

## Children in Need

### Introduction

If services are working well, the majority of children in Bedford Borough will be supported through universal services. Those that need additional input will be supported through a range of early help services. Where there are more complex needs, help may be provided under Section 17 Children Act (children in need) and where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) local authorities must make enquiries and decide if any action must be taken under Section 47 Children Act 1989.

Under Section 17 (10) of the Children Act 1989, a child is a 'Child in Need' if:

He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;

His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or

He/she is a Disabled Child.

The Marmot Review of Health Inequalities (Marmot, 2010) highlighted a real challenge to improving the health and wellbeing of children and young people: there is a social gradient in health, meaning the lower the social position, the poorer the health outcomes. This gradient in health outcomes is much steeper than it need be and takes effect from a very early age. Such health inequalities arise not only from family income or the quality of health services, but also from the wider social determinants of health, including: educational attainment, early childhood development and environmental factors like poor housing and a lack of access to green space.

Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. (Working Together, 2015)

### What do we know?

#### Facts, Figures, Trends

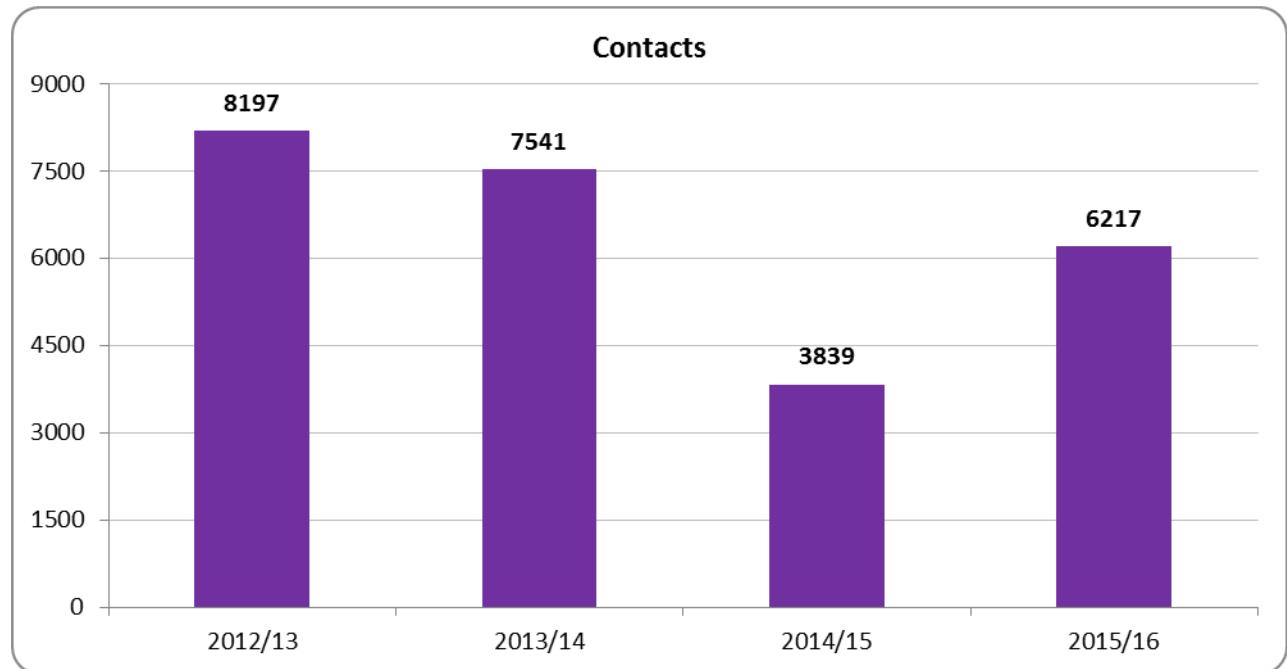
##### 1. Initial Activities

**a) Contacts**

During 2015-16 there were 6,217 contacts received by children's social care teams. A contact is information about a child that is living in our area.

Many children about whom there is a contact are best supported by universal or targeted services. However, for some children the level of concern or complexity of need requires more specialist social work intervention. If the concerns are such that Social Care intervention is necessary, the contact is treated as a referral for an assessment of the child and family's needs to be undertaken..

