



HOW SAFE ARE OUR CHILDREN?

2014

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1

Overview

Are children safer?

Given the high-profile media coverage about the maltreatment of children in the past year – from children groomed for sex by gangs of men, to children whose suicides have been linked to experiences on the internet, to cases of horrific abuse and neglect such as those of Daniel Pelka and Hamzah Khan – you might conclude that children are less safe in the UK today than ever before.

Yet in many ways children are safer than they were a generation ago. Behaviour towards children has changed over the past 30 years, their rights are better protected, they have more opportunities to speak out and social norms determining how children are treated have shifted, largely for the better. A child was two times more likely to die from physical assault 30 years ago compared with today.¹ Parents are less likely to physically punish their children.² Child suicide rates have fallen, at least in England, Scotland and Wales.³

But as a society we still fall far short of protecting children from harm. One child dies at the hands of another person every week.⁴ Levels of child neglect have barely shifted.⁵ As many as one child in six is exposed to violence in the home.⁶ In this social media age children face new threats of online grooming and cyber bullying.⁷ Perhaps most strikingly, more children than ever before are expressing their own anguish and distress through inflicting pain on themselves by self-harming.⁸

An increased willingness to speak out about sexual abuse

In the wake of the Jimmy Savile and other high-profile sexual abuse cases, we have seen a welcome shift in the willingness of adults to speak out on behalf of children. The latest statistics show that compared to the previous year, calls to the NSPCC's Helpline in 2012/13 increased by 15 per cent,⁹ with an increase in the total number of referrals made to social services, the police and other agencies including the Child Exploitation and Online Protection centre (CEOP, now part of the National Crime Agency).

However, there has not been a corresponding increase in the number of children reporting sexual abuse to ChildLine. Recent figures show no statistically significant increase, despite there being

a more than 9 per cent increase in the number of sexual offences against children recorded by the police in the UK in 2012/13 from the previous year.¹⁰

Research by the NSPCC helps us to make sense of this inconsistency. One recent qualitative study found that it took, on average, seven years for the young people interviewed to disclose sexual abuse.¹¹ Another study found that only one child in three (34 per cent) who experienced contact sexual abuse by an adult does not tell anyone else about it.¹²

There has been a notable increase in the confidence of adult victims of child abuse to come forward. The National Association for People Abused in Childhood (NAPAC) reported a 220 per cent increase in calls made to their support line in the months following the ITV documentary about Savile.¹³

Similarly, in 2012/13, just under a fifth of all calls to the NSPCC Helpline about sexual abuse were about non-recent sexual abuse.¹⁴

Unfortunately, this increased readiness by adults to report sexual offences has yet to be sufficiently translated into justice for children and adult victims. The process of bringing perpetrators to court and securing a prosecution is still woefully stacked against the victim. On page 32 we present data that shows how child sex offence cases flow through the criminal justice systems in the different nations. This is the first time this data has been drawn together for children.

Child protection systems across the UK under immense pressure

The welcome increase in reporting of abuse is threatened by the state of our child protection systems, which are buckling under pressure.

Part of the reason is financial. Public funding for services in the UK has retracted over the past four years and will continue to do so in the next few years. This is leading to a scaling back of the state's role in many areas of our lives, with the detail being determined separately in England, Wales, Northern Ireland and Scotland. **In terms of expenditure for the main areas of public spending relating to child protection and safeguarding, the four nations of the UK were in the financial year 2012/13 approximately where they were in 2006/7.**

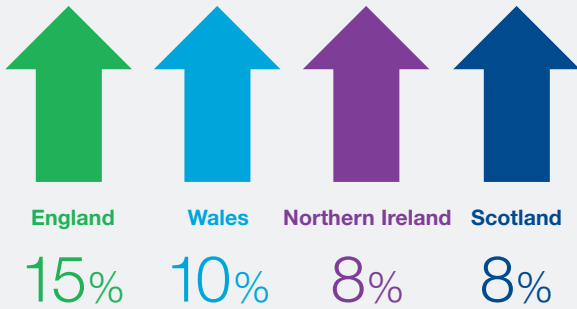
¹In England and Wales a child was 2.7 times more likely to die as a result of assault 30 years ago compared with today; in Northern Ireland a child was 2.4 times more likely and in Scotland 1.7 times more likely to die as a result of assault compared with today. ²See Indicator 6 for detail. ³See Indicator 3 for detail. ⁴69 child homicides across the UK in 2012/13. See indicator 1 for detail. ⁵See Indicators 6 and 14 for detail. ⁶NSPCC's study of child maltreatment in the UK (Radford et al. 2011) found 17.5 per cent of 11 to 17 year olds have been exposed to domestic violence incidents between adults in their homes. ⁷See Indicator 9 for detail. ⁸See Indicator 7 for detail. ⁹See Indicator 8 for detail. ¹⁰Change between total number of sexual offences recorded against children in the UK in 2012/13 and 2011/12; see Indicator 4 and also Indicator 4 (*How Safe Are Our Children 2013*). ¹¹Allnock, D. and Miller, P. (2013) *No one noticed, no one heard: a study of disclosures of childhood abuse*, London: NSPCC. ¹²Radford, L et al. (2011) *Child abuse and neglect in the UK today*, London: NSPCC. ¹³HMIC (2013) *Mistakes were made*, London: HMIC. Page 45. ¹⁴Helpline Highlights (2013) London: NSPCC. Page 15.

How demand is outgrowing expenditure

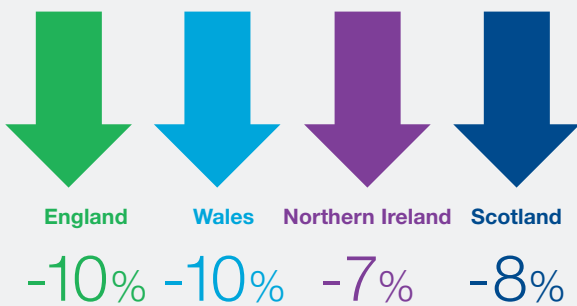
Public expenditure levels in 2012/13 dropped back to the same level as in 2006/7. Though expenditure peaked in 2009/10, it has been falling ever since and is now forecast to fall further. Over this same period there has been an extraordinary increase in the demand for services.

Expenditure

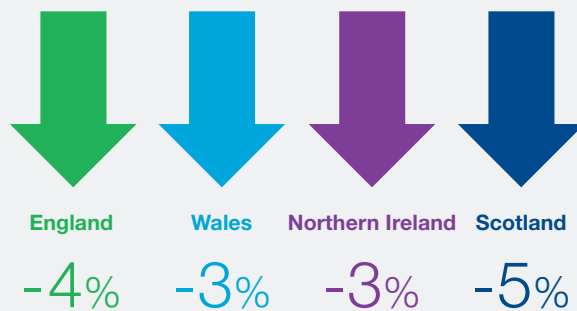
2006/7 – 2009/10



2010/11 – 2012/13

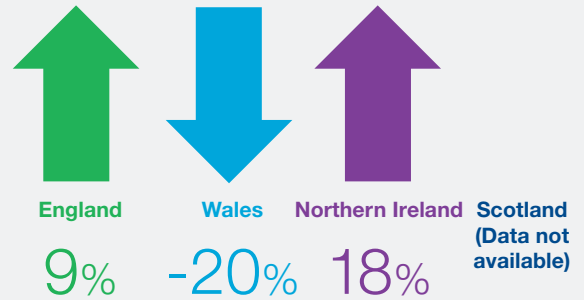


2012/13 – 2015/16 (forecast)

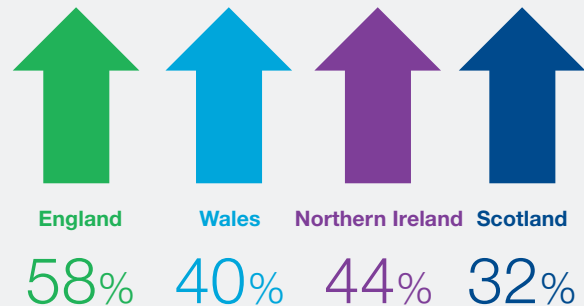


Demand 2006/7 – 2012/13

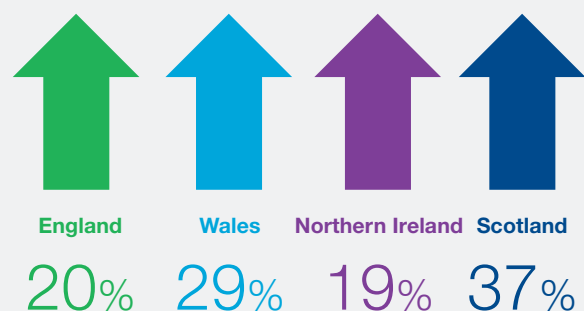
Referrals accepted by children's social care



Children on a protection plan/register



Looked-after children



Contacts to the NSPCC helpline



Source: HMT Public Expenditure Statistical Analyses. Detailed calculations in data briefing under nspcc.org.uk/howsafedata.

Source: Indicators 8,11,13,17.

A contraction in public spending to 2006/7 levels would not be so significant for child protection were it not for the **extraordinary increase in demand for services over this period.**

This increase in demand appeared to have been driven by the growing willingness of the public and professionals to report suspected abuse. But in truth services were already struggling to meet need. As we showed in *How Safe Are Our Children 2013* for every child subject to a child protection plan or on a child protection register, we estimate another eight children have suffered maltreatment.¹⁵

In addition the economic circumstances are likely to have further increased demand. Households have simultaneously felt the impact of financial cut-backs, with the poorest families most affected by austerity measures.¹⁶ Although most parents who live in poverty do not abuse or neglect their children, numerous international studies have shown a strong association between poverty and child maltreatment.¹⁷ The number of low-income families who are known to children's social care is disproportionate to those from other social groups. The most common explanation centres on the stress factors that are associated with unemployment and low income, such as social isolation and mental ill health. Poverty can also erode parents' resilience to deal with these stress factors, as well as issues such as past abuse, domestic violence, disability or substance misuse. With reduced access to financial and social resources, the needs of families become increasingly complex, with more children directly and indirectly affected, and placed at risk.

Consequently every indicator of demand (with the exception of referrals accepted by children's social services in Wales) has increased over this time period. The population of under 18 year olds has been increasing year on year – so even if the amount of public expenditure had remained constant in real terms, the funding available per child would have decreased in every single year.

Looking ahead, the UK Government's projections suggest that in 2015/16 public expenditure will be lower still; we will be closer to where we were in 2005/6 – and yet demand shows no sign of decreasing.¹⁸

Child protection: an emergency service?

There are signs that amid funding pressures and high demand for services, **child protection is becoming more tightly "rationed"**.

In the last three years more than half of local authorities in England and Wales have started to accept fewer referrals into children's social care. Northern Ireland bucks the trend as the number of referrals accepted by social care has been increasing.¹⁹

However, there is no evidence to suggest that the reason for this is a fall in demand for services; in fact the available evidence suggests the opposite. Calls to the NSPCC's Helpline have increased by 15 per cent in the last year²⁰ in keeping with the evidence of an increased and welcome propensity for people to speak out if they have concerns about a child. One BBC investigation found that around 150 referrals a week were being made into one particular English local authority,²¹ the equivalent to around 7,800 per year. Yet the same local authority has reported accepting only about 2,500 referrals in the most recent year.²²

While not every contact will meet a social care threshold, this level of disparity suggests that the threshold for accepting a referral is being set at a much higher level than many professionals would expect. Indeed practitioners are left with the sense that thresholds are going up across the board.²³ If accepted referrals are falling, does this mean that families, members of the public and professionals are reaching out for help and support – but are being turned away?

The rising number of children on child protection plans and registers suggests that it is the more serious cases that are being taken on by local authorities. The number of children becoming subject to a child protection plan in England or who come onto a child protection register in Wales and Scotland continues to increase.²⁴

The number of children who become looked after due to abuse or neglect also continues to increase in England and Wales,²⁵ and there has been an upward trend in Northern Ireland and Scotland.²⁶

¹⁵Harker, L., Jütte, S., Murphy, T., Bentley, H., Miller, P., Fitch, K., (2013) *How safe are our children?* London: NSPCC, page 5 ¹⁶See Brewer, M., Browne, J., Hood, A., Joyce, R. and Sibieta, L. (2013) *The short- and medium-term impacts of the recession on the UK income distribution*, London: Institute for Fiscal Studies. Pg 198 ¹⁷For example, see: World Health Organization (2014) *Child Maltreatment Fact Sheet No. 150*; Ghate, D. and Hazel, N. (2002) *Parenting in poor environments: stress, support and coping*, London: Jessica Kingsley; Gillham, B., Tanner, G., Cheyne, B., Freeman, I., Rooney, M. and Lambie, A. (1998) "Unemployment rates, single parent density, and indices of child poverty: their relationship to different categories of child abuse and neglect", *Child Abuse and Neglect*, 22(2): 79–90; Hooper, C.A. et al. (2007) *Living with Hardship 24/7: the diverse experiences of families in poverty in England*, York: The Frank Buttle Trust; Katz, I., Corlyon, J., La Placa, V. and Hunter, S. (2007) *The Relationship Between Parenting and Poverty*, York: Joseph Rowntree Foundation; Spencer, N. and Baldwin, N. (2005) "Economic, Cultural and Social Contexts of Neglect", in: J. Taylor and B. Daniel, *Child Neglect – Practice Issues for Health and Social Care*, London: Jessica Kingsley; Frederick, J. and Goddard, C. (2007) "Exploring the Relationship between Poverty, Childhood Adversity and Child Abuse from the Perspective of Adulthood", *Child Abuse Review* 16: 323–41. ¹⁸Analysis of HMT's Public Expenditure Statistics 2013 (and earlier years). ¹⁹NSPCC analysis of data published by DfE in England; StatWales in Wales; and Department of Health, Social Services and Public Safety in Northern Ireland. Scotland does not publish comparable data. ²⁰See Indicator 8 for more details. ²¹BBC Newcastle programme on 13 January 2014: <http://www.bbc.co.uk/programmes/p01np3x0> ²²DfE, Children In Need Statistics, 2012/13 ²³Community Care survey exposes how rising thresholds are leaving children in danger, November 2013, <http://www.communitycare.co.uk/2013/11/19/community-care-survey-exposes-rising-thresholds-leaving-children-danger/>

In the online world CEOP estimate that 50,000 people looked at child abuse images in the UK in 2012²⁷ and referrals to them have increased by 14 per cent in the year 2012/13 to 18,887. In 2012, 1,562 people were arrested for child abuse image offences. CEOP's funding from the Home Office has been declining since 2011/12 and will continue to do so for the rest of the spending review period.²⁸

But what is happening to children whose circumstances are not considered serious enough to meet rising social care thresholds?

Early intervention – more rhetoric than reality?

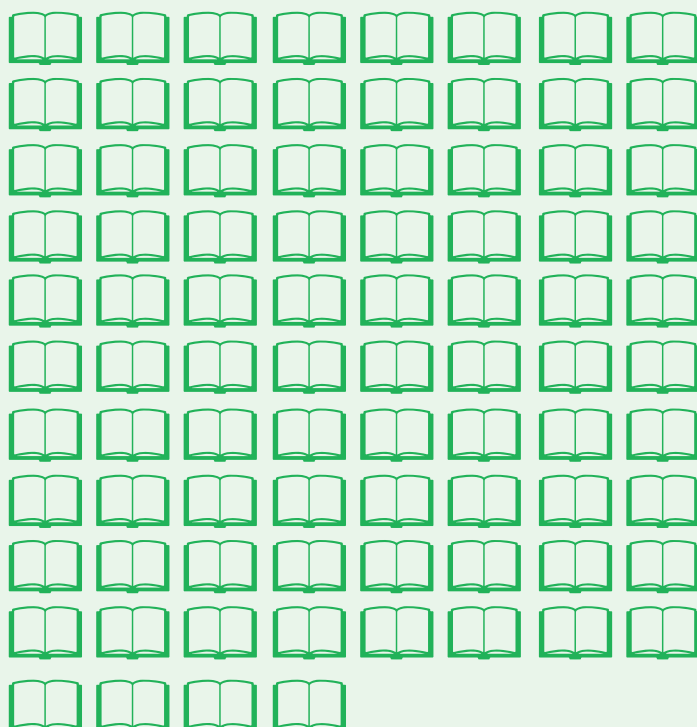
One possible explanation for the decline in referrals accepted by children's social care (at the same time as the increase in looked-after children and children on child protection plans/registers) is that children's services are diverting more children into early intervention programmes.

In the past five years early intervention has been warmly embraced as a concept at all levels of government in England and also by the Welsh, Scottish and Northern Irish Governments. Since 2010 the UK Government, Governments in the

devolved nations, and a large number of charities (children, family support, domestic violence and people with disabilities) have published at least 84 reports that discuss early intervention and recommend it as an approach.²⁹ Yet over this same period and despite the rhetoric, resources available for early intervention have arguably decreased rather than increased.

For example, in England, the early intervention grant has declined substantially for each local authority between 2010/11 and 2012/13 – the average decline is 19 per cent per local authority and overall it appears that there is more “reactive” rather than “preventive” spending.³⁰ For example, Department for Education data for 2012/13 suggests that expenditure on looked-after children exceeded expenditure on family support services by a factor of 3.6.³¹

The increase in reactive spending, such as on children's residential care and looked-after services, has been considerable. For example between 2009/10 and 2012/13 the cost of residential care, fostering and other looked-after services in England has increased by 5 per cent in real terms to £2.74 billion.³²



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The number of reports published on early intervention since 2010

²⁸Northern Ireland bucks the trend – children coming onto the CPR are levelling off. ²⁹See Indicator 17 for detail. ³⁰See Indicator 17 for detail. It is not possible to identify what proportion of children are looked after due to abuse or neglect in Scotland and Northern Ireland. ²⁷CEOP (2013) Threat Assessment of Child Sexual Exploitation and Abuse ²⁸CEOP Annual Review 2010–11 and Centre Plan 2011–12; Financial Plan (Annex C) ²⁹For a full list of the reports relating to early intervention please see the data briefing document which can be found on the NSPCC website under nspcc.org.uk/howsafedata. ³⁰Data provided by The Children's Society; adjustments into real terms using GDP deflator; NSPCC calculations. ³¹Section 251 data, 2012/13, table 5. A comparison of this data over time is not possible as the DfE has altered the relevant accounting categories annually since 2009/10.

In this context children's social care services are increasingly forced into playing the role of "watching and waiting" for the point at which children are at risk of very significant harm, acting as an emergency service, a service of the last resort. Not only is this approach more costly, it also less effective. As children are unlikely to meet the threshold for children's social care until their problems are severe and entrenched, the task of turning their lives around becomes much harder. There remains, for example, a persistent attainment gap in terms of GCSE grades.³³

The real child protection system

Nobody believes a world where child protection is more of an emergency service is an ideal response to the problems children face. The evidence for early intervention remains compelling.³⁴ Far better to prevent abuse and neglect from happening in the first place; better for the child, the family, for society and for services struggling to keep up with need.

But expecting children's social care to fulfil the role of preventing as well as responding to child abuse is overly optimistic in any circumstances, and especially when resources are tight. We have to think more imaginatively about using the resources we have across the public sector to achieve more prevention of child abuse and neglect.

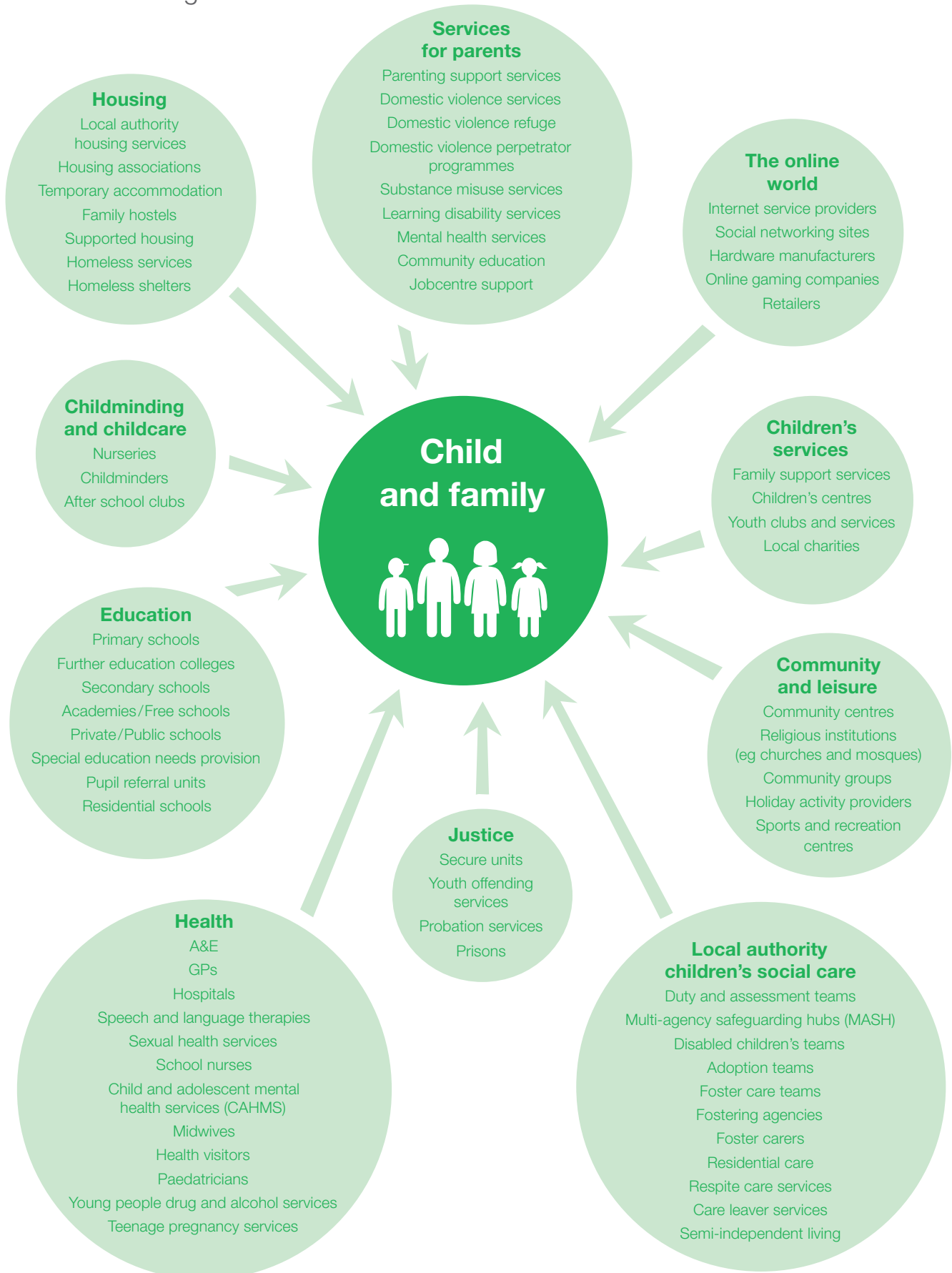
Preventing child maltreatment requires action at the level of the individual, family, community and society – not simply intervening when problems emerge but reducing the circumstances in which they are likely to develop. Thus it is necessary to reduce poverty and social isolation, as well as invest in services which help families foster good relationships, as well as provide the more specialist services when there are early signs that problems are emerging. What's more, relatives, friends and neighbours all play an important role in keeping children safe by stepping in to help when families are under pressure.

In this way the "real" child protection system extends well beyond children's social care into a wide range of public (and indeed non-statutory) services and into the communities in which children are living. In the case of online abuse the "real" child protection system extends to companies, such as internet service providers and social networking sites. The diagram gives an indication of the wide range of services that come into contact with children and families. If more children are to be protected from harm *before* problems escalate, then it is the professionals in these services who have the biggest role to play. Our message is simple. Preventing child abuse is not the preserve of children's social care but of a wider group of professionals; citizens and also companies have a role to play. Their actions will not only determine how effective children's social care can be as an emergency service, but can also change the course of a child's life.

³²Section 251 data, table comparison between table 4 and table 5 (residential care, fostering and other children looked after services); figures adjusted using GDP deflator. ³³NSPCC analysis of data in Looked After Children DCSF Statistical First Release and Children Looked After (SSDA903), DfE. ³⁴Early Intervention Foundation (2014) *Making an Early Intervention Business Case: Evidence and resources* <http://eif.org.uk/images/business/3bc-evidenceandresources.pdf>

An overview of the child protection system

Safeguarding and protecting children extends far beyond children's social care, into a wide range of services that are provided by public, private and third sector organisations.



2

Context: children at risk of abuse and neglect

Why are some children at greater risk of abuse and neglect than others? Answering this question is an immense challenge. The evidence on risk is inconsistent and limited. We cannot say that any single factor – or collection of factors – *causes* maltreatment and we are far from being able to predict who will perpetrate abuse or who will experience it. It is nonetheless possible to identify certain contexts and environments that are more frequently associated with child abuse and neglect. To keep children safe, we must use what we know and we must tackle the contextual and environmental factors that influence behaviour and make abuse and neglect more likely.

The most common framework used to describe these contextual and environmental factors is the ecological model.³⁵ These factors that shape behaviour that have been identified at the family level (such as parent's mental illness); at the community level³⁶ (such as living in a deprived neighbourhood); and at the societal level (such as social isolation). In addition, certain protective factors (such as strong social networks) are known to mitigate risk factors.³⁷ In this section we describe some of the better understood contexts and circumstances that shape the risk of abuse experienced by a child.³⁸

Our list of risks, shown in the infographic opposite, is not exhaustive. To complicate the picture, the rings are neither discrete nor mutually exclusive. Many risks reflect deep social and economic problems – a factor like poverty is experienced in families but is also a symptom of economic inequality in society. It is important to note that the simultaneous presence of a number of risk factors significantly increases the likelihood of abuse and neglect.³⁹

What is known about the risks children face?

As we have highlighted, research into specific risk factors is often limited and there are many gaps. Discussion of risk comes with the following warnings:

1. Children with the same risk and protective factors⁴⁰ can have very different experiences of abuse and neglect. For example, one child may be abused while her sister is not. But the evidence for explaining this is not conclusive.
2. It is often difficult to synthesise different research studies which may use different definitions and methodology in researching risk factors.

3. Some risk factors have been the subject of research studies that attempt to explain why that particular factor contributes to risk, such as impacting on neurobiological development; other risk factors have simply been identified, such as certain minority ethnic children being over- and under-represented in the care system.
4. We also know that none of these risks has been shown to be causal.
5. Child abuse and neglect can occur without any risk factor being present, with only one risk factor or with multiple risk factors.⁴¹

Children with a physical or mental disability

International research shows that deaf and disabled children are three times more likely to experience abuse than non-disabled children.^{42,43,44,45,46} A comprehensive study from the United States in the 1990s found that disabled children were 3.4 times more likely to be abused than non-disabled children; they were more likely to be subjected to multiple forms of abuse, and more likely to endure multiple episodes of abuse.^{47,48}

Disabled children are more vulnerable to maltreatment for a range of reasons. The key reasons are thought to be:

- a lack of awareness of risk
- indicators of abuse being mistakenly attributed to a child's impairment
- a lack of effective communication with disabled children and their families
- a reluctance to believe that disabled children are abused.

Factors relating to the disabled, deaf or impaired child's needs can also contribute, such as:

- dependency on a number of carers for personal assistance
- impaired capacity to resist/avoid abuse
- impaired ability to communicate and/or an inability to understand what is happening or to seek help.

³⁵ For this section the references are at the end of this report.

Factors that influence a child's risk of abuse or neglect

Society

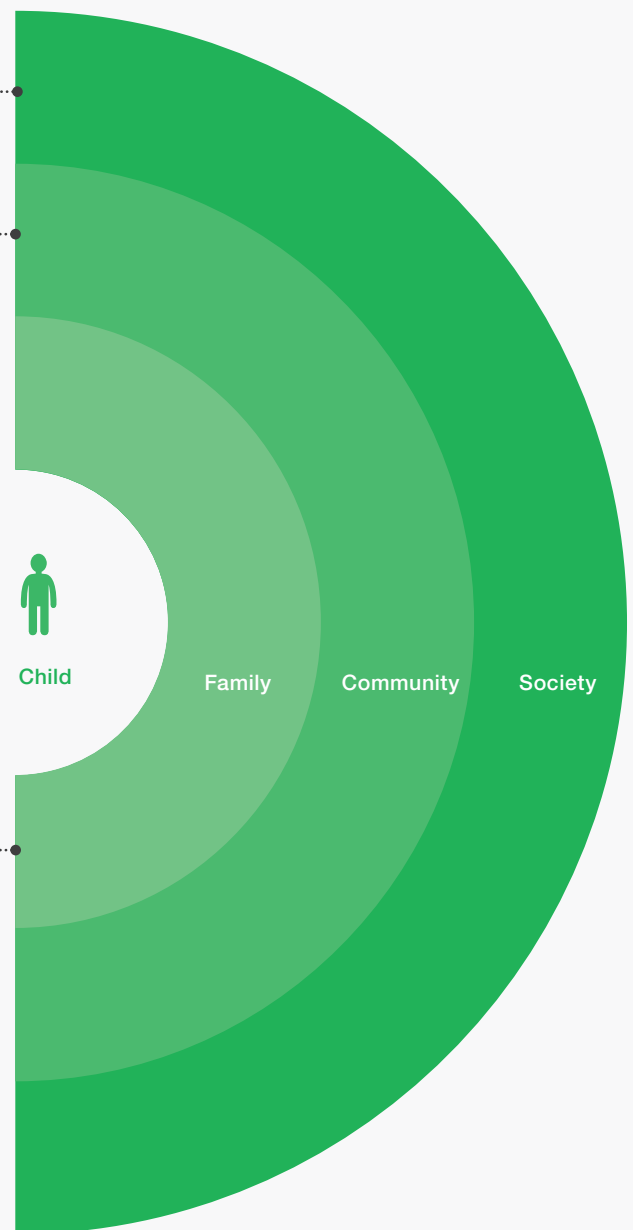
Ethnicity
Social inequality and
deprived neighbourhood

Community

Social isolation
The care system

Family

Child's physical or mental disability
Low parental capacity
Domestic violence
Poverty
Parental learning disability
Parental history of being abused as a child
Parental mental ill health
Parental substance misuse



Children in the care system⁴⁹

Many children benefit from care.⁵⁰ It provides them with a safe and secure place to live and with support to help cope with the trauma that led to them being in care in the first place. The majority of children in the care system say that their care is either “good” or “very good”.^{51,52} However, a minority of children remain at risk of harm, even suffering additional abuse while in care perpetrated by their carers, by other adults who may target these vulnerable young people or by their peers. In particular, young people in care are disproportionately more vulnerable to sexual exploitation and abusive partner relationships than young people not in care.^{53,54}

The full extent of abuse while in care is not known, but research into foster and residential care in the UK has found that a significant minority will experience further abuse by those whose duty it is to care for them.⁵⁵ There is evidence of children in care experiencing:

- targeted abuse by carers
- targeted abuse by other adults or peers
- poor standards of care
- abuse disguised as treatment or behaviour-modification techniques
- systematic abuse by staff against children; and
- emotional damage caused by placement instability.^{56,57,58}

Low parental capacity

A parent is expected to provide basic care, safety, emotional warmth, stimulation, guidance and boundaries, and stability for their child.⁵⁹ The inability of a parent, for whatever reason, to provide these basics for their child may put their child at risk of abuse or neglect. There are many factors which affect an individual's capacity to parent. In particular, many of the other risk factors discussed below – like substance abuse or mental ill health – may negatively impact on parenting capacity.⁶⁰ Research and practice suggests that most parents who are struggling as a result of a single risk factor (such as substance misuse) can effectively parent and safeguard their child with the appropriate support.⁶¹

When a parent has low parenting capacity, their attachment or bond with their child is likely to be adversely affected.⁶² There are many examples of how poor parenting capacity can result in insecure or disorganised parent/child attachment, which can lead to long-term consequences for the child. For example, the child may suffer from neglect or emotional abuse as a result of the parent's inability to respond properly to their physical and emotional needs, or the child's ability to form meaningful relationships in later life can be impacted, along with their emotional, social and cognitive development.^{63,64}

Parental learning disability

Evidence shows that parental learning disability can impact on a parent's ability to adequately safeguard their children. It is estimated that in 40 to 60 per cent of families where a parent has a learning disability, their child/children will go into care.⁶⁵ In most cases where a child is neglected and a parental learning disability is identified, the neglect occurs because the parent does not understand what they need to do to provide appropriate care. In many of these cases providing support to the parents to identify and understand their child's needs could have mitigated the neglect experienced by the child.⁶⁶ It should be noted that a parental learning disability does not preclude successful parenting, but it is considered a risk factor.

