The children's safeguarding performance information framework

January 2015

Contents

The Children's Safeguarding Performance Information Framework

This framework describes the key nationally collected data that can help those involved in child protection at both the local and national levels understand the health of the child protection system. It also describes recommended questions that can be asked of children, families, professionals and providers at a local level. Taken together they give a richer view of the effectiveness and impact of child protection including early help services.

The framework is broken down into five themes, with national performance information items and approaches to local information for each. The themes are:

- Outcomes for children and young people and their families
- Child protection activity (including early help)
- The quality and timeliness of decision making
- The quality of child protection plans
- Workforce

The nationally collected data supports the availability of data for the purposes of accountability and transparency at national and local level, and provides benchmarks of national performance against which performance can be judged locally. It is collected through a range of statutory data collection exercises.

National level performance information can only provide part of the picture. Questions about quality and experiences of those who are part of the system need to be asked at the local level, and different ways of doing that will be appropriate to different areas. This framework includes the questions agreed with the sector that local agencies need to ask service users and providers so that their experiences can help drive local improvement. These questions are consistent with those being asked in inspection and peer review and challenge.

The local and national information in this framework should be used by local agencies as well as Local Safeguarding Children Boards (LSCBs) and Health and Wellbeing Boards. The performance information items included in this framework will be kept under review. The national performance information items need to provide a picture of a broad range of issues from across the child protection system without becoming too detailed or cumbersome. As different sources of performance information become available or different priorities arise, it might be necessary to adapt the framework to reflect these changes.

Outcomes for children and young people and their families

It is crucial for local areas to get feedback from children and young people and their families to inform learning and drive service improvement. It is also key to understanding the impact of the service and the difference children, young people and their families feel has been made to their lives.

All too often children and young people report that they have not been involved in the decisions affecting their lives, they have not been provided with adequate information and they have not understood what is happening to them. We also know that social work is more effective when parents have clarity around expectations of how they should behave.

These questions and information items also underline the importance of the quality and continuity of a child's or young person's relationship with their social workers. Additionally they provide information on the educational attainment of Children in Need[1], whether they are in school and the quality and/or quantity of the education they receive.

---

[1] For the purposes of these data items Children in Need are those who are receiving a service through children's social care and were assessed to be in need by children's social care services through an assessment. This includes children who are looked after and who are the subject of a child protection plan, but does not include children who are referred to children's social care services but no further action was taken. Further advice on which children should and should not be included as a child in need can be found in the census guide at: https://www.gov.uk/children-in-need-census

Local information

L1. How do you know how safe the children engaged with children's social care services in your area feel:

> (a) At home?

> (b) At school?

> (c) In their local area?

What is done as a result to help them to be safe and to feel safe?

And how do you know whether the services you provide have made a difference?

L2. How do you know whether children engaged with children's social care services feel that their wishes and feelings are considered by the professionals involved in their case and that they understand what is happening and why?

How do you know what children feel about the difference key professionals have made and how well they feel treated?

L3. How do you know what children think about changes of social worker?

L4. How do you know how helpful children think the relationship with their social worker is during their journey from needing help to being helped?

L5. How do you do know that the analysis of children's health, development, and wellbeing is being used to monitor and inform decisions about where a child is suffering or likely to suffer abuse or neglect?

L6. How do you know whether the families engaged with children's social care feel that their views have been considered by each of the professionals involved in their child's case and that they understand what is happening, why it is happening and what the expectation of them is?

How is this fed into the development of the service?

L7. How do you know that vulnerable children in your area are receiving a suitable education, including in the early years?