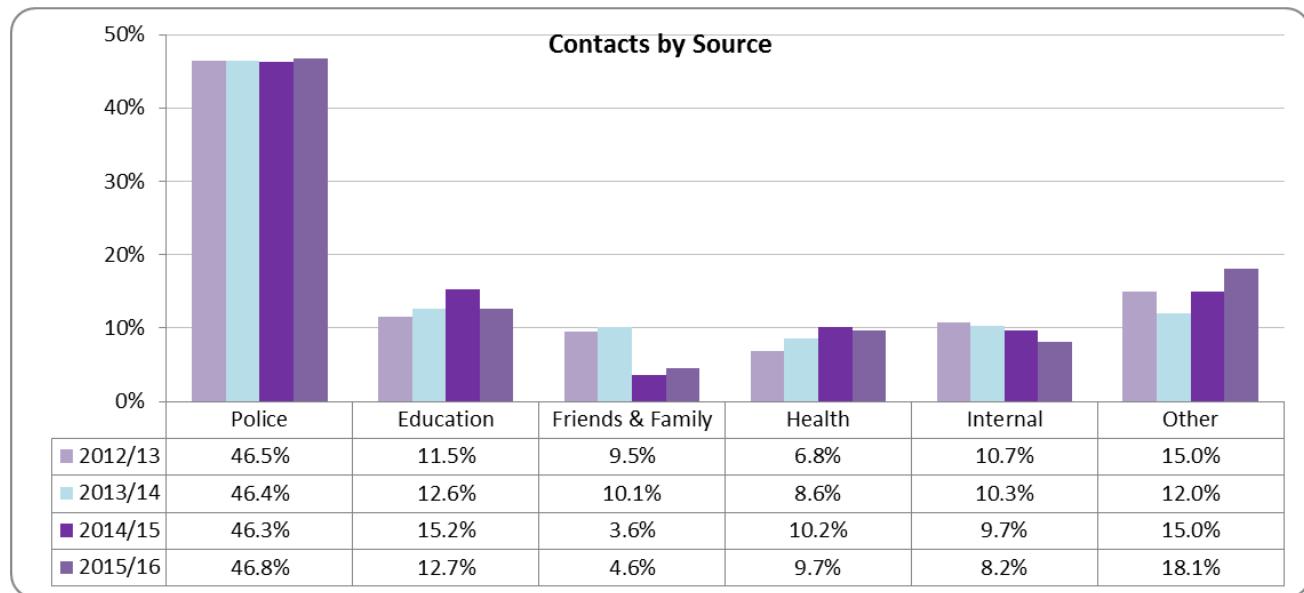
Figure 1: Contacts:



### b) Contacts by source

During 2015-16 a significant amount of Contacts were received from Bedfordshire Police (46.8%), this is in-line with previous years. There was been a small percentage drop in contacts from Education during 2015-16.

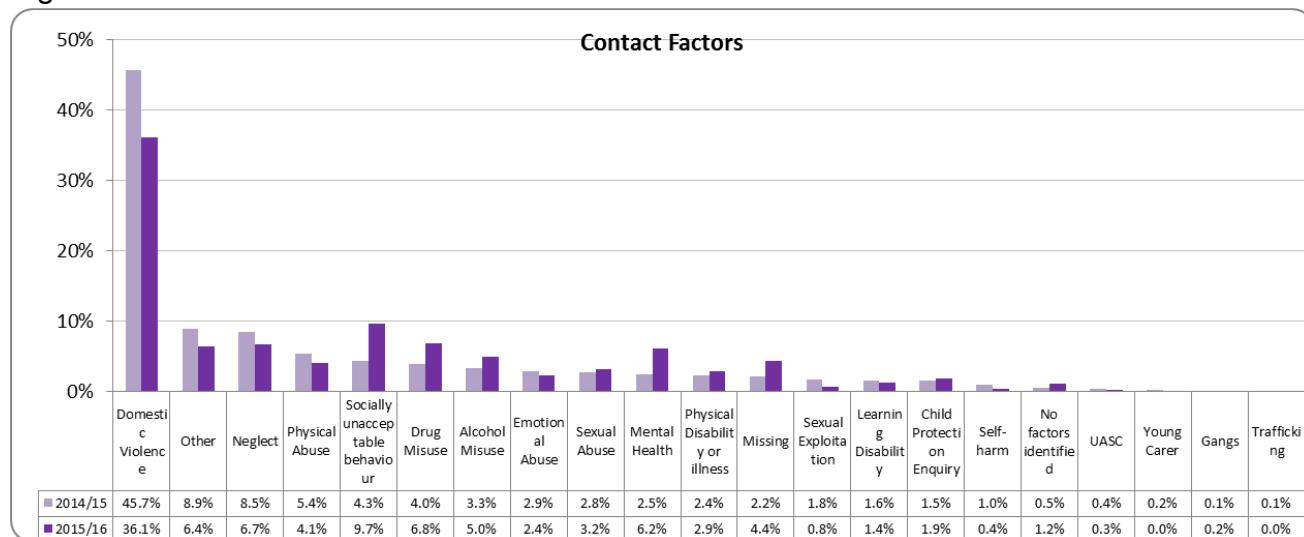
Figure 2: Contacts by source:



