

INFORMATION  
ANALYSIS  
DIRECTORATE



# Children's Social Care Statistics



## for Northern Ireland 2014/15



Department of  
**Health, Social Services  
and Public Safety**  
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## A National Statistics Publication

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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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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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**Data tables can be downloaded from:**  
[www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm](http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm)

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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 (HSC) 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 433,161 children living in Northern Ireland<sup>1</sup>. At 31 March 2015, about 24,000 of these were known to Social Services as a child in need. Furthermore, 1,969 were on the Child Protection Register and 2,875 were children in care of the HSC Trusts (a looked after child).

Considerable resources go into safeguarding children. Just over £200m is spent annually on family and child care within Personal Social Services in Northern Ireland<sup>2,3</sup> and 1,997 Social Service staff employed are specifically graded as Child and Family Care social workers<sup>4</sup>. Many other work groups would also be involved in children's social care, such as managerial and administrative teams, multidisciplinary teams and staff in different residential settings. In

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<sup>1</sup> Mid Year Estimate 2014 (NISRA 2015)

<sup>2</sup> Trust Financial Returns (TFR P), 2013/14, Family and Child Care Programme of Care (PoC3)

<sup>3</sup> 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 6

<sup>4</sup> Northern Ireland Health and Social Care Workforce Census (31 March 2015), DHSSPSNI

addition, the Courts and educational system could also be involved in many aspects of children’s social care.

	31 March 2015		
	Rate per 10,000 child population		
	Children in Need	Child Protection Register	Looked after children
Belfast HSC Trust	757.0	50.4	97.9
Northern HSC Trust	466.2	46.5	62.5
South Eastern HSC Trust	462.6	46.7	57.5
Southern HSC Trust	483.9	43.2	49.8
Western HSC Trust	642.3	40.3	70.6
Northern Ireland	550.2	45.5	66.4

Source: Delegated Statutory Functions / Corporate Parenting Returns  
Mid Year Estimate 2014 (NISRA 2015)

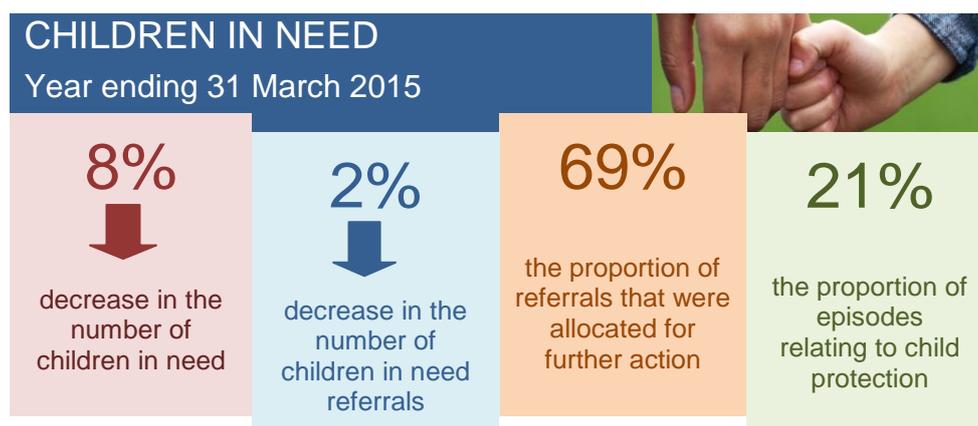
This bulletin presents the latest figures on children in need, the Child Protection Register and looked after children, as well as information on residential homes and day care provision. It is however worth noting that not all children who are abused or neglected are known to services; for every child 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 maltreatment<sup>5</sup>. This and new ways of harming and abusing children (e.g. through internet or trafficking) provide serious challenges to protecting children.

<sup>5</sup> Source: “How safe are our children” (NSPCC 2013)

# Section One: Children in Need

## Key Findings

- At 31 March 2015, 23,834 children in Northern Ireland were known to Social Services as a child in need;
- Some 38,418 children were referred to Social Services during 2014/15, the largest proportion of referrals were received from the police (26%) followed by Social Services (22%);
- Of the children referred to social services, a quarter (26%) had their needs met at the time of referral whereas 69% 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 (76%), 21% related to child protection investigations and 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:

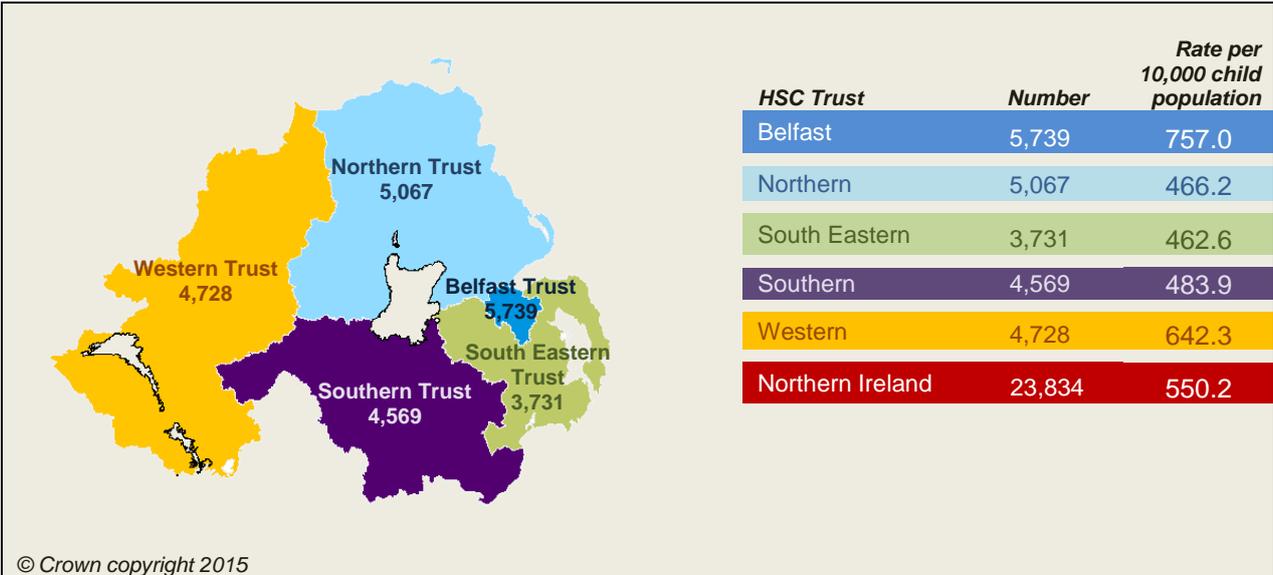
- a) he or she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by an authority;
- b) his or her health or development is likely to be significantly impaired, or further impaired 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 2015, 23,834 children in Northern Ireland were known to social services as a child in need<sup>6</sup>. This represented 550 children per 10,000 child population. The Belfast Health and Social Care (HSC) Trust had the highest proportion of children in need. Taking into account the size of the Trusts’ child populations in general, the Belfast and Western HSC Trusts 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 2015 was eight percent lower than in 2014 when there were 25,998 children in need. This decrease was mainly down to a large fall of 25% in the number of children in need in the Western HSC Trust.

Figure 1.1. Children in Need by HSC Trust (31 March 2015)



Source: Delegated Statutory Functions Return 10.1.1 2014 Mid Year Population Estimate (NISRA 2015)

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

Of the children in need at 31 March 2015, a higher proportion were male than female (53% and 47% respectively)<sup>7</sup>. 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 age<sup>8</sup>. 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 over<sup>9</sup>.



<sup>7</sup> The age and gender could not be provided for 3% of children in need at 31 March 2015

<sup>8</sup> 2014 Mid Year Population Estimate (NISRA 2015)

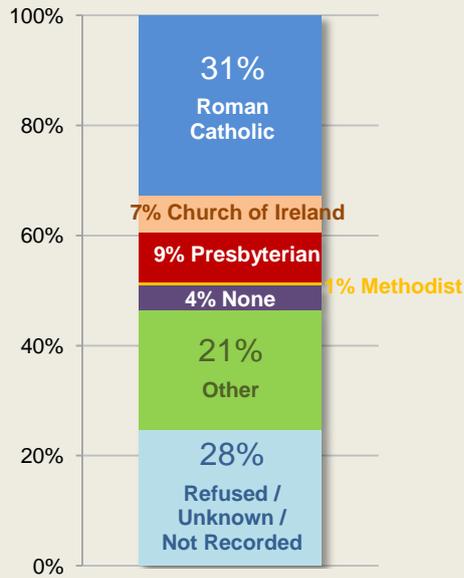
<sup>9</sup> See Tables for further details <http://www.dhsspsni.gov.uk/downloadable-data.htm>

<sup>10</sup> Disability was not recorded for 4% of children in need at 31 March 2015

<sup>11</sup> Excludes 270 children whose age and gender was not recorded

<sup>12</sup> "Prevalence of Autism (including Asperger's syndrome) amongst school aged children in Northern Ireland", DHSSPS 2015

### Children in Need – Religion and Ethnicity (31 March 2015)



**Religious affiliation** was not recorded, not known or refused to be disclosed for over a quarter of all children (28%). For those where religion was recorded, 31% were Roman Catholic, 37% were other Christian and non-Christian denominations and faiths and 4% had no religious beliefs.

As with religion, **ethnic background** was not recorded for a quarter of the children in need (25%), with 70% of the Children in Need recorded as White, and a further 5% from Ethnic Minorities (including Irish Travellers, Roma Travellers, Asian, Black and those of mixed Ethnicity).

Source: Delegated Statutory Functions Return 10.1.2

## Children in Need Referred

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 2015, 38,418 children were referred to HSC Trusts in Northern Ireland. 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 14% of the overall total<sup>13</sup>.

The police accounted for the largest proportion of children in need referred (26%), closely followed by Social Services (22%). There was a similar pattern across all of the HSC Trusts apart from the Belfast HSC Trust where the police and Social Services accounted for the same proportion of children referred.

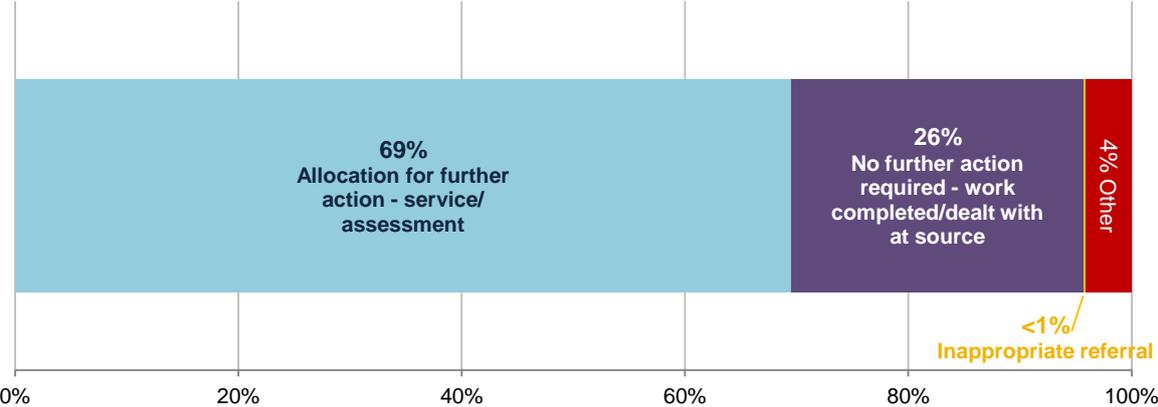
**Figure 1.2. Children Referred by Source Year Ending 31 March 2015**

<i>Police</i>	<b>26%</b>
<i>Social Services</i>	<b>22%</b>
<i>Hospital</i>	<b>8%</b>
<i>School/Educational Welfare Officer</i>	<b>6%</b>
<i>Court/Probation Officer</i>	<b>5%</b>
<i>Relative</i>	<b>5%</b>
<i>General Practitioner</i>	<b>5%</b>
<i>Anonymous</i>	<b>4%</b>
<i>Community Nurse/Health Visitor</i>	<b>3%</b>
<i>Voluntary Organisation</i>	<b>3%</b>
<i>Self</i>	<b>2%</b>
<i>Northern Ireland Housing Executive</i>	<b>&lt;1%</b>
<i>Other</i>	<b>11%</b>

Source: Delegated Statutory Functions Return 10.1.4(b)

<sup>13</sup> See Tables for further details [www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm](http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm)

**Figure 1.3. Children Referred during 2014/15 – Current Status at 31 March 2015**



Source: Children Order Return N2

Of the children referred to social services during 2014/15, a quarter (26%) of the referrals were of a nature that enabled them to be dealt with as they were received ('at source') whereas 69% were allocated for further action<sup>14</sup>.

