

# **Serious and fatal child maltreatment**

## **Setting serious case review data in context with other data on violent and maltreatment-related deaths in 2009-10**

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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## **1. Background, Aims and Objectives**

This interim report summarises data from Serious Case Reviews (SCR) notified to the Department for Education during 2009-10. The aim of this work is to provide up to date, comprehensive data on serious and fatal maltreatment of children in England, and to set those data in the context of other relevant data on children's health, well-being and possible harm. This has been achieved through a descriptive analysis of Serious Case Reviews from 2009-10, using data from the database reports. Data are compared to other available data sources including Office for National Statistics (ONS) death registration statistics, Home Office data on recorded homicides, Child Death Overview Panel returns, and the Children in Need census. Collated data from SCRs carried out between 2005-10 are presented to provide information on current trends.

## 2. Methodology and sources of data

In our initial scoping a number of discrepancies were identified between the various available sources of comparator data, with respect to the time periods (calendar or financial year) and age groupings. The advisory group agreed to use financial year (1 April to 31 March) in which the incident/death occurred for all comparisons, and to use the following age groups:

- Under 1 year
- 1-4 years
- 5-9 years
- 10-14 years
- 15-17 years

Data obtained from all sources were checked for accuracy and consistency, and any obvious discrepancies clarified with the source. Data are presented as descriptive data, with numbers and calculated rates by age and gender, based on mid-year population estimates for children aged 0-17 years in England from the Office for National Statistics. Where appropriate, simple statistical comparisons have been undertaken and presented as cross-tabulations.

### **Serious Case Review Data**

Serious Case Review (SCR) data from the notification database are currently only available as hard copies which have been provided to the research team and entered into an SPSS database. The variables on the research database are equivalent to those used in previous biennial analyses to allow comparison with previous years, and analysis over time. The Child Protection Database provides data on serious incidents notified to Ofsted and allows us to find the number of SCRs following fatal and serious cases of maltreatment, with breakdowns for example by age, gender, ethnicity, nature of case and region. Where possible, data on the research database are supplemented with data on case characteristics obtained from the executive summaries and overview reports.<sup>1</sup>

### **Office for National Statistics Data**

The Office for National Statistics (ONS) has provided data on population, birth registrations and death registrations. Population data are available from the 2001 Census. ONS provides year-on-year population estimates extrapolated from the 2001 census data. Once available, the 2011 Census data will provide more up to date data. Birth registrations are available by calendar year, by gender and by region. Death registrations are provided by age and gender for the following International Classification of Diseases (ICD) categories:

- a. All deaths from all causes
- b. All deaths from external causes (XX)

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<sup>1</sup> Decisions taken by LSCBs on whether the criteria to undertake SCRs have been met may be revisited in light of additional information, such as new medical evidence or the outcome of a coroner's inquest, which may subsequently become available. Therefore, there may be variations in the number of SCRs over time.

- c. X85 – Y09 = homicide and injury purposely inflicted
- d. Y10 – Y34 = injury undetermined whether accidentally or purposely inflicted
- e. U50.9 = deaths not yet classified
- f. R95 – R99 = ill-defined and unknown causes
- g. Suicides and self-inflicted injury (X60-84)

Data on the cause of death for infants under 28 days do not include a single underlying cause, therefore the infant mortality figures will be for 28 days to 1 year only. Category U50.9 covers a small numbers of deaths which have not yet been assigned to an ICD category pending adjourned inquests. The majority (around 80%) of these are ultimately recoded as X85-Y09 (Personal communication: Senior Research Officer, ONS). They are therefore included in that category for the purposes of this analysis.

### **Home Office Homicide Database**

Data on police recorded homicides are provided by the Home Office, broken down by age and gender. The Homicide Index contains information about offences recorded by police as homicide - murder, manslaughter (including corporate manslaughter) or infanticide. The data refer to the year in which the offence was committed. However, in cases where the victim died some time after his/her injuries were inflicted, the offence date reflects the date of death rather than when the injuries were inflicted. Home Office data include cases that may originally have been classified as 'lesser offences' but which may have been re-classified following the death (where the death was some time after the injury being inflicted) or further investigation. They do not contain information about deaths that were only ever recorded as 'lesser offences', such as causing death by dangerous driving, or causing or allowing death of a child or vulnerable person. The data were correct as at 28 September 2010; figures are subject to revision as cases are dealt with by the police and by the courts, or as further information becomes available.

### **Children in need and child protection plan data**

Children in need data are provided by the Department for Education (DfE). Up to 31 March 2009 data on referrals to children's social care, assessments and children who were the subject of a child protection plan were compiled from the Child Protection and Referrals 3 (CPR3) collection from Local Authorities. From 1 April 2009 figures are provided in the Children in Need Census alongside the number of children in need. Data on children in need and children who are the subject of a child protection plan are included as comparator data.

### **Child Death Overview Panel Returns**

Child Death Overview Panel data are provided by the Department for Education (DfE). Annual returns from all Child Death Overview Panels (CDOPs) in England provide aggregated data on the numbers of children's deaths reviewed by panels and characteristics of those deaths.

