

Children's Social Care Statistics for Northern Ireland 2015/16



A National Statistics Publication

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

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- are well explained and easily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

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

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

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



The statisticians within IAD are out posted from the Northern Ireland Statistics & Research Agency (NISRA) and the statistics are produced in accordance with the principles and protocols set out in the [Code of Practice for Official Statistics](#).

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IAD comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

This publication is produced by Community Information Branch.

Our Vision and Values

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

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About Community Information Branch

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

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

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

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<https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland>

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 Ireland¹. At 31 March 2016, just over 24,500 of these were known to Social Services as a child in need. Furthermore, 2,146 were on the Child Protection Register and 2,890 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^{2,3} and 1,997 Social Service staff employed are specifically graded as Child and Family Care social workers⁴. Many other work groups would also be involved in children's social care, such as managerial and administrative teams, multidisciplinary teams and staff in different residential settings. In addition, the Courts and educational system could also be involved in many aspects of children's social care

¹ Mid Year Estimate 2014 (NISRA 2015)

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

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

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

	31 March 2016		
	Rate per 10,000 child population		
	Children in Need	Child Protection Register	Looked after children
Belfast HSC Trust	757.0	50.3	97.9
Northern HSC Trust	466.2	48.0	62.5
South Eastern HSC Trust	462.6	53.3	57.5
Southern HSC Trust	483.9	54.8	49.8
Western HSC Trust	642.3	39.5	70.6
Northern Ireland	550.2	49.4	66.4

Source: Delegated Statutory Functions / Corporate Parenting Returns
Mid Year Estimate 2015 (NISRA 2016)

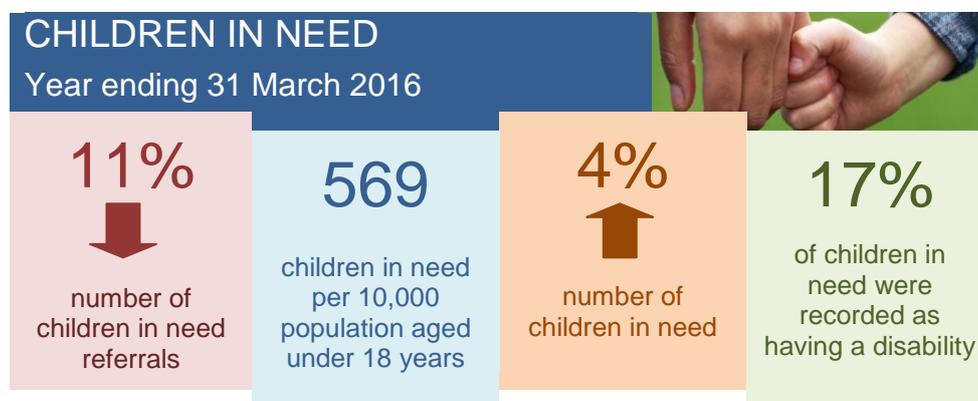
This bulletin presents the latest figures on children in need, the Child Protection Register and looked after children, as well as information on residential homes and day care provision. It is however worth noting that not all children who are abused or neglected are known to services; for every child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

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

Section One: Children in Need

Key Findings

- At 31 March 2016, 24,698 children in Northern Ireland were known to Social Services as a child in need;
- Some 34,124 children were referred to Social Services during 2015/16, the largest proportion of these children were referred by the police (26%) followed by Social Services (21%);



Please note that the Department of Health is in the process of changing its *children in need* information collection to better reflect the way the service is being delivered. This has caused some changes to the information presented compared with previous years. The first step towards this is the publication of experimental statistics relating to the processing of referrals requiring UNOCINI assessments by Gateway Services.

Children in Need in Northern Ireland

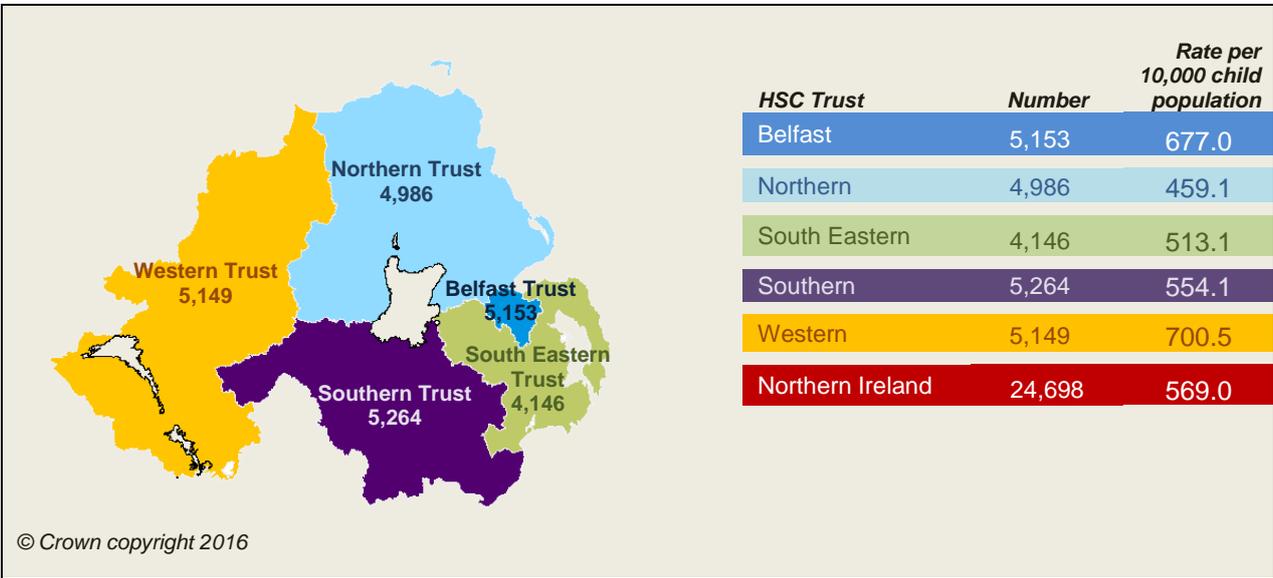
A Child is in Need if:

- 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 2016, 24,698 children in Northern Ireland were known to social services as a child in need⁶. This represented 569 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 Western and Belfast 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.

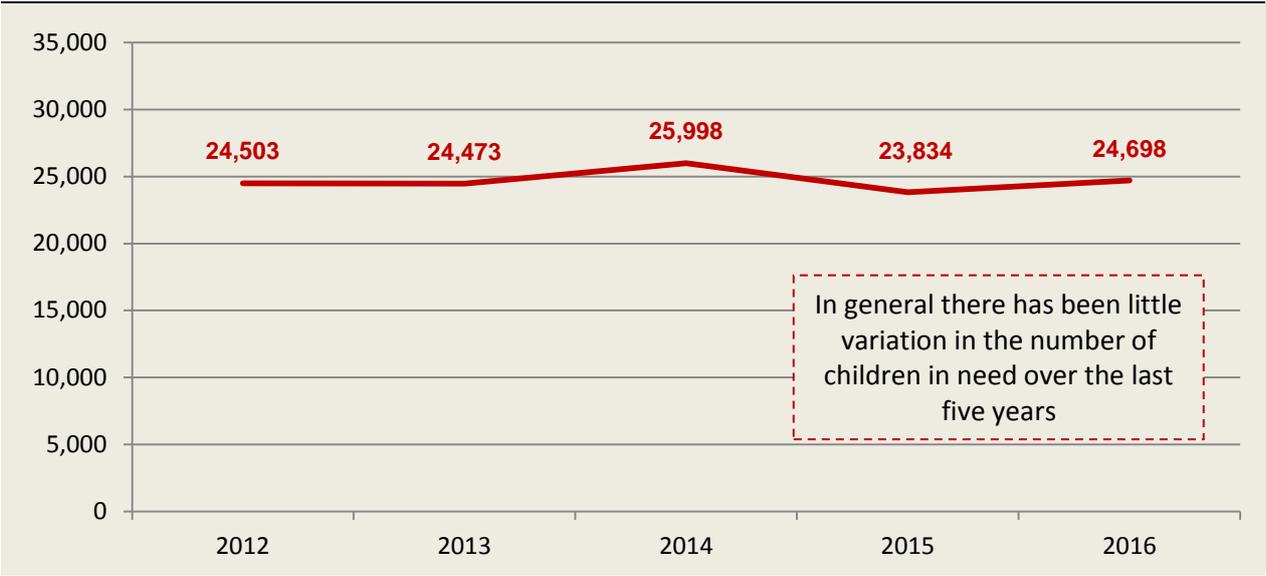
Figure 1.1. Children in Need by HSC Trust (31 March 2016)



Source: Delegated Statutory Functions Return 10.1.1 2015 Mid Year Population Estimate (NISRA 2016)

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

Figure 1.2. Number of Children in Need in Northern Ireland at 31 March (2012 – 2016)



Source: Delegated Statutory Functions Return 10.1.1

The number of children in need in 2016 was four percent higher than in 2015 when there were 23,834 children in need. This increase was mainly down to rises of 15% and 11% in the number of children in need in the Southern and South Eastern HSC Trusts respectively.

Compared with the general population in Northern Ireland, children in need had a slightly older age profile. Some 36% of children in need were aged 12 and over compared with 32% of the overall child population. Conversely, the Northern Ireland population had a higher proportion of those aged under 5 than in the children in need population.

Of the children in need at 31 March 2016, a higher proportion were male than female (55% and 45% respectively). This gap was slightly larger than the gender split in the child population in general, with 51% male and 49% female under 18 years of age⁷.

Table 1 A: Age distribution of Children in Need and the Northern Ireland Child Population

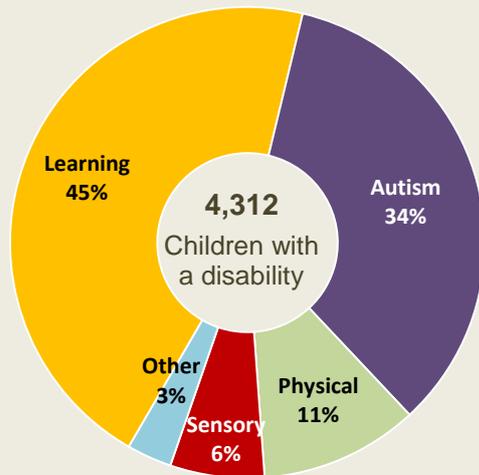
	Age group				
	Under 1	1-4	5-11	12-15	16 & over
Children in Need	4%	20%	40%	23%	13%
Northern Ireland child population	6%	23%	39%	21%	11%

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

Source: Delegated Statutory Functions Return 10.1.1
2015 Mid Year Population Estimate (NISRA 2016)

⁷ 2015 Mid Year Population Estimate (NISRA 2016)

Children in Need with a disability (31 March 2016)



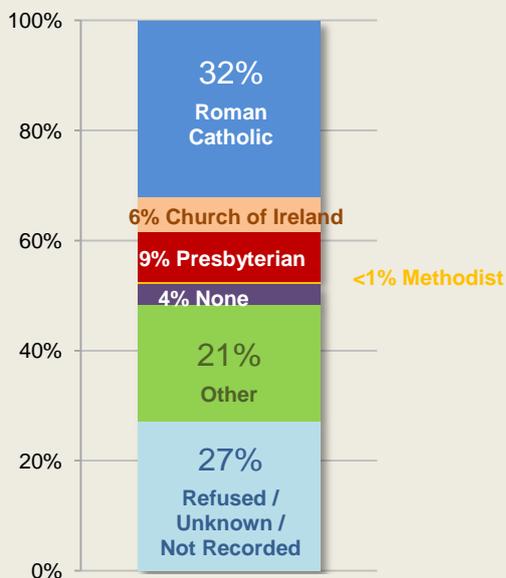
Of the 24,698⁸ children in need in Northern Ireland, 17% were recorded as having a disability. Almost half of these had a learning disability.

Having a disability was more prevalent amongst the male children in need, with 22% of males being recorded as having a disability compared with 12% of the female children in need. Furthermore, each of the disability categories had more males than females. This was most evident amongst those recorded as having Autism, where 80% were males. These findings were consistent with those published in *'The Prevalence of Autism (including Asperger's syndrome) in School Age Children in Northern Ireland'*,⁹ published on the Department's website.

Source: Delegated Statutory Functions Return 10.1.6

There is no statutory requirement for a child with a disability to be registered with the Social Services; such issues may be dealt with by a GP only and Social Services may never be involved. The figures presented here therefore do not represent the prevalence of children with different disabilities in Northern Ireland but are rather a reflection of the service demand.

Children in Need – Religion and Ethnicity (31 March 2016)



Religious affiliation was not recorded, not known or refused to be disclosed for over a quarter of all children (27%). A third (32%) reported their religion as 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 fifth of the children in need (22%), with 73% 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

⁸ Some 877 children were waiting for an assessment at 31 March 2016

⁹ <https://www.health-ni.gov.uk/publications/prevalence-autism-including-asperger%E2%80%99s-syndrome-school-age-children-northern-ireland>

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 2016, 34,124 children were referred to HSC Trusts in Northern Ireland¹⁰. 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 16% of the overall total¹¹.

The police were the source of the referrals for the largest proportion of children in need referred (26%), closely followed by Social Services (21%). There was a similar pattern across all of the HSC Trusts¹². These figures were similar to those recorded last year.

Figure 1.3. Children Referred by Source Year Ending 31 March 2016

<i>Police</i>	26%
<i>Social Services</i>	21%
<i>Hospital</i>	8%
<i>School/Educational Welfare Officer</i>	6%
<i>Relative</i>	6%
<i>Court/Probation Officer</i>	5%
<i>General Practitioner</i>	4%
<i>Anonymous</i>	4%
<i>Community Nurse/Health Visitor</i>	3%
<i>Voluntary Organisation</i>	2%
<i>Self</i>	2%
<i>Northern Ireland Housing Executive</i>	<1%
<i>Other</i>	13%

Source: Delegated Statutory Functions Return 10.1.4(b)

¹⁰ Please note that to calculate this figure two half yearly collections are combined, therefore it is possible that some double counting may occur

¹¹ See Tables for further details - <https://www.health-ni.gov.uk/articles/children-need>

¹² Delegated Statutory Functions are collected biannually – The Belfast HSC Trust was only able to provide figures for 1 October 2016 – 31 March 2016

Referrals to Gateway – Family Support and Child Protection^{13,14}

This section details the findings of new experimental statistics. Figures may be updated as this collection undergoes continuing assessment and refinement.

