% returned to live with other family, 10% were living with their former foster carers via the ‘Going the Extra Mile (GEM) Scheme, 10% were in Other Accommodation²³, 9% were adopted from care and 5% were living independently.

The GEM Scheme allows those aged 18 – 21 to live with their former foster carers promoting continuity in the living arrangements in post care life. The scheme ensures that appropriate and agreed levels of financial and other supports are available to assist carers to continue to meet the care, accommodation and support needs of these young people.

Respite Care

During the year ending 31 March 2014 there were 10,147 episodes²⁴ of respite care in Northern Ireland, this was an increase of 7% on the previous year. The largest proportion of respite episodes took place in the Northern (28%) and Southern Trusts (27%), 20% in the Belfast Trust, 14% in the Western Trust and 11% in the South Eastern Trust.

Respite care refers to either a series of short-term pre-planned or ad-hoc placements where a child moves temporarily from their carer in order to allow the child and/or carer a period of respite.

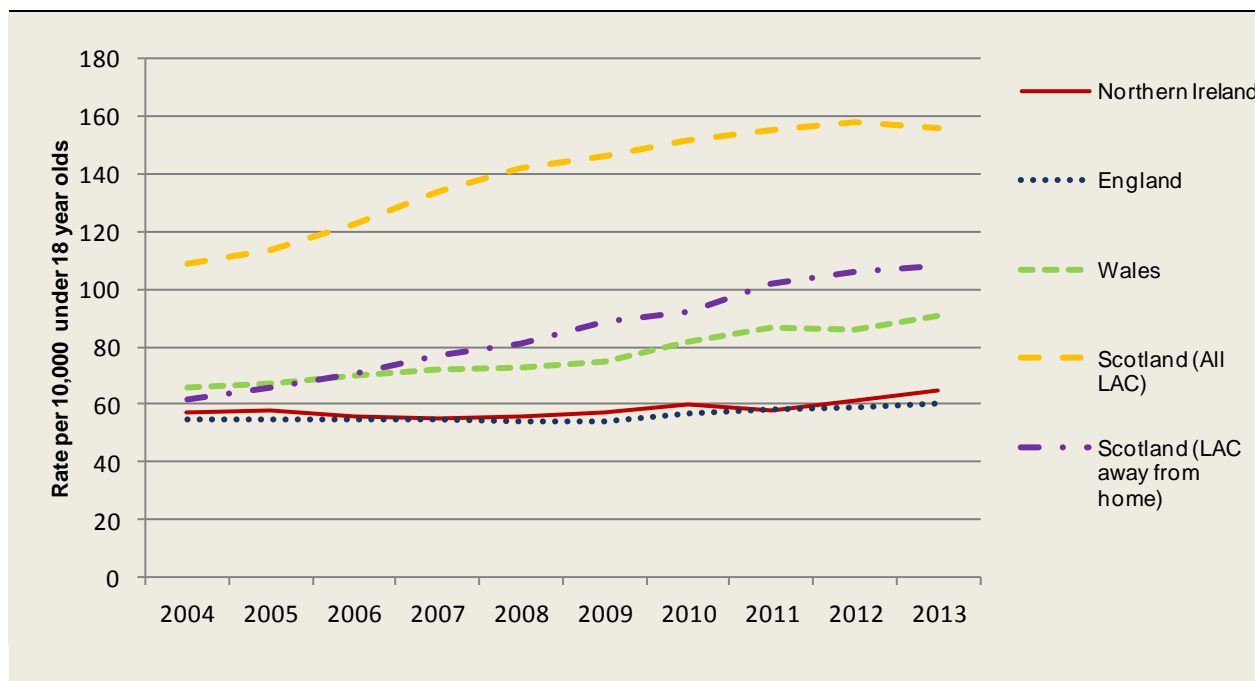
²³ ‘Other Accommodation’ includes Bed & Breakfast, Hostels, Supported Board and Lodgings, Prison, Hospital etc.
²⁴ An episode is a period of involvement with Social Services

UK Comparison of Looked After Children Statistics

Definitions of what constitutes a looked after child differs slightly across the different countries of the UK. The main difference being that in Scotland children looked after under a supervision requirement are considered to be in the care of their local authority, this is not the case in the rest of the UK. The result of this is that simply comparing the rates of looked after children leaves Scotland with much higher figures than the rest of the UK. The figure below therefore contains two trend lines for Scotland one with all looked after children and one excluding those in care under a supervision order.

The rate of looked after children in Northern Ireland has remained relatively steady between 2004 and 2013²⁵, and has been consistently on a par with that in England. Figures for all looked after children show that Scotland has a dramatically larger rate of looked after children in comparison to the rest of the UK. When excluding those looked after under a supervision order, Scotland had similar rates of looked after children as the other UK countries at the beginning of the period. However, since 2006, the rates in both Scotland and Wales have increased. While the rise in Wales has not been as marked as that observed in Scotland, it is still notably higher than the rates seen in Northern Ireland and England.