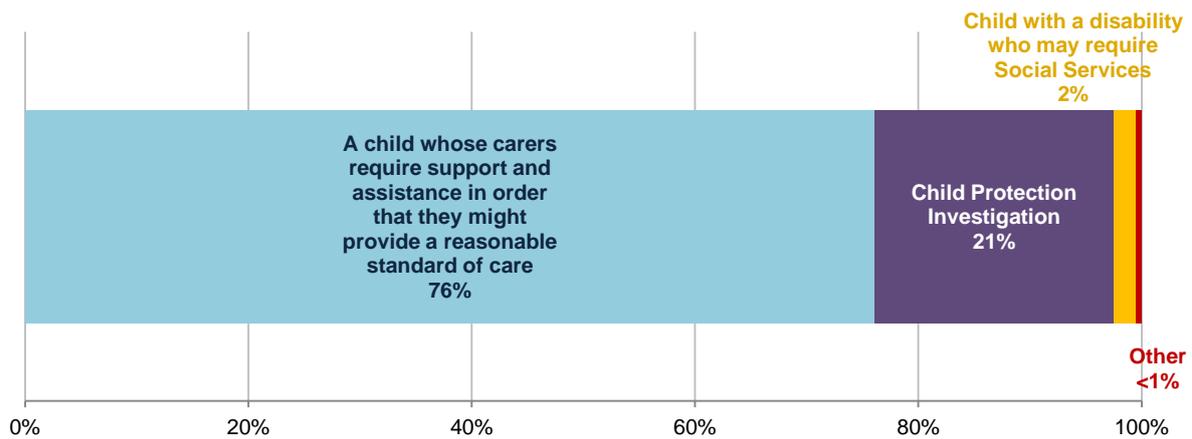
Just over half (51%) of the children referred in the Northern HSC Trust were allocated for further action. This was lower than in the other Trusts where between 69% and 84% were allocated for further action. This may reflect variations in the processes within the Trusts, as more cases were being dealt with as they are received in the Northern HSC Trust (42%) compared with the other Trusts (between 11% and 30%).

<sup>14</sup> This refers to the referral status at 31 March 2015 for children referred during 2014/15.

## 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 to provide a reasonable standard of care' (76%)<sup>15</sup>. A further 21% of episodes resulted in a Child Protection Investigation<sup>16</sup> and 2% were 'Children with a Disability who may require Social Services'. These were similar proportions as in 2013/14.

**Figure 1.4. Episodes by Category After Initial Assessment (2014/15)**



Source: Children Order Return N6

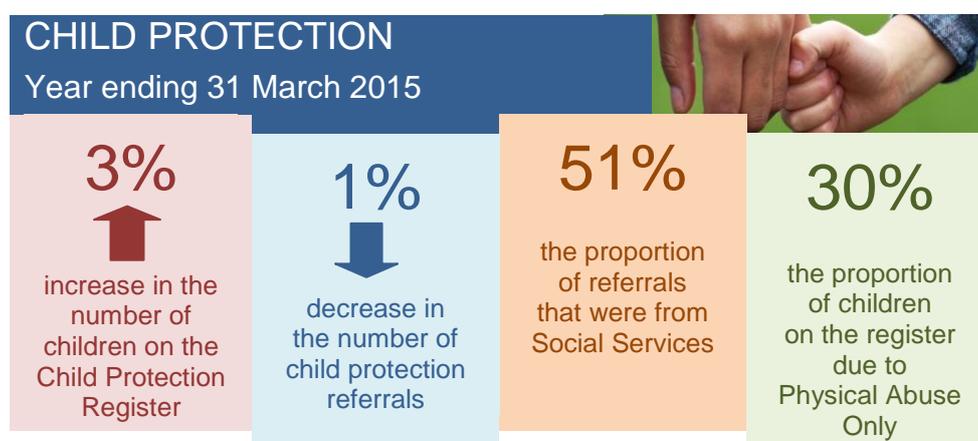
<sup>15</sup> 'Category' after initial assessment excludes children awaiting assessment, assessed as not in need and those whose need was unmet.

<sup>16</sup> For further details on Child Protection please see Section 2.

# Section Two: Child Protection

## Key Findings

- At 31 March 2015, 1,969 children were listed on the Child Protection Register in Northern Ireland;
- Neglect and physical abuse were the main reasons for a child being on the Child Protection Register;
- A total of 4,054 child protection referrals were received by HSC Trusts, a 1% decrease on the previous year;
- There were 1,904 new registrations to the Child Protection Register and 1,847 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's Quarterly Child Protection 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, 1,969 children were listed on the Child Protection Register in Northern Ireland. This represented 45.5 children per 10,000 population under 18 years of age. Of the 1,969 children on the register, 52% were boys and 48% were girls, similar to 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 (37% 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 24% respectively).

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

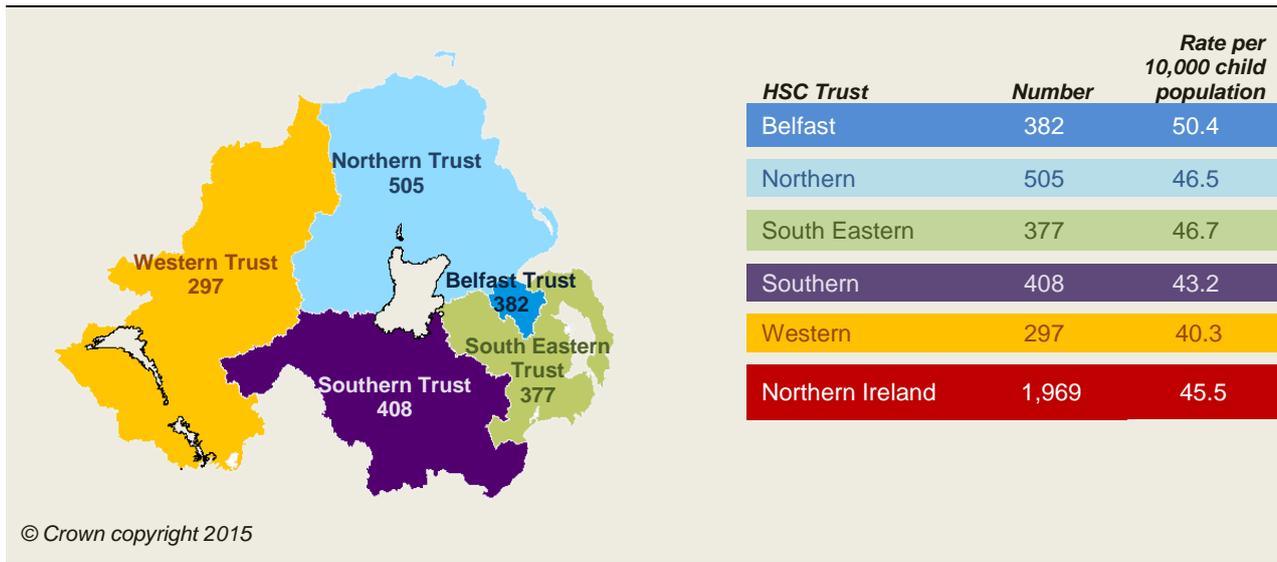
	Age group				
	Under 1	1-4	5-11	12-15	16 & over
Children on the Child Protection Register	11%	26%	38%	19%	5%
Northern Ireland child population	6%	24%	38%	22%	11%

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

Source: Children Order Return CPR1  
2014 Mid Year Population Estimate (NISRA 2015)

The Northern HSC Trust had the largest number of children on their Child Protection Register compared with the other HSC Trusts (26% of the overall number). However, when taking the Trusts' child populations into account, the Belfast HSC Trust had the highest rate of children on the Child Protection Register (50.4 children per 10,000 child population). The Western HSC Trust had the lowest rate with 40.3 children per 10,000 population.

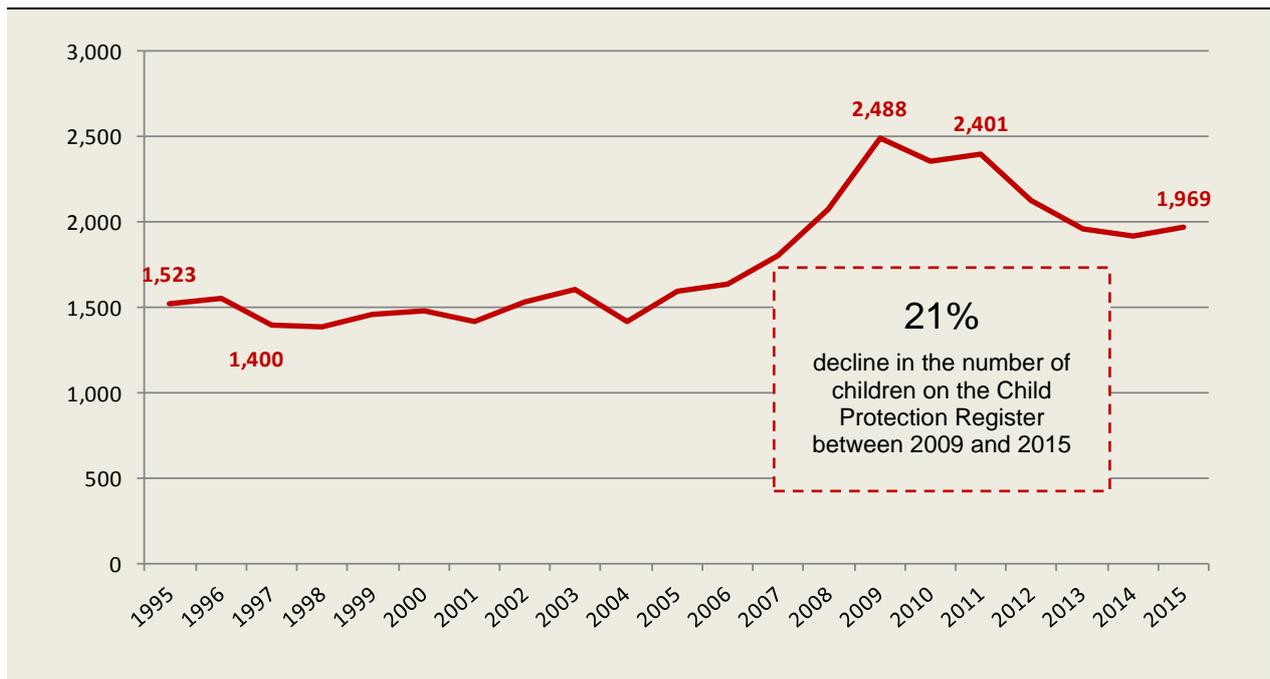
**Figure 2.1. Children on the Child Protection Register by HSC Trust (31 March 2015)**



Source: Children Order Return CPR1  
2014 Mid Year Population Estimate (NISRA 2015)

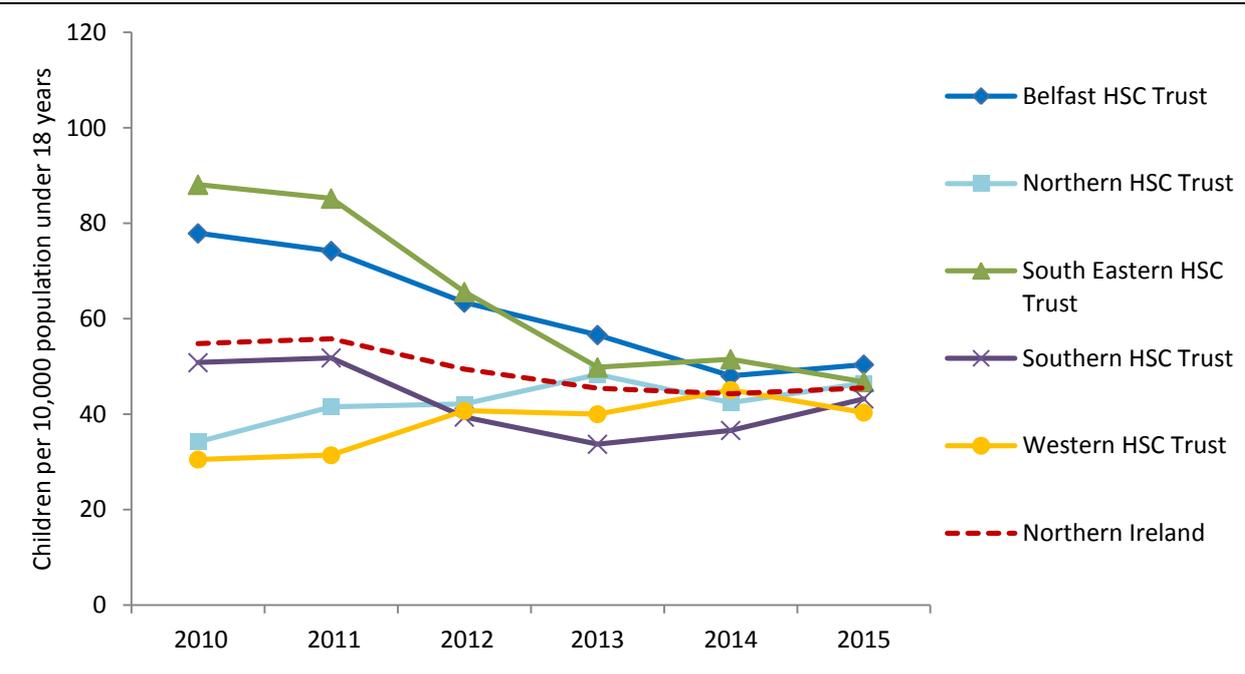
The 1,969 children on the Child Protection Register at 31 March 2015 represented a 3% (55) increase from the previous year (1,914). The rapid growth and subsequent high number of children on the register between 2008 and 2011 may have been influenced by several high profile child protection cases covered by the media over this time period. The lowest number of children on the register in the past twenty years occurred in 1997, when around 550 fewer children were on the Child Protection Register than in 2015.