Gateway is the first point of contact for all new referrals to children’s social work and is responsible for:

- a) making sure that all new referrals are responded to promptly;
- b) linking with children and families to assess their needs and identify appropriate support services;
- c) ensuring an immediate response to safeguard children in need of protection;
- d) making sure children and young people receive ongoing social work support whenever they need it;
- e) ensuring that everyone involved with a child can contribute to the assessment of the child and their family; and
- f) working closely with other agencies when additional support is needed.

Source: Health and Social Care Trusts

Gateway is the first point of contact for all new referrals to children’s social work. This section details the number of referrals either for family support or child protection that were accepted for an initial UNOCINI assessment (Understanding the Needs of Children in Northern Ireland) at Gateway.

During the year ending 31 March 2016, there were 9,196 **family support referrals** to Gateway that were considered to require a UNOCINI assessment¹⁵.

The largest proportion of these referrals was received in the South Eastern HSC Trust (26%), with 22% in the Belfast HSC Trust,

21% in the Southern HSC Trust, 19% in the Northern HSC Trust and 13% in the Western HSC Trust.

Understanding the Needs of Children in Northern Ireland (UNOCINI) is a framework to support professionals in assessment and planning to better meet the needs of children and their family. It should be considered whenever an individual practitioner identifies that a child may have needs that are additional to those of a similar aged child living in similar circumstances.

Once a referral has been received and assessed as appropriate by children’s social services then an **UNOCINI Initial Assessment** will be completed by social services. This assessment is not designed to be in-depth but rather it is to provide a timely overview of current circumstances in order to take appropriate decisions about the future management and thresholds of intervention, for example provision of statutory social services, referral to another more appropriate agency or case closure.

If the initial assessment indicates that children’s social services should become involved then a more detailed and comprehensive **UNOCINI Pathway Assessment** will be completed. This will be tailored to the type of service most likely to meet the child or young person’s needs.

Source: UNOCINI Guidance – Understanding the Needs of Children in Northern Ireland, Department of Health

¹³ Figures have been sourced from the Health and Social Care Board – Gateway Return

¹⁴ The figures discussed in this section onwards reflect activity from the point where a referral is accepted for an initial UNOCINI assessment

¹⁵ Please note that family support referrals can relate to more than one child

Table 1 B: Gateway Activity – Family Support 2015/16

HSC Trust	Family Support			
	Referrals requiring UNOCINI Assessment	Family Support Assessments completed at Gateway	Assessments closed at Gateway	Initial Assessments transferred to Family Intervention Team
Belfast	2,047	1,648	1,037	602
Northern	1,737	1,588	933	655
South Eastern	2,364	1,746	1,213	555
Southern	1,893	1,385	1,185	324
Western	1,155	960	622	343
Total	9,196	7,327	4,990	2,479

Source: Health and Social Care Board

Note: Experimental statistics and subject to change

Note: A family Support Referral may relate to more than one child.

Some 7,327 family support assessments were completed at Gateway during 2015/16. Of these, 4,990 assessments were closed at Gateway, whereas 2,479 were transferred to Family Intervention Teams (FIT). Please note that the figures will not total as some assessment would have been opened prior to the beginning of the year and some would be closed after collection ended.

Table 1 C: Gateway Activity – Child Protection 2015/16

HSC Trust	Child Protection			
	Referrals requiring UNOCINI Assessment	Child Protection Assessments completed at Gateway	Assessments closed at Gateway	Initial Assessments transferred to Family Intervention Team
Belfast	281	291	99	121
Northern	232	255	86	169
South Eastern	457	430	142	280
Southern	1,024	1,024	739	226
Western	380	313	176	125
Total	2,374	2,313	1,242	921

Source: Health and Social Care Board

Note: Experimental statistics and subject to change

Gateway Teams at HSC Trusts received 2,374 **child protection referrals** requiring a UNOCINI assessment equating to 55¹⁶ referrals per 10,000 of the population under 18 during 2015/16. Some 2,313 child protection assessments were completed at Gateway. Of these, 1,242 child protection assessments were closed at Gateway, while 921 initial child protection assessments were transferred to FIT. As with the family support assessments, the figures will not total as some assessment would have been opened prior to the beginning of the year and some would be closed after collection ended.

All HSC Trusts closed more Family Support Assessments at Gateway than transferred to FIT teams. Three of the five HSC Trusts had more Child Protection Assessments transferred to

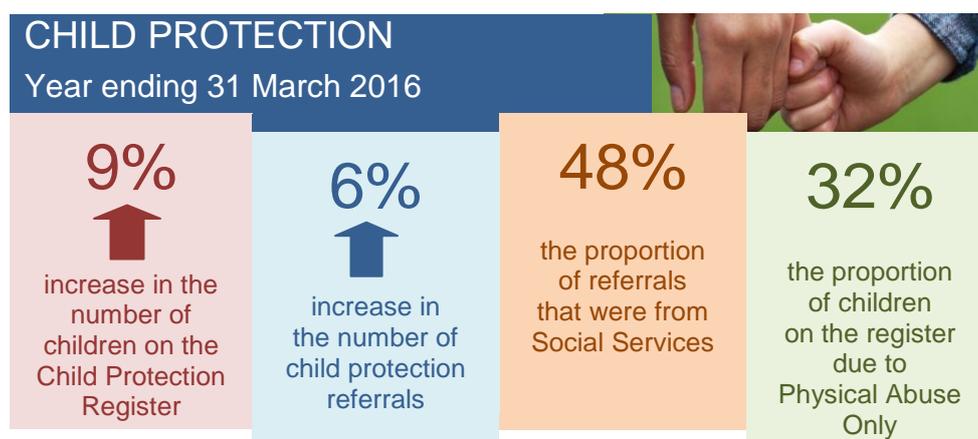
¹⁶ Please note that child protection referrals relates to individual children.

FIT teams than closed at Gateway. The difference between the HSC Trusts in regards to child protection may reflect differences in recording. Improvements to the data collection methodology will be taken forward as appropriate.

Section Two: Child Protection

Key Findings

- At 31 March 2016, 2,146 children were listed on the Child Protection Register;
- Neglect and physical abuse were the main reasons for a child being on the Child Protection Register;
- A total of 4,279 child protection referrals were received by HSC Trusts, a 6% increase on the previous year;
- There were 2,040 new registrations to the Child Protection Register and 1,861 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 also publish quarterly child protection information in the statistical tables "*Children's Quarterly Child Protection Statistics*", available from : <http://www.health-ni.gov.uk/articles/child-protection-register>

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 2016, 2,146 children were listed on the Child Protection Register in Northern Ireland. This represented 49 children per 10,000 population under 18 years of age. Of the 2,146 children on the register, 50% were boys and 50% 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 (38% and 30% respectively). Conversely, the Northern Ireland population had a higher proportion of those aged 12 and over than represented on the register (33% and 23% respectively).

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

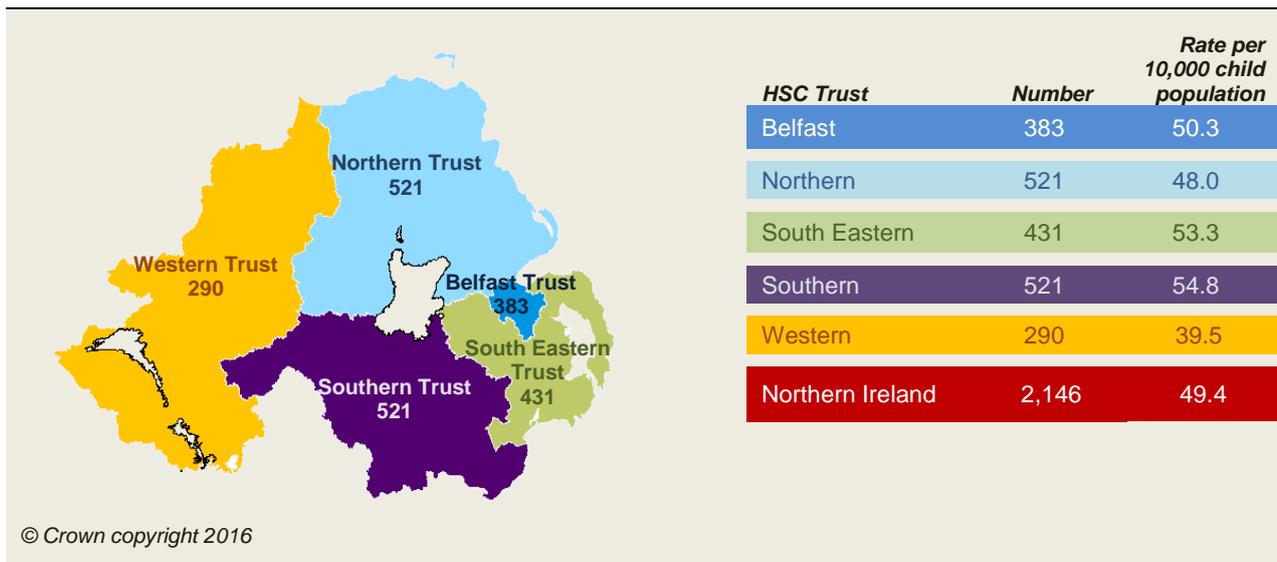
	Age group				
	Under 1	1-4	5-11	12-15	16 & over
Children on the Child Protection Register	10%	29%	39%	18%	4%
Northern Ireland child population	6%	23%	39%	21%	11%

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

Source: Children Order Return CPR1, 31 March 2016
2015 Mid Year Population Estimate (NISRA 2016)

The Northern and Southern HSC Trusts had the largest number of children on their Child Protection Register compared with the other HSC Trusts (24% respectively of the overall number). However, when taking the Trusts’ child populations into account, the Southern HSC Trust had the highest rate of children on the Child Protection Register (55 children per 10,000 child population). The Western HSC Trust had the lowest rate with 39 children per 10,000 population, which is substantially lower than any of the other HSC Trusts.

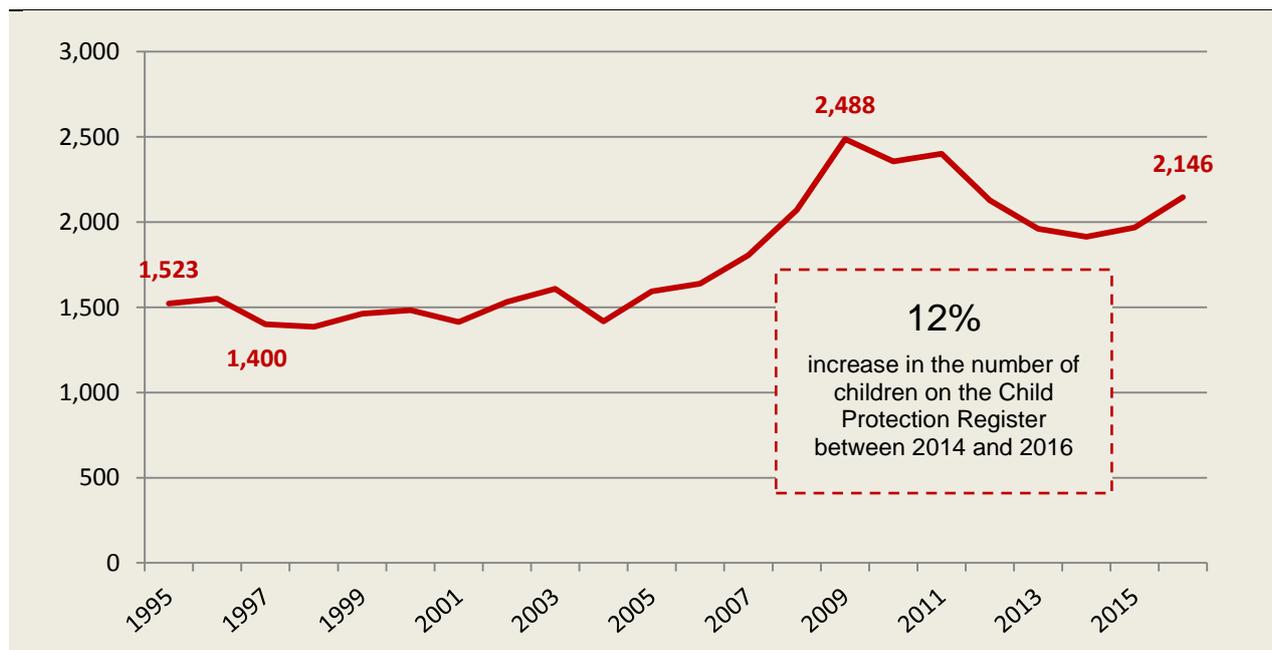
Figure 2.1. Children on the Child Protection Register by HSC Trust (31 March 2016)



Source: Children Order Return CPR1
2015 Mid Year Population Estimate (NISRA 2016)

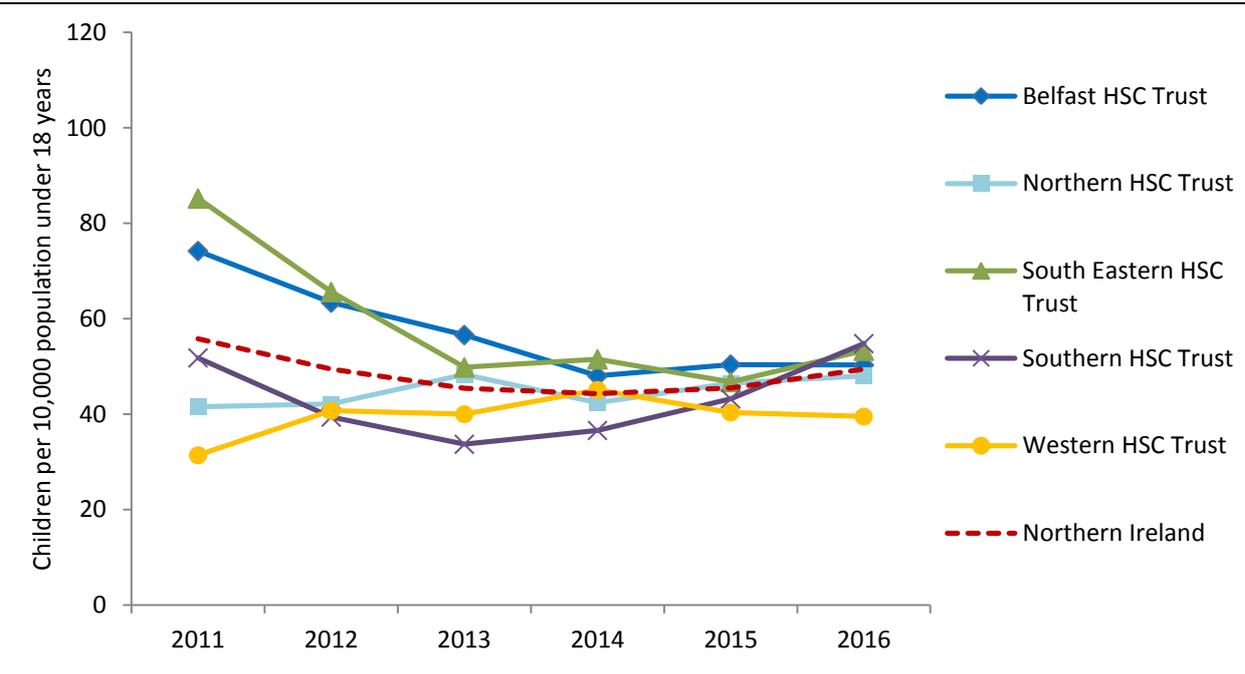
After three years of relatively stable figures of just under 2,000 children on the Child Protection Register the 2,146 children on the Register at 31 March 2016 represented a 9% (177) increase from the previous year (1,969). This has brought the number up to the level seen in 2012. The highest number of children registered occurred in 2009 (2,488), which may have been influenced by several high profile child protection cases covered by the media around this time. The lowest number of children on the register in the past twenty years occurred in 1997, when around 750 fewer children were on the Child Protection Register than in 2016.