Domestic violence

Children living in households where there is domestic violence are known to be more likely to experience abuse and neglect. Reviews of cases where a child has died or was seriously injured in England, Northern Ireland and Scotland show that domestic violence was present in the family in more than 50 per cent of these cases.⁶⁷

Children can become directly involved in incidents of domestic violence or they may witness or hear violence taking place. The impact of hearing or witnessing domestic violence may result in emotional or psychological abuse.⁶⁸ NSPCC research on child maltreatment showed that more than 34 per cent of under 18s who had lived with domestic violence had themselves been abused or neglected by a parent or guardian.⁶⁹

Parental history of abuse as a child

A parent's experience of childhood abuse or neglect has long been cited as a risk factor in child maltreatment,^{70,71} but in common with other risk factors there is no clear causal link.⁷²

The long-term impact of child maltreatment can help explain why a parent's childhood experience of abuse may place his or her own children at risk. The parent's neurobiological development may have been affected, particularly if the maltreatment occurred early in life. They may suffer from lifelong psychological, behavioural and learning problems.^{73,74} The experience of childhood abuse may also contribute to some adults abusing alcohol or drugs.⁷⁵ A meta-analysis of studies found a highly consistent association between childhood experiences of abuse and adult drug use.⁷⁶ The same analysis found that childhood maltreatment roughly doubled the likelihood of negative mental health outcomes. We will see below that parental substance abuse and mental ill health are both risk factors for child maltreatment in their own right.

Parental mental illness

The vast majority of parents with a mental health problem do not abuse their children.⁷⁷ However, reviews of cases where a child has died or was seriously injured in England and Northern Ireland show that parental mental illness – often in combination with other problems – was identified in a significant majority (more than 50 per cent) and in Scotland, parental mental illness was identified in 43 per cent of cases.⁷⁸ Parents with mental health issues may exhibit suicidal or self-harming behaviour. These are particularly serious risk factors leading to a high probability of risk for serious abuse and neglect.⁷⁹ Parental psychopathy and anxiety have been shown to be related to parental physical abuse.⁸⁰ Parental mental illness in the perinatal period is also known to jeopardise or prevent healthy parent-child bonding (referred to as “attachment”).^{81,82,83}

Parental substance misuse

Children can be impacted in two very distinct ways by parents misusing drugs or alcohol. Children whose mothers misuse substances during pregnancy are at higher risk of impaired development (physical, behavioural and cognitive). Research has clearly linked maternal alcohol use in pregnancy with impaired brain development in the foetus.^{84,85} Most drugs cross the placenta, so the misuse of drugs during pregnancy affects both the mother and the foetus. Research evidence into the misuse of drugs by pregnant women show a range of negative impacts on the foetus, including congenital malformations, low birth weight, poor growth and premature delivery.⁸⁶ In addition, children exposed to drugs before they are born may suffer from drug withdrawal after birth and exhibit a variety of negative effects including irritability, inability to sleep, poor feeding and weight gain, and regurgitation.⁸⁷

Children whose parents misuse substances after birth can also be negatively affected. Parental abuse of drugs or alcohol, or both, is found in more than half of parents who neglect their children.⁸⁸ Alcohol misuse can mean that parents are unable to adequately care for their children or provide the practical and emotional support they need.⁸⁹

The persistent nature of substance misuse and the impact on the child is evident in studies that have found that these cases are most likely to remain open long term or be re-referred for action.⁹⁰ A survey of social work departments in the UK from 2002 showed that parental substance misuse was found to be a concern among 25 per cent of children who were subject to a child protection plan.⁹¹ More recent figures from Wales show that parental substance misuse was a concern in 41 per cent of cases.⁹² A review of cases where a child has died or was seriously injured identified parental substance misuse in 42 per cent of those families in England,⁹³

in 64 per cent of such families in Scotland,⁹⁴ and 58 per cent in Northern Ireland.⁹⁵ Research identifying substance misuse as an isolated risk factor is limited. Evidence generally shows that parents who misuse substances often suffer adversities such as domestic violence or mental ill health, which makes the outcome of abuse or neglect more likely.^{96,97}

Poverty, social inequality and poor neighbourhoods

Although there is no evidence which shows that poverty causes child maltreatment, poverty and child maltreatment share many similar risk factors, and frequently overlap.

The impact of the stress associated with poverty and social deprivation on parenting is the most common and widely accepted explanation of the fact that poverty and maltreatment often overlap.⁹⁸ Researchers have found that parents with a low income are four times more likely to feel chronically stressed than parents with higher incomes⁹⁹ and stress levels of parents living in poorer neighbourhoods have been shown to be high.¹⁰⁰ Increased use of physical discipline has been linked to stress.¹⁰¹ Being in a lower socio-economic group has also been linked to greater use of physical discipline and is associated with a more significant level of abuse.^{102,103} An analysis of women’s childhood experiences of abuse and neglect found evidence that women from poorer childhood homes were twice as likely to have suffered from abuse or neglect and three times as likely to have suffered from more than one form of abuse than those from more affluent childhood homes.¹⁰⁴

Emerging findings from research in England highlight the impact of poor and inadequate housing on families. Poor housing is a common experience among families in poverty. An unsafe environment and the impact of parental stress have been found to be factors in some serious case reviews¹⁰⁵ and where children are subject to child protection plans.¹⁰⁶ This does not mean that parents who are poor will abuse or neglect their children. The relationship is well described as being “circular and interdependent as opposed to linear and causal”.¹⁰⁷

Social inequality has long been identified as contributing to an increased risk of child maltreatment. Social inequality has been defined as “unequal chances, experiences and outcomes of child welfare that are systematically associated with social advantage/disadvantage”.¹⁰⁸ Research has found that children who live in the most deprived 10 per cent (decile) of neighbourhoods have a 10 times greater chance of being on a child protection plan and an 11 times greater chance of being taken into care than children in the least deprived 10 per cent (decile).¹⁰⁹

Ethnicity

Children from black and mixed ethnic backgrounds are disproportionately over-represented on child protection registers, in the care system and in the children in need statistics. Children from Asian ethnic backgrounds are disproportionately under-represented in these same categories. This disproportionality is a result of a variety of issues including:

- racial discrimination
- language barriers
- community and cultural norms and practices, such as female genital mutilation or harsh physical discipline
- inadequate or inappropriate services, for example services not taking action for fear of upsetting cultural norms.¹¹⁰

Research attempting to explore the links between child maltreatment and particular minority ethnic groups is either not sufficiently robust or provides contradictory evidence. Nevertheless, particularly for young people from black and mixed ethnic backgrounds, the risk remains that they are more likely to end up in the child protection system than young people from other ethnic backgrounds.

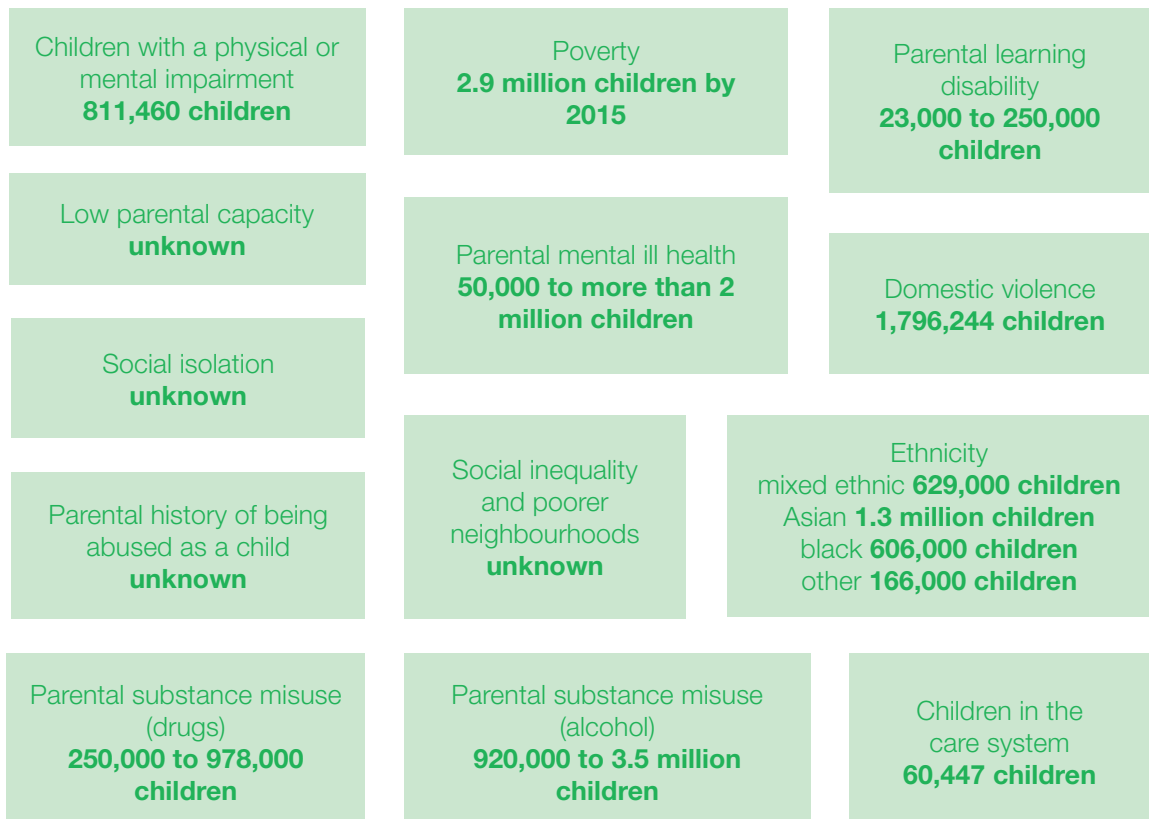
Social isolation

Social isolation or a lack of social support can have a negative impact on a family and has been commonly cited as a risk factor for child maltreatment. Social

isolation may be characterised by a lack of a range of different types of interactions – from links with community organisations to informal support from family, friends and neighbours, as well as the frequency and nature of that interaction.¹¹¹ Research describes clear associations between social isolation and child maltreatment.^{112,113} The explanation for why social isolation is associated with child maltreatment focuses on the positive impact of social support. Parents with access to local community services and social support from family, friends and neighbours have a wider array of resources and emotional support to help them address other factors that may be impacting on their ability to parent their child safely.¹¹⁴

What do we know about the number of children who are “at risk”?

Our knowledge about the number of children who experience these risks is based on limited research, statistical data, or estimates based on adult population data that does not report whether the adults have children. Where data does exist on individual risk factors it rarely tells us about other further risks to the child. Below we show some of the data that is available about the numbers of children in the UK that fall into the different risk groups. Children may fall into multiple risk groups.¹¹⁵



3

Measuring the extent of abuse and neglect in the UK

What is abuse and neglect?

We have defined abuse and neglect according to definitions set out in the table below. Child protection is a devolved matter and each of the four nations of the UK has its own guidance and definitions. The definitions below are taken from the UK Government's own guidance for professionals¹¹⁶ but these are not substantially different from those used in Scotland, Wales and Northern Ireland.¹¹⁷

Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by others (eg via the internet). They may be abused by an adult or adults, or another child or children.
Physical abuse	Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional abuse	Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Sexual abuse	Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Neglect	Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or responsiveness to, a child's basic emotional needs.

Online sexual abuse

In the UK there is no single agreed definition of what constitutes online child sexual abuse. The NSPCC's view is that it is important that the agencies working on preventing and tackling online child sexual exploitation have a shared definition as this will ensure all the agencies that work in this field have an agreed focus.

The NSPCC's working definition of online child sexual abuse is:

Online child sexual abuse is the use of technology to manipulate, coerce or intimidate a child, to engage in sexual activity that is abusive and/or degrading in nature. Online child sexual abuse is characterised by an imbalance of power and lack of choice resulting from physical, emotional and/or social vulnerabilities. As with other forms of sexual abuse, online abuse can be misunderstood by the child and others as

¹¹⁶Department for Education (2013) *Working Together to Safeguard Children*. ¹¹⁷In Wales the key guidance is *Safeguarding Children: Working together under the Children Act 2004*. In Scotland the key guidance is *National Guidance for Child Protection in Scotland (2010)*. (A refresh consultation closed on 31 March 2013, but updated guidance has not yet been published). In Northern Ireland key guidance is set out in Area Child Protection Committees' *Regional Policy and Procedures (2005)*.

being consensual, occurring without the child's immediate recognition or understanding of abusive or exploitative conduct; although it is emphasised that no child under the age of 18 can consent to being abused or exploited. Online child sexual abuse includes, but is not limited to the grooming of children for sexual purposes, including sexual acts online, and the production, distribution or possession of indecent images of children. Online child sexual abuse takes different forms and can lead to or be preceded by contact abuse. Financial gain can be a feature of online child sexual abuse and it can involve serious organised crime.

The indicators we have used

We have compiled 20 different indicators in an effort to understand the extent of abuse and neglect in the UK today. The indicators relate both to deaths due to child maltreatment and the incidence of abuse and neglect. In each case there are multiple ways to measure the extent of child maltreatment.

Since there is a wide range of relevant information, we have had to be selective in the measures presented. Our aim has been to provide the most robust and comprehensive picture possible, so we have chosen indicators that:

- provide different insights on the extent of child abuse and neglect;
- use robust data, where possible based on a large sample and standardised measures. Where there are weaknesses in the data we state these; and
- wherever possible, use data that can be tracked over time and broken down by each of the four nations.

This year we have added a new indicator (20) on public attitudes to child abuse and neglect. We have included this indicator because tracking changes in public attitudes is also one measure of the effectiveness of organisations that aim to influence the public. Children can only make made safer once people notice and act on concerns about child abuse and neglect – and not just leave it to the professionals.

Focus on criminal justice statistics

We have also included some pages that focus on the on the criminal justice response to sexual offences against children. This is situated in between Indicators 4 and 5. The statistics come from a number of different sources, and show how child sex offence cases flow through the criminal justice system. While the different sources make it difficult to draw direct comparisons between the nations and datasets, we feel it is important to bring the available data together and to put the recorded offences data presented in Indicator 4 into context.

Population data used in this report

In this report we draw on UK population data published by the Office for National Statistics (ONS) for England and Wales. Data for Scotland is published by the General Register Office for Scotland. Data for Northern Ireland is published by the Northern Ireland Statistics and Research Agency.

The most recent population data draws on the 2012 mid-year population estimates, based on the 2011 census, that are published by different nations.

What we have not been able to include

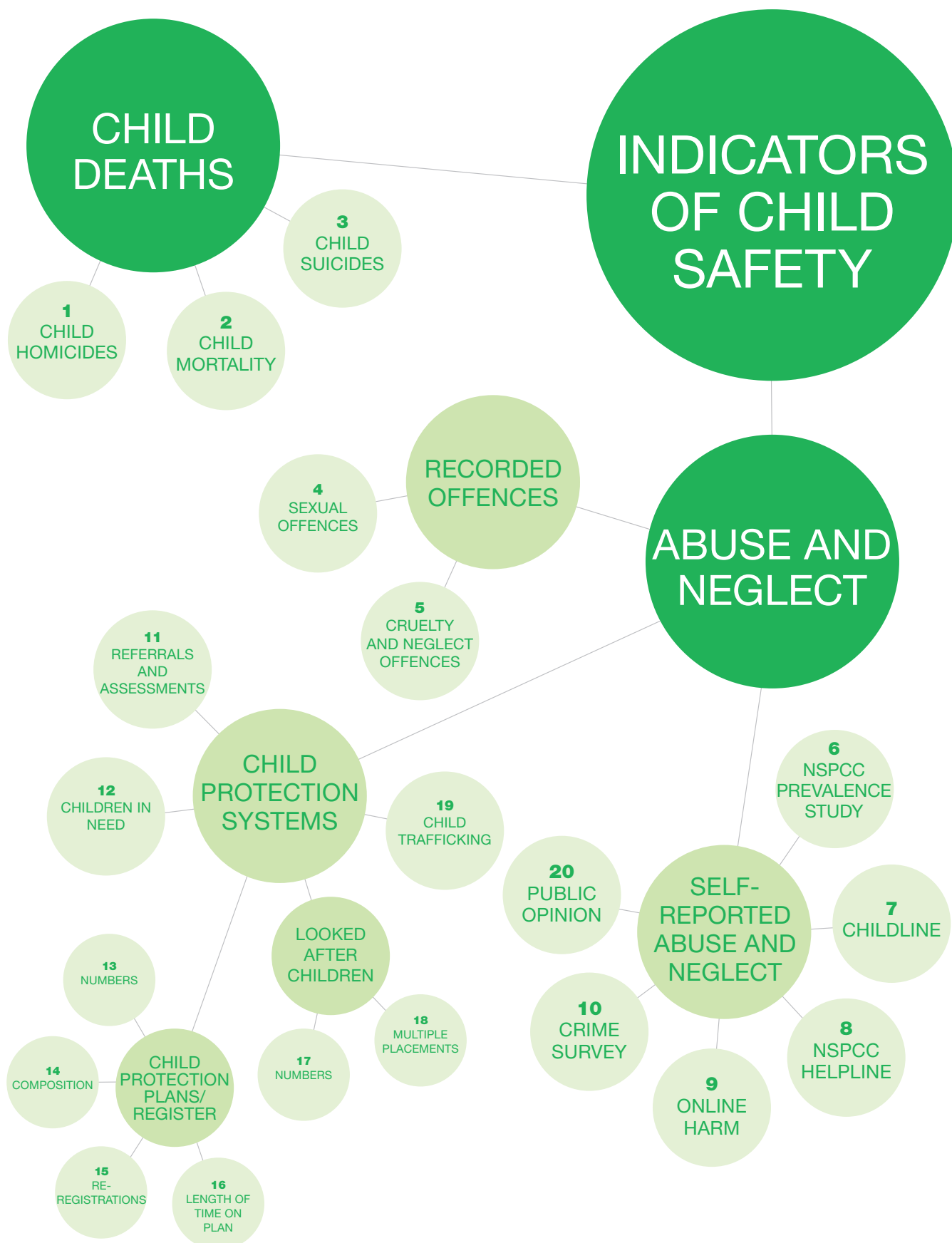
We have not been able to include data on all forms of child abuse in this report, largely due to the paucity of data available. Often data may be available, yet it will not be broken down by age allowing children to be identified.

For example, data is available on accident and emergency attendances for assault but is not broken down by age so children cannot be identified. Another example is data on assaults recorded by the police and published across the UK nations; only in Northern Ireland is this data broken down by the age of the victims. The police do record this information but it is not currently collected or published centrally.

There is insufficient robust UK data on the extent of child sexual exploitation¹¹⁸ or genital mutilation.¹¹⁹ There is also insufficient data on children's own views about how safe they feel from abuse and neglect.¹²⁰

¹¹⁸The Office of the Children's Commissioner in England has undertaken an inquiry into the number of children and young people who have been sexually exploited in gangs or groups, http://www.childrenscommissioner.gov.uk/content/publications/content_743. However there is no UK-wide or time series data. ¹¹⁹An announcement on 6 February 2014 suggests that acute NHS hospitals will be required to collect data on female genital mutilation (FGM) and submit this to the Department of Health. <https://www.gov.uk/government/news/new-government-measures-to-end-fgm>. We will see what data has been published by the time we are due to publish *How Safe Are Our Children 2015*. ¹²⁰Although there is some survey evidence showing how safe children feel (for example, the Tellus4 survey in England and Wales, 2010 <https://www.education.gov.uk/publications/eOrderingDownload/>

The diagram below summarises the different indicators and how they can be grouped. The table on the next page lists the 20 indicators, a brief description and data availability.



INDICATOR	DESCRIPTION	ENGLAND	WALES	SCOTLAND	N. IRELAND	
1	Child homicides recorded by the police	Murder, manslaughter and infanticide offences recorded by police.				
2	Child mortality	Deaths by assault and undetermined intent based on death certificates provided by local registrars and information from coroners and procurators fiscal.				
3	Child suicides	Deaths of 15-19 year olds recorded as intentional self-harm or event of undetermined intent, and deaths of 10-14 year olds recorded as intentional self-harm.				
4	Number of recorded sexual offences against children	Sexual offences recorded by the police including rape, sexual assault, child grooming and offences related to indecent images of children.				
5	Number of recorded cruelty and neglect offences against children	Offences recorded by police where a parent or carer wilfully assaults, ill-treats, neglects, abandons or exposes a child under 16 in a manner likely to cause the unnecessary suffering or injury to health.				
6	Self reported prevalence of abuse and neglect	Abuse or neglect reported by children when asked in a UK wide survey.	Survey data – not collected statistics			
7	Contacts with ChildLine	Counselling sessions held by ChildLine with children and young people via phone call, email and online chat.	Data covers the whole of the UK and is not broken down by country.			
8	Contacts with the NSPCC helpline	Calls, emails, texts and online reporting to NSPCC's UK 24/7 helpline for those concerned about a child.	Data covers the whole of the UK and is not broken down by country.			
9	Survey data on online harm	Information about children's experience of the internet via surveys.	Survey data – not collected statistics			
10	Violent Incidents experiences by 10–15 year olds (crime survey)	Violent offences against children reported in an annual crime survey for England and Wales.				
11	Referrals accepted by social services	Number of referrals made to social services due to concerns about the safety or welfare of a child.				
12	Children in need due to abuse or neglect	Number of children deemed to be 'in need' because they are unlikely to have a reasonable standard of health and development without support provided by a public authority due to abuse or neglect.				
13	Children subject to protection plans or on the child protection register	Children subject to a child protection plan or on a register because they are deemed to be at risk of ongoing harm.				
14	Composition of child protection plans/child protection register	The reason why children are on a child protection plan or on the child protection register.				
15	Re-registration onto the child protection register (returning to a child protection plan)	The number of children who come back onto child protection plans or registers.				
16	How long are children on child protection plans or the child protection register?	Percentage of children who are on a child protection plan or register for more than two years.				
17	Children looked after due to abuse or neglect	Number of children where the state is acting as a corporate parent.				
18	Proportion of looked after children who have three or more placements during the year	Proportion of looked after children who have had three or more placements during one year.				
19	Child trafficking	Number of children being recruited and moved for the purpose of exploitation.	Available data covers the whole of the UK and is not broken down by country.			
20	Public opinion	Survey data on public attitudes to child abuse and neglect.	Survey data – not collected statistics.			

Key



Data is available in all four nations. Trend data may be for different time period and there may be some differences in classifications, for example in offence categories.



The amber label was used when data was available, but it was not possible to drill down to the same level of detail in all countries. For example for Children in Need data or Looked after children data we are interested in those children that are In Need or looked after due to abuse or neglect as opposed to other reasons. Amber also used where data is only available for the latest year.



No published data available



Survey data or UK wide data.

In addition, different policies and practices in each of the nations mean that data will not necessarily be comparable across nations. Services to safeguard and protect children in the UK are underpinned by legislation, guidance and policies. As power is devolved within the UK, differences between the respective child protection systems have become increasingly pronounced. In comparing information about child abuse in each of the four nations, it is important to understand the different contexts in which the statistics have been compiled. These have been explored in some depth by the NSPCC and the University of Edinburgh Child Protection Research Centre.¹²¹ We know, for example, that the English statistical returns are most comparable with

Wales and least comparable with Scotland.¹²² Where data is not comparable we have highlighted this. Nonetheless we consider there to be value in setting out what is known and not known for each of the four nations.

We have also been unable to update indicators 13, 14, 15, 16, 17 and 18 with the latest Scottish data as, at the moment of publication, the Scottish Government's Children's Social Work Statistics for 2012–13 had not been released.

A brief summary of the child protection systems in each of the four nations is included in the glossary of this report.

¹²¹For information see <http://www.childprotection.ed.ac.uk/publications/briefings/briefing01.pdf>. DCSF-RR218.pdf, it does not specifically relate to abuse and neglect ¹²²Munro, E.R, Brown, R. and Manful, M. (2011) 'Safeguarding children statistics: the availability and comparability of data in the UK' (Research Brief; DFE – RB153).

Child deaths: homicides

Indicator 1 — Child homicides recorded by police (includes the offences of murder, manslaughter and infanticide)

Key messages

- There were 69 child homicides across the UK in 2012/13 (67 in England and Wales, two in Scotland and none in Northern Ireland)
- The average child homicide rate in Scotland for the last five years to 2012/13 was 6.9 per million under 18 year olds, compared to five per million under 16s in England and Wales, and 3.3 per million under 18s in Northern Ireland.
- The average rate of child homicides has decreased in England and Wales by 29 per cent since 1981, has decreased by 28 per cent since 1985 in Scotland, and has decreased for the last five consecutive years in Northern Ireland.

Why is this measure important?

The child homicide rate is an important measure of child safety, showing the number of children killed by another person. The statistics give an indication of how many children are dying directly as a result of violence or abuse, though they may not fully reflect the number of child deaths where abuse or neglect is suspected as a factor. Historical data is available (from 1998/99 for Northern Ireland) and consistent recording methods allow robust comparison over time.

What are the limitations of the data?

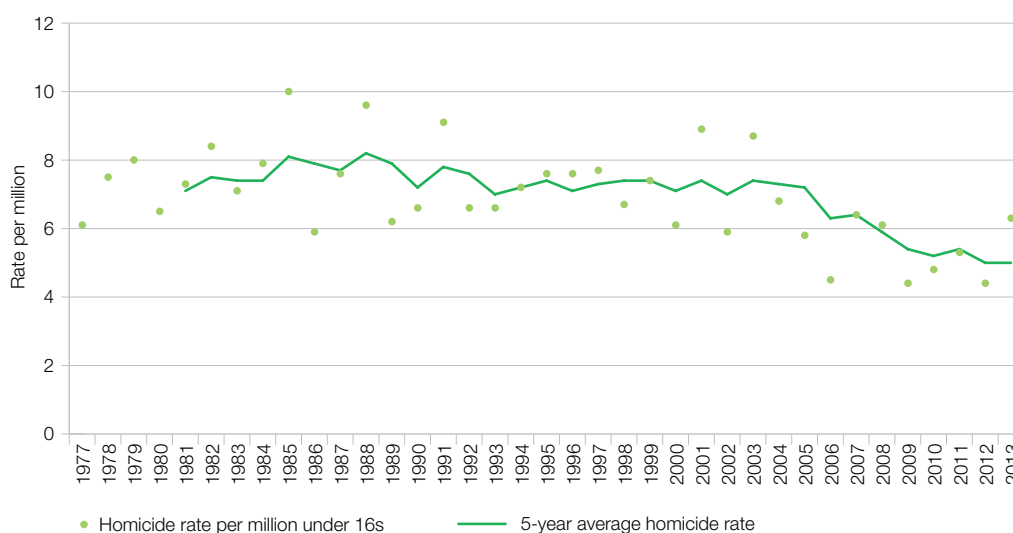
Police-recorded homicide statistics should reflect accurately the number of homicides of children. However, they will only record cases where there is sufficient evidence to suspect that a homicide has taken place. Studies have indicated that the number of child deaths where abuse or neglect is suspected as a factor is higher than shown in the police-recorded homicide figures.* Homicides data alone also does not help to understand the preventable factors behind these deaths, as for example the Child Death Review Process in England does.** The numbers of child homicides are also relatively small, meaning a small change in the number of deaths has a significant impact on rates. We have tried to compensate for this by looking at five-year averages.

Data availability and comparability

Data is available for all four nations showing recorded homicide offences. However, published data for England and Wales is only for under 15s, whereas data on under 18s is available for Scotland and Northern Ireland. This means that the data is not comparable across all four nations. Also data for England and Wales is combined, preventing a full comparison between all four nations. Northern Ireland data is available from 1998/99.

England and Wales

Homicide rate per million children aged 0 to 15 years



Latest figure: 67

homicides of under 16s in 2012/13, a five-year average rate of five per million children aged under 16.

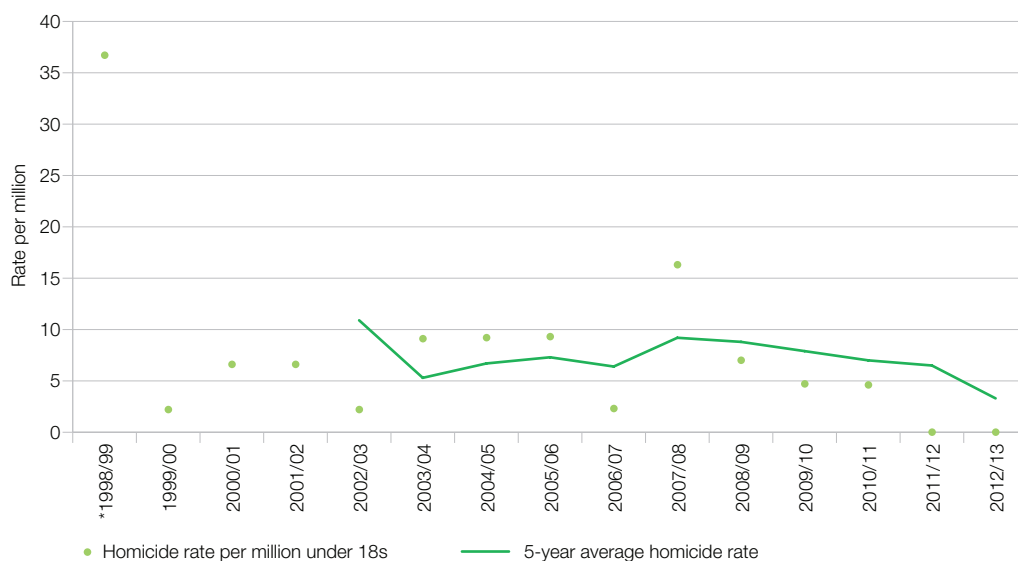
Trend: The rate of child homicides has decreased by 29 per cent from a five-year average of 7.1 per million in 1981 to five per million in 2012/13.

* Brandon, M. et al. (2012) *New learning from serious case reviews: a two year report for 2009–2011*; Ofsted (2008) *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2007/08*, p.69.

** See DfE (2013) *Child Death Reviews Completed in England – Year Ending 31 March 2013*.

Northern Ireland

Homicide rate per million children aged 0 to 17 years



Latest figure: No child homicides were recorded in 2012/13. The five-year average in 2012/13 was 3.3 per million under 18s.

Trend: The five-year average has ranged between three and nine per million in the last decade, and has decreased in each year since 2007/8.

*The Omagh bombing occurred on 15 August 1998.

Scotland

Homicide rate per million children aged 0 to 17 years



Latest figure: Two deaths of under 18s in 2012/13, a five-year average rate of 6.9 per million under 18 year olds.

Trend: The five-year average rate has ranged from a high of 13.4 per million in 1995/6 following the Dunblane massacre to a low of 6.9 per million in 2012/13.

*Includes the 21 victims of the Lockerbie bombing who were under 18 years of age.

** Includes the 16 victims of the Dunblane massacre who were under 18 years of age.

UK comparison

The five-year average child homicide rate in 2012/13 was highest in Scotland, at 6.9 per million, compared with five per million in England and Wales and 3.3 per million in Northern Ireland, though the differing age group for England and Wales makes direct comparison difficult. The child homicide rate continues to decrease across the UK. Children under one continue to be more at risk of being killed at the hands of another person than any other age group in England and Wales. In 2012/13 there were 30 homicides per million under ones in England and Wales, compared to an average of 9.7 per million for the population as a whole (Office for National Statistics (ONS), 2014).

Data sources

England and Wales: ONS (2014) *Focus on: Violent Crime and Sexual Offences, 2012/13*. Historical data provided to the NSPCC.

Scotland: Scottish Government: *Recorded Crime Statistics* (Data provided to NSPCC).

Northern Ireland: PSNI statistics branch (Data provided to NSPCC).

Child deaths: child mortality

Indicator 2 — Child mortality (deaths by assault and undetermined intent*)

Key messages

- In 2012, 44 children aged under 15 died as a result of assault or undetermined intent across the UK.
- In 2012, the rate of deaths due to assault and undetermined intent was highest in Scotland at 5.1 per million, followed by 4.5 per million in Northern Ireland and 3.6 per million in England and Wales.
- The five-year average rate has declined in all four of the UK nations since the early 1980s – by 40 per cent in Scotland, 58 per cent in Northern Ireland and by 63 per cent in England and Wales.

Why is this measure important?

Mortality statistics report the number of children who have died in any given year based on death certificates provided by local registrars and information from coroners and procurators fiscal. Data shown here is specifically from the deaths recorded under the codes of “assault and neglect” and “undetermined intent” and therefore show a subset of the preventable deaths of children. Deaths recorded as “undetermined intent” are generally seen as probable suicides for adolescents and adults, whereas for children it is more likely that a question remains over whether someone else was responsible, though this cannot be proven. While the statistics may not fully reflect the number of child deaths where abuse or neglect may have been a factor, they do give an understanding of how many children are dying directly as a result of violence, abuse, or in suspicious circumstances. This data may overlap with the homicides data in Indicator 1, but is a fundamentally different way of recording deaths since it is based on the cause of death rather than whether a homicide was committed.

What are the limitations of the data?