**Figure 2.2. Number of Children on the Child Protection Register in Northern Ireland at 31 March (1995 – 2015)**



Source: Children Order Return CPR1

**Figure 2.3. Rate of Children on the Child Protection Register per 10,000 Population under 18 by HSC Trust at 31 March (2010 – 2015)**



Source: Children Order Return CPR1  
2014 Mid Year Population Estimates (NISRA 2015)

Figure 2.3 sets out the rate of children on the Child Protection Register per 10,000 child population. The rate at 31 March 2015 was 45.5 children per 10,000 of the population under 18 years. The highest rate recorded during this period was 55.8 children per 10,000 child population at 31 March 2011.

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 four 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.

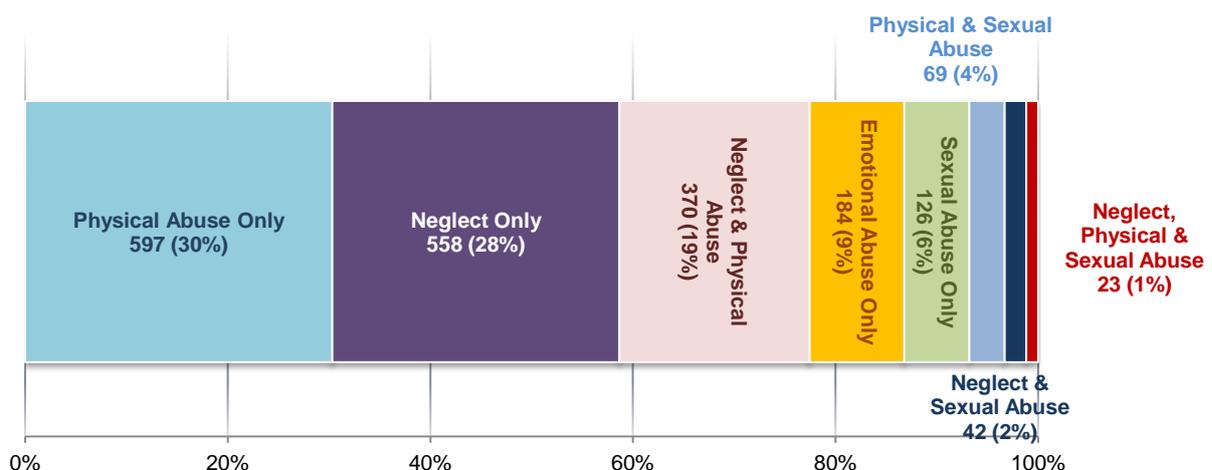
**Physical Abuse:** Actual or likely deliberate physical injury to a child, or wilful or neglectful failure to prevent physical injury or suffering to a child including deliberate poisoning, suffocation or Munchausen syndrome by proxy.

**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.

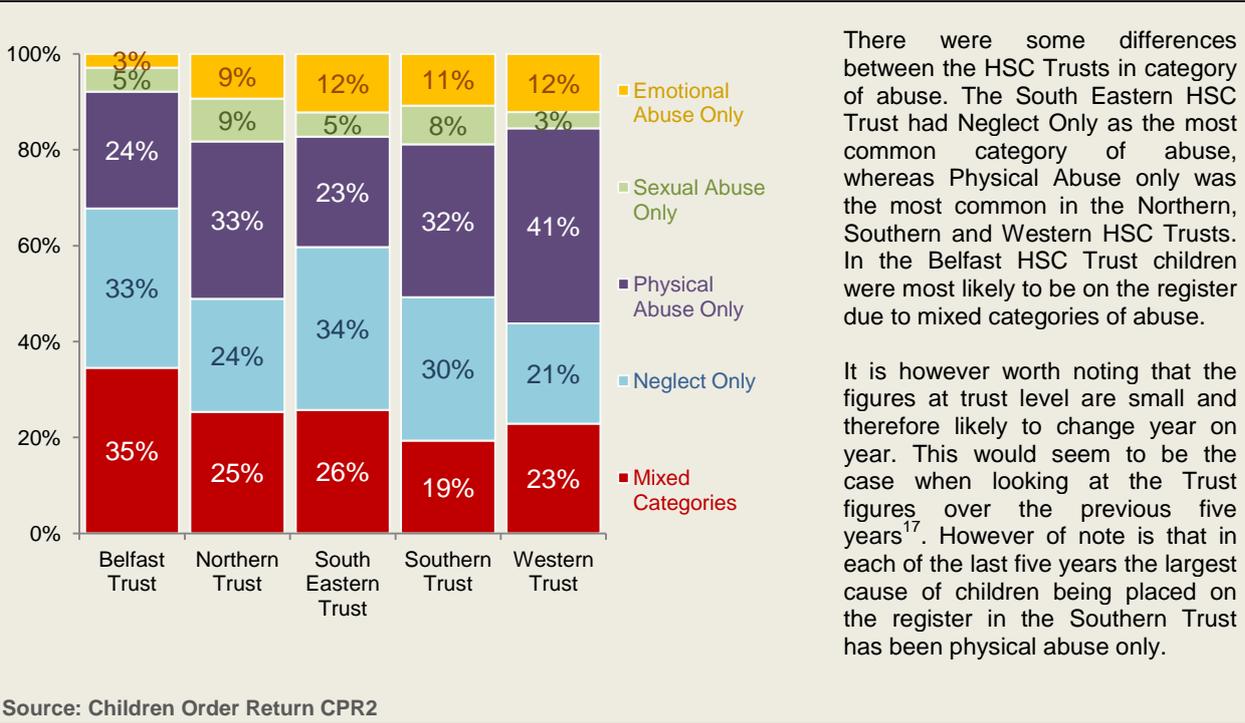
Physical abuse and Neglect were the main reasons for a child being on the Child Protection Register. The categories Neglect only, Physical Abuse Only and Neglect and Physical Abuse accounted for over three quarters of all cases on the Child Protection Register at 31 March 2015. Physical Abuse Only was 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 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 2015



Source: Children Order Return CPR2

**Figure 2.5. Children on the Child Protection Register by Category of Abuse and HSC Trust at 31 March 2015**



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 2010 to 2015.

**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 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 2015 had no recorded legal status, 4% were Accommodated (Article 21), 3% had Interim Care Orders, 1% had Interim Supervision Orders and 2% had Other legal statuses<sup>18</sup>. These figures were similar to those recorded in previous years.

There was some variation between the Trusts, with 16% of children registered in the Belfast Trust having a legal status compared with 7% in the Northern Trust. Of those children with a legal status, the largest proportions in each Trust were Accommodated (Article 21).

<sup>17</sup> See Tables for details on previous year's figures [www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm](http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm)  
<sup>18</sup> Please see Appendix B for definitions of different legal statuses

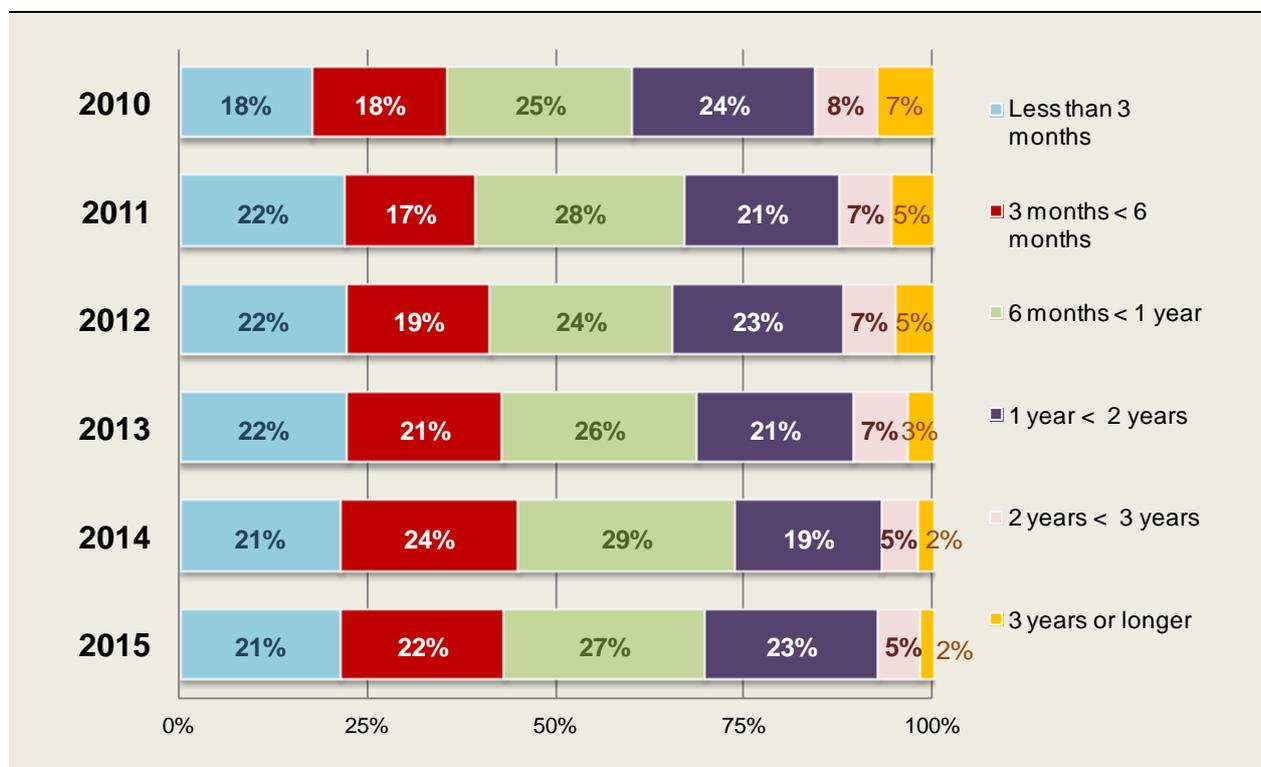
## Duration on the Register

Of the 1,969 children on the Child Protection Register at 31 March 2015, 70% 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 (27%) 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 2010 and 2015. During the same period there was an increase of ten percentage points in children on the register for one year or less, from 60% to 70%.

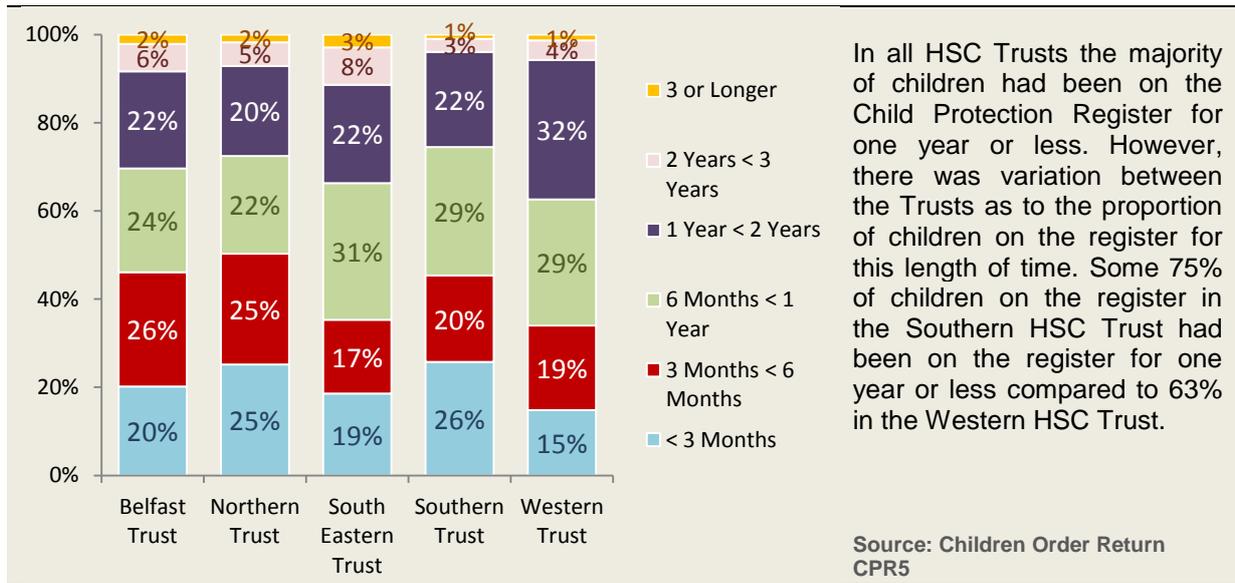
The observed trend in the duration on the Child Protection Register may be a reflection of renewed focus, in the aftermath of some high profile child protection cases, to ensure robust child protection planning is in place for each individual child. This could also have affected the review process of 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.