Figure 2.2. Number of Children on the Child Protection Register in Northern Ireland at 31 March (1995 – 2016)



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 (2011 – 2016)



Source: Children Order Return CPR1
2015 Mid Year Population Estimates (NISRA 2016)

Figure 2.3 sets out the rate of children on the Child Protection Register per 10,000 child population. The rate at 31 March 2016 was 49 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 greatly 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.

However, there has been a steady increase, in the last three years, in the rate of children on the Child Protection Register in the Southern HSC Trust, resulting in it having a slightly higher rate than the other Trusts at 31 March 2016.

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.

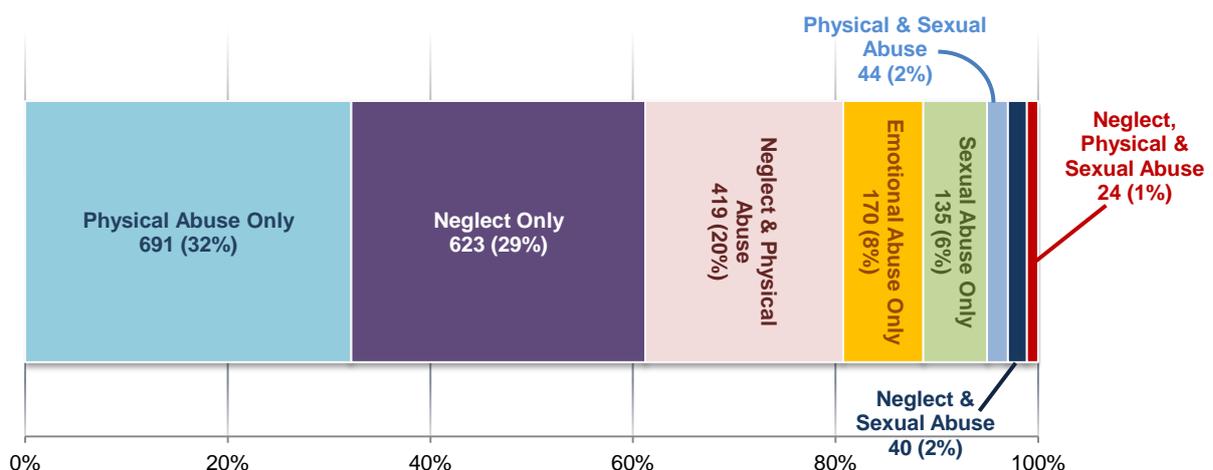
Physical Abuse: Actual or likely deliberate physical injury to a child, or wilful or neglectful failure to prevent physical injury or suffering to a child including deliberate poisoning, suffocation or Munchausen syndrome by proxy.

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.

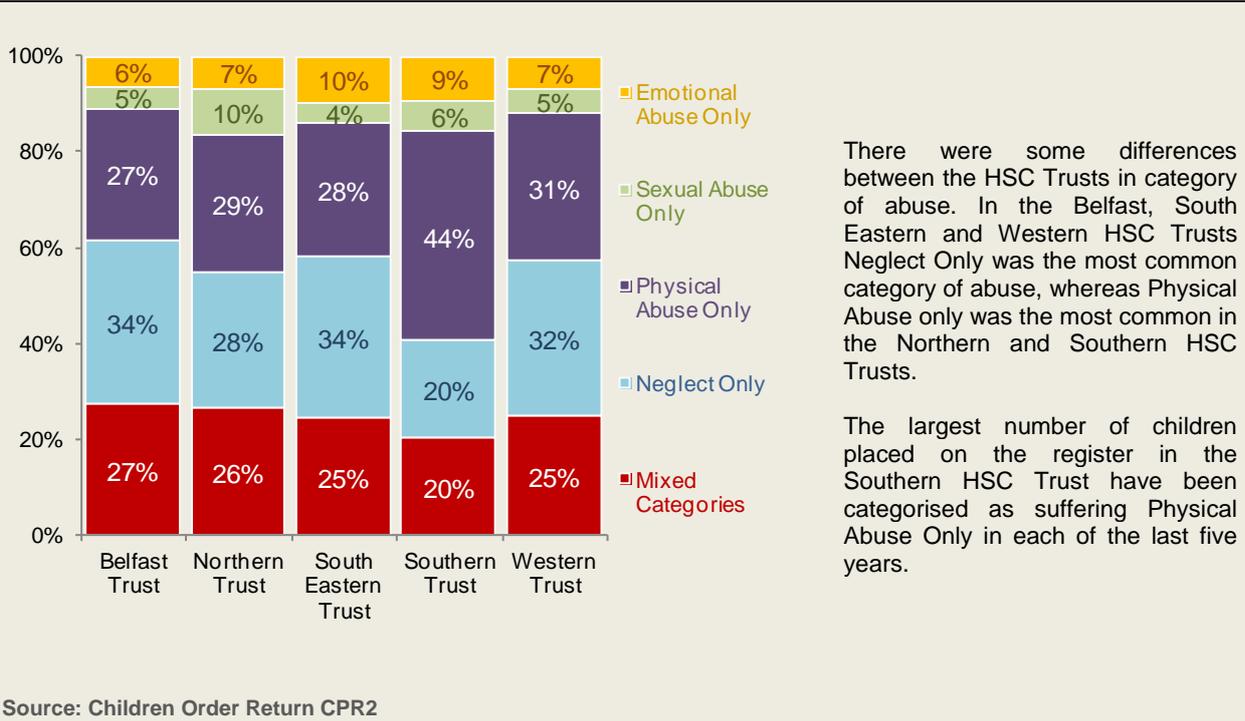
Physical abuse and Neglect were the main reasons for a child being on the Child Protection Register. The categories Neglect only, Physical Abuse Only and Neglect and Physical Abuse accounted for four fifths (81%) of all cases on the Child Protection Register at 31 March 2016. Physical Abuse Only was the largest single cause of a child being placed on the register (32%) while the combination of Neglect and Physical (20%) 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 2016



Source: Children Order Return CPR2

Figure 2.5. Children on the Child Protection Register by Category of Abuse and HSC Trust at 31 March 2016



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 2011 to 2016.

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 a number of cases likely to be crossovers with looked after children.

The majority, 92%, of children on the Child Protection Register at 31 March 2016 had no recorded legal status, 3% were Accommodated (Article 21), 2% had Interim Care Orders, 1% had Interim Supervision Orders and 2% had Other legal statuses¹⁷. These figures were similar to those recorded in previous years.

There was some variation between the Trusts, with 14% of children registered in the Belfast HSC Trust having a legal status compared with 5% in the South Eastern and Southern HSC Trusts. Of those children with a legal status, the largest proportions in each Trust were Accommodated (Article 21), apart from in the Belfast HSC Trust where the largest number of children had an Interim Care Order.

¹⁷ Please see Appendix B for definitions of different legal statuses

Duration on the Register

Of the 2,146 children on the Child Protection Register at 31 March 2016, 68% 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 (25%) and the lowest number had been on the register for three years or longer (2%).

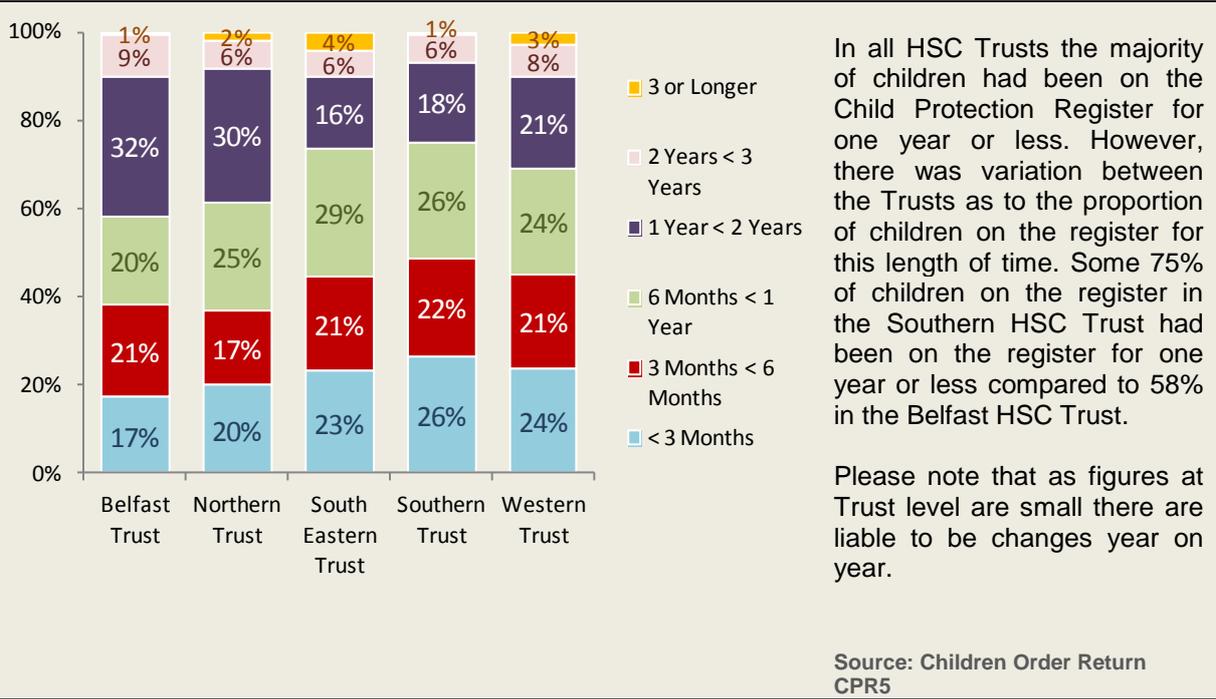
There has been some minor fluctuation in the time on the register between 2011 and 2016 (see Fig. 2.6), however largely the trend has been similar year on year.

Figure 2.6. Children on the Child Protection Register by Duration at 31 March (2011 – 2016)



Source: Children Order Return CPR5

Figure 2.7. Children on the Child Protection Register by Duration on Register and HSC Trust at 31 March 2016



Child Protection Referrals

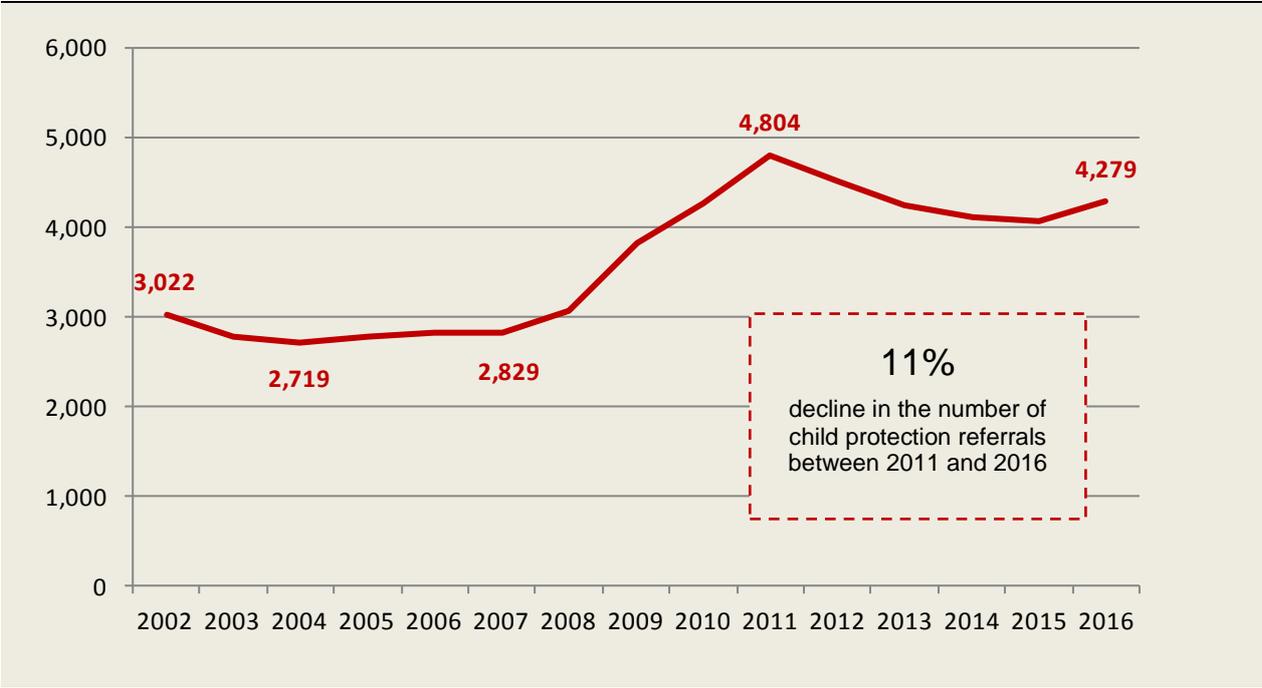
A Child Protection Referral is one for which the initial assessment indicates that there may be Child Protection issues. The threshold for action should be the allegation or suspicion of child abuse. However the balance needs to be struck between taking action designed to protect the child from abuse 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 4,279 child protection referrals were received during the year ending 31 March 2016. This amounted to 99 referrals per 10,000 of the population under 18.

