HOW SAFE ARE OUR CHILDREN?
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Overview

Society must be held to account on child cruelty

It is incumbent on any society to protect its children from abuse and neglect. So how well protected are children in the UK? As an organisation dedicated to ending child cruelty, the NSPCC believes that not only is it important to understand how many children are being abused and neglected — it is also necessary to track progress if society is to be held to account for its responsibility to children. Only by monitoring the extent of child abuse and neglect in the UK can we judge whether efforts to prevent maltreatment and to protect children are working.

The complex, hidden and multifaceted nature of child abuse and neglect means that it will always be necessary to view the answer through multiple lenses. Child abuse takes many different forms and is, more often than not, undetected. Therefore it needs to be measured in different ways. Each source of data has its own merits and weaknesses.

This report compiles the most robust and up-to-date data that exists across each of the four nations in the UK. We present different perspectives on the question “how safe are our children?”. We have set out the strengths and flaws of the indicators we have chosen. By piecing together the evidence, we provide the most comprehensive picture yet of how safe children in the UK are from abuse and neglect.

In some ways today’s children are safer...

In some ways today’s children are safer from abuse and neglect than those of previous generations. The child homicide rate is in decline. Fewer children are dying as a result of assault or suicide in England, Wales and Scotland. Although the evidence is mixed, it does appear that the prevalence of some forms of child maltreatment is declining in the UK. There has been, for instance, a decrease in physical and sexual abuse in recent decades, similar to trends found in the US.

…but worrying levels of abuse still remain

Despite this, the extent of child abuse and neglect in our society remains deeply worrying. It is an outrage that more than one child a week dies because of maltreatment and that one in five children today have experienced serious physical abuse, sexual abuse or severe physical or emotional neglect. Child abuse is more prevalent, and more devastating, than many of us are prepared to recognise. Take this fact, for example: last year a total of 2,900 rapes or attempted rapes of children under the age of 13 were recorded in England, Wales and Scotland, equivalent to eight every day.

What’s more, new kinds of threats are emerging, particularly with the increasing amount of time children spend in the digital world. As many as one in four 11 and 12 year olds experience something on a social networking site that bothers them almost every day. While parents are used to equipping their children to deal with real or potential threats to their safety, they are much less confident when dealing with the online world.

Child protection services are working in overdrive

In this context, and in the wake of several high profile child abuse inquiries, child protection services are working in overdrive. The number of children being referred to social services has increased in England and Northern Ireland in recent years. Children who are referred are more likely to receive an assessment or be subject to some further action compared with five years ago. Across the UK more children are being considered as “in need” due to suffering abuse and neglect, more are being made subject to child protection plans or placed on registers and more are being taken into care as a result of abuse or neglect. In addition the public is becoming more vigilant: there has been a 46 per cent increase in the number of people coming forward to report concerns about abuse and neglect to the NSPCC since 2009/10.

The evidence also points to child protection services working harder to reduce the harm suffered by children due to abuse or neglect. “Drift” in decision-making has not disappeared but appears to be lessening as the proportion of children subject to child protection plans or registers for more than two years has been decreasing. More children are coming off child protection plans or registers after shorter periods of time and are not being re-registered, suggesting that risk is being reasonably assessed. The proportion of looked-after children who have had more than three placements has also decreased in England and Wales, suggesting an improvement in placement stability. While there remains much room for improvement, child protection services do appear to be working harder to reduce harm in the context of increasing pressures.

1. **520,000**
   Estimated victims of maltreatment by a parent or guardian in 2011

2. **260,000**
   Estimated victims of maltreatment by an adult outside the home in 2011

3. **200,000**
   Estimated children in need due to abuse and neglect in 2011/12

4. **58,000**
   Estimated children placed on a child protection plan or register in 2011/12

5. **50,000**
   Estimated children looked after due to abuse and neglect in 2011/12

6. **29,305**
   Recorded sexual and cruelty/neglect offences against children in 2011/12

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1. According to our 2011 prevalence study, 2.5% of under 11s and 6% of 11 to 17 year olds had experienced maltreatment by a parent or guardian in the past year, and 1.2% of under 11s and 3.1% of 11 to 17 year olds had experienced maltreatment by an adult outside the home in the past year. We have used child population data to estimate total victims of maltreatment in the UK in 2011.

2. England and Wales publish data on the number of children in need due to abuse and neglect. We used this data to calculate a rate; the average rate was then applied to Northern Ireland and Scotland where there was no data available.

3. Data is available on the number of children who became subject to a child protection plan (England) or were placed on the child protection register (Wales, Scotland and Northern Ireland) during the year.

4. Data on the reasons for being looked after is available in England and Wales. Here the average rate has been taken and applied to the under-18 population of Northern Ireland and Scotland.

5. This total is based on police recorded crime data for 2011/12. Data on recorded offences of violence against the person is not broken down by the age of victims meaning that children who are victims of physical abuse are not included in this total.
Most children who are abused or neglected are not known to services
However, as the graphic below shows there remains a significant gap between the number of children experiencing abuse and neglect and those known to services. For every child subject to a child protection plan or on a register in the UK we estimate that there are likely to be around eight other children who have suffered maltreatment. Abuse and neglect is often hidden from view. Children may not disclose what is happening to them because they fear the repercussions or think that they will not be believed. They may be too young to realise that what is happening to them is wrong. Or their abuse may not be reported even by those who know about it. Whatever the reason, more children suffer abuse and neglect than are ever subject to an intervention by the police or social services. That is why ChildLine gives children a private and confidential place to talk to a counsellor; why ChildLine’s School Services helps equip primary school children to better protect themselves; and why the NSPCC offers members of the public a free 24/7 helpline to seek advice if they have concerns about a child.

The gap is unlikely to close
Could services ever reach all maltreated children? Even if this were desirable (and few would consider this level of state intrusion into family life appropriate) it is very unlikely in the current context. If children’s social services were to become aware of just one quarter of those children who were maltreated (but not currently known to them), we estimate the number of children subject to child protection plans or on registers in the UK would triple. The resources required for this would be significant: an estimated additional £360 million to £490 million in public spending. In today’s fiscal climate this kind of investment is unlikely; to close the gap altogether is highly improbable. Nor is this the most effective approach. While it is vital to support children and adults in speaking up about abuse, in order to stop abuse in its tracks, this will never be enough to prevent children from being harmed in the first place.

We need a different approach to child protection
Which is why a different approach to child protection is needed, one that does more to prevent abuse “upstream” rather than intervening to stop it once it has already happened. Most public spending goes towards picking up the pieces rather than into “upstream” prevention. The National Audit Office estimates that only 6 per cent of public expenditure is focused on stopping problems from emerging in the first place. While intervening to address abuse once it is known will always be a moral and legal imperative, child abuse and neglect will never be substantially reduced unless we become smarter at preventing it from happening at all.

Understanding the circumstances in which children are at increased risk is essential for prevention. Research points to the personal characteristics, family circumstances and environments that place children at greater risk of abuse and neglect. In Part 3, we set out the available evidence on this, highlighting nine key risk factors. There is no direct causality between these factors and abuse; they are not predictive of maltreatment. But by recognising that children living in such circumstances are at heightened risk, greater support could be directed towards families to reduce the chances of abuse and neglect from occurring at all. While this support comes at a price, it is ultimately more cost-effective to prevent abuse from occurring than to meet the many costs that fall across society because of the damage caused to children who were abused or neglected in their childhood.