Nationally collected data

No.	Information Item	Data Source	Rationale
N1.	Educational attainment of school aged Children in Need (CIN), excluding those who are looked after children*, including a breakdown for children who are the subject of a child protection plan. 1. Percentage of children achieving at least level 4 at KS2 in Reading, Writing and Mathematics 2. Percentage of children who achieve 5+ A* -C grades at GCSE including English and mathematics. *For N1-3, this data is already published for looked after children, so we are excluding them from this information to focus on other children in need. We have also suggested that we show this information for children who are the subject of a CPP separately as feedback suggested this would be helpful and would not introduce any new burdens as these data are already collected from local authorities.	National Pupil Database matched by DfE to CIN census using the Unique Pupil Number.	To understand the educational attainment of CIN as we can now do with other vulnerable groups such as looked after children. Information would be presented for Key Stage 2 and 4 and expanded where possible. Information can also be produced on other attainment measures such as progression between key stages, and for different subgroups such as children with a disability, Special Educational Needs, differing need codes and differing durations of need.
N2.	Attendance at school of school aged CIN, excluding those who are looked after children, including a breakdown of children who are the subject of a child protection plan. 1. Percentage of sessions missed. 2. Percentage classed as persistent absentees.	National Pupil Database matched by DfE to CIN census using the Unique Pupil Number.	To understand whether CIN as a group are attending school. This is something we do collect and understand for other groups of vulnerable children.

No.	Information Item	Data Source	Rationale
N3.	Exclusion from school of school-aged CIN, excluding those who are looked after children, including a breakdown of children who are the subject of a child protection plan. 1. Percentage of children permanently excluded. 2. Percentage of children with at least one fixed exclusion.	National Pupil Database matched by DfE to CIN census using the Unique Pupil Number.	As above.
N4.	The rate of violent and sexual offences against children aged 0-17 per 10,000 CYP population.	Home Office Data on the number of violent and sexual offences against children. (From 2013) ONS population estimates.	An important contextual indicator of the level of violence affecting children and young people in any area which may be used locally to inform strategies and approaches to tackle these issues.
N5.	The rate of hospital inpatient admissions caused by unintentional and deliberate injuries to children and young people aged 0-17.	Hospital Episode (HES) statistics on the number of hospital admissions and reason for admission. ONS population estimates. (Currently collected)	Key outcome measure which looks at both deliberate injuries (potential child protection) and unintentional injuries (wider safeguarding). Unintentional and deliberate injuries are defined as those which are recorded with ICD 10 codes of V01-Y98 excluding X33-X39 and X52 which refer to forces of nature. It is important to collect data on both intentional and unintentional injuries to children as unintentional injuries could indicate that there are potential safeguarding issues.

No.	Information Item	Data Source	Rationale
N6.	The rate of Accident and Emergency attendance caused by unintentional and deliberate injuries to children and young people aged 0-17.	Hospital Episode (HES) statistics on the number of A&E attendances and reason for attendance. ONS population estimates. (Currently collected)	An important item to capture data on hospital attendances that do not result in an overnight stay (i.e. N5 admission). Unintentional and deliberate injuries are defined as those which are recorded with a reason for attendance as assaults, deliberate self harm and other accidents. It is important to collect data on both intentional and unintentional injuries to children as unintentional injuries could be as a result of safeguarding issues.

Child protection activity including providing early help

This theme provides performance information on levels of activity in the children's social care sector, such as rates of assessments and section 47 enquiries, the proportion of referrals and assessments leading to social care provision, the sources of referrals, child and parent factors in assessments and other related information.

This information is collected from local authorities through the CIN census, including, from 2013-14, the data on sources of referral[2] and potential child and parent risk factors identified at assessment[3].

At a local level, this information could help identify where particular services could strengthen child safeguarding practice. Local providers may collect this information at a finer level, e.g. noting referrals from specific health providers, schools, etc.

Local providers may also want to collect more specific information about potential child and parent risk factors identified at assessment. But collecting these data through the CIN census will allow the identification of local and national trends.

From a child or young person's point of view, if they have a problem the earlier help is received the better. There is a growing body of evidence to show that, compared to intervening later, early help is more effective at changing behaviour, is more cost effective and has more chance of being successful. Early help is a key contributor to securing good outcomes for children and young people.

The local questions and national information items will help local areas judge how key professionals understand how and when to identify if children are suffering or likely to suffer abuse or neglect.