### c) Contact Factors

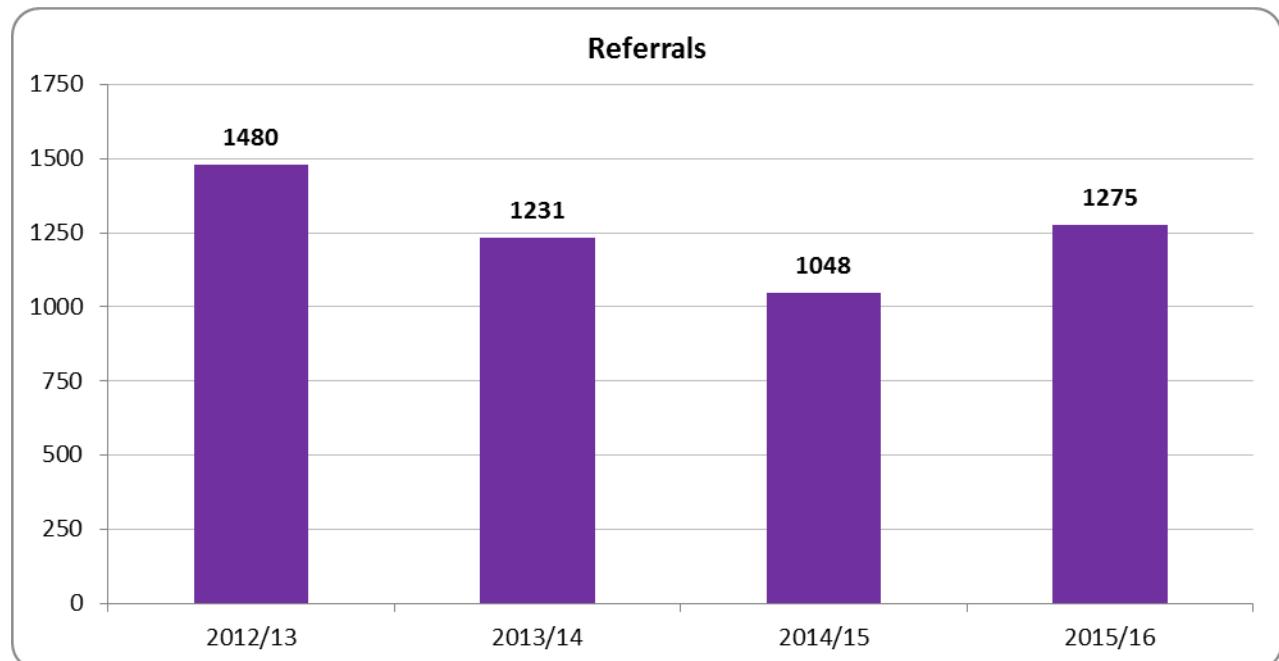
Contact factors were introduced from 2014-15, therefore there is only one year's comparative data. Domestic Violence however continues to be the most significant factor present in 36.1% of contacts although this is a drop from last year's percentage which was 45.7%.

Figure 3: Contacts Factors:



## 2. Referrals

Figure 4: Referrals:

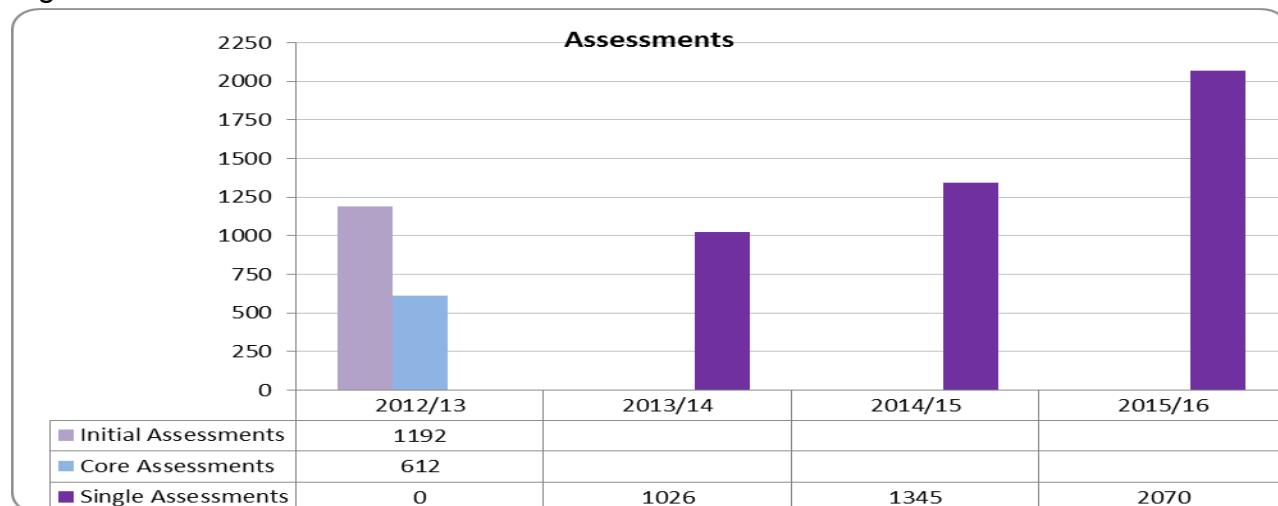


During 2015-16 there were 1,275 referrals received by children's social care teams, this represents a significant increase compared to 2014-15 and is now more on line with previous years. Most children who are referred to Social Care will be subject of a Single Assessment.

### 3. Assessments

There were 2070 single assessments completed by children's social care teams during 2015/16. Following the adoption of the 'Single Assessment' in 2013-14 the resultant data does not align with the previous Single/Core Assessment model and is not therefore comparable until the year 2013/14. The expectations of a Single Assessment are set out in the statutory guidance, Working Together (2015). The following graph illustrates that the number of assessments undertaken each year over the past three years has significantly increased year on year.

Figure 5: Assessments:

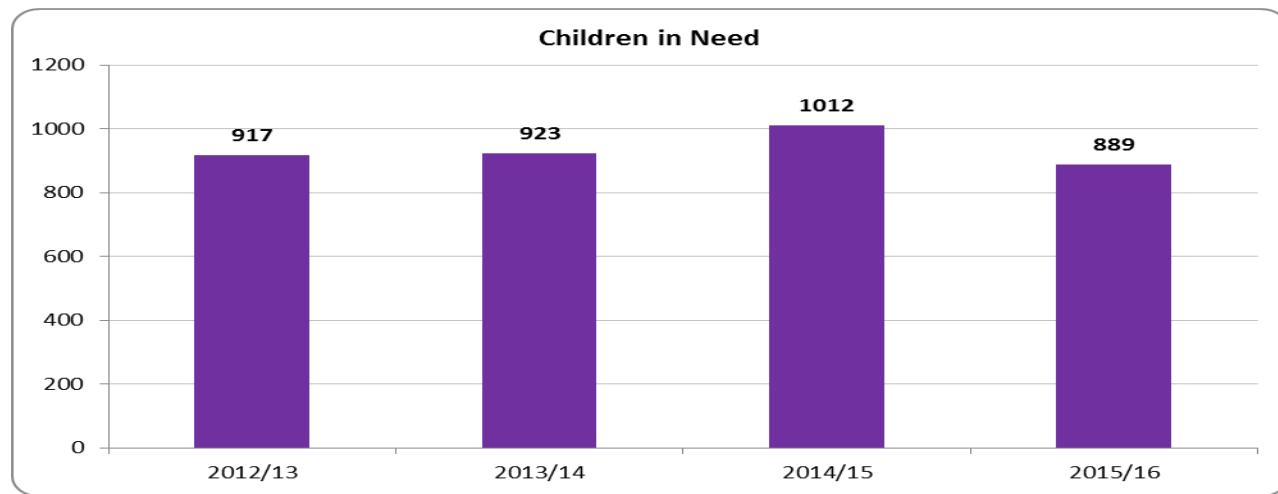


### 4. Children in Need

#### a) Children in Need

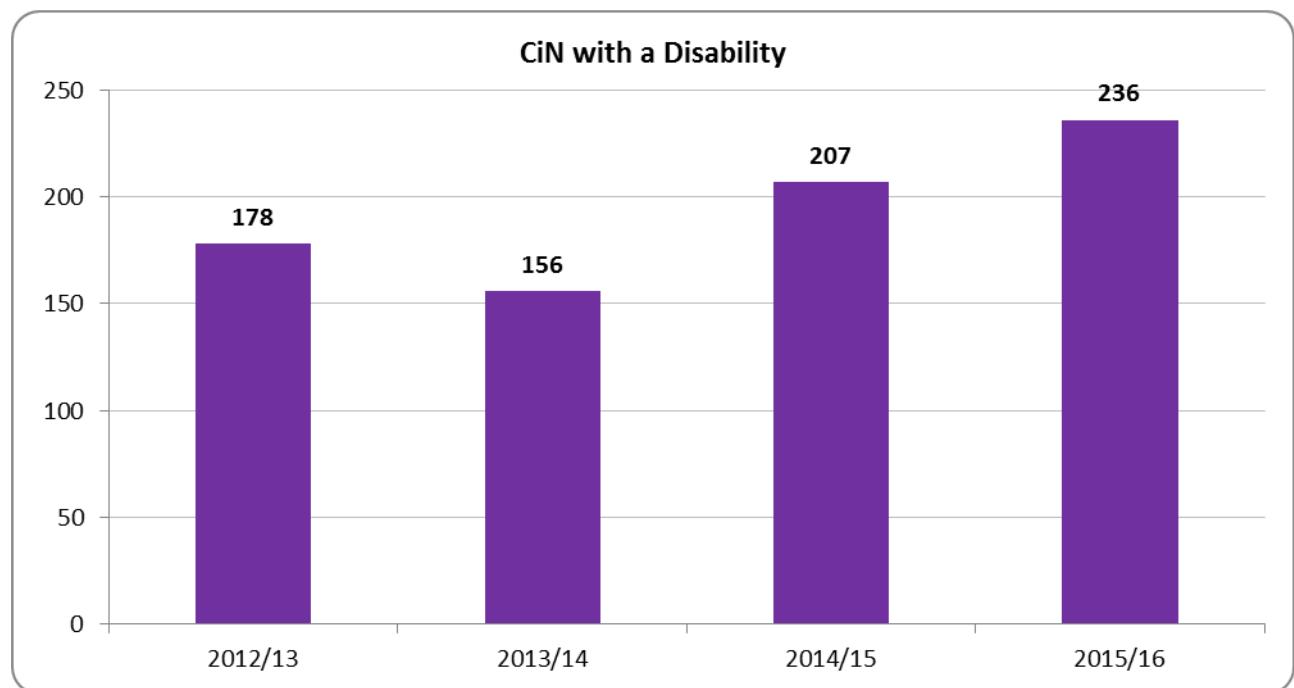
Whilst the volume of Contact and Referral and assessment activity has increased during 2014-15 the actual number of children in need at 31<sup>st</sup> March 2016 represented a significant decrease compared to the previous year from 1012 in 2014/15 to 889 in 2015/16.

Figure 6: Children in Need



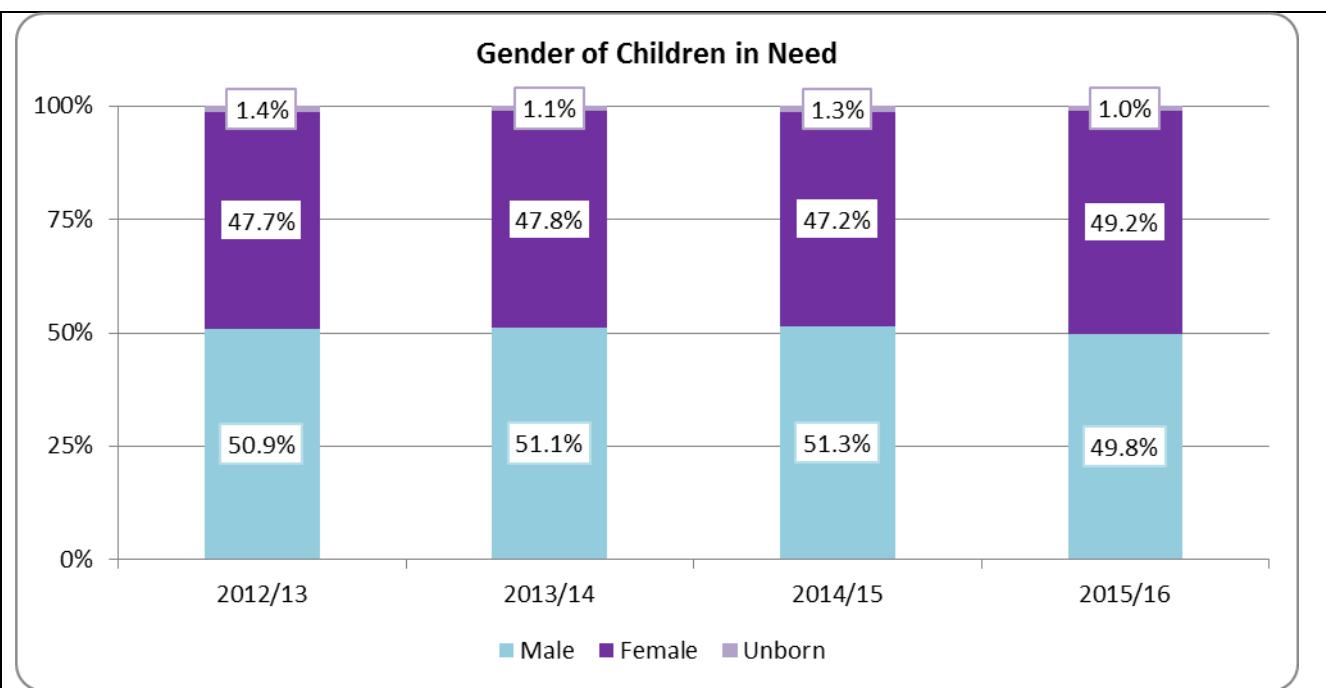
**b) Children in Need with a Disability**