**Figure 2.6. Children on the Child Protection Register by Duration at 31 March (2010 – 2015)**



Source: Children Order Return CPR5

**Figure 2.7. Children on the Child Protection Register by Duration on Register and HSC Trust at 31 March 2015**



# Child Protection Referrals

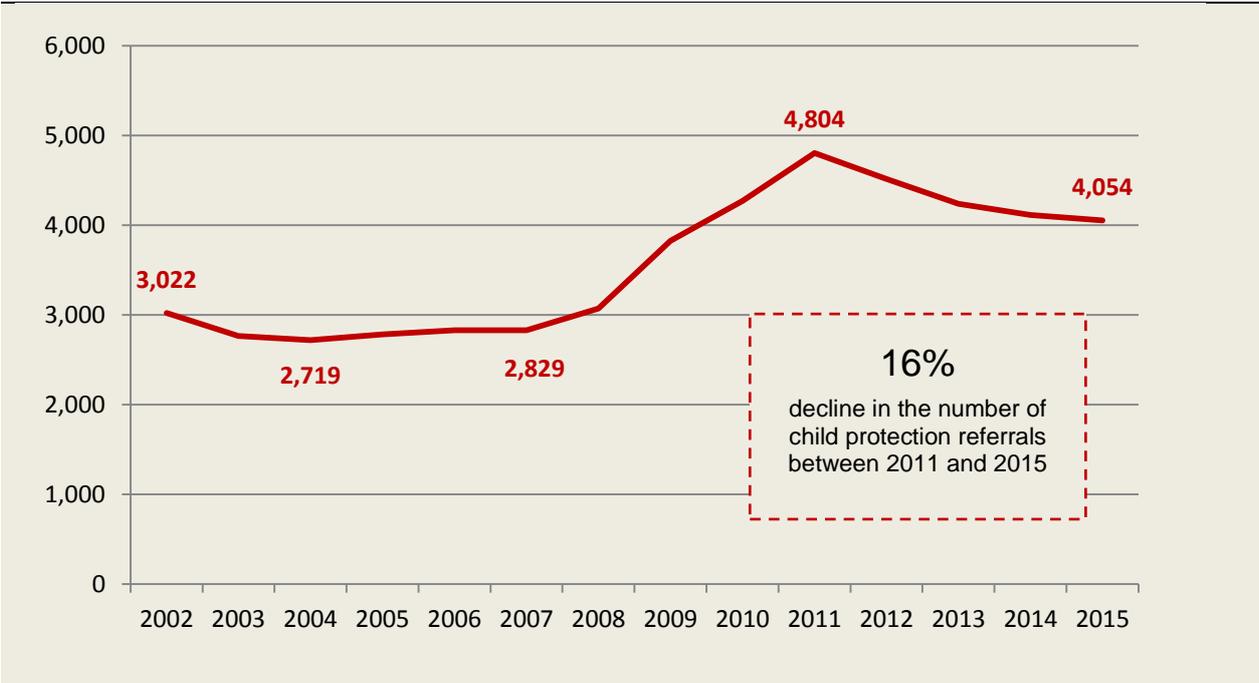
A Child Protection Referral is one for which the initial assessment indicates that there may be Child Protection issues. The threshold for action should be the allegation or suspicion of child abuse. However the balance needs to be struck between taking action designed to protect the child from abuse 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 4,054 child protection referrals were received during the year ending 31 March 2015. This amounted to 94 referrals per 10,000 of the population under 18.

The 4,054 referrals received was a decrease of 1% 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 2014/15 was higher than the years leading up to and including 2008/09<sup>19</sup>. 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 linked to the several high profile child protection cases in the media around this period.

**Figure 2.8. Number of Child Protection Referrals during year ending 31 March (2002-2015)**

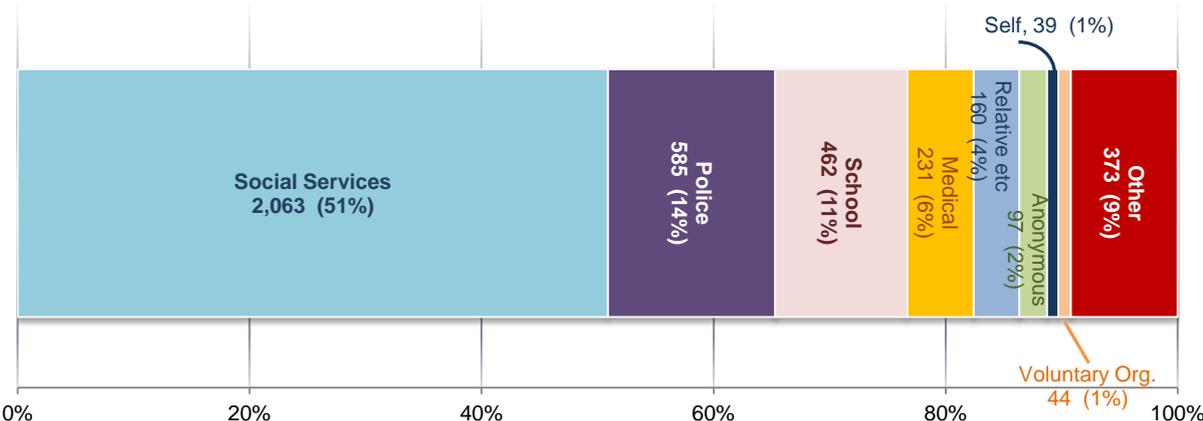


Source: Children Order Return CPR3

<sup>19</sup> Figures for 2014/15 were 6% higher than those recorded in 2008/09 (3,825)

During 2014/15, Social Services accounted for 51% of all child protection referrals received, with 14% from the police and 11% from schools. Furthermore, 4% of the referrals were made by relatives, neighbours or friends while 39 referrals (1%) were made by the child themselves. 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 2015**



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 68.2 per 10,000 of the child population in the Northern HSC Trust to 156 referrals per 10,000 child population in the South Eastern HSC Trust. 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 33.4 (Western HSC Trust) to 49.3 (South Eastern HSC Trust) registrations per 10,000 child population within the Trusts in 2014/15.

**Table 2 B: Number of Child Protection Referrals, Investigations, Initial Case Conferences and Registrations to the Child Protection Register during year ending 31 March 2015 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>
<b>Belfast Trust</b>	595	546	383	345	-36%	90%
<b>Northern Trust</b>	741	685	549	467	-26%	85%
<b>South Eastern Trust</b>	1,255	1,202	441	397	-65%	90%
<b>Southern Trust</b>	852	462*	485	449	-43%	93%
<b>Western Trust</b>	611	539	301	246	-51%	82%
<b>Northern Ireland</b>	<b>4,054</b>	<b>3,434</b>	<b>2,159</b>	<b>1,904</b>	<b>-47%</b>	<b>88%</b>

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 3,434 child protection investigations carried out during 2014/15. This was an increase of 5% on the previous year. The rise in investigations correlates with the overall increase 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:

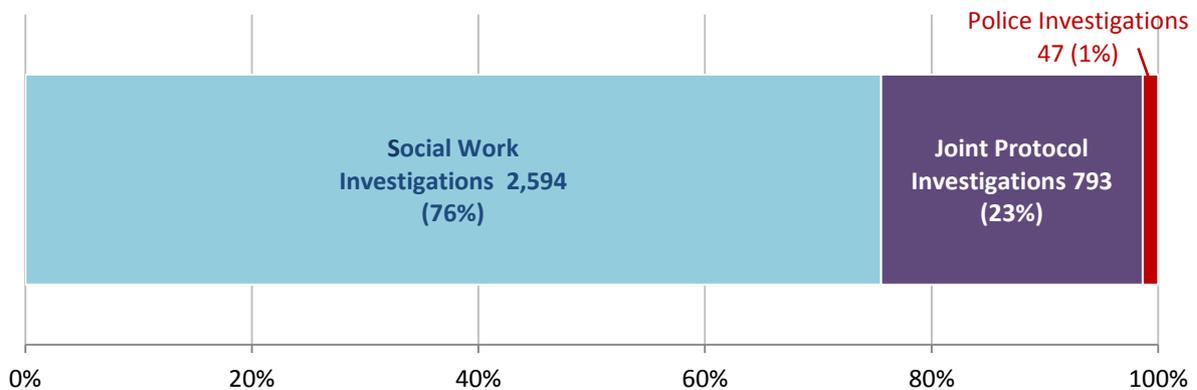
- a) Joint Protocol (carried out jointly by social workers and the PSNI);
- b) Social Workers; and
- c) PSNI.

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

The vast majority of the 3,434 child protection investigations were carried out by social workers (76%), with a further 23% Joint Protocol Investigations involving both the police and social workers. The remaining 1% (47 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 (3 percent or less of all investigations).

**Figure 2.10. Child Protection Investigations (year ending 31 March 2015)**



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 2015, 2,159 Initial Case Conferences had been completed across Northern Ireland, a 7% decrease on the previous year. This is in contrast to child protection investigations where slightly increasing numbers have been observed in the last year.

Some 88% of Initial Case Conferences resulted in a child being placed on the Child Protection Register in 2014/15. At HSC Trust level there was some variation ranging from 91% of case conferences resulting in registration in the Belfast and Southern HSC Trusts to 82% in the Western HSC Trust.

It is worth noting however that the act of registration itself confers no protection on the child and must be accompanied by a Child Protection Plan. It is the responsibility of the Case Conference to make recommendations on how agencies, professionals and family should work together to ensure that the child will be safeguarded from future harm<sup>20</sup>.

<sup>20</sup> Children's Services Definitions and Monitoring Guidance, Health and Social Care Board, 2014

## 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.

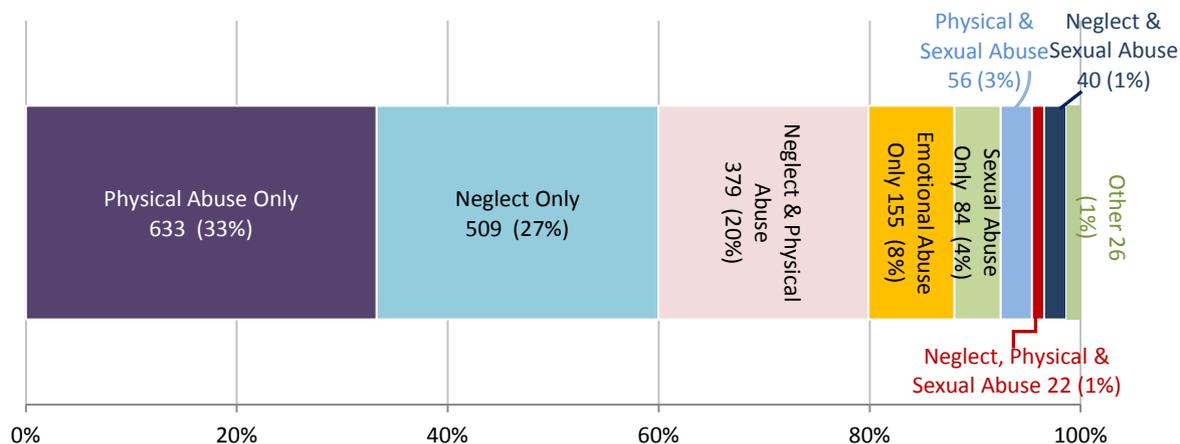
**Deregistration** is the removal of a child from the Child Protection Register. Where a child has moved on or off the Register several times during the year each deregistration is recorded.

**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 2015, there were 1,904 registrations to the Child Protection Register, a 5% decrease on the previous year. This continued the overall trend of declining registrations. The largest proportion of registrations occurred in the Northern HSC Trust (25%), with the Western HSC Trust accounting for the least amount (13%). 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.

Some 84% 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 category, accounting for a third of all registrations.

**Figure 2.11. Registrations to the Child Protection Register by Category of Abuse year ending 31 March 2015**



Source: Children Order Return CPR8

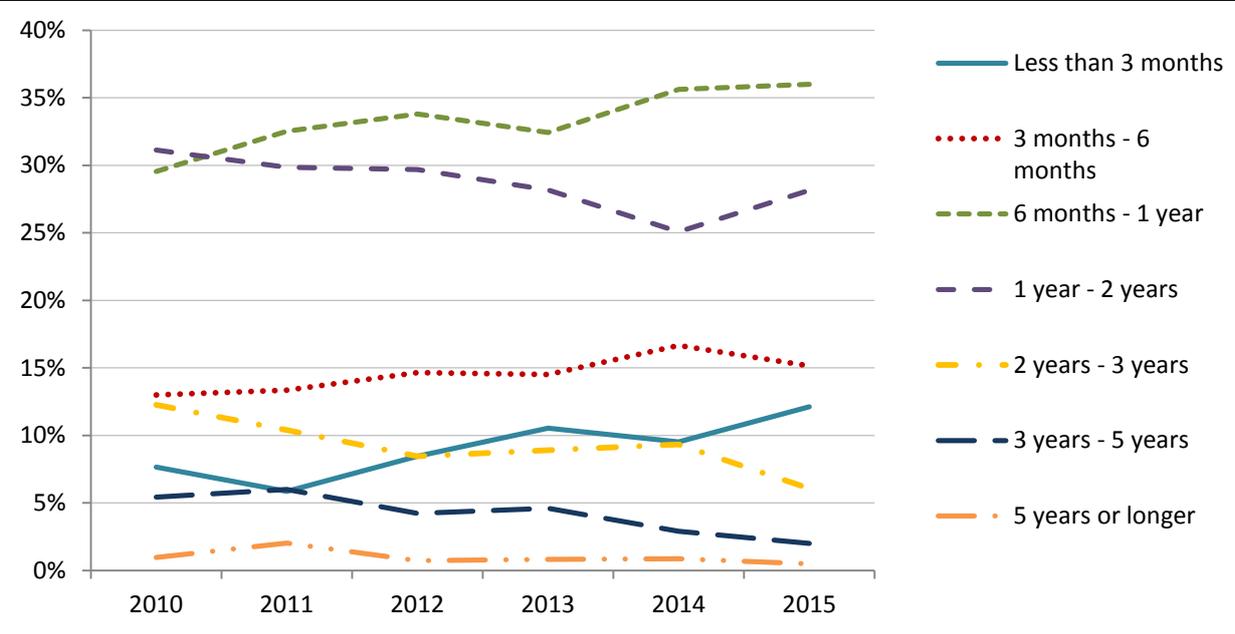
Please note that the Southern HSC Trust were unable to provide a reason for registration for 26 children

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 349 re-registrations to the Child Protection Register during 2014/15, a decrease of 10% on the previous year. 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 Western HSC Trust. Year on year changes at HSC trust level ranged from an increase of 16% in the Southern HSC Trust to a 26% decrease in the Western HSC Trust<sup>21</sup>.