---

[2] The sources of referral in the CIN census are as follows in the table at annex A.

[3] The potential child and parent risk factors identified at assessment identified in the CIN census are as follows in the table at annex B (multiple factors can be selected).

Local information

L8. How do you know that key professionals within:

   (a) The police

   (b) The health service (including health visitors, school nurses, GPs, A&E staff, etc.)

   (c) Schools and early years settings

   (d) Adult social care

   (e) Youth services

   (f) Criminal justice agencies

   (g) Other services

1) know how to identify the possible signs of abuse and neglect being suffered by a child or young persons and what to do?

2) understand when children should be referred into children's social care?

3) know what to do where they have concerns about a child who would benefit from early help?

L9. How do you help children and young people who do not meet the threshold for statutory intervention but require targeted or multi-agency help?

L10. How do you know whether children and parents / carers feel referrals were made at the right time, for the right reasons, by the right agencies?

L11. How do you know whether children and their families on the threshold of statutory intervention satisfied with the timing, speed and effectiveness of the help they have received?

L12: How is intelligence from different agencies shared and used to protect children and to provide early help?"

L13. How do you know locally if there are 'hidden' issues such as gang activity, child sexual exploitation, missing children, faith-based child abuse etc.?

Nationally collected data

No.	Information Item	Data Source	Rationale
N7	Rate of assessments per 10,000 of the CYP population.	CIN Census data on the assessment start date and the assessment end date. (Currently collected in CIN Census) ONS population estimates.	Provides a comparable measure of the number of assessments carried out.
N8	Rate of section 47 enquiries per 10,000 of the CYP population.	CIN Census data on the Section 47 enquiry start date (Currently collected in CIN Census) ONS population estimates	Provides a comparable measure of numbers of section 47 enquiries carried out.
N9	Percentage of referrals leading to the provision of a social care service (as defined by the child becoming a child in need).	CIN Census data on the referral date CIN closure date, CIN reason for closure and referral no further action flag. (Currently collected in CIN census)	Provides data on flow through the children's social care system.
N10	Percentage of referrals to children's social care from different agencies, such as health visitors, accident and emergency services, probation trusts, police services, schools, etc. (for full list, see Annex A at the end of this document) and the percentage that result in no further action following the referral and also following the assessment.	CIN Census data on the Referral date, CIN closure date, CIN reason for closure, referral no further action flag and new data item on source of referral. (Currently collected in CIN Census)	Taken together will give an indication of where referrals are coming from and with the local items on workforce the level of understanding of referral thresholds.

No.	Information Item	Data Source	Rationale
N11	Potential child and parent or carer risk factors identified at assessment (for full list, see Annex B at the end of this document).	CIN Census Referral date, assessment start date, assessment end date, new data on child and parent risk factors. (Currently collected in CIN Census)	Provides a comparable measure of assessments where parental/carers' problems are a contributory factor. These factors should be disaggregated. Multiple factors will be recorded to collect the range of risk factors which have been identified. The factors recorded will be identified by the social worker as risk factors and are not necessarily diagnosed conditions.
N12	Children becoming the subject of a CPP for physical, emotional, and sexual abuse or neglect (rate per 10,000 of the CYP population).	CIN Census data on the Child Protection Plan start date and category of abuse. (Currently collected in CIN Census) ONS population estimates.	Provides a comparable measure of Child Protection Plans under the four main categories. These factors should be disaggregated.
N13	Rate of ICPCs per 10,000 of the CYP population.	CIN Census date of ICPC, ONS population estimates. (Currently collected in CIN Census)	Provides a comparable measure of ICPCs.

The quality and timeliness of decision making and planning

Local attention needs to be given to: the timeliness in the identification of children's needs and provision of help; the quality of the assessment to inform next steps to safeguard and promote children's welfare; and the effectiveness of the help provided.

A timely assessment is one which takes account of the nature and severity of the child's needs at each stage of their development.