Wider society also has an important role to play. Abusive behaviour cannot be stamped out by the state alone; individuals, families and communities must also be responsible for the change. Most adults think parents, families, friends and neighbours have a responsibility to prevent child abuse – and that greater responsibility lies with these groups than with government. So while government can do much to influence the conditions in which children live and while professionals play an important role in intervening to protect children and helping those who are at risk of abuse, wider society has a responsibility too. However, all too often people frame this responsibility in terms of being willing to act if worried about a child, rather than being willing to address faults in their own or others’ behaviour. Perhaps it is time to reassert our responsibilities to children as citizens.

10Calculated on the basis that 620,000 children were maltreated by their parent/guardian in 2011 and 58,000 were on child protection plans/registers in England, Wales and Northern Ireland. Scotland does not publish data on the number of children becoming registered during the year and no estimate has been made here. National Audit Office (2013) Early action: landscape review, January 2013, p.12. Scotland does better with 9 per cent being channelled into early action programmes from April 2012, but across the piece spending is focused on reacting rather than preventing. YouGov survey for NSPCC December 2012.
Conclusion
The indicators in this report reveal a complex but compelling story about the extent of child abuse and neglect in the UK today. Despite some improvements in children’s safety, worrying levels of child maltreatment still exist. The majority of child abuse and neglect never comes to the attention of statutory authorities and services are unlikely ever to reach all children in such circumstances. While we should always encourage children to speak out if they are being abused, this alone will never be sufficient. Rather than focus our attention on increasing the reach of services already working in overdrive, we should be looking for more effective ways to prevent abuse and neglect from occurring in the first place. To do this we need to better understand the circumstances in which children are at increased risk of abuse and neglect and intervene earlier and more effectively in such circumstances.

While this report provides the most comprehensive overview of the data that exists, the picture is far from complete. The exercise of pulling a range of data sources for four nations together is akin to completing a large jigsaw, with some of the pieces still missing. Putting the pieces together is not straightforward, since it entails aligning different sources of data which are not always easily comparable. This report has highlighted some of the woeful gaps in our understanding of the extent of child abuse and neglect in the UK. These need to be addressed if we are effectively to hold society to account for the safety of children.

We intend to track progress against the indicators we have presented in this report in the coming years. What would progress look like? We believe that the UK will be on the right track if, in the next few years, deaths due to child maltreatment and the number of children experiencing abuse and neglect in their childhood falls, while at the same time the risk of abuse associated with the factors we have identified decreases. Only then can we be sure that we are on the right path towards ending child cruelty.
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 English Government’s own guidance for professionals but these are not substantially different from those used in Scotland, Wales and Northern Ireland.

<table>
<thead>
<tr>
<th>Abuse</th>
<th>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 (e.g. via the internet). They may be abused by an adult or adults, or another child or children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>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.</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>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.</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>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.</td>
</tr>
<tr>
<td>Neglect</td>
<td>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.</td>
</tr>
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The indicators we have used

We have compiled 19 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.

The diagram below sets summarises the different indicators and how they can be grouped. The table on the next page lists the 19 indicators, a brief description and data availability.

<table>
<thead>
<tr>
<th>Indicators of Child Safety</th>
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<tbody>
<tr>
<td><strong>Child Deaths</strong></td>
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<tr>
<td>1 Child Homicides</td>
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<tr>
<td>2 Child Mortality</td>
</tr>
<tr>
<td>3 Child Suicides</td>
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<tr>
<td><strong>Recorded Offences</strong></td>
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<tr>
<td>4 Sexual Offences</td>
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<tr>
<td>5 Cruelty and Neglect Offences</td>
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<tr>
<td><strong>Abuse and Neglect</strong></td>
</tr>
<tr>
<td>6 NSPCC Prevalence Study</td>
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<td>7 Childline</td>
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<td>8 NSPCC Helpline</td>
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<tr>
<td><strong>Child Protection Systems</strong></td>
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<tr>
<td>9 Online Harm</td>
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<td>10 Crime Survey</td>
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<td>11 Referrals and Assessments</td>
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<td>12 Children in Need</td>
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<tr>
<td>13 Numbers</td>
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<tr>
<td>14 Composition</td>
</tr>
<tr>
<td>15 Re-registrations</td>
</tr>
<tr>
<td>16 Length of Time on Plan</td>
</tr>
<tr>
<td>17 Numbers</td>
</tr>
<tr>
<td>18 Multiple Placements</td>
</tr>
<tr>
<td>19 Child Trafficking</td>
</tr>
<tr>
<td>INDICATOR</td>
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<td>-----------</td>
</tr>
<tr>
<td>1 Child homicides recorded by the police</td>
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<tr>
<td>2 Child mortality</td>
</tr>
<tr>
<td>3 Child suicides</td>
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<tr>
<td>4 Number of recorded sexual offenses against children</td>
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<tr>
<td>5 Number of recorded cruelty and neglect offences against children</td>
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<td>6 Self reported prevalence of abuse and neglect</td>
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<td>7 Contacts with ChildLine</td>
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<td>8 Contacts with the NSPCC helpline</td>
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<td>9 Survey data on online harm</td>
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<td>10 Violent Incidents experiences by 10–15 year olds (Crime survey)</td>
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<td>11 Referrals to social services and assessments</td>
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<td>12 Children in Need due to abuse or neglect</td>
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<td>13 Children subject to protection plans or on the child protection register</td>
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<td>14 Composition of child protection plans/child protection register</td>
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<td>15 Re-registration onto the child protection register (returning to a child protection plan)</td>
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<td>16 How long are children on child protection plans or the child protection register</td>
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<tr>
<td>17 Children Looked after due to abuse or neglect</td>
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<tr>
<td>18 Proportion of looked after children who have three or more placements during the year</td>
</tr>
<tr>
<td>19 Child Trafficking</td>
</tr>
</tbody>
</table>
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 2011 census. For earlier years we draw on mid-year population estimates published by the ONS. In light of the 2011 census, population estimates for England and Wales were revised back to 2002. These revisions were published in December 2012 and are used in this report. At the time of writing, revised estimates were not yet available for Scotland and Northern Ireland.

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 A&E 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 exploitation or genital mutilation. There is also insufficient data on children’s own views about how safe they feel from abuse and neglect. 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/University of Edinburgh Child Protection Research Centre. We know, for example, that the English statistical returns are most comparable with Wales and least comparable with Scotland. 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.
Child deaths: homicides

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

Key messages

- There were 56 child homicides across the UK in 2011/12 (47 in England and Wales, 9 in Scotland and none in Northern Ireland).
- The average child homicide rate in Scotland over the five years to 2011/12 was 8.7 per million compared to 6.5 per million in Northern Ireland and five per million in England and Wales, however age ranges differ between the nations.
- The average rate of child homicides has decreased in England and Wales by 30 per cent since 1981, has decreased by 10 per cent since 1985 in Scotland, and has decreased in the last four 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.

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. Northern Ireland data is available from 1998/99.

England and Wales

Homicide rate per million victims aged 0 to 15 years (1977—2011/12)

Latest figure: 47 homicides of under 15s in 2011/12, a five-year average rate of five per million.

Trend: The rate of child homicides has decreased by 30 per cent from a five-year average of 7.1 per million in 1981 to five per million in 2011/12.

How Safe Are Our Children?