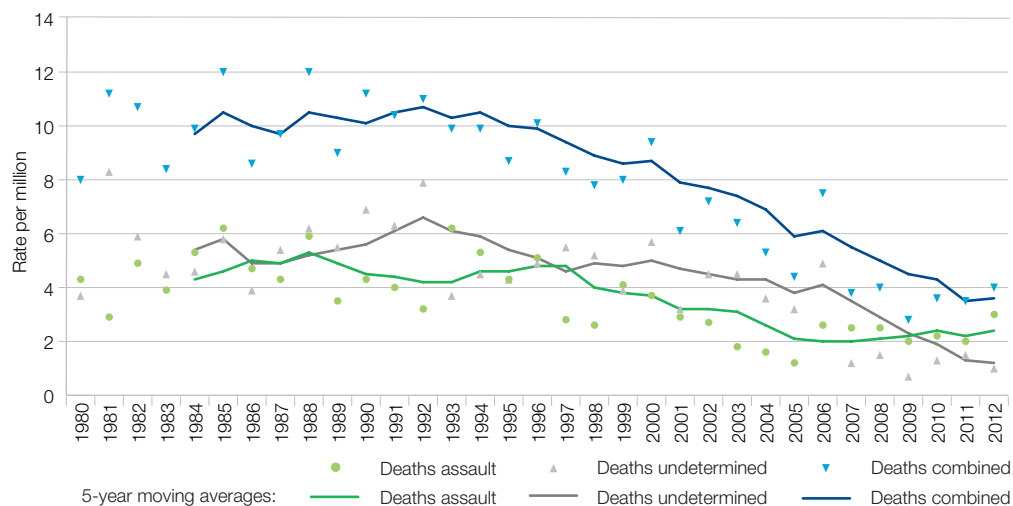
Mortality statistics reflect the number of child deaths where another person was responsible or responsibility is not determined, though their accuracy depends on consistent recording practices. Furthermore, they don't necessarily reflect the full number of child deaths where abuse or neglect is suspected as a factor.** Studies have indicated that the number of child deaths where abuse or neglect is suspected as a factor is higher than shown in the mortality figures. Data is normally only published for children in ‘five year’ age groups (eg 10 to 14 years), so the figures which are readily available only cover children up to the age of 14.

Data availability and comparability

Mortality data coded consistently under the International Classification of Diseases (ICD) is available for all UK nations. However data for England and Wales is combined, preventing a full comparison between the four nations. Historical data is available for all UK nations and consistent recording methods across all nations allow comparison. However differences in the death registration systems used in each nation may have an impact on the comparability of the data between nations.

England and Wales

Mortality rates among children aged 1 month to 14 years by assault and undetermined intent



Latest figure:

There were 40 deaths by assault or undetermined intent of children aged 28 days to 14 years in 2012, a five-year average rate of 3.6 per million.

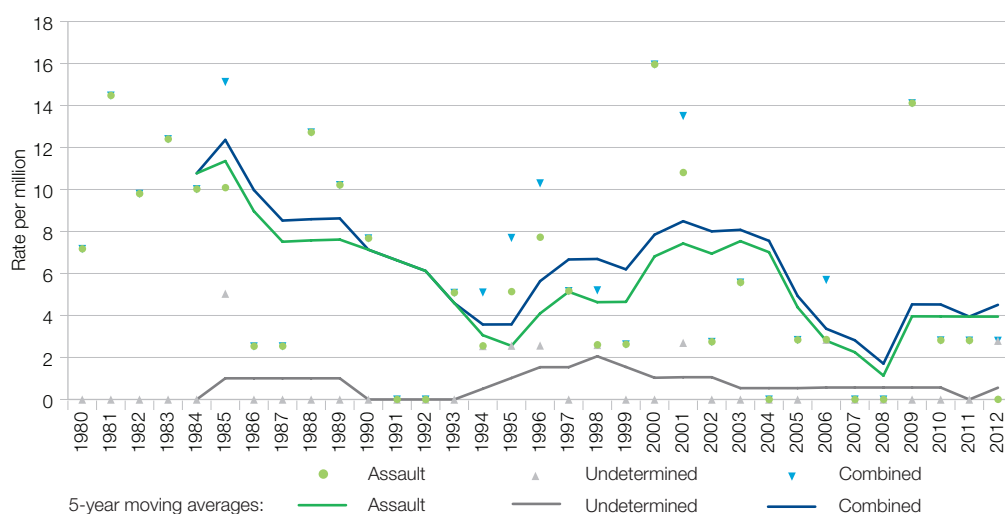
Trend: There has been a 63 per cent decrease in the five-year average rate of child deaths due to assault and undetermined intent, from around 9.7 per million in 1984 to 3.6 per million in 2012.

* Data drawn from the deaths recorded from 2001 using ICD-10 under the codes of assault and neglect (X85-Y09, Y87.1) and undetermined intent (Y10-Y34, Y87.2) and pre-2001 using ICD-9 under the codes E904, E960-E969 and E980-E989.

** Brandon, M et al. (2012) *New learning from serious case reviews: a two year report for 2009-11*; Ofsted (2008) *The Annual Report of Her Majesty's Chief Inspector of Education*.

Northern Ireland

Mortality rates among children aged 0 to 14 years by assault and undetermined intent

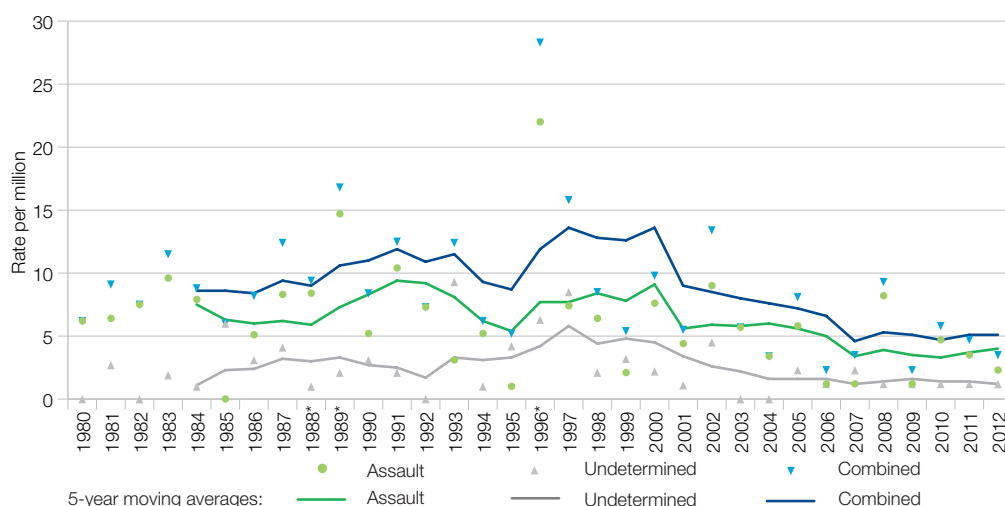


Latest figure: There was one death by assault or undetermined intent recorded in 2012, a five-year average of 4.5 per million.

Trend: The five-year average rate of child deaths due to assault and undetermined intent has decreased by 58 per cent since 1984, from 10.8 per million to 4.5 per million. The average rate increased in the years following the Omagh bombing in 1998.

Scotland

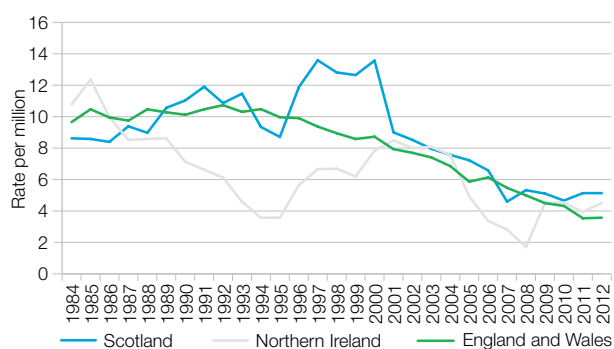
Mortality rates among children aged 0 to 14 years by assault and undetermined intent



Latest figure: Three deaths by assault or undetermined intent were recorded in 2012, a five-year average of 5.1 per million.

Trend: The five-year average rate of deaths due to assault and undetermined intent has decreased by 40 per cent since 1984, from 8.6 per million to 5.1 per million in 2012. The rate peaked in the late 1990s after the Dunblane massacre in 1996.

UK comparison



In 2012, the rate of deaths due to assault and undetermined intent was highest in Scotland at 5.1 per million, followed by 4.5 per million in Northern Ireland and 3.6 per million in England and Wales. The rate has declined in all four nations since the 1980s – by 40 per cent in Scotland, 58 per cent in Northern Ireland and by 63 per cent in England and Wales. This is a steeper decline than that suggested by the homicide data in Indicator 1. A change in the mortality coding system from 2001 may exaggerate the later decline. In the case of England and Wales there appears to have been the start of a genuine decline prior to this change.

Data sources

England and Wales: Office for National Statistics (ONS) Mortality statistics: deaths registered in England and Wales (Series DR). Historic data provided to NSPCC.

Scotland: General Register Office for Scotland Vital events data. Data provided to NSPCC.

Northern Ireland: Northern Ireland Statistics and Research Agency Registrar (NISRA) General Annual Reports (various years).

Child deaths: suicides

Indicator 3 — Child suicides

Key messages

- There were 164 suicides of 15 to 19 year olds in the UK in 2012.
- Suicides of 15 to 19 year olds in England and Wales have decreased since the 1980s, whereas in Northern Ireland they have increased. In Scotland they have been decreasing since 2003, but are still higher than in the early 1980s.
- Northern Ireland has the highest suicide rate for 10 to 14 year olds, followed by Scotland and then England and Wales. However caution must be taken before drawing any conclusions from this, due to the very small numbers involved.

Why is this measure important?

Information on the number of suicides* is an important measure of the safety of children and young people. Suicide may often be the result of a combination of other factors, such as abuse, neglect, family problems or mental health issues.

Tracking the numbers of children and young people who take their own lives shows the number of children who feel there is no way out of their problems and for whom the right help is not there. It therefore shows a subset of the preventable deaths of children. The National Statistics definition of suicide includes deaths given an underlying cause of intentional self-harm (labelled on the graphs below as suicides) or an injury/poisoning of undetermined intent. For over 15s deaths of undetermined intent are seen as cases where the harm was self-inflicted, but there was insufficient evidence to prove that the deceased deliberately intended to kill themselves. However, this cannot be applied to younger children due to the possibility that these deaths were caused by unverifiable accidents, neglect or abuse, therefore the suicide data for 10 to 14 year olds only uses deaths coded under "intentional self-harm".

What are the limitations of the data?

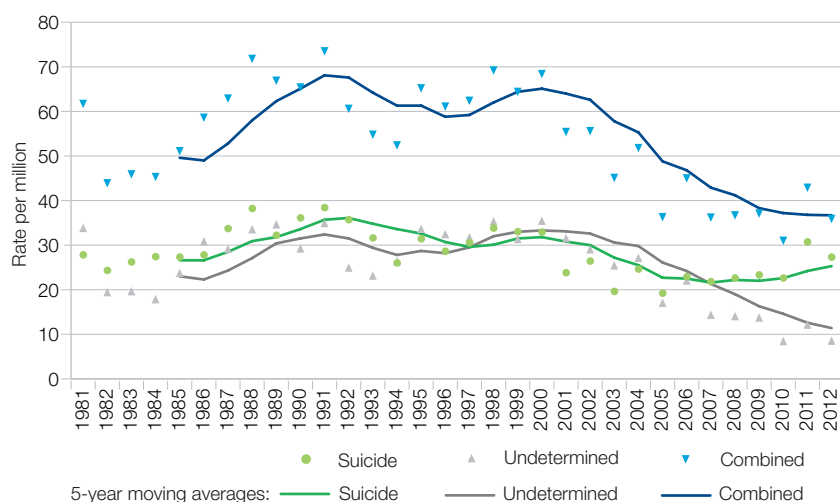
Data on suicides from mortality statistics is affected by difficulties in recording a suicide where intent is unclear. In relation to children in particular, there may be difficulties in recording a death either as a suicide or as an accident. Data on attempted suicides is not reflected in these statistics. The numbers of child suicides are also relatively small, meaning a small change in the number of deaths has a significant impact on rates. We have tried to compensate for this by looking at five-year averages. Finally, data is published with the age band 15 to 19 years, so data for under 18s is not readily available.

Data availability and comparability

Statistics on child suicides come from mortality data. Mortality data coded consistently under the International Classification of Diseases (ICD) is available for all UK nations. Historical data is available for all UK nations and consistent recording methods allow comparison over time within each nation. However, differences in the death registration systems used in each nation may have an impact on the comparability of the data between nations. Also, as data is published for England and Wales combined it has not been possible to calculate and compare separate rates for the two nations.

England and Wales

Suicide rates per million 15 to 19 year olds



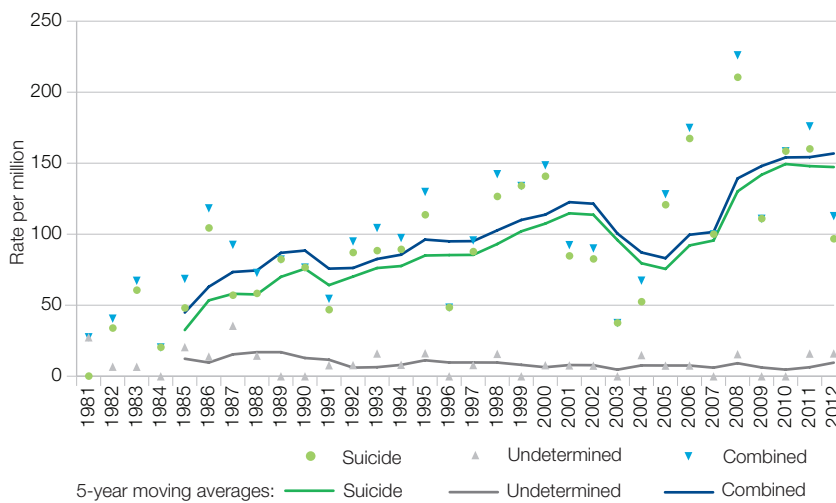
Latest figure: 95 suicides where death was recorded as by intentional self-harm, and a further 30 deaths by undetermined intent of 15 to 19 year olds in 2012, a combined five-year average rate of 36.7 per million 15 to 19 year olds.

Trend: The five-year combined average rate among 15 to 19 year olds has been steadily declining for more than a decade, and has decreased by 26 per cent since 1985 (from 49.5 per million to 36.7). However, the five-year average suicide rate, for cases where deaths were recorded as by intentional self-harm, has recently been on the rise, up 15 per cent since 2009. It is worth noting that for the third year running ChildLine has also seen an increase in the number of counselling sessions where suicidal feelings or self-harm were the main concern (see Indicator 7 for details).

*For 15 to 19 year olds data drawn from deaths recorded under the codes of "intentional self-harm" (from 2001: X60-X84 and Y87.0, pre-2001: E950-E959) and "event of undetermined intent" (from 2001: Y10-Y34, Y87.2; pre-2001: E980-E989). For 10 to 14 year olds, data drawn from deaths recorded under the codes of "intentional self-harm" only.

Northern Ireland

Suicide rates per million 15 to 19 year olds

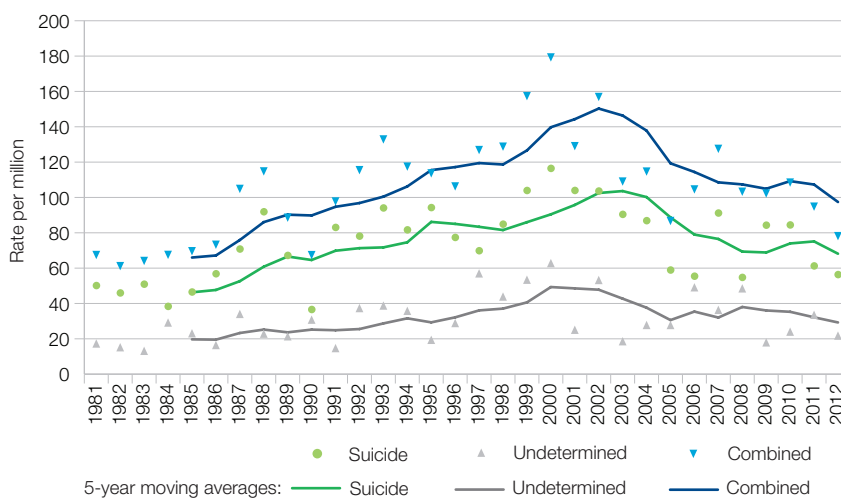


Latest figure: 12 suicides where death was recorded as by intentional self-harm, and a further two deaths by undetermined intent of 15 to 19 year olds in 2012, a five-year average combined rate of 156.8 per million 15 to 19 year olds.

Trend: The five-year combined average rate among 15 to 19 year olds has increased by 250 per cent since 1985 (from 44.8 per million to 156.8). However it should be noted that the numbers involved for Northern Ireland are small, meaning a small change in the number of deaths has a significant impact on rates.

Scotland

Suicide rates per million 15 to 19 year olds

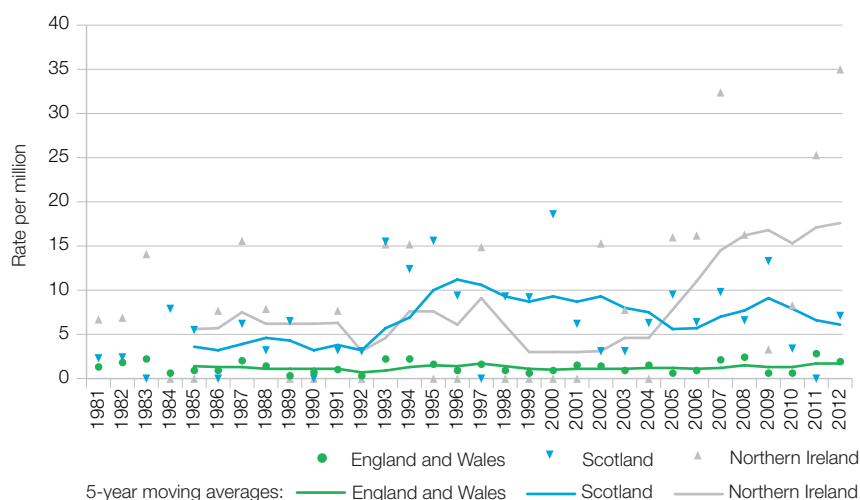


Latest figure: 18 suicides where death was recorded as by intentional self-harm, and a further seven deaths by undetermined intent of 15 to 19 year olds in 2012, a five-year average combined rate of 97.4 per million 15 to 19 year olds.

Trend: The five-year combined average rate among 15 to 19 year olds has increased by 48 per cent since 1985 (from 66 per million to 97.4). However, average rates have been on the decline since 2002. The start of this decline coincides with the Scottish Government's *Choose Life* suicide prevention strategy and plan, which was launched in 2002. Again, it should be noted that the numbers involved for Scotland are small, meaning a small change in the number of deaths has a significant impact on rates.

United Kingdom

Suicide rates per million 10 to 14 year olds



Latest figure: 12 suicides of 10 to 14 year olds where death was recorded as by intentional self-harm. The five-year average rate was 17.6 per million 10 to 14 year olds in Northern Ireland, 6.1 per million in Scotland, and 1.7 per million in England and Wales.

Trend: Since 1981 the rate of suicides recorded as deaths by intentional self-harm of 10 to 14 year olds has remained relatively stable in England and Wales, has increased in Scotland (although it has been on the decline for the last four years) and has increased significantly (by 216 per cent) in Northern Ireland. However it should be noted that the numbers involved for Northern Ireland and Scotland are small, meaning a small change in the number of deaths has a significant impact on rates.

UK comparison

Over the last 30 years the number of suicides among 15 to 19 year olds has decreased in England and Wales whereas it has increased significantly (by 250 per cent) in Northern Ireland. In Scotland, the five-year average rate in 2012 was 48 per cent higher than 1985, but the rate has been on a downward trend since 2002. For 10 to 14 year olds the rate has remained relatively stable in England and Wales, has increased in Scotland (though has decreased in the last four years) and has increased significantly (by 216 per cent) in Northern Ireland. In 2012, the five-year average rate for 15 to 19 year olds was 156.8 per million in Northern Ireland, 97.4 per million in Scotland and 36.7 per million in England and Wales. For 10 to 14 year olds, the five-year average rate in 2012 was 17.6 per million in Northern Ireland, 6.1 per million in Scotland and 1.7 per million in England and Wales.

As in the previous sections, it should be noted that the numbers involved for Northern Ireland and Scotland are small, meaning a small change in the number of deaths has a significant impact on rates.

Data sources

England and Wales: ONS – Mortality Statistics: Deaths Registered in England and Wales (Series DR) (various years) (Historical data provided to NSPCC).

Scotland: General Register Office for Scotland – Vital Events data (Data provided to NSPCC).

Northern Ireland: NISRA – Registrar General Northern Ireland Annual Reports (various years).



Abuse and neglect: recorded offences

Indicator 4 — Number of recorded sexual offences against children

Key messages

- There were a total of 23,663 sexual offences against children recorded by the police in the UK in 2012/13.
- There were 6,296 rapes of children recorded by police in England and Wales.
- There were 521 rapes and attempted rapes in Scotland and Northern Ireland in 2012/13.

Why is this measure important?

This measure shows the number of sexual offences committed against children recorded by the police. The data covers a range of sexual offences, including rape, sexual assault, sexual activity with a minor and child grooming. The data does not reflect the total number of sexual offences committed against children, but it does provide an important picture of the amount of sexual abuse committed against children that comes to the attention of the police and is then recorded as an offence.

What are the limitations of the data?

Police-recorded crime statistics suffer from under-reporting and therefore do not reflect the actual number of offences committed. Trends in the data may reflect increased public awareness and changes in policing rather than an increase in incidence.

The focus of police-recorded crime statistics is on offences, rather than victims of crime. This can make it hard to establish the total number of sexual offences committed against children as offence types cover different age groups, with the majority relating to children aged under 16 only. The NSPCC has addressed this issue by making Freedom of Information (FOI) requests to all police forces in England and Wales asking for the number of recorded sexual offences against under 18s. Figures for offences against under 18s are also available for Northern Ireland.

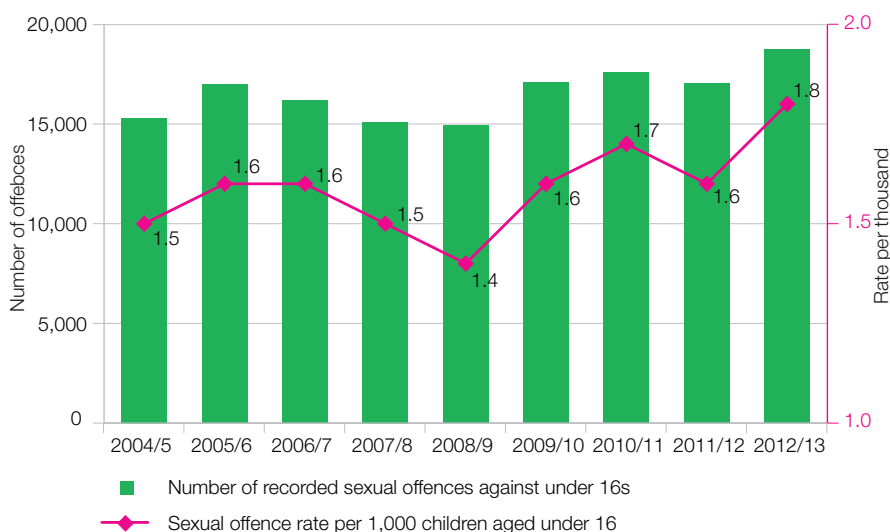
In January 2014 the UK Statistics Authority removed the National Statistics designation from recorded crime data in England and Wales following concerns about the data's reliability.*

Data availability and comparability

Data is available for all four nations showing recorded offences for the last decade. However, data for England and Wales is combined, preventing a full comparison between the individual nations. Legislation, offence categories and recording methods are not identical across the UK and so direct comparisons need to be treated with caution. Due to changes in legislation, it is not possible to use Scottish data to establish trends. Figures for offences committed against under 18s are available for England and Wales and Northern Ireland, but not for Scotland.

England and Wales: official statistics

Number and rate of recorded sexual offences against children aged under 16



Latest figure: 19,112 recorded offences against children in 2012/13 (18,744 excluding offences that include victims up to the age of 18 – abuse of a position of trust and abuse of children through prostitution and pornography). This is a rate of 1.8 sexual offences per 1,000 children aged under 16.

Trend: The number of recorded sexual offences against children aged under 16 increased by 23 per cent between 2004/5 and 2012/13. There has been a 10 per cent increase in the last year. Rates have remained fairly stable, ranging between 1.4 and 1.8 sexual offences per 1,000 children aged under 16.

For the last six years the NSPCC has sent out FOI requests to every police force in England and Wales, to gather more data about the child victims of sexual offences. This data is examined in greater detail overleaf.

*UK Statistics Authority (2014) *Assessment of compliance with the code of practice for official statistics: statistics on crime in England and Wales*.

England and Wales

Offence category	Number of offences
Sexual assault on a male child under 13	1,267
Rape of a female child under 16	2,793
Rape of a female child under 13	2,365
Rape of a male child under 16	353
Rape of a male child under 13	785
Sexual assault on a female child under 13	4,172
Sexual activity involving a child under 13	2,175
Sexual activity involving a child under 16	4,461
Abuse of position of trust of a sexual nature (includes under 18s)	192
Abuse of children through prostitution and pornography (includes under 18s)	176
Sexual grooming	373
Total	19,112

In 2012/13 there were:

- 5,158 recorded offences of rape of a girl under 16 (2,365 offences of rape of a female child under 13 and 2,793 of rape of a female child under 16).
- 4,172 offences of sexual assault against girls aged under 13.
- 1,138 recorded offences of rape of boys aged under 16 (785 offences of rape of a male child under 13 and 353 of rape of a male child under 16).
- 1,267 recorded offences of sexual assault against boys aged under 13.

England and Wales: NSPCC FOI requests

Number and rate of recorded sexual offences against children aged under 18

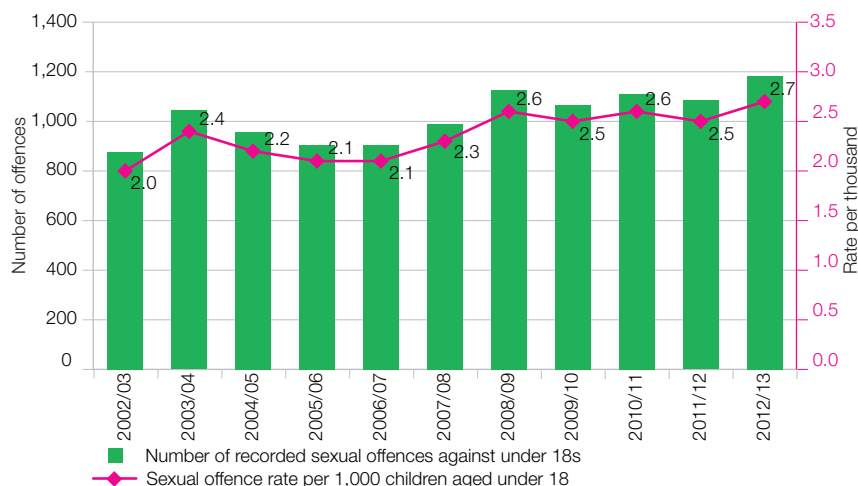


Latest figure: 22,654 recorded sexual offences against children aged under 18 in 2012/13, a rate of 1.9 sexual offences per 1,000 children aged under 18.

Trend: The total number of recorded sexual offences against under 18s peaked at 23,390 in 2009/10. Since then the number has been going down every year. The rate of sexual offences per 1,000 children aged under 18 has remained stable at between 1.8 and 2.0 per 1,000 under 18s. The contrast between a declining number of sexual offences against under 18s, compared to an increasing number against under 16s can be explained by a rise in the number of offences against young children. For example, the NSPCC's FOI requests found that the number of recorded sexual offences against under 10s increased by over 16 per cent between 2011/12 and 2012/13.

Northern Ireland

Number and rate of recorded sexual offences against children aged under 18



Latest figure: 1,182 recorded sexual offences against children aged under 18 in 2012/13; a rate of 2.7 sexual offences per 1,000 under 18s.

Trend: The number of recorded sexual offences and the offence rate has been slowly increasing in recent years, from 875 (two offences per 1,000 children under 18) in 2002/3 to 1,182 (2.7 offences per 1,000 children under 18).

Northern Ireland

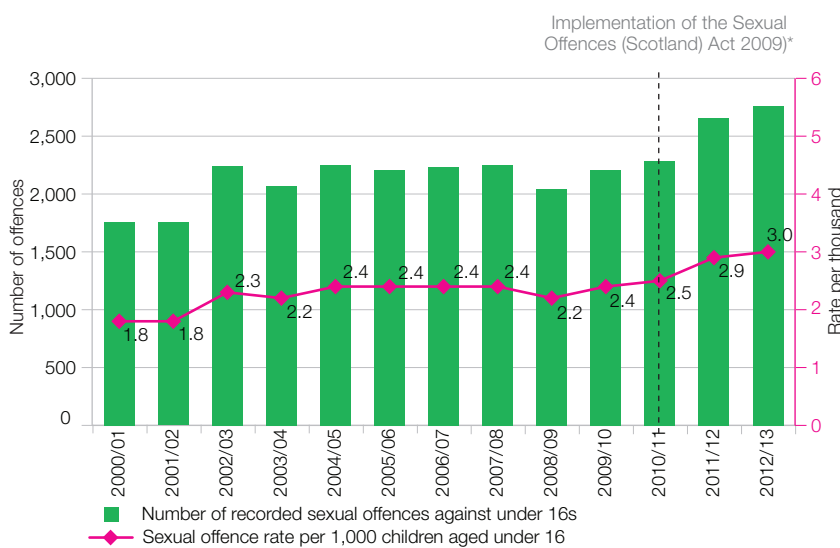
Offence category	Number of offences
Rape (including attempts)	236
Sexual assaults/sexual activity	769
Exposure and voyeurism	41
Obscene publications etc and protected sexual material	124
Other sexual offences	12
Total	1,182

In 2012/13 there were:

- 1,182 sexual offences against children aged under 18 recorded by police in 2012/13.
- A fifth (236) were rapes or attempted rapes.
- Nearly two-thirds (769) were sexual assaults or sexual activity with a child.

Scotland: official statistics

Number and rate of recorded sexual offences against children aged under 16



Latest figure: 3,369 recorded sexual offences against children in 2012/13 (2,758 excluding offences that include victims up to the age of 18 – procurement of sexual services from child under 18; procurement of a child under 18 for pornography; taking, distribution etc of indecent photos of children; and sexual abuse of trust of a person under 18). This is a rate of three sexual offences per 1,000 children aged under 16.

Trend: Not available due to introduction of new legislation relating to sexual offences in December 2010.

*The Sexual Offences (Scotland) Act 2009 came into force on 1 December 2010 and introduced a number of new “protective” offences which criminalise sexual activity with children and mentally disordered persons. Due to these changes in legislation, comparisons over time should be treated with caution. The new legislation resulted in some increases in sexual offences; however it is likely that the effect will be to change the distribution of crimes among subcategories. For example, crime previously categorised as lewd and libidinous practices will now be classed as sexual assault.

Offence category	Number of offences
Rape or attempted rape of a child aged 13 to 15	170
Rape or attempted rape of a child aged under 13	115
Sexual assault of a child aged 13 to 15	312
Sexual assault of a child aged under 13	322
Sexual activity involving a child aged 13 to 15	473
Sexual activity involving a child aged under 13	114
Taking, distribution, possession etc. of indecent photos of children (includes under 18s)	595
Grooming of children for purposes of sexual offences	21
Lewd and libidinous practice (includes under 18s)*	842
Sexual abuse of trust (includes under 18s)	11
Other sexual offences (some include under 18s)	394
Total	3,369

In 2012/13 there were:

- 285 recorded offences of rape or attempted rape against children aged under 16 (170 rapes or attempted rapes of children aged 13 to 15 and 115 rapes or attempted rapes of children under 13).
- 634 recorded offences of sexual assault of a child aged under 16 (312 sexual assaults of a child aged 13 to 15 and 322 sexual assaults of children aged under 13).

*Offences in the category “lewd and libidinous practices” cover sexual offences against children committed prior to 1 December 2010 under previous legislation.

Data sources

England and Wales: ONS (2014) *Crime in England and Wales year ending September 2013*. (All figures used are for year ending 31 March); NSPCC (various dates) FOI requests sent to all police forces in England and Wales.

Scotland: Scottish Government Recorded crime statistics (Data provided to NSPCC).

Northern Ireland: PSNI Statistics Branch (2013) *Trends in police recorded crime in Northern Ireland 1998/99 to 2012/13*. (Data provided to NSPCC).