The 4,279 referrals received was an increase of 6% from the year ending 31 March 2015. This represented a reversal of the decline in referrals received over the previous four years. 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.

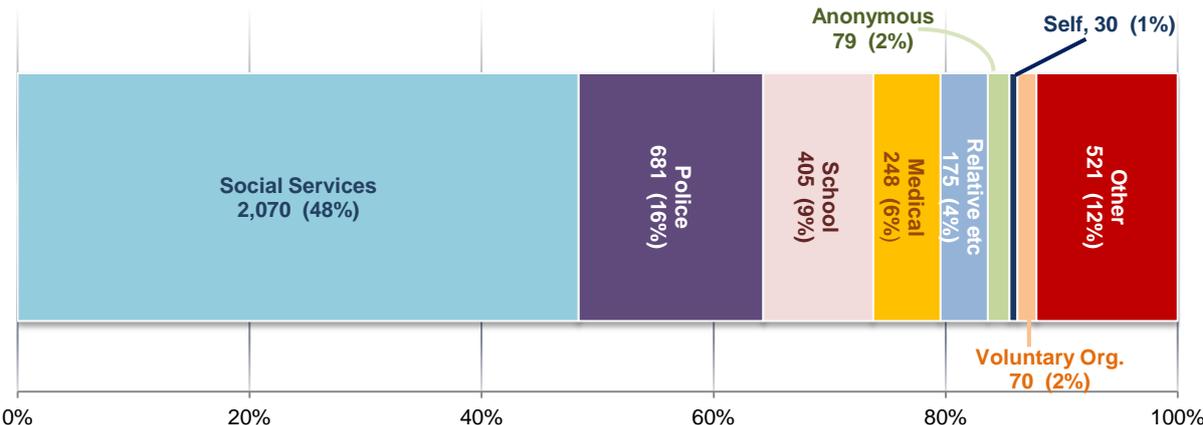
Figure 2.8. Number of Child Protection Referrals during year ending 31 March (2002 – 2016)



Source: Children Order Return CPR3

During 2015/16, Social Services accounted for 48% of all child protection referrals received, with 16% from the police and 9% from schools. Furthermore, 4% of the referrals were made by relatives, neighbours or friends while 30 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 2016



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 HSC Trust populations into account, the number of referrals between the Trusts ranged from 66 per 10,000 of the child population in the Northern HSC Trust to 140 referrals per 10,000 child population in the Southern 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 (Western HSC Trust) to 60 (Southern HSC Trust) registrations per 10,000 child population within the Trusts in 2015/16.

Table 2 B: Number of Child Protection Referrals, Investigations, Initial Case Conferences and Registrations to the Child Protection Register during year ending 31 March 2016 by HSC Trust

HSC Trust	Child Protection Referrals	Child Protection Investigations	Initial Case Conferences	Registrations to the CPR	<i>Difference between number of referrals and initial case conferences</i>	<i>Percentage of initial case conferences that lead to registrations</i>
Belfast Trust	606	581	320	291	-47%	91%
Northern Trust	718	658	579	498	-19%	86%
South Eastern Trust	1,024	982	493	440	-52%	89%
Southern Trust	1,327	709*	648	567	-51%	88%
Western Trust	604	540	277	244	-54%	88%
Northern Ireland	4,279	3,470	2,317	2,040	-46%	88%

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 3,470 child protection investigations carried out during 2015/16. This was an increase of 1% 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:

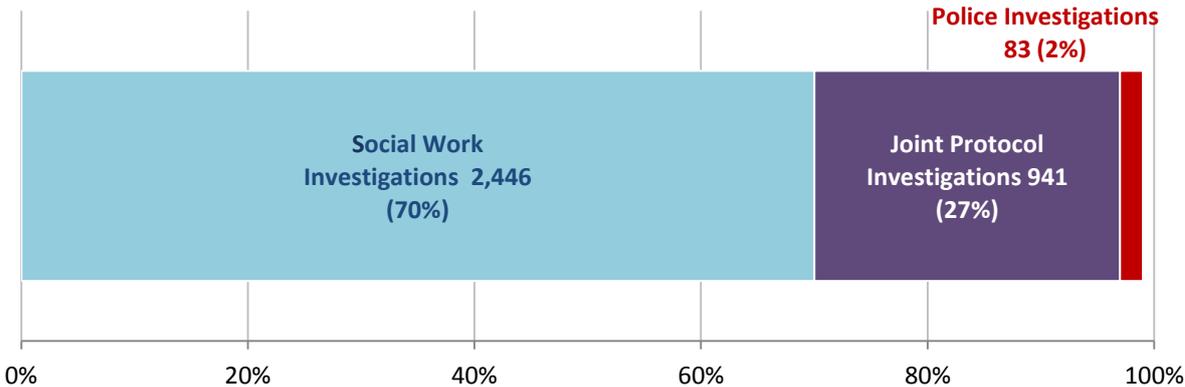
- a) Joint Protocol (carried out jointly by social workers and the PSNI);
- b) Social Workers; and
- c) PSNI.

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

The vast majority of the 3,470 child protection investigations were carried out by social workers (70%), with a further 27% Joint Protocol Investigations involving both the police and social workers. The remaining 2% (83 investigations) were recorded as carried out by police only. These figures were similar to those recorded the previous year.

In the Southern HSC Trusts 7% of all child protection investigations were carried out by the police only, while in the other four Trusts 2% or less of all investigations were carried out by the police.

Figure 2.10. Child Protection Investigations (year ending 31 March 2016)



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 2016, 2,317 Initial Case Conferences had been completed across Northern Ireland, a 7% increase on the previous year.

Some 87% of Initial Case Conferences resulted in a child being placed on the Child Protection Register in 2015/16. At HSC Trust level there was some variation ranging from 91% of case conferences resulting in registration in the Belfast

HSC Trusts to 85% in the Northern and Southern HSC Trusts.

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 harm¹⁸.

¹⁸ 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.

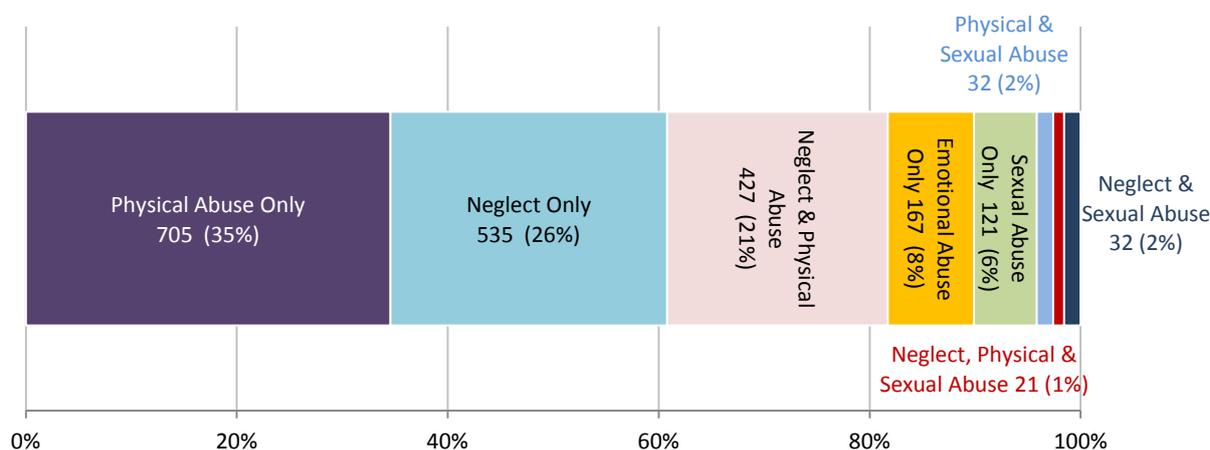
De-registration is the removal of a child from the Child Protection Register. Where a child has moved on or off the Register several times during the year each deregistration is recorded.

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 2016, there were 2,040 registrations to the Child Protection Register, a 7% increase on the previous year. This reversed the overall trend of declining registrations. The largest proportion of registrations occurred in the Southern HSC Trust (28%), with the Western HSC Trust accounting for the least amount (12%). 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 82% 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 2016



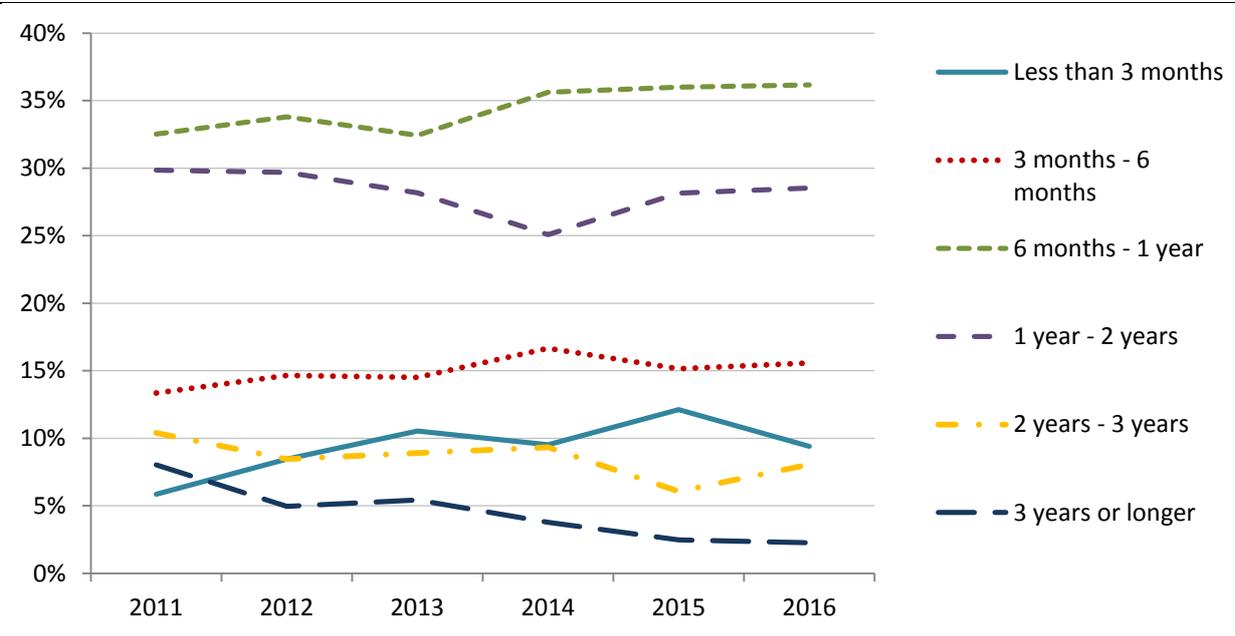
Source: Children Order Return CPR8

Physical Abuse Only accounted for the largest proportion of children registered in the Northern, Southern and Western HSC Trusts, with Neglect Only accounting for the largest proportion of registrations in the Belfast and South Eastern HSC Trusts. 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 448 re-registrations to the Child Protection Register during 2015/16, an increase of 28% on the previous year. The South Eastern HSC Trust accounted for just over a quarter 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 11% in the Belfast HSC Trust to a 46% increase in the South Eastern HSC Trust¹⁹.

Some 1,861 children were removed from the Child Protection Register during 2015/16, an increase of 1% on the previous year. The largest proportion of de-registrations occurred in the Northern 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 (2011 – 2016)



Source: Children Order Return CPR10

As in previous years, the largest proportion of children removed from the register had been listed there for 6 months to 1 year or between 1 and 2 years, with the smallest proportions de-registered after 3 years or longer. It is however worth noting that very few children are on the register for this length of time (see previous section on duration on register).

The proportion of children removed from the register after 3 years or longer declined by six percentage points between 2010/11 to 2015/16 from 8% to 2%. During the same period those de-registered after less than six months increased by six percentage points from 19% to 25%.

¹⁹ Caution should be used in considering percentage changes at Trust level due to the small numbers involved.

Child Protection Comparability across the United Kingdom

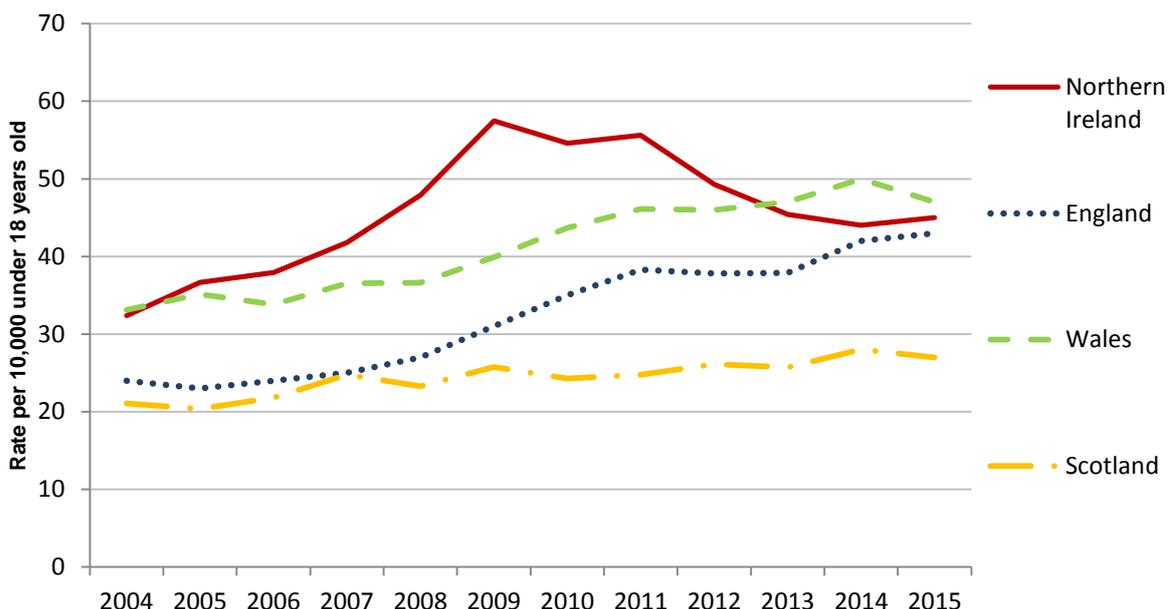
Child Protection systems across the United Kingdom vary but are generally comparable. Scotland's collection year for these figures runs from 1 August to 31 July, so end year figures are reported as at 31 July. In comparison the collections in England, Wales and Northern Ireland run from 1 April to 31 March²⁰.

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, and does still have the highest rate, despite a small dip in the last year.