The five-year average child homicide rate in 2011/12 was highest in Scotland, at 8.7 per million, compared with 6.5 per million in Northern Ireland and five per million in England and Wales, though the differing age group for England and Wales makes direct comparison difficult. The child homicide rate in England and Wales has decreased significantly over the last 30 years, by 30 per cent. It has decreased by 10 per cent since 1985 in Scotland, and has decreased over the last four years in Northern Ireland. Children aged under one are the most likely to be victims of homicide in England and Wales, with a five-year average homicide rate of 26 per million, compared to seven per million for children aged one to four years and two per million for five to 15 year olds.

Data sources

Scotland: Scottish Government: Recorded Crime Statistics (Data provided to NSPCC).
Northern Ireland: PSNI statistics branch (Data provided to NSPCC).
How Safe Are Our Children?

England and Wales

Mortality rates among children aged 1 month to 14 years (1980—2011)

Latest figure: 35 deaths of children aged 28 days to 14 years in 2011, 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 9.6 per million in 1983 to 3.6 per million in 2011.

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 shows a subset of the preventable deaths of children. Deaths recorded as “undetermined intent” are generally seen as probable suicides for 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 a 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.** Mortality 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.*** Data is normally only published for children in ‘five year’ age groups (e.g. 10 to 14 years), so the figures which are readily available cover only 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. 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.

Key messages
• In 2011, 40 children aged under 15 died as a result of assault or undetermined intent across the UK.
• In 2011, the rate of deaths due to assault and undetermined intent was highest in Scotland at 5.2 per million, followed by 3.9 per million in Northern Ireland and 3.6 per million in England and Wales.
• The average rate has declined in all four of the UK nations since the early 1980s — by 40 per cent in Scotland, 63 per cent in England and Wales and by 64 per cent in Northern Ireland.

England and Wales

Mortality rates among children aged 1 month to 14 years (1980—2011)
Deaths of children aged 0 to 14 years by assault and undetermined intent (1980—2011)*

**Scotland**

Latest figure: four deaths were recorded in 2011, a five-year average rate of 5.2 per million.

Trend: The five-year average rate of deaths by assault and undetermined intent has decreased by 40 per cent, from around 8.6 per million in 1984, to 5.2 per million in 2011, peaking in the late 1990s after the Dunblane massacre in 1996.

General findings

The five-year average rate of deaths of under 14 year olds by assault and undetermined intent is highest in Scotland at 5.2 per million, followed by 3.9 per million in Northern Ireland and 3.6 per million in England and Wales. The rate has declined in all four of the UK nations since the early 1980s — by 40 per cent in Scotland, 63 per cent in England and Wales and by 64 per cent in Northern Ireland. 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, but at least 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: 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).
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Child deaths: suicides

Indicator 3 — Child suicides*

Key messages

• There were 204 suicides of 15 to 19 year olds and 12 suicides of 10 to 14 year olds in the UK in 2011.

• 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 the early 1980s.

• The suicide rate of 15 to 19 year olds is more than four times higher in Northern Ireland than England and Wales, and 44 per cent higher than in Scotland.

• The suicide rate of 10 to 14 year olds is 10 times higher in Northern Ireland than England and Wales and more than double the rate in Scotland.

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 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 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. 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.

England and Wales

Deaths by intentional self-harm and undetermined intent, rate per million (15 to 19 year olds, 1980—2011)

Latest figure: 108 deaths by intentional self-harm and 43 deaths by undetermined intent of 15 to 19 year olds in 2011, a combined rate of 36.8 per million.

Trend: The five-year average rate among 15 to 19 year olds has decreased by 26 per cent since 1984 (from 49.5 per million), and by 43 per cent since 2000 (from 65.1 per million to 36.8 per million).

* 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.
Scotland

Deaths by intentional self-harm and undetermined intent, rate per million (15 to 19 year olds, 1980—2011)

Latest figure: 20 deaths by intentional self-harm and 11 deaths by undetermined intent of 15 to 19 year olds in 2011, a five-year average rate of 108.9 per million.

Trend: The five-year average rate has increased by 77 per cent since 1984, from 61.6 per million to 108.9 per million. However, since 2003 the average rate has been on a downward trend.

Northern Ireland

Deaths by intentional self-harm and undetermined intent, rate per million (15 to 19 year olds, 1980—2011)

Latest figure: 20 deaths by intentional self-harm and two deaths by undetermined intent of 15 to 19 year olds in 2011, a five-year average rate of 157.2 per million.

Trend: The five-year average rate has increased by 315 per cent since 1984, from 37.9 per million to 157.2 per million in 2011.
United Kingdom

Deaths by intentional self-harm, rate per million (10 to 14 year olds, 1980—2011)

Latest figure: 12 deaths of 10 to 14 year olds by intentional self-harm in the UK in 2011. The five-year average rate in 2011 was 18 per million in Northern Ireland, 6.7 per million in Scotland and 1.7 per million in England and Wales.

Trend: Since 1980 the rate of deaths by intentional self-harm of 10 to 14 year olds has remained relatively stable in England and Wales, has increased in Scotland (though has decreased in the last three years) and has increased significantly (by 221 per cent) in Northern Ireland.

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 315 per cent) in Northern Ireland. In Scotland, the five-year average rate in 2011 was 77 per cent higher than 1984, but the rate has been on a downward trend since 2003. 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 three years) and has increased significantly (by 221 per cent) in Northern Ireland. In 2011, the five-year average rate for 15 to 19 year olds was 157.2 per million in Northern Ireland, 108.9 per million in Scotland and 36.8 per million in England and Wales. For 10 to 14 year olds, the five-year average rate in 2011 was 18 per million in Northern Ireland, 6.7 per million in Scotland and 1.7 per million in England and Wales.

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 21,493 sexual offences against children recorded by police in the UK in 2011/12.*
- There were 4,991 rapes of children recorded by police in England and Wales in 2011/12.
- There were 505 rapes and attempted rapes of children in Scotland and Northern Ireland in 2011/12.
- Scotland appears to have the highest rate of recorded sexual offences at 3.3 offences per 1,000 population aged under 16, compared with Northern Ireland 2.5 per 1,000 under 18s, and England and Wales 1.6 per 1,000 under 16s, however Northern Ireland and Scotland data includes indecent images whereas England and Wales does not.

Why is this measure important?
This measure shows the number of sexual offences committed against children and 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 are susceptible to under-reporting and therefore do not reflect the actual number of offences committed. Trends may also reflect increased public awareness, changes in policing activity or changes to crime recording rather than an increase in incidence. Official published statistics provide data according to offence category, the majority of which relate to children aged under 16 only. Data for all under 18s could only be obtained through Freedom of Information requests to police forces in England and Wales.

Data availability and comparability
Data is available for the four nations, dating back to 2004/05 for England and Wales and 2002/03 for Northern Ireland. Due to changes in legislation, trend data is not available for Scotland. Differing offence categories and legal systems across the UK make comparisons problematic. Data for England and Wales does not include offences related to indecent images, as this is information published together with other offences under the category “Obscene publications, etc.”. Data on indecent images is available and included for Scotland and Northern Ireland.

England and Wales

Recorded sexual offences against children* (2004/5—2011/12)

Latest figure: 17,362 recorded offences against children, most of whom were aged under 16** in 2011/12. FOI data from police forces revealed that there was a total of 23,097 sexual offences committed against under 18s in 2010/11.***

Trend: The number of recorded sexual offences against children decreased by 13 per cent between 2005/06 and 2008/09, but since then has risen back up to more than 17,000.