The criminal justice response to child sexual abuse

This information shows you an overview of all the available 2012/13 data. Though comparisons between the nations and datasets are limited, it is important to show the flow of victims and offenders through the system, and place the recorded offences data in context.

England and Wales

73,900

Victims under 16

Northern Ireland

3,700

Victims under 18

Scotland

9,100

Victims under 18

18,700

Recorded offences

1,200

Recorded offences

3,400

Recorded offences

3,600

Defendants in court proceedings

Data not available

Defendants in court proceedings

500

Defendants in court proceedings

2,100

Offenders found guilty

Data not available

Offenders convicted

400

Offender charges proven

Victims

The number of children who reported experiencing contact child sexual abuse in the last year. Estimates are based on findings from a UK-wide NSPCC survey. Self-reported experience of contact sexual abuse, extrapolated using latest ONS population data and Radford, L et al. (2011) *Child abuse and neglect in the UK today*.

Recorded offences

When the police receive a report of sexual abuse they judge by law to be a crime, they'll record it as an offence (regardless of the date the abuse originally took place).

England and Wales: ONS (2014) *Crime in England and Wales, year ending September 2013*. Using sexual offence categories against under 16s.

Scotland: Scottish Government (data provided to NSPCC). Using sexual offence categories against under 18s.

Northern Ireland: PSNI Statistics Branch (data provided to NSPCC). Including all sexual offences against under 18s.

Court proceedings

The number of defendants brought before a court on child sexual abuse charges. Some defendants will be accused of crimes against more than one victim and there may be multiple defendants accused of crime against one victim.

England and Wales: Ministry of Justice (data provided to NSPCC). Using proceedings for sexual offences against under 16s.

Scotland: Scottish Government (data provided to NSPCC). Using proceedings for sexual offences against under 18s.

Convictions

The number of offenders found guilty of child sexual offences at court. As with defendants, these figures cannot be compared to police data as they look at offenders rather than crimes or victims.

England and Wales: Ministry of Justice (data provided to NSPCC). Using convictions for sexual offences against under 16s.

Scotland: Scottish Government (Data provided to NSPCC). Using convictions for sexual offences against under 18s.

NSPCC research¹ suggests that **1 in 20** children in the UK have been sexually abused. It takes great courage for children to reveal their ordeal. Many are frightened because they wrongly feel ashamed, afraid of being stigmatised, or accused of lying.

Dealing with the authorities can be daunting for anyone. And it can be particularly difficult for a child to provide a statement that has to detail and recall their ordeal.

In many child sexual abuse cases the child's testimony is central to the case. This can put huge pressure on the child. The police and CPS may feel it too much for the child to handle, and not pursue the case.

The NSPCC found that over half of child witnesses experienced symptoms of stress – such as sleep and eating problems, depression, panic attacks and self-harm.²

In addition, nearly half of children didn't understand some of the questions asked in court.²

The need for more therapy

It is of course important to convict and punish offenders, but the stress and pressure of the process can take its toll on the victims.

That's why all sexual abuse victims should have access to therapeutic support, regardless of whether or not a prosecution is pursued. Therapy services are vital in helping victims of child sexual abuse recover from the trauma of their abuse³.

Though the number of therapy places currently available to children is not known, research indicates that provision is patchy and many children are not being offered the support they need. For example, a recent report⁴ found that 31 per cent of local safeguarding children's boards reported no specialised services for victims of child sexual exploitation in their area.

1. Radford, L et al (2011) *Child abuse and neglect in the UK today*.
2. Plotnikoff, J. and Woolfson, R. (2009) *Measuring up?: evaluating implementation of Government commitments to young witnesses in criminal proceedings*.

3. Coren, E. *Report on the implementation and results of an outcomes-focused evaluation of child sexual abuse interventions in the UK*. In *Child abuse review* (22, 1) pp.44–59
4. Berelowitz, S et al. (2013) *"If only someone had listened": Office of the children's commissioner's inquiry into child sexual exploitation in gangs and groups: final report* – page 23.

Data and the criminal justice system

What are the limitations of the data?

There are a number of limitations to the available data*, including the following points:

- Different datasets come from different sources, using different recording methods.
- Statistics measure different things (victims, offences or offenders). This limits comparability between datasets as, for example, one crime may be committed by more than one offender, while one offender may commit more than one crime.
- Different datasets cover different groups of people (for example, police-recorded crime figures provide data on offences against specific age groups, such as sexual assault of a female child under 13, whereas survey data captures information on all experiences of contact sexual abuse of a representative sample of children).
- A crime may be committed one year, and recorded another, and an offender proceeded against in yet another. So data for any single year on victims, offences and offenders will not necessarily relate to the same cases.
- England and Wales, Northern Ireland and Scotland have entirely separate criminal legal systems, and recording methods, which limits comparability between the nations.

Where does the data come from, and what can it tell us?

To calculate the number of child victims of sexual abuse, we applied the findings from the NSPCC's 2011 survey on children who reported experiencing contact sexual abuse in the last year** to the ONS's most recent child population data. Contact sexual abuse is not a perfect match for child sexual offences and the victim estimates do not take into account variations across the four nations. However the estimates do give an indication of the number of children experiencing the most serious forms of sexual abuse.

Research shows that many children who experience sexual abuse do not tell anyone else about it.** This means that a significant proportion of sexual offences against children do not get reported, and therefore are not included in police-recorded crime. Where the sexual abuse of a child is reported to the police, it will be recorded as an offence if the circumstances described amount to a crime as defined by law, and there is no credible evidence to the contrary. Offences are counted in the year they are recorded, regardless of when the crime was committed. In England, Wales and Northern Ireland a separate offence is counted for each victim of a crime. Scotland has its own crime recording standards, limiting their comparability with the rest of the UK.***

There are a number of reasons why reported offences do not proceed to the courts. After recording a crime police may decide that it did not in fact take place, for example if the allegation is retracted. In some cases police may not be able to identify a suspect. Police may also decide to take no further action, for example in cases of minors engaging in unlawful, but consensual sex. In some cases the police may decide to issue a caution as opposed to proceeding through the courts, for example if the victim's age, welfare or mental wellbeing suggests a trial would not be in the public interest. In some cases the evidence may not be strong enough for the prosecution service to conclude that there is a realistic chance of conviction; or, on hearing the evidence, magistrates may decide that there is no case to answer and the case is dismissed.

For cases that do reach the courts, figures are collected for the number of defendants and convicted offenders. Figures from police and court sources cannot be directly compared as one crime may be committed by more than one offender and one offender may commit more than one crime. After hearing all the evidence, the jury will find the defendant guilty or not guilty or, in the case of Scotland, a third possible verdict of not proven.

*For more information see Ministry of Justice, Home Office and the Office for National Statistics (2013) *An overview of sexual offending in England and Wales*.

** Radford, L. et al. (2011) *Child abuse and neglect in the UK today*.

*** For more information on recorded sexual offences against children see Indicator 4.



Abuse and neglect: recorded offences

Indicator 5 — Number of recorded cruelty and neglect offences

Key messages

- There were 7,964 cruelty and neglect offences recorded by the police in the UK in 2012/13.
- Scotland has a higher rate of recorded offences of cruelty and neglect than other UK nations. However it is not known whether this reflects higher levels of victimisation, higher levels of reporting to police or other factors.
- In the last five years, offence rates in England and Wales have remained stable, in Scotland they have fluctuated, and in Northern Ireland they have been gradually increasing.

Why is this measure important?

This measure shows the number of offences recorded by the police where a parent or carer “wilfully assaults, ill-treats, neglects, abandons or exposes a child under 16 in a manner likely to cause them ‘unnecessary suffering or injury to health’”. The data does not reflect the total number of children actually suffering from cruelty or neglect, but it does provide an important picture of the cases of cruelty and neglect against children that come to the attention of the police and that are recorded as offences.

What are the limitations of the data?

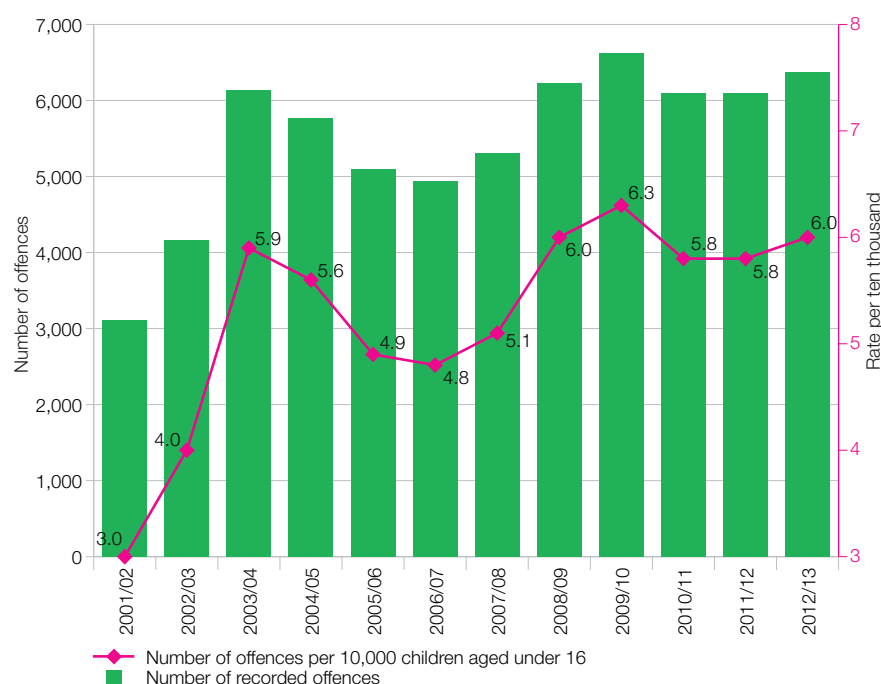
Police-recorded crime statistics suffer from the problem of under-reporting and therefore do not reflect the actual number of offences committed. In some cases, it is agreed that the best interests of the child are served by a social care led intervention rather than a full police investigation. In January 2014 the UK Statistics Authority removed the National Statistics designation from recorded crime data in England and Wales following concerns about the data’s reliability.* Trends in the data may also reflect increased public awareness and changes in policing rather than an increase in incidence.

Data availability and comparability

Data is available for all four nations showing recorded offences for the last decade. However, data for England and Wales is combined, preventing a full comparison between the individual nations. Legislation, offence categories and recording methods are not identical across the UK and so direct comparisons need to be treated with caution. In particular it appears that Scotland’s reporting categories are broader than those of the other nations.

England and Wales

Recorded offences and offence rates for cruelty to and neglect of children



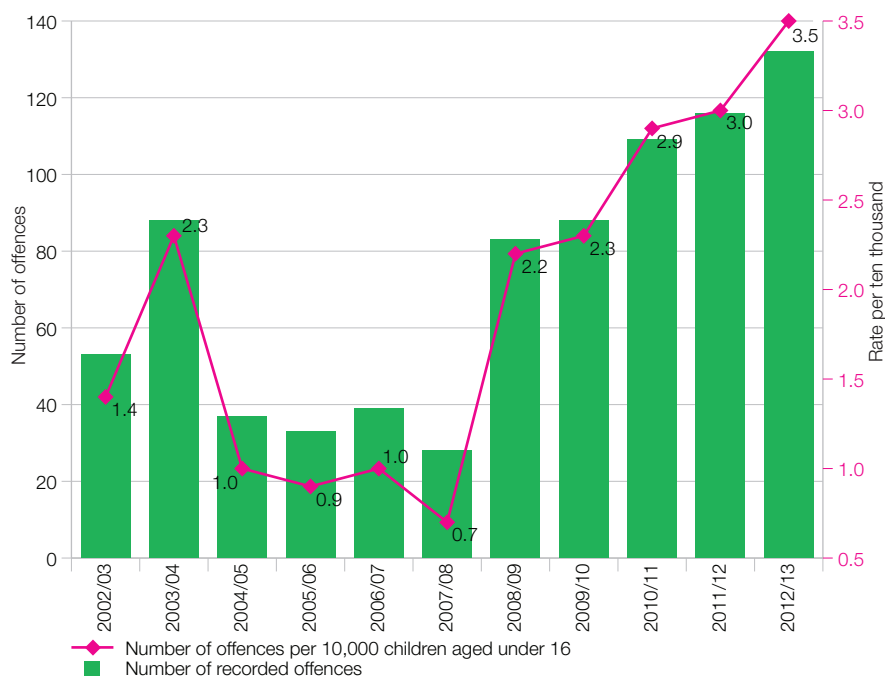
Latest figure: 6,369 recorded offences in 2012/13, a rate of six offences per 10,000 children aged under 16. Figures include offences of abandonment of a child, as this offence was merged with that of cruelty to and neglect of children in 2013.

Trend: The rise in offences from 2001/02 to 2003/04 may be attributable to changes in recording practices. After 2003/04, the number of recorded offences decreased by 19 per cent in 2006/07 but since then has again increased to more than 6,000 per year. In the same time period rates have varied from a low of 4.8 offences per 10,000 under 16s in 2006/07 to a high of 6.3 offences per 10,000 under 16s in 2009/10.

* UK Statistics Authority (2014) *Assessment of compliance with the code of practice for official statistics: statistics on crime in England and Wales*.

Northern Ireland

Recorded offences and offence rates for cruelty to and neglect of children

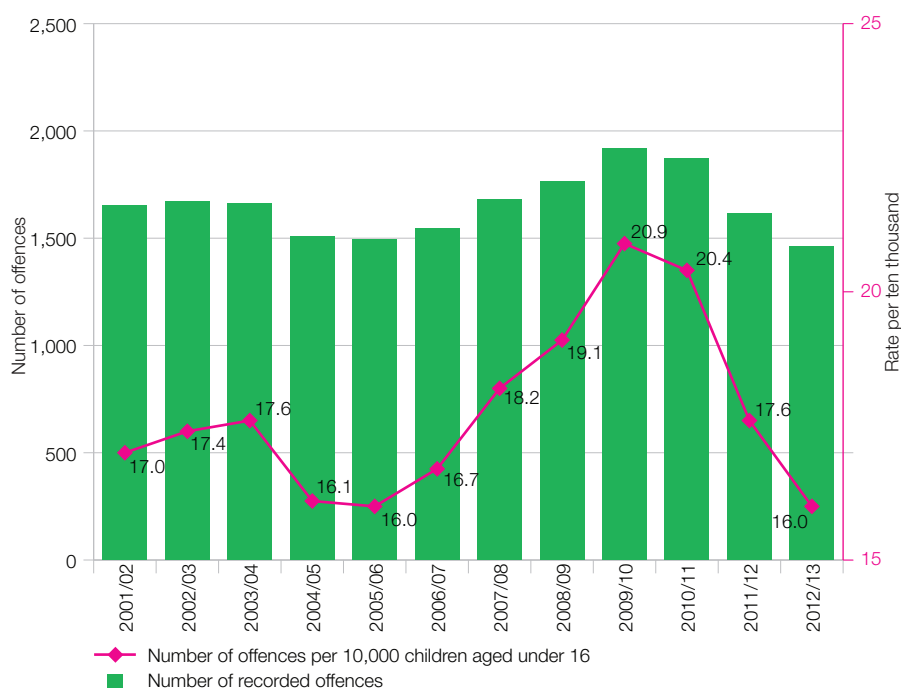


Latest figure: 132 recorded offences in 2012/13, a rate of 3.5 offences per 10,000 children aged under 16. Figures include offences of cruelty to and neglect of children and abandoning a child.

Trend: The number of offences has more than quadrupled from 28 to 132 since 2007/8. Since 2007/8 the offence rate per 10,000 children aged under 16 has increased from 0.7 to 3.5.

Scotland

Recorded offences and offence rates for cruelty to and neglect of children



Latest figure: 1,463 recorded offences in 2012/13, a rate of 16 offences per 10,000 children aged under 16. Figures include offences of cruelty (neglecting and causing) to and unnatural treatment of children, drunk in charge of a child, and children and young person offences (not elsewhere classified).

Trend: The total number of offences has remained fairly stable over the last decade. The total for 2012/13 of 1,463 is the lowest figure within the data set. The number has decreased by nearly a quarter since the 2009/10 peak of 1,919 offences. The offence rate per 10,000 under 16s peaked at 20.9 in 2009/10, and has since dropped to 16 per 10,000 children.

Data sources

England and Wales: ONS (2014) *Crime in England and Wales year ending September 2013*. (All figures used are for year ending 31 March).

Scotland: Scottish Government Recorded crime statistics (Data provided to NSPCC).

Northern Ireland: PSNI Statistics Branch.

Abuse and neglect: self-reported sources

Indicator 6 — Self-reported prevalence of abuse and neglect

Key messages

- Nearly one in five young people aged 11 to 17 (18.6 per cent) have experienced high levels of abuse or neglect.
- Nearly one in 20 young people aged 11 to 17 (4.8 per cent) have experienced contact sexual abuse.
- Between 1998/9 and 2009, young people reported significantly fewer regular episodes of verbal aggression or physical discipline, but rates of inadequate parental care and supervision did not change.

Why is this measure important?

This measure draws on the findings of the NSPCC research report *Child abuse and neglect in the UK today*, published in September 2011. In this study, a sample of parents, young people and young adults in the UK were interviewed about experiences of child abuse and neglect.* The findings provide the only UK-wide research-based indication of the prevalence and impact of child abuse and neglect. Definitions of terms used in this indicator can be found in the glossary.

What are the limitations of the data?

This is a self-report survey for 11 to 24 year olds and a caregiver survey for the under 11s. As survey data, it may be subject to error associated with sampling and respondents recalling past events. For under 18s, parental consent was needed, which may have resulted in some sample bias. The change in measures between surveys (only a subset of measures were repeated) limits trend analysis.

Data availability and comparability

This survey is only done once every 10 years, so no new data is available. Although the data is available for all four nations, small sample sizes in the devolved nations mean that it is problematic to report these separately. The data has been weighted for the UK as a whole.

Rates of severe maltreatment during childhood

Maltreatment type	11–17 years			18–24 years		
	Male	Female	Total	Male	Female	Total
Severe physical abuse	6.7%	7.1%	6.9%	10.2%	12.9%	11.5%
Contact sexual abuse	2.6%	7.0%	4.8%	5.1%	17.8%	11.3%
Severe neglect by a parent or guardian	9.9%	9.8%	9.8%	7.0%	11.0%	9.0%
Severe maltreatment by a parent or guardian	13.5%	13.3%	13.4%	11.6%	17.5%	14.5%
All severe maltreatment	18.2%	19.0%	18.6%	20.3%	30.6%	25.3%

11.3 per cent of 18 to 24 year olds reported that they had experienced contact sexual abuse under the age of 18.

25.3 per cent of 18 to 24 year olds reported they experienced severe maltreatment in childhood.

* 2,275 young people between the ages of 11 and 17 and 1,761 young adults between the ages of 18 and 24.

Data sources

Radford, L. et al. (2011) *Child abuse and neglect in the UK today*, London: NSPCC.

Cawson, P. et al. (2000) *Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect*, London: NSPCC.

Rates of maltreatment among 11 to 17 year olds during the past year

Maltreatment type	11–17 years – past year
Sexual abuse	9.4%
Contact sexual abuse	1.9%
Physical violence (parent/guardian)	2.4%
Physical violence (any perpetrator)	36%
Emotional abuse (parent/guardian)	3.0%
Emotional abuse (any perpetrator)	31.9%
Overall maltreatment by parent/guardian	6%
Overall maltreatment by adult outside home	3.1%
Intimate partner abuse	5.0%
Exposure to domestic violence	2.5%

The study found that one in ten 11 to 17 year olds had been a victim of some form of sexual abuse in the past year, and one in 50 of contact sexual abuse.

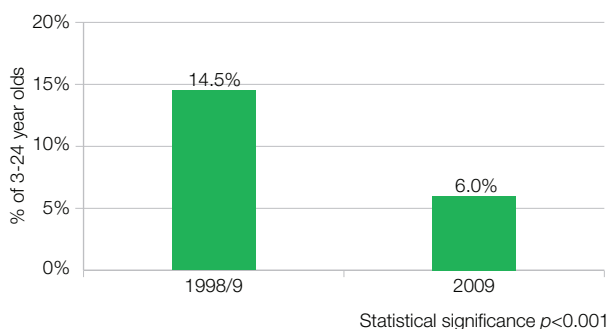
2.4 per cent and 3 per cent had been a victim of physical and emotional abuse respectively by a parent or guardian in the past year.

6 per cent were victims of all forms of maltreatment by a parent or guardian, and 3.1 per cent by an adult outside the home.

Trends in maltreatment – 1998/99 to 2009

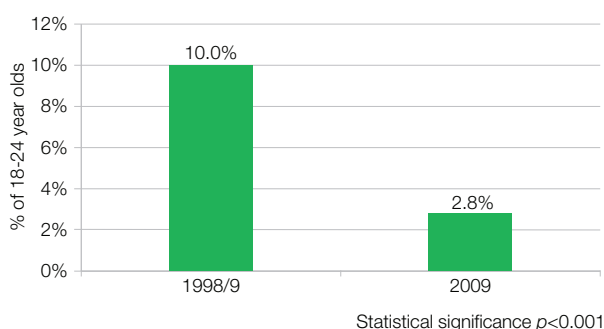
The previous NSPCC national prevalence study conducted in 1998/9 asked young adults (aged 18 to 24 years) about their experiences of maltreatment when they were children. Comparisons between this study and the 2011 study allow us to look at how children and young people's experiences of abuse and neglect have changed over time. Due to the need to ensure full comparability, trends can only be shown where the questions asked were identical between the two studies.

Experience of regular and prolonged verbal aggression by adults



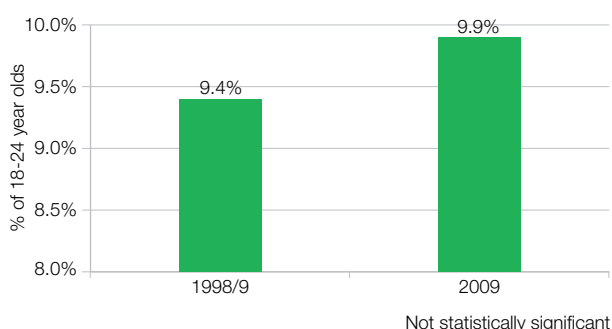
Verbal aggression is defined as being embarrassed or humiliated, shouted or screamed at, threatened with being smacked, sworn at, called names such as stupid or lazy, and threatened with being sent away. Young people reported a significant reduction in prolonged and regular incidents of verbal aggression by adults in the home, school or elsewhere.

Experience of physical discipline



Physical discipline is defined as smacking, pinching and slapping (more severe physical violence was not included in this measure). Smacking on the bottom with a bare hand or smacked on the leg, arm or hand were the types of physical discipline that were most commonly reported in both 1998/9 and 2009. The young people surveyed in 2009 were significantly less likely to report that the physical discipline occurred regularly.

Any experience of inadequate parental care and supervision



A series of questions were used to examine inadequate parental care and supervision which is a component of neglect. Young people were asked about whether, under that age of 12, they were expected to do their own laundry, whether they had regular dental check-ups, went hungry, supervised younger siblings or were not taken to the doctor when ill. The young people were asked to rate how often this occurred and answers of "often" or "always" for all questions except dental check-ups (rarely or never) were coded as inadequate parental care and supervision. There was no significant change in responses between the two studies.

Abuse and neglect: self-reported sources

Indicator 7 — Contacts with ChildLine

Key messages

- Depression and unhappiness and family relationships were the two most prevalent issues that children and young people contacted ChildLine about in 2012/13.
- Physical abuse accounted for 42 per cent of all abuse-related main concerns.
- In 2012/13, ChildLine referred 1,836 children to external agencies.
- Counselling with children who mentioned self-harm as a main or additional concern increased by 41 per cent from the previous year.

Why is this measure important?

ChildLine is the UK's free, 24-hour helpline for children and young people. Information about ChildLine counselling sessions* provides a unique indication of the nature and levels of concerns among children. It allows us to identify emerging trends in the issues that children are facing. ChildLine information also allows us to track concerns about specific forms of abuse and neglect that may not be covered in official crime or child protection statistics.

What are the limitations of the data?

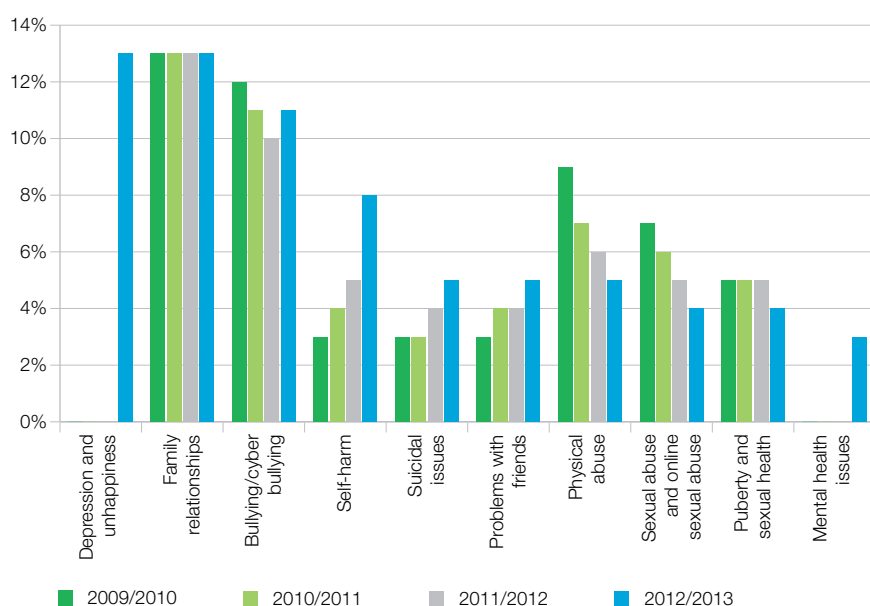
This data only captures where children have contacted ChildLine and is therefore only a snapshot of the concerns they may have. In general it is not possible to identify the number of individual children who are contacting ChildLine, as the same child may make multiple contacts. The number and reasons for contacts can also be affected by news coverage, NSPCC marketing and the introduction of new ways to contact ChildLine, such as online counselling.

Data availability and comparability

ChildLine data covers the UK as a whole and comparable data is available for the previous three years. Due to the confidentiality of the service, very few young people tell a counsellor where they live, and therefore a UK nation breakdown of data is not possible.

ChildLine Counselling Sessions

Percentage of counselling sessions broken down by primary concern (2012/13)



Depression and unhappiness and family relationships were the most talked about issues from children in 2012/13. (Depression and unhappiness is a new concern category for ChildLine).

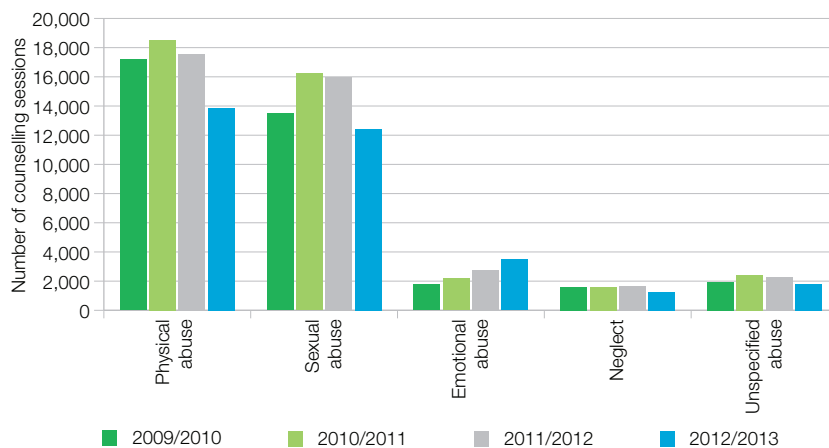
Bullying remains a significant concern for children which accounted for 11 per cent of main concerns counselled.

In terms of abuse, physical abuse accounted for 5 per cent of main concerns counselled and sexual abuse for 4 per cent.

For the third year running there was an increase in counselling where suicidal feelings (21 per cent increase) and self-harm (39 per cent increase) were the main concern.

*Counselling sessions refer to calls, online chats and emails.

Counselling sessions with abuse as primary concern 2009/10—2012/13

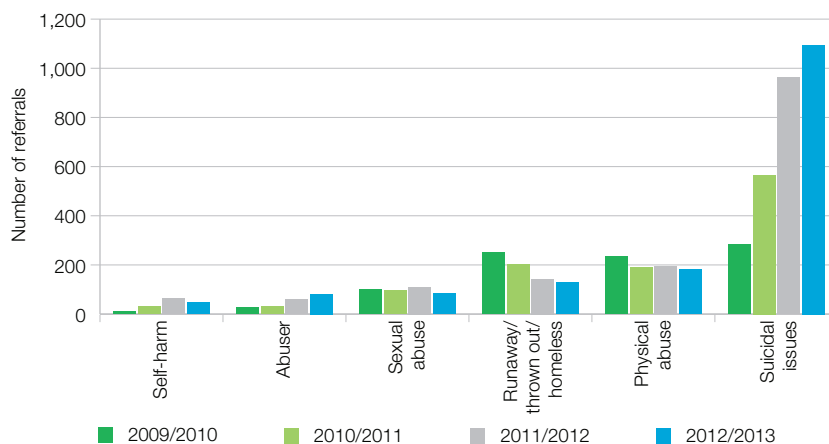


In the last two years contacts about physical abuse have decreased. However it still accounts for 42 per cent of all abuse related main concerns.

Sexual abuse was the second highest abuse-related main concern. 12,431 counselling sessions were completed with children about this issue, which was 38 per cent of all abuse-related main concerns.

Contacts about emotional abuse have been increasing every year; and there were more than 3,400 counselling sessions where emotional abuse was the main concern in 2012–13, 11 per cent of all abuse-related main concerns.

Referrals* to external agencies by primary concern 2009/10—2012/13

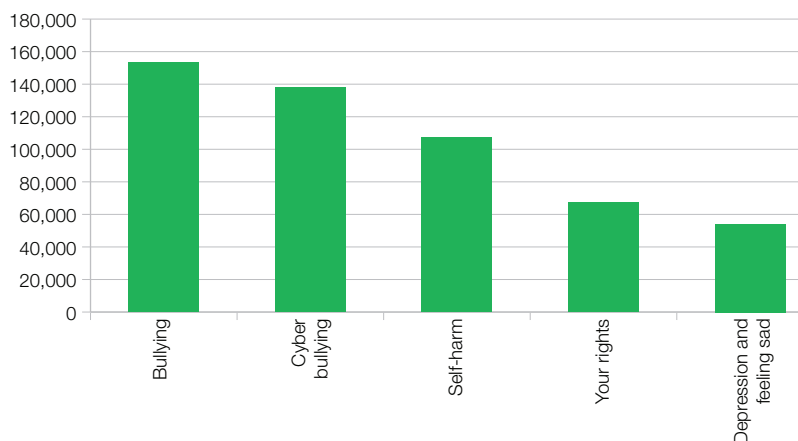


In 2012–13, ChildLine made 1,836 referrals on behalf of children to external agencies. The most frequent reason for a referral was for children who were feeling actively suicidal which accounted for 60 per cent of all referrals. This figure increased by 14 per cent compared with 2011/12.

Four per cent of referrals were the result of young people who were worried about their own behaviour, which was usually sexually or physically abusive towards another child. There was a 37 per cent increase in referrals by this primary concern from the previous year.

*ChildLine will only make a referral to an external agency when the child is in a life-threatening situation, facing significant harm or where the child has requested direct help

ChildLine website data 2012/13



In addition to offering counselling sessions on the phone or online, the ChildLine website is a resource for children and young people.

In 2012/13 the ChildLine website received a total of 2,368,875 page views. Advice about bullying was the most viewed ChildLine page, closely followed by cyber bullying and self-harm. (Please see Indicator 9 for detail on online harm.)

The ChildLine Message Boards received a total of 4,295,572 page views and 93,897 posts were submitted and published by children and young people.

Data source
ChildLine data on file with the NSPCC

Abuse and neglect: self-reported sources

Indicator 8 — Contacts with the NSPCC helpline

Key messages

- There were 50,989 contacts made to the NSPCC helpline in 2012/13 (15 per cent more than in 2011/12). Of these nearly three-quarters (71%) relate to abuse or neglect contacts.
- Contacts about neglect have consistently made up the largest number of contacts about abuse and neglect since 2007/8 and have more than doubled over that time period.
- The proportion of contacts that result in a referral to an external agency has been increasing for all types of abuse and neglect since 2007/8.
- The public are the main source of contacts. In 2012/13 over half (53 per cent) of contacts came from the public.

Why is this measure important?

The NSPCC helpline offers an advice and support service for anyone worried about the safety or welfare of a child. Information from the helpline gives us an indication of the levels of concern among the public and professionals about children's welfare, the nature of these concerns and whether they are serious enough to warrant a referral to police or children's services. This is also a useful indicator to assist in future service planning for local authorities.