The local questions and national information items underline the continued importance of not allowing cases to drift, whilst emphasising the need to balance the speed of decision making with the quality and effectiveness of those decisions made.

Local information

L14. How do you measure and understand the quality and timeliness of professional decision making for vulnerable children and young people?
Including:

- Quality and timeliness of assessments.

- Quality and timeliness of decisions after assessments have been completed.

- Quality and timeliness of services put in place.

- Whether the plans have improved children's outcomes.

L15. How do you know that the time from Initial Child Protection Conference to the first core group meeting is appropriate for the child's safety and welfare?

L16. How do you know that assessment has been carried out based on the development needs of the individual child?

L17. How do you know that court applications are of sufficient quality to allow the courts to act in a timely manner?

Nationally collected data

No.	Information Item	Data Source	Rationale
N14	Distribution of working days taken from referral to assessment completion.	CIN Census data on referral date, assessment start date and assessment end date. (Currently collected in CIN Census)	Provides an indication of how quickly the assessment and provision of help to CIN takes place. .
N15	Distribution of working days from Child Protection strategy meeting to Initial Child Protection Conference (ICPC).	CIN Census data on section 47 enquiry start date, date of ICPC and if ICPC was not required. (Currently collected in CIN Census)	Provides an indication of how quickly the safety of children who are judged to be continuing to, or likely to, suffer significant harm is being considered by a multi-agency meeting.
N16	Length of time child is considered to be a child in need at 31 March and for episodes of need which have ended during the year.	CIN Census data on Referral date, assessment start date, CIN closure date and referral no further action flag. (Currently collected in CIN Census)	This is useful information for local areas to understand their pattern of service compared to other areas. This information item will show data for all children who are in need, including those who are looked after. We recognise that some episodes of need will be longer for example if the child is looked after, or is the subject of a child protection plan, or is disabled, therefore we expect a variation of durations.

Note: All timeliness items will show the distribution of days. The CIN Census 2013-14 Statistical First Release gives an example of how this is published (see the main tables C1 and C3).

Plans

This theme provides information on child protection planning and the effective implementation of those plans. For example, the national information highlights where Child Protection Plans have been open for two or more years, or where children have been subject to a Child Protection Plan for a second or subsequent time.

At the local level, the experience of the workforce and families could help identify issues which lead to re-referrals to children's services or children re-entering the child protection system. Questions can also be asked about how step-down support is provided and how wider local contextual intelligence is used in developing plans.

Local information

L18. How do you understand any patterns in re-referrals?

How do you understand why the re-referral has occurred and whether the original intervention was effective enough at addressing the child's need?

How do you understand what children, their parents and carers felt about re-referral and could their experience help improve the effectiveness of interventions?

L19. How do you know step-down support is appropriate?

L20. How do you know that all professionals have interacted with children in accordance with the timescales specified in the child protection plan (CPP)?

How do you know that the deployment of the CPP takes the child's views and feelings into account and what do you do to address this if it is not happening?

Nationally collected data

No.	Information Item	Data Source	Rationale
N17	Percentage of Child Protection Plans lasting two years or more at 31 March and for child protection plans which have ended during the year.	CIN Census data on the child protection plan start date and the child protection plan end date. (Currently collected in CIN Census)	Provides an indication of case drift/issues not being resolved.
N18	Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time (within two years of the previous plans end date).	CIN Census data on the child protection plan start date, child protection plan end date and the number of previous child protection plans Matching across CIN census data from previous years will be done within DfE (Currently collected in CIN Census)	Provides an indication of the effectiveness of the original child protection plan.
N19	Number of children who are the subject of a Child Protection Plan (rate per 10,000 of the CYP population).	CIN Census data on the child protection plan start date and child protection plan end date. (Currently collected in CIN Census) ONS population estimates.	Provides a comparable measure of numbers of CPPs.
N20	Percentage of cases where the lead social worker has seen the child/young person in accordance with the timescales specified in the child protection plan. For all	CIN Census data on the Child Protection Plan start date and new data item on interaction with the lead social worker.	It is crucial that the child is seen (alone when appropriate) by the lead social worker in accordance with the CPP: the child should be spoken and listened to and their wishes