Figure 3.11. UK Comparison of Rate of Looked After Children per 10,000 children (2004 – 2013)



Sources: England – ‘Children Looked After in England (including Adoption and Care Leavers)’
 Wales – ‘Adoptions, outcomes and placements for children looked after by local authorities’
 Scotland ‘Children’s Social Work Statistics’

Note: Scotland publishes figures at 31 July. However to aid comparisons all figures above are at 31 March.

²⁵ As Scotland publishes figures relating to 31 July they will not publish figures for 2013/14 until 2015.

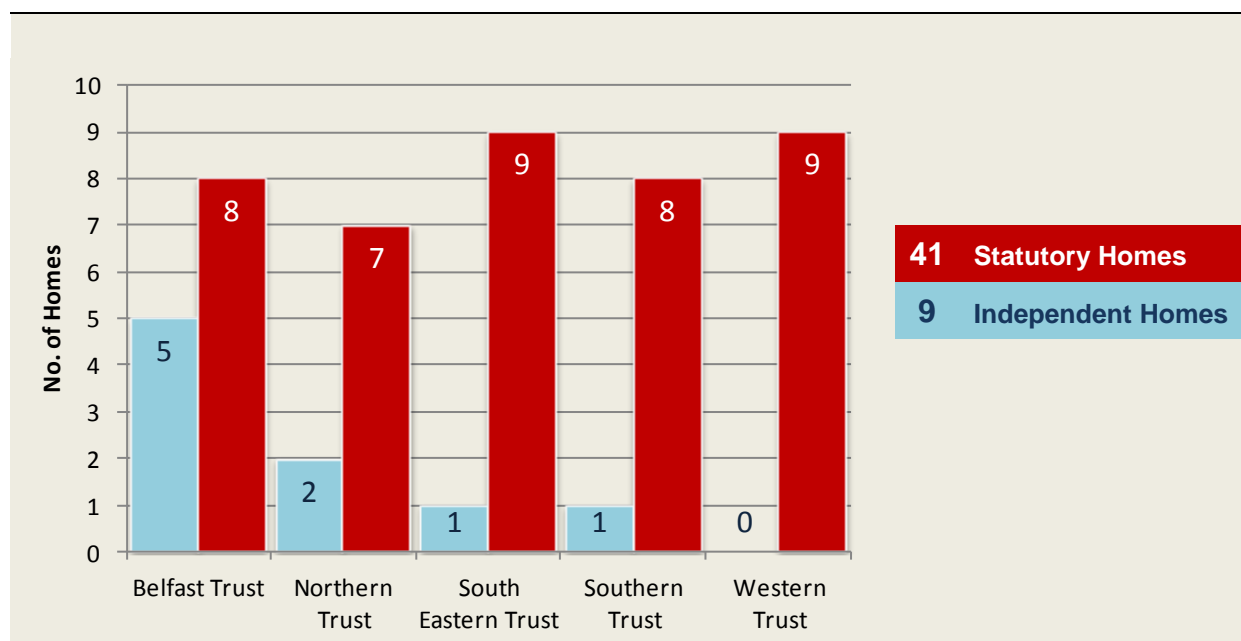
Section Four: Children's Residential Homes

Statutory and Independent Residential Homes

At 30 June 2014, there were 50 Children's Residential Homes in Northern Ireland, 41 homes were statutory and 9 were independent. Statutory homes provided 294 places at an average of 7 places per home, in comparison independent homes provided 58 places at an average of 6 per home.

The South Eastern HSC Trust had the highest average number of places per statutory home at 8, while the Southern Trust had the lowest average at 6. The Western Trust did not have any Independent Children's Homes; the Belfast Trust had the most with five independent homes, averaging 7 places per home. This is similar to previous years.

Figure 4.1. Number of Children's Homes by HSC Trust at 30 June 2014

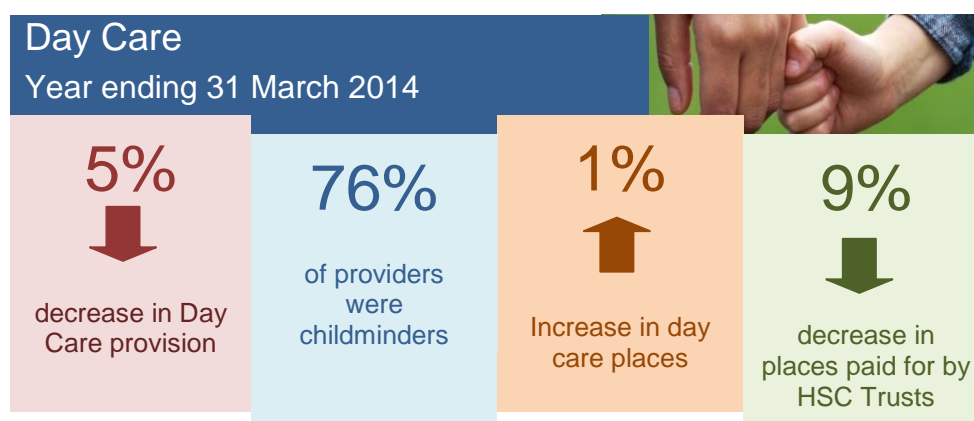


Source: Regulation and Quality Improvement Authority

Section Five: Children's Day Care

Key Findings

- At 31 March 2014 there were 5,082 people/facilities registered for day care provision for children aged 12 and under in Northern Ireland. This was a 5% decrease on the previous year;
- Similar to the previous year the majority of day care provision was provided by childminders followed by, in descending order, playgroups, day nurseries, out of school clubs and other organisations;
- At 31 March 2014 there were 56,140 registered places for day care in Northern Ireland representing a small increase of 1% on the previous year; and