Some 1,847 children were removed from the Child Protection Register during 2014/15, a decrease of 10% on the previous year. This is the lowest number of de-registrations in the last five years. The largest proportion of de-registrations occurred in the South Eastern HSC Trust, with the least amount in the Western HSC Trust.

**Figure 2.12. De-registrations from the Child Protection Register by Duration on the Register year ending 31 March (2010 – 2015)**



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 had, 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 3-6 months. This was a reverse of the figures observed in 2013/14.

<sup>21</sup> Caution should be used in considering percentage changes at Trust level due to the small numbers involved.

## Child Protection Comparability across the United Kingdom

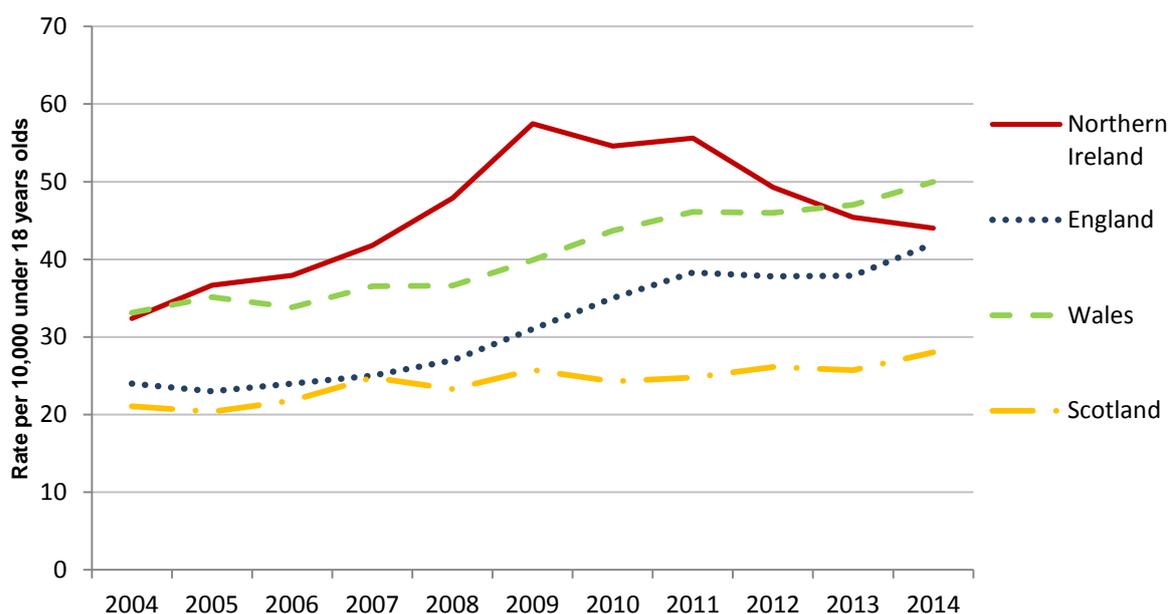
Child Protection systems across the United Kingdom vary but are generally comparable. Scotland's collection year for these figures runs from 1 August to 31 July, so end year figures are reported as at 31 July. In comparison the collection in England, Wales and Northern Ireland runs from 1 April to 31 March<sup>22</sup>.

Recent 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 slow 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. All of these countries have shown a slow but steady increase over the last three years in their child protection rates.

In 2013 Wales overtook Northern Ireland as having the highest rate of children on child protection registers 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 – 2014**<sup>1, 2</sup>



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

<sup>1</sup> 2011, 2012, 2013 & 2014 figures for Scotland taken at 31 July, all other figures at 31 March.

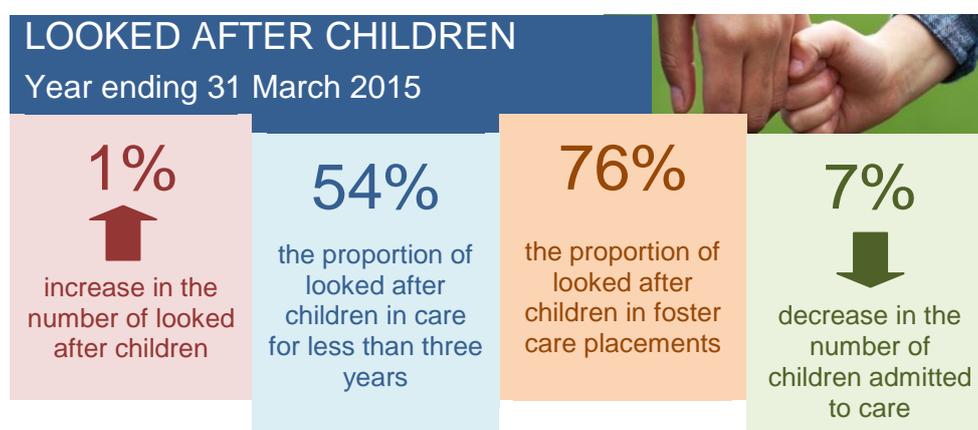
<sup>2</sup> Up to 2009 figures for England have been taken from aggregate CPR3 return provided by local authorities. In 2010 this data source was replaced by the child level Children in Need (CIN) census and so readers should be cautious in making direct comparisons between the 2009 and 2010 figures.

<sup>22</sup> As Scottish figures for year ending 31 July 2015 are not available, only figures in 2014 will be compared

# Section Three: Looked After Children

## Key Findings

- At 31 March 2015, 2,875 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 just under a tenth looked after for ten years or longer;
- Three quarters of the looked after children were in foster care placements (76%), 12% placed with parents, 7% in residential care and 5% in other placements. This was similar to previous years;
- During 2014/15 there were 844 admissions to care and 825 discharges.



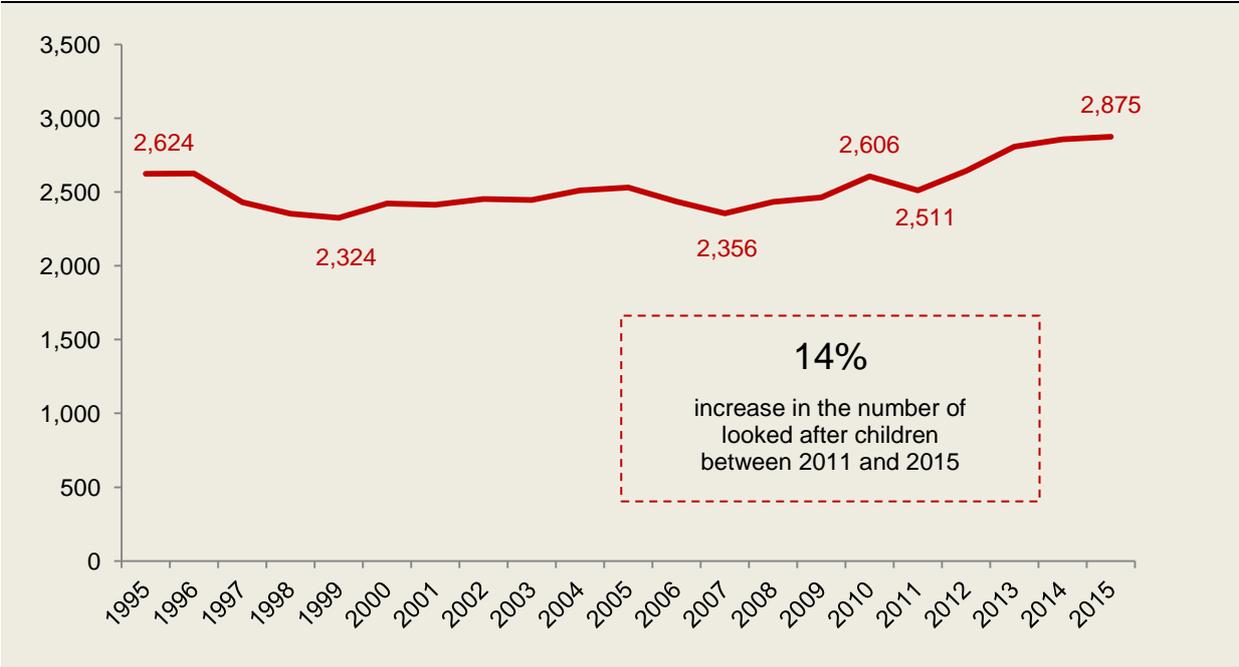
# Looked After Children in Northern Ireland

*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, 2,875 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 66.4 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 24% 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 2015 was 1% higher than at the same time the previous year (2,858).

**Figure 3.1. Looked After Children in Northern Ireland at 31 March (1995 – 2015)**



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 interrelated 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.

The Belfast and Northern HSC Trusts had the highest numbers of looked after children in 2014/15. 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 Trusts between 2013/14 and 2014/15 ranged from an increase of 3% in the Belfast Trust to a decrease of 2% in the Northern Trust.

**Figure 3.2. Looked After Children by HSC Trust (31 March 2015)**



Source: Delegated Statutory Functions Return 10.3.1  
2014 Mid Year Population Estimate (NISRA 2015)

At 31 March 2015, some 5% (153) of the looked after children were also on the Child Protection Register. This was the same as the previous year. The largest proportion of these children (looked after and on the Child Protection Register) were located in the Belfast HSC Trust (30%).

Source: Delegated Statutory Functions Return 10.3.11

Of those children looked after at 31 March 2015, a slightly higher proportion were male than female (52% and 48% respectively). This was similar to 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; 43% 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**

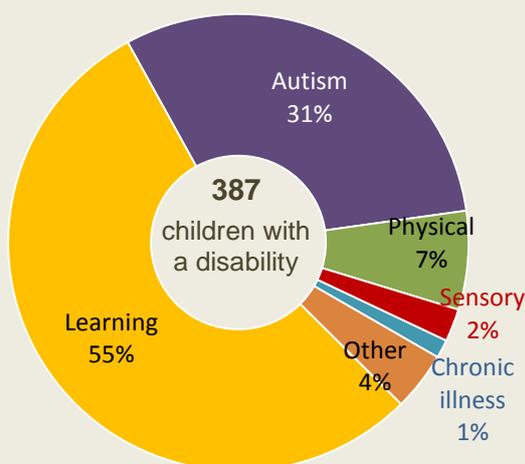
	Age group				
	Under 1	1-4	5-11	12-15	16 & over
Looked After Children	4%	20%	33%	24%	18%
Northern Ireland child population <sup>A</sup>	6%	24%	38%	22%	11%

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

<sup>A</sup> Source: Mid Year Population Estimates 2014, NISRA (2015)

Source: Delegated Statutory Functions Return 10.3.1

### Looked After Children with a Disability (31 March 2015)



Source: Delegated Statutory Functions Return 10.3.12

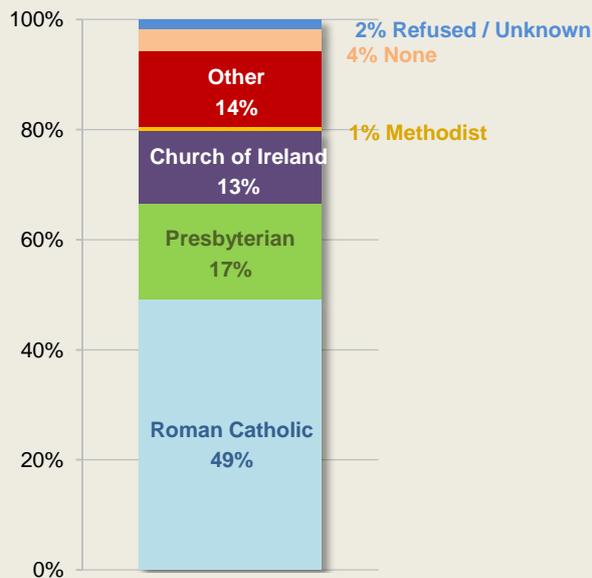
Of the 2,875 looked after children in Northern Ireland, 13% were recorded as having a disability. Over half of these had a learning disability.

Disability was more prevalent in the male population with 17% of males having a disability recorded compared to 10% of females. In each disability category, apart from 'other', males outnumbered females. This was especially evident in those with autism, with 78% 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 (38%), 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 2015)



Source: Delegated Statutory Functions Return 10.3.2

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 Protestant<sup>23</sup> 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, mixed race and Irish Traveller children making up the largest individual groupings.

