

# **Figures and Facts:**

## **Local Authority Variance on Indicators concerning Child Protection and Children Looked After**

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# 1. Introduction

## 1.1 What the study is about

This report presents the results of a small-scale exploratory study undertaken for the Department of Health (DH) by the Thomas Coram Research Unit as part of the Quality Protects research programme. It begins to address the question of why there is such variation between local authorities on many of the statistical indicators covering services for child protection and children looked after, and how far this can be explained by factors such as differing levels of deprivation and need, the way in which statistics are collected and recorded, local authority policies and priorities, staff workloads and organisational structures, and historical and geographical influences. Apparent differences in performance could reflect a number of differences between local authorities, and not simply differences in efficiency and effectiveness in delivering services. A better understanding of the causes of variation would help to avoid an over-simplistic interpretation of atypical figures as indicating exceptionally good or poor performance, and assist both the government and individual social services departments to collect consistent data to monitor the impact of the Quality Protects programme.

The study was undertaken in two parts. The first involved secondary analysis of the data supplied in the SSSDA 903, CPR1 and CLA100 returns to the DH by all English local authorities, on eleven children's services indicators. Four indicators concerned child protection, including registrations and re-registrations to the child protection register; and the remaining seven related to children looked after such as the proportion who had experienced three or more placements in a year and the proportion provided with accommodation on a voluntary basis under Section 20 of the Children Act 1989 (Table 1). For the child protection indicators data for 1999 were used, and for children looked after data were averaged over the three years 1997 to 1999. This secondary analysis controlled for socio-demographic differences between the authorities as a possible source of variance, and investigated the relationship between different indicators and their stability over time.

**Table 1 Children's services statistics: indicators considered**

<b>Child Protection</b>	<b>Children Looked After</b>
<ul style="list-style-type: none"><li>• Registrations to, and children on, the CPR</li><li>• Children on the CPR who are also looked after</li><li>• Re-registrations as % of all registrations</li></ul>	<ul style="list-style-type: none"><li>• Children looked after/starting to be looked after</li><li>• Children looked after with 3+ placements</li><li>• Children ceasing to be looked after under 8 weeks, %</li><li>• Children accommodated under Section 20, %</li><li>• Foster placements or placed for adoption, %</li><li>• Foster placements or placed for adoption aged under 10, %</li></ul>

The second part of the study involved visits to eight local authorities, selected because they were much higher or lower than would be expected on key children's services indicators after taking into account socio-demographic and other differences. Possible reasons underlying the differences were explored during the visits through interviews with senior managers and practitioners and through studying local documents.

## **Performance Assessment Framework and Quality Protects Indicators**

Not all of the children's services statistics considered in this report form part of the Performance Assessment Framework (PAF) or the Quality Protects Management Action Plan (QPMAP) requirements, but many of them do, and as such are the subject of considerable local authority attention. In recent years there has been an increasing emphasis in both central and local government on the importance of measuring and assessing performance, reflected in the introduction of targets, benchmarking and PAF. The White Paper *Modernising Social Services* (Department of Health 1999a) and the consultation paper *A New Approach to Social Services Performance* (Department of Health 1999b) set out proposals for a new performance assessment system for social services within the Best Value regime for all government services. As part of the Government's 'investment for change' agenda, targets were set for social services to achieve between 1999 and 2002 in the Public Service Agreement and the National Priorities Guidance. The *Quality Protects* programme specifies these measurable performance indicators and targets for children's services under eleven key objectives (Department of Health 1999c).

The Quality protects objectives are based on evidence from research which highlights, for example, the importance of early intervention to support families (Department of Health 1995) and the need to ensure stability and continuity for looked after children (Berridge 2000).

From 1999, every local authority has been required to produce an annual Management Action Plan (MAP) reporting on their performance on these Quality Protects indicators, their success in meeting their previous year's targets and their plans for the future. The MAPs are evaluated by regional Social Services Inspectors, and each year so far a national overview has been produced which synthesises the evidence from all 150 councils in England (Robbins 1999, 2000).

Clearly, the ability to collect accurate and comprehensive statistics on the various indicators has become increasingly important to enable local authorities to demonstrate that they are meeting the Government's objectives for children's services, and to access additional funding available under the Quality Protects programme. However the quality of local authorities' data collection and management information systems has consistently been criticised, both in research studies such as those commissioned by the Department of Health into the implementation of the Children Act 1989 (Department of Health, forthcoming) and by the Department itself, which has expressed concern that 'too often the statistics provided [for performance indicators] were inaccurate or did not follow guidance and sometimes none were provided at all' (Department of Health, 1999d). There

are signs that data collection is improving (Robbins 2000), but there remains some way to go. A particular concern for local authorities is that as well as being accurate, statistics also need to be valid, so that the indicators chosen (for example the proportion of children looked after who have three or more different placements in a year) are a good ‘proxy’ measure for the desired outcome (stability for children in the care of local councils). It was in this context that the present study was commissioned.

### **1.3 Exploring variation**

A small amount of work relevant to this topic has already been carried out or is underway. In the mid 1990s the Department of Health launched a ‘Key Indicators Expert System’ (Department of Health, 1996), which took figures from local authority statistical returns and created a database comparing each authority’s position on a number of indicators to the average for its group (e.g. shire counties, metropolitan, London boroughs) and to the national average. The system also generated a set of questions (the ‘expert commentary’) to be considered by managers when a ranking was particularly high or low. However the Expert System was designed to help local authorities to interpret and use the statistical information they collected, rather than to provide central government with information on reasons for variation.

The *Children Act Report 1995-1999* (Department of Health, 2000a) compared local authorities on the need for children’s personal social services and the level of services provided. It attempted to account for the influence of social disadvantage on the level of need by applying a measure of disadvantage, the York Index, to each authority (Sinclair and Carr-Hill, 1997). Even controlling for variation in need in this way, the report still found great variation between authorities on a number of indicators concerning children looked after and child protection.

At local government level, some individual local authorities have been undertaking detailed analyses of their own statistics in an attempt to make the figures more useful for planning purposes. We give some examples later in this report. In addition, the Social Services Research Group recently examined data for four key Best Value Performance Indicators, including one related to children’s services: three or more placements for children looked after in a year (Miller, 2000). Using data principally for the English counties, this paper identified some weaknesses in the definitions of current performance indicators and problems in interpreting the figures, and concluded that it was unwise to make judgements about performance on the basis of any single indicator on its own, without taking other factors into account.

Various studies commissioned within the Department of Health’s Children Act 1989 research programme (Department of Health, forthcoming) also provide useful information about differences between local authorities in their approach to implementing key aspects of the Children Act, which may have an impact on their performance on various statistical indicators for children’s services. One study, for example, explored how decisions were made in practice to allocate cases to the family support or the formal child protection system (Brandon et al, 1996, 1999). Other studies have considered how differences of culture between social services

departments may affect the delivery of children's services (Packman and Hall 1998, Gibbons et al. 1990, Bullock and Hall, forthcoming).

## **1.4 Aims of the study**

This was a small-scale research project, which aimed to begin to explore possible reasons for variance in local authority performance on a range of indicators relevant to children looked after and child protection registers, rather than to provide definitive answers. It had the following specific objectives:

- Using published statistics including census data, to account statistically for some of the variation between local authorities on a range of children's services indicators
- To identify a number of 'outlying' local authorities who appear to be performing at the extreme ends of the range (both high and low) on a combination of indicators
- Through conducting interviews with relevant staff in this sample of authorities, to explain some of the variations in performance which cannot be accounted for by socio-demographic differences between authorities

## 2. Methods

### 2.1 Secondary analysis of national statistics (Part One)

As outlined in chapter one, the Department of Health supplied figures on a number of indicators for both child protection registers and children looked after. The list of indicators is given in Table 1 of chapter one. For the child protection indicators these figures were for 1999, but for children looked after figures were supplied for the years 1997 to 1999. However, as there had been some changes in local authority boundaries over that period due to local government reorganisation, the figures were supplied on the basis of 1999 local authorities. This re-assignment to the 1999 local authorities was done by the DH using information supplied by the authorities before the data were passed to the research team.