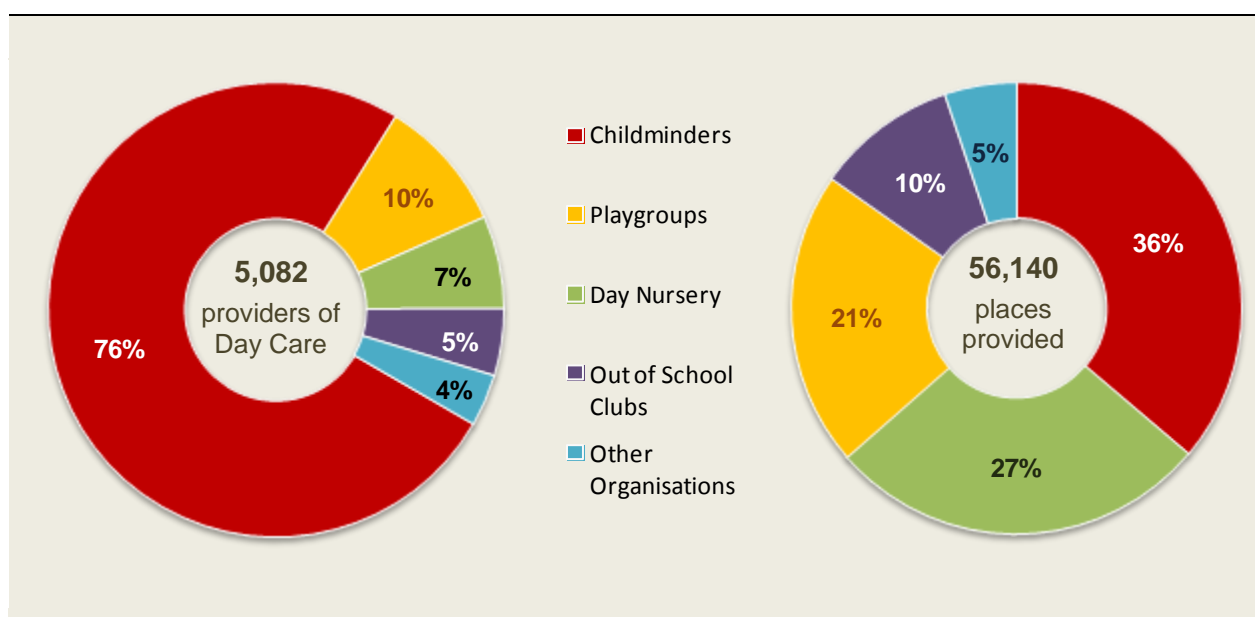


Please note that the Health and Social Care Board and the HSC Trusts have begun a data cleansing exercise in relation to day care data to ensure that all work streams and activity is captured.

Children's Day Care Provision in Northern Ireland

At 31 March 2014, 5,082 people or facilities were registered for the provision of day care for children under the age of 12 with HSC Trusts in Northern Ireland, providing 56,140 places. In terms of those providing day care this was a decrease of 5% on the previous year, however actual day care places rose 1% over the same period. This means that fewer providers were offering places for more children, in other words, that there were more facilities that could accommodate larger number of children.

Figure 5.1. Children's Day Care Provision by Provider and number of Places at 31 March 2014



Source: Delegated Statutory Functions Return 10.7.1

Note: 'Other Organisations' include crèches, summer schemes and two year old programmes.

Day care provision for children can be divided into five main categories; childminders, playgroups, day nurseries, out of school clubs and other organisations.

A childminder is someone who looks after children under the age of five or school age children outside school hours and in the holidays. They use domestic premises, usually their own home. This is a service often offered year round, with fees and conditions negotiated between the childminder and parents. At 31 March 2014, there were 3,837 childminders providing 20,311 day care places. This equated to three quarters of those providing day care services and a third of the places provided with an average of 5 child places per childminder.

Playgroups provide sessions (lasting no more than four hours) of care for children aged between three and five years old, offering learning experiences through structured play in groups. Most of these groups are run on a self help basis by groups of parents with some paid staff; they can also be run by Trusts or voluntary organisations such as the NSPCC.

Playgroups accounted for a tenth of all day care providers and a fifth of the total number of places available. In total there were 484 playgroups providing 11,915 places, an average of 25 places per playgroup.