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

<sup>23</sup> Census 2011: Detailed Characteristics for Northern Ireland on Health, Religion and National Identity, May 2013

## Legal Status of Looked After Children

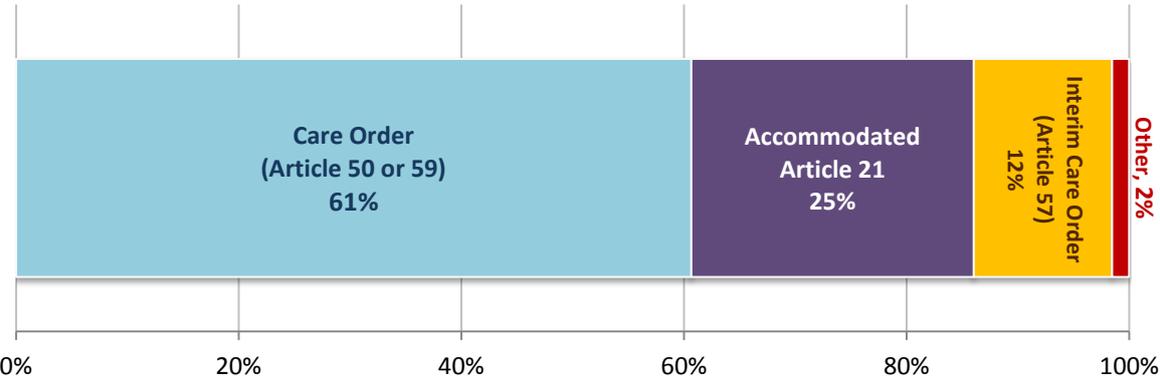
The legal status of looked after children was, in 2014/15, similar to that in previous years. The majority, 61%, of looked after children were subject to a Care Order (Article 50), 25% were Accommodated Article 21, 12% had an Interim Care Order and 2% had other legal statuses<sup>24</sup>.

*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 31% of its looked after population Accommodated under Article 21. In comparison 23% 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 2015**



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

Some 16% of children in the Southern HSC Trust had an Interim Care Order at 31 March 2015. 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.

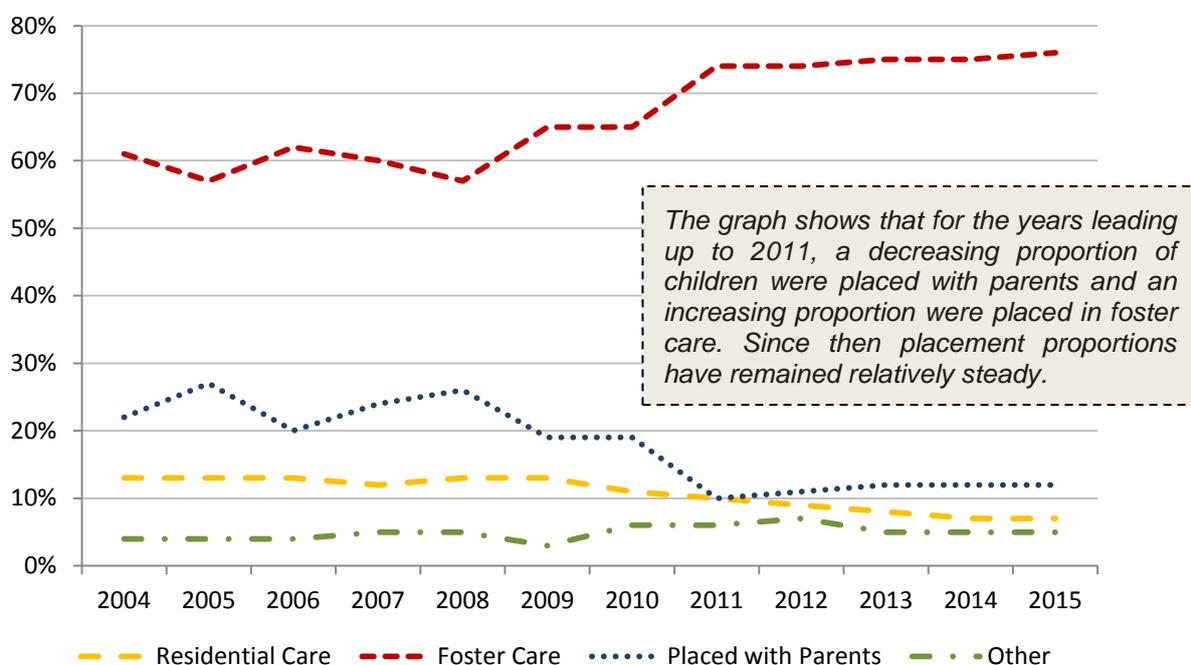
<sup>24</sup> Definitions of the different legal statuses can be found in appendix B

## Placement of Looked After Children

Fostering continues to be the preferred placement option for looked after children, with 76% of children being fostered at 31 March 2015. A further 12% of children had been placed with parents, 7% were in residential care and 5% in other placements<sup>25</sup>. These figures were similar to those recorded in 2014.

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 children<sup>26</sup>. 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 – 2015)**



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

**'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. The recording of the proportion of foster care placements that are kinship care placements was previously one of the DHSSPS's indicators within the Health and Social Care (Indicators of Performance) Direction (Northern

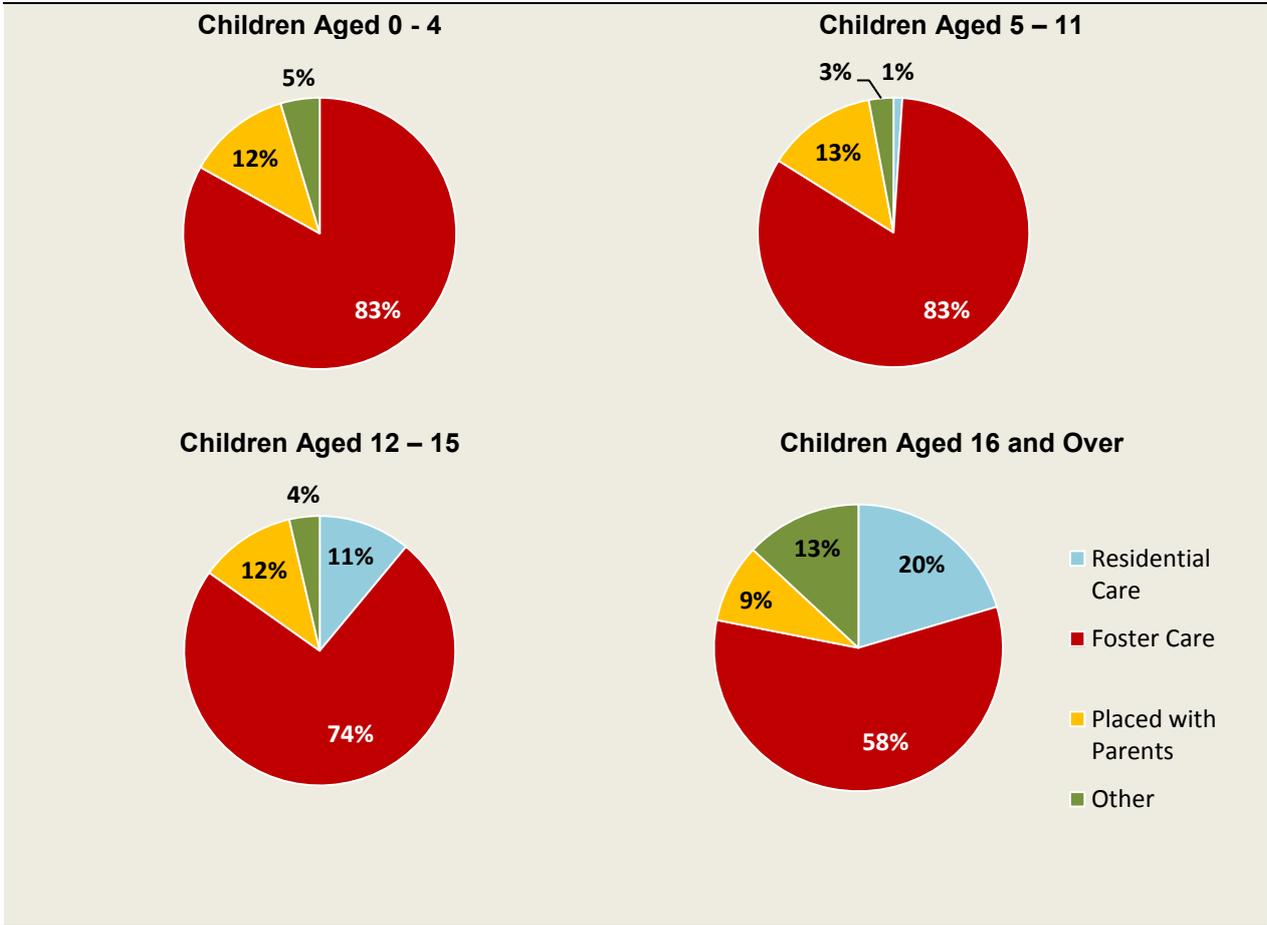
<sup>25</sup> Description of placement types is included in Appendix B

<sup>26</sup> See "Introduction" for further details.

Ireland)<sup>27</sup>. 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 41% in 2015. Within the HSC Trusts, at 31 March 2015 the Western HSC Trust had the highest proportion, 47%, compared to the Southern HSC Trust which had the lowest, 35%. Over the five years from 2011 to 2014 the Western HSC Trust saw a growth in foster care placements that were kinship placements from 26% to 47%. Over the same period there was little change in the other Trusts.

**Figure 3.5. Placement of Looked After Children by Age Group at 31 March 2015**



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 very similar to those recorded in previous years.

<sup>27</sup> <http://www.dhsspsni.gov.uk/performance-measures.htm>

### **Looked After Children – Absconding from Care**

During the year ending 31 March 2015, 104<sup>28</sup> children absconded from residential or foster care and were notified to the police 237 times. This averaged at just over two cases of absconding per child.

Almost half (47%) of all incidents of absconded from residential or foster care placements took place in the Belfast HSC Trust. Absconding occurred least often in the Western HSC Trust during the year with 13 absconding episodes recorded.

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*

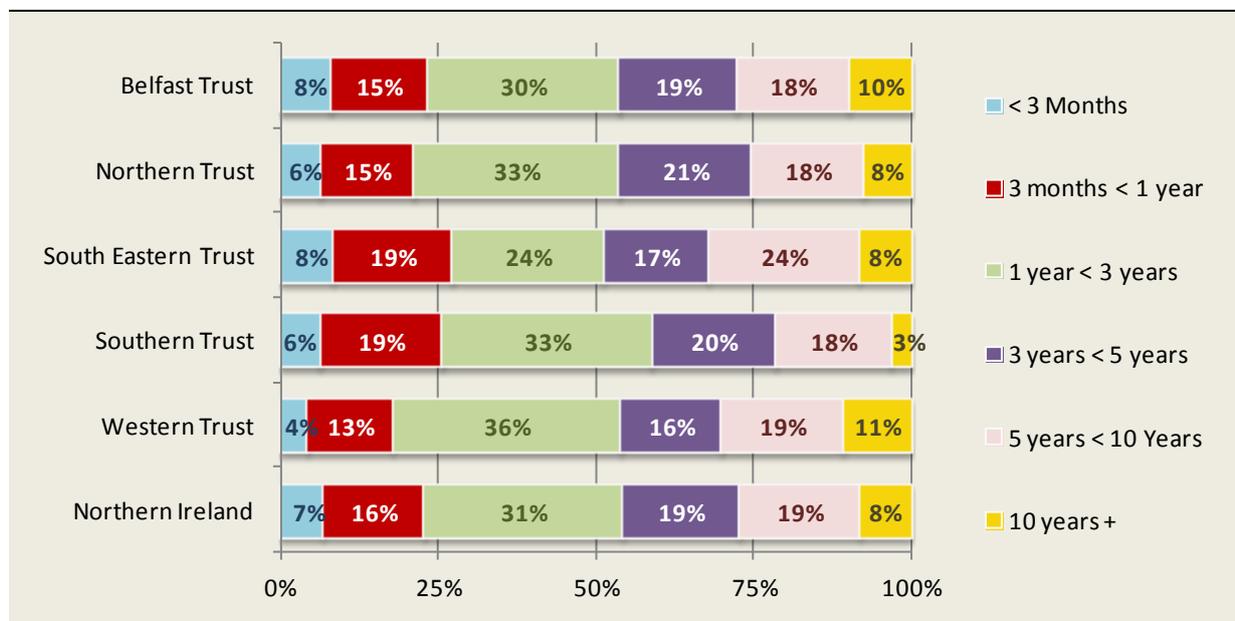
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<sup>28</sup> Please note potential double counting

## Duration in Care of Looked After Children

The majority of looked after children in Northern Ireland at 31 March 2015 had been in care for less than three years (54%). This trend was observed in each of the HSC Trusts.

**Figure 3.6. Looked After Children by Duration in Care and HSC Trust at 31 March 2015**



Source: Delegated Statutory Functions Return 10.3.4

Some 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 3% of the Southern HSC Trust 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 those aged 1–4, 5–11 and 16 & over had been looked after for between one and three years. In comparison the largest proportion of those aged 12–15 had been looked after for between 5 – 10 years<sup>29</sup>. The smallest proportion in each age group had been in care for less than three months, apart from those aged 5-11.