What are the limitations of the data?

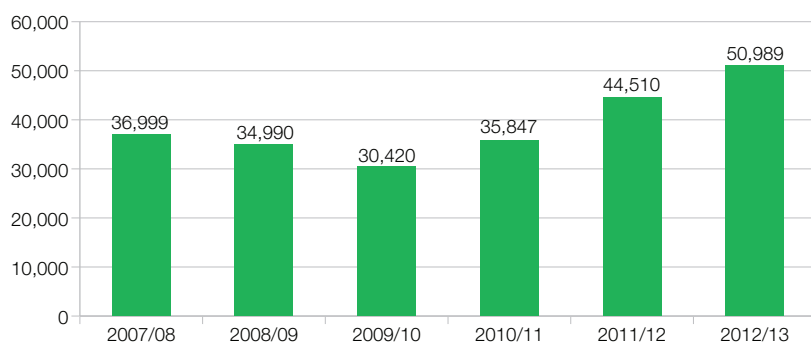
Contacts to the helpline are based on people's own perceptions of abuse and neglect, and therefore, the data only captures instances of abuse and neglect that callers have identified. Also the number and reasons for contact can be affected by news coverage and NSPCC marketing.

Data availability and comparability

Overall data is available and comparable back to 2007/8.

Comparable data broken down by nation is available for 2010/11 and 2011/12. Referral data captures the local authority or agency to which the referral was made. For advice contacts the geographical location of the caller is captured where the information is given to us by the caller.

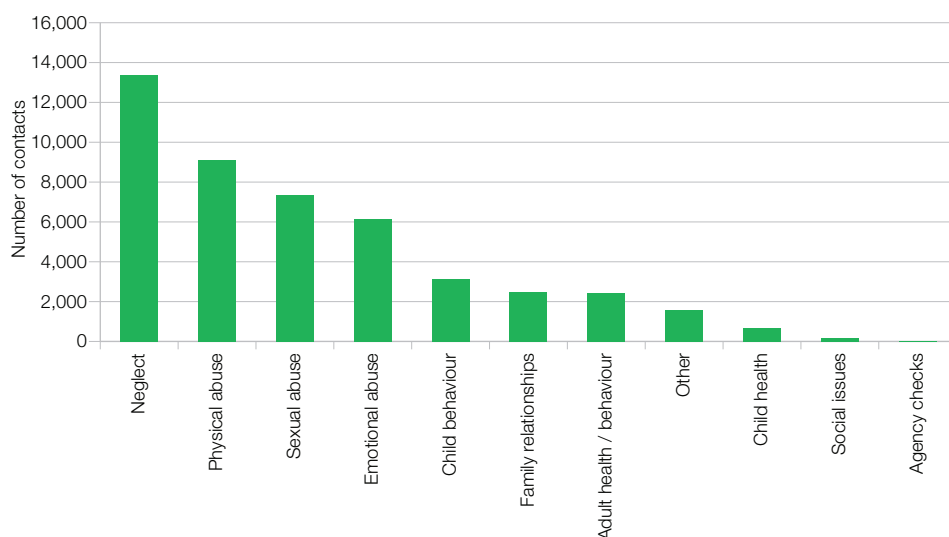
Contacts to the NSPCC helpline



There were 50,989 contacts made to the NSPCC helpline in 2012/13 (15 per cent more than in 2011/12)

Contacts to the NSPCC helpline have been increasing since 2009/10.

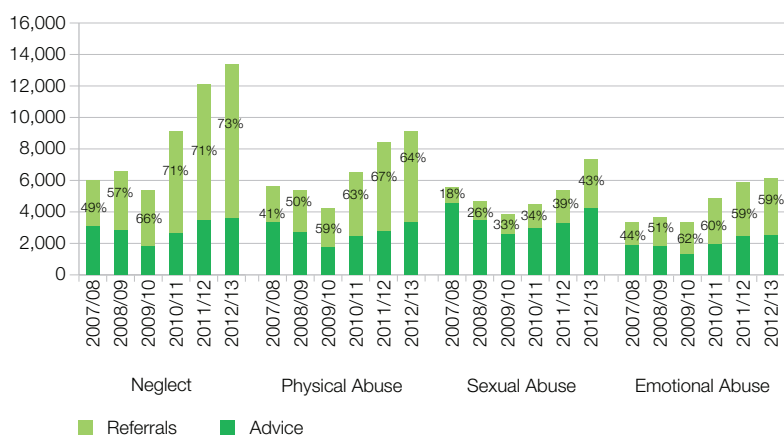
Reasons for contacting the helpline in 2012/13



In 2012/13 there was a total of 50,989 contacts to the helpline. Nearly three quarters (71 per cent) relate to abuse or neglect contacts.

Other reasons for contacting the helpline include calls about child or adult behaviour, family relationships and child health.

Trends in contacts about abuse and neglect 2007/8—2012/13

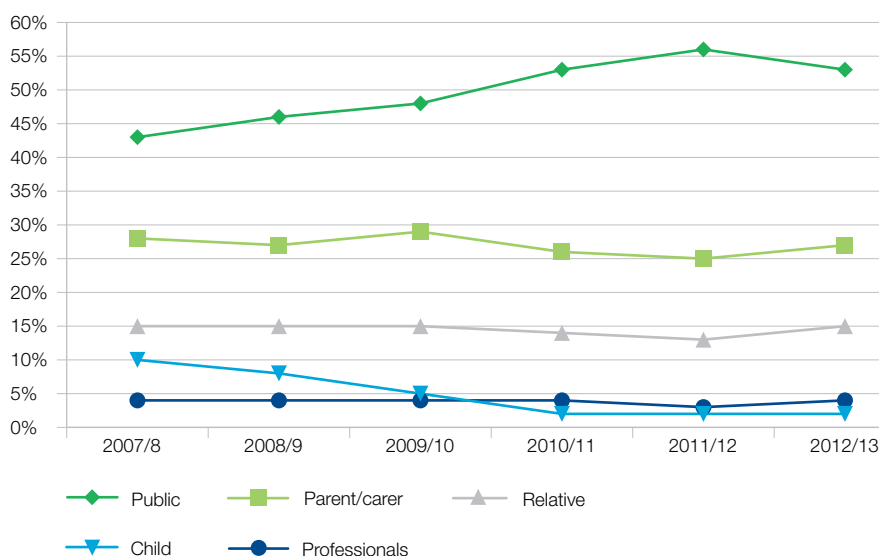


Contacts about neglect have consistently comprised the largest number of contacts about abuse and neglect in every year since 2007/8 and they have seen the largest increase since 2007/8 (102 per cent).

Contacts to the helpline can result in the caller receiving advice or a referral being made to an external agency such as a local authority or the police. The proportion of contacts that result in a referral has been increasing for all types of abuse and neglect since 2007/8. In 2012/13 52 per cent of all contacts led to a referral.

Trend: The data shows that the number of contacts received about all kinds of abuse and neglect has increased every year since 2009–10.

Who contacts the helpline (2007/8–2012/13)?



The data shows that the proportion of calls that are from the public has been increasing since 2007/8. The proportion decreased between 2011/12 and 2012/13, but remains the most significant source of contacts (53 per cent of contacts).

Over this time period the number of contacts from children has declined. Numbers of contacts from parents/carers, relatives and professionals* have remained fairly stable.

The proportion of contacts that result in a referral has increased for contacts from all five sources for this period.

*Professionals include social services, police, probation officers, other officials, teachers and the NSPCC.

Commissioned helplines

The NSPCC runs dedicated helplines in addition to our general helpline for anyone worried about a child. NSPCC specialised helplines support inquiries into abuse and provide advice on child protection. These helplines have been commissioned by police forces, other criminal justice agencies, or local authorities across the UK. Some of the dedicated helplines include:

- Female Genital Mutilation (FGM) helpline – Helpline offering advice, information and support to anyone concerned that a child’s welfare is at risk because of female genital mutilation. The FGM helpline was launched on 24 June 2013 and has received 154 contacts (24 June 2013 – 31 January 2014).
- Northern Ireland Child Sexual Exploitation helpline – historic and current sexual abuse and exploitation concerns for children in the care system in Northern Ireland.
- Operation Pallial – concerns allegations of historic child abuse carried out in children’s homes across North Wales, previously investigated as part of the Waterhouse Enquiry.
- Operation Hattie – investigation led by CEOP (now part of the National Crime Agency) into suspects targeting children worldwide and forcing them into performing sexual acts online. The investigation led to the arrest and conviction in 2012 of two brothers in Kuwait.
- Operation Yewtree is an ongoing partnership between the Metropolitan Police and the NSPCC. A commissioned helpline was set up following a police inquiry into child sexual abuse by the late Jimmy Savile and alleged abuse by others. Between the airing of a documentary on 3 October 2012 and the end of January 2014, the helpline received 331 contacts about Jimmy Savile alone.



Abuse and neglect: online harm

Indicator 9 — Online harm

Key messages

- There was an 87 per cent increase in counselling sessions to ChildLine about cyber bullying between 2011/12 and 2012/13.
- Ofcom research found one child in five has seen content online that they found worrying, nasty or offensive and the proportion has increased every year since 2011.
- In 2012, one in five (21.2 per cent) of images reported to the Child Exploitation Online Protection (CEOP) centre were self-generated images (so called “sexts”).
- The Internet Watch Foundation (IWF) removed 13,343 URLs of child abuse images (hosted in the UK and worldwide) in 2013, a 38 per cent increase from 2012.

Why is this measure important?

The internet can be extremely beneficial for children; they can use it to learn, communicate, develop, create and explore the world around them. However, too often, it also leaves them vulnerable to risks and exposes them to experiences which they find upsetting. These online risks are not always fully understood but it is essential for children’s safety that they are addressed. For many children a distinction between their online and offline lives does not exist.

There are links between child abuse images, online grooming and contact offending but there remains much we need to understand about offender behaviour in relation to online abuse.

Here we present available data on cyber bullying, social networking, viewing harmful content, child abuse images and online grooming.

What are the limitations of the data?

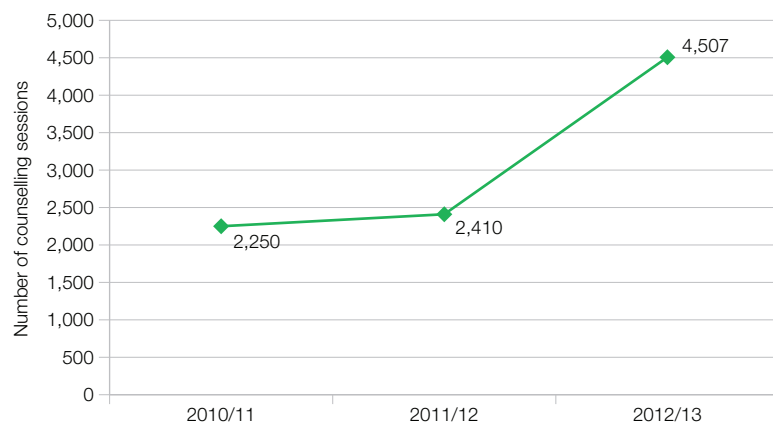
The research and evidence presented here are snapshots of information because no longer-term trend data is available; this is a relatively new and emerging area of research. Research tends to concentrate on children aged around eight or nine and above. We know little about the risks and harm experienced by younger children online.

Data availability and comparability

The data presented here is sourced from a number of studies. No comparison between the four UK nations is possible.

Cyber bullying

Number of ChildLine counselling sessions about cyber bullying

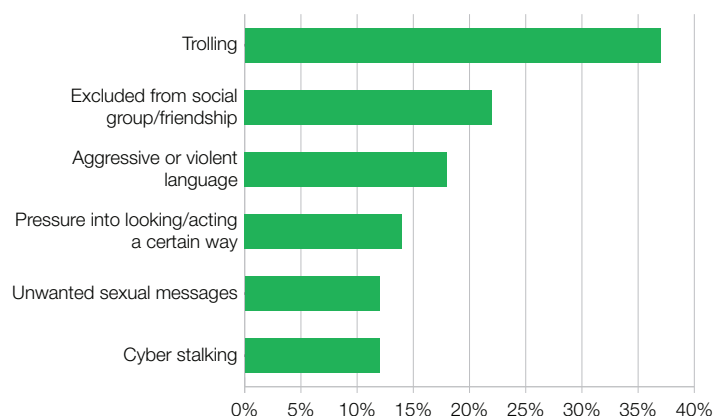


Cyber bullying is when someone uses technology, like laptops or mobile phones, deliberately to hurt, humiliate, harass, intimidate or threaten someone else.

There was an 87 per cent increase in counselling sessions to ChildLine about cyber bullying between 2011/12 and 2012/13. The number of counselling sessions completed about this issue has more than doubled since 2010/11. The majority (84 per cent) of counselling sessions about online bullying in 2012/13 were with children aged between 12 and 18. (See Indicator 7 for more on calls to ChildLine.)

Social networking sites

Upsetting experiences amongst 11–16 year olds

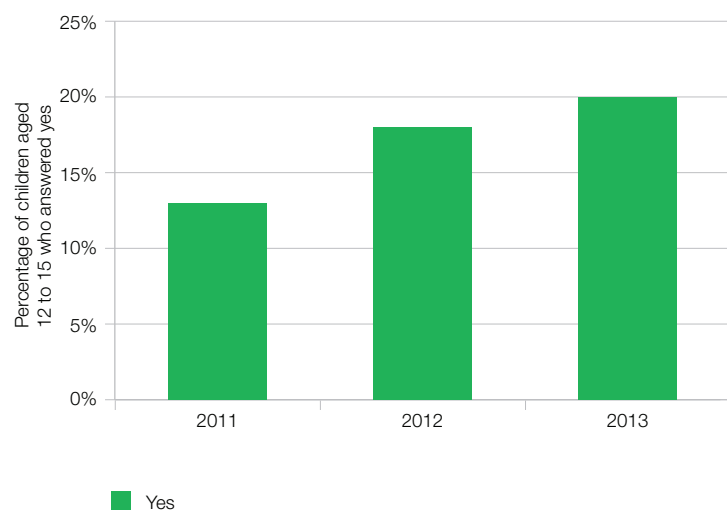


Social networking sites offer all users, including children, opportunities to communicate, create and learn.

NSPCC (2014) research found that more than one in four children aged 11 to 16 with a social networking profile have experienced something upsetting on it in the last year (28 per cent). The most reported issue was trolling (37 per cent). Trolling was defined as any unkind, sarcastic or negative comments or rumours circulated online.

Smaller numbers of children reported experiencing other things like racism, homophobia, being urged to hurt themselves or asked to respond to or send a sexual message.

Viewing harmful content online

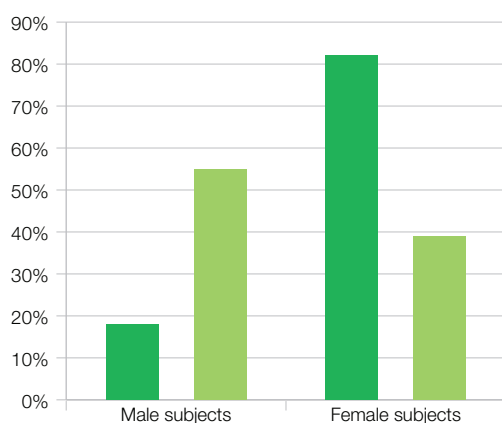


The Ofcom *Children and Parents: media use and attitudes* report found that one in five children aged 12 to 15 years old have seen content online that they found worrying, nasty or offensive in the last year.

The question asked was: "In the last year, have you seen anything online that you found worrying, nasty or offensive in some way that you didn't like?"

The percentage of children answering "yes" to this question is steadily increasing.

Self-generated child abuse images

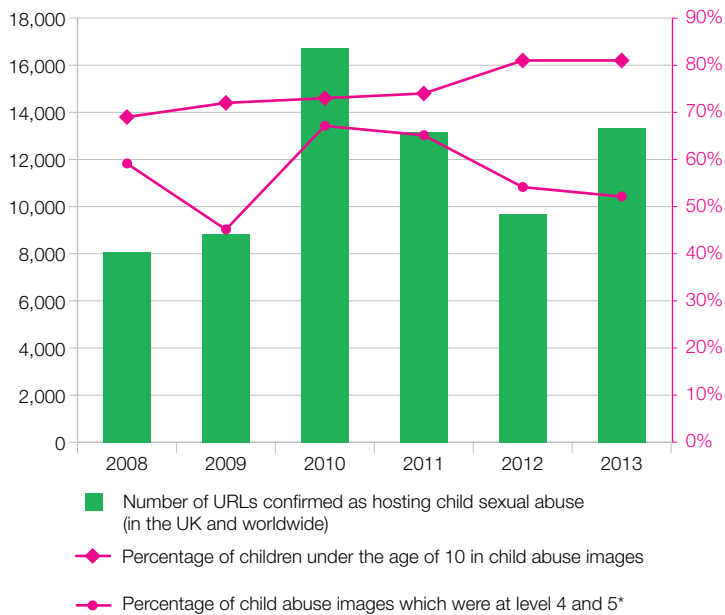


Self-generated child abuse images (often referred to as "sexts") describe the sharing of self-generated explicit images or videos via mobiles and online devices.

In 2012, 21.2 per cent of reports received by CEOP were self-generated child abuse images. Analysis of a sample of these images showed that females were more likely to feature in still images (82 per cent) and boys were more likely to be in moving images (55 per cent).

In 2012 IWF analysed public reports of self-generated child abuse images. They found that 88 per cent of them had been taken from their original location and uploaded elsewhere, showing the extent to which young people lose control of their own images without their knowledge.

Child abuse images



* In the UK, child abuse images have been categorised into five levels of severity based on the COPINE (Combating Paedophile Information Networks in Europe) scale. The categories, where 4 and 5 are particularly severe, form the basis of the current Sentencing Council (SC) scale at time of publication. The SC is planning to introduce a new three-tier scale.

Child abuse images are a visual record of the sexual abuse of a child and include pseudo-photographs, animations, drawings, tracings, videos and films streamed live.

Although the exact number of child abuse images is unknown, CEOP estimates that in 2012 around 50,000 individuals in the UK were involved in downloading and sharing child abuse images.

The IWF removed 13,343 URLs of child abuse images (hosted in the UK and worldwide) in 2013, a 38 per cent increase on 2012. More than half (51 per cent) of these images were categorised as most severe, involving penetrative sexual activity either by objects, children, adults and/or animals. The percentage of children aged under 10 in child abuse images has been steadily increasing since 2008: 81 per cent of images reported to the IWF involved a child aged 10 or under in 2013.

Research has found a link between offenders viewing child abuse images and committing contact offending. A meta-analysis of research (Seto, 2011) concluded that there is a 55 per cent correlation between the possession of child abuse images and contact offending.

Online grooming

Online grooming is deliberately establishing an emotional connection and trust with a child or young person, with the aim of engaging them in sexual behaviour or exploitation using technology such as smart phones, laptops, tablets and computer game consoles. The exact number of children who have been victims of online grooming and sexual abuse is unknown. In many cases children do not disclose when they are being sexually abused online, often because they do not understand that they are being abused, or because they feel ashamed and somehow complicit in their abuse.

ChildLine completed 327 counselling sessions about grooming and exploitation in 2012/13 (the figure includes all types of grooming, not just online). Many of these young people disclosed meeting the perpetrator online. The offender often used the internet to maintain contact with the young person, leading to the offender persuading them into online and/or offline sexual activity. The majority of young people thought that they were in a relationship with the offender and often talked about "being in love" and about the heartbreak they experienced when they found out their true identity.

Data sources

ChildLine data on file with the NSPCC.

NSPCC (2014) *Younger children and social networking sites: The experiences of 11-16 year olds on social networking sites*, NSPCC.

ABA (2013) *Cyber bullying survey*.

IWF (2012) *Study of Self-Generated Sexually Explicit Images & Videos Featuring Young People Online*.

CEOP (2013) *Threat Assessment of Child Sexual Exploitation and Abuse*.

Seto, Michael C., R. Karl Hanson, and Kelly M. Babchishin (2011) *Sexual Abuse: A Journal of Research and Treatment* 23.1 (2011): 124-145; *Contact sexual offending by men with online sexual offenses*.

O'com (2013) *Children and parents: media use and attitudes report*.

CEOP (2013) *Annual review 2012/13 and centre plan 2013/14*.



Abuse and neglect: self-reported sources

Indicator 10 — Violent incidents experienced by 10 to 15 year olds (Crime survey for England and Wales)

Key messages

- In 2012/13, 6.1 per cent of 10 to 15 year olds in England and Wales were the victim of a violent crime.
- 71 per cent of these offences resulted in an injury to the victim.
- An estimated 465,000 violent offences were experienced by children aged 10 to 15 in 2012/13.

Why is this measure important?

The Crime Survey for England and Wales (previously the British Crime Survey) is a face-to-face survey in which people resident in households in England and Wales are asked about their experiences of crime in the previous 12 months. The 2012/13 survey was based on face-to-face interviews with 2,891 children aged 10 to 15. Crime survey estimates are higher than the number of crimes recorded by the police because the survey captures offences that have not been reported to the police. The survey is therefore an important way of filling the gap left by police-recorded crime statistics.

What are the limitations of the data?

As survey data, it may be subject to error associated with sampling and respondents recalling past events. The survey only provides data for children aged 10 to 15 years old and only covers certain offence categories (violence and theft offences). Additionally, the survey uses two different measures of crime due to difficulties in classifying some crimes against children. Methodological differences between the adult's and children's survey mean that direct comparison is not possible. It also excludes children living in communal establishments, boarding schools, youth detention centres and children's homes.

Data availability and comparability

Data is only available for England and Wales for the last four years. However comparison between the four years is not possible due to changes in the way the statistics are collected. The Scotland and Northern Ireland Crime Surveys do not include data for under 16s.

England and Wales

Estimated percentage of 10 to 15 year olds who were the victim of a violent crime in the past 12 months

	Preferred measure				Broad measure			
	2009/10	2010/11	2011/12	2012/13	2009/10	2010/11	2011/12	2012/13
Wounding	1.9	1.1	0.9	1.0	1.9	1.1	0.9	1.0
Assault with minor injury	3.7	3.7	3.6	2.9	5.1	4.5	4.5	3.7
Assault without injury	2.4	1.7	2.1	1.4	4.2	3.0	7.1	6.4
Robbery	1.3	0.9	1.3	1.0	1.4	1.0	1.3	1.1
Violence with injury	5.5	5.1	4.8	4.2	6.8	5.8	5.7	4.9
Violence without injury (includes unspecified)	3.4	2.1	3.1	2.1	12.4	7.4	8.0	7.0
Any violent incidents	8.5	6.9	7.6	6.1	18.1	12.1	12.9	11.7

In 2012/13, 6.1 per cent of 10 to 15 year olds in England and Wales were the victim of a violent crime in the past 12 months on the preferred measure, and 11.7 per cent on the broad measure. On the preferred measure, 4.2 per cent were victims of violence and sustained an injury.

It is not possible to analyse trends between the survey years due to changes in the way the data is collected.

General findings

In 2012/13, 6.1 per cent of 10 to 15 year olds were victims of violent crimes on the preferred measure, and 11.7 per cent on the broad measure. As an indication, this is over double the proportion of adults who were victims of violent crime in 2012/13 (2.6 per cent), though direct comparisons are problematic due to methodological differences.

The Crime survey estimates that a total of 0.8 million crimes were experienced by children aged 10 to 15 in 2012/13 based on the preferred method. Of this total more than half (57 per cent) were violent crimes (465,000) while most of the remaining crimes were thefts of personal property (314,000). Of the 465,000 violent offences, the majority (71 per cent) resulted in injury to the victim. In comparison, about 57 per cent of violent incidents among adults aged 16 or above resulted in injury to the victim. In 2012/13, 4.2 per cent of 10 to 15 year olds were the victims of violence and sustained an injury on the preferred measure, nearly 330,000 individual incidents.

Data sources

ONS (2013) *Crime in England and Wales year ending March 2013*.

ONS (2013) *The 2012/13 crime survey for England and Wales: technical report: volume one*.

Abuse and neglect: child protection system

Indicator 11 — Referrals accepted by social services

Key messages

- Referrals have decreased year on year in England (since 2010/11) and in Wales (since 2009/10).
- In Northern Ireland the number of referrals and children referred has been increasing every year since 2007/8.
- A quarter of referrals in England in 2012/13 were re-referrals; for Wales the figure was 27 per cent.

Why is this measure important?

A referral is the first stage of the child protection process in all four nations. A referral will be made about children because some aspect of their life is giving cause for concern. It is worth noting that some referrals are for services (eg disabled children) so not every referral is the first stage of the child protection process. It is also worth noting that an initial contact is not a referral. A referral is a referral when the local authority accepts it as such.

Anyone who has concerns about the safety or welfare of a child can make a referral to statutory services. Referrals to social services can be made by all parts of society including a local authority social services department, the police, health services, family, friends and neighbours. Children and young people can also self-refer.

What are the limitations of the data?

The number of referrals is counted in England and Wales. Northern Ireland and England publish data about the number of referrals and also the number of children these referrals relate to. An increase in referrals is not good or bad in terms of the safety of children – an increase in referrals could indicate an increase in awareness of concerns about the safety of a child; alternatively it could indicate an increase in the levels of concern about the safety of children or changes in legislation, policy and practice, such as an adjustment to thresholds.

Data availability and comparability

Referral data is published for England, Wales and Northern Ireland, but for different time periods. Scotland discontinued publication in 2010 due to concerns about the inconsistency of definitions used to record data with local authorities. Children referred data is available for England and Northern Ireland.

England

Number of referrals accepted in the year ending 31 March



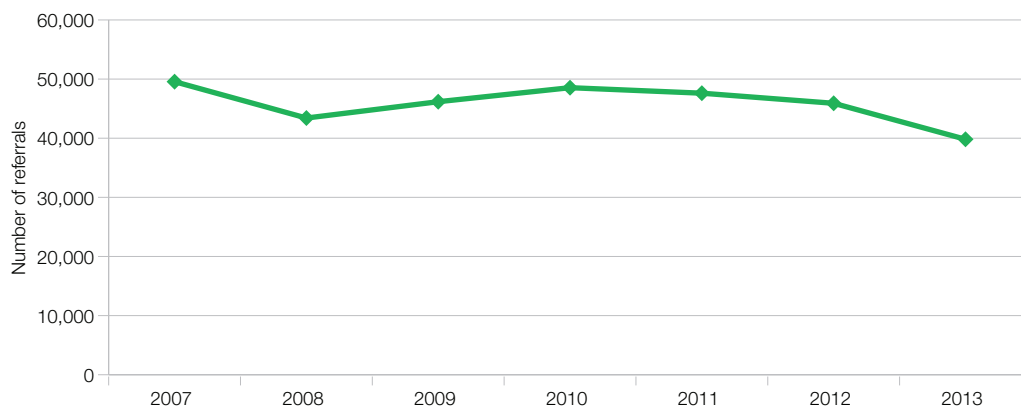
Latest figure:

There were 593,500 referrals relating to 511,500 children for the year to 31 March 2013.

Trend: Referrals have decreased year on year since 2010/11 as has the rate of children referred. Between 2008/9 and 2010/11 referrals increased year on year.

Wales

Total number of referrals for the year ending 31 March

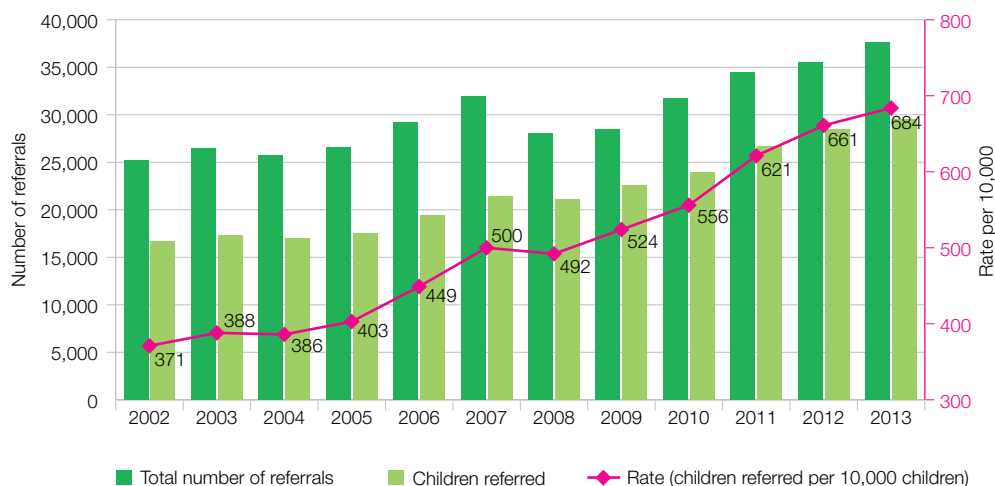


Latest figure: There were 39,817 referrals for the year ended 31 March 2013.

Trend: Referrals have decreased year on year since 2009/10. Referrals in 2007/8 were lower than in 2006/7. Between 2007/8 and 2009/10 referrals increased.

Northern Ireland

Number of referrals accepted in the year ending 31 March

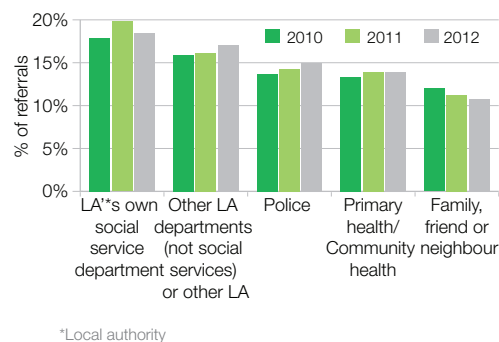


Latest figure: There were 37,664 referrals relating to 29,508 children for the year ended 31 March 2013.

Trend: The number of referrals, children referred (and therefore rate of children referred) has been increasing every year since 2007/8.

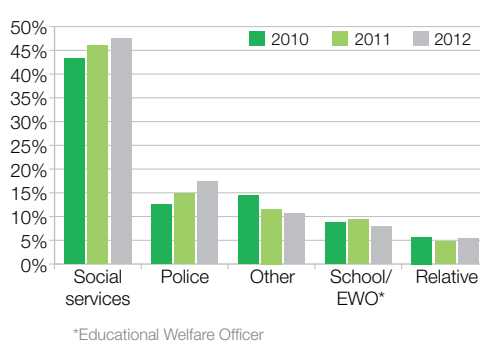
Top five sources of referral

Wales: Data for years ending 31 March 2010/2012



*Local authority

Northern Ireland: Data for years ending 31 March 2010/2012



*Educational Welfare Officer

Wales and Northern Ireland are the only two nations that publish information on the source of referral and they present data in different ways. Above are the main five referral sources out of a total of 12 sources. In both nations referrals mainly come from within social service departments, although the proportions vary which is possibly due to Wales distinguishing between referrals from own or other local authorities. The police is the next most significant source in both nations. England is recording this data for the first time in 2013/14.

What happens after children's social services accept a referral

A referral may result in a number of different routes. There may be no further action following a referral; there could be a referral to another service for family support if the child is not at risk of significant harm, but considered to be in need. There could also be further investigation.

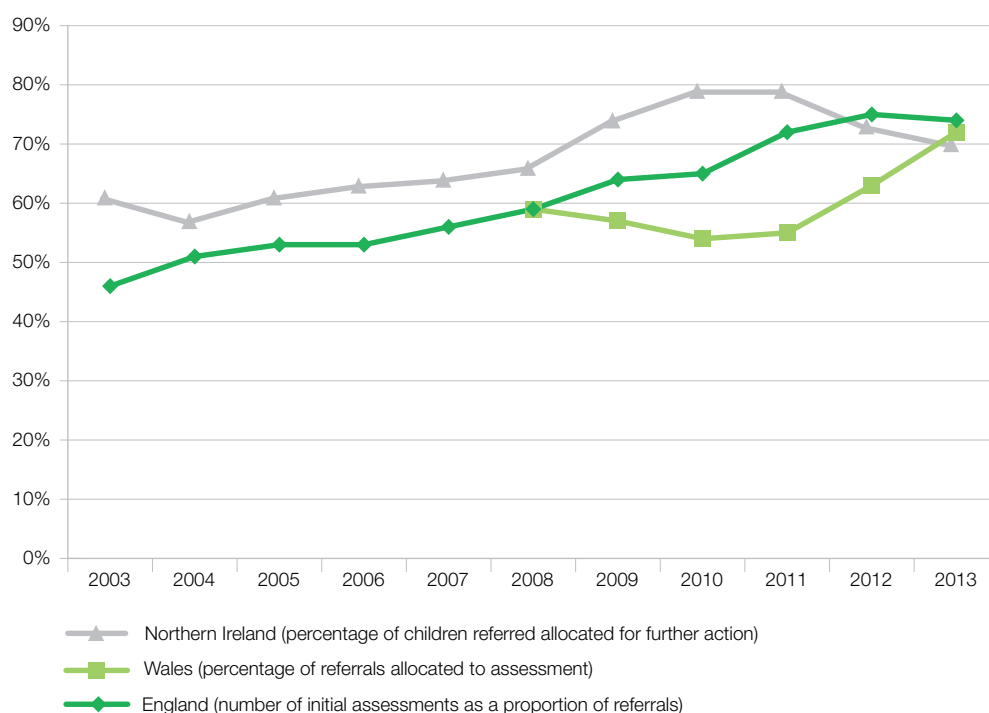
There is some available data on assessments which gives an indication of what happens once a referral has been accepted by social services. In England and Wales, when children enter the child protection systems, they currently receive an initial assessment which determines what, if any, support they may receive from children's services.