Day nurseries provide care for children less than five years for the length of the working day. Children can attend on either a full-time or part-time basis depending on needs. Nurseries may be run by voluntary organisations, private companies, community groups or by employers for their workforce. There were 334 day nurseries in Northern Ireland at 31 March 2014 registered with HSC Trusts, offering 15,355 places. This meant an average of 46 places per nursery.

Some 5% of day care provision was made up of Out of School Clubs, providing 10% of all day care places. These clubs offer care for school age children from the end of the school day until a parent can collect the child. They can be run by a Trust, voluntary organisations or community groups. At 31 March 2014, 241 clubs provided 5,681 places; 24 places per club on average.

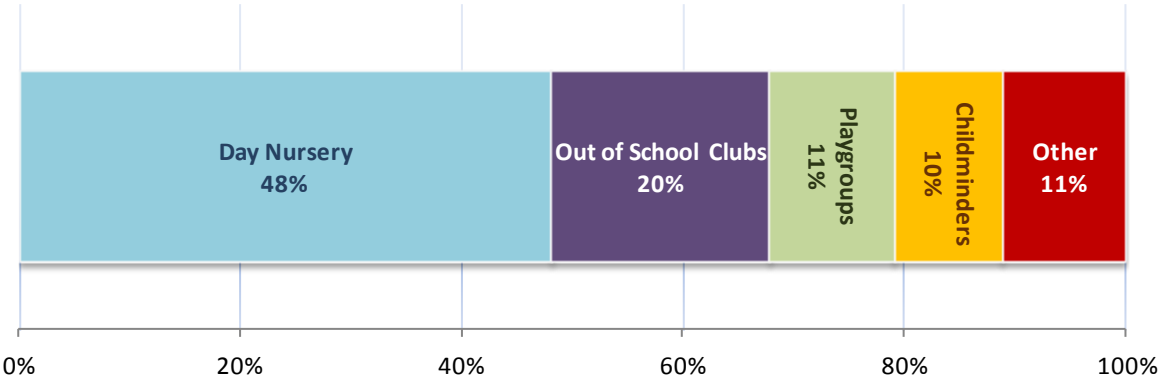
Other day care providers made up the least amount of providers and places with 186 providers and 2,878 places. As this is a variety of different types of provider an average number of places cannot be provided due to the different cohorts using their services.

HSC Trust Sponsored Places in Day Care

At 31 March 2014, HSC Trusts in Northern Ireland were sponsoring 695 places in day care for children. This was a decrease of 9% on the previous year. The Belfast Trust accounted for 75% of all sponsored places in day care; it was also the only Trust area that had an increase in the number of sponsored day care places in comparison to the previous year.

Places in day nurseries accounted for the largest proportion of sponsored places, followed by out of school clubs, playgroups, childminders and other day care providers.

Figure 5.2. Sponsored Day Care Places by Day Care Providers at 31 March 2014



Source: Delegated Statutory Functions Return 10.1.12

Appendix A - Technical Notes

Children's Social Care Statistics for Northern Ireland

'Children's Social Care Statistics for Northern Ireland', first published in 2012, provides a comprehensive series of data on the Children (Northern Ireland) Order 1995, replacing 'Children Order Statistical Tables for Northern Ireland' together with its companion publication the 'Children Order Statistical Trends for Northern Ireland,' which were first published in 2002 and 2005 respectively. Prior to this information was published in 'Key Indicators of Personal Social Services for Northern Ireland'. These publications can be found on the Department's [website](#).

Data Collection

The information presented in this bulletin derives from Children Order statistical returns and Health and Social Care Board Corporate Parenting returns provided by each of the five Health and Social Care (HSC) Trusts in Northern Ireland to the Health and Social Care Board (HSCB). The HSCB then supply this data to Community Information Branch (CIB) in the Department of Health, Social Services & Public Safety (DHSSPS).

Children Order and Corporate Parenting returns are aggregated statistical counts relating to Child Protection, Children in Need, Looked After Children and Day Care provision for children. Figures relate to 31 March 2014 and for the year ending 31 March 2014, and breakdowns are available by age, gender and other key variables, such as length of time in care and duration on the child protection register. Children Order and Corporate Parenting returns are described in detail in Appendix B.

Statement of Administrative Sources

Children Order and Corporate Parenting returns are derived from SOS CARE, which is the main administrative system used to support HSC Trusts in delivering social care services to children. A detailed 'Statement of Administrative Sources' is available on the Department's [website](#).

Data Quality

To ensure Children Order and Corporate Parenting returns are accurate, HSC Trusts have six weeks to update the main administrative system, SOS CARE, with relevant information before submitting to HSCB. When returns are received by Community Information Branch, checks are carried out to verify that information is consistent both within and across returns. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSCB for clarification and if required returns may be amended and/or re-submitted.

Children in Need figures; there is a difference in information taken from Children Order returns N1 and N2, respectively. N1 gives a figure based on the date a child was referred to Social Services, while N2 gives a figure based on the date a child's needs have been assessed. The difference between these figures is due to the fact that a referred child may not have their needs assessed before 31 March of the given year. Counts of children in need for some Trusts exclude children whose details are not recorded on SOS CARE.