Local authorities varied considerably in their performance, as measured by these indicators. For example there were 10 children per 10,000 on the child protection register in the lowest authority compared to 71 in the highest; the number of children looked after ranged from seven to 115, and re-registration rates on the child protection register varied from 1.3 to 37 (all figures given as rates per 10,000 children). However, the DH has acknowledged that these indicators need to be related to the level of need in the local area. The *Children Act Report 1995-1999* notes that 'it is well established that the need for children's personal social services is directly related to social disadvantage' (Department of Health, 2000, p. 90).

In order to compare the performance of local authorities on these indicators, the *Children Act Report* attempted to control for differences between local authorities in their level of social disadvantage by applying a composite measure of social deprivation called the York Index (Carr-Hill et al., 1997). This was devised by a team led by the Centre for Health Economics at the University of York, and is based upon five census indicators of the social demographic characteristics of local authority areas.

The aim was to explain local authority variations in the costs of children's personal social services in terms of socio-economic variables describing the area, drawn mainly from the 1991 census. The procedure adopted by the York team involved statistical analysis of a very large number of indicators, but these were eventually reduced to just five. This combination accounted for 45 percent of the variation between authorities. The five indicators were:

- Proportion of dependent children 0-18 in lone parent families
- Dependants of income support claimants as proportion of all children
- Proportion of dependent children living in flats
- Proportion of children 0-17 with limiting long-standing illness
- Population density (persons per hectare)

The *Children Act Report* used this index to compare local authorities, having controlled for socio-economic differences between them. The same procedure has been used in this report, and is explained more fully below.

For each of the eleven children's services indicators we considered, a regression was fitted using the York index as the predictor variable. In this way, some of the variation between local authorities was accounted for by variations in the York Index, or by variations in the level of social deprivation in the areas. The remaining variation between authorities, it can be assumed, must be due to other factors (although some may reflect social deprivation not accounted for by the York Index). The remaining differences are known as the *residuals* from the regression, and local authorities were compared on these residuals. A similar approach has been used to examine inequalities in social and health care provision (Evandrou, Falkingham, Le Grand, & Winter, 1992).

## 2.2 Selecting authorities for the in-depth study

It was the residuals that were used to select authorities for Part Two of the study. If the residual for some authority on, say, the indicator of number of children looked after per 10,000 children was positive, that would indicate that there were more children being looked after by that local authority than would be expected after accounting for social deprivation as measured by the York Index. If the residual were negative, then fewer were being looked after than would be expected.

The residuals on a subset of six of the indicators were summed. The indicators were as follows:

- Children on the child protection register per 10,000
- Re-registrations on the child protection register, as a percent of all registrations
- Children looked after per 10,000
- Children starting to be looked after per 10,000
- Children looked after with three or more placements in the year as a percent of all children looked after
- Children ceasing to be looked after under eight weeks as a percent of all children ceasing to be looked after

All English local authorities were separated into four groups according to the Audit Commission categories:

- London authorities
- Metropolitan authorities
- Unitary authorities
- Two-tier authorities
- 

Authorities were then ranked by their score on this sum of residuals, from the highest to the lowest, within their group. Then, from within each group, two authorities were chosen: one because it was exceptionally high, and the other because it was exceptionally low. This gave eight local authorities in total, who were approached to take part in the second stage of the study.

## **2.3 Visits to local authorities (Part Two)**

A letter was sent to the Director of Social Services in each of these eight authorities, explaining the purpose of the study and asking for a contact person who could identify and arrange interviews with the most relevant local authority officers. The letter stressed that the purpose of the study was to gain a better understanding of the factors underlying variance on children's services statistics, not to allocate praise or blame for 'good' or 'poor' performance. Two authorities declined to take part, one metropolitan and one county (both at the 'high' end of the range on the chosen indicators) and were replaced by the next highest authorities of the same type.

Local authorities who agreed to take part were sent in advance of the visit a copy of the semi-structured questionnaire indicating the topics to be covered, and were asked to supply copies of relevant documents such as policy statements, ACPC reports, disaggregated local statistics on child protection and children looked after, and organisational structure charts. Additional preparation for the visits involved reading the most recent Management Action Plan for the authority and preparing a table showing the authority's position (after taking account of levels of deprivation) on each of the 11 indicators with which we were concerned. This table of statistics was shown to interviewees and used as the basis for discussion.

The local authority staff interviewed included senior managers with responsibility for child protection and children looked after; child protection co-ordinators; managers or key officers in information/research departments and administrative staff with responsibility for completing and returning statistical information to the Department of Health. Between two and six people were interviewed in each authority, and most interviews lasted between 1½ and 2 hours. A report was written to a standard format after each visit, and these eight reports formed the basis of the subsequent analysis.

This study was designed as a first step in investigating the reasons behind local authority variance in statistics on children's services. It was not possible within the timescale to visit a large number of authorities, or to interview a greater range of staff, for example including social workers as well as their managers. A more detailed follow-up investigation could be worthwhile to see if the reasons for variance suggested by this study are replicated on a larger scale.

It is also important to note that the views presented in this report are those of the people we interviewed. What we set out to obtain were their perceptions and hypotheses about why their authority scored as it did on the statistical indicators. These views may not always reflect government policy on what constitutes 'good practice' in children's services.

## 3. Findings from the secondary analysis

### 3.1 The relationship between indicators

The secondary analysis of children's services statistics was undertaken on figures supplied to the DH by all English local authorities, on the SSSA 903, CPR1 and CLA100 returns. It aimed to explore the relationship between the different indicators. For example, if an authority was high on a particular child protection indicator, were they also likely to be high on the numbers of children looked after? Were there any systematic patterns in the relationship between indicators that might suggest authorities were adopting particular strategies for delivering services? To do this, the scores on the eleven children's services indicators described in chapter one were correlated with each other and with the following additional indicators:

- The number of operational staff for children's services per 10,000 children (taken from the Key Indicators Graphical System, DH 1999)
- The number of social workers/care managers for children per 10,000 children (as above)
- The York Index
- The number of children aged 0-17 (in thousands)

The correlations between these indicators are shown in table 3.1 in the Appendix. It can be seen that there were some strong correlations between some of the indicators. For example, the number of new registrations to the child protection register (CPR) was strongly correlated with the number of children on the CPR (both expressed as a rate per 10,000 children): 0.82. These indicators were also each strongly correlated with the number of children looked after (0.54 and 0.64 respectively) and the number of children starting to be looked after (0.63 for each) (again, these are each expressed as rates). These two measures for children looked after were also strongly correlated with each other: 0.79. However the percentage of looked after children who were on the CPR was not correlated with either the CPR measures or the children looked after indicators. The percentage of children looked after who were looked after under Section 20 was also not related to these other measures.

The number of operational staff for children's services and the number of social workers/ care managers for children (each expressed as per 10,000 children) were correlated with the rate of new CPR registrations (0.46 and 0.41 respectively), the rate of children on the CPR (0.53 and 0.49), the rate of children looked after (0.69 and 0.54) and the rate of children starting to be looked after (0.63 and 0.59). This is hardly surprising, but reflects the fact that areas with more children on the CPR or looked after also employ more staff for children's services.