*UK total from published police recorded crime figures: 17,362 (England and Wales) + 3,047 (Scotland) + 1,084 (Northern Ireland) = 21,493. This total does not include some offences committed against 16 and 17 year olds in England, Wales and Scotland due to the way data is published according to offence category.

**The majority of offence categories and offences counted relate to children under 16 only, whereas data for all under 18s is not published separately in official statistics.

***Based on data obtained by the NSPCC from a Freedom of Information request to police forces in England and Wales.
How Safe Are Our Children?

Latest figure: 3,047 recorded offences in 2010/11. Nearly 8 per cent of all offences were rape or attempted rape of a child.

Trend: Not available due to changes in legislation covering sexual offences in 2010.

Northern Ireland

Recorded sexual offences against under 18s (2002/3—2011/12)

Latest figure: 1,084 recorded offences in 2011/12.

Trend: The number of sexual offences has remained quite stable between 900 and 1,100 per year, with a low of 875 in 2002/3 and a high of 1,125 in 2008/9.

Scotland

Recorded sexual offences against children (2011/12) *

<table>
<thead>
<tr>
<th>Offence category</th>
<th>Number of offences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape of a female child under 13</td>
<td>2,213</td>
</tr>
<tr>
<td>Rape of a male child under 13</td>
<td>601</td>
</tr>
<tr>
<td>Rape of a female child under 16</td>
<td>2,778</td>
</tr>
<tr>
<td>Rape of a male child under 16</td>
<td>288</td>
</tr>
<tr>
<td>Sexual assault on a female child under 13</td>
<td>3,986</td>
</tr>
<tr>
<td>Sexual assault on a male child under 13</td>
<td>1,010</td>
</tr>
<tr>
<td>Sexual activity involving a child under 16</td>
<td>3,969</td>
</tr>
<tr>
<td>Sexual activity involving a child under 13</td>
<td>1,810</td>
</tr>
<tr>
<td>Sexual grooming</td>
<td>371</td>
</tr>
<tr>
<td>Abuse of position of trust of a sexual nature</td>
<td>176</td>
</tr>
<tr>
<td>Abuse of children through prostitution and pornography</td>
<td>160</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,362</strong></td>
</tr>
</tbody>
</table>

* The majority of offence categories and offences counted relate to children under 16 only, whereas data for all under 18s is not published separately in official statistics.

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

England and Wales

Recorded sexual offences against children (2011/12)

<table>
<thead>
<tr>
<th>Offence category</th>
<th>Number of offences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape of a female child under 13</td>
<td>2,213</td>
</tr>
<tr>
<td>Rape of a male child under 13</td>
<td>601</td>
</tr>
<tr>
<td>Rape of a female child under 16</td>
<td>2,778</td>
</tr>
<tr>
<td>Rape of a male child under 16</td>
<td>288</td>
</tr>
<tr>
<td>Sexual assault on a female child under 13</td>
<td>3,986</td>
</tr>
<tr>
<td>Sexual assault on a male child under 13</td>
<td>1,010</td>
</tr>
<tr>
<td>Sexual activity involving a child under 16</td>
<td>3,969</td>
</tr>
<tr>
<td>Sexual activity involving a child under 13</td>
<td>1,810</td>
</tr>
<tr>
<td>Sexual grooming</td>
<td>371</td>
</tr>
<tr>
<td>Abuse of position of trust of a sexual nature</td>
<td>176</td>
</tr>
<tr>
<td>Abuse of children through prostitution and pornography</td>
<td>160</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,362</strong></td>
</tr>
</tbody>
</table>

In 2011/12 there were:

- 4,991 recorded offences of rape of a girl under 16.
- 3,986 offences of sexual assault against girls aged under 13.
- 1,899 recorded offences of rape of boys aged under 16 or sexual assault against boys aged under 13.

Latest figure: 1,084 recorded offences in 2011/12. Nearly 8 per cent of all offences were rape or attempted rape of a child.

Trend: The number of sexual offences has remained quite stable between 900 and 1,100 per year, with a low of 875 in 2002/3 and a high of 1,125 in 2008/9.
Northern Ireland

Recorded sexual offences against children (all under 18s) (2011/12)

<table>
<thead>
<tr>
<th>Offence category</th>
<th>Number of offences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape (including attempts)</td>
<td>267</td>
</tr>
<tr>
<td>Sexual assaults/sexual activity</td>
<td>650</td>
</tr>
<tr>
<td>Exposure and voyeurism</td>
<td>58</td>
</tr>
<tr>
<td>Obscene publications, etc. and protected sexual material</td>
<td>95</td>
</tr>
<tr>
<td>Other sexual offences</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total sexual offences</strong></td>
<td><strong>1084</strong></td>
</tr>
</tbody>
</table>

There were more than 1,000 sexual offences against children recorded by police in 2011/12. A quarter of these (267) were rapes or attempted rapes. Sixty per cent (650) were sexual assaults or sexual activity with a child.

UK comparison

Sexual offences per thousand population (2011/12)

<table>
<thead>
<tr>
<th></th>
<th>England and Wales</th>
<th>Scotland</th>
<th>Northern Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-16 population (under 18 for Northern Ireland*) mid 2011, thousands</td>
<td>10,586</td>
<td>913.3</td>
<td>432.7</td>
</tr>
<tr>
<td>Recorded offences 2011/12</td>
<td>17,362</td>
<td>3,047</td>
<td>1,084</td>
</tr>
<tr>
<td>Rate per thousand</td>
<td>1.6</td>
<td>3.3</td>
<td>2.5</td>
</tr>
</tbody>
</table>

* In the published data for England and Wales and Scotland the majority of the offence categories relate to victims aged under 16.

In terms of rates of offences for 2011/12, Scotland appears to have the highest rate at 3.3 offences per 1,000 population aged under 16; Northern Ireland has 2.5 per 1,000 population aged under 18; and England and Wales 1.6 per 1,000 population aged under 16. However, due to differences in legislation, offence categories and recording methods, it is difficult to draw definitive comparisons between the UK nations. For example, as explained on the previous page, data for England and Wales does not include offences related to indecent images of children. Additionally, differing rates may not be a result of higher levels of victimisation, but could reflect higher levels of reporting or other factors. Due to new sexual offences legislation across the UK nations which limits the amount of data available, it is now more problematic to compare trend data.

Data sources
- Scotland: Scottish Government: Recorded crime statistics (Data provided to NSPCC).
- Northern Ireland: Central Statistics Unit, PSNI (Data provided to NSPCC).
Abuse and neglect: recorded offences

Indicator 5 — Number of recorded cruelty and neglect offences against children

Key messages

• There were 7,812 cruelty and neglect offences recorded by police in the UK in 2011/12.

• Scotland has a high rate of recorded offences of cruelty and neglect for its population size compared to the other UK nations. However it is not known whether this reflects higher levels of victimisation, higher levels of reporting to police or other factors.

• Since 2003/4 the number of recorded cruelty and neglect offences committed against children across the UK has ranged between approximately 6,000 and 8,500 offences, however no strong trend can be identified.

Why is this measure important?

This measure shows the number of offences recorded by police where a parent or carer “wilfully assaults, ill-treats, neglects, abandons, or exposes” a child aged 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 (see box opposite). 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. 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. Legislation, offence categories and recording methods are not identical across the UK and so direct comparisons need to be treated with caution.