The Southern HSC Trust resubmitted CPR 11 in October 2014 following a data cleansing exercise. These figures may differ from others previously published.

A detailed quality report for children's community statistics is available on the Department's [website](#).

Rounding Conventions

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100. A 0% may reflect rounding down of values under 0.5%

Disclosure Conventions

To prevent disclosure of the identity of individual children it has been necessary to suppress figures whenever it would be possible to calculate the value of a cell with a low count by means of simple arithmetic. The CIB policy statement on disclosure and confidentiality is available on the Department's [website](#).

Revisions Policy

These data are revised by exception. If this occurs the circumstances of the revision are reported on our website and the dates figures are revised are noted both on the website and within the publication. The full revisions policy for these and other community statistics is published on the Department's [website](#).

Data Changes

There is a great demand on HSC Trusts for children's social care information which puts a large strain on the HSC Trusts resources. Work has therefore been carried out in different sections (e.g. Child Protection) to streamline and combine information returns between the HSC Board and the DHSSPS to lessen the burden on the HSC Trusts.

The Children in Need "N-series" was established following the introduction of the Children (Northern Ireland) Order 1995. Since then there have been a number of changes to how the children's social service is delivered. Some of the N-series forms therefore no longer capture information that truly reflect the Children in Need activity and processes.

With the aim to improve the relevance of the data captured and to lessen the information burden on the HSC Trusts, the DHSSPS is working towards standing down the N-Series collection, and, together with HSCB, develop the Children in Need information captured through the Corporate Parenting / Delegated Statutory Functions (DSF) returns. This process has already resulted in the discontinuation of the returns N3, N3a, N4 and N5. The move to use the Corporate Parenting/DSF information will cause some discontinuation of information but it is expected that new information obtained will supply a more accurate reflection of the service.

Should you have any questions or comments on this process, please contact CIB.

cib@dhsspsni.gov.uk

Main Uses of Data

Data from the 'Children's Social Care Statistics' publication meets the information need of a wide range of internal and external users. Within DHSSPS figures from the publication are used by policy officials to monitor the volume of activity, Inter Agency working and reasons for referrals and to compare characteristics of children in need, looked after children and children on the child protection register, monitor any increase in the children in need population and monitor the impact of policy and to report on achievement against targets.

Related Publications

Statistics on similar themes to those detailed within this bulletin, published by other countries in the United Kingdom are outlined below.

A report titled '[Safeguarding children statistics: the availability and comparability of data in the UK](#)' was produced by the Childhood Wellbeing Research Centre in September 2011. It evaluates the data available across the United Kingdom relating to the safeguarding of children.

England

[Children looked after in England \(including adoption and care leavers\) year ending 31 March 2014](#)

[Characteristics of Children in Need in England 2012/13](#)

Wales

[Adoptions, outcomes and placements for children looked after by local authorities year ending 31 March 2014](#)

[Referrals, assessments and social services for children 2013/14](#)

Scotland

[Children's Social Work Statistics 2012/13](#)

Next Release

The next release of these statistics, for the year ending 31 March 2015, is scheduled for October 2015. The publication schedule for Health and Social Care statistics in Northern Ireland will be available from the DHSSPS [website](#).

Appendix B – Data Definitions

Children (Northern Ireland) Order 1995

The Children (Northern Ireland) Order was made on 15 March 1995. The Order deals with the care, upbringing and protection of children, including disabled children. It reforms, consolidates and harmonises most of the public and private law relating to children in a single coherent statutory framework along the lines of the Children Act 1989 in England and Wales.

Child

Under the Children (Northern Ireland) Order 1995, a child is defined as a person under the age of 18.

Children in Need Referral

A referral of a child to Social Services, regardless of the source of referral. A child may be referred several times over the course of a year.

Children in Need Episode of Involvement

An episode of involvement of a child with Social Services. There may be several episodes of involvement over a year or, alternatively, an episode may span more than one year. Where an episode of involvement commences in one year and closes in another, it is counted in the year in which the case opened.

Current Status of Children Referred

The status at 31 March of children referred during the year.

Inappropriate Referral: An inappropriate childcare referral to Social Services, referred back to referral source.

No further action required: Not required to allocate for full assessment of need due to the query being dealt with at referral stage, e.g. advice on social security, health and social services etc.

No further action taken: Unable to meet needs of the client referred, perhaps due to lack of skilled resources to deal with the case. Unmet need may be recorded. It is referred back to referral source with advice on outcome of initial assessment of referral.

Allocation for service/assessment: Upon initial assessment of referral, it is allocated to social services professional/team to carry out full assessment of need for client or for provision of a service.

Other: These are cases which are not allocated to one of the above categories, including cases awaiting a decision (pending cases).

Children in Need Initial Assessment

An assessment made soon after referral to determine the type of need, if any, and how best this need may be met.

Children in Need Categories

A child is considered to be in need if he/she falls into at least one of the following Children in Need categories.