### **3. Data on serious and fatal child maltreatment, England 2009-10**

#### **Notifications of serious incidents where a SCR has been initiated**

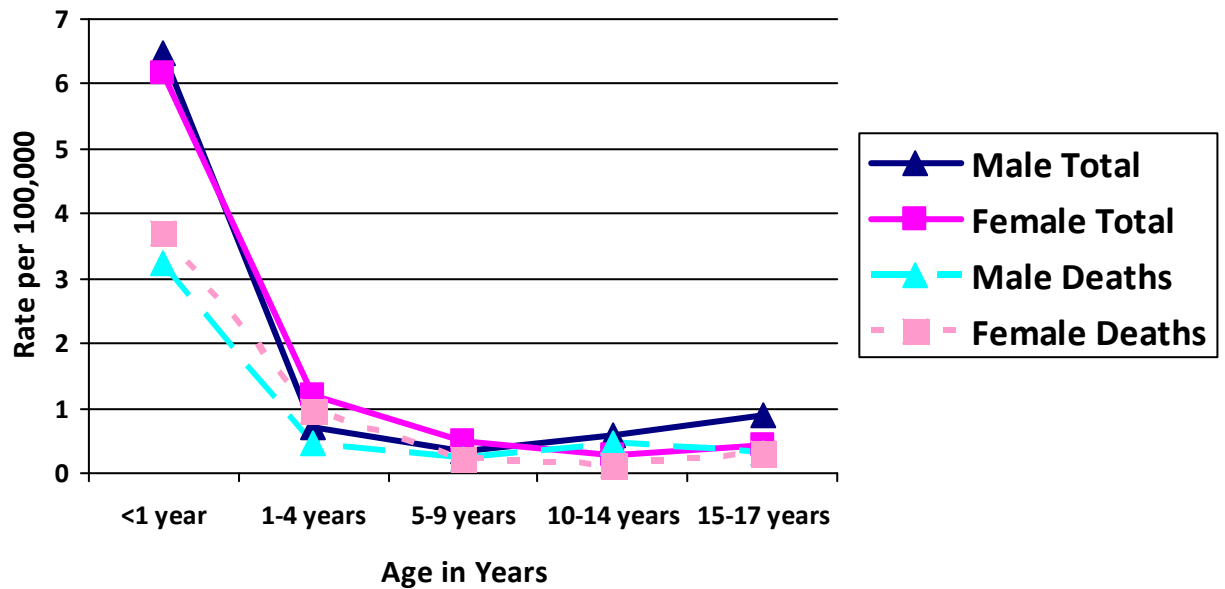
There were 124 cases on the DfE Child Protection Database, which had been notified in the period 1 April 2009 to 31 March 2010. However nineteen related to deaths or serious incidents which had happened prior to 1 April 2009, and therefore belong to the previous year's dataset or, in a few cases, to the even earlier 2007-08 dataset. Data published in the previous biennial analyses will therefore need to be revised. Conversely there will be cases in next year's database of notifications (for 2010-11) which, while being notified in that later year, in fact relate to cases occurring before the end of March 2010. In time they will need to be added into the current file.

A total of 105 Serious Case Reviews relating to incidents occurring between 1 April 2009 and 31 March 2010 were notified to DfE, equivalent to just under 1 per 100,000 children aged 0-17. These 105 cases form the basis of the descriptive data. Of these 105 incidents, 62 (59%) were fatal (0.56 per 100,000 children aged 0-17) and 43 (41%) were non-fatal.

Of the 104 Serious Case Reviews for which data were available on age and gender, 54 (52%) related to males and 40 (38%) babies aged under 1 year (Figure 3.1, Table 3.1). Of the 62 fatal cases 48% were male and 37% aged under 1 year. Rates of all Serious Case Reviews and fatal SCRs were calculated using mid-2009 population estimates for England by gender and year of age. The rates for Serious Case Reviews were highest in infancy (6.02 per 100,000 infants) dropping to low levels during the school-age years, before rising slightly in late teenage years. A similar trend is seen in the fatal cases, though without any rise in adolescence. The rates for all Serious Case Reviews are slightly higher in males (0.96 per 100,000 males aged 0-17) than females (0.93 per 100,000 females aged 0-17), although this trend is reversed for fatal cases (0.53 versus 0.60). In particular, among infants and pre-school children, more girls than boys are the subject of a fatal SCR, although the numbers in each age group are small.



**Figure 3.1: Rates of Serious Case Reviews (total and fatal cases) by age and gender**



**Table 3.1: Age and Gender of cases**

All incidents						
Age	Male		Female		Total (% in age group) N	Rate per 100,000
	N	(%)	N	(%)		
< 1 year	21	(53)	19	(47)	40 (38)	6.02
1-4	9	(36)	16	(64)	25 (24)	0.99
5-9	5	(42)	7	(58)	12 (12)	0.42
10-14	10	(71)	4	(29)	14 (13)	0.46
15-17	9	(69)	4	(31)	13 (13)	0.67
<b>Total</b>	<b>54</b>	<b>(52)</b>	<b>50</b>	<b>(48)</b>	<b>104 (100)</b>	<b>0.94</b>

Fatal incidents						
Age	Male		Female		Total (% in age group) N	Rate per 100,000
	N	(%)	N	(%)		
< 1 year	11	(48)	12	(52)	23 (37)	3.46
1-4	6	(33)	12	(67)	18 (29)	0.71
5-9	3	(50)	3	(50)	6 (10)	0.21
10-14	7	(78)	2	(22)	9 (15)	0.30
15-17	3	(50)	3	(50)	6 (10)	0.31
<b>Total</b>	<b>30</b>	<b>(48)</b>	<b>32</b>	<b>(52)</b>	<b>62 (100)</b>	<b>0.56</b>

Data on ethnic group were available for 100 out of the 105 cases. 81 (81%) involved children of White background (Table 3.2). Although the proportion of children from a non-white background is slightly higher than that of the whole population, this is not statistically significant. Thirteen children (12.4% of the 105 cases) were noted to be disabled prior to the incident, although this figure should be treated with caution, as the absence of a mention of disability may simply mean that the data were missing. Eighty eight cases out of 89 for whom data were available (99%) involved singleton births. Twenty nine (28%) were not recorded as having any siblings, while 23 (23%) had 3 or more siblings (Table 3.3). Of those with siblings, for 37/50 (74%) the index child was the youngest child in the family. Data from children enrolled in the Millennium Cohort study at 9 months and 5 years are presented for comparison. As highlighted by these data, family size tends to increase with increasing age of the index child. Compared to the Millennium Cohort Study, a significantly higher proportion of children in the SCR group were from larger families with 3 or more siblings. Twenty two children (21%) were or had been the subject of a child protection plan prior to the incident.