The number of children under 18, i.e. the overall size of the population, was not strongly related to the indicators. It was not the case that small authorities did consistently better or worse on the indicators than large ones. There were, though, small but significant negative correlations with new CPR registrations (-0.16), children on the CPR (-0.13), children looked after (-0.21) and children starting to be looked after (-0.18) (all expressed as rates per 10,000 children). These correlations indicate that larger local authorities have a tendency to have relatively fewer of their children on the CPR or looked after.

The York Index, our deprivation measure, was significantly correlated with a number of the indicators. In particular, it was correlated to the four indicators that have been highlighted above: new CPR registrations (0.31), children on the CPR (0.45), children looked after (0.74) and children starting to be looked after (0.63) (all expressed as rates per 10,000 children). The more deprived areas had more children on the CPR and looked after.

### **3.2 Variation after accounting for social deprivation**

Given this relation with the York Index, it is only to be expected that variations on the York Index would account for some of the variation between local authorities. Table 3.2 in the Appendix shows the correlations on the residuals for the indicators, after fitting a regression with the York Index. (The figures for operational staff and social workers are not residuals, but the raw data – as used in table 3.1.) If the York Index accounted for all the systematic variation between authorities, then these correlations should all be zero. The extent to which the correlations differ from zero shows further systematic variation. In particular, a positive correlation of the residuals shows that local authorities doing more on one indicator than would be expected on the basis of the York Index are also doing more on the second indicator (and vice versa); a negative correlation would indicate that authorities scoring higher than would be expected on one indicator were scoring lower than expected on the other indicator. In this way the correlations might show some systematic patterns in the way authorities organize their services. For example a pattern of negative correlations might indicate that authorities might be using different strategies, substituting one form of service for another.

The correlations in table 3.2 are more varied than those in table 3.1, but there are still some large positive correlations between some of the key indicators, and few negative correlations. The correlation of residuals on CPR registrations and children on the CPR was very high: 0.80. This indicates that authorities making more CPR registrations than would be expected on the basis of the York Index also have more children on the CPR than would be expected. The residuals on these two indicators were also correlated with the residuals on the indicators of children looked after (0.49 and 0.51 respectively) and children starting to be looked after (0.58 and 0.50). These correlations indicate that authorities with more CPR registrations than would be expected also have more children looked after.

This may indicate some authorities are both placing more children on the CPR and taking them to be looked after than is appropriate given their level of social deprivation. Conversely, it may equally indicate that some authorities are doing too little of each, for their level of deprivation. Another possibility is that the York Index is not sufficiently accounting for enough of the social deprivation in local authority areas, so that areas with higher levels of deprivation should be expected to have more CPR children and more looked after children than would be expected on the basis of the York Index alone. These different possibilities cannot be examined solely on the basis of statistics. In Part Two of the study we therefore visited eight ‘outlier’ authorities, to examine in more detail how they conducted their services and how they compiled their statistics.

## 4. Exploring reasons for variation

### 4.1 Introduction

This section of the report explores possible reasons, or hypotheses, to explain high or low statistics on child protection, and children looked after, based on the views and experiences of local authority staff. The discussion focuses upon each statistical indicator in order to illuminate elements of policy and practice that may contribute to a better understanding of the meaning and usefulness of Performance Indicators in evaluating services for children and families. Authorities were quite open about their difficulties and successes in addressing child protection concerns and meeting the needs of looked after children, and were keen to contribute to an analysis of the extent to which performance indicators informed their work.

Unless otherwise indicated, the discussion focuses upon factors pertaining to the delivery of social care services for children during 1998-99. However, authorities were also keen to stress the extent to which services had developed and statistics changed since the period under investigation. Consequently, trends in the statistical indicators for child protection and children looked after have also been identified, where possible.

In some authorities, staff had conducted their own research in order to explore the reasons for atypical figures on some of the performance indicators included in this study. This research has been drawn upon to provide valuable background data to the findings outlined in this report, and also to provide case studies which illustrate the complexities of interpreting statistics. However, in other authorities, notably those where information systems were less integrated into the management and development of services, respondents were more likely to discuss their position on these indicators in terms of hypotheses. It should also be noted that, as might be expected, local authority staff experienced difficulty in explaining average figures.

The report discusses performance indicators under two separate headings: a) child protection, and b) children looked after. Reasons for high and low figures are discussed in relation to each indicator.

### 4.2 Child protection statistics

#### **Registrations to, and Children on, the Child Protection Register per 10,000 Child Population**

These indicators represent the numbers of children on the CPR and registrations to the CPR, per 10,000 of the child population in 1998-99. In general, fewer registrations is taken as an indicator of good practice.

#### ***a) High Authorities***

Two authorities included in the research sample were assessed as high on these statistical indicators. In exploring the possible reasons for these figures, local authority staff suggested a number of contributory factors.

In both cases, the local authorities' *approach* to working with families where there were child protection concerns was described as interventionist (and even 'adversarial') in nature, and as operating within a legalistic and procedure-driven framework. Within this context, it was reported that the needs of the child were given primacy, over and above the interests of the family. The origins of such an approach were explained either by reference to dissatisfaction with a previous community development orientation to child protection concerns, or to social worker attitudes towards families, which were described as controlling and as narrow in their conceptualisation of 'child protection'. As a result, a high number of children entered the child protection system.

A second factor related to the *lack of appropriate alternatives* to placing a child on the child protection register. In both localities, family support services, such as sponsored day care, parenting programmes and baby-sitting services, were described as inadequate or poorly developed, in both the statutory and voluntary sectors. This suggests that local authorities were limited in their capacity to respond to the varying needs, and to provide preventive services to families.

In both authorities, child protection status was described as a way for referring agencies and social workers obtaining *access to services* for children and families, from educational and child psychologists, as well as from social services departments. Difficulties had been experienced in attempts to change this practice, and it was considered as likely to persist unless a different, and shared multi-agency approach to child protection concerns could be developed. However, both local authorities were striving to change these aspects of an entrenched culture and decision-making process, which in the past had led to children being 'tripped into child protection status'. Efforts were being made to re-focus services (in-house and on a multi-agency basis) towards greater flexibility in assessing family needs, in working in partnership with parents, and in developing preventive and ameliorative family support services.

On occasion, staff described these shifts as 'like trying to turn a tanker around'. Some degree of *resistance* to these changes was identified internally and from external agencies. For example, some social work staff were described as having a vested interest in sustaining the structure, status, resources and the safety net which child protection procedures provided to their work with families. Health representatives were also described as more likely to support an interventionist approach and as unconvinced that a re-focusing of services would protect children as effectively as placing them on the child protection register. However, in both authorities, the numbers of children on the child protection register were reported as falling (in one case by almost 50% between 1998-99 and 2000).

Staff in both authorities referred to the particular *characteristics of families* in their areas as providing possible reasons for high numbers of children on the child protection register. One authority referred anecdotally to 'whole family' and intergenerational patterns of sexual abuse, and to the 'big village' atmosphere of the area. Consequently, some families had become well-known to social work staff over extended periods of time. This factor was reported as being exacerbated by housing policies, which had resulted in the re-location of vulnerable families from across a large region to local housing estates. A second authority had also conducted its own investigation into the social profile of a proportion of families on the child protection register. The study found a relatively high level of mental

illness, domestic violence, dependence on drugs or alcohol, or learning difficulty among parents. The findings suggested a need to improve links with adult services as a way of improving support to families.

***b) Low Authorities***

Three authorities included in this study recorded low returns on statistical indicators for registrations to, and children on, the child protection register per 10,000 of the child population.