We understand that there will no longer be a distinction made between an initial and a core assessment in England and there are currently six local authorities in England who are trialling a continuous assessment process. In England some areas operate a multi agency safeguarding hub (MASH) which may in turn make a child in need or child protection referral to the relevant local authority or take different courses of action (eg referring to a youth service or to the relevant school). Children who end up being referred to children's social services as a result of a MASH triage will be reflected in the statistics presented here.

In Northern Ireland no distinction is made between initial and core assessments undertaken using the "Understanding the Needs of Children in Northern Ireland" (UNOCINI) assessment model (see Indicator 12 for more detail). No data is available for Scotland.

The graph below shows the available data on assessments and allocation for further action.

Data showing what happens after a referral



Trend: This graph shows the number of initial assessments as a proportion of referrals (England and Wales) and the proportion of children who are allocated for further action (Northern Ireland).

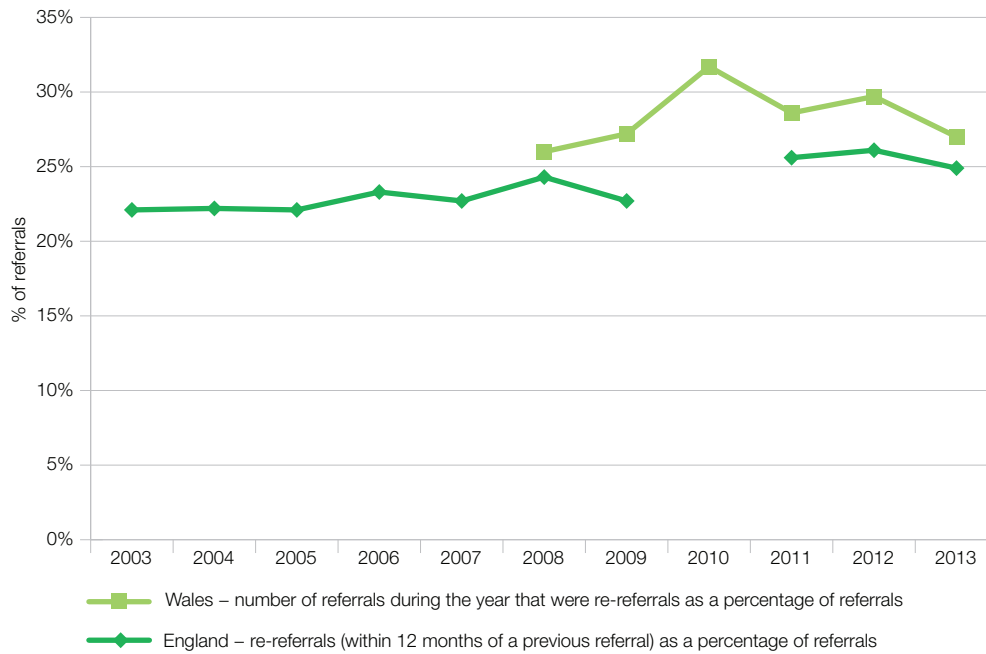
In England the trend has been increasing since 2003 although the proportion appears to have levelled off in 2013. In Wales the percentage of referrals allocated to assessment has been increasing since 2010/11. In Northern Ireland the percentage of children referred allocated for further action has been decreasing since 2010/11, but increased between 2003/4 and 2010/11.

The data shows that for most of the past decade a referral in Northern Ireland has been more likely to result in assessment and/or further action than in England, and in more recent years, Wales. However the 2012/13 data shows some convergence.

Data sources

England, DfE referral and assessment statistics and Children in Need census statistics 2002–2013; StatWales and Children Order Statistics Northern Ireland, DHSSPNi.

Re-referrals



Trend: England and Wales publish data on the re-referrals that local authorities receive. In England a quarter of referrals are re-referrals from within a 12-month period. This percentage appears to have been increasing slightly since 2002/3. The gap in the England data can be explained by a change in data collection method. In Wales in 2012–13 27 per cent of referrals were re-referrals. Referrals appear to have been slightly higher than in England.

Abuse and neglect: child protection system

Indicator 12 — Children in need

Key messages

- The data shows an increase in the number of children in need to abuse and neglect in England and Wales.
- The rate of children in need due to abuse or neglect has also increased over this period.
- In Northern Ireland the number of children allocated for further action has almost doubled in the last 10 years. Numbers appear to have levelled off since 2010/11.

Why is this measure important?

A child in need is a child who is unlikely to have, or have the opportunity to have, a reasonable standard of health and development without any support provided by a public authority. There are many different reasons why a child would be in need including for instance, being disabled. Here we have, as far as possible, focused on the data on children who are in need due to abuse or neglect.

What are the limitations of the data?

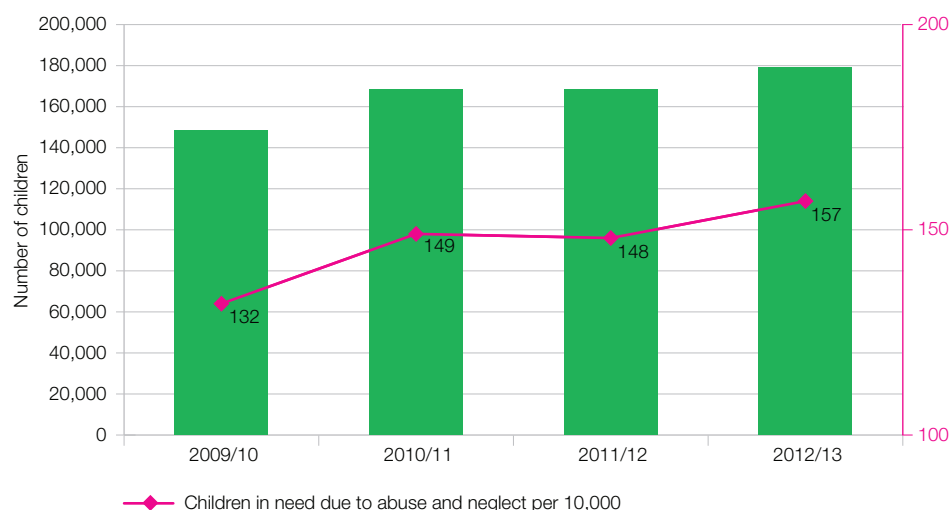
An increase or decrease in this number does not mean that children are becoming more or less safe. A fluctuation may mean that more or fewer children are coming to the attention of social services, rather than a change in actual numbers of children in need.

Data availability and comparability

Children in need (CIN) data showing children in need due to abuse or neglect is available for England and Wales. Northern Ireland data shows where further action is taken following a referral – this data will not necessarily be as focused on abuse or neglect as the England and Wales data. Data is not collected or published in Scotland.

England

Children in need due to abuse or neglect at 31 March 2013



Latest figure: There were 179,090 children in need due to abuse or neglect at 31 March 2013. This comprises 47 per cent of the total children in need. The rate per 10,000 children was 157.

Trend: Overall, the number and rate of children in need due to abuse or neglect has increased between 2009/10 and 2012/13.

Wales

Children in need due to abuse or neglect at 31 March 2013

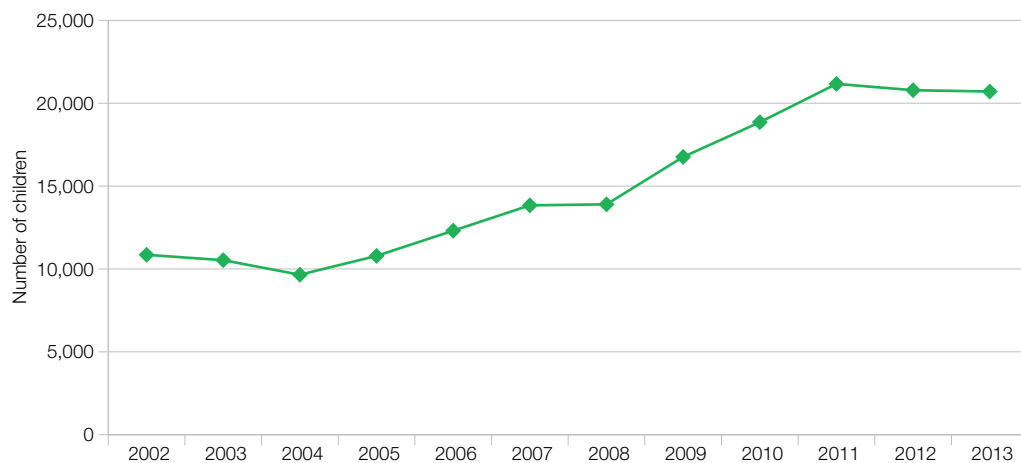


Latest figure: There were 9,835 children in need due to abuse or neglect at 31 March 2013. This comprises 49 per cent of the total children in need. The rate per 10,000 children was 156.

Trend: Overall, the number and rate of children in need due to abuse or neglect has increased between 2009/10 and 2012/13.

Northern Ireland

Number of children allocated for further action at year ending 31 March 2013



Latest figure: There were 20,706 children allocated for further action in the year ending 31 March 2013.

Trend: The number of children allocated for further action has more than doubled in the last 10 years. Numbers appear to have levelled off since 2010/11. We do not know what proportion of these children have been allocated for further action due to abuse or neglect.

Data is not published in the same way as for England or Wales. Data is published on the number of children allocated for further action. Following a full assessment, a significant proportion of the children will be assessed as being in need. (In Northern Ireland “being in need” is equivalent to being allocated for further action – see Indicator 11 for more detail.)

Data sources

England CIN census 2009–10 to 2012–13, StatWales, CIN data; NI Children Order Statistical Trends, mid-year population estimates.

Abuse and neglect: child protection system

Indicator 13 — Children in the child protection system

Key messages

- The absolute number of children subject to child protection plans (CPPs) or on child protection registers (CPRs) has been increasing in all four nations.
- The absolute number of children becoming subject to CPPs or on CPRs each year has also been increasing in all four nations.
- The rate of children (per 10,000 children) subject to CPPs or on CPRs has also been increasing in all four nations.

Why is this measure important?

Children subject to child protection plans (CPP) or on child protection registers (CPR) are deemed to be at continuing risk of harm. Plans and registers record details regarding children where there are on-going concerns about their safety. Despite a difference in terminology, plans and registers are roughly the same.

We have included the stock (the number of children subject to CPPs or on CPRs at one time) and the flow into the system (the number of children who become subject to a CPP or added to a CPR in a year). In England, Wales and Scotland the flow is consistently higher than the stock as some children will stay on plans/registers for less than a year, and some will be counted twice if they are re-registered in the same year. In these three countries the flow is increasing more quickly than the stock. This is likely to be due to the fact that more children are spending a shorter time on plans and registers, or that there are more re-registrations. In Northern Ireland the flow is lower than the stock, as children tend to stay on registers for longer.

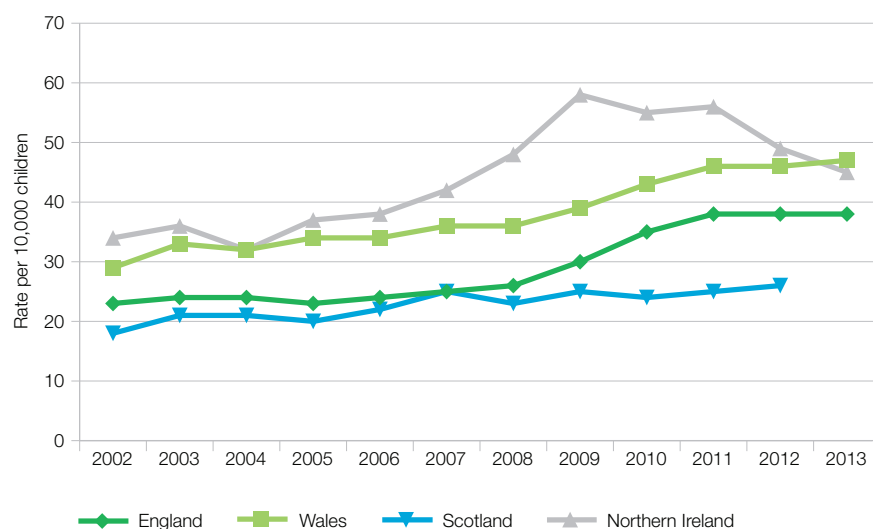
What are the limitations of the data?

This data captures the number of children subject to a CPP or on CPRs. Data is only held on children who have been identified by the authorities as being in need of a CPP. Many children who have experienced or are likely to experience significant harm may not be identified. These figures should therefore not be interpreted as a record of all child abuse. An increase in the number of children subject to CPPs or on CPRs could suggest that more abuse is coming to the attention of social services or that it is more prevalent.

Data availability and comparability

All four nations publish data on the number of children subject to CPPs or on CPRs. Scotland began to collect this data for the year ending 31 July (rather than 31 March) from 2011. Figures for 2013 for Scotland are not yet available.

Children subject to child protection plans or on registers



Latest figure: This year Wales overtook Northern Ireland as having the highest rate of children on child protection registers, with 47 per 10,000 under 18s on the register in Wales. Data for 2013 is not yet available for Scotland.

Trend: The rate of children subject to CPPs and on CPRs has increased in all four nations. However, since 2011 the rate has remained steady in England and Wales. Northern Ireland had a very sharp increase in the rate of children on the register up to 2009, with a relative decline since.

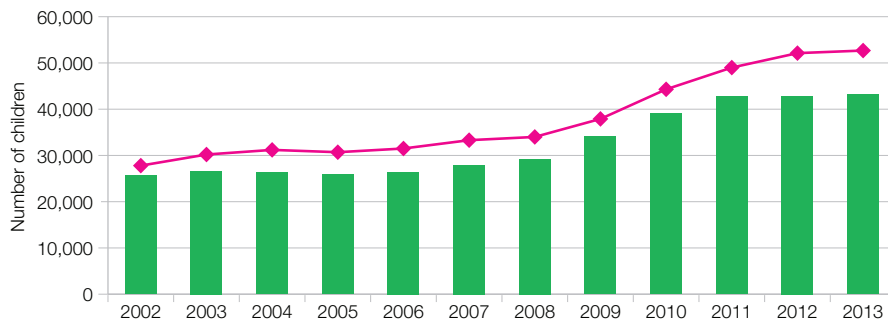
Between 2002 and 2013 the largest rate increase was in England (64 per cent), followed by Wales (62 per cent), Scotland (41 per cent from 2002/12) and Northern Ireland (34 per cent).

Data sources

England: Child protection statistics DfE, Children in Need census for 2010–2013. **Wales:** StatWales. **Scotland:** Child protection statistics. **Northern Ireland:** Children's Social Care Statistics.

England

Number of children subject to CPPs at 31 March 2013

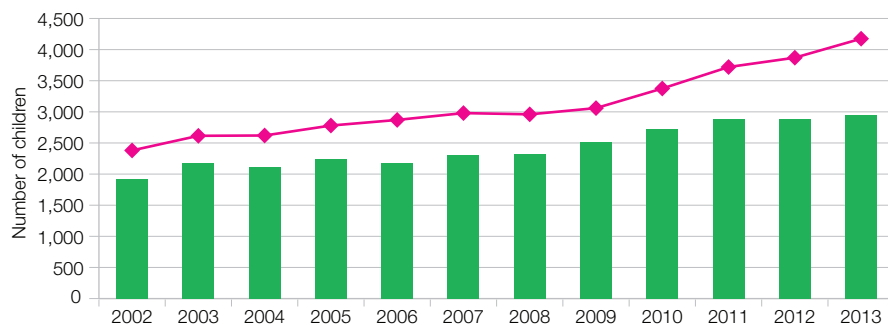


Latest figure: There were 43,140 children subject to CPPs on 31 March 2013. There were 52,680 children who became the subject of a CPP in the year 31 March 2012 to 31 March 2013. If a child is the subject of more than one child protection plan during the year, each is counted.

Trend: Between 2002 and 2013 the number of children subject to CPPs increased by 68 per cent, and the number of children becoming the subject of a CPP each year increased by 89 per cent.

Wales

Number of children on CPRs at 31 March 2013

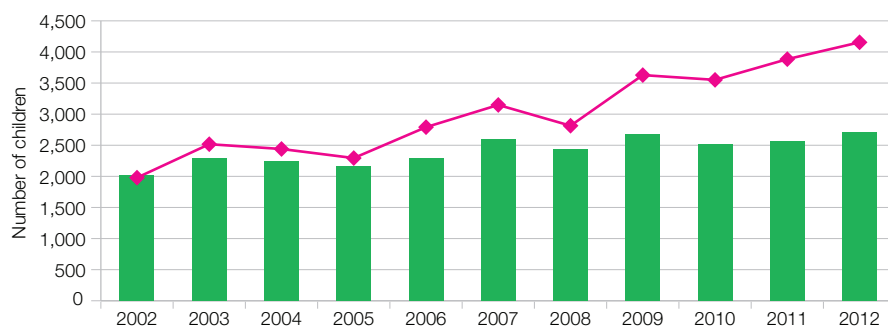


Latest figure: There were 2,952 children on a CPR on 31 March 2013. There were 4,175 children who were added to a CPR in the year 31 March 2012 to 31 March 2013. Where a child has moved on to the CPR several times during the year each registration is recorded.

Trend: Between 2002 and 2013 the number of children on a CPR increased by 54 per cent and the number of children added to a CPR each year increased by 75 per cent.

Scotland

Number of children on CPRs at 31 July 2013

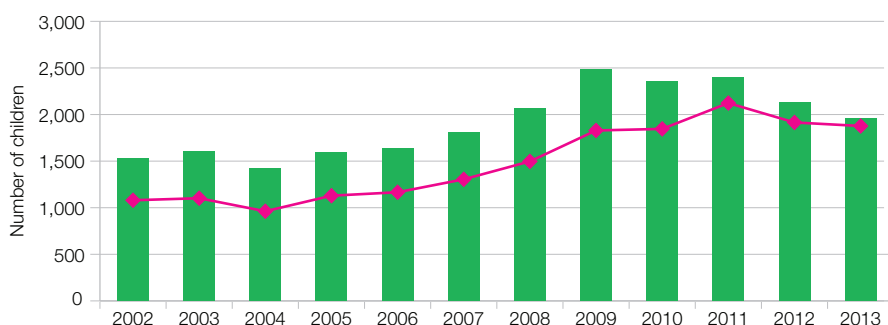


Latest figure: Scotland began to collect data for year ending 31 July from 2011. Figures for 2013 are not yet available. There were 2,706 children on a CPR on 31 July 2012 and 4,155 children were added to a CPR in the year 1 August 2011 to 31 July 2012. Where a child has moved on to the CPR several times during the year each registration is recorded.

Trend: Between 2002 and 2012 the number of children on a CPR increased by 34 per cent and the number of children added to a CPR each year increased by 110 per cent.

Northern Ireland

Number of children on CPRs at 31 March 2013



Latest figure: There were 1,961 children on a CPR on 31 March 2013. There were 1,877 registrations to a CPR in the year 31 March 2012 to 31 March 2013. Where a child has moved on to the CPR several times during the year each registration is recorded.

Trend: Between 2002 and 2013 the number of children on a CPR increased by 28 per cent and the number of children added to a CPR each year increased by 74 per cent.

■ Children on a CPR at 31 March
◆ Registrations to the CPR

Abuse and neglect: child protection system

Indicator 14 — Composition of child protection plans and child protection registers

Key messages

- Neglect is the most common cause for being subject to a child protection plan (CPP) or on a child protection register (CPR) in all nations.
- The proportion of children on a CPR due to multiple forms of abuse is much higher in Northern Ireland compared with England and Wales.

Why is this measure important?

This data shows the reasons why a child deemed to be at continuing risk is subject to a child protection plan or on a child protection register. The data shows the initial category of abuse, which is the category as assessed when the child protection plan/register commenced.

What are the limitations of the data?

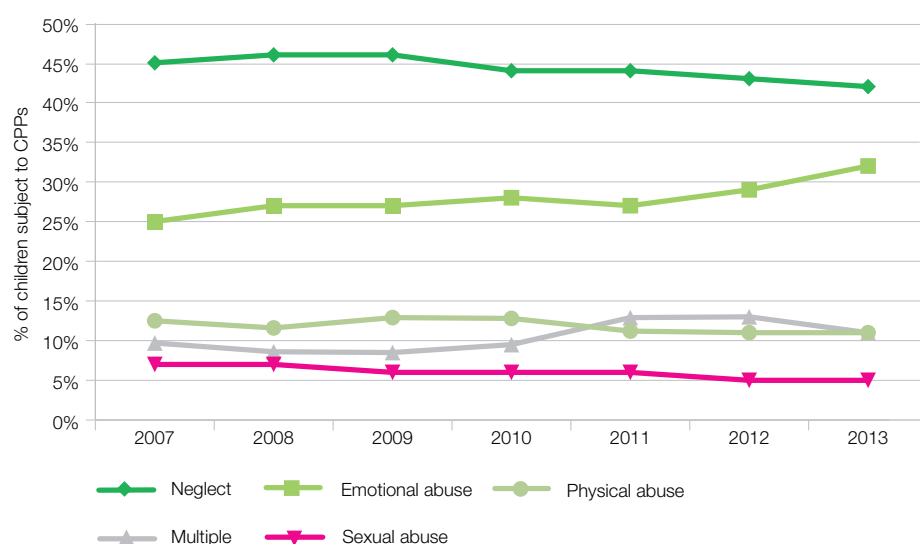
This data shows the reasons why a child is subject to a CPP or on a CPR (as per the initial category of abuse). The application of categories may not be fully consistent across all four nations.

Data availability and comparability

All four nations publish data on the reasons why children are subject to a CPP or are on a CPR, but there are differences in the classifications of categories of abuse between the nations. Different time series are available for the four nations – here we have selected data from 2007 to 2012/13. We considered this to be a reasonable time period to give an indication of the common causes for being subject to a CPP or on a CPR.

England

Composition of child protection plans at 31 March 2013



Latest figure: At

31 March 2013 the breakdown was as follows: 42 per cent neglect; 32 per cent emotional abuse; 11 per cent multiple reasons; 11 per cent physical abuse; and 5 per cent sexual abuse.

Trend: Neglect is

consistently the most common reason for being subject to a CPP, followed by emotional abuse. Multiple forms of abuse have overtaken physical and sexual abuse in the last few years.

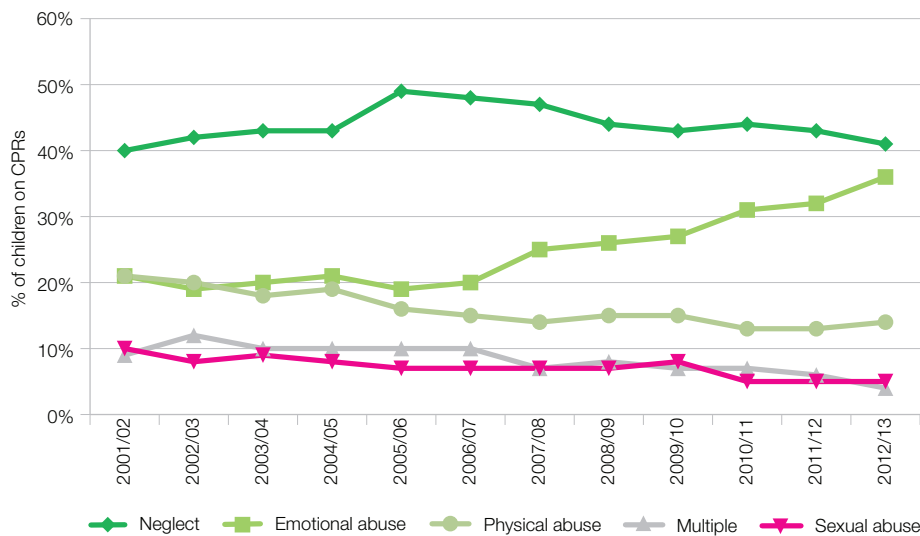
Data sources

As per Indicator 13.

All nations except England publish a detailed breakdown of the various combinations of "multiple reasons" which gives an additional four categories: neglect, physical abuse and sexual abuse; neglect and physical abuse; neglect and sexual abuse; physical abuse and sexual abuse. These different combinations have been summarised into "multiple reasons" in this report as we are trying to present data as consistently as possible.

Wales

Composition of child protection registers at 31 March 2013

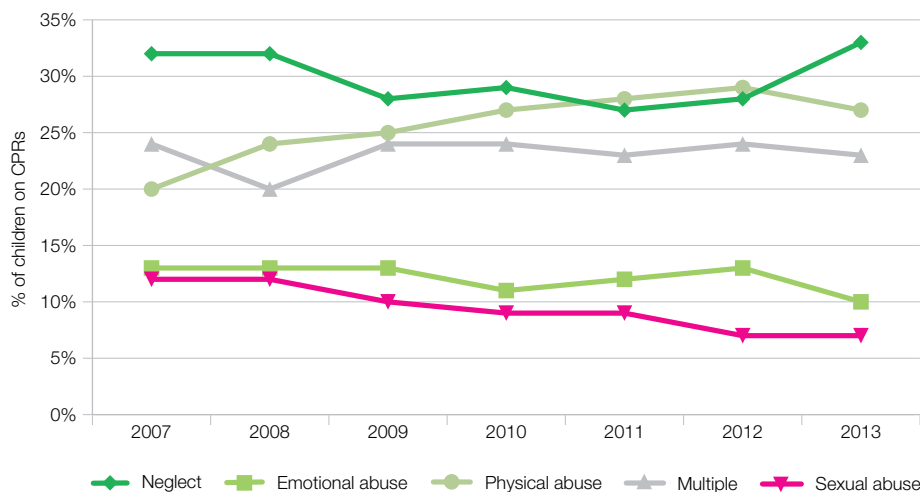


Latest figures: The breakdown was as follows: 41 per cent neglect; 36 per cent emotional abuse; 14 per cent physical abuse; 5 per cent sexual abuse and 4 per cent multiple reasons.

Trend: Neglect is consistently the most common reason for being on a CPR, followed by emotional abuse.

Northern Ireland

Composition of child protection registers at 31 March 2013

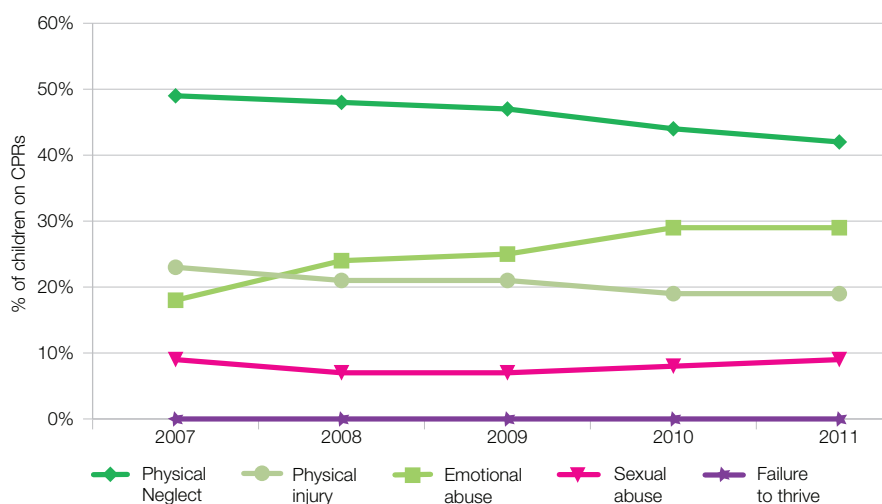


Latest figures: The breakdown was as follows: 33 per cent neglect; 27 per cent physical abuse; 23 per cent multiple reasons; 10 per cent emotional abuse; and 7 per cent sexual abuse.

Trend: Physical abuse briefly became the most common cause for being on a CPR, but neglect has returned to being the most common for 2012/13.

Scotland

Composition of child protection registers at 31 March /31 July 2011



Latest figures: The breakdown was as follows: 42 per cent physical neglect; 29 per cent emotional abuse; 19 per cent physical injury; 9 per cent sexual abuse; <1 per cent failure to thrive.

Trend: Physical neglect is consistently the most common cause for being on a CPR. In the past few years emotional abuse has overtaken physical injury as the second most common reason for being on a CPR.

Abuse and neglect: child protection system

Indicator 15 — Re-registration onto child protection registers (returning to a child protection plan)

Key messages

- In England the percentage of children who become subject to a CPP for a second or subsequent time has remained broadly constant since the end of the 1990s at between 13 to 14 per cent. The most recent figure (14.9 per cent) is the highest since 1998/99.
- In Scotland the proportion of children who go back on the CPR for a second or subsequent time has been 16 per cent for the last three years; in Northern Ireland the most recent figure is 16.5 per cent.

Why is this measure important?

Re-registration data shows the number of children subject to child protection plans (CPPs) or on child protection registers (CPRs) who come back onto the plans or registers. Re-registration rates could suggest that the decision to initially remove them from a CPP or CPR was premature and that they are not actually safer. If re-registration were to increase alongside an increase in the proportion of children leaving CPPs/CPRs after a short period of time, it may be reasonable to question whether children were being taken off plans before necessary safeguards have been put in place.

What are the limitations of the data?

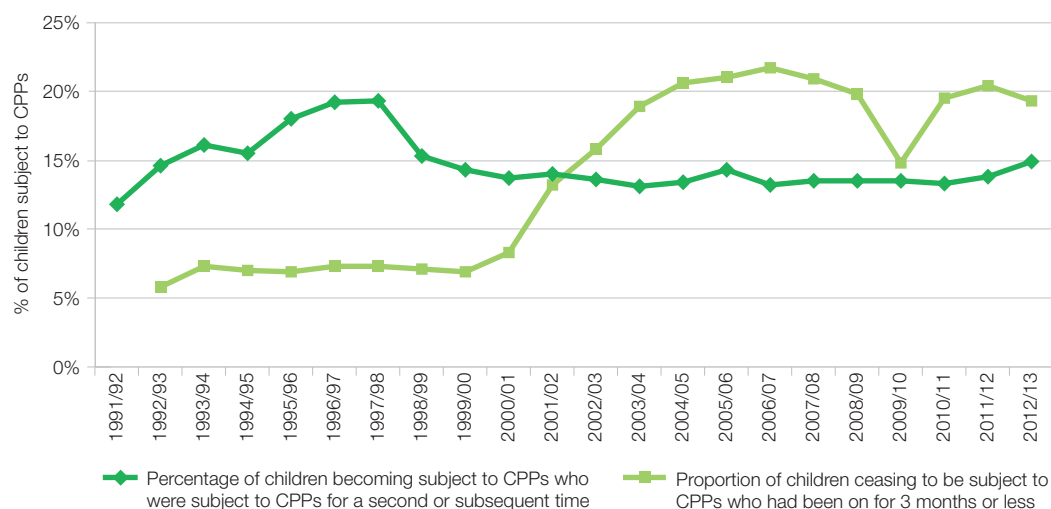
Data is only held on children who have been identified by the authorities as being in need of a child protection plan. Many children who have experienced or are likely to experience significant harm may not be identified. These figures should therefore not be interpreted as a record of all child abuse. It should be noted that there is no optimal amount of time to be subject to a CPP or on a CPR.

Data availability and comparability

All four nations publish data on the number of children being re-registered on CPRs or returning to CPPs. The data is comparable. However the data on how long children are on a CPR before they are de-registered is not available for Wales.

England

Children returning to CPPs compared to children who had been subject to CPPs for three months or less



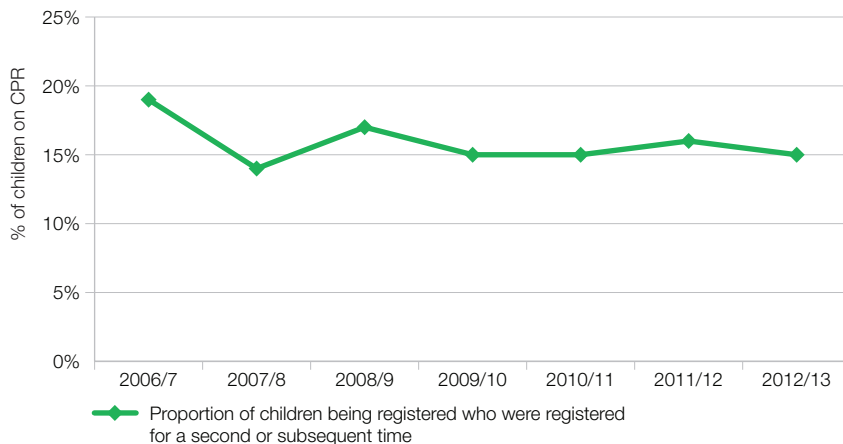
Trend: The percentage of children who become subject to a CPP for a second or subsequent time has remained broadly constant since the end of the 1990s at between 13 to 14 per cent. The most recent figure (14.9 per cent) is the highest since 1998/99.