Figure 2.13. Cross UK Comparison of Rate of Children on the Child Protection Register per 10,000 under 18's, 2004 – 2015^{1, 2}



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

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

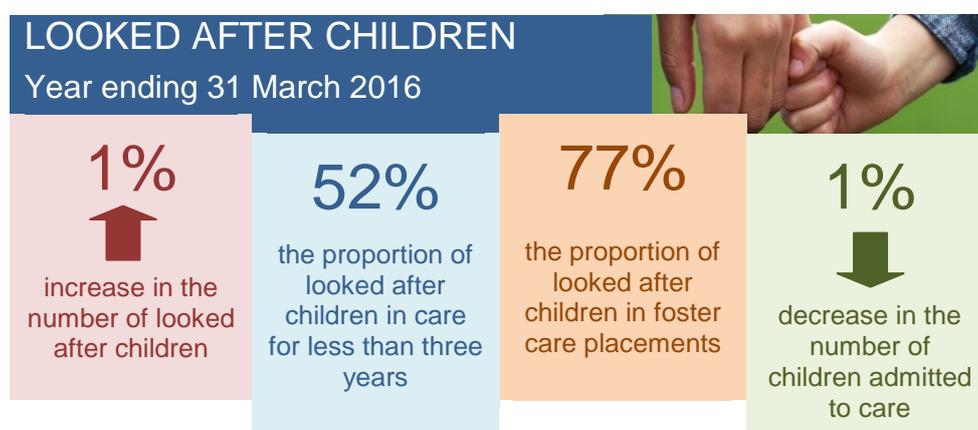
² Up to 2009 figures for England have been taken from aggregate CPR3 return provided by local authorities. In 2010 this data source was replaced by the child level Children in Need (CIN) census and so readers should be cautious in making direct comparisons between the 2009 and 2010 figures.

²⁰ As Scottish figures for year ending 31 July 2016 are not available, only figures in 2015 will be compared

Section Three: Looked After Children

Key Findings

- At 31 March 2016, 2,890 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 (77%), 13% placed with parents, 6% in residential care and 4% in other placements. This was similar to previous years;
- During 2015/16 there were 836 admissions to care and 809 discharges.



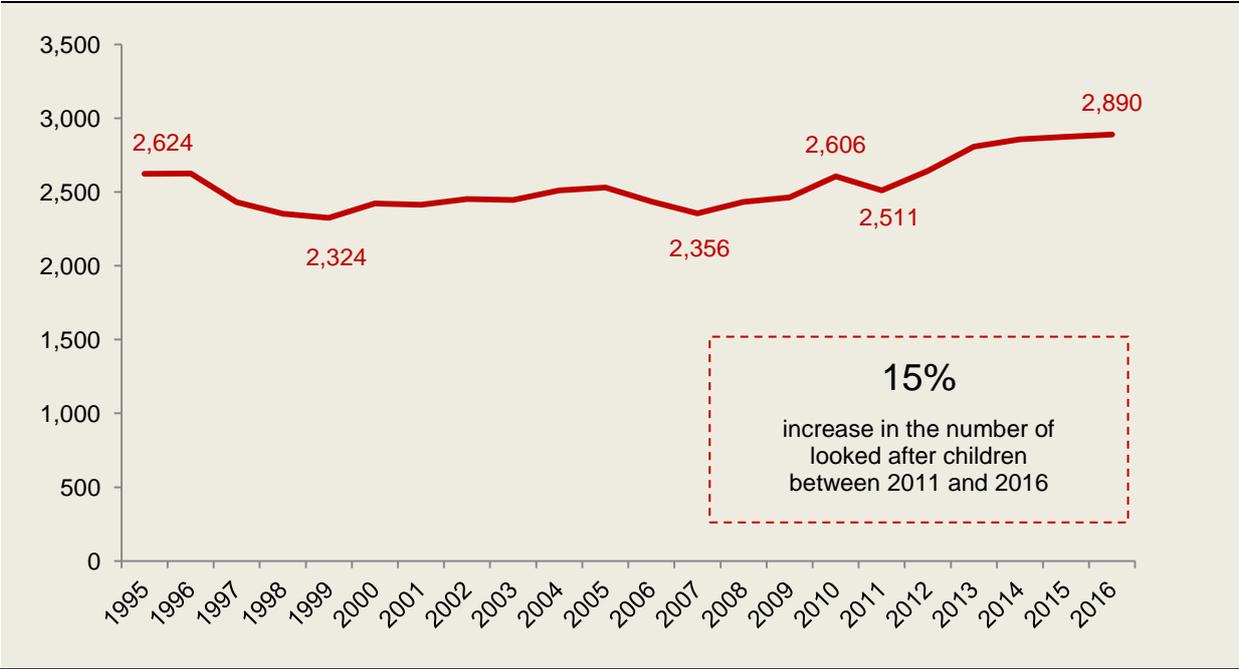
Looked After Children in Northern Ireland

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 2016, 2,890 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 67 children per 10,000 of the child population. The number of looked after children in Northern Ireland has risen by 15% 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 2016 was 1% higher than at the same time the previous year (2,875).

Figure 3.1. Looked After Children in Northern Ireland at 31 March (1995 – 2016)



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

The growth in the number of looked after children may be due to several interrelated factors arising from increased pressures on families and professional agencies due to the economic climate. These factors could 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 2015/16. 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 2014/15 and 2015/16 ranged from an increase of 7% in the Western Trust to a decrease of 5% in the Northern Trust.

Figure 3.2. Looked After Children by HSC Trust (31 March 2016)



Source: Delegated Statutory Functions Return 10.3.1
2015 Mid Year Population Estimate (NISRA 2016)

At 31 March 2016, some 4% (122) of the looked after children were also on the Child Protection Register. This was a decrease on the previous year. The largest proportion of these children (looked after and on the Child Protection Register) were located in the Belfast HSC Trust (26%).

Source: Delegated Statutory Functions Return 10.3.11

Of those children looked after at 31 March 2016, a slightly higher proportion were male than female (53% and 47% respectively). This was similar to the gender split in the general childrens population.

The looked after children had an older age profile compared with the general child population in Northern Ireland; 42% of the looked after population were aged 12 years and over whereas 32% 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

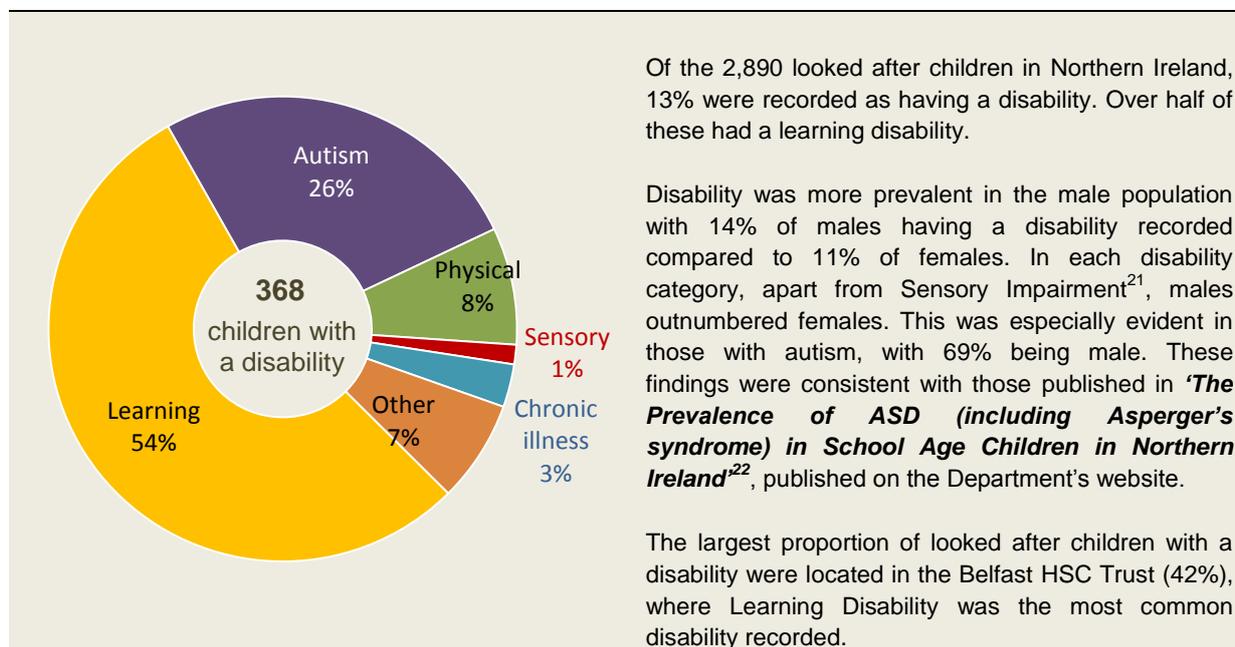
	Age group				
	Under 1	1-4	5-11	12-15	16 & over
Looked After Children	4%	20%	35%	24%	18%
Northern Ireland child population ^A	6%	23%	39%	21%	11%

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

^A Source: Mid Year Population Estimates 2015, NISRA (2016)

Source: Delegated Statutory Functions Return 10.3.1

Figure 3.3. Looked After Children with a Disability (31 March 2016)

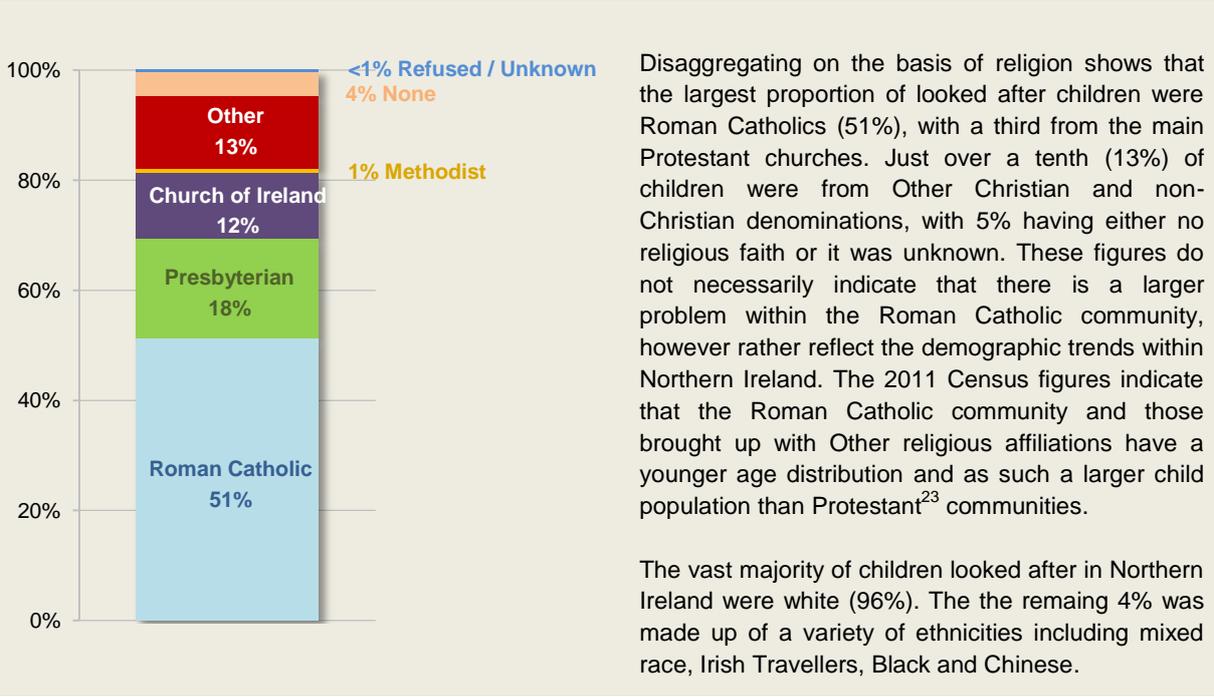


Note: 'Autism' includes those with Aspergers and ADHD.
 Children with no category assigned are included in 'Other'.
 Source: Delegated Statutory Functions Return 10.3.12

²¹ Please note that only a small number of children have a Sensory disability

²² <https://www.health-ni.gov.uk/publications/prevalence-autism-including-asperger%E2%80%99s-syndrome-school-age-children-northern-ireland-1>

Figure 3.4. Looked After Children by Religion and Ethnicity (31 March 2016)



Note: 'Church of Ireland' contains a small number of those included as 'Church of England'.
 Source: Delegated Statutory Functions Return 10.3.2

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

Legal Status of Looked After Children

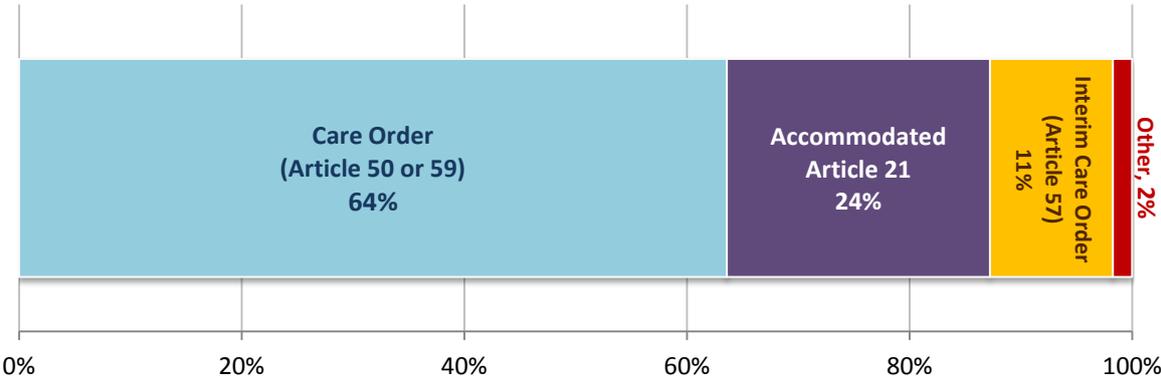
The legal status of looked after children was, in 2015/16, similar to that in previous years. The majority, 64%, of looked after children were subject to a Care Order (Article 50), 24% were Accommodated Article 21, 11% had an Interim Care Order and 2% had other legal statuses²⁴.

*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 26% of its looked after population Accommodated under Article 21. In comparison 20% of children looked after in the Belfast HSC Trust had this legal status. Children accommodated under Article 21 have been placed in care with the permission of their parents.

Figure 3.5. Legal Status of Looked After Children at 31 March 2016



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 2016. In contrast, just 5% 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.