No.	Information Item	Data Source	Rationale
	children who were the subject of a child protection plan during the year.	(Currently collected in CIN Census)	and feelings ascertained (in accordance with their age and understanding). The worst failures have occurred when social workers have lost sight of the child. These data will be collected through the CIN census from 2013-14 onwards and it will be recorded if the child was seen on all occasions in accordance with the timescales specified in the plan (Yes/No).
N21	Percentage of CIN cases that close within 6 months of: a). the child protection plan end date; or b). the child ceasing to be looked after.	CIN Census data on the child protection plan end date and the CIN closure date. (Currently collected in CIN Census, but will require successful matching between CIN census and Looked After Children dataset, which will be done within DfE)	To provide an understanding of whether step-down support is provided to the child and family to avoid re-referral.
N22	Number per 10,000 children aged 0-17 years of children and young people who are the subject of an application to court in past 6 months (including care and supervision orders).	CAFCASS court application statistics. ONS population estimates.	To understand the profile of children that have been the subject of orders, the through put of work and the journeys for children and young people in each authority.

Workforce

Freeing up professionals to use their judgment puts more responsibility on leaders to help their staff and for local multi-agency systems that are better at monitoring, learning and adapting their practice.

The messages frontline workers receive about what is important have a strong influence on the way they practise and on how caseloads are prioritised. A system based solely on process-based targets and performance indicators results in a focus on specific aspects of process rather than practice quality and learning. To this end an understanding of how the workforce views the role they play in child protection and the difficulties they face is imperative in informing professional development and service improvement.

The local workforce questions and information items are intended as a starting point for local areas to understand their social workers' workloads and their perceptions of the support they receive and the service they are able to offer children in need or at risk of harm.

The Local Government Association is responsible for the Standards for Employers and Supervision Framework, developed by the Social Work Reform Board. This framework sets out how frontline social work should be resourced, managed and supported – including clear requirements governing supervision – so that high quality practice is an achievable aim for all social workers. Local authorities can also use the "health check" set out in the Social Work Taskforce's final report to assess the health of their organisation on a range of issues affecting workload.

The nationally collected information[4] items focus on the recruitment and retention of qualified social workers permanently employed by the local authority to work with children and families (i.e. they do not include social workers working only with adults, social worker assistants, family support workers, etc.). These can act as an early indication of problems developing in the social worker workforce at a national level and provide local authorities with national benchmarks.

Locally, providers may also want to examine similar performance information for the wider children's workforce, such as health visitors or youth workers. Significant problems in the stability of these workforces could weaken the wider local child safeguarding system.

---

[4] See the Children's social work workforce data collection:
https://www.gov.uk/government/statistics/childrens-social-work-workforce

Local information

L21. How do you know what children and young people's social workers and other key professionals working with vulnerable children think about whether:

   (a) Their interventions have improved the safety and welfare of children.

   (b) They received adequate reflective supervision and support.

   (c) Their workloads are manageable.

   (d) They are able to spend enough time with children and young people.

How do you know how well newly qualified social workers are supported?

And what are you doing as a result?

L22. How do you know there is the right balance of experience, skills, roles and management amongst social workers and other key professionals working with children and families?

L23. How do you understand the local vacancy and turnover rate of key professionals, e.g. health visitors, and what does this tell you about pressures on the whole system?

L24. How do you know that professional groups and agencies are working together and making a positive contribution to safeguard children?

How is this engagement and contribution being supported and challenged?