**Table 3.2: Ethnic Group**

Ethnic Group	SCR Data		England & Wales, all dependent children <sup>1</sup>	
	N	(%)	N	(%)
White	81	(81)	10,135,507	(87)
Mixed	5	(5)	356,916	(3)
Asian/Asian British	5	(5)	750,369	(6)
Black/Black British	8	(8)	329,021	(3)
Other	1	(1)	93,453	(1)
<b>Total</b>	<b>100</b>	<b>(100)</b>	<b>11,665,266</b>	<b>(100)</b>

<sup>1</sup> From: All dependent children: Census 2001, National Report for England and Wales - Part 2 Available at: <http://www.statistics.gov.uk/StatBase/ssdataset.asp?vlnk=7502&Pos=6&ColRank=2&Rank=224>

**Table 3.3: Number of siblings**

Number of siblings	SCR Data		Millennium Cohort Study <sup>1</sup>	
	N	(%)	At 9 months N (%)	At 5 years N (%)
0	29	(28)	4,820 (42.7)	1,578 (16.5)
1	32	(31)	3,981 (36.2)	4,529 (49.4)
2	18	(18)	1,754 (14.5)	2,319 (23.1)
3 or more	23 <sup>2</sup>	(23)	977 (6.6)	1,333 (11.0)
<b>Total</b>	<b>102</b>	<b>(100)</b>	<b>11,532 (100)</b>	<b>9,759 (100)</b>

<sup>1</sup> From: Hansen & Joshi (2008) Millennium Cohort Study Third Survey: A users' guide to initial findings. London, Institute of Education

<sup>2</sup> Significantly greater than MCS at 9 months (Chi Square = 25.5) and 5 years (Chi Square = 6.7), p<0.01

### Office for National Statistics Data

During the year 2009-10, there were a total of 54 deaths of 0-17 year olds recorded as due to 'homicide or purposely inflicted injury' or not yet classified; and a further 16 which were classified as 'injuries, undetermined whether accidentally or purposely inflicted' (Table 3.4). These equate to rates of 0.49 per 100,000 children aged 0-17 for homicides, and 0.64 per 100,000 children aged 0-17 for combined homicides and deaths of undetermined intent. During the year 2009-10 there were a total of 2,360 child deaths from all causes (28 days – 17 years). Deaths due to homicide accounted for 2.3% of all child deaths. There were 28 deaths from suicide and self-inflicted injury, of which 22 (79%) were in males and all but two were in the 15-17 age group. There were 239 deaths recorded as ill-defined and unknown causes, of which 153 (64%) were males and 201 (84%) were in infancy. The majority of these unknown causes would be unexplained sudden unexpected deaths in infancy, i.e. SIDS.

**Table 3.4: Death registration data (ONS)**

<b>Homicide and injury purposely inflicted (including deaths not yet classified)</b>						
<b>Age</b>	<b>Male</b>		<b>Female</b>		<b>Total</b>	
	N	(%)	N	(%)	(% in age group) N	Estimated mid-2009 population Rate per 100,000
< 1 year	4	(40)	6	(60)	10 (19)	1.51 664,000
1-4	6	(43)	8	(57)	14 (26)	0.55 2,532,000
5-9	2	(33)	4	(67)	6 (11)	0.21 2,863,200
10-14	5	(83)	1	(17)	6 (11)	0.20 3,016,500
15-17	14	(78)	4	(22)	18 (33)	0.93 1,936,600
<b>Total</b>	<b>31</b>	<b>(57)</b>	<b>23</b>	<b>(43)</b>	<b>54 (100)</b>	<b>0.49</b> <b>11,012,300</b>

<b>Combined: Homicide and injury purposely inflicted AND injury undetermined whether accidentally or purposely inflicted (including deaths not yet classified)</b>						
<b>Age</b>	<b>Male</b>		<b>Female</b>		<b>Total</b>	
	N	(%)	N	(%)	(% in age group) N	Estimated mid-2009 population Rate per 100,000
< 1 year	4	(40)	6	(60)	10 (14)	1.51 664,000
1-4	6	(43)	8	(57)	14 (20)	0.55 2,532,000
5-9	2	(33)	4	(67)	6 (9)	0.21 2,863,200
10-14	8	(73)	3	(27)	11 (16)	0.37 3,016,500
15-17	19	(66)	10	(34)	29 (41)	1.50 1,936,600
<b>Total</b>	<b>39</b>	<b>(56)</b>	<b>31</b>	<b>(44)</b>	<b>70 (100)</b>	<b>0.64</b> <b>11,012,300</b>

### Home Office Data

There were 52 child homicides recorded by the police for the year 2009-10 (Table 3.5). This gives an overall rate of 0.47 per 100,000 children aged 0-17. In 58% the victim was male.

**Table 3.5: Police recorded homicides**

Police recorded homicides					
Age	Male		Female		Total (% in age group) Rate per 100,000
	N	(%)	N	(%)	
< 1 year	8	(50)	8	(50)	16 (31) 2.41
1-4	4	(31)	9	(69)	13 (25) 0.51
5-9	2	(50)	2	(50)	4 (8) 0.14
10-14	4	(100)	0	(0)	4 (8) 0.13
15-17	12	(80)	3	(20)	15 (29) 0.77
<b>Total</b>	<b>30</b>	<b>(58)</b>	<b>22</b>	<b>(42)</b>	<b>52 (100)</b> <b>0.47</b>

### Children in Need Data

During the year 2009-10 a total of 603,700 referrals were made to children's social care services in England (516,900 children). 395,300 initial assessments and 142,070 core assessments were completed. 43,700 children aged 0-17 became the subject of a child protection plan during the year, giving an incidence of 397 per 100,000 children aged 0-17 (this rate excludes unborn children and children where the gender was unknown). This is similar to the point prevalence of the 38,400 children aged 0-17 (349 per 100,000) who were the subject of a child protection plan at 31 March 2010 (Table 3.6). The prevalence of children being the subject of a child protection plan is highest in infancy and drops steadily to very low levels in later childhood years; however, in terms of overall numbers, over 50% of children who are the subject of a child protection plan are of school-age.