²⁴ Definitions of the different legal statuses can be found in appendix B

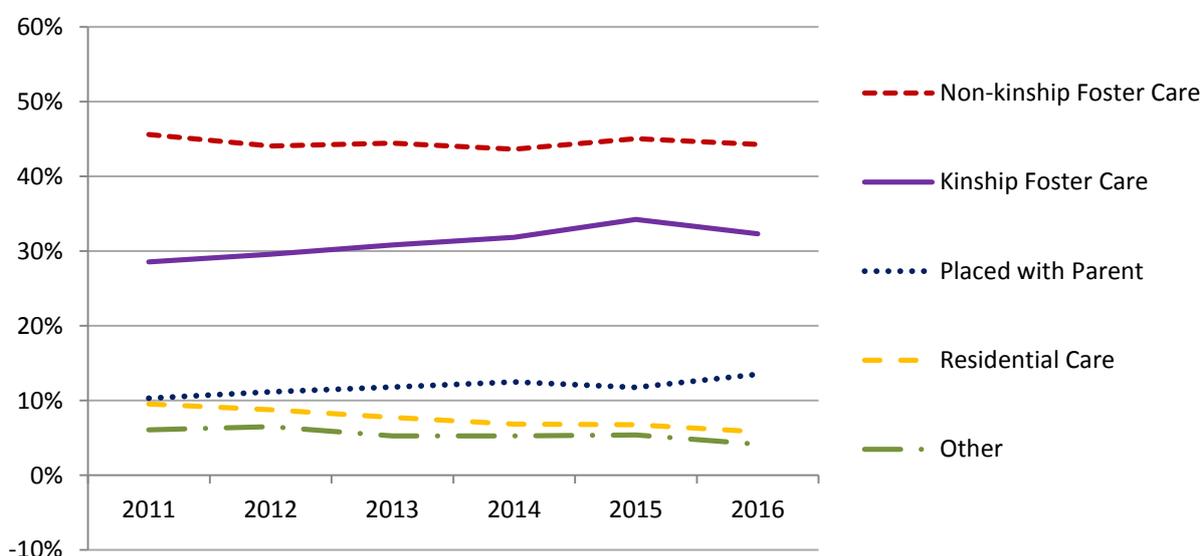
Placement of Looked After Children

Fostering continues to be the preferred placement option for looked after children, with 77%²⁵ of children being fostered at 31 March 2016. A further 13% of children had been placed with parents, 6% were in residential care and 4% in other placements²⁶. There have only been minor variations to these proportions the last six years.

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 children²⁷. Furthermore, there has been a recent emphasis on kinship care, which means the child is placed with a relative, friend or other person with a prior connection with the child. 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. Around two fifths of those children in foster care were in a kinship placement.

There has been a small increase in those foster care placements that are kinship placements from 39% in 2011 to 42% in 2016. Within the HSC Trusts, at 31 March 2016 the Western HSC Trust had the highest proportion, 50%, compared to the Southern HSC Trust which had the lowest, 35%. Over the five years from 2011 to 2016 the Western HSC Trust saw a growth in foster care placements that were kinship placements from 26% to 50%. Over the same period there was little change in the other Trusts.

Figure 3.6. Looked After Children by Placement at 31 March (2011 – 2016)



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

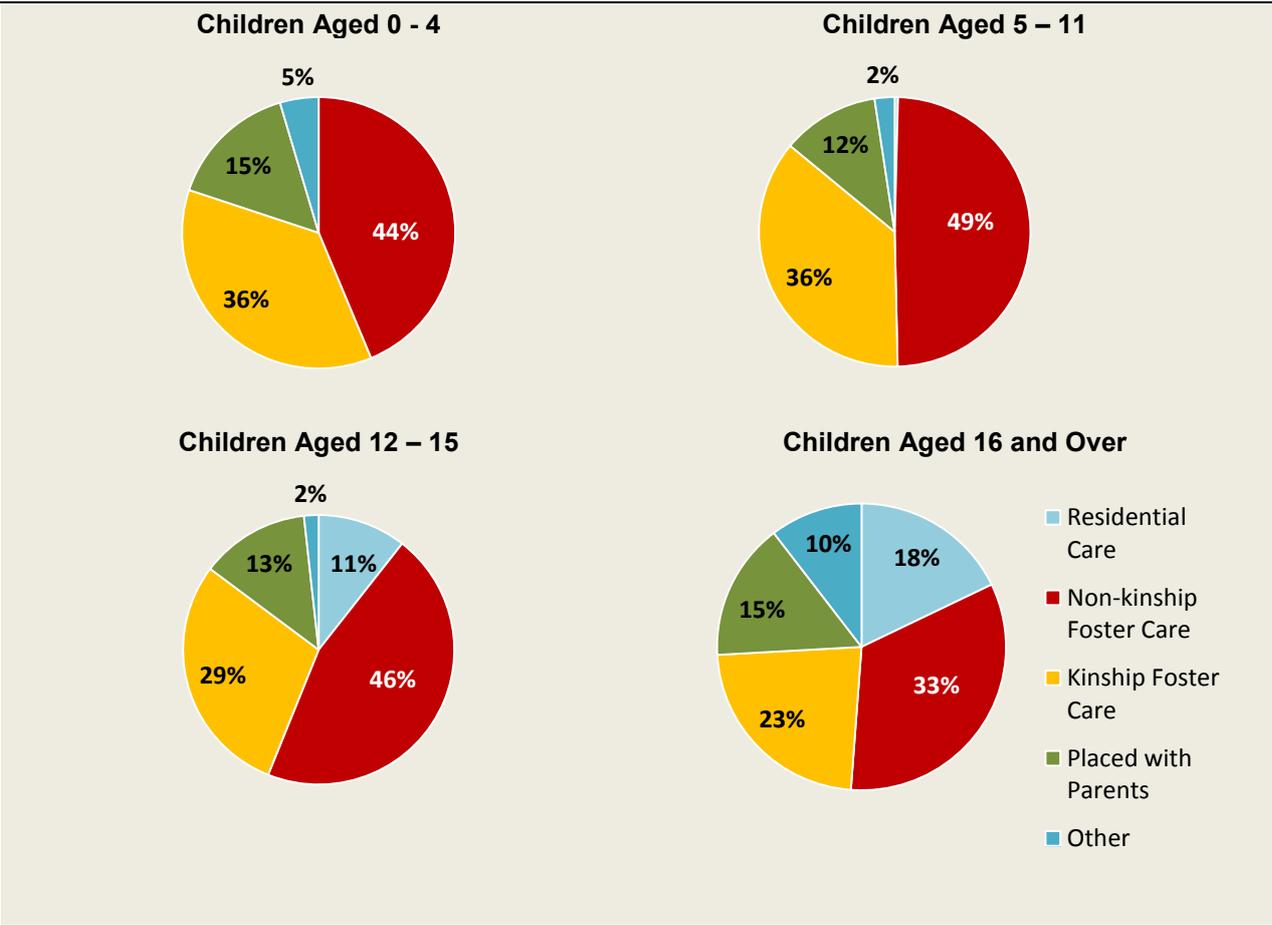
Note: Non-kinship foster care includes placements provided by Independent Providers

²⁵ Of those children placed in foster care some 52% were in non-kinship foster care, 42% in kinship foster care and 6% were placed with Independent Providers

²⁶ Description of placement types is included in Appendix B

²⁷ See "Introduction" for further details.

Figure 3.7. Placement of Looked After Children by Age Group at 31 March 2016



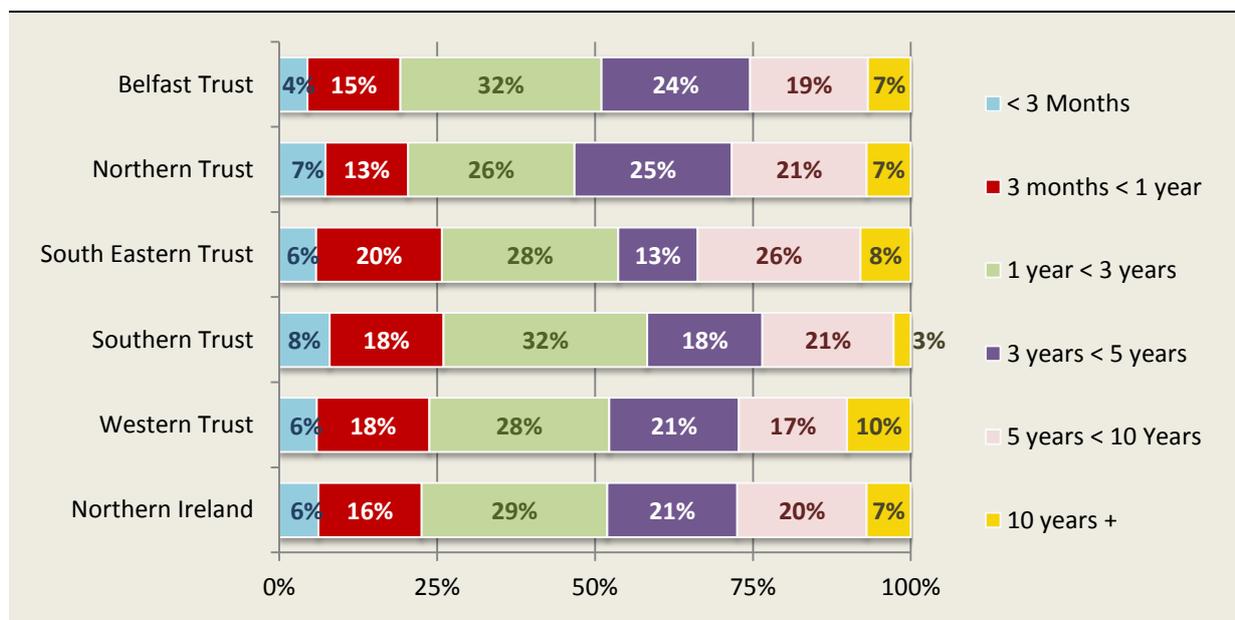
Source: Delegated Statutory Functions Return 10.3.3
 Note: Non-kinship foster care includes placements provided by Independent providers

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 20% of those aged 16 and over in this placement. These figures are similar to those recorded in previous years.

Duration in Care of Looked After Children

The majority of looked after children in Northern Ireland at 31 March 2016 had been in care for less than three years (52%). This trend was observed in four of the HSC Trusts. The exception to this is the Northern HSC Trust where 53% of looked after children had been in care for longer than three years.

Figure 3.8. Looked After Children by Duration in Care and HSC Trust at 31 March 2016



Source: Delegated Statutory Functions Return 10.3.4

Some 10% of the looked after populations in the Western HSC Trust 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 of those in age groups 1–4 and 5–11 had been looked after for between one and three years, with those aged 12–15 and 16 & over had been looked after for between five and ten years²⁸. 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 2015/16 year, 836 children were admitted to care in Northern Ireland; this was 1% less than in 2014/15. This small decrease in admissions continues the decline recorded in the previous year. The Belfast HSC Trust accounted for the largest proportion of admissions (22%), followed by the Southern HSC Trust (21%), the South Eastern HSC Trust (20%), the Northern HSC Trust (19%) and the Western HSC Trust (18%).

²⁸ See Tables for details <https://www.health-ni.gov.uk/articles/looked-after-children>

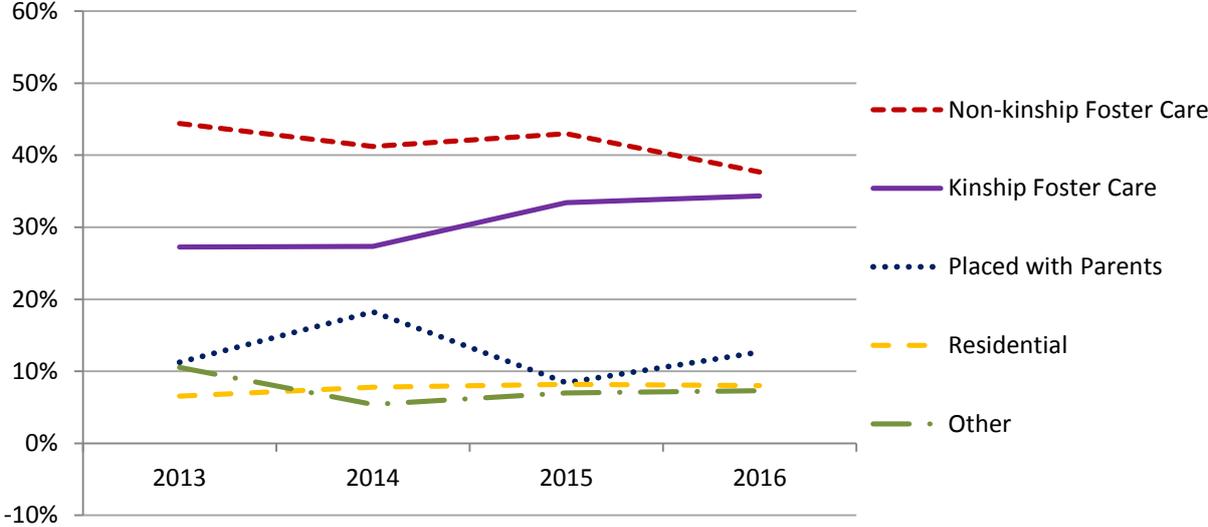
The legal status of almost three quarters (71%) of the children was Accommodated Article 21²⁹ at the time of admissions to care. This pattern was evident throughout Northern Ireland however there was some variation with 63% of children in the Belfast HSC Trust admitted with this legal status compared to 87% in the Northern HSC Trust.

Of the 602 admissions to foster care during 2015/16, 48% were with kinship carers.

In recent years, the vast majority of children admitted to care have initially been placed in foster care³⁰, with a recent narrowing of the proportions of those placed in kinship care and non-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 81% of admissions in the Southern HSC Trust to 63% in the South Eastern 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.