Numbers of children in need recorded as having a disability have steadily increased in the past three years. Figure 7: Children in Need with a Disability:

**c) Gender of Children in Need**

The gender split of children in need has roughly remained the same over the past four years with males being the slight majority in receipt of child in need services.

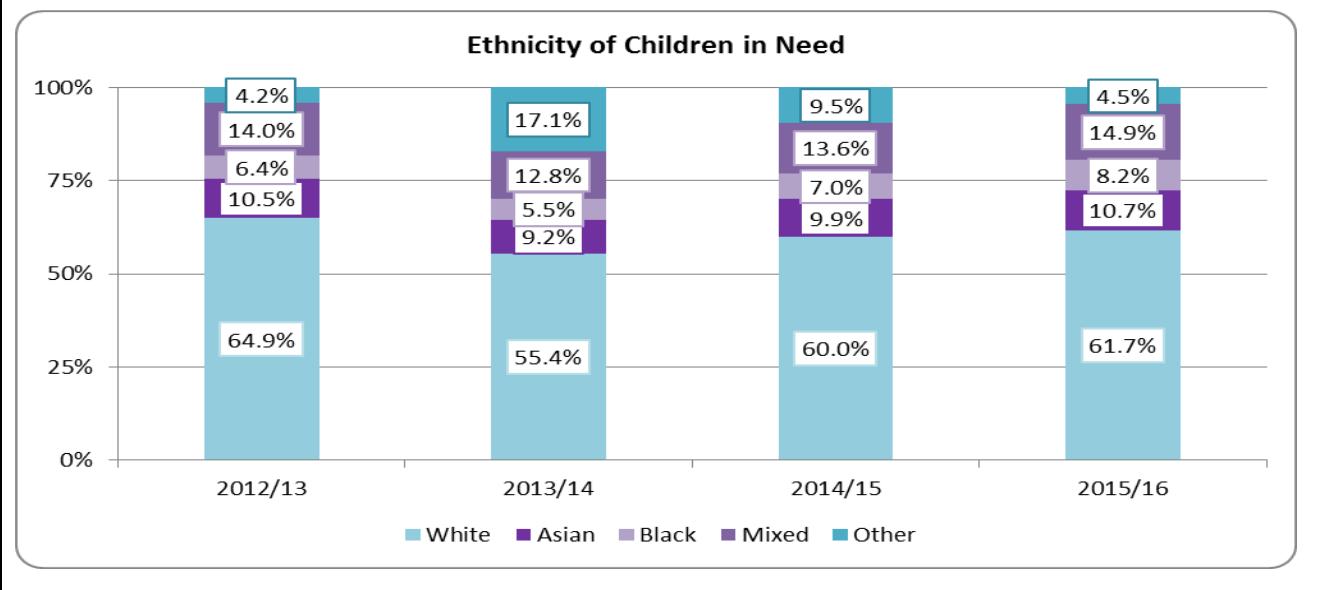
Figure 8 Gender of Children in Need:



#### d) Ethnicity of Children in Need

The ethnicity of children in need has shown slight increases in all groups of children from aside from the 'other' category, where there has been a slight reduction. This is likely to be due to improved data quality. Elsewhere, the previous four years has not shown significant change in the Asian, Black and Mixed groupings. The latest data available for the Borough's BME population is from the 2011 census, where 28.5% of the total population were from BME backgrounds. As at 2011 the BME population was on the increase compared to previous years. BME children in need represented 38.3% of the children in need population as at 2016.