Child subject to Child Protection investigation: Children will not normally be subject to a child protection investigation at the initial referral. However, this category should be recorded when the referral indicates child protection investigation is required and if/when this is confirmed by the initial assessment. Children will cease to be “in need” under this definition when the child protection investigation is complete. They may, however, continue to be “children in need” under any other of the definitional headings.

Child with a disability who may require social work service: Children with a disability are defined as those children who meet the definition agreed by the working group on children with a disability. To be accepted as a child in need the child must meet the disability definition and be likely to require social care services. Some children with disability will have their needs met by medical, educational, family and

social networks not requiring social care services involvement. The need for social care services will be established only after a full assessment.

Child for whom no one is exercising parental responsibility: This definition applies to children abandoned, or “out of home” on what initially appears to be a long-term basis i.e. there is no obvious individual or family who can immediately provide “parental” responsibility. After assessment the family may be able to offer appropriate care and the child would no longer be in need.

Child for whom the carer is temporarily unable to offer care for whatever reason: This definition applies to children who are normally well cared for by their carer(s) but the carer(s) is/are temporarily unable to exercise that care through illness, or unavoidable absence. In these cases there is no question over the carers normally discharging their responsibility.

A child whose carers require support and assistance in order that they might provide a reasonable standard of care: Many referrals illustrate a deficit in care but not sufficient to expose the child to risk of significant harm. In these circumstances the child’s needs for improved parenting can be achieved by offering the child and family support, for example, day care provision for a child under five whose carer is suffering mental health problems.

A child who is likely to experience significant emotional, physical or development impairment as a result of family breakdown without the provision of social care services: The level of breakdown of families is high but can be achieved in amicable separations without significant emotional, physical or development impairment to the child. If this is so the child is not in need. This category should only be used where:

- impairment can be predicted and
- is causally linked with the family breakdown and
- can be shown to be reduced by social care services

A child whose well-being is significantly prejudiced as a result of their behavioural, emotional, psychiatric or psychological disturbance, and may require social care services: This definition involves children whose well-being is damaged by their behavioural, emotional, psychiatric and psychological disturbance and could include drug and alcohol use, neurotic and psychotic conditions as well as emotional and behavioural problems such as “challenging behaviour” or “self harm”. However, these conditions are qualified by having to be of such severity as to “significantly prejudice the well-being of the child” thus recreational use of alcohol by older adolescents may be excluded. The need for social care services will have to be established by an assessment.

A child for whom their offending and its consequences are a significant feature of their life: Not all offenders will be “children in need” for the purposes of this definition. The nature of their offending (e.g. frequency, severity) and its consequences (e.g. response of the criminal justice system, impact upon the victim or community) should be a significant feature of their life.

A child whose welfare is, or is likely to be, significantly prejudiced as a result of homelessness: Families experiencing “homelessness” are the responsibility of the Housing Executive; however, a young person may be homeless and their welfare at risk. Such children will be in need.

A child ceasing to be looked after by a Trust

A child requiring Social Services support due to ceasing to be looked after by the Trust.

A child with caring duties which are significantly impairing or distorting their normal health, social or intellectual development: This category requires an assessment be made as to whether performing the duty “impairs or distorts the child’s normal development”. Thus the burden of daily care may involve activities appropriate to the age of the child but distort the child’s opportunity for normal age related education and leisure.

Religion

Roman Catholic: Refers to anyone of the Roman Catholic faith.

Presbyterian: Refers to all stating their denomination to be Presbyterian. Include here also Church of Scotland but exclude all other groupings with ‘Presbyterian’ in their title, e.g. Free Presbyterian, Non-subscribing Presbyterian, etc. These groups are recorded under ‘Other denominations’.

Church of Ireland: Refers to all stating their denomination to be Church of Ireland.

Methodist: Refers to all stating their denomination to be Methodist.

Other Denominations: Refers to all other Christian and non-Christian denominations and faiths.

None: 'None' refers to those with no religious persuasion.

Refused/Unknown: Refers to those who refuse to give details of their religious affiliation or whose religious affiliation cannot be established.

Ethnic Group

White: 'White' refers to all white or olive skinned people from Europe, North Africa, Middle East, the Americas and Australasia.

Chinese: 'Chinese' refers to all those belonging to the Chinese ethnic group, originating from mainland China, Hong Kong, Singapore, Taiwan and Malaysia.

Traveller: 'Traveller' refers to persons sometimes known as gypsies or itinerants but excluding New Age Travellers. The term applies to those who travel from place to place, are temporarily based on a traveller site or who are settled in permanent accommodation on a traveller site.

Indian: 'Indian' refers to those from the Indian sub-continent, i.e. India, Pakistan and Bangladesh.

Black: 'Black' refers to Black Africans, Afro-Caribbeans, and African Americans.

Others: 'Other' refers to those other ethnic groups. Included here are those from Malaysia (other than Chinese), Vietnam, Japan, etc.

Refused/Unknown: Refers to those who refuse to give details of their ethnic group or whose ethnic group cannot be established.

Child Protection Register

A register must be maintained by each Trust listing every child in the Trust area who has been abused or who is considered to be at risk of abuse, and who is currently the subject of a child protection plan.