Each authority had made significant progress in ‘re-focusing’ towards providing a wider range of family support services, and in locating child protection within a broader spectrum of services for children and families, including drawing upon the help and resources of the extended family network. Consequently, a range of options for addressing child protection concerns could be considered before registering a child. In one authority, this was articulated not only as a re-focusing in the pattern of service delivery, but also of emphasis. Social workers were described as more likely to focus upon enhancing the protective capacities of non-abusing parents and extended family members, rather than the risks posed by the abusing partner. ‘Packages of support’ were described as being provided to families in order to prevent both registration and/or accommodation by the local authority. Child protection registration was not seen in these authorities as the gateway to obtaining family support services. One authority had conducted its own research into the level of family support offered to families on the child protection register, compared with other families in contact with social services, and found no differences in the level of services provided. In general, this approach may be described as working within a framework of partnership with families. It was reported that the provision of family support functioned as a preventive service, and also as a means of re-routing cases which might otherwise have fallen into the child protection system.

The impact of *research findings* on the development of services was also identified as a significant factor in reducing the numbers of children in the child protection system. This applied both to publications from government sponsored research studies (such as the impact of ‘Child Protection: Messages from Research’, which was mentioned by several authorities) and to local research projects. For example one of the authorities with low child protection registration rates was participating in two implementation studies to improve the effectiveness of services to children and families, including one exploring the effectiveness of Family Group Conferences, as compared with traditional child protection conferences, in addressing the needs of families where child protection concerns had been identified. A second ‘low’ authority had recently enlisted the support of a consultant to examine the pattern of referral and decision-making process in relation to child protection.

A willingness to discuss the benefits and risks of *professional judgements* concerning ‘thresholds’ of care was also a key feature of interviews with local authority staff in these authorities. Staff were aware of the risks of ‘painting too rosy a picture’, and of the need to maintain vigilance in ensuring that the system remained effective in protecting children from harm. In particular, it would appear that the increased use of family support and low registration rates were associated with higher thresholds in relation to the categorising of child protection cases. In ‘low’ authorities, child protection conferences tended to focus upon cases of

‘chronic’ and generally physical abuse, which were more obvious, rather than emotional abuse or neglect.

However, while these authorities described a range of responses to, and a greater willingness to work with, risky situations in families, one authority was less confident in the robustness of its practice. This authority was less confident that all cases which should have entered the child protection system had done so. Concerns were also expressed about whether referring agencies were failing to identify cases where there were child protection concerns. Staff commented on the risks associated with on-going family support work, where the likelihood of child protection thresholds being triggered might decline as social workers’ expectations of the family fall. It was also suggested that staffing shortages, at social worker and management level, may have influenced numbers on the child protection register, and the consistency of practice in this area. For example, of 13 posts, 2-3 were reported as vacant in 1999. At the time of interview, this proportion had risen to 6 vacancies (of 15 posts). However, it was also reported that despite these acute staffing shortages, no child protection cases were unallocated.

In the other two authorities, these anxieties were alleviated to a large extent by effective multi-agency decision-making based on a shared approach to working with child protection concerns. In one authority in particular, active steps were taken to conduct an audit of selected cases, and procedures were in place for reviewing cases where there were disagreements about whether or not to register a child. There was thus a framework within which to raise concerns, and in contrast to some of the other authorities, health representatives were described as ‘critical friends’ rather than as sources of resistance. The latter authority also benefited from a stable and experienced workforce, and the family’s presence at Family Group Conferences or child protection conferences was the norm. In the authority which was less confident in its practice, only a minority of families attended conferences.

### **Children on the Child Protection Register who are also Looked After, %**

#### ***a) High Authorities***

In two areas, high levels of children looked after were also on the child protection register. This was attributed to the low priority given to this issue by managers, rather than direct policy. Indeed, in general, most authorities did not have clear policies or procedures in this area, and some indicated that they would welcome further guidance from the Department of Health on the need for dual status in this regard. On the whole, the need for dual status was generally seen as unnecessary, since it was assumed that once under local authority care, a child was assured of protection.

#### ***b) Low Authorities***

Three authorities recorded low figures for looked after children who were also on the child protection register. As in the two authorities who were high on this indicator, staff questioned the need for this dual status, and argued that the local authority gained greater powers to protect children under the looked after regulations, compared with registration. Maintaining this dual status over a lengthy period of time was interpreted by one authority as evidence of poor practice. In general, these authorities expected de-registration to take place once a care order

was agreed by the courts. As one officer stated, ‘the register is a dynamic record of risk to the child’ and it was generally assumed that the child would be less at risk once accommodated by the local authority.

### **Re-registrations as a % of all Registrations**

This indicator measures the proportion of children placed on the child protection register in a year who have previously had their name removed from the register. A low figure is generally taken as an indicator that measures to protect children are working effectively.

#### ***a) High Authorities***

In two authorities, high re-registration rates were attributed to instability in the parent’s adult relationships, and to drug and alcohol misuse. The development and dissolution of parental relationships, or relapses into drug or alcohol dependency were put forward as accounting for the re-registration of children.

It was also acknowledged that the high level of re-registrations might be attributed to over-optimism on the part of social workers in their assessment of parents’ capacities to prevent a relapse into dependency. In both authorities, post de-registration family support services were not widespread, and services provided during registration may not have been sufficient to meet the long-term needs of the family.

In one authority it was suggested that poor management and the way in which initial referrals were dealt with may also have played a part. The high re-registration figures were accounted for by only one of the authority’s three districts, which had experienced significant management problems and was the only area without an intake team.

However another factor cited as explaining an above average percentage of re-registrations was that this could also reflect what the authority saw as good practice. For example in one authority, ‘preventive’ registrations were often used when children were about to be reunited with their families, and it was suggested that such re-registrations did not necessarily indicate a re-occurrence of abuse. The interpretation of this statistic was also discussed as problematic in other ways. For example, one local authority described the function of the child protection register as a ‘dynamic record of risk to the child’. Within this framework, children might be expected to move on or off the register, as their family circumstances improved, or deteriorated. It was suggested that statistics concerning re-registrations should be related to data on the length of time a child remained on the register, since re-registrations might be lower in authorities which kept children on the child protection register for prolonged periods.

#### ***b) Low Authorities***

The reasons put forward by four authorities to explain their low level of re-registrations included positive factors, such as the effectiveness of continuing support services, and the co-ordination of support via a named key worker following de-registration. However in one authority with low levels of family support, the low level of re-registrations was explained by the cautious approach of chairs of child protection conferences, who were anxious not to remove a child

from the register until evidence could be presented that the ‘family had been mended’.

### 4.3 Children looked after statistics

#### Children Looked After/Starting to be Looked After per 10,000

These indicators represent the number of children looked after by the local authority (including under voluntary arrangements) on 31 March 1999, and the number of children starting to be looked after during the year as a proportion of the child population. In general, a low figure is taken as an indicator of good practice.

##### *a) High Authorities*

Three authorities were high on the statistical indicator for numbers of children looked after. Of these, two were also high for numbers of children *starting* to be looked after. A number of possible explanations were put forward by respondents which, on the whole, applied to both statistical indicators.

In two authorities, high numbers of children looked after was linked to *an interventionist and legalistic approach* to working with families, which applied both to child protection concerns and children looked after. This approach had also resulted in a high number of care orders during 1998-99. One authority also cited a *cautious organisational ethos* as a contributory factor, in which fear of scandal among members and senior officers was described as influencing decision-making in favour of accommodating children. In all three authorities, *preventive family support services* were at an early stage of development, or were fairly minimal.

In one authority it was acknowledged that, although fewer children were currently being accommodated, the ‘massive legacy’ of high numbers of children looked after in previous years represented a significant challenge, and that for a period, large numbers of children were expected to be ‘recycled’ in the care system. One authority also cited the high number of asylum seekers applying for support from the authority, including a high number of unaccompanied children, which would affect both the numbers of children looked after, and the numbers starting to be looked after.