## Admissions to Care

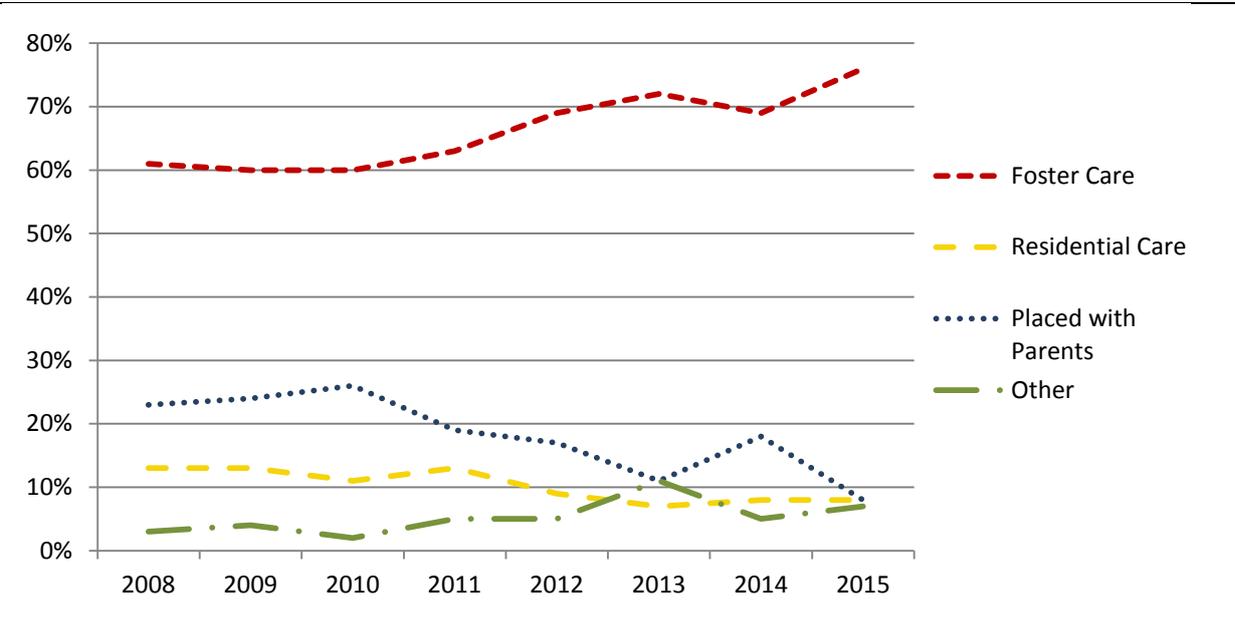
During the 2014/15 year, 844 children were admitted to care in Northern Ireland; this was 7% less than in 2013/14. This decrease in admissions follows two years of gradually increasing numbers of admissions. The Belfast HSC Trust accounted for the largest proportion of admissions (27%), followed by the South Eastern HSC Trust (21%). The Northern and Southern HSC Trusts accounted for 19% and the Western Trust had 13% of admissions.

<sup>29</sup> See Tables for details [www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm](http://www.dhsspsni.gov.uk/index/statistics/downloadable-data.htm)

Almost three quarters (71%) of admissions to care during the year were Accommodated Article 21<sup>30</sup>. This pattern was evident throughout Northern Ireland however there was some variation with 64% of children in the Western HSC Trust admitted with this legal status compared to 77% in the South Eastern and Northern HSC Trusts.

In recent years, the vast majority of children admitted to care have initially been placed in foster care. This proportion has increased by 16 percentage points between 2009/10 and 2014/15. Over the same period the proportion of those initially placed with Parents, apart from a brief increase in 2014, along with those placed in residential care has steadily decreased.

**Figure 3.7. Admissions to Care by Placement during year ending 31 March (2008 – 2015)**



Source: Delegated Statutory Functions Return 10.3.39

*Of the 645 admissions to Foster Care during 2014/15, 44% were with Kinship Care.*

There were some differences between the HSC Trusts in terms of the placement when admitted to care. In all HSC Trusts the majority of admissions were placed in foster care. This ranged from 84% of admissions in the Southern HSC Trust to 71% in the Western HSC Trust.

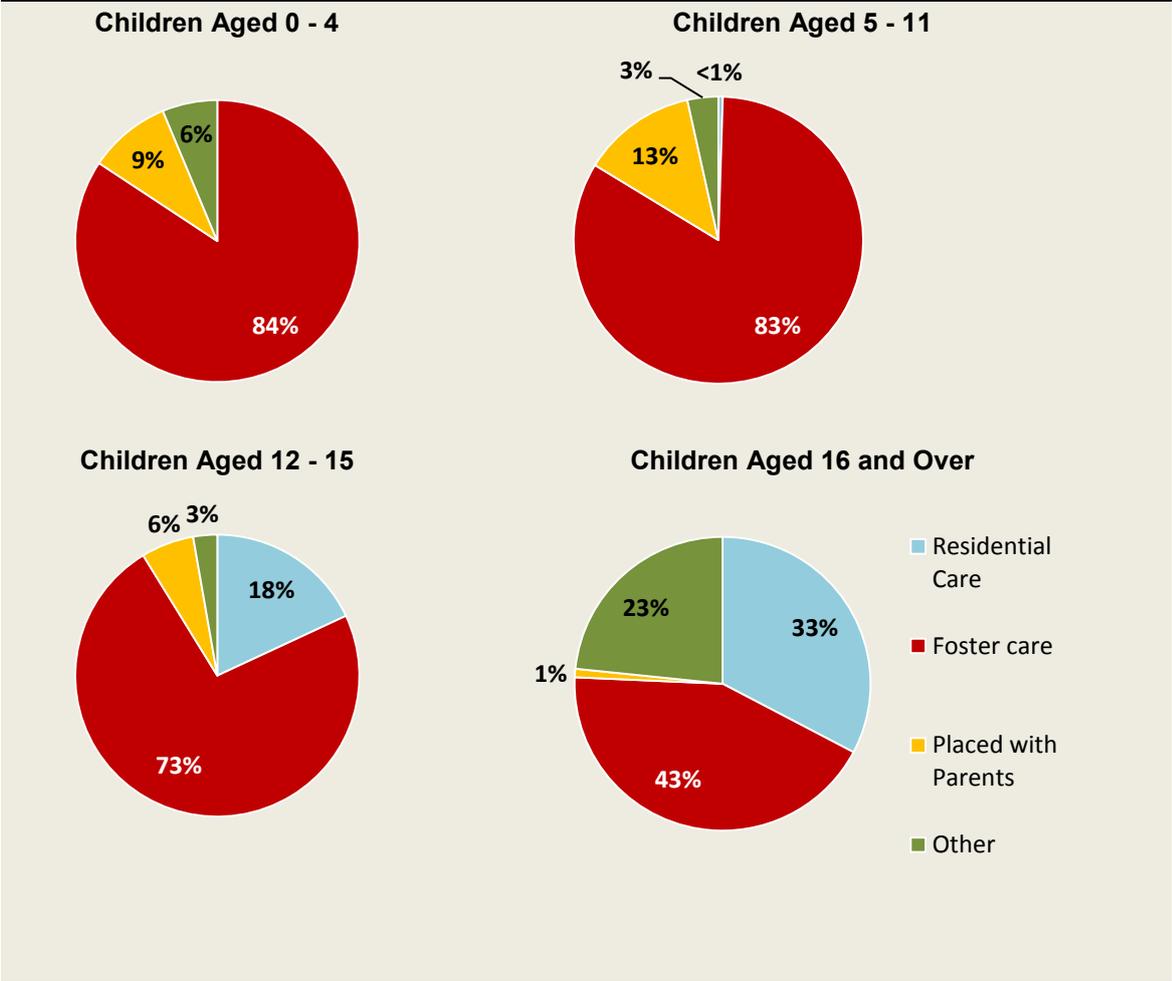
The South Eastern HSC Trust placed 15% of its admissions in residential care compared to 1% of admissions in the Southern HSC Trust. However, due to the low numbers involved, especially in relation to Residential Care and Other Placements, care must be taken when interpreting the figures.

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

<sup>30</sup> See Appendix B for description of legal statuses

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 year ending 31 March 2015**



Source: Delegated Statutory Functions Return 10.3.39

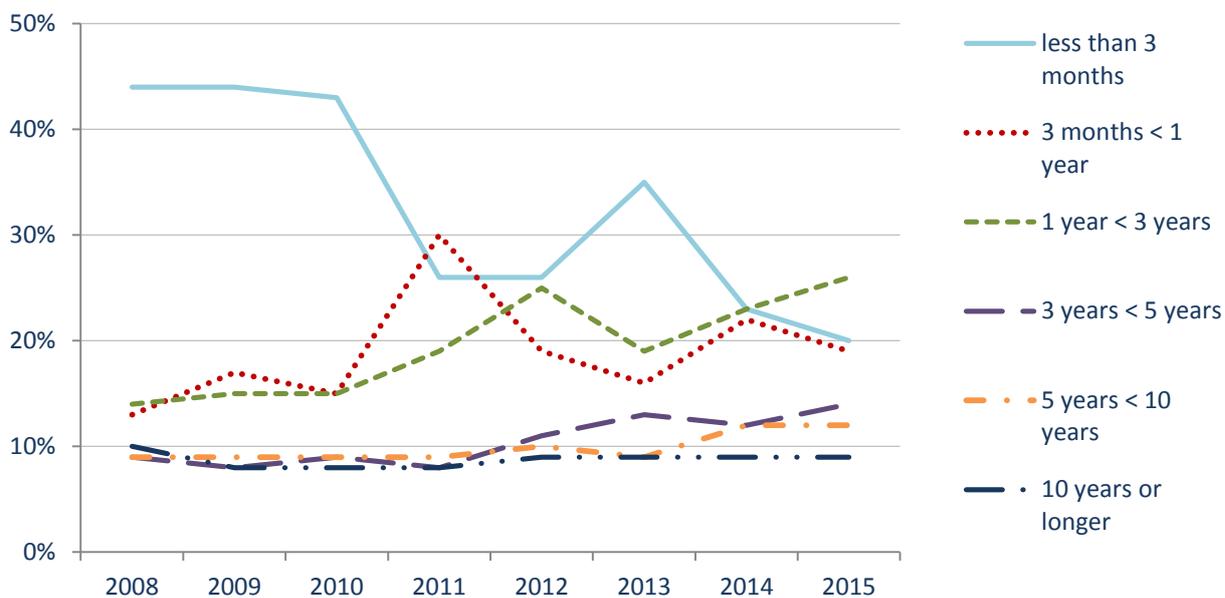
## Discharges from Care

During the year ending 31 March 2015, there were 825 discharges from care in Northern Ireland, this was an increase of 3% on the previous year. The largest proportion of all discharges occurred in the Belfast HSC Trust (26%), with the least occurring in the Western Trust (13%).

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 20% in 2014/15. 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 – 2015)**



Source: Delegated Statutory Functions Return 10.3.41

**Figure 3.10. Destination of Children Discharged from Care during year ending 31 March 2015**



Source: Delegated Statutory Functions Return 10.3.42

Just over half (52%) of children discharged from care during 2014/15 returned to live with their parents, 12% returned to live with other family, 11% were living with their former foster carers via the ‘Going the Extra Mile (GEM) Scheme’, 11% were in Other Accommodation<sup>31</sup>, 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 2015 there were 10,228 episodes<sup>32</sup> of respite care in Northern Ireland, this was an increase of 1% on the previous year. The largest proportion of respite episodes took place in the Southern and Northern HSC Trusts (28% and 27% respectively), 18% in the Belfast HSC Trust, 18% in the South Eastern HSC Trust and 10% in the Western HSC 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.*

<sup>31</sup> ‘Other Accommodation’ includes Bed & Breakfast, Hostels, Supported Board and Lodgings, Prison, Hospital etc.

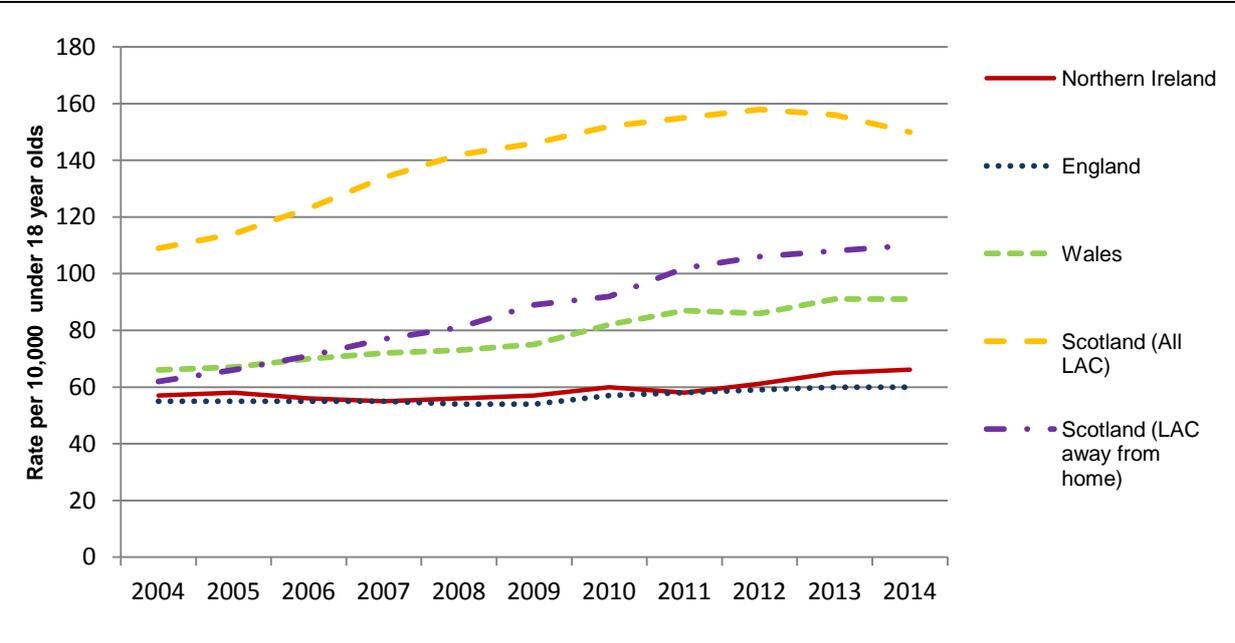
<sup>32</sup> An episode is a period of involvement with Social Services

### UK Comparison of Looked After Children Statistics<sup>33</sup>

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 2014<sup>34</sup>, 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 – 2014)**



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.