Data sources

England: Child protection statistics DfE, Children in Need census for 2010–2013. Wales: StatWales. Scotland: Child protection statistics. Northern Ireland: Children's Social Care Statistics.

Wales

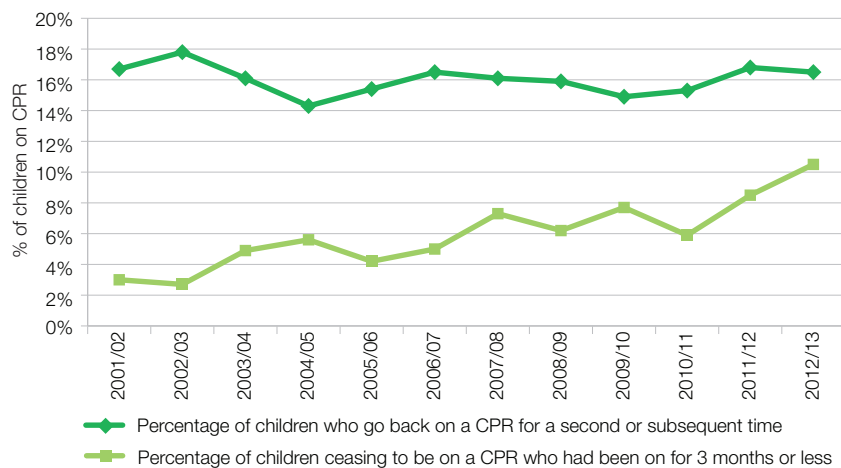
Children returning to CPRs



Trend: Data on children ceasing to be on a CPR is not available for comparison. The available data shows that the percentage of children who went back on a CPR for a second or subsequent time has declined by a quarter since 2006/7 and has been between 15 and 16 per cent for the past four years.

Northern Ireland

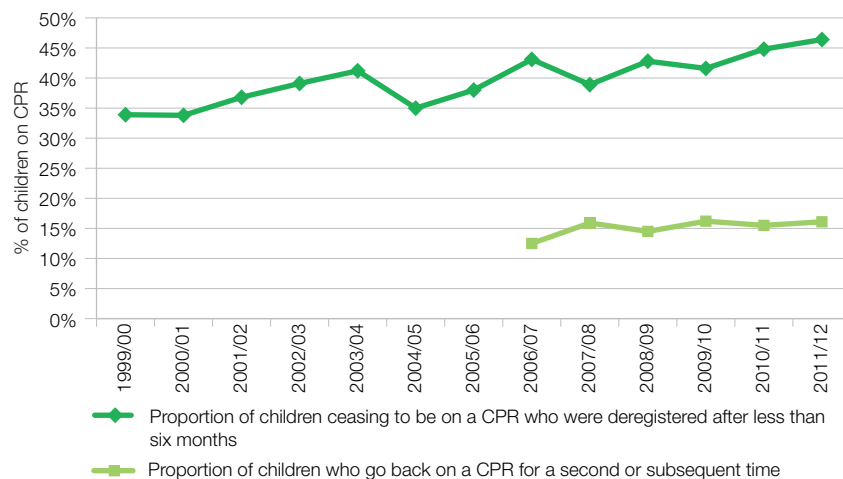
Children returning to CPRs against children who had been on CPRs for three months or less



Trend: The percentage of children who had been on a CPR for three months or less has been increasing overall since 2001/2, but there hasn't been an increase in every year. Over this period, the proportion of all children becoming registered who were registered for a second or subsequent time has been between 14 to 18 per cent and the most recent figure is 16.5 per cent. It appears the gradual increase in the proportion of children ceasing to be on a CPR has not been accompanied by an increase in the proportion of children who are re-registered.

Scotland

Children returning to CPRs against children who had been on CPRs for six months or less



Trend: Data from 1999/00 to the present shows the percentage of children ceasing to be on a CPR after they had been on for less than six months increased by more than a third to 46 per cent. For the period between 2006/7 and 2011/12 there has been a gradual increase in the proportion of children ceasing to be on CPRs and the proportion of children who got back on a CPR for a second or subsequent time, and the most recent figure is 16 per cent.

Abuse and neglect: child protection system

Indicator 16 — How long children are subject to child protection plans or on the child protection register

Key messages

- The proportion of children who are subject to child protection plans (CPPs) or on child protection registers (CPRs) for longer than two years continues to decline in England and Scotland. The proportion in Northern Ireland has been declining since 2001/2, although there was a small increase in 2012/13.
- The data shows that a larger proportion of children on CPRs in Northern Ireland are on for two years or longer compared with England or Scotland.

Why is this measure important?

Plans and registers record details regarding children where there are concerns about their safety. When a child is de-registered, it would suggest that there were no longer concerns about that child's safety and that he or she was indeed safe and no longer at a risk of harm.

The data presented here shows the percentage of children subject to a CPP or on a CPR who are there for longer than two years. Children spending a long time on either plans or registers could suggest that cases are allowed to "drift".

What are the limitations of the data?

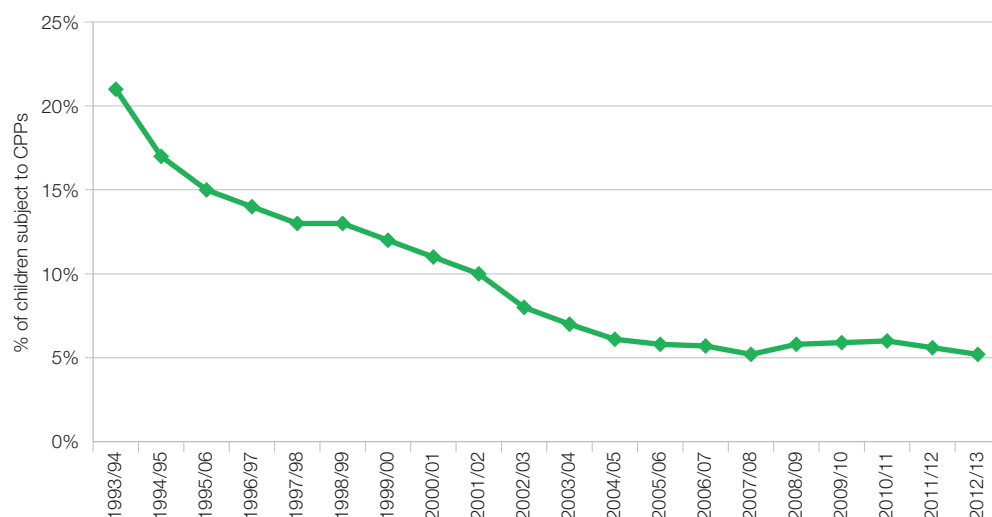
Data is only held on children who have been identified by the authorities as being in need of a child protection plan. Many children who have experienced or are likely to experience significant harm may not be identified. These figures should therefore not be interpreted as a record of all child abuse. It should be noted that there is no optimal amount of time to be subject to a CPP or on a CPR.

Data availability and comparability

All nations, apart from Wales, publish data on how long in total children were subject to a CPP or were on a CPR before they were de-registered. Wales records how long children have been on a register at the year's end, which is not a comparable figure.

England

Percentage of children who ceased to be subject to a CPP who had been on for longer than two years at 31 March

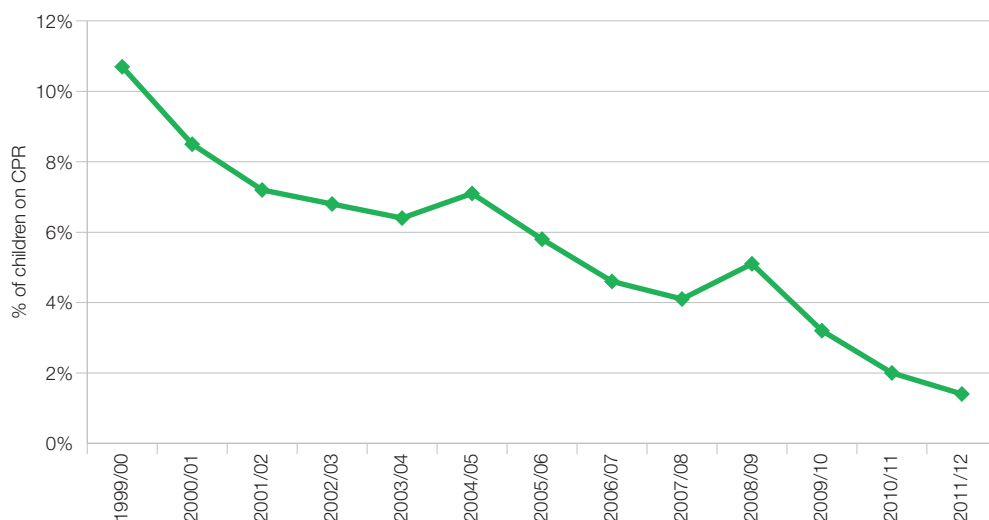


Latest figure: 5.2 per cent of children coming off a CPP in the year to 31 March 2013 have been subject to a plan for longer than two years.

Trend: The percentage of children who had been subject to a CPP for two years or longer declined from 21 per cent in 1993/4 down to 6 per cent in 2004/5. The percentage has remained at 5 to 6 per cent since then.

Scotland

Percentage of children ceasing to be on a CPR who had been on for longer than two years at 31 July

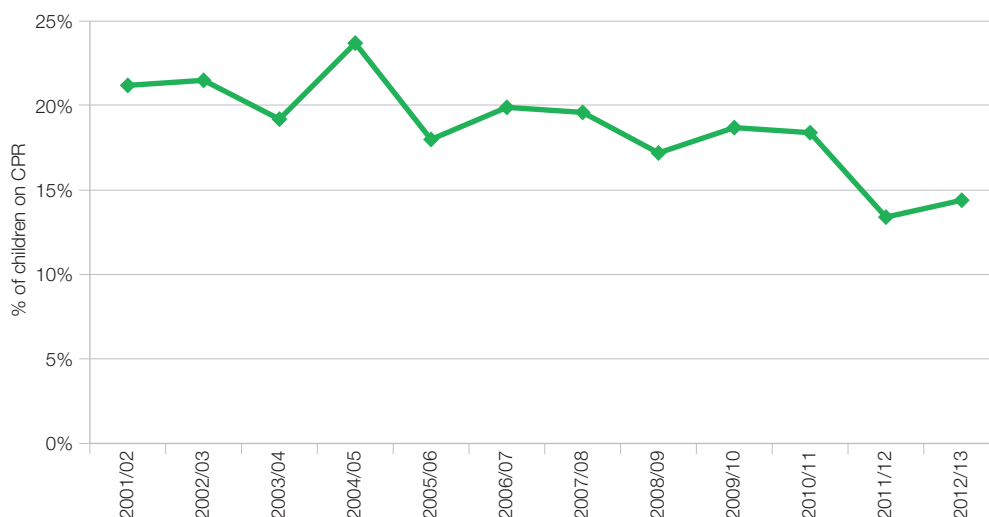


Latest figure: Less than 2 per cent of children coming off a CPR in the year to 31 March 2011 had been on a plan for longer than two years.

Trend: The percentage of children who had been on a CPR for two years or longer has declined by more than 85 per cent since 1999/2000.

Northern Ireland

Percentage of children ceasing to be on a CPR who had been on for longer than two years at 31 March



Latest figure: 14.4 per cent of children coming off a CPR in the year to 31 March 2013 had been on a plan for longer than two years.

Trend: Overall the percentage of children who had been on a CPR for two years or more has been declining since 2001/2. There has been a small increase in 2012/13 in the percentage of children who stay on a CPR for longer than two years compared with 2011/12.

Sources:

England: DfE Children in Need (2009/10–2012/13); Referrals, assessment and children and young people who are the subject of a child protection plan, England – Year ending 31 March 2009; Numbers of Children whose Child Protection Plans (CPPs) were discontinued by length of time as the subject of a plan; years ending 31 March 2000 to 2009. **Scotland:** Children's Social Work Statistics Scotland, 2011–12; additional tables: Number of de-registrations: 2006/07–2011/12; Child Protection Statistics 2005/06: children de-registered 1999/00–2005/06. **Northern Ireland:** Children's Social Care Statistics for Northern Ireland 2011/12 and 2012/13; Children Order Statistics for Northern Ireland 2005/6 — Children Order Statistics for Northern Ireland 2001/2.

Abuse and neglect: child protection system

Indicator 17 — Looked-after children

Key messages

- The number (and rate) of children looked after due to abuse or neglect has been increasing in England since 2007/8 and in Wales since 2009/10.
- The number of looked-after children has been increasing in Northern Ireland and Scotland. There is no data on what proportion of these children are looked after due to abuse or neglect.
- The number (and rate) of children becoming looked after has been increasing in England since 2007/8 and since 2009/10 in Wales.

Why is this measure important?

The term “looked-after children” is generally used to mean those children looked after by the state, according to the relevant national legislation. This gives an indication of the number of instances in which the state is acting as a corporate parent. There are many reasons why the state might be a corporate parent, including because a child has suffered abuse or neglect, was at risk or because a child is disabled, a parent is ill or disabled, or because parents are absent. Looked-after children also include children who are looked after on a voluntary basis at the request of, or by agreement with, their parents or children who are looked after for short periods of time, such as respite care.

The number of looked-after children is often a headline figure. Here we have focused as much as possible on the available statistics for children who are looked after due to abuse or neglect. This year we have also included data on the number of children who became looked after in England and Wales.

What are the limitations of the data?

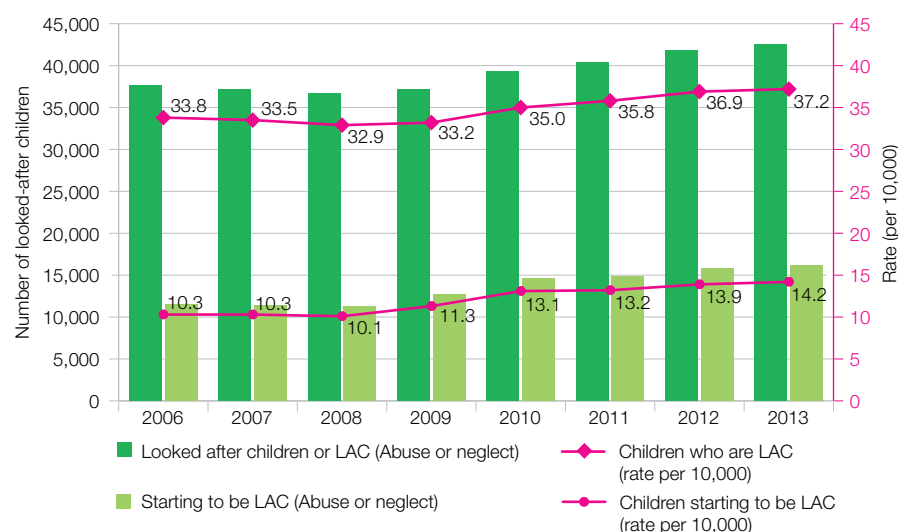
In England and Wales, statistics on looked-after children are available for different categories of need. The reason why a child first becomes looked after is registered under whichever category is most applicable at that particular time. This may not be the only category that pertains to that child for the entire period he or she is looked after. The closest comparable data for Scotland is children who are looked after away from home.

Data availability and comparability

Data is published for all four nations on looked-after children. Only England and Wales publish data on the number of children who are looked after due to abuse or neglect. Scotland and Northern Ireland only publish numbers of looked-after children, not the reasons why they become looked after.

England

Number and rate of children looked after due to abuse and neglect at 31 March, and children who started to be looked after during year ending 31 March



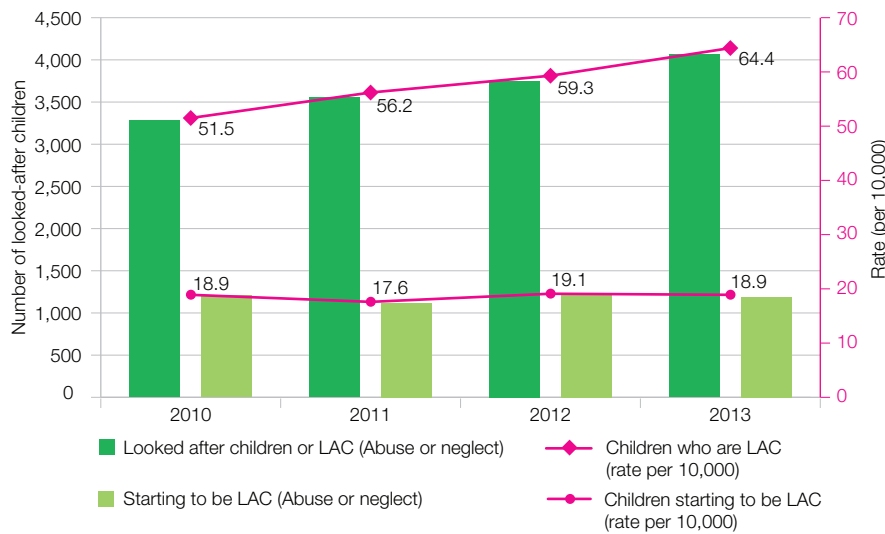
Latest figure: There were 42,480 children looked after due to abuse and neglect at 31 March 2013. During that year 16,190 children became looked after.

Trend: The number and rate of children looked after due to abuse or neglect has been increasing since 2007/8. The number and rate of children who began to be looked after has also been increasing since 2007/8.

Data sources

Wales

Number and rate of children looked after due to abuse and neglect at 31 March, and children who started to be looked after during year ending 31 March

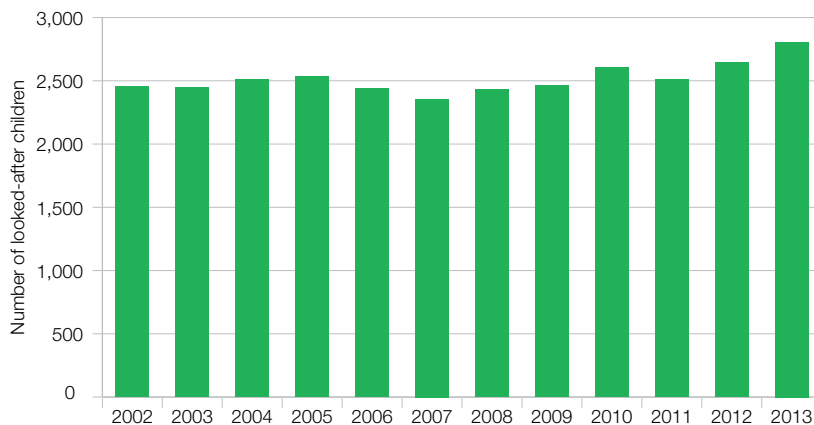


Latest figure: There were 4,065 children looked after due to abuse or neglect at 31 March 2013. During that year 1,190 children started to be looked after due to abuse or neglect.

Trend: The available data shows an increase in the number of children looked after due to abuse or neglect and also an increase in the rate since 2009/10. The number of children becoming looked after has been stable.

Northern Ireland

Number of looked-after children at 31 March

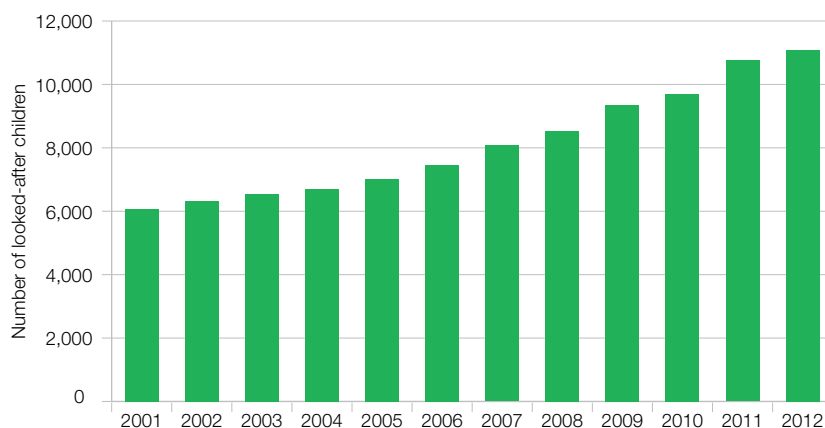


Latest figure: There were 2,807 looked-after children in Northern Ireland at 31 March 2013.

Trend: The trend in the number of looked-after children at 31 March each year has been increasing although not as smoothly as in other nations, although numbers have increased year on year since 2010/11. Rate calculations have not been included. They would not be comparable with England and Wales as Northern Ireland's data does not allow us to identify children looked after due to abuse or neglect.

Scotland

Number of children looked after away from home at 31 March (31 July from 2011)



Latest figure:

There were 11,095 children looked after away from home at 31 July 2012. Data is not yet available for 2013.

Trend: The trend in the number of children looked after away from home at 31 March/31 July each year has been increasing in Scotland. Rate calculations have not been included. They would not be comparable with England and Wales, as Scottish data does not allow us to identify the children who are looked after due to abuse or neglect.

Abuse and neglect: child protection system

Indicator 18 — Proportion of looked-after children who have three or more placements during the year

Key messages

- In England and Wales the proportion of looked-after children who have three or more placements during the year has been decreasing since 2003. However the percentage has been stagnating in recent years.
- In Northern Ireland the proportion of children who had three or more placements was lower in the year ending March 2013 compared with both previous years for which data is available.

Why is this measure important?

The term “looked-after children” is generally used to mean those children looked after by the state, according to the relevant national legislation. This gives an indication of the number of instances in which the state is acting as a corporate parent. Indicator 18 shows the proportion of children who are looked after due to abuse or neglect where this data is available. (See Indicator 17 for data on looked after children in general.)

The evidence suggests that many children do well in care, particularly if they are able to settle into their placements long term. However placement instability can be a problem. Here we present the available data on the proportion of children who have three or more placements in a year. A low and/or falling proportion of children who have three or more placements can be seen as positive.

What are the limitations of the data?

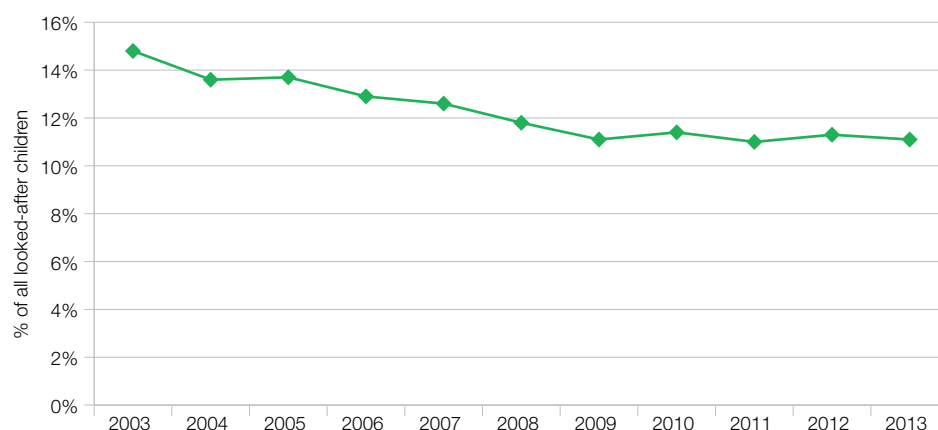
This data relates to all children who are looked after, not just those children who are looked after due to abuse or neglect, since available data is not broken down to that level of detail.

Data availability and comparability

Data on the number of placements that looked-after children have is available for England, Wales and Northern Ireland, but not for Scotland.

England

Proportion of looked-after children who have three or more placements during the year

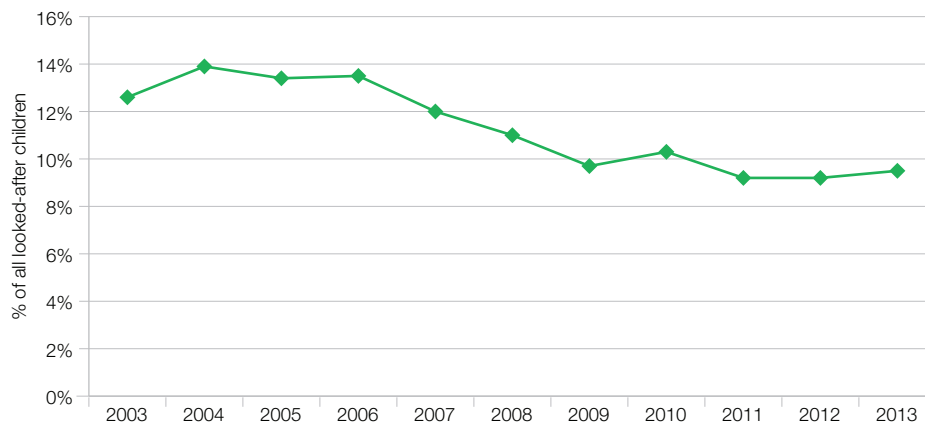


Latest figure: There were 7,540 looked-after children who had three or more placements in the year ending 31 March 2013. This was 11 per cent of all looked-after children at 31 March 2013.

Trend: The trend of looked-after children has decreased by about a quarter since 2003. The figure has stayed at around 11 per cent since 2009.

Wales

Proportion of looked-after children who have three or more placements during the year

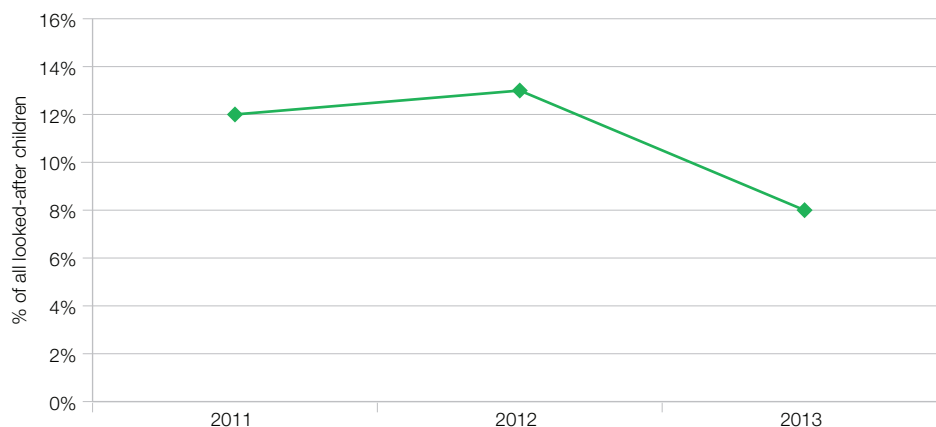


Latest figure: There were 545 looked-after children who had three or more placements in the year ending 31 March 2013. This was 9 per cent of all looked-after children at 31 March 2013.

Trend: The percentage of looked-after children who had three or more placements during the year has been decreasing. Between 2003 and 2013 the percentage decreased by around a quarter. The figure has stayed at around 9 per cent since 2011.

Northern Ireland

Proportion of looked-after children who have three or more placements during the year



Latest figure: There were 220 looked-after children who had three or more placements in the year ending 31 March 2013. This was 8 per cent of all looked-after children at 31 March 2013.

Trend: The percentage of children who had three or more placements was lower in the year ending March 2013 compared with both previous years for which data is available. The percentage in 2012 was slightly higher than in 2011.

Abuse and neglect: child protection system

Indicator 19 — Child trafficking

Key messages

- The UK Human Trafficking Centre estimates that there were 549 child victims of trafficking in 2012, up 12 per cent from 489 in 2011.
- 132 children were referred to the NSPCC Child Trafficking Advice Centre (CTAC) between November 2012 and October 2013.
- The most frequent exploitation type in CTAC referrals is criminal activity, followed by sexual exploitation.
- 39 per cent of children referred since 2007 came from Asia, 33 per cent from Africa, and 26 per cent from Europe.

Why is this measure important?

Child trafficking is the recruitment and movement of children for the purpose of exploitation. It is a serious form of child abuse which causes significant harm to its victims. Victims are vulnerable to a very high level of physical, emotional and sexual abuse and neglect while being trafficked.

This measure uses data from referrals received by the NSPCC Child Trafficking Advice Centre (CTAC)* as well as data collated by the UK Human Trafficking Centre from a range of sources including the National Referral Mechanism (NRM).**

What are the limitations of the data?

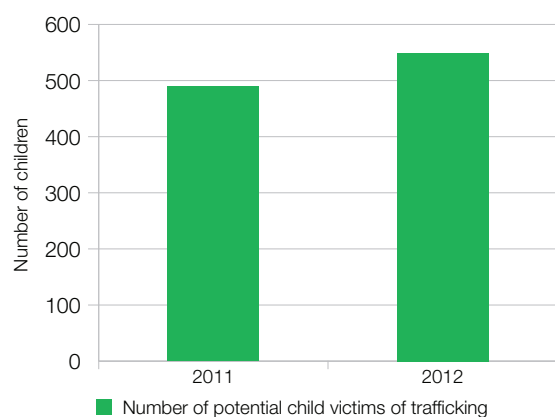
The hidden nature of child trafficking makes it difficult to identify its true extent. Both CTAC and NRM data depends on a referral being made by a professional with concerns about a child. However, not all cases of identified trafficking will be referred, and even if a referral has been made the trafficking indicators may not always be clear. Some victims will not be identified in the first place. This means that these data sources do not necessarily reflect the full scale of child trafficking in the UK. Understanding trends in numbers of victims also poses problems. Increases in referrals may not indicate an increase in children being trafficked, but rather an increase in the numbers being identified.

Data availability and comparability

CTAC data is available for the UK as a whole, for the past six years. The UK Human Trafficking Centre (UKHTC) has published annual assessments of the nature and scale of human trafficking, including child trafficking, in the UK for the last two years. Data back to 2009 is also available from the NRM, but is not available broken down by individual year, making it hard to draw out trends. The Child Exploitation and Online Protection Centre (CEOP) produced estimates of the number of potential child trafficking victims from March 2005 to September 2011. However there have been no further updates, and different time periods and methodologies were used over this time preventing trend analysis. Because of these limitations, the UKHTC figures were chosen to be used for this indicator.

Data on the breakdown of child trafficking in the constituent UK nations is limited, and as trafficking crosses boundaries, estimates should be treated with caution. As no new data breaking down trafficking figures by nation has been identified for this year, a nation-level analysis has not been included.

Estimated number of potential victims of child trafficking



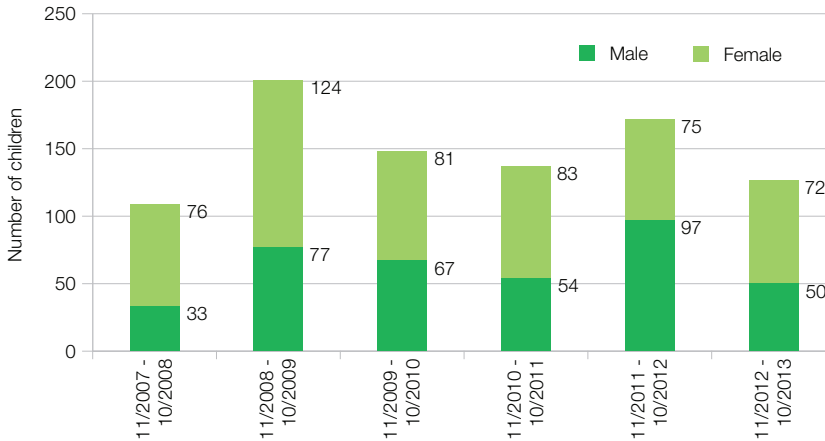
In 2012 the UK Human Trafficking Centre estimated that there were 549 child victims of trafficking, up 12 per cent from 489 in 2011. Of the potential victims of child trafficking 310 (56 per cent) were female, 208 (38 per cent) were male, and gender was unknown in 31 (6 per cent) cases.

For those reporting exploitation as a minor, sexual exploitation was the most prevalent type at 28 per cent, followed by criminal exploitation at 24 per cent.

*CTAC was launched in 2007 and provides a UK-wide service offering advice to professionals with concerns about child trafficking. The service receives referrals from a range of professionals across the country.

**The National Referral Mechanism (NRM) is a victim identification and support process which is designed to make it easier for all the different agencies involved in a trafficking case (eg police, UKBA, local authorities and NGOs) to cooperate, share information about potential victims and facilitate their access to advice, accommodation and support.