A lack of strategic control and direction, and of effective monitoring of cases, was also cited as a contributory factor to high statistical returns on these indicators. For example, following an SSI Inspection in 1997, one authority made significant changes to the decision-making process for accommodating a child. Decisions which were formerly made by managers of local child care teams, were subsequently made by a centralised, corporate group which assessed a family’s needs, scrutinised cases, and considered alternatives to accommodation. Attempts were also made to reduce the number of children accommodated by Emergency Duty Teams (EDTs) by ensuring that all decisions taken by EDTs were discussed with a senior manager. In one authority, it was reported that a final decision on whether to accommodate a child was made at Assistant Director level, in an attempt to reduce the numbers being looked after, and to reduce the child care budget.

In general, it would appear that high numbers of children looked after was associated with a high level of staff involvement in procedures and paperwork, and a consequently lower level of contact work with families which might contribute

towards a more speedy discharge from care. Despite the high cost of accommodating children, one authority appears to have been slow in developing family support services, which might provide alternatives to accommodation.

Policies, for example concerning the placement of children with relatives and supporting young people leaving care, could also have an impact on numbers of children looked after. For example, one authority hypothesised that their above average figures on this indicator could reflect the fact that they continued to support 16-17 year olds in foster or residential care where that best met their needs and was what the young person wanted, rather than 'moving them on to a bed-sit' at 16. Friends or relatives looking after a child were also registered as foster carers in this authority if they provided more than a short period of care, in order to make sure the child was covered by the same safeguards that applied to non-related foster carers.

#### ***b) Low Authorities***

Among the four authorities that accommodated low or below average numbers of children, a combination of policy and resource constraints were noted as contributory factors. For example, one authority pointed to the drive in the early 1990s to close children's homes and re-direct resources towards family support services – a move which reduced child care costs for the local authority, and provided more opportunities for keeping children at home with their families.

One respondent also noted the advantage of working in a small authority, where it was easier to 'run a tight ship' by ensuring that consistent policies and procedures were implemented, within a framework of working in partnership with parents wherever possible. In both authorities, placement with the extended family was common while assessments were undertaken, and over longer periods. However, if long-term placement within the extended family emerged as the best care option for the child, relatives (usually grandparents) would be encouraged to apply for residency orders, which would result in the removal of the child from the statistics for children looked after.

The three authorities recording low figures for children starting to be looked after welcomed the results as providing evidence of the effectiveness of preventive family support services, and of the active use of extended family networks in helping children to stay with their families.

#### **Children Looked After with 3+ placements %**

This indicator measures the proportion of children looked after who had experienced three or more placements during the year. Placement instability had emerged as a significant problem in several of the Department of Health research overviews, and although changing placements is not always harmful, it is considered that too frequent moves should be avoided (Berridge, 2000). The Performance Assessment Framework expects local authorities to have reduced the proportion of children looked after who experience three or more placements during the year to no more than 16% by 2001.

Some confusion had been caused for local authorities by the difference between the DH's PAF Indicator A1, which refers to placements, and the Audit Commission's indicator, which asked for the number of moves (the DH definition has since been

adopted by both). These may result in different figures for the same situation. For example a young person could have three placements in a year (in a children's home, with foster carer A and foster carer B) but only two moves (between the children's home and foster carer A, and between foster carers A and B). Guidance on the definition of a 'placement' is given in the DH websites referred to at the end of this report.

#### ***a) High Authorities***

Two authorities were rated as high on this statistical indicator. A number of reasons were given to explain high figures, including problems associated with the recording and submission of accurate statistics to the Department of Health. For example, one authority discovered that it had wrongly coded many short-term moves as new placements (eg. a weekly move between a foster home and residential school was recorded as a placement on each occasion). These revised figures were supplied to the Department, and the authority expressed some frustration that the incorrect figures were still being used.

Problems with service delivery were also cited as possible causes. For example, one authority had a shortage of foster carers and therefore had to place children with carers who were already fostering children until an appropriate placement could be found and the child could be moved on. It was also acknowledged that, in the past, the authority had responded to the complaints of foster carers and residential care staff by moving the child, rather than by attempting to find ways of sustaining the placement. One authority acknowledged that a high proportion of children was accommodated as unplanned admissions, and that these children were more likely to experience more than three placements during their initial care histories.

Equally important, however, the interpretations attached to this indicator were repeatedly challenged. Both 'high' and 'low' authorities on this indicator queried how far it represented a suitable proxy measure of placement stability. A low number of placements could mean that a child was not being moved when it would have been beneficial. An example was cited in which some young people had been living in a residential unit for over twelve months and should have moved on. In this context, it was asserted that stability of placement actually represented a service deficit brought about by the limited availability of resources for looked after young people. One authority in our study had conducted its own research on this indicator, looking at the placement history of all children with 3+ moves during 1998-99, and concluded that in many of these cases this actually represented good practice. For example a child who was in a stable placement with its mother but had a short stay away to provide respite, was counted as three moves in relation to this statistic. Another child had moved from hospital at birth to a foster placement and then on to her adoptive family, all within a year. This was regarded by the authority as representing good pro-active planning, but appeared as a negative statistic under this indicator (although again, it needs to be remembered that there is a distinction between 'moves' and 'placements').

#### ***b) Low Authorities***

Three authorities recorded low figures for this indicator and, although this was welcomed as a sign of good practice in ensuring stability of placement for children, reference was also made to the time and energy absorbed by the small group of children who were vulnerable to repeated moves. Furthermore, as discussed above,

the usefulness of this indicator for measuring stability of placement was repeatedly questioned.

## **Children Ceasing to be Looked After under 8 weeks %**

This indicator is commonly used to measure the extent to which authorities are successful in limiting the period of time children remain looked after, and in providing short-term placements as a service to families. A high score is usually taken as an indicator of good practice, although this needs to be interpreted in the light of other information such as how far families have been supported in other ways before resorting to accommodation.

### ***a) High Authorities***

The three authorities which were high on this statistical indicator put forward a number of possible explanations. Two highlighted the importance of using a short period of accommodation to devise a package of family support and to focus upon achieving the speedy rehabilitation of the child back in to her family. The third speculated that the high figures could be related to an increased flexibility in the use of resources, such as the provision of respite care to foster carers, which would appear as a new placement in the statistics.

### ***b) Low Authorities***

One authority was low, and two authorities were below average on this indicator for 1998-99.

A number of factors or hypotheses were identified which might explain low figures for this statistical indicator. In one example, an authority routinely contracted out assessment to external agencies that were allowed up to twelve weeks to complete the task. Attempts have subsequently been made to draw external agencies into a more flexible approach to assessing a child's needs. Staff from a second authority hypothesised that the authority's initial assessment procedures may not have been sufficiently robust, and that the authority needed to be clearer about the reasons for accommodating a child, and for firmer care plans. In another case, it was suggested that the lack of a key worker system resulted in a less efficient and effective service for children starting to be looked after. Since accommodation was generally perceived as a last resort, it was assumed that children would be more likely to stay in the system once accommodated.

Two of the authorities mentioned above had high numbers of children looked after. However, one authority with below average numbers of children looked after was also low on this statistic. In this instance, it was not the authority's policy to offer respite or short-term placements as part of a package of support to families, and children accommodated were expected to remain in the care system for longer term. It was also hypothesised that social worker activity might slow down at the point of accommodation, partly as a result of relief at having found a placement, and partly out of a concern not to alienate the parent while a care plan was being developed.

## **Children Accommodated under Section 20, %**

This indicator measures the proportion of children looked after by the authority on 31 March who were accommodated under Section 20 of the Children Act 1989. Section 20 allows accommodation to be offered as a service to support families rather than imposed on them through a court order, provided this will ensure their safety. The use of voluntary agreements may therefore be taken as a proxy measure

of local authorities' effectiveness in working in partnership with parents, and a high figure on this indicator is viewed as reflecting good practice.