England and Wales

Recorded offences: Cruelty to and neglect of children (2001/2—2011/12)

Latest figure: 6,081 recorded offences in 2011/12.

Trend: The rise in offences from 2001/02 to 2003/04 may be attributable to changes in recording practices. After 2003/4, 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. As of the year ending 31 March 2013, these figures will include abandonment of a child.
**Scotland**

Recorded offences: Cruelty and neglect of children* (2001/02—2010/11)

<table>
<thead>
<tr>
<th>Year</th>
<th>England and Wales</th>
<th>Scotland</th>
<th>Northern Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001/02</td>
<td>10,586</td>
<td>913.3</td>
<td>383.6</td>
</tr>
<tr>
<td>2002/03</td>
<td>11,078</td>
<td>948.2</td>
<td></td>
</tr>
<tr>
<td>2003/04</td>
<td>10,938</td>
<td>973.0</td>
<td></td>
</tr>
<tr>
<td>2004/05</td>
<td>11,160</td>
<td>1,002.1</td>
<td></td>
</tr>
<tr>
<td>2005/06</td>
<td>10,959</td>
<td>1,027.0</td>
<td></td>
</tr>
<tr>
<td>2006/07</td>
<td>11,241</td>
<td>1,050.3</td>
<td></td>
</tr>
<tr>
<td>2007/08</td>
<td>11,543</td>
<td>1,072.6</td>
<td></td>
</tr>
<tr>
<td>2008/09</td>
<td>11,835</td>
<td>1,095.1</td>
<td></td>
</tr>
<tr>
<td>2009/10</td>
<td>12,127</td>
<td>1,117.7</td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td>12,419</td>
<td>1,139.3</td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td>12,711</td>
<td>1,161.9</td>
<td></td>
</tr>
</tbody>
</table>

Latest figure: 1,615 recorded offences in 2011/12.

Trend: The total of 1,615 offences in 2010/11 represents an 8 per cent increase since 2005/6 and a 14 per cent decrease compared to 2010/11.

In comparison with the other UK nations, Scotland has a high rate of recorded offences of cruelty and neglect for its population size, with 1.8 offences per 1,000 population aged under 16, compared to 0.6 for England and Wales and 0.3 for Northern Ireland. The number of recorded offences has decreased in England and Wales and Scotland in the last two years, whereas in Northern Ireland it has been on an upward trend for the last four years. However, due to differences in offence categories and recording methods, it is difficult to draw definitive conclusions about the actual incidence of neglect across the UK nations on the basis of this data. Differing rates may not be a result of higher levels of victimisation, but could reflect higher levels of reporting or other factors.

Data sources

Scotland: Scottish Government: Recorded crime statistics (Data provided to NSPCC).
Northern Ireland: Central Statistics Unit, PSNI (Data provided to NSPCC).
How Safe Are Our Children?

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 twenty young people aged 11 to 17 (4.8 per cent) have experienced contact sexual abuse.
• Between 1998/9 and 2009, rates of reported childhood physical violence, regular physical ill-treatment or punishment and forced or coerced sexual acts for under 16s fell, whereas rates of parental neglect 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 probability sample of parents, young people and young adults in the UK were interviewed about experiences of child abuse and neglect. These 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 table on p.6 and 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

Data is available for all four nations, though small sample sizes in the devolved nations mean that it is problematic to report these separately.

Rates of severe maltreatment during childhood

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

4.8 per cent of 11 to 17 year olds and 11.3 per cent of 18 to 24 year olds reported they had experienced contact sexual abuse, as defined by the criminal law.

One in five young people aged 11 to 17 (18.6 per cent) have experienced severe maltreatment.

One in four young adults aged 18 to 24 (25.3 per cent) had experienced severe maltreatment in childhood.

Data sources


* 2,275 young people between the ages of 11 and 17, with additional information provided by their parents or guardians and 1,761 young adults between the ages of 18 and 24.

**The bracketed figures are the weighted frequencies (ie the number of children in the survey who reported this experience adjusted to take into account UK child population numbers). The weighted frequency counts are rounded to the nearest whole number so do not always add up to the total frequency.
Rates of maltreatment among 11 to 17 year olds during the past year

<table>
<thead>
<tr>
<th>Maltreatment type</th>
<th>Rate (11–17 years, past year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>9.4% (163)</td>
</tr>
<tr>
<td>Contact sexual abuse</td>
<td>1.9% (33)</td>
</tr>
<tr>
<td>Physical violence (parent/guardian)</td>
<td>2.4% (41)</td>
</tr>
<tr>
<td>Physical violence (any perpetrator)</td>
<td>36.0% (622)</td>
</tr>
<tr>
<td>Emotional abuse (parent/guardian)</td>
<td>3.0% (52)</td>
</tr>
<tr>
<td>Emotional abuse (any perpetrator)</td>
<td>31.9% (550)</td>
</tr>
<tr>
<td>Overall maltreatment by parent/guardian</td>
<td>6.0% (103)</td>
</tr>
<tr>
<td>Overall maltreatment by adult outside home</td>
<td>3.1% (53)</td>
</tr>
<tr>
<td>Intimate partner abuse</td>
<td>5.0% (86)</td>
</tr>
<tr>
<td>Exposure to domestic violence</td>
<td>2.5% (43)</td>
</tr>
</tbody>
</table>

Trends in maltreatment — 1998/9 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 experience of maltreatment have changed over time. Due to the need to ensure full comparability, trends can only be seen where the questions asked were identical between the two studies.

Childhood experiences of being beaten up or hit over and over again

Childhood experiences of being beaten up or hit over and over again at home, in school or in the community declined from 6.6 per cent in 1998/9 to 4.3 per cent in 2009.

Coerced sexual acts of under 16s

Coerced sexual acts of under 16s declined from 6.8 per cent in 1998/9 to 5 per cent in 2009. Questions used to collect information about sexual abuse were similar but not identical. These results should therefore be interpreted with caution, but they do indicate a decline.

Childhood experiences of regular physical treatment/discipline

Childhood experiences of regular physical treatment/discipline declined from 10 per cent in 1998/9 to 2.8 per cent in 2009.

Multiple problems with parental supervision/care

There was no significant change in reported experiences of parental neglect between 1998/9 and 2009.
Abuse and neglect: self-reported sources

Indicator 7 — Contacts with ChildLine

Key messages

- ChildLine held 315,111 counselling sessions in 2011/12.
- Physical abuse accounted for 6 per cent of counselling sessions (17,452 contacts), sexual abuse for 5 per cent (15,993), emotional abuse 1 per cent (2,729) and neglect 1 per cent (1,646).
- In 2011/12, counselling sessions about self-harm and suicide rose by 167 per cent and 107 per cent respectively on 2009/10.
- In 2011/12, 1,827 referrals were made on behalf of children to external agencies, 53 per cent of these due to concerns about suicide.