**Table 3.6: Children who were the subject of a child protection plan at 31 March 2010**

Age at 31 March	Males		Females		Total (% in age group) Prevalence per 100,000
	N	(%)	N	(%)	
Unborn/Unknown gender					660 N/A
<1	2,300	(52)	2,100	(48)	4,400 (12) 666
1-4	6,400	(52)	5,900	(48)	12,300 (32) 487
5-9	5,800	(53)	5,100	(47)	10,900 (28) 381
10-14	4,400	(51)	4,300	(49)	8,700 (23) 288
15-17	900	(43)	1,200	(57)	2,100 (5) 107
<b>Total</b>	<b>19,800</b>	<b>(52)</b>	<b>18,600</b>	<b>(48)</b>	<b>38,400<sup>1</sup> (100)</b> <b>349<sup>1</sup></b>

<sup>1</sup> Excluding unborn/unknown gender children

On 31 March 2010, there were 342,000 children in need in England aged 0-17 (3,105 per 100,000 children aged 0-17), plus a further 6,100 unborn babies or children where the gender was not recorded (Table 3.7). In contrast to the pattern seen in children who are the subject of child protection plans, the prevalence of children in need rises with increasing age.

**Table 3.7: Children in Need at 31 March 2010**

Age at 31 March	Males		Females		Total	
	N	(%)	N	(%)	N	(% in age group)
Unborn/Unknown gender					6,100	
<1	9,700	(52)	9,000	(48)	18,700	(5)
1-4	41,300	(53)	37,100	(47)	78,300	(23)
5-9	48,600	(55)	39,300	(45)	87,900	(26)
10-14	52,500	(55)	43,000	(45)	95,600	(28)
15-17	32,500	(53)	28,900	(47)	61,400	(18)
<b>Total</b>	<b>184,700</b>	<b>(54)</b>	<b>157,300</b>	<b>(46)</b>	<b>342,000<sup>1</sup></b>	<b>(100)</b>
						<b>3,105<sup>1</sup></b>

<sup>1</sup> Excluding unborn/unknown gender children

The total figures for England include estimates for missing data. Sub totals may not add up to the England total due to rounding.

### Child Death Overview Panel Data

In the year 1 April 2010 to 31 March 2011, Child Death Overview Panels (CDOP) in England reviewed 4,061 deaths of children aged 0-17 years; 2,423 (60%) of those related to children who died before 1 April 2010 and 1,638 (40%) between 1 April 2010 and 31 March 2011. Since the child death overview processes started in 2008 there has been a steady increase in the annual number of child death reviews which are completed by CDOPs. An estimated 71% of all child deaths between 1 April 2008 and 31 March 2011 have been reviewed. There is inevitably some delay in reviewing child deaths due to the need to collect full information with 64% of deaths being reviewed more than 6 months after the death, thus the figures are not directly comparable. Nevertheless they give a reasonable reflection of the overall patterns of children's deaths in this country.

Of the 4,018 deaths reviewed for which data were available, 2,188 (54%) were males. The age breakdown is given in Table 3.8.

**Table 3.8: Ages of children reviewed by CDOPs, 1 April 2010 – 31 March 2011**

<b>Age</b>	<b>N</b>	<b>(%)</b>
<28 days	1,778	(44)
28 – 364 days	922	(23)
1-4	419	(10)
5-9	261	(6)
10-14	271	(7)
15-17	363	(9)
Unknown	4	(0)
<b>Total</b>	<b>4,018</b>	<b>(100)</b>

All children's deaths reviewed by panels are categorised using a hierarchical classification of the cause of death. In this system, a child's death is assigned to the highest category that explains the child's death. The final category of death assigned is given in Table 3.9. The largest numbers of deaths were from perinatal (36%) or congenital (24%) causes. Nine hundred and fifty seven (24%) deaths were from other acquired natural causes, including malignancy, infection and both acute and chronic medical conditions. Three hundred and forty two (9%) children died of external causes, of which the majority were from trauma and other external factors. Forty Seven (1%) deaths were directly attributed to inflicted injury, abuse or neglect and 70 (2%) were from suicide or deliberate self-inflicted harm. Two hundred and ninety nine (7%) deaths remained unexplained. Of the 4,018 deaths for which data were available, 54 (1%) were the subject of a Serious Case Review. The additional cases would represent those in which abuse or neglect was not the primary cause of death, but may have contributed, for example, some suicides or sudden unexpected deaths in infancy.

**Table 3.9: Category of death, CDOP reviews, 1 April 2010 – 31 March 2011**

<b>Category of Death</b>	<b>N (%)</b>
Deliberately inflicted injury, abuse or neglect	47 (1)
Suicide or deliberate self-inflicted harm	70 (2)
Trauma and other external factors	225 (6)
Malignancy	251 (6)
Acute medical or surgical condition	218 (5)
Chronic medical condition	237 (6)
Chromosomal, genetic and congenital anomalies	968 (24)
Perinatal/ neonatal event	1,449 (36)
Infection	251 (6)
Sudden unexpected, unexplained death	299 (7)
Unknown	3 (0)
<b>Total</b>	<b>4,018 (100)</b>

## 4. Analysis of data on serious and fatal maltreatment

### Children in need

In mid-2009, an estimated 11 million children aged 0-17 years were resident in England. 342,000 children aged 0-17 (3% of the child population) were deemed to be “Children in Need” at 31 March 2010 (excluding unborn children and those of unknown gender). The age profile of Children in Need approximates to that of the general population (Table 4.1). There was a slight male excess (54% of Children in Need compared to 51% in the general child population). The primary need recorded at initial assessment was abuse or neglect for 148,300 children (39.4% of all “Children in Need” at 31 March 2010). Other common primary needs included family dysfunction (16%), child disability or illness (12%) and acute family stress (10%). 38,400 children aged 0-17 (0.3% of the child population) were the subject of a child protection plan at 31 March 2010 (excluding unborn children and those of unknown gender). The age profile of those children who were the subject of a child protection plan differed from the general population, with an excess of infants and pre-school children. The gender ratio for children who were the subject of a child protection plan was 52% male, in line with the overall child population ratio.