Nationally collected data

No.	Information Item	Data Source	Rationale
N23.	Vacancy Rate of social workers.	Collected in 2012/13 via DfE's Children's Social Work Workforce data collection. Total FTE social workers and number of FTE vacancies at 30 September.	Together, these would provide a good picture of social worker capacity and workforce stability, factors which contribute to overall quality of service provision.
N24	Turnover Rate of social workers.	Collected in 2012/13 via DfE's Children's Social Work Workforce data collection. Total FTE social workers at 30 September and number of FTE leavers in previous 12 months.	
N25	Sickness Absence of social workers.	Collected in 2012/13 via DfE's Children's Social Work Workforce data collection. Total FTE social workers at 30 September and number of days of work missed due to sickness absence in previous 12 months.	

No.	Information Item	Data Source	Rationale
N26	Percentage of agency workers.	Collected in 2012/13 via DfE's Children's Social Work Workforce data collection. Total FTE social workers and number of FTE agency workers at 30 September.	
N27	Number of social workers	Collected in 2012/13 via DfE's Children's Social Work Workforce data collection. Total FTE/headcount at 30 September.	

Annex A

Sources of referral

Individual	1A	Family member/relative/carer
	1B	Acquaintance (including friends, neighbours and child minders)
	1C	Self
	1D	Other (including strangers, MPs)
Education	2A	Schools
	2B	Education Services
Health services	3A	GP
	3B	Health visitor
	3C	School Nurse
	3D	Other primary health services
	3E	A&E (Emergency Department)
	3F	Other health services (e.g. hospice)
Housing	4	LA housing or housing association
Local Authority services	5A	Social care e.g. adult social care
	5B	Other internal - department other than social care in LA e.g. youth offending, excluding housing
	5C	External e.g. from another LAs adult social care
Police	6	
Other legal agency	7	Including courts, probation, immigration, CAFCASS, prison
Other	8	Including children's centre, independent agency providers, voluntary organisations
Anonymous	9	
Unknown	10	

Annex B

Factors identified at the end of the assessment

Factors identified at the end of the assessment			
Alcohol misuse Concerns about alcohol misuse by the	1A Child	1B Parent/Carer	1C Another person in the household
Drug misuse: Concerns about drug misuse by the	2A Child	2B Parent/Carer	2C Another person in the household
Domestic violence: Concerns about domestic violence where the concern is that the	3A Child is subject of DV	3B Child's parents/carer are subject of DV	3C Another person in household subject of DV
Mental health: Concerns about the mental health of the	4A Child	4B Parent/Carer	4C Another person in the family/household
Learning disability: Concerns about the	5A Child's learning Difficulty	5B Parent/Carer's learning disability	5C Another person in the family's/ household's learning disability
Physical disability or illness Concerns about a physical disability or illness of the	6A Child	6B Parent/Carer	6C Another person in the family/household
Young carer: Concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities (7A).			
Privately fostered: Concerns that services may be required or the child may be at risk as a privately fostered child (8A).			
UASC: Concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum seeking child (9A)			
Missing: Concerns that services may be required or the child may be at risk of harm due to going/being missing (10A)			
Child Sexual Exploitation: Concerns that services may be required or the child may be at risk of harm due to child sexual exploitation (11A)			
Trafficking: Concerns that services may be required or the child may be at risk of harm due to trafficking (12A)			
Gangs: Concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs (13A)			
Socially unacceptable behaviour: Concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour (14A)			
Self-harm: Concerns that services may be required or the child may be at risk of harm due to suspected/actual self-harming (15A)			

Abuse or neglect Concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect	16A Neglect	17A Emotional Abuse	18A Physical Abuse	19A Sexual abuse
Other (20)				
No factors identified – only use this if there is no evidence of any of the factors above and no further action is being taken (21).				

Parental/child factors will be identified through assessment. Each local area will have a framework for assessment developed with reference to *Managing Individual Cases: the Framework for the Assessment of Children in Need and their Families*. This sets out the principles that underpin all work with children in need and in particular the three domains of the conceptual framework: child's development needs; parenting capacity; family and environmental factors.

Detailed guidance on the factors identified at the end of the assessment can be found on the Department for Education website: https://www.gov.uk/children-in-need-census.

Follow us on Twitter: @educationgovuk

Like us on Facebook: facebook.com/educationgovuk