***a) High Authorities***

Three authorities were high on numbers of children accommodated under voluntary agreements (Section 20). This was explained by a preference for working in partnership with parents, and by requests for support from a high number of asylum seekers who, if they were under 16, would be accommodated by the local authority under this Section.

***b) Low Authorities***

Four local authorities were low on this statistical indicator, three with high or above-average numbers of looked after children and one with low numbers). One reason for this appeared to be a reluctance to view accommodation as a service to families, despite the intentions of the Children Act 1989. These authorities tended to describe the efforts of social work staff as 'holding the line' against families wanting their child to be accommodated by the local authority. In the authority with low numbers of children looked after and a low proportion of these under Section 20, this was possibly due to the fact that the widespread availability of family support services meant that only the most difficult cases, often where parents would not co-operate, resulted in children being accommodated.

**Foster placements or placed for adoption, %**

***a) High Authorities***

One authority recorded high and one above average statistics for this indicator. Each indicated a preference for foster care over residential care, but only after considering placing the child in her extended family. In the latter circumstances, extended family members would be registered as the foster carer for that placement only. However, these figures were also queried. One authority was aware that only small numbers of children were adopted and indeed, pointed to the tensions between a policy of re-focusing services in order to keep a family together, and the policy drive to increase adoptions (which would lead to the separation of children from their birth parents).

In general, whether authorities were high or low on this statistical indicator, combining these two elements (i.e. adoption and fostering) was reported as unhelpful or misleading. Often, local authorities were high on one aspect and low on another, which would lead to a cancelling out of variations in percentages of children fostered, or adopted.

***b) Low Authorities***

However, in the two authorities where low returns were recorded for this indicator, the possible explanations cited included an inadequate supply of foster carers, and difficulty in placing 'difficult' teenagers (that is, with behaviour problems, or history of offending behaviour, drug-taking or mental health problems), Black and minority ethnic children, and older children generally.

## **Foster placements or placed for adoption under 10 years, %**

### ***a) High Authorities***

In general, staff were less able to put forward possible reasons to explain a high level of foster placements or placements for adoption for children under 10. Again, this may result from the confusion caused by combining these two indicators. One authority indicated that it would be more likely to consider adoption, or placement with relatives for children in this younger age group. A second authority was at a loss to explain this indicator, since family support services made particular efforts not to separate young children from their families. It is likely that the authority will explore the possible reasons for their status on this indicator in more depth following the interview.

### ***b) Low Authorities***

Two authorities recorded low returns for this statistic. In one case, the figures were queried, and in the second instance, difficulties in finding foster placements were highlighted, particularly in relation to children with a history of residential care. It was reported that in these cases, foster carers were more likely to perceive the child as being 'especially difficult' if they were admitted into residential (rather than foster) care at a young age.

# **5. Conclusions and issues for policy and practice**

## **Secondary analysis of national statistics**

From the first part of the study, a number of conclusions can be drawn. Social deprivation, as measured by the York Index, accounted for some but not all of the variation between authorities on statistical indicators for children's services. In small authorities, there was a tendency for a higher proportion of children to be on child protection registers or looked after, but there was not a strong overall relationship between local authority size and performance on the indicators. There was however a strong correlation between figures on child protection and children looked after statistics: if an authority was high on numbers of children looked after it was also likely to be high on numbers on the child protection register even after taking the effect of social deprivation into account.

### **5.2 Explanations for statistical variance**

The second part of study was exploratory and based on visits to a small sample of local authorities. The results should therefore be viewed as indicative rather than definitive, meriting further enquiry. A number of questions emerged which would benefit from more detailed investigation. For example, the extent to which existing family support services meet the needs of Black and minority ethnic families, and the availability of support for asylum seekers were noted as areas of concern. One authority was aware that black and ethnic minority children were over-represented among children looked after but under-represented among children on the child protection register, but was unclear about the reasons for this. Patterns of services provision and interpretation of performance indicators along dimensions of ethnicity would therefore appear to be an area for further research. So would local authority policies on placing children with relatives and friends, and the impact on performance indicators of different approaches to supporting such placements.

With the above caveat in mind, we were able to identify four categories of reasons that appeared to explain some of the variance in local authority statistics on child protection and children looked after.

#### **Technical factors**

In some cases, the figures provided to the Department of Health in the annual statistical returns were clearly wrong. For example, one authority discovered that it had wrongly coded many short-term moves as new placements (e.g. a weekly move between a foster home and residential school was recorded as a placement on each occasion). Others reported difficulties in obtaining information from social workers and inconsistent coding. Weaknesses were identified at various points in information management systems, including initial entry, amendment and update of figures, and the final submission of returns to the Department of Health. All authorities used computerised data management systems, but these were reported as operating with varying degrees of efficiency. Poor systems could mask problems,

because accurate reliable data simply was not available. This led to one authority reporting feeling unfairly penalised on the performance indicators by the efficiency of its information system, its rigour in following guidance and its refusal to ‘massage’ figures.

### **Situational factors**

A second category of reasons for variance involved instances where the atypical figures were correct, but were judged by local authority staff to reflect particular circumstances within their authority. This might be a large number of asylum seekers (including many unaccompanied children) leading to high rates of children looked after, or a particularly high level of drug misuse leading to high levels of child protection registrations. It was not possible within the scope of this project to establish whether there was in fact a consistent relationship between such factors and performance on the relevant indicators, but this would bear further investigation.

### **Interpretative factors**

An important issue raised by the study was the extent to which high or low figures on particular indicators were an accurate reflection of a good or poor service. This was especially significant given the requirement for authorities to meet targets on these indicators under Quality Protects. Strong arguments were put forward suggesting that in some circumstances a high figure on indicators such as the proportion of children looked after with three or more placements in a year, or the proportion of re-registrations to the child protection register, could actually reflect good social work practice.

### **Operational factors**

The final category of possible explanations for statistical variance between authorities concerned the way in which children’s services were resourced and delivered, including policies and staff attitudes; the extent of interagency working; professional expertise and management skills; and the availability of family support services. The variation caused by such factors is arguably more within local authority control than situational or interpretative factors, and this is the area where there may be most to learn from the authorities who appear to be performing well. Some implications of the study findings for delivering effective services for children are presented in section 5.4 below.

## **5.3 Improving data quality**

The staff who were interviewed in the eight local authorities recognised the importance of obtaining accurate statistics on children’s services, and from their experience were able to suggest a number of ways in which data collection and information management systems could be improved. These included:

- Clear guidance from the Department of Health on what should be included in different indicators, for example what counts as respite care and what placements should be included in the PAF A1 indicator (this information is

provided by the DH on the websites referred to at the end of this report, but it appeared not to have reached all those who needed it).

- Greater consultation with operational staff to ensure that the wording of questions on statistical forms (both for the DH and for local purposes) is clear and unambiguous, and that appropriate indicators are being used.
- Computerising assessment procedures (including LAC) and providing social workers with direct access to computers, so that data can be entered directly into the system.
- Training and guidance from IT managers for staff responsible for deciding and inputting codes.
- Appropriate timing of requests from the DH for information such as children's educational test results.
- Involvement of operational managers in checking statistics before they are sent to the Department, so that any figures which do not 'feel right' can be queried.
- Amending existing indicators to provide greater accuracy or a better reflection of practice. Suggested examples were counting 4+ rather than 3+ moves (since three moves were often needed to achieve a stable placement), although as pointed out above the PAF indicator A1 measures placements rather than moves. Another suggestion was to average data over a period to even out some of the fluctuations which meant that figures on a particular day could be atypical (e.g. monthly numbers on the child protection register averaged over the year).
- However there was also a strong feeling that the Department should stop amending indicators each year because this made it impossible to track progress and required a lot of work to amend software systems. Some managers argued that it was better to keep existing indicators even if flawed, but to recognise their limitations.
- Collecting additional information to refine existing indicators and assist in their interpretation. The most common suggestions were to record and analyse different *reasons* for re-registration on the child protection register or changes of placement for children looked after. For example, placements could be categorised as planned or unplanned. Re-registrations could distinguish between those which reflected a change in the child's circumstances (for example preparation for returning home), those which reflected changes in the parents' circumstances or relationships (for instance partners moving in and out of the home), and those where repeated harm had occurred or was likely to do so.