Child Protection Registration

Registration is the placement of a child on to the Child Protection Register. Where a child has moved on or off the Register several times during the year each registration is recorded.

Child Protection Deregistration

Deregistration is the removal of a child from the Child Protection Register. Where a child has moved on or off the Register several times during the year each deregistration is recorded.

Child Protection Re-registration

Re-registration is the placement on to the Child Protection Register of a child who has already been on the register, irrespective of the date of their first registration on the Register.

Child Protection Referral

Child protection referrals are those referrals for which the initial assessment indicates that there may be child protection issues. The threshold for action should be the allegation or suspicion of child abuse. However the balance needs to be struck between taking action designed to protect the child from abuse while at the same time avoiding unnecessary intervention. Except in emergency situations or urgent cases when immediate protective action is required, referrals will require preliminary discussion with other professionals from the child protection agencies and with the referrer. In some cases it will be necessary to seek specialist opinion.

In some cases action other than a formal investigation will be decided upon following the consultation process. This might include the provision of support for the family. Such a decision should be discussed and agreed with a social worker in consultation with the team leader or supervisor; and recorded and communicated to senior management.

The definition is not taken to mean all referrals, as some may require action such as advice or family support rather than child protection procedures.

Child Protection Investigation

The purpose of an investigation is to establish whether a Trust should make an application for a court order or exercise any of its other powers, for example the provision of services under Part IV of the Children Order.

Protocol Not Appropriate: this option used when a Principal Social Worker or above makes the decision that the threshold for a case conference has been met. Article 66 of the Children (Northern Ireland) Order 1995, places a duty on the Health and Social Care Trusts to investigate whether a child is suffering or likely to suffer 'significant harm'. Child abuse, whether sexual, physical, emotional or neglect, may result in significant harm and Social Services have a duty to investigate. There may be cases of poor parenting and situations that may have an innocent explanations which need not be criminalised by involving Police from the outset.

Category of Abuse for Child Protection Registration

The category of abuse under which a child is registered will have been decided upon at the child protection conference, when agreement was reached that registration was necessary. If a child suffers multiple abuses, this should be recorded against the main category of abuse. The abuse may be potential, suspected or confirmed, although the terms 'actual' or 'likely' occur. Potential and suspected equate with 'likely' and confirmed with 'actual'. The categories are:

- | | |
|---|------------------------------------|
| 1. Neglect, Physical Abuse and Sexual Abuse | 10. Main category - sexual abuse |
| 2. Main category - neglect | 11. Physical and Sexual Abuse |
| 3. Main category - physical abuse | 12. Main category - physical abuse |
| 4. Main category - sexual abuse | 13. Main category - sexual abuse |
| 5. Neglect and Physical Abuse | 14. Neglect (only) |
| 6. Main category - neglect | 15. Physical Abuse (only) |
| 7. Main category - physical abuse | 16. Sexual Abuse (only) |
| 8. Neglect and Sexual Abuse | 17. Emotional Abuse (only) |
| 9. Main category - neglect | |

Neglect: The actual or likely persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold or starvation, or persistent failure to carry out important aspects of care, resulting in significant impairment of the child's health or development, including non-organic failure to thrive.

Physical Abuse: Actual or likely deliberate physical injury to a child, or wilful or neglectful failure to prevent physical injury or suffering to a child including deliberate poisoning, suffocation or Munchausen syndrome by proxy.

Sexual Abuse: Actual or likely sexual exploitation of a child or adolescent. The child may be dependent and/or developmentally immature.

Emotional Abuse: Actual or likely persistent or severe emotional ill-treatment or rejection resulting in severe adverse effects on the emotional, physical and/or behavioural development of a child. All abuse involves some emotional ill-treatment. This category should be used where it is the main or only form of abuse.

Legal Status

The legal framework for compulsory intervention in the care and upbringing of children. If more than one legal status is indicated or in force for the child at 31 March, the latest one only is recorded.

Emergency Protection Order (Article 63 & 64): An Emergency Protection Order (EPO) is intended for use in urgent cases to protect a child in the short-term. Almost anyone with a concern can apply for an EPO, although in most circumstances a Trust will seek one. Where the applicant is a Trust or the NSPCC they must show that in the course of fulfilling their duty to investigate they are being

unreasonably frustrated in gaining access to the child. Anyone else applying for an EPO they must show that the child is likely to suffer significant harm unless removed to, or allowed to remain, in a safe place.

An EPO last for eight days but can be extended on one occasion for a further seven days. An application to discharge the order cannot be made within the first 72 hours giving a Trust sometime to decide what actions to take in respect of the child. The person to whom the order is addressed also gains parental responsibility for the child for the duration of the order.

Accommodated (Article 21): Children with this legal status have been accommodated by a HSC Trust if there is no one who has parental responsibility for them, they have been lost or abandoned or of the person who has been caring for them has been prevented, for whatever reason, from providing them with suitable accommodation or care. Children are often accommodated with the permission of their parents.