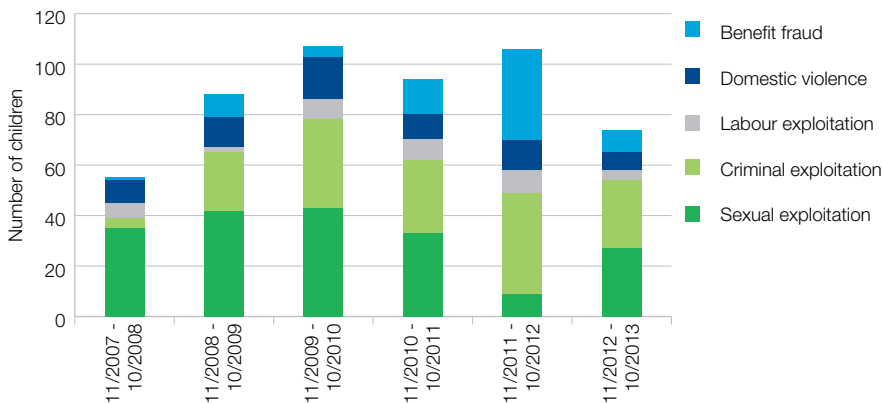
Children referred to CTAC



Latest figure: Between November 2012 and October 2013, 132 children were referred to CTAC. Of the children 77 were female, 50 of them male and in 5 cases the gender was unknown.

Trend: The number of children referred to CTAC has increased by 16 per cent since 2007/8, from 114 to 132 (including children of unknown gender). The number peaked in 2008/9 at 201, and has decreased slightly. Between 2007/8 and 2010/11 more girls were referred than boys, with 2011/12 seeing an increase in boys. This has reversed to more girls than boys in the latest year.

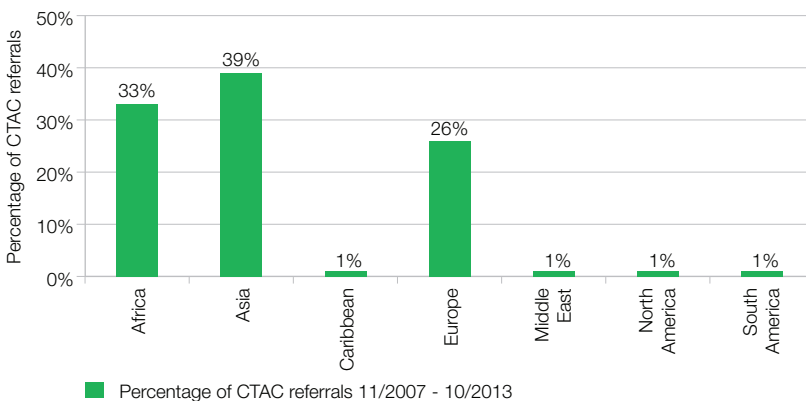
Exploitation type of CTAC referrals



This chart shows some of the main forms of exploitation experienced by trafficking victims referred to CTAC over the last six years. Victims often suffer more than one type of exploitation. Criminal exploitation forms the largest exploitation type. This category covers forced labour for an illegal activity, such as cannabis cultivation which has been increasing consistently over this period. There has been an increase in sexual exploitation and forms the second most common exploitation type. The third most common type is benefit fraud.

*This is an illustrative list and does not cover all forms of exploitation.

Region of origin of CTAC referrals



Asia is the region of origin for 39 per cent of children referred to CTAC. This is followed by Africa, which accounts for 33 per cent of referrals, and Europe for 26 per cent.

Data sources

CTAC data on file with the NSPCC.

SOCA (2012) UKHTC: a baseline assessment of the nature and scale of human trafficking in 2011.

SOCA (2013) UKHTC: a strategic assessment on the nature and scale of human trafficking in 2012.

Abuse and neglect: self-reported sources

Indicator 20 — Public attitudes to child abuse and neglect

Key messages

- People have a good awareness of the prevalence of child abuse and neglect. Three in five people describe child abuse and neglect as “common” in the UK
- People are aware of the main types of abuse and neglect though they tend to focus on physical and sexual abuse, and physical forms of neglect.
- People judge maltreatment to be reprehensible and suspect abuse and neglect has widespread impacts on the individual and society.
- People see government (53 per cent) and society (70 per cent), as well as parents (72 per cent), as responsible for preventing abuse and neglect and for protecting children. However, there is also a strong sense of fatalism – a sense that nothing can be done (75 per cent).

Why is this indicator important?

Evidence tells us that if people have greater understanding of the causes and drivers of social challenges they are well equipped to support interventions and solutions, and to take action themselves. Greater public support for policies and practices to reduce child maltreatment will strengthen the political mandate for policy and practice change.

Tracking changes in public attitudes is also one measure of the effectiveness of organisations who aim to influence the public. Perhaps most important of all, only if people first notice – not just those whose job it is to do so – and then act on concerns about child abuse and neglect, can children be made safer.

Limitations of the data

Our data is drawn from a quantitative public attitudes survey. The survey was run using YouGov's panel online with a nationally representative sample of 3,057 UK adults in June/July 2013. The data is weighted by age, gender, social grade, and government office region. Like most survey data, the survey data may be subject to error associated with sampling.

The data is also drawn from one-to-one cultural model interviews conducted in England in 2013 by the FrameWorks Institute. This qualitative research provides detailed snapshot data.

Data availability and comparability

Comparable qualitative or quantitative data is not available for previous years. Comparable qualitative data is not available for Northern Ireland, Scotland and Wales.

Findings

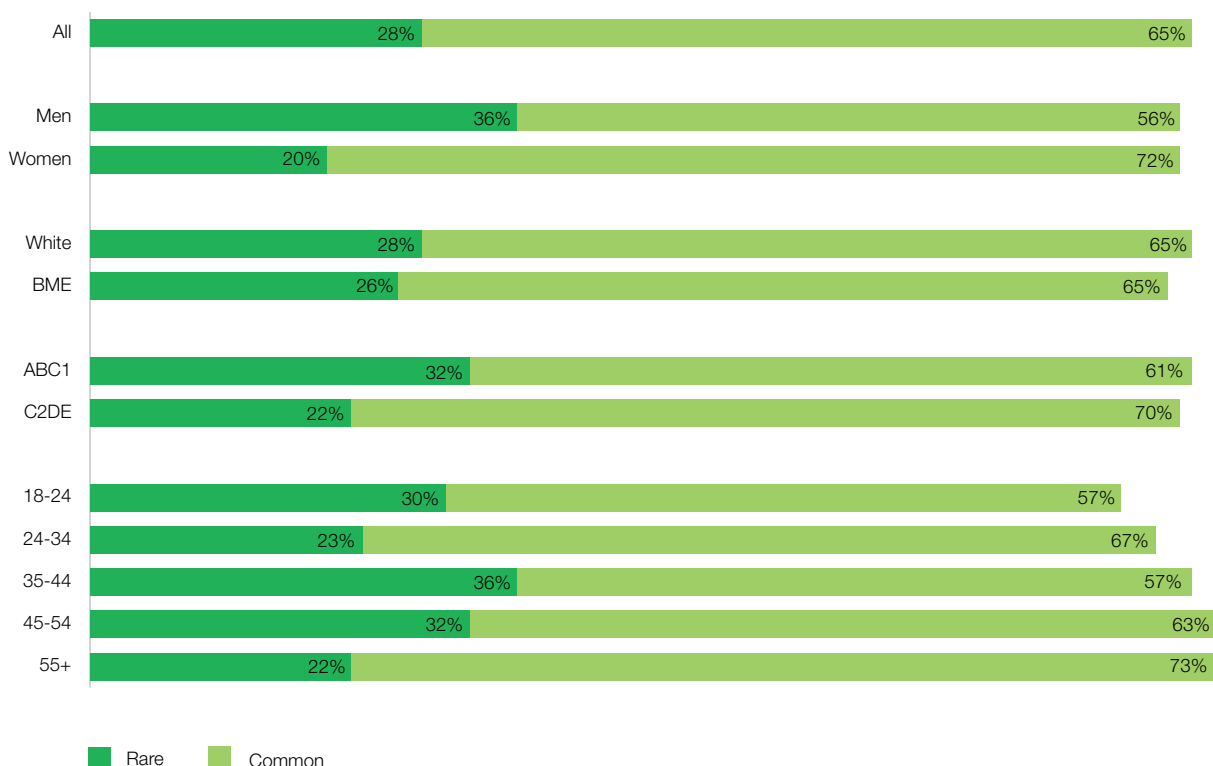
Three out of five people describe child abuse and neglect as a common problem in the UK. Most people can accurately describe the main types of abuse and neglect and are aware that experience of abuse and neglect has detrimental consequences for the child and for wider society. However, people tend to underestimate the scale and distribution of the social impacts of abuse and neglect. A 2013 qualitative study found universal condemnation of child abuse and neglect.

Almost three-quarters of people think parents and society as a whole should be held responsible for tackling abuse and neglect (72 and 70 per cent respectively), with more than half believing government has some responsibility (53 per cent).

The evidence suggests people have some blind spots in their understanding of child abuse and neglect:

- People often have no understanding of how experiences of abuse and neglect get built into the brain and the body leading to adverse life outcomes (that is, how child abuse affects development).
- People tend to be more aware of physical and sexual abuse although emotional abuse and neglect are more common types of maltreatment and can be more damaging to the child.
- People find neglect a particularly challenging concept; it is hard for people to define and to know when a line has been crossed.
- People tend to see maltreatment as a one-off event although it is more usually a series of adverse experiences.

Question asked: Which of these best describes how prevalent child abuse and neglect is in the UK?



Drivers and solutions

Survey and interview data both show that people do not feel confident in identifying the reasons why child abuse and neglect happens or solutions for it. People see abusive behaviour as primarily an individual level problem: an issue of control and personal failings (with the abuser as a rational actor who has lost control). This sits in contrast to research evidence which tends to focus on the systemic level: that is, the importance of social and economic problems in creating the conditions for abuse. People identify a cycle of abuse and say maltreated children are at greater risk of perpetrating abuse, though they tend to attribute this to children 'normalising' abusive behaviour rather than impaired mental and physical development resulting from suffered abuse or neglect.

People have a strong default to fatalism when thinking about what can be done to prevent abuse and neglect. They often say attempts to prevent it are futile. This is illustrated by the low response rates to the suggested solutions in the survey shown below. Again, this contrasts with evidence demonstrating interventions can prevent abuse and neglect and protect children.

Attitudes to taking action

People are still hesitant to contact children's services directly to discuss concerns about a child. People can report abuse to the NSPCC helpline. In 2012/13 there was a 15 per cent increase in total contacts to the helpline. There are many reasons why people contact the helpline (see Indicator 8 for more detail). More than 70 per cent of contacts relate to child abuse or neglect. Other reasons for contacting the helpline include calls about child or adult behaviour, family relationships and child health. NSPCC helpline data shows that of those contacts that are about abuse and neglect, the four main concerns that people contacted the helpline about were:

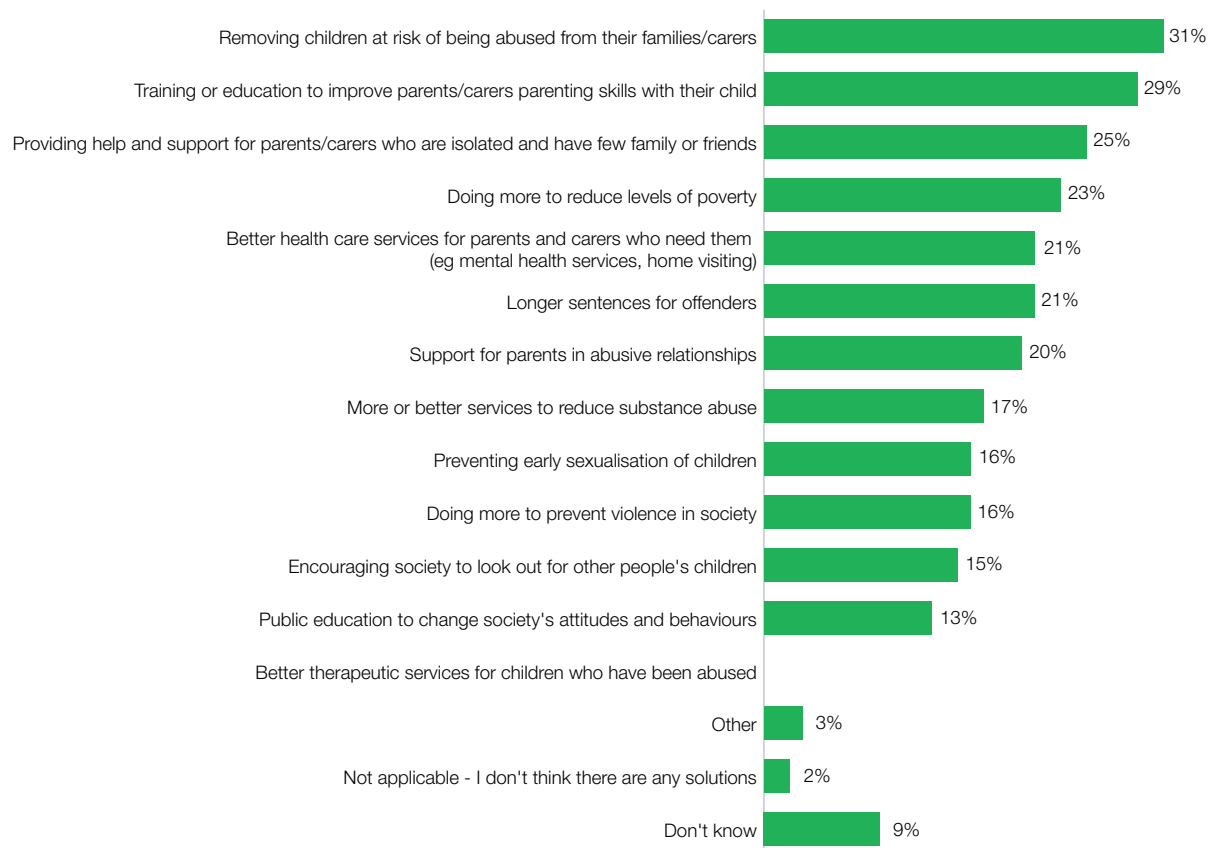
- neglect (37 per cent)
- physical abuse (25 per cent)
- sexual abuse (20 per cent) and
- emotional abuse (17 per cent).

* Percentage of people who described the prevalence of child abuse and neglect in the UK as rare or common

** Views of the potential solutions to tackling child abuse and neglect

Independent survey evidence shows that one in five adults would report suspicions of child sexual abuse even if they had doubts, but most would not. The main reason (59 per cent) that people gave for hesitation in reporting was the fear they may be wrong. Worryingly, 39 per cent were concerned that reporting might make it worse for the child. Most people (58 per cent) say they do not feel confident in spotting signs of child sexual abuse.

Question asked: Which, if any, of the following do you think are potential solutions to child abuse and neglect?*



* Multiple responses possible, totals will not sum to 100%

Data sources

YouGov/NSPCC, NSPCC Brand Tracking Wave 2, September 2013

Kendall-Taylor, N. and Lindland, E. (2013), *Mapping the gaps between Expert and Public Understandings of Child Maltreatment in the UK*, FrameWorks Institute <http://frameworksinstitute.org/pubs/mtg/childmaltreatment/>

Office of National Statistics (2013) Crime in England and Wales, year ending June 2013 http://www.ons.gov.uk/ons/dcp171778_331209.pdf

NSPCC (2013) *Helpline Highlight 2012-13* https://www.nspcc.org.uk/what-we-do/what-weve-achieved/helpline-achievements/our-helplines-achievements_wda72318.html

YouGov (2013) 'The barriers to reporting child abuse', available from: <http://yougov.co.uk/news/2013/01/17/barriers-reporting-child-abuse/>





Glossary

Case management review

In Northern Ireland, when a child dies or is seriously injured, and abuse and/or neglect is considered to be a factor in their death, a case management review is conducted. The focus of the review is to identify how local professionals and organisations can improve the way they work together to safeguard children. The guidance *Co-operating to safeguard children* comes from the Department of Health, Social Services and Public Safety (DHSSP).

Child in need (CIN)

A child in need is a child who is unlikely to have, or have the opportunity to have, a reasonable standard of health and development without any support provided by a public authority.

Child practice review

In Wales, serious case reviews are conducted when a child dies or is seriously injured, and abuse and/or neglect is considered to be a factor. As a result of a 2012 consultation, Wales is now piloting Child Practice Reviews in two local authority areas. The focus of the review is to identify how local professionals and organisations can improve the way they work together to safeguard children, while embedding the learning from that review as it occurs into local practice.

Child protection plan / Child protection register

Children subject to plans or on registers are deemed to be at risk of harm. Plans and registers record details regarding children where there are concerns about their safety. Despite a difference in terminology, plans and registers are roughly the same. In England a child may be subject to a child protection plan (CPP) if they are deemed to be at risk of on-going harm. Wales, Scotland and Northern Ireland have retained the use of child protection registers (CPR).

Child protection systems in the UK

Services to safeguard and protect children in the UK are underpinned by legislation, guidance and policies. As power is devolved within the UK, differences between the respective child protection systems have become increasingly pronounced. In comparing information about child abuse in each of the four nations, it is important to understand the different contexts in which the statistics have been compiled.

Each nation's approach is founded on key pieces of child protection legislation about the welfare of children, covering support for children in need as well as children in need of protection. In England and Wales these are the Children Acts of 1989 and 2004; in Northern Ireland, the Children Northern Ireland Order 1995 and Safeguarding Board for Northern Ireland Act 2011; and in Scotland, the Children (Scotland) Act 1995.

England

Child protection in England is the overall responsibility of the Department for Education (DfE), which issues guidance to local authorities. The most recent guidance, currently under review, is *Working together to safeguard children*. England's 148 Local Safeguarding Children Boards (LSCBs) use this guidance to produce their own procedures that should be followed by practitioners and professionals who come into contact with children and their families in their local authority area. LSCBs are responsible for ensuring that the key agencies involved in safeguarding children work effectively together in safeguarding and promoting the welfare of children at the local level. Their core membership is set out in the Children Act 2004, and includes local authorities, health bodies, the police and others.

Northern Ireland

Child protection in Northern Ireland is fully devolved to the Northern Ireland Executive and Northern Ireland Government departments, in particular to the Department of Health, Social Services and Public Safety (DHSSPS). Northern Ireland is split into five Health and Social Care Trust areas, each of which holds delegated responsibility for child protection in that area. All five Trusts abide by a single set of child protection procedures (Area Child Protection Committees' Regional Policy and Procedures 2005) which is based on the DHSSPS guidance *Co-operating to Safeguard Children*. The Social Services Gateway team within each Trust is responsible for investigating any concerns or allegations about children being abused in conjunction with the police. *Co-operating to Safeguard Children* was published by DHSSPS in 2003 to assist the then Area Child Protection Committees (ACPCs) develop strategies, policies and procedures to safeguard children who are assessed to be at risk of significant harm. The Safeguarding Board for Northern Ireland was launched on 18 September 2012 and will, under the provisions of the Act, assume responsibility for the interagency coordination of safeguarding between Board members and lead on the development of new regional procedures.

Scotland

Child protection in Scotland is the responsibility of the Scottish Government. National interagency child protection guidance was published by the Scottish Government in December 2010, providing a national framework for agencies and practitioners at a local level to work together to protect children. The child protection system in Scotland is unique within the UK in having a Children's Hearing System. This is based upon the principles that there is no meaningful distinction between children for whom there are child protection concerns and children who have committed offences and, further, that families should be involved in the processes for determining intervention and support for children. Introduced by the Social Work (Scotland) Act 1968, and reformed recently by the Children's Hearings (Scotland) Act 2011, the system allows for decision-making to be made by a panel of lay persons, based upon the needs of the child.

In Scotland social work departments and the police have a statutory duty to investigate and take action to protect children, where there is reasonable cause to suggest they are suffering, or likely to suffer significant harm. However offence and care and protection cases must be referred to the Scottish Children's Reporter Administration if compulsory measures of care are needed. Anyone, not just professionals, can make such a referral. Scotland also has a national structure of local Child Protection Committees which are responsible for the strategic planning of local interagency child protection work. Although these have a similar remit to LSCBs in England, they do not have a statutory basis. They are the main network with whom the Scottish Government engages in developing child protection policy, with the Government convening national meetings of Chairs of Child Protection Committees. A government-funded post of National Child Protection Committee Coordinator sits in WithScotland, the multi-agency resource for child protection in Scotland, which provides advice, expertise, training and research to all professionals working with child protection issues. Joint inspection of child protection in Scotland was introduced by legislation in 2006 and covers education, social work, police, community social care and health services. It is carried out by a new unified independent body, the Social Care and Social Work Improvement Scotland (SCSWIS) known as the Care Inspectorate.

Wales

The National Assembly for Wales has had primary law-making powers since 2007 for 20 devolved policy areas including social welfare. Social services have been identified as a priority in the Government's legislative programme for 2011 to 2016. However, until proposed reforms are enabled, legislation and guidance in Wales remains the same, or similar to that of England. The key guidance in Wales is *Safeguarding children: working together under the Children Act 2004*, which was issued by the Welsh Government in 2007. In addition, Wales has the All Wales Child Protection Procedures, which provides Local Safeguarding Children Boards with a single set of procedures and a range of protocols from which they all work.

Children from minority ethnic backgrounds

Children from minority ethnic backgrounds are those children who are visibly different from the indigenous population as a whole in terms of skin colour, cultures, customs, traditions and/or religions.

Children's hearings system

Scotland's distinct system of child protection and youth justice. Among its fundamental principles are: whether concerns relate to their welfare or behaviour, the needs of children or young people in trouble should be met through a single holistic and integrated system; a preventative approach, involving early identification and diagnosis of problems, is essential; the welfare of the child remains at the centre of all decision-making and the child's best interests are paramount throughout; and the child's engagement and participation is crucial to good decision-making.

Coerced sexual acts

The forcing or coercing, by intimidation, threats or using their position of authority/trust over a young person, of contact sexual acts and flashing.

Common mental health disorder

Manning (2011)¹²³ defines common mental disorders and neurotic symptoms using the revised Clinical Interview Schedule (CIS-R)¹²⁴ a structured interview designed to assess symptoms of anxiety and depression in non-clinical populations. The common mental disorders assessed were:

- Mixed Anxiety and Depressive Disorder
- Generalised Anxiety Disorder
- Depressive Episode
- All phobias
- Obsessive Compulsive Disorder
- Panic Disorder
- Any common mental disorder.

The total score reflects the overall severity of neurotic symptoms and a score of 12 or above indicates the likely presence of a common mental disorder.

Contact sexual abuse

For this definition statutory contact sexual offences were restricted to: if under 18 and perpetrated in a position of trust; if under 16 and perpetrated by an adult relative; and under 13 and perpetrated by any other non-resident adult.

Dependent drinker

According to the World Health Organization (WHO), a dependent drinker is a person who continues to have a strong desire to drink, has difficulty controlling their drinking and continues drinking regardless of the harmful effects on them. This person generally gives drinking a higher priority than other activities and responsibilities, has an increased tolerance to alcohol and may experience withdrawal symptoms.¹²⁵

Disabled child

There are significant variations in the way that childhood disability is defined in the UK. The term "disabled children" applies to children with a wide range of physical, sensory, and cognitive impairments. The impairments will vary in severity for each child and their needs may be complex, severe, multiple or profound. Disabled children are automatically categorised as being "children in need" under the Children Act 1989.

¹²³Manning, V. (2011) *Estimates of the numbers of infants (under the age of one year) living with substance misusing parents*, London: NSPCC. ¹²⁴Lewis et al. (1992) as cited by Manning, V. (2011), *Estimates of the numbers of infants (under the age of one year) living with substance misusing parents*, London: NSPCC. ¹²⁵World Health Organization (2010) *International Statistical Classification of Diseases and related Health Problems*. Available online: <http://www.who.int/classifications/icd/en/>

Disabled child: Disability Discrimination Act (DDA) definition (1995 and 2005)

Using the DDA definition a disabled child would be a child with a limiting longstanding illness that lasts more than 12 months, a child with a disability or illness experiencing one or more significant difficulties or health problems, or a child who would have significant difficulties or problems if they did not take medication.

Disabled person

The Equality Act 2010 defines a disabled person as someone who has “a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities”.

Domestic violence

The definition of domestic violence was recently amended by the Home Office¹²⁶ and is described as the following: “Any incident or pattern of incidents of controlling,¹²⁷ coercive¹²⁸ or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial and emotional.”

Ecological model

A model, originally developed by Urie Bronfenbrenner, for describing how a variety of factors impact on a person’s development, from the community level to the individual level, moving from a focus on a particular factor to a multi-level, multi-factor focus.

Foetal alcohol spectrum disorder (FASD)

FASD is used to describe the range of impacts on a child as a result of prenatal exposure to alcohol, including the most severe Foetal Alcohol Syndrome (FAS). These effects can be physical, behavioural and cognitive.

Harmful drinking

A pattern of alcohol consumption that is causing mental or physical damage (defined by WHO as drinking more than 35 units per week for women and more than 50 units per week for men).

Hazardous drinking

A pattern of alcohol consumption that increases someone's risk of harm (defined by WHO as drinking more than 14 units per week for women and more than 21 units per week for men).

Higher-risk drinking

Regularly consuming more than 50 alcohol units per week (adult men) or more than 35 units per week (adult women),¹²⁹ WHO states that there should also be the presence of three or more of a range of symptoms of alcohol dependence including: tolerance, alcohol withdrawal, craving, relief of withdrawal, neglect of alternative pleasures, and persistence of drinking despite negative consequences.

Intimate partner abuse

Abuse that occurs within an intimate partner relationship. The duration of the relationship is varied, from one day to years. There is no age restriction for this type of abuse.

¹²⁶This is the new definition of domestic violence to be implemented from March 2013, prior to this time, the definition did not include ‘coercive control’ and only applied to adults (18 years and older) ¹²⁷A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour. ¹²⁸An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. ¹²⁹The National Institute for Health and Clinical Excellence (2010) *Public health guidance on alcohol-use disorders*, London: NICE.

Learning disability

The Department of Health's definition of learning disability encompasses people with a broad range of disabilities. Learning disability includes the presence of:

- a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with
- a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development.¹³⁰

Looked-after children

The term "looked-after children and young people" is generally used to mean those looked after by the state. Each nation, England, Northern Ireland, Scotland and Wales, has specific legislation that defines who is looked after. "This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care".¹³¹

Looked after at home with parent(s)

In Scotland, where the child or young person is subject to a Supervision Requirement with the condition of residence at home with parent(s) or "relevant person(s)" as defined in Sec. 93(2)(b) of the Children's (Scotland) Act 1995.

Mental ill-health

The Mental Health Act 2007 defines mental ill-health as, "any disorder or disability of the mind" but excludes both alcohol and drug dependence and learning disabilities unless these present with abnormally aggressive or seriously irresponsible behaviour.¹³²

Multiple problems with parental supervision/care

Screener questions asked in both the 1998 and the 2009 NSPCC Prevalence study to assess parental supervision.¹³³ The questions asked about access to basic care (such as medical treatment, food, adequate clothing) and parental supervision. This category is used to indicate that the young person suffered from multiple forms of inadequate care and supervision.

Overall maltreatment

Defined by the NSPCC Prevalence study¹³⁴ as:

all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Butchart, Putney, Furniss, and Kahane, 2006, p.9).

Physical violence

This term is used to describe a combination of screener questions from the NSPCC Prevalence study that are analysed together.¹³⁵ Physical violence includes only violence perpetrated by adults and includes abuse such as being attacked with or without a weapon, being kicked, hit or otherwise physically hurt. It does not include 'smacking'.

Poverty

There are several ways in which poverty can be defined and measured: relative low income poverty, measured by children living in households whose income falls below 60 per cent of the contemporary median income; absolute poverty measures eg the World Bank measure of one US dollar, per day. These count the number of people above and below a predetermined "poverty line". "Material deprivation": this approach sets out which items individuals require as necessities and counts how many are lacking (or calculates how much money would be needed to have access to all of these things).¹³⁶

¹³⁰HM Government 2010a, p.279, Figure 9.56 ¹³¹NSPCC Inform. *An introduction to looked after children*. Available online: http://www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/introduction_wda88884.html ¹³²The legislation is available at: <http://www.legislation.gov.uk/ukpga/2007/12/contents> ¹³³Radford, L.; Corral, S.; Bradley, C.; Fisher, H.; Bassett, C.; Howat, N. and Collishaw, S. (2011) *Child abuse and neglect in the UK today*, London: NSPCC, p. 109. ¹³⁴*Ibid.* p. 7. ¹³⁵*Ibid.* p. 44. ¹³⁶The government is currently looking to develop new non-income indicators of poverty in addition to the measure of households falling below 60 per cent of median income (as enshrined in the Child Poverty Act 2010).

Problem drug use

The Advisory Council on the Misuse of Drugs describes problem drug use as the following: "Drug use with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them. Such drug use will usually be heavy, with features of dependence."¹³⁷

Recorded offences

Police record a crime if, on the balance of probabilities, the circumstances as reported amount to a crime defined by law and if there is no credible evidence to the contrary.

Referral

A referral is the first stage of the child protection process in all four nations. A referral will be made about children because some aspect of their life is giving cause for concern. Anyone who has concerns about the safety or welfare of a child can make a referral to statutory services. However it is worth noting that some referrals are for services (eg disabled children) so not every referral is the first stage of the child protection process.

Regular physical treatment / discipline

Screening questions asked in both the 1998 and the 2009 NSPCC Prevalence study to 18 to 24 year olds.¹³⁸ The questions asked about physical discipline by a parent/carer such as smacking on the bottom, hands, arms or legs and the frequency of such discipline.

Serious case review (SCR)

Serious case reviews are undertaken in England by a local interagency group responsible for child protection when a child dies or is seriously injured from abuse or neglect. The focus of the review is to identify how local professionals and organisations can improve the way they work together to safeguard children. Guidance for conducting a review is published in the Department for Education's *Working Together* guidance which is currently being revised.

Severe maltreatment

A combination of screener questions from the NSPCC Prevalence study that are analysed together.¹³⁹ This is a combination of subjective and objective questions. Only acts of maltreatment by adults are included. These acts include severe physical abuse, severe neglect and contact sexual abuse.

Severe neglect

This term is used to describe a combination of screener questions from the NSPCC Prevalence study that are analysed together.¹⁴⁰ Only acts of violence perpetrated by parents or guardians are included. Acts of severe neglect include acts of medical and supervisory neglect that occurred with high lifetime frequency (more than six times in the young person's lifetime), resulted in some type of physical harm and acts which the young person felt amounted to 'child neglect' or of 'criminal' nature. All neglect screener questions are adjusted for age appropriate responses.

Severe physical abuse

This term is used to describe a combination of screener questions from the NSPCC Prevalence study that are analysed together.¹⁴¹ Only acts of violence perpetrated by adults are included. Acts of violence which were included were where a weapon which could potentially cause harm was used, resulted in an injury, had a high frequency (more than six times in the young person's lifetime), more than two types of physical violence perpetrated or if the young person felt the acts perpetrated upon them were 'child abuse' or 'criminal'.

¹³⁷Advisory Council on the Misuse of Drugs 2003, p.7. ¹³⁸Radford, L.; Corral, S.; Bradley, C.; Fisher, H.; Bassett, C.; Howat, N. and Collishaw, S. (2011) *Child abuse and neglect in the UK today*, London: NSPCC, p. 110. ¹³⁹*ibid.* p. 7. ¹⁴⁰*ibid.* p. 132. ¹⁴¹*ibid.* p. 132.

Significant case review

Significant case reviews are undertaken in Scotland when a child dies or is seriously injured, and abuse and/or neglect is considered to be a factor in their death. The focus of the review is to identify how local professionals and organisations can improve the way they work together to safeguard children. The guidance for conducting these reviews comes from the Scottish Executive.

Supervision requirement

A Children's Hearing makes a Supervision Requirement where it decides that compulsory measures are necessary to protect the child and/or address his or her behaviour. Supervision Requirements must be reviewed by a Children's Hearing at least every 12 months (Annual Review). Local Authorities have a statutory obligation to implement Supervision Requirements (sections 70 and 71 of the Children (Scotland) Act 1995). A Supervision Requirement makes a child "looked-after" under section 17(6) of the Children (Scotland) Act 1995.

Endnotes for Section 2: Context: Children at risk of abuse and neglect

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- ³⁸In *How Safe Are Our Children?* (2013), we focused on selected risk factors mostly related to parental/carer maltreatment, but note that the list was not comprehensive. Here we widen the lens to include some key environmental factors.
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- ⁴⁰The key protective factors for children are "caring relationships", "high expectation messages" and "opportunities for participation and contribution". See Davidson, G. *et al.* (2012) *Families experiencing multiple adversities: A review of the international literature*, Northern Ireland: Barnardo's. This research examined the extent to which families suffering from multiple adversities would experience a range of poor outcomes.
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