Figure 3.9. Admissions to Care by Placement during year ending 31 March (2013 – 2016)

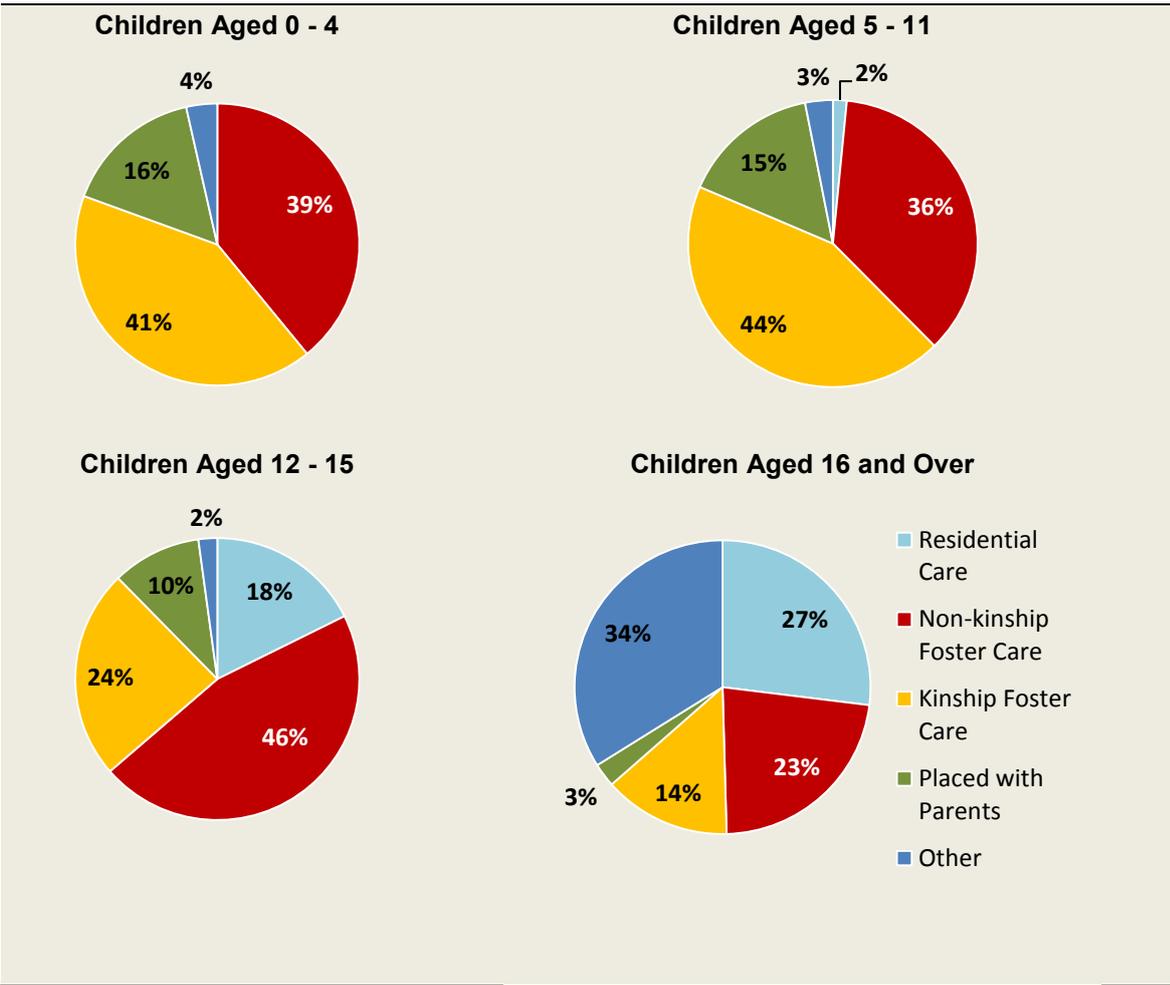


Source: Delegated Statutory Functions Return 10.3.39
 Note: Non-kinship foster care includes placements provided by Independent providers

²⁹ See Appendix B for description of legal statuses
³⁰ Of those admissions to foster care, 51% were placed in non-kinship care, 48% in kinship care and 1% with Independent Providers

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, 80% of admissions of the younger children (under the age of 12) entered foster care, compared with only 37% of those aged 16 and over. Furthermore, a quarter (27%) of those aged 16 and over were placed in residential care. 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 and a large proportion were placed in other types of accommodation.

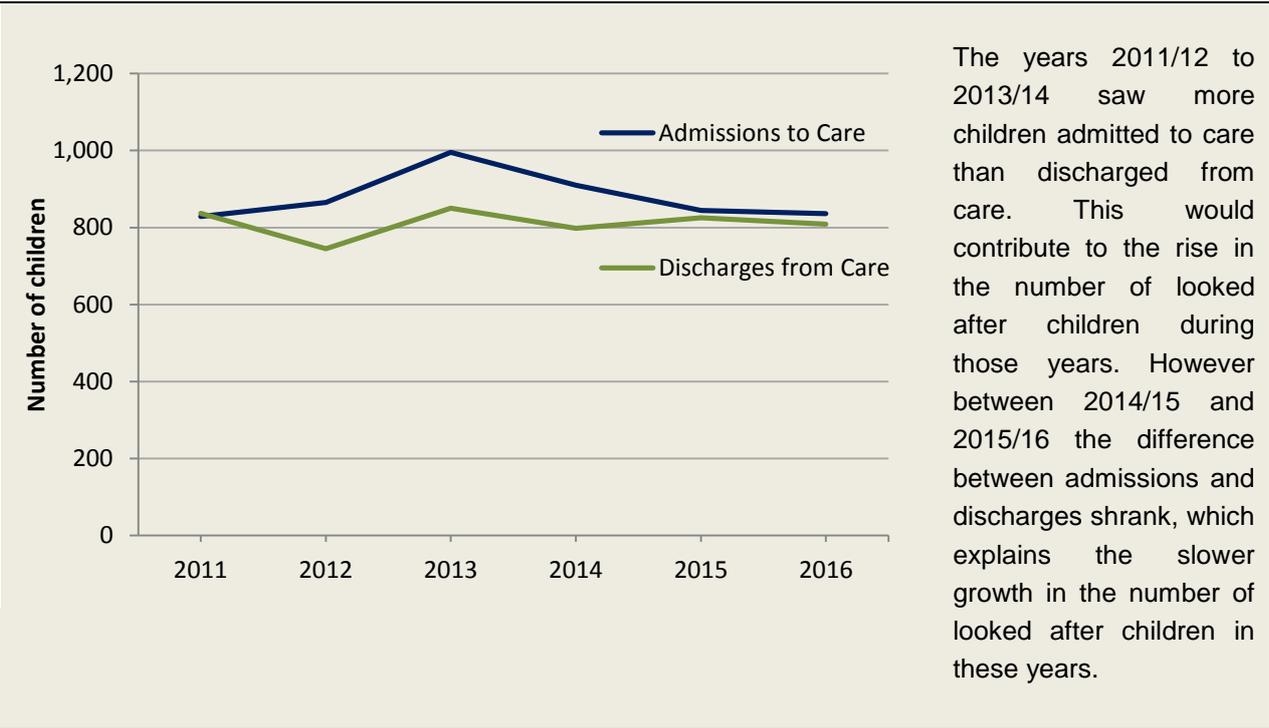
Figure 3.10. Admissions to Care by Placement and Age during year ending 31 March 2016



Source: Delegated Statutory Functions Return 10.3.39

Note: Non-kinship foster care includes placements provided by Independent providers

Figure 3.11. Admissions and Discharges from Care during year ending 31 March (2011 – 2016)



Source: Delegated Statutory Functions Returns 10.3.40 & 10.3.41

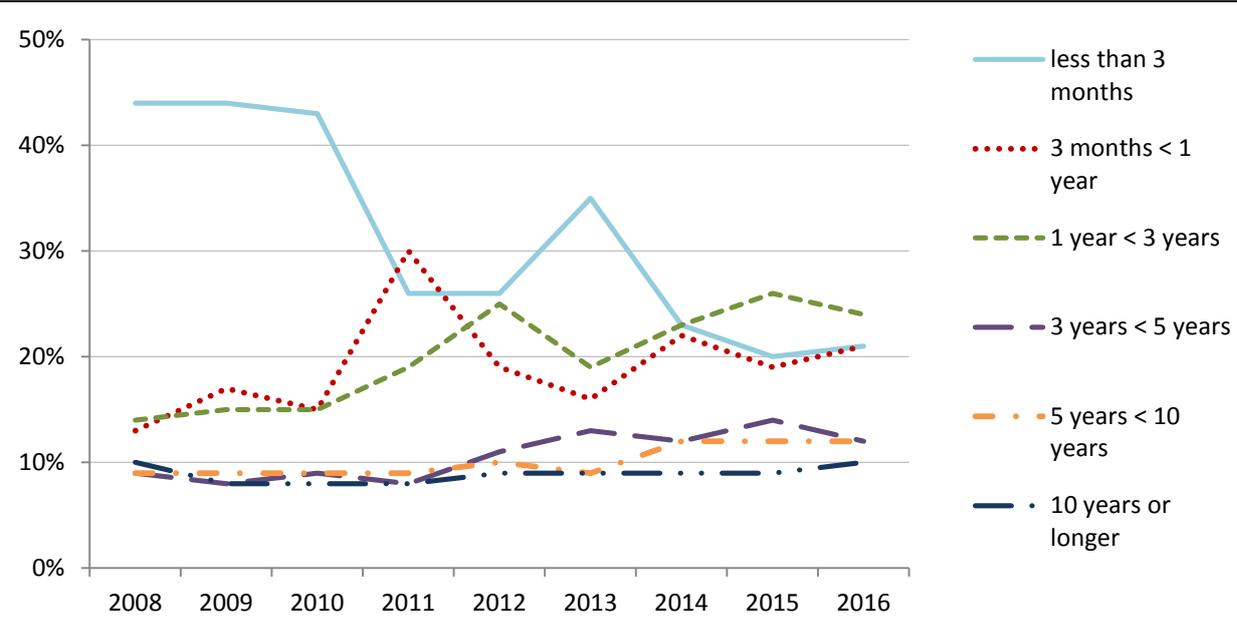
Discharges from Care

During the year ending 31 March 2016, there were 809 discharges from care in Northern Ireland, this was a decrease of 2% on the previous year. The largest proportion of all discharges occurred in the Northern and Belfast HSC Trusts (23%), with the least occurring in the Western Trust (13%).

In general, between 2007/08 and 2013/14, most children were discharged from care after less than three months of becoming looked after. However there has been a large decline in this proportion from 44% in 2007/08 to 21% in 2015/16. 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 3.12. Discharges by Duration in Care during year ending 31 March (2008 – 2016)



Source: Delegated Statutory Functions Return 10.3.41

Figure 3.13. Destination of Children Discharged from Care during year ending 31 March 2016



Source: Delegated Statutory Functions Return 10.3.42

Just over half (52%) of children discharged from care during 2015/16 returned to live with their parents, 12% were living with their former foster carers via the ‘Going the Extra Mile (GEM) Scheme, 11% returned to live with other family members, 9% were adopted from care, 8% were in Other Accommodation³¹ and 7% 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.

Short Breaks^{32, 33}

During the year ending 31 March 2016 there were 10,175 episodes³⁴ of short breaks in Northern Ireland³⁵. Short breaks refer to either a series of short-term pre-planned or ad-hoc placements where a child moves temporarily from their parents/carers in order to allow the child and/or carer a period of respite. During a short break, the child becomes a looked after child by virtue of the short break arrangement. The largest proportion of short break episodes took place in the Northern HSC Trust (30%), 25% in the Southern HSC Trust, 18% in the Belfast HSC Trust, 17% in the South Eastern HSC Trust and 9% in the Western HSC Trust.

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

³² Short Breaks is a new term used instead of Respite Care

³³ A child taken into care for a Short Break is not considered to be looked after and is not counted in previous figures

³⁴ An episode is a period of involvement with Social Services

³⁵ Source: Delegated Statutory Functions Return 10.3.5

UK & Ireland Comparison of Looked After Children Statistics³⁶

Definitions of what constitutes a looked after child differs slightly across the different countries of the UK & Ireland. 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.

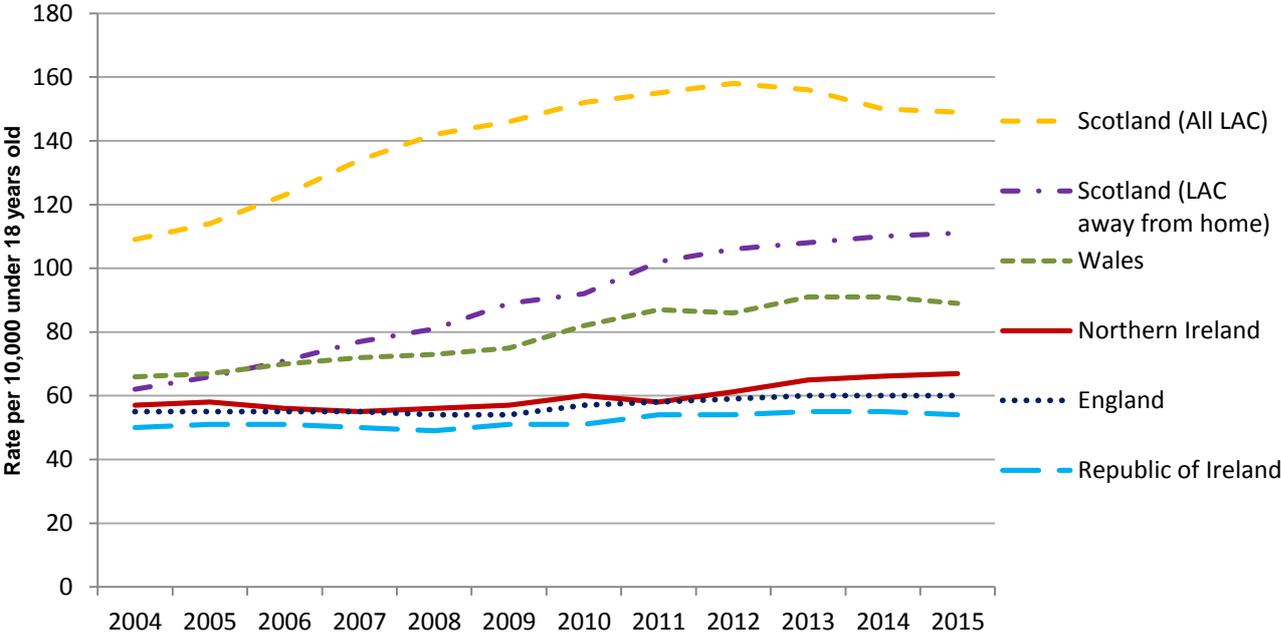
The rate of looked after children in Northern Ireland has remained relatively steady between 2004 and 2015³⁷, and has been consistently on a par with that in England. Figures for all looked after children show that Scotland has a dramatically larger rate of looked after children in comparison to the 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.

Figures for the Republic of Ireland have been included for comparative purposes for the first time. They show that the rate of looked after children in the Republic of Ireland is similar to those recorded in Northern Ireland and England.

³⁶ As Scottish figures for year ending 31 July 2016 are not available, only figures for 2015 will be compared.