Care Order (Article 50 or 59): A Care Order accords the HSC Trust parental responsibility and allows for the child to be removed from the parental home. This does not extinguish the parental responsibility of the child's parents but means that they cannot exercise this responsibility while the Care Order is in place. In for a Court to make a Care Order it must be satisfied that the child is suffering or is likely to suffer significant harm and that the harm or likelihood of harm is attributable to, the care given to the child, or likely to be given to the child, not being what it would be reasonable to expect a parent to give or the child being beyond parental control.

Interim Care Orders (Article 57): An Interim Care Order is put in place following an adjournment of proceedings for a Care Order or in any family proceedings in which a Court orders a Trust to investigate the circumstances of a child. An Interim Care Order can be in place for up to eight weeks initially and for a further four weeks upon renewal and subsequent occasions that Court deems an Interim Order necessary.

Supervision Order: This order requires the Trust to advise, assist and befriend the supervised child and can only be granted if the same threshold conditions that apply for Care Orders are met. This Order does not give the Trust parental responsibility. It does allow a social worker to issue directions about the child's upbringing including place of residence and involvement in certain programmes. Schedule 3 of the Children Order sets out the full range of matters that may be addressed in a Supervision Order.

Interim Supervision Orders (Article 57): An Interim Supervision can be put in place following an adjournment of proceedings for a Supervision Order or in any family proceedings in which a question arises with respect to the welfare of any child, it appears to the court that it may be appropriate for a supervision order to be made with respect to him, the court may direct the appropriate authority to undertake an investigation of the child's circumstances.

Looked After Child

A child is looked after by an Authority if he or she is in their care or if he or she is provided with accommodation for a continuous period of more than 24 hours by the authority in the exercise of its Social Services function.

Placements

Residential Care: Residential care refers to care which takes place in statutory, voluntary or private children's homes.

Foster Care: Foster care includes children fostered either with relatives or with persons who are not related to the child.

Kinship Carer: 'Kinship carer' means a relative, friend or other person with a prior connection with somebody else's child, who is caring for a looked after child full time. An individual who is a "connected person" to a looked after child may also be a kinship carer. A 'connected person' means a relative friend or other person connected with the child. This may be someone who knows the child in a more professional capacity such as a childminder, a teacher or a youth worker although these are not exclusive categories. A wider definition of kinship care exists and relates to the care of children who are not 'looked after' but are being cared for by family and friends."

Placed with parent: This refers to children for whom a Care Order exists and who are placed with their parents, a person who is not a parent but who has parental responsibility for the child or where a child is in care and there was a Residence Order in force with respect to him/her immediately before the Care Order was made, a person in whose favour the Residence Order was made.

Independent living: Independent living refers to any young person being looked after by an authority, who moves from his/her placement to live independently within the community before he/she is 18 years of age. Do not count changes of placement or change of legal status within care as a re-admission, or children being looked after for respite care.

Respite Care

This term refers to either a series of short-term pre-planned or ad hoc placements, where a child moves temporarily from his/her carer (i.e. foster care, residential care, family etc) in order to allow the child and/or the carer a period of respite. The move could, in ad-hoc situations, involve a change of placement (e.g. foster care to residential care) or the child could remain within the same placement type (e.g. foster care to foster care). Children could also move from a family placement to another placement type for respite care.

Where respite care is pre-planned, within the same placement (note: placement rather than placement type must remain constant), no single period of respite should be for a duration of more than four weeks and the total duration of the periods of respite should not exceed 90 days in any one year (to comply with Regulation 11 of the Review of Children's Cases Regulations (NI) 1996).

As a general rule of thumb, if a social worker regards the short-term placement of a child as being "for respite", either to benefit the child or the carer(s), then this should be recorded on the appropriate return.

Placement is recorded as first placement during the financial year.

Day Nursery Services

Day nurseries look after children under five years old for the length of the adult working day. They can be run by voluntary organisations, private companies, community groups or employers in the public or private sectors for their workforce. Children will attend part-time or full-time depending on their needs.

Childminders

Childminders look after children aged under five years and school aged children outside of school hours and in the holidays in domestic premises, usually the home of the childminder. This is a service offered all year round for the full adult working day. Parents and childminders negotiate the terms and conditions.

Playgroups

Playgroups provide session care for children between three and five years of age, in some exceptional cases they may accept younger children. They aim to provide learning experiences through structured play. Most playgroups are run on self-help basis by groups of parents with some paid staff. Some of these groups will be run by HSC Trusts or voluntary organisations such as the NSPCC. Some of these groups may be referred to as opportunity groups which cater for children with special needs. Playgroup sessions last no longer than four hours.

Out of School Clubs

These clubs care for school age children from the end of the school day until the parent can collect their child. Some clubs may also care for children before school. These clubs are not open access. Children will be escorted to the club by a responsible person and may not leave until they have been collected by a parent or person with parental responsibility. These clubs may be run by Trusts, voluntary organisations, community groups or privately.

Additional Information

Further information on Children's Social Care Statistics for Northern Ireland 2013/14 is available from:

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