**Table 4.1 Prevalence of Children in Need and children who were the subject of a child protection plan at 31 March 2010**

Age	Mid-year population estimate, 2009		Children in Need At 31 March 2010			Children who were the subject of a child protection plan at 31 March 2010		
	N	(% in age group)	N	(% in age group)	Prevalence per 100,000	N	(% in age group)	Prevalence per 100,000
Unborn			6,100			660		
<1	664,000	(6)	18,700	(5)	2,819	4,400	(12)	666
1-4	2,532,000	(23)	78,300	(23)	3,094	12,300	(32)	487
5-9	2,863,200	(26)	87,900	(26)	3,071	10,900	(28)	381
10-14	3,016,500	(27)	95,600	(28)	3,169	8,700	(23)	288
15-17	1,936,600	(18)	61,400	(18)	3,171	2,100	(5)	107
<b>Total</b>	<b>11,012,300</b>	<b>(100)</b>	<b>342,000<sup>1</sup></b>	<b>(100)</b>	<b>3,105<sup>1</sup></b>	<b>38,400<sup>1</sup></b>	<b>(100)</b>	<b>349<sup>1</sup></b>

<sup>1</sup> Excluding unborn/unknown gender children

The total figures for England includes estimates for missing data. Sub totals may not add up to the England total due to rounding.

The point prevalence of Children in Need and children who were the subject of a child protection plan provides an estimate of the numbers and proportion of children recognised as needing children’s social care services at any one time. Equally important are measures of incidence, i.e. the number of new cases becoming the subject of a child protection plan. During the year 2009-10, 43,700 children became the subject of a child protection plan, along with a further 600



unborn babies (Table 4.2). Again the age profile shows an excess of infants and young children. The actual numbers of children in need and children in need of protection are unknown and are likely to be higher. This is particularly so in relation to children in need of protection, as it is well recognised that a large proportion of child maltreatment does not come to the notice of professionals. Furthermore, some children who have been abused will not become the subject of a child protection plan if it is decided they are no longer at continuing risk of suffering significant harm. The *Lancet* series on child maltreatment estimated that each year, about 4–16% of children are physically abused, around 10% experience neglect or psychological abuse, and between 5-10% of girls and up to 5% of boys are exposed to penetrative sexual abuse (Gilbert, Widom et al. 2009). More recently, the NSPCC national prevalence study estimated that 3.9 per cent of under 18s had one or more experiences of physical, sexual or emotional abuse, or neglect by a parent or guardian in the past year, and 14.1 per cent of children and young people had one or more experiences of physical violence, sexual abuse, emotional abuse or neglect by a parent or guardian at some point during their childhood (NSPCC 2011).

**Table 4.2 Children who became the subject of a child protection plan and Serious Case Reviews**

Age at start of child protection plan	Children who became the subject of a child protection plan 2009-10			Serious Case Reviews 2009-10		
	N	(% in age group)	Rate per 100,000	N	(% in age group)	Rate per 100,000
Unborn	600		N/A			
<1	9,000	(21)	1360	40	(38)	6.02
1-4	12,600	(29)	499	25	(24)	0.99
5-9	11,300	(26)	393	12	(12)	0.42
10-14	9,000	(21)	299	14	(13)	0.46
15-17	1,700	(4)	90	13	(13)	0.67
<b>Total</b>	<b>43,700<sup>1</sup></b>	<b>(100)</b>	<b>397<sup>1</sup></b>	<b>104</b>	<b>(100)</b>	<b>0.94</b>

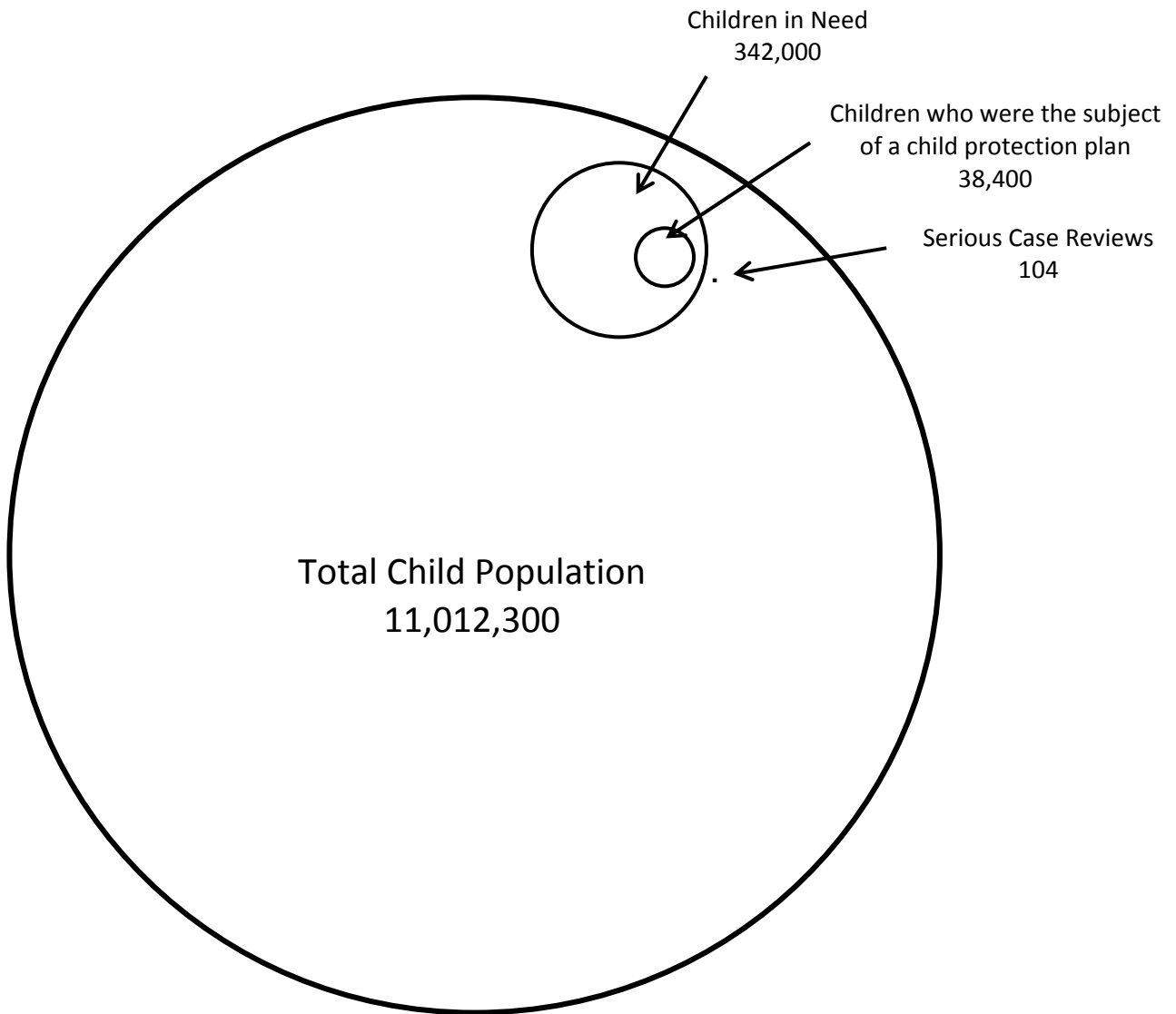
<sup>1</sup> Excluding unborn/unknown gender children