Figure 9: Ethnicity of Children in Need

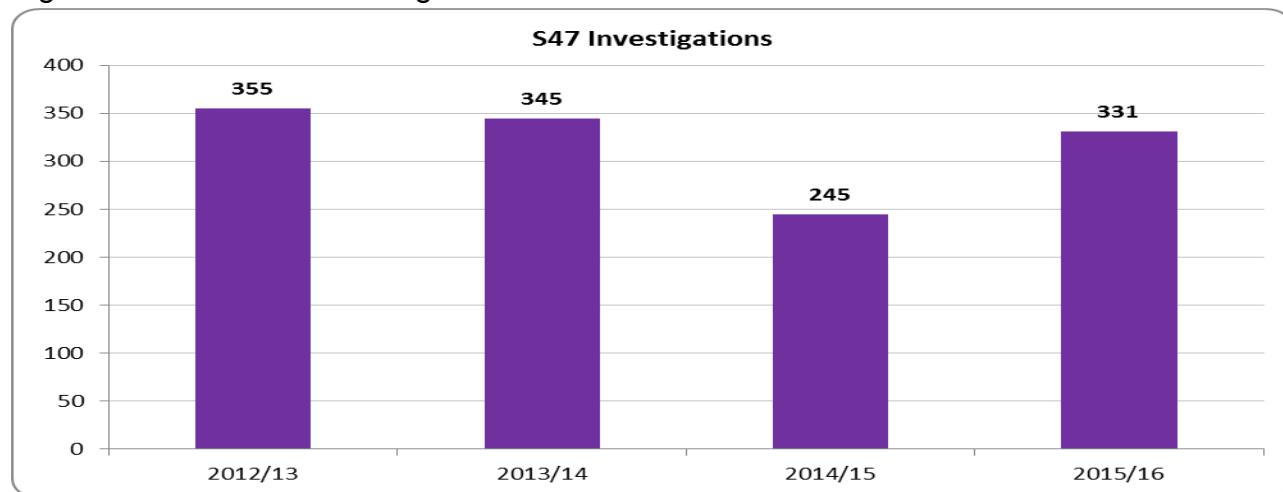


## 5. Child Protection

### a) Section 47 investigations

Where there is child protection concern, a social worker will undertake enquiries under Section 47 Children Act 1989. During 2015-16 there were 331 Section 47 enquiries undertaken by children's social care teams, representing a significant increase compared to 245 in 2014-15.