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

Number of counselling sessions broken down by primary concern (2011/12)

<table>
<thead>
<tr>
<th>Primary concern</th>
<th>Number of counselling sessions 2011–12</th>
<th>Percentage of total counselling sessions for the year</th>
<th>Change from 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family relationship</td>
<td>39,683</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Bullying</td>
<td>31,599</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>17,542</td>
<td>6%</td>
<td>–5%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>16,264</td>
<td>5%</td>
<td>68%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>15,993</td>
<td>5%</td>
<td>–1%</td>
</tr>
<tr>
<td>Depression and mental health</td>
<td>14,297</td>
<td>5%</td>
<td>19%</td>
</tr>
<tr>
<td>Facts of life</td>
<td>14,285</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Problem with friends</td>
<td>13,362</td>
<td>4%</td>
<td>31%</td>
</tr>
<tr>
<td>Partner relationship</td>
<td>13,070</td>
<td>4%</td>
<td>31%</td>
</tr>
<tr>
<td>Suicide</td>
<td>12,260</td>
<td>4%</td>
<td>39%</td>
</tr>
<tr>
<td>Concerns outside top 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>2,729</td>
<td>1%</td>
<td>24%</td>
</tr>
<tr>
<td>Neglect</td>
<td>1,646</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Unspecified abuse</td>
<td>2,289</td>
<td>1%</td>
<td>–6%</td>
</tr>
<tr>
<td>Risk of abuse</td>
<td>2,871</td>
<td>1%</td>
<td>–1%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>694</td>
<td>0%</td>
<td>–13%</td>
</tr>
</tbody>
</table>

*Counselling sessions refer to calls, online chats and emails.
Counselling sessions with abuse as primary concern 2009/10—2011/12

Self-harm saw the biggest increase and is now the fourth most common reason for young people to contact ChildLine. Counsellors carried out nearly three times more sessions in 2011/12 than in 2009/10. The number of sessions relating to suicide more than doubled over that period. Sessions with looked-after children increased by 78 per cent.

Referrals to external agencies*

<table>
<thead>
<tr>
<th>Top 10 referrals by primary concern</th>
<th>Total referrals</th>
<th>% of all referrals</th>
<th>% change 2010–11</th>
<th>% change 2009–10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>962</td>
<td>53%</td>
<td>70%</td>
<td>240%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>193</td>
<td>11%</td>
<td>3%</td>
<td>-17%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>110</td>
<td>6%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Runaway</td>
<td>83</td>
<td>5%</td>
<td>-14%</td>
<td>-35%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>64</td>
<td>4%</td>
<td>100%</td>
<td>482%</td>
</tr>
<tr>
<td>Abuser</td>
<td>60</td>
<td>3%</td>
<td>100%</td>
<td>122%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>60</td>
<td>3%</td>
<td>-43%</td>
<td>-52%</td>
</tr>
<tr>
<td>Family relationship</td>
<td>41</td>
<td>2%</td>
<td>-5%</td>
<td>-11%</td>
</tr>
<tr>
<td>Risk of abuse</td>
<td>39</td>
<td>2%</td>
<td>56%</td>
<td>18%</td>
</tr>
<tr>
<td>Looked-after child</td>
<td>29</td>
<td>2%</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>Neglect</td>
<td>29</td>
<td>2%</td>
<td>93%</td>
<td>-51%</td>
</tr>
<tr>
<td>Total (all referrals)</td>
<td>1827</td>
<td>100%</td>
<td>33%</td>
<td>56%</td>
</tr>
</tbody>
</table>

*ChildLine will only make a referral to an external agency if there are serious concerns about the safety of a child.

2011/12 saw a 33 per cent increase in the total number of referrals made by ChildLine compared to 2010/11 and 56 per cent compared to 2009/10.

Concerns about suicide was the main reason why ChildLine referred children to external agencies. Referrals for this topic account for 53 per cent of the total referrals made in 2011/12, and the number of referrals for suicide has increased by 240 per cent since 2009/10.

In 2011/12, 64 per cent of referrals were made to police, 18 per cent to children’s services and 18 per cent to other agencies, such as ambulance services and CEOP.
General findings

The information from ChildLine counselling sessions shows that children are concerned about a range of issues beyond specific forms of abuse and neglect, such as bullying and family relationships. The number of counselling sessions about physical and sexual abuse in 2011/12 decreased on 2010/11, but increased compared to 2009/10. They also still accounted for more than 33,000 sessions and are among the top five issues overall. Emotional abuse accounted for 1 per cent of counselling sessions, but showed a 53 per cent rise on 2009/10. Neglect also accounted for 1 per cent of sessions, and has been relatively stable over the last three years. The number of counselling sessions about self-harm and suicide have increased substantially over the last three years — by 167 per cent and 107 per cent respectively. In 2011/12, 78 per cent of all conversations about self-harm took place online. The number of counselling sessions resulting in a referral to all external agencies has increased by 56 per cent between 2009/10 and 2011/12, with more than half of these relating to suicide last year. Referrals about sexual abuse, self-harm, and looked-after children also increased in that period, whereas referrals about runaways, homelessness and family relationships decreased.
Abuse and neglect: self-reported sources

Indicator 8 — Contacts with the NSPCC Adult Helpline

Key messages

• 44,510 contacts were made to the NSPCC Adult Helpline about child welfare in 2011/12, a 20 per cent increase since 2007/08 and a 46 per cent increase compared to 2009/10.

• 49 per cent of these contacts resulted in a referral to the police or children’s services. The proportion of contacts leading to a referral has increased each year since 2007/08.

• In 2011/12, 12,110 contacts were made about neglect, 8,407 about physical abuse, 5,878 about emotional abuse and 5,360 about sexual abuse. Contacts about abuse and neglect have increased by 54 per cent in the last five years.

• Other reasons for contacting the helpline include child behaviour, family relationships and adult health/behaviour.

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

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

Contacts to NSPCC helpline

Number of contacts* broken down by whether advice was given or a referral** made (2007/08—2011/12)

<table>
<thead>
<tr>
<th>Year</th>
<th>Advice</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>24%</td>
<td>24%</td>
</tr>
<tr>
<td>2008/09</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>2009/10</td>
<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>2010/11</td>
<td>46%</td>
<td>46%</td>
</tr>
<tr>
<td>2011/12</td>
<td>49%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Latest figure: 44,510 contacts were made to the helpline about child welfare in 2011/12.

Trend: The number of contacts to the helpline has increased from 36,999 in 2007/8 to 44,510 in 2011/12, a 20 per cent increase. The proportion of contacts which lead to a referral has increased each year.

* “Contacts” is used to describe people contacting the helpline through telephone, email, text and online reporting forms.

** “Referrals” are when the information is passed on to children’s services or the police.
This data shows that the number of contacts to the helpline about abuse and neglect has been increasing over the last five years. This shows that the number of contacts where there are serious concerns about the welfare of a child has been increasing. Overall, 40,508 individual children were the subject of referrals made by the helpline in 2011/12. Approximately a third of these children were not already known to children’s services. In 54 per cent of contacts that resulted in a referral, the caller had waited more than a month to contact the helpline and in 26 per cent of contacts, the caller had had concerns for at least six months. There was a higher proportion of both referral contacts and advice calls about neglect in Scotland and Wales than the UK as a whole, and a lower proportion in Northern Ireland. There was a higher proportion of referral contacts and advice calls about sexual abuse in Northern Ireland than the rest of the UK, and the proportion of advice calls about emotional abuse was higher in Wales than the rest of the UK.
Access and mediation

- 91 per cent of all five to 15 year olds used the Internet in 2012. This breaks down by age as: three in four to seven year olds (74 per cent) who have used the Internet; nearly all eight to 11 year olds (95 per cent); and all 12 to 15 year olds (100 per cent).
- 46 per cent of parents whose child uses the Internet at home have parental controls installed on the PC/laptop/netbook that their child uses.
- The estimated weekly volume of Internet use at home in 2012 increased with the age of the child: six hours for five to seven year olds, 8.1 hours for eight to 11 year olds and 17.1 hours for 12 to 15 year olds.