The total figures for England includes estimates for missing data. Sub totals may not add up to the England total due to rounding.

Compared to the numbers of Children in Need, and to those children who are the subjects of child protection plans, the numbers of children who were the subject of SCRs following serious and fatal maltreatment are low. Less than 1 in 100,000 children aged 0-17 were the subjects of Serious Case Reviews during 2009-10, compared to 400 in 100,000 becoming the subject of a child protection plan, and over 3,000 per 100,000 being deemed Children in Need. This can be illustrated by a series of circles, the volume of each representing the number of children in different categories (Figure 4.1). Although this gives us a visual representation of officially recognised need, it must be interpreted with caution in the light of the acknowledged under-recognition of child maltreatment. Indeed, drawing on the estimates from the published

literature of the proportion of children experiencing abuse or neglect who do not come to the notice of professionals, one could draw a further circle, half as wide again as that for Children in Need, to represent those children who are currently experiencing abuse or neglect.

**Figure 4.1 The numbers of Children in Need and child protection in England, 2009-10<sup>1</sup>**



<sup>1</sup> Children aged 0-17, excluding unborn children and children where the age or gender was unknown.

Extrapolating from these figures, a typical Local Authority with a population of 500,000 would have just over 100,000 children aged 0-17. They could expect to have around 3,100 Children in Need at any one time. In a typical year, they could expect around 400 children to become the subject of a child protection plan, while on average one child might suffer serious or fatal maltreatment each year resulting in a SCR. This latter figure, being so small, is subject to considerable year-on-year variation. A single serious incident involving a large family, could skew the figures for a single year. Thus at a local or even at a regional level, single-year figures for Serious Case Reviews need to be treated with some caution. Rates of Serious Case Reviews will vary geographically and over time in relation to a combination of the actual levels of serious

and fatal maltreatment, and to the thresholds applied in the decision to undertake a Serious Case Review. This may particularly apply to the numbers of non-fatal cases, where there is a degree of independent judgement as to whether or not to initiate a Serious Case Review, in contrast to the obligation to undertake one in every fatal case where abuse or neglect is suspected.

### **Violent Child Deaths: a comparison of different data sets**

A comparison of the DfE, ONS and Home Office data on child deaths shows some apparent slight discrepancies in the figures for the numbers of children dying as a result of violence or abuse, particularly in relation to infants and adolescents (Table 4.3). These differences largely reflect the different entities that are being measured in the different datasets, along with some differences in the manner in which data are collected. The figure of 47 deaths attributed to deliberately inflicted injury, abuse or neglect from the CDOP returns is comparable to the 54 deaths recorded as homicide and injury purposely inflicted by ONS, and the 52 police recorded homicides. CDOP data on category by age are not available, and as the data relate to deaths reviewed in 2010-11, rather than to the date of death, the overall figure is given for comparison purposes only.

**Table 4.3 Violent child deaths, 2009-10. Numbers (rates per 100,000)**

<b>Age</b>	<b>SCR Data</b>		<b>ONS Data</b>		<b>Home Office Data</b>		<b>CDOP Data</b>
	<b>N</b>	<b>(Rate)</b>	<b>N</b>	<b>(Rate)</b>	<b>N</b>	<b>(Rate)</b>	<b>N</b>
<1	23	(3.46)	10	(1.51)	16	(2.41)	
1-4	18	(0.71)	14	(0.55)	13	(0.51)	
5-9	6	(0.21)	6	(0.21)	4	(0.14)	
10-14	9	(0.30)	6	(0.20)	4	(0.13)	
15-17	6	(0.31)	18	(0.93)	15	(0.77)	
<b>Total</b>	<b>62</b>	<b>(0.56)</b>	<b>54</b>	<b>(0.49)</b>	<b>52</b>	<b>(0.47)</b>	<b>47</b>

The Serious Case Review data relate to all cases of children dying during 2009-10 where abuse or neglect was known or suspected to be a factor in their death. Thus these data should include all deaths occurring as a direct result of abuse or neglect, but will also include children dying of other causes, in whom abuse or neglect was a factor, but not the direct cause of death. An analysis of previous Serious Case Reviews found that in 50% of fatal cases, maltreatment was the direct cause of death, including severe physical assaults, overt and covert homicide and extreme neglect (Sidebotham, Bailey et al. 2011). In the remaining 50% abuse or neglect was a contributory factor but not the primary cause of death. These included infants dying suddenly and unexpectedly, teenage suicides, and other deaths from accidents or natural causes. Thus not all child fatalities which become the subject of a Serious Case Review will be recorded as homicides, either for the purposes of death registrations, or from the perspective of police investigations. This may explain why the SCR data in infancy are higher than those from the ONS and Home Office.