<sup>33</sup> As Scottish figures for year ending 31 July 2015 are not available, only figures in 2014 will be compared  
<sup>34</sup> As Scotland publishes figures relating to 31 July they will not publish figures for 2013/14 until 2015.

# Section Four: Children's Residential Homes

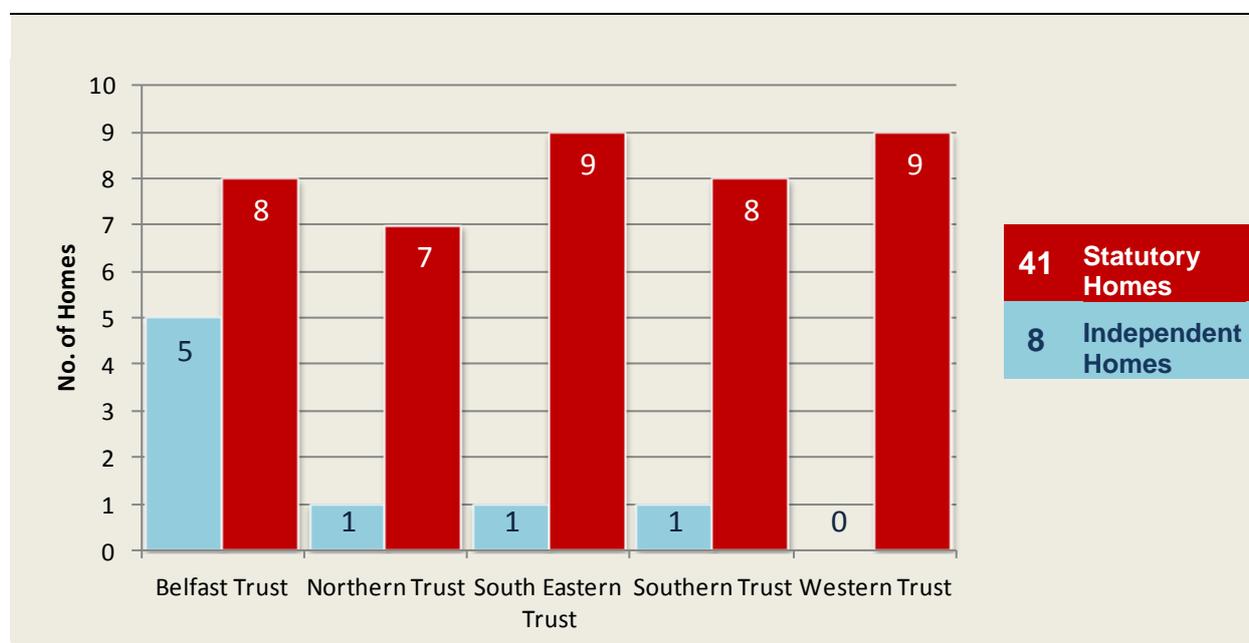
## Statutory and Independent Residential Homes

At 30 June 2015, there were 49 Children's Residential Homes in Northern Ireland, 41 homes were statutory and 8 were independent. Statutory homes provided 294 places at an average of 7 places per home; independent homes provided 52 places at an average of 7 per home.

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

It should be noted that the Northern and Southern HSC Trusts each have one home registered with the Regulation and Quality Improvement Authority but which are currently closed.

**Figure 4.1. Number of Children's Homes by HSC Trust at 30 June 2015**

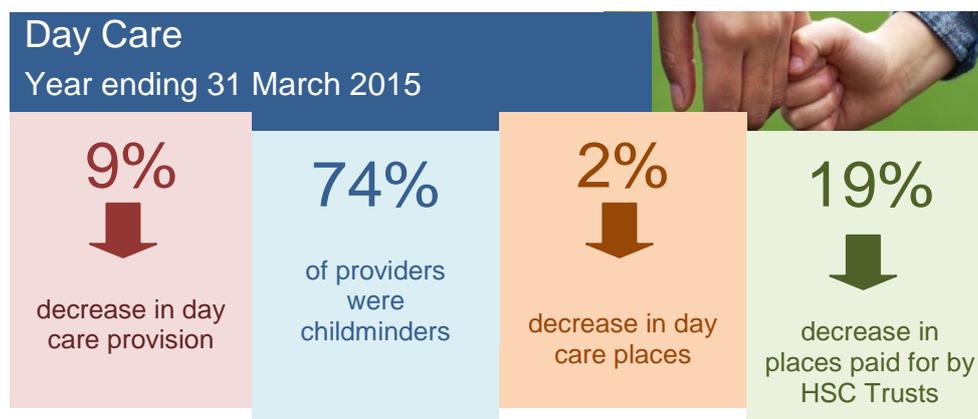


Source: Regulation and Quality Improvement Authority

# Section Five: Children's Day Care

## Key Findings

- At 31 March 2015 there were 4,616 individuals/facilities registered as day care provision for children aged 12 and under in Northern Ireland. This was a 9% decrease on the previous year;
- Similar to the previous years 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; and
- At 31 March 2015 there were 55,200 registered places for day care in Northern Ireland representing a decrease of 2% on the previous year.

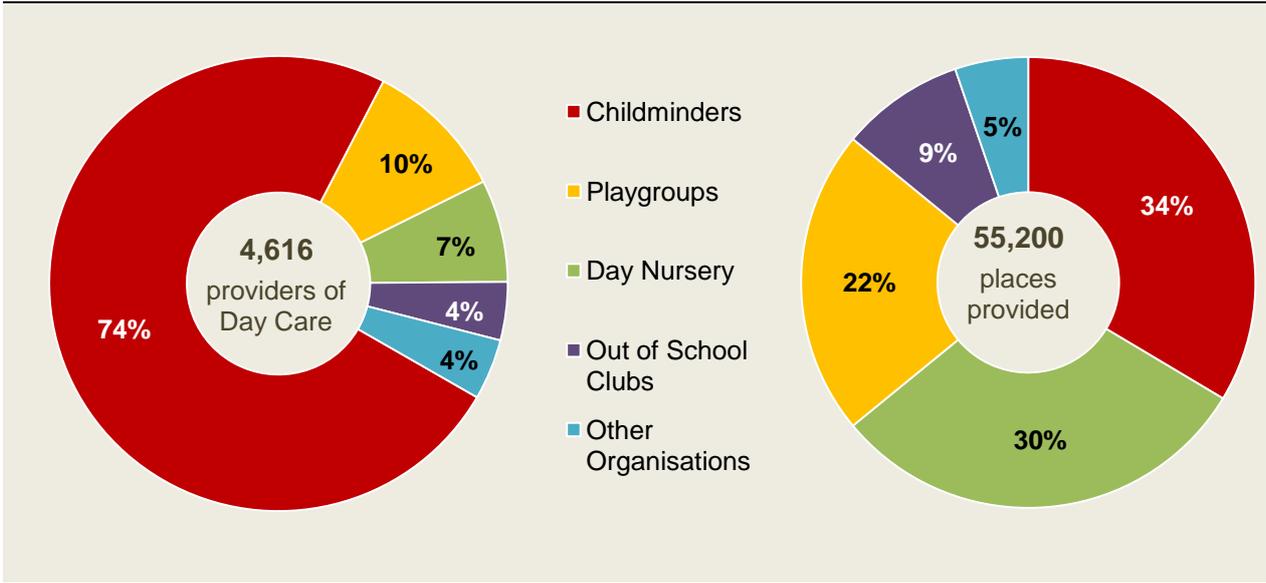


Please note that the Health and Social Care Board and the HSC Trusts have begun a data cleansing exercise in relation to day care data to ensure that all work streams and activity is captured.

# Children’s Day Care Provision in Northern Ireland

At 31 March 2015, 4,616 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 55,200 places. In terms of those providing day care this was a decrease of 9% on the previous year, with a 2% decrease in the number of registered places.

**Figure 5.1. Children’s Day Care Provision by Provider and number of Places at 31 March 2015**



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 2015, there were 3,427 childminders providing 18,551 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 463 playgroups providing 12,104 places, an average of 26 places per playgroup.

Day nurseries provide care for children less than five years old 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 336 day nurseries in Northern Ireland at 31 March 2015 registered with HSC Trusts, offering 16,799 places. This meant an average of 50 places per nursery.

Some 4% of day care provision was made up of Out of School Clubs, providing 9% 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 2015, 191 clubs provided 4,868 places; 25 places per club on average.

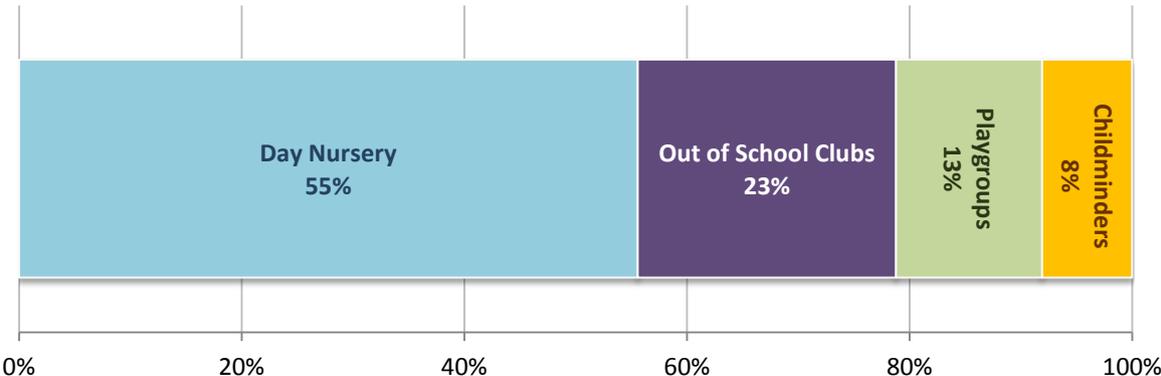
Other day care providers made up the least amount of providers and places with 199 providers and 2,878 places. As this is a variety of different types of provider an average number of places cannot be provided due to the different cohorts using their services.

### HSC Trust Sponsored Places in Day Care

At 31 March 2015, HSC Trusts in Northern Ireland were sponsoring 561 places in day care for children. This was a decrease of 19% on the previous year. The Belfast HSC Trust accounted for 75% of all sponsored places in day care; the South Eastern HSC Trust was the only 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 2015**



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 2015 and for the year ending 31 March 2015, 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.

## 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.

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 N1, N3, N3a, N4, N5a, N5b, N7a and N7b. 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](mailto: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 2015](#)

#### *Wales*

[Adoptions, outcomes and placements for children looked after by local authorities year ending 31 March 2015](#)

[Referrals, assessments and social services for children 2014/15](#)

#### *Scotland*

[Children's Social Work Statistics 2013/14](#)

#### Next Release

The next release of these statistics, for the year ending 31 March 2016, is scheduled for October 2016. 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.

Irish 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 India.

Pakistani: 'Pakistani' refers to those from Pakistan.

Bangladeshi: 'Bangladeshi' refers to those from Bangladesh.

Black Caribbean: 'Black Caribbean' refers to those of Afro-Caribbean origin.

Black African: 'Black African' refers to Black Africans.

Black Other: 'Black Other' refers to those of other origin including African Americans.

Mixed Ethnic Group: 'Mixed Ethnic Group' refers to those with mixed ethnicity.

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

Roma Traveller: 'Roma Traveller' refers to persons sometime know as gypsies or itinerants. The term 'Roma' is generally acceptable in collectively describing Travellers of European origin. Many have now settled into housing, however a Romani language is usually spoken in the home.

Not stated: 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. <b>Neglect, Physical Abuse and Sexual Abuse</b> | 10. Main category - sexual abuse     |
| 2. Main category - neglect                         | 11. <b>Physical and Sexual Abuse</b> |
| 3. Main category - physical abuse                  | 12. Main category - physical abuse   |
| 4. Main category - sexual abuse                    | 13. Main category - sexual abuse     |
| 5. <b>Neglect and Physical Abuse</b>               | 14. <b>Neglect (only)</b>            |
| 6. Main category - neglect                         | 15. <b>Physical Abuse (only)</b>     |
| 7. Main category - physical abuse                  | 16. <b>Sexual Abuse (only)</b>       |
| 8. <b>Neglect and Sexual Abuse</b>                 | 17. <b>Emotional Abuse (only)</b>    |
| 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 order 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 / Child in Care

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 2014/15 is available from:

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<http://www.dhsspsni.gov.uk/socialcare.htm>