Cyberbullying

Cyberbullying is when someone uses technology, like the Internet or a mobile phone, to deliberately hurt, humiliate, harass, intimidate or threaten someone else.

- 28 per cent of 11 to 16 year olds have been bullied online or via mobile phones. Over a quarter of these described the bullying as on-going. This suggests that one in 13 (or 350,222) secondary aged school children may have suffered persistent cyberbullying.
- 20 per cent of victims of cyberbullying indicated that fear of the bullies made them reluctant to go to school, 19 per cent experienced reduced confidence and self-esteem, and 14 per cent did not feel safe.
- The findings show that 32 per cent of girls had experienced some form of cyberbullying, compared to 23 per cent of boys.
Sexting

Sexting is defined as “the exchange of sexual messages or images” and “creating, sharing and forwarding sexually suggestive nude or nearly nude images” through mobile phones and the Internet.

- 12 per cent of 11 to 16 year olds have seen or received sexual messages online, 2 per cent receiving them more than once a week.
- 11 to 12 year olds are less likely to receive sexual messages online than the older age groups (5 per cent vs. 20 per cent of 15 to 16 year olds).
- 4 per cent of 11 to 16 year olds say that they have posted or sent a sexual message online in the past 12 months.
- Girls are slightly more likely to have received them than boys (14 per cent vs. 10 per cent).
- The problems posed by sexting mainly come from peers — from “friends” in young people’s social networks.
- Sexting activities are often coercive and are linked to harassment, bullying and even violence.

Risk-taking behaviour

- 29 per cent of 9 to 16 year olds have had contact online with someone they have not met face to face.
- 4 per cent have gone to an offline meeting with someone they first met online.
- The online environment disinhibits both sexual groomers and young people. Concerns have been raised about the extent to which young people use sexual screen names and photos of themselves and act in a sexual way with people whom they have only met online.

Social networking sites

Social networking sites are where people have a profile and can meet other people or post messages on their own and others’ profiles. Among children aged five to 15 years, 43 per cent have an active social networking site profile. This breaks down by age as: 2 per cent of five to seven year olds with an active social networking site profile, 22 per cent of eight to 11 year olds and 80 per cent of 12 to 15 year olds. Children, particularly the 12 to 15s, are prolific social networkers with large numbers of friends – an average of 92 friends for the eight to 11s and 286 for the 12 to 15s.

- Children aged eight to 11 estimate that they have not met around one in eight (12 per cent) of their social networking friends, while 12 to 15 year olds say that they have not met one in four (25 per cent).
- 17 per cent of nine to 16 year olds have seen or experienced something on a social networking site that has bothered or upset them.
- A quarter of children aged 11 to 12 experience something which bothers them almost every day.
- These experiences were reported to have had a negative impact and made the majority of children feel angry, confused, humiliated, vulnerable or betrayed.

Seeing sexual images online

- 24 per cent of nine to 16 year olds in the UK say that they have seen sexual images in the past 12 months, whether online or offline (this is close to the EU average of 23 per cent).
- Children aged 15 to 16 years (39 per cent) are more likely to have seen sexual images than children aged nine to 10 years (11 per cent). Younger boys are more likely to have seen sexual images on websites and television than younger girls.
- 8 per cent of 11 to 16 year olds say they have seen online sexual images including nudity.
- Boys (12 per cent) are more likely to have seen sexual images online than girls (8 per cent).
- Seeing sexual images online is more common among teenagers than younger children. More teenagers (especially in the 13 to 14 year range) report being bothered by this.
### Viewing harmful material

- 19 per cent of 11 to 16 year olds in the UK have seen one or more types of potentially harmful content, rising to 32 per cent of 14 to 16 year old girls.

- Websites visited by young people include those where people discussed hate messages (visited by 13 per cent of 11 to 16 year olds), those encouraging anorexia or bulimia (visited by 8 per cent), sharing experiences of drug-taking (8 per cent), discussing ways of physically harming themselves (6 per cent) and discussing ways of committing suicide (2 per cent).

- Older girls aged 13 to 16 years (19 per cent) are far more likely to have visited pro-anorexia/bulimia sites than older boys (5 per cent).

- Girls aged nine to 12 years (7 per cent) have visited these sites more than boys of the same age (1 per cent). Younger girls (5 per cent) are more likely to have visited self-harm sites than younger boys (3 per cent). In general, young children visited such sites less than older children.

- In 2011/12, the Child Exploitation and Online Protection Centre (CEOP) received a total of 16,550 reports, an average of 1,300 per month. This was an increase on 6,291 reports in 2009/10.
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 2011/12, 7.6 per cent of 10 to 15 year olds in England and Wales were the victim of a violent crime.
- 69 per cent of these offences resulted in injury to the victim.
- An estimated 566,000 violent offences were experienced by children aged 10 to 15 in 2011/12.

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 2011/12 survey was based on face-to-face interviews with 3,930 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 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 orphanages.

Data availability and comparability
Data is only available for England and Wales for the last three years. However comparison between the three 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 (2009/10—2011/12)

<table>
<thead>
<tr>
<th></th>
<th>Preferred measure</th>
<th>Broad measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wounding</td>
<td>1.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Assault with minor injury</td>
<td>3.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Assault without injury</td>
<td>2.4</td>
<td>1.7</td>
</tr>
<tr>
<td>Robbery</td>
<td>1.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Violence with injury</td>
<td>5.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Violence without injury (includes unspecified)</td>
<td>3.4</td>
<td>2.1</td>
</tr>
<tr>
<td>Any violent incidents</td>
<td>8.5</td>
<td>6.9</td>
</tr>
</tbody>
</table>

*2011/12 data is from ONS March 2012 Crime in England and Wales report. A subsequent report has been released for the year Oct 2011 to Sept 2012, however for consistency with previous survey time periods the March 2012 figures are used here.

In 2011/12, 7.6 per cent of 10 to 15 year olds were the victim of a violent crime in the past 12 months on the preferred measure, and 12.9 per cent on the broad measure. On the preferred measure, 4.8 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 2011/12, 7.6 per cent of 10 to 15 year olds were victims of violent crimes on the preferred measure, and 12.9 per cent on the broad measure. As an indication, this is more than double the proportion of adults who were victims of violent crime in 2011/12 (3 per cent), though direct comparisons are problematic due to methodological differences.

The Crime Survey estimates that a total of 1 million crimes were experienced by children aged 10 to 15 in 2011/12 based on the preferred measure (compared to 1.5 million on the broad measure). Of this total, just over half were violent crimes (566,000) while most of the remaining crimes were thefts of personal property (419,000). Of the 566,000 violent offences, the majority (69 per cent) resulted in injury to the victim (in most cases, this was minor bruising or black eyes). In comparison, about 50 per cent of violent incidents among adults aged 16 or above resulted in injury to the victim. In 2011/12, 4.8 per cent of 10 to 15 year olds were the victims of violence and sustained an injury on the preferred measure, nearly 400,000 individual incidents.