The Home Office data include all cases which the police, at a specific point in time, are recording as homicide. This will include some cases which are currently under investigation but which subsequently turn out not to be homicides. It is possible that a small number of cases will be reclassified and the final numbers may be marginally lower. The Home Office figures include all police recorded homicides, regardless of perpetrator. Some of these, particularly in the older age groups, will be perpetrated by persons outside the family, including peers, gang violence and unrelated homicides. Many of these would not be considered child maltreatment-related, and so may not result in a Serious Case Review. Conversely the Home Office figures will not include deaths where abuse or neglect may have played a part, but which are not recorded by the police as homicides. Many of the broader category of maltreatment-related deaths, included in the Serious Case Review data, will not feature in the Home Office data.

The ONS data are based on death registrations, and for most of the categories of interest, these will be based on coroners' verdicts as to the cause of death. Coroners are likely to record a death as homicide only when they are certain that is the case. Thus the ONS figures for homicide would be expected to be lower than those from the Home Office. The inclusion of deaths from injury, undetermined whether accidentally or purposely inflicted, gives a higher estimate of the number of homicides (70 deaths, 0.64 per 100,000 children aged 0-17), including those which the coroner is unable to conclusively label as such. However, these figures will also include some deaths which are truly accidents. Nevertheless, it is our view that the data for combined homicide and undetermined cause give a more accurate estimate of the true numbers of homicides (Sidebotham, Atkins et al. 2011). As with the Home Office data, the ONS data do not include those deaths related to but not directly caused by maltreatment, so would be anticipated to provide lower figures than those from SCRs, particularly in infancy. They will however include homicides perpetrated by persons outside the family, a category which becomes increasingly important with increasing age, hence the higher figures in adolescence.

All three data sources are likely to miss some violent deaths or deaths due to maltreatment. Thus there will be some covert homicides which are not detected by any agency and thus get recorded as deaths from other causes, and not investigated as homicides or maltreatment-related. Other deaths may initially be investigated as potentially suspicious, but subsequently concluded not to be. Most notable are the sudden unexpected deaths in infancy (SUDI). In at least 50% of these deaths, no cause of death is found after a thorough investigation, and the deaths are correctly recorded as sudden infant death syndrome (SIDS), or an equivalent term. It is well recognised that a small, but nevertheless significant proportion of these will be covert homicides. Most researchers and practitioners estimate that up to 5-10% of SIDS may be covert homicide, thus of the 250 cases of SIDS annually, up to 25 could in fact be homicides. Many of these are already the subject of Serious Case Reviews, but it is possible that others will not be.

With those caveats in mind, the combined data provide a reasonable estimate of the total number of violent and maltreatment-related child deaths for 2009-10. The total number of homicides in children and young people aged 0-17 in England is around 50-55 based on the ONS and Home Office data (approximately 0.48 per 100,000 children aged 0-17). Rates are highest in infancy (1.51-2.41 per 100,000 children aged 0-17) dropping to just over 0.5 per 100,000 in the

preschool years, less than 0.2 per 100,000 in the school-age years, and rising again in late adolescence to just under 1 per 100,000. The numbers and rates of Serious Case Reviews are similar in the middle childhood years. There is a higher rate in infancy, reflecting the inclusion of unexpected infant deaths where maltreatment may have played a part but was not the direct cause of the child's death, and a lower rate in adolescence, reflecting that many violent deaths in this age group are not perpetrated by family members. Taking the highest figure for each age group (i.e. the SCR data for children aged under 15 years and the ONS data for children aged 15-17 years), we estimate the total number of violent and maltreatment-related child deaths (0-17 years) to be around 74 per year (0.67 per 100,000).

## 5. Analysis of Serious Case Reviews over 5 years, 2005-10

Data are now available from the notifications database on 5 years of Serious Case Reviews from 2005-10. These data are presented here to allow some description of trends over this period and a more robust description of fatal cases, diminishing the effects of year-on-year variation caused by low numbers. The data for 2007-9 have been adjusted to take account of SCRs reported in 2009-10 but relating to incidents occurring in earlier years. A total of 579 incidents have been notified to the Department for Education where a SCR has been initiated over this 5-year period, 345 (60%) relating to fatal cases.

Table 5.1 and Figure 5.1 demonstrate that there has been considerable year-on-year variation in the numbers of SCRs, with relatively few in 2006-7 and a peak from 2007-9. Most of this variation has been in the number of non-fatal cases resulting in SCRs, with a more than 2-fold difference in the number of non-fatal cases between 2006-7 and 2007-9, a statistically significant variation. In contrast, the numbers and rates of SCRs relating to fatal cases has been relatively constant at around 60-80 per year (0.53-0.74 per 100,000 per year), with no significant variation.

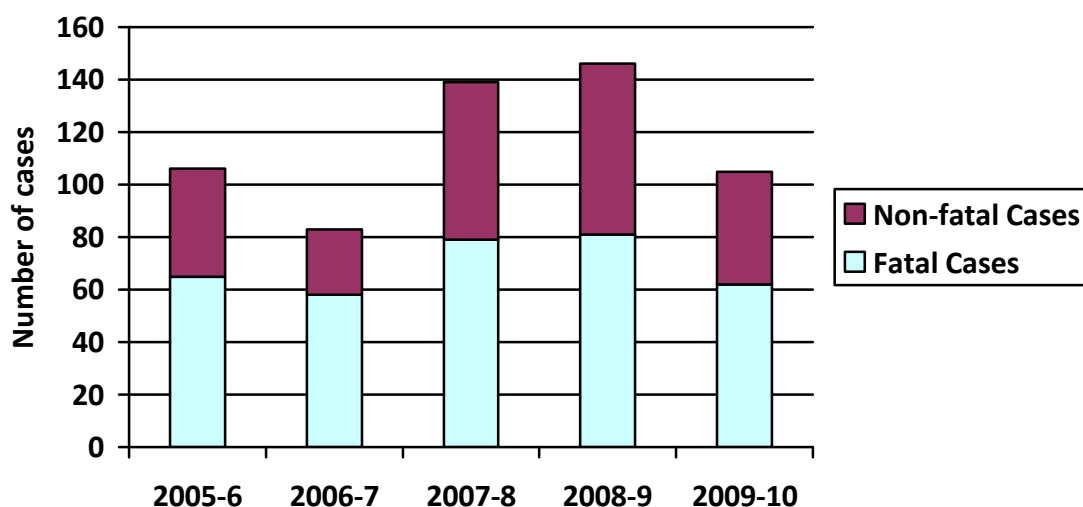
**Table 5.1: Numbers and Rates (per 100,000) of SCRs, 2005-10**