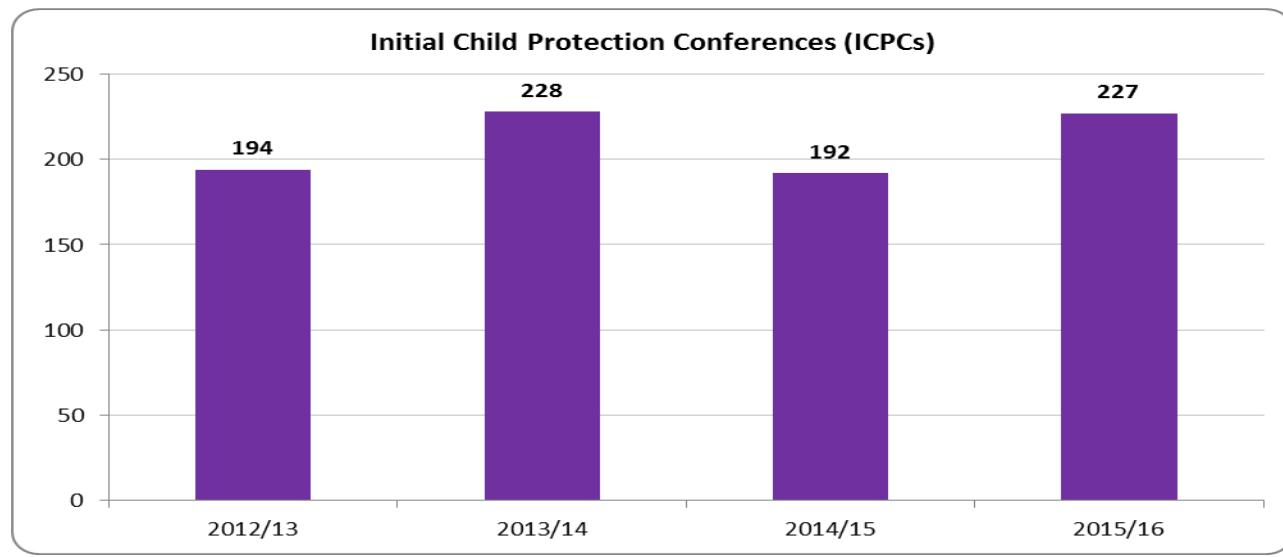
Figure 10: Section 47 investigations



### b) Initial Child Protection Conferences (ICPCs)

If child protection enquiries identify that there is risk to a child that requires management through the multi-agency child protection process, an Initial Child Protection Conference will be convened. During 2015-16 there were 227 Initial Child Protection Conferences (ICPCs) held, this represents an increase from the previous year.

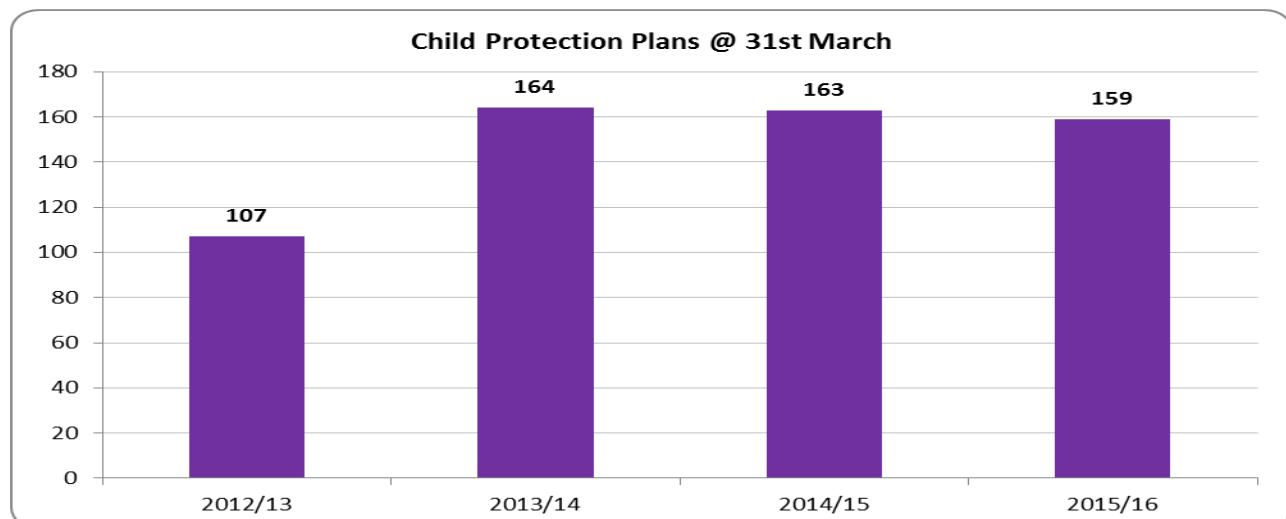
Figure 11: Initial Child Protection Conferences:



### c) Number of Child Protection Plans

The number of children subject of a Child Protection Plans has remained stable, and this is likely to be due to children being subject to Child Protection Plans for shorter periods of time.

Figure 12: Child Protection Plans:



### National & Local Strategies (Current best practices)

A Multi Agency Safeguarding Hub was established in Bedford in February 2014 and this was further developed and enhanced during early in 2015. Since February 2015 representatives from the local authority, police and health have been co-located to ensure a more robust first point of contact.

The Early Help Strategy was trialled and launched in 2015 and the new Early Help offer is ensuring greater support to children who do not require intervention from Social Care.

A review of thresholds with partner agencies took place in the Summer of 2015 and a new Thresholds Document was been launched. This has enabled a greater understanding of appropriate interventions with children and their families.

#### What is this telling us?

#### What are the key inequalities?

Data quality has improved in gathering statistics on ethnicity of children.

## What are the unmet needs/ service gaps?

Continued progression of the Children's Services Improvement Plan.

### **Recommendations for consideration by organisations i.e. BCCG, General Practices, Local Authority, Public Health and other providers e.g. SEPT, Bedford hospital**

Improve multi-agency responses to children who go missing from home and care.

### **This section links to the following sections in the JSNA:**

- Looked After Children

### **References**

The Marmot Review (2010) Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010. Available at:

The Munro Review of Child Protection: final report, A child centred system (2011), Department for Education, The Stationery Office. Available at: <http://www.official-documents.gov.uk/document/cm80/8062/8062.pdf>

Working Together to Safeguard Children (2015), Department for Education. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)