³⁷ As Scotland publishes figures relating to 31 July they will not publish figures for 2015/16 until 2016.

Figure 3.14. UK & Ireland Comparison of Rate of Looked After Children per 10,000 children (2004 – 2015)



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 – ‘Childrens Social Work Statistics’; Republic of Ireland - <http://www.tusla.ie/data-figures/>

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

Section Four: Children's Residential Homes

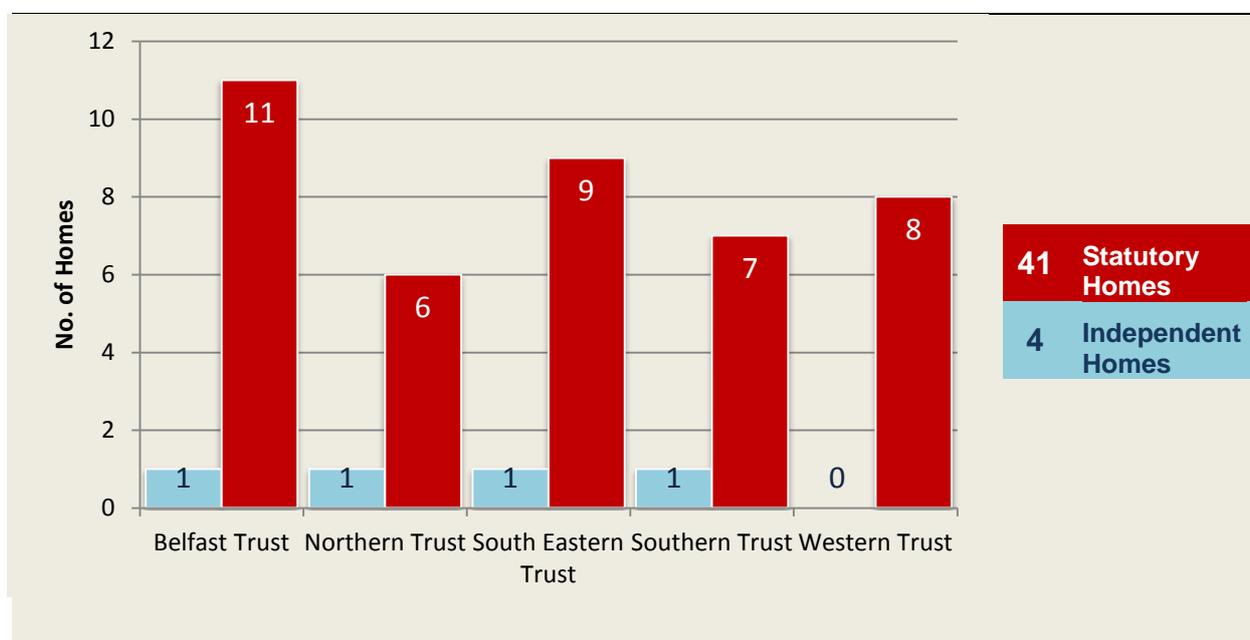
Statutory and Independent Residential Homes

At 30 June 2016, there were 45 Children's Residential Homes in Northern Ireland, 41 homes were statutory and 4 were independent. Statutory homes provided 283 places at an average of 7 places per home; independent homes provided 24 places at an average of 6 per home.

The Northern HSC Trust had the highest average number of places per statutory home at 7, while the Southern HSC Trust had the lowest average at 6. The Western HSC Trust did not have any Independent Children's Homes; there was one independent home in each of the other HSC Trusts.

It should be noted that the Northern HSC Trust has one home registered with the Regulation and Quality Improvement Authority but which is currently closed.

Figure 4.1. Number of Children's Homes by HSC Trust at 30 June 2016

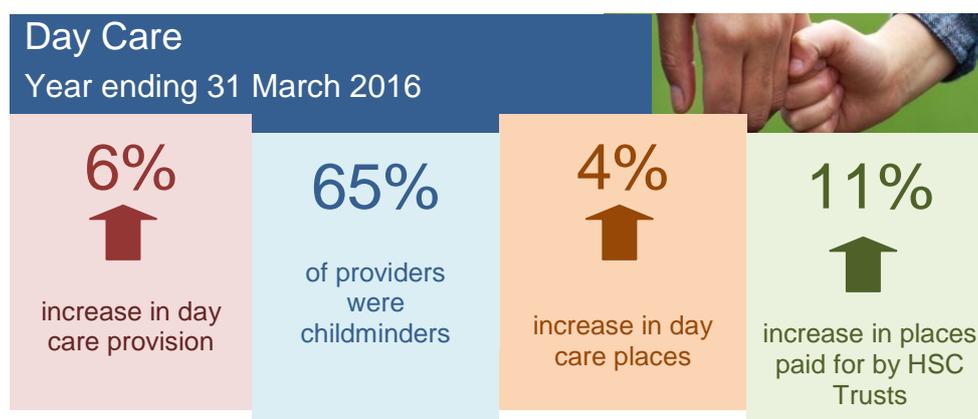


Source: Regulation and Quality Improvement Authority

Section Five: Children's Day Care

Key Findings

- At 31 March 2016 there were 4,691 individuals/facilities registered as day care provision for children aged 12 and under in Northern Ireland. This was a 2% increase on the previous year;
- Similar to the previous years the majority of day care provision was provided by childminders followed by, in descending order, day nurseries, playgroups, out of school clubs and other organisations; and
- At 31 March 2016 there were 57,393 registered places for day care in Northern Ireland representing an increase of 4% on the previous year.

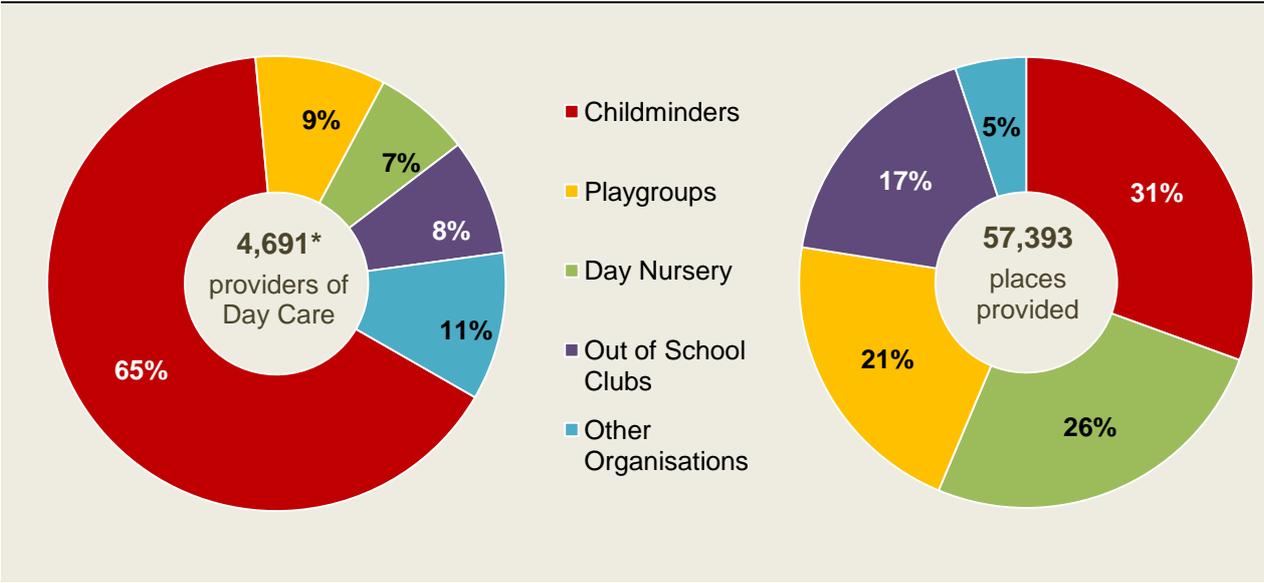


Please note that the Health and Social Care Board and the HSC Trusts have begun a data cleansing exercise in relation to day care data to ensure that all work streams and activity is captured.

Children’s Day Care Provision in Northern Ireland

At 31 March 2016, 4,691 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 57,393 places. In terms of those providing day care this was an increase of 2% on the previous year, with a 4% increase in the number of registered places.

Figure 5.1. Children’s Day Care Provision by Provider and number of Places at 31 March 2016



Source: Delegated Statutory Functions Return 10.7.1
 * Some 199 Day Nurseries are also registered as Out of School and are included in both categories. A single registration only is required for a Day Nursery which also provides out of school services.
 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 2016, there were 3,188 childminders providing 17,559 day care places. This equated to two thirds of those providing day care services and a third of the places provided with an average of 6 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 451 playgroups providing 12,165 places, an average of 27 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 333 day nurseries in Northern Ireland at 31 March 2016 registered with HSC Trusts, offering 14,757 places. This meant an average of 44 places per nursery.

Some 8% of day care provision was made up of Out of School Clubs³⁸, providing 17% 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 2016, 404 clubs provided 10,011 places; 25 places per club on average.

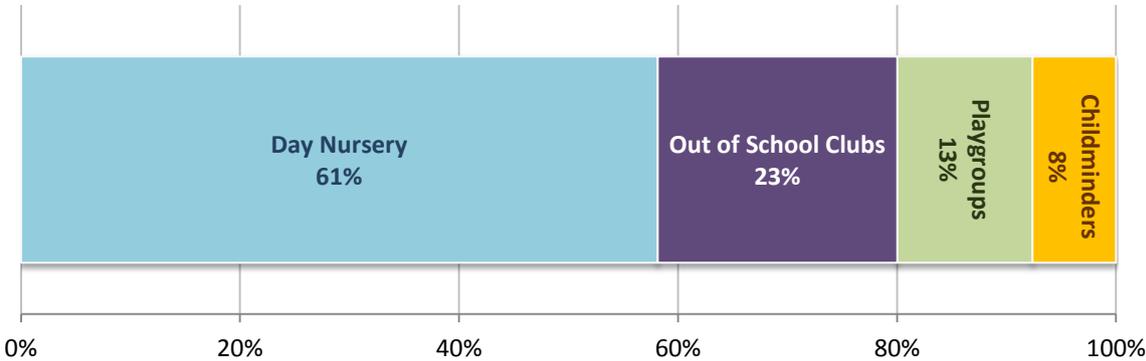
Other day care providers³⁹ made up the least amount of providers and places with 514 providers and 2,901 places. As this is a variety of different types of provider an average number of places cannot be provided due to the different cohorts using their services.

HSC Trust Sponsored Places in Day Care

At 31 March 2016, HSC Trusts in Northern Ireland were sponsoring 623 places in day care for children. This was an increase of 11% on the previous year. The Belfast HSC Trust accounted for 72% of all sponsored places in day care; the South Eastern HSC Trust was the only Trust that did not record 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 and childminders.

Figure 5.2. Sponsored Day Care Places by Day Care Providers at 31 March 2016



Source: Delegated Statutory Functions Return 10.1.12

³⁸ Some 199 Out of School Clubs are provided by Day Nurseries with 4,778 registered places available. A single registration only is required for a Day Nursery which also provides out of school services.

³⁹ Other day care providers include 'Approved Home Childcarers'. Home childcarers enable parents to have their children cared for in their own home. They are professional childcarers, offering children safe, good quality care and providing them with play and learning opportunities that contribute to their development.

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 of Health'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 (DoH).

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 2016 and for the year ending 31 March 2016, 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.

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 DoH 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. The N-series forms therefore no longer capture information that truly reflects the Children in Need activity and processes.

In order to lessen the information burden on HSC Trusts the DoH has stood down the N-Series data collection on Children in Need. Work is ongoing with the HSCB to develop the Children in Need information captured through the Corporate Parenting/Delegated Statutory Functions (DSF) returns. It is expected that new information obtained will supply a more accurate reflection of the service. An example of this is the reporting of activity at Gateway relating to Family Support and Child Protection referrals requiring UNOCINI assessments, which is included for the first time in this publication. These are regarded as experimental statistics and will be under review.

Data relating to the number and rate of looked after children in the Republic of Ireland have been added to the publication for the first time. This information has been sourced from the Child and Family Agency for the 31 March 2013, 2014 and 2015.

Should you have any questions or comments on the data changes, please contact CIB:

cib@health-ni.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 DoH 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 and Ireland 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 \(including adoption\) year ending 31 March 2016](#)

Wales

[Adoptions, outcomes and placements for children looked after by local authorities year ending 31 March 2016](#)

[Referrals, assessments and social services for children 2015/16](#)

Scotland

[Children's Social Work Statistics 2014/15](#)

Republic of Ireland

[Child and Family Agency – Performance and Activity Reports](#)

Next Release

The next release of these statistics, for the year ending 31 March 2017, is scheduled for October 2017. The publication schedule for Health and Social Care statistics in Northern Ireland will be available from the DoH [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.

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 explanation which need not be criminalised by involving Police from the outset.

Category of Abuse for Child Protection Registration

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

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

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

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

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

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

Legal Status

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

Emergency Protection Order (Article 63 & 64): An Emergency Protection Order (EPO) is intended for use in urgent cases to protect a child in the short-term. Almost anyone with a concern can apply for an EPO, although in most circumstances a Trust will seek one. Where the applicant is a Trust or the NSPCC they must show that in the course of fulfilling their duty to investigate they are being unreasonably frustrated in gaining access to the child. Anyone else applying for an EPO they must show that the child is likely to suffer significant harm unless removed to, or allowed to remain, in a safe place.

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

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

Care Order (Article 50 or 59): A Care Order accords the HSC Trust parental responsibility and allows for the child to be removed from the parental home. This does not extinguish the parental responsibility of the child's parents but means that they cannot exercise this responsibility while the Care Order is in place. In 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.

Non-kinship Foster Care: Foster care includes children fostered with persons who are not related to the child, including placements provided by Independent Providers.

Kinship Foster Care: Kinship Foster care includes children fostered with a relative, friend or other person with a prior connection to the child. 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.

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.

Short Breaks

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

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.

Home Childcarers

Other day care providers include 'Approved Home Childcarers'. Home childcarers enable parents to have their children cared for in their own home. They are professional childcarers, offering children safe, good quality care and providing them with play and learning opportunities that contribute to their development.

Additional Information

Further information on Children's Social Care Statistics for Northern Ireland 2015/16 is available from:

Iain Waugh

Community Information Branch

Department of Health

Annexe 2

Castle Buildings

Stormont, BT4 3SQ



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This and other statistical bulletins published by Community Information Branch are available to download from the DoH internet at:

<https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research-social-services/social-care-statistics>