Year	Fatal Cases <sup>1</sup>	Non-fatal cases <sup>2</sup>	Total
	N (Rate)	N (Rate)	N (Rate)
2005-6	65 (0.60)	41 (0.37)	106 (0.96)
2006-7	58 (0.53)	25 (0.23)	83 (0.76)
2007-8	79 (0.72)	60 (0.55)	139 (1.26)
2008-9	81 (0.74)	65 (0.59)	146 (1.33)
2009-10	62 (0.56)	43 (0.39)	105 (0.95)
Yearly Average 2005-10	69 (0.63)	47 (0.43)	116 (1.05)

<sup>1</sup> No significant difference

<sup>2</sup> Chi-Square = 22, p<0.001

**Figure 5.1: Numbers of SCRs, 2005-10**

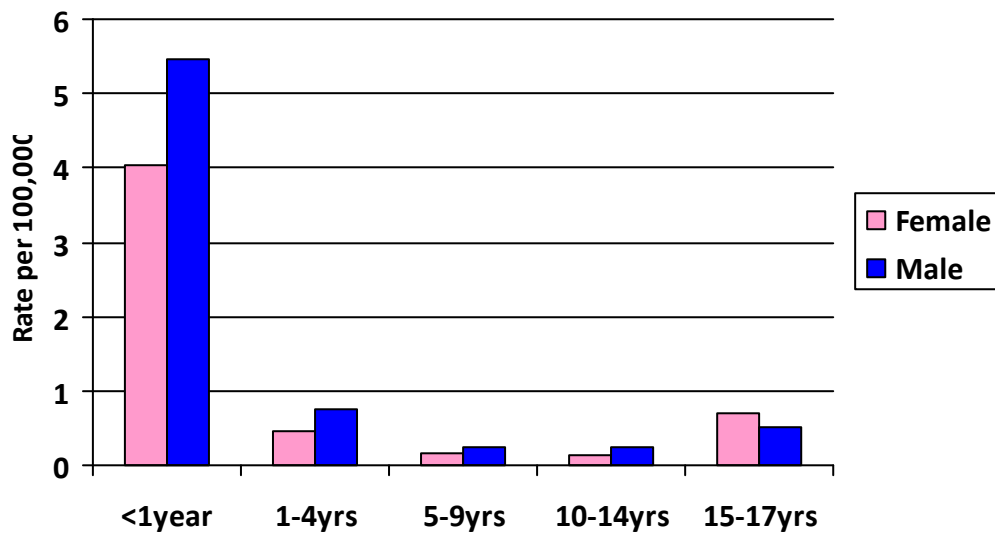


Between 2005 and 2010 there were an average of 69 SCRs per year relating to child fatalities where abuse or neglect were known or suspected to be a factor (Table 5.2 and Figure 5.2). Of these 57% were of males and 44% related to infants less than a year of age. In all age groups, rates were higher in males apart from in the late teenage years. These findings are in keeping with other published literature on child maltreatment fatalities showing that the rates are highest in infants, dropping during the pre-school years to very low levels during middle childhood before rising again slightly in adolescence. As highlighted in chapter 3, not all of these cases relate to direct homicides by a parent or carer; many of the cases in infancy and in late adolescence relate to deaths in which child maltreatment may have contributed but was not the direct cause of death.

**Table 5.2 Average numbers and rates (per 100,000) of SCRs relating to fatal cases, 2005-10**

Age	Male		Female		Total	
	N	(Rate)	N	(Rate)	N	(Rate)
< 1 year	17.8	(5.47)	12.6	(4.03)	30.4	(4.77)
1-4 years	9.2	(0.75)	5.6	(0.47)	14.8	(0.61)
5-9 years	3.4	(0.23)	2.4	(0.17)	5.8	(0.20)
10-14 years	3.8	(0.24)	2.2	(0.15)	6	(0.19)
15-17 years	5.2	(0.51)	6.8	(0.71)	12	(0.61)
<b>Total</b>	<b>39.4</b>	<b>(0.70)</b>	<b>29.8</b>	<b>(0.55)</b>	<b>69.2</b>	<b>(0.63)</b>

**Figure 5.2 Rates for SCRs of fatal cases by age and gender, Average 2005-10**





## 6. Conclusions

These data, drawing on the SCR notifications from 1 April 2009 to 31 March 2010 and comparator data from other sources provide a comprehensive picture of violent and maltreatment-related deaths in England. From these combined data we estimate that the total number of violent and maltreatment-related deaths of children (0-17 years) is around 74 (0.67 per 100,000 children aged 0-17) per year, with around 50-55 directly caused by violence, abuse or neglect, and a further 20-25 in which maltreatment was considered a contributory factor, though not the primary cause of death. While there is considerable year-on-year fluctuation in the total number of SCRs, most of this relates to non-fatal cases where there is some discretion for LSCBs in deciding whether or not to carry out a SCR. The overall rates of SCRs relating to fatal cases have remained relatively stable over the past 5 years.

We have previously reported that overall rates of violent deaths in infants and children have fallen over the past 30 years (Sidebotham, Atkins et al. 2011), although rates in adolescents have not fallen. The highest risks remain in infancy, although a second peak is seen in adolescence. The patterns and nature of these deaths are likely to vary and any further efforts to reduce these rates should be based on a good understanding of the different patterns. It is clear from this analysis that no one data source is robust enough to capture all violent and maltreatment-related deaths. It is hoped that by comparing annual data from a range of sources, it will be possible to gain a reasonably accurate profile of these deaths, and to show any trends over time, allowing for the fluctuations caused by small numbers.

This report provides basic data from the notification database. More detailed analysis of the SCR overview reports will enable a greater depth of understanding of the nature of these deaths and serious incidents which will help to inform ongoing professional understanding, and any developments in policy or practice.

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