## **5.4 Improving service delivery**

A number of key messages emerged from the study for effective service delivery. The findings highlighted the importance of:

## **Good links between operational and IT staff**

Where local authorities had established strong links between staff with statistical and management information expertise on the one hand and managers and social workers responsible for service delivery on the other, this helped not only to improve the accuracy of figures but also to ensure that information was used to inform planning and service development. One authority referred to this as a ‘feedback loop’; another noted the value of checking statistical data with operational staff ‘who know what’s really going on’. It was important to develop a shared ownership of management information, so that front line staff could see the relevance of collecting accurate data and feel that it informed and supported their work, rather than being a distraction from what they saw as their real business of helping families. The need for local authorities to develop an ‘information culture’ was also identified by Diana Robbins in her analysis of the second round of Management Action Plans (Robbins 2000).

## **A reflective, learning culture**

Related to the above, the authorities which appeared to be using statistical indicators and the Performance Assessment Framework most effectively to improve services were those where there was an openness and willingness to learn, both from external research and their own experience. Department of Health publications such as *Child Protection: Messages from Research* (1995) were mentioned by a number of authorities as having been significant in leading them to reconsider their child protection and family support services, and several authorities were carrying out or had commissioned their own research projects to explore how well their children’s services were performing. Audit Commission and SSI inspections had also provided a useful impetus for reconsidering service provision. It was not only the authorities who were doing well in government terms on the performance indicators who demonstrated this commitment to learning from research and experience. In many ways the authority which had performed very poorly on many of the child protection and children looked after statistics but had reflected on the reasons for this and was now improving, was more impressive than the authority which had scored well and saw little reason to reflect on its practice.

However most of the authorities with very low numbers of children looked after or on the child protection register were not complacent about this, and were concerned about whether their thresholds were set too high and they were perhaps missing children who were at risk of significant harm. The important point was that authorities used the indicators to reflect on their performance, whether high or low, and considered the figures in terms of what they meant for providing services to children in their authority, rather than simply aiming to lower numbers on the child protection register or numbers experiencing three or more changes of placement per year. This suggests the potential importance of indicators in a second role, over and above monitoring performance – as one type of documentation to promote and support reflection on policy and practice, contributing to a deeper understanding and valuation of both means and ends.

## **Inter-agency ownership of risk**

Where rates of child protection registration were high, this was often identified as being due at least in part to agencies finding it hard to agree a common threshold for taking action. Health representatives were generally perceived as taking a more cautious approach and favouring registration at an earlier stage than social services representatives. Although this seemed to be the case in most authorities visited, those where registration rates were nevertheless low seemed to have managed to keep all agencies on board by making the decision-making process very transparent and shared and providing avenues for concerns to be dealt with. One authority, for example, had established an active partnership with the police, health and education, and held multi-agency workshops to develop thresholds concerning emotional abuse and neglect and to agree assessment, planning, reviewing and monitoring systems. Key agencies regularly attended child protection conferences, and every so often a random sample of S47 enquiries was audited by each agency and the audits then brought together and discussed. The ACPC could also request an audit on a particular case and this happened occasionally, for example when a GP thought that a child protection conference should have been held.

In contrast, in an authority with a high number of children on the child protection register, child protection conferences often lacked attendance by key agencies (especially education) and there was no agreed inter-agency family support strategy despite the recommendations of 'Working Together' (Department of Health et al, 1999). Other agencies were reported as having little faith in the ability of less interventionist frameworks to protect children, and would generally recommend registration. In both authorities, however, the Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000) was welcomed. In the first authority it reinforced the approach that had already been adopted; in the second it was hoped that 'it will enable people to make decisions on a sounder basis, so they will be braver. When the information is inadequate they take the safe option' (child protection coordinator).

### **A range of family support services**

Low numbers of children on the child protection register or looked after were often associated by local authorities with the availability of a wide range of family support services, such as day care, help with housework and getting children ready for school, providing vouchers for essential household items, counselling, drawing upon the practical and emotional support of extended family members and friends, and providing free places at summer play-schemes. These services were often provided in conjunction with the voluntary sector, and could be accessed by families who needed them whether or not a child's name was on the register. Family support services were credited with helping to prevent the registration of children, and their accommodation by the local authority. Similarly, the continuation of family support following de-registration could help to reduce levels of re-registration and the 're-cycling' of children in the looked after system.

### **Working in partnership with families**

Local authorities which emphasised the importance of working in partnership with parents, and had structures to facilitate this, tended to have lower numbers of children looked after and on the child protection register. This approach to working with families was characterised by a focus on family strengths and a clear

identification of problems and the changes in behaviour needed, and by securing the collaboration of family members in working towards clear goals. This was facilitated by the participation of parents at child protection conferences, where problems were clearly stated and the local authority's expectations of the parents were spelled out, and by innovative practice in the field of child protection such as the introduction of Family Group Conferences. Both family support and child protection concerns were incorporated within this ethos.

### **Experienced staff and good management**

Authorities drew attention to the importance of experienced staff and clear management structures in delivering effective services in the area of child protection and children looked after. Differences on performance indicators between districts or teams could reflect differing capabilities of managers and different levels of accountability and monitoring. Similarly, several authorities reported problems with recruitment and retention of staff and noted the likely impact of this on performance indicators. When considerable reliance had to be placed upon agency staff at both social worker and management levels, it was more difficult to ensure consistency in social work practice. New or inexperienced workers were thought more likely to be over-cautious and less able or willing to exercise informed professional judgement.

Organisational structures varied widely and many authorities had experienced repeated reorganisations both at the macro level, and within services for children and families. Some authorities had decentralised decision-making and resources to area teams and had a 'lean' management support structure at the centre. Others were more hierarchical in structure and practice, and stressed the importance of running a 'tight ship' in providing efficient and effective services for children and families. However, a clear association between a hierarchical or 'flat' management structure and good or poor performance on indicators was not apparent. Of greater importance was the development and implementation of strategic policies and clear procedures, which aimed to ensure consistency of practice across social work teams or areas, and between social services and voluntary sector organisations. The extent to which policies and procedures were underpinned by a clear ethos towards social work practice with children and families was also important in providing an explanatory framework for the exercise of individual professional judgement.

## **5.5 Summary**

The majority of the managers interviewed in this study cautiously welcomed the introduction of the performance assessment framework, although it appeared that many social workers were yet to be convinced of the value of careful monitoring and recording of their work. Managers generally felt that the use of performance indicators was leading to better management information systems which in turn should lead to better service for children:

*'Indicators have been a significant lever for getting management information systems in place, which in the long-term will help us provide a better service for children'* (service manager, 'high' authority)

Although there was support from social services managers for the Performance Assessment Framework, this endorsement came with two strong qualifications. Firstly, it was considered important that local authorities were measured on a comparable basis (*'not comparing apples with pears'*, as one authority put it). This highlights the importance of clear guidelines specifying exactly what indicators should measure, and conducting regular checks to ensure that this is adhered to. Secondly, it was crucial that statistical information was interpreted and viewed critically, not used simplistically. Data was not the same as knowledge. Performance indicators were most likely to help authorities to raise the quality of their services to children when they were used within a framework to encourage critical reflection, not when they merely formed the basis for placing authorities within a league table.

The study points to the importance of local authority culture and communication systems in creating a 'learning organisation', where the aim is to develop services on the basis of evidence from practice. The Quality Protects Children's Core Information project (see website references) fits well with this approach. The study also reinforces the need for social services departments to have an experienced, competent workforce and effective management; issues which are addressed in the government's recent consultation document on developing a quality strategy for social care (Department of Health 2000).

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### **Website references**

SSDA 903 guidance for the years 2000/2001 can be found on :

<http://www.doh.gov.uk/stats/forms.htm#ssda903>

Respite care is covered on page 18, placement changes on pages 23-26

This site also provides a link to SSDA 903 FAQs, where there is a further discussion of how to record 'respite' care and various placement situations:

[http://www.doh.gov.uk/pub/docs/doh/903\\_faqs.2pdf](http://www.doh.gov.uk/pub/docs/doh/903_faqs.2pdf)

Technical definitions of PAF indicators for children's services were published in 'The Government's Objectives for Children's Social Services (September 1999):

<http://www.doh.gov.uk/qualityprotects/info/publications/objectives.htm>

More information on the Quality Protects Children's Services Core Information Requirements can be found on:

<http://www.doh.gov.uk/qualityprotects/info/publications/coreinformationreq.htm>

**Table 3.1 Correlations between selected indicators**

**Correlations**

	1 CPR registrations 1999	2 Children on CPR 1999	3 CPR children looked after % 1999	5 Re-registrations to CPR 1999	12 Children looked after 1997-99	13 Children starting looked after 1997-99	14 Children looked after under Section 20
1 CPR registrations 1999	1.000	.816	.050	.238	.536	.625	-.232
2 Children on CPR 1999	.816	1.000	.045	.090	.636	.631	-.114
3 CPR children looked after % 1999	.050	.045	1.000	-.010	.069	.082	-.180
5 Re-registrations to CPR 1999	.238	.090	-.010	1.000	.009	.226	-.002
12 Children looked after 1997-99	.536	.636	.069	.009	1.000	.788	-.162
13 Children starting looked after 1997-99	.625	.631	.082	.226	.788	1.000	.042
14 Children looked after under Section 20	-.232	-.114	-.180	-.002	-.162	.042	1.000
16.2 Children in foster or placed for adoption	.262	.287	-.150	.118	.063	.329	.329
17.2 Under 10 in foster or placed for adoption	.115	.129	-.165	-.107	.184	.216	.236
18 Three or more placements 1997-99	.336	.147	-.031	.204	-.129	.223	-.133
20 Under 8 weeks 1997-99	.178	.068	.089	.296	-.140	.315	.076
Operational staff for children's services per 10000	.460	.533	.099	.053	.642	.633	.107
Social workers/managers for children per 10,000	.412	.490	-.003	.075	.592	.587	.147
York Index	.314	.453	.022	-.066	.738	.629	.136
Children under 18 (000)	-.156	-.133	-.062	.034	-.207	-.175	.001

NB: The closer the number in the columns is to +1 or -1, the greater is the implied link (correlation) between the two indicators. However a correlation does not necessarily mean that one causes the effect on the other.

### Correlations

	16.2 Children in foster or placed for adoption	17.2 Under 10 in foster or placed for adoption	18 Three or more placements 1997-99	20 Under 8 weeks 1997-99	Operational staff for children's services per 10000 pop 0-17 (1999)	Social workers/managers for children per 10,000 pop 0-17	York Index	Children under 18 (000)
1 CPR registrations 1999	.262	.115	.336	.178	.460	.412	.314	-.156
2 Children on CPR 1999	.287	.129	.147	.068	.533	.490	.453	-.133
3 CPR children looked after % 1999	-.150	-.165	-.031	.089	.099	-.003	.022	-.062
5 Re-registrations to CPR 1999	.118	-.107	.204	.296	.053	.075	-.066	.034
12 Children looked after 1997-99	.063	.184	-.129	-.140	.642	.592	.738	-.207
13 Children starting looked after 1997-99	.329	.216	.223	.315	.633	.587	.629	-.175
14 Children looked after under Section 20	.329	.236	-.133	.076	.107	.147	.136	.001
16.2 Children in foster or placed for adoption	1.000	.563	.288	.381	.284	.271	.110	.083
17.2 Under 10 in foster or placed for adoption	.563	1.000	.052	.161	.305	.311	.148	.074
18 Three or more placements 1997-99	.288	.052	1.000	.500	.025	-.004	-.154	.029
20 Under 8 weeks 1997-99	.381	.161	.500	1.000	.088	.067	-.114	.076
Operational staff for children's services per 10000	.284	.305	.025	.088	1.000	.903	.592	-.249
Social workers/managers for children per 10,000	.271	.311	-.004	.067	.903	1.000	.597	-.168
York Index	.110	.148	-.154	-.114	.592	.597	1.000	-.272
Children under 18 (000)	.083	.074	.029	.076	-.249	-.168	-.272	1.000

**Table 3.2 Correlations between the residuals on selected indicators, after fitting the York Index**

**Correlations**

	1 CPR registrations: residual	2 Children on CPR: residual	5 Re-registrations to CPR: residual	12 Children looked after: residual	13 Children starting to be looked after: residual	14 % CLA under S20: residual
1 CPR registrations: residual	1.000	.796	.273	.487	.579	-.291
2 Children on CPR: residual	.796	1.000	.135	.510	.501	-.198
5 Re-registrations to CPR: residual	.273	.135	1.000	.115	.346	.008
12 Children looked after: residual	.487	.510	.115	1.000	.623	-.363
13 Children starting to be looked after: residual	.579	.501	.346	.623	1.000	-.057
14 % CLA under S20: residual	-.291	-.198	.008	-.363	-.057	1.000
16.2 % CLA foster or adoption: residual	.240	.268	.126	.033	.335	.318
17.2 % CLA under 10 foster or adoption: residual	.070	.068	-.094	.111	.160	.224
18 CLA with 3 or more: residual	.418	.255	.200	.015	.440	-.116
20 Ceasing under 8 weeks: residual	-.227	-.135	-.290	.036	-.500	-.092
Operational staff for children's services per 10000	.286	.295	.095	.311	.335	.029
Social workers/managers for children per 10,000	.233	.244	.117	.231	.271	.069

### Correlations

	16.2 % CLA foster or adoption: residual	17.2 % CLA under 10 foster or adoption: residual	18 CLA with 3 or more: residual	20 Ceasing under 8 weeks: residual	Operational staff for children's services per 10000 pop 0-17 (1999)	Social workers/managers for children per 10,000 pop 0-17
1 CPR registrations: residual	.240	.070	.418	-.227	.286	.233
2 Children on CPR: residual	.268	.068	.255	-.135	.295	.244
5 Re-registrations to CPR: residual	.126	-.094	.200	-.290	.095	.117
12 Children looked after: residual	.033	.111	.015	.036	.311	.231
13 Children starting to be looked after: residual	.335	.160	.440	-.500	.335	.271
14 % CLA under S20: residual	.318	.224	-.116	-.092	.029	.069
16.2 % CLA foster or adoption: residual	1.000	.560	.310	-.399	.221	.207
17.2 % CLA under 10 foster or adoption: residual	.560	1.000	.082	-.184	.219	.224
18 CLA with 3 or more: residual	.310	.082	1.000	-.494	.119	.090
20 Ceasing under 8 weeks: residual	-.399	-.184	-.494	1.000	-.156	-.136
Operational staff for children's services per 10000	.221	.219	.119	-.156	1.000	.903
Social workers/managers for children per 10,000	.207	.224	.090	-.136	.903	1.000