Data sources
Abuse and neglect: child protection system

Indicator 11 — Referrals to social services and assessments

Key messages
- The number of referrals to children’s social services has been increasing in England and Northern Ireland (2002 to 2011) and decreasing in Wales (2007 to 2011).
- In Northern Ireland the rate of referrals per 10,000 children increased by 76 per cent between 2002 and 2012.
- The rate of children referred (per 10,000 of the population) in Northern Ireland is almost one and a half times as high as the rate in England.

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. 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 authorities social services department, the police, health services, family, friends, and neighbours. Children and young people can also self-refer.

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.

What are the limitations of the data?
The number of referrals are 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; alternately it could indicate an increase in the levels of concern about the safety of children or changes in legislation, policy and practice.

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.

Latest figure: There were 605,100 referrals relating to 515,000 children for the year to 31 March 2012.

Trend: Referrals increased by 6 per cent between 2002 and 2012. However there was a downward trend until 2008 before the referrals started to increase. The increase between 2009 and 2010 has been attributed to professional reaction following the death of Peter Connelly (Baby P).* England moved from an aggregate level return to a child level return in 2010/11.

How Safe Are Our Children?

Source of referral information is available publicly for two of the four nations. The categories differ between the nations. We can conclude that referrals come from a range of sources including from within social services, police, family and health services.
What happens after 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 made to 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 from 2013. In Northern Ireland no distinction is made between initial and core assessments undertaken using the “Understand the Needs of Children in Northern Ireland” (UNOClNI) assessment model. 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

2007—2011

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 all three nations, the trend in some form of further assessment has been increasing.

The data shows that a referral in Northern Ireland is more likely to result in further assessment than in England or Wales. Note that the analysis for England and Wales measures the number of referrals, not the number of children.

Data sources
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 due to abuse or neglect in England and Wales since 2009/10.
- The rate of children in need due to abuse or neglect has also increased over this period.

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 2012

Latest figure: There were 168,270 children in need due to abuse or neglect at 31 March 2012. This comprises 46 per cent of the total children in need. The rate per 10,000 children was 148.

Trend: The number of children in need due to abuse or neglect has been increasing since 2009/10. The number and rate remained constant in the most recent two years. However it needs to be noted that no 2012 population estimate is available so the 2011 figure has been used here.
**Wales**

Children in need due to abuse or neglect at 31 March 2012

Latest figure: There were 9,545 children in need due to abuse or neglect at 31 March 2012. This comprises 47% of the total children in need. The rate per 10,000 children was 151.

Trend: The data is limited, showing an increase in the number and the rate of children in need between 2009/10 and 2010/12.

**Northern Ireland**

Number of children allocated for further action at year ending 31 March 2012

Trend: The number of children allocated for further action has almost doubled since 2005, although numbers appear to have levelled off in 2012. We do not know what proportion of these children are have been allocated for further action due to abuse or neglect.

Latest figure: There were 20,785 children allocated for further action in the year ending 31 March 2012.

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.)

Data sources

England CIN census 2010, 2011 and 2012; StatWales, CIN data; NI Children Order Statistical Trends, table 3.5 and 2011/12 release page 15; Mid-year population estimates from ONS and 2011 census data (table PP04).
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 (CPP) or on child protection registers (CPR) has been increasing in all four nations.
- The rate of children (per 10,000 children) subject to child protection plans and on registers has also been increasing.

Why is this measure important?
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).

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 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. 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.

Children subject to Child Protection Plans or on registers (rate per 10,000 children)

The data shows Northern Ireland has had the highest rate of children on child protection registers and Scotland has had the lowest.

Trend: Between 2002 and 2012 the rate of children subject to CPPs and on CPRs in all four nations increased, although Northern Ireland has seen a decrease in 2012.

The largest increase was in England (64 per cent), followed by Wales (52 per cent), Northern Ireland (44 per cent) and Scotland (40 per cent).
**England**

Number of children subject to CPPs at 31 March 2012

Latest figure: There were 42,850 children subject to CPPs on 31 March 2012.

Trend: Between 2002 and 2012 the number of children subject to CPPs increased by 67 per cent.

**Wales, Northern Ireland and Scotland**

Number of children on CPRs at 31 March 2012 (31 July in Scotland for 2012)

Latest figure Wales: There were 2,890 children on a CPR on 31 March 2012.

Trend Wales: Between 2002 and 2012 the number of children on a CPR increased by 47 per cent.

Latest figure Scotland: There were 2,706 children on a CPR on 31 July 2012.

Trend Scotland: Between 2002 and 2012 the number of children on a CPR increased by 94 per cent.

Latest figure Northern Ireland: There were 2,127 children on a CPR on 31 March 2012.

Trend Northern Ireland: Between 2002 and 2012 the number of children on a CPR increased by 39 per cent.

Data sources

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 except for Northern Ireland, where physical abuse has recently overtaken neglect as a cause.

- 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 risk is subject to a child protection plan or on a child protection register.

What are the limitations of the data?

This data shows the reasons why a child is subject to a CPP or on the 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 2011/12. We considered five years of data to be a reasonable time period to give an indication of the common causes for being subject to a CPP or on a CPR. In March 2013 Scotland published data for the year ending July 2012 but with revised categories. 2012 Scotland data is not comparable to earlier years and has not been included here.

England

Composition of child protection plans at 31 March 2012

Latest figure: At 31 March 2012 the breakdown was as follows: 43 per cent neglect; 29 per cent emotional abuse; 13 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Neglect</th>
<th>Emotional Abuse</th>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2008</td>
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<tr>
<td>2011</td>
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<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
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</tr>
</tbody>
</table>
Latest figures: The breakdown was as follows: 43 per cent neglect; 32 per cent emotional abuse; 13 per cent physical abuse; 6 per cent multiple reasons and 5 per cent sexual abuse.

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

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.

Latest figures: The breakdown was as follows: 29 per cent physical abuse; 28 per cent neglect; 24 per cent multiple reasons; 13 per cent emotional abuse; and 7 per cent sexual abuse.

Trend: Neglect has been the most common cause for being on a CPR, but has recently been overtaken by physical abuse.
Abuse and neglect: child protection system

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

Key messages

- The proportion of children subject to plans or on registers for short period of time (three or six months or less) has been increasing in England, Northern Ireland and Scotland. At the same time, the proportion of children who are re-registered after coming off a plan or register does not appear to be increasing. This suggests that children are not being removed from plans before the necessary safeguards have been put in place.

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 data shows that the percentage of children who become subject to a CPP for a second or subsequent time has remained broadly constant since the late 1990s at between 13 to 14 per cent against an increase in the percentage of children who are on plans for a short period. This is positive: an increase in the percentage of children coming back to CPPs would be of concern.

Sources:

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 around 18 per cent since 2006/7 and has been between 15 and 16 per cent for the past three years.

Scotland

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

Trend: Data from 2000/1 to the present shows the percentage of children ceasing to be on a CPR after six months or less increased by over a third to 46 per cent. This was not accompanied by an increase in the percentage of children who went back on a CPR for a second or subsequent time.

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 since 2001/2. Over this period, the proportion of all children becoming registered who were registered for a second or subsequent year has been between 14 to 18 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.
Abuse and neglect: child protection system

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

Key messages

- The proportion of children who are subject to child protection plans (CPPs) or child protection registers (CPRs) for longer than two years has been decreasing in England, Scotland and Northern Ireland. This suggests that “drift” in the system may be lessening.
- 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 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 for the year ending 31 March 2012

Latest figure: 5.6 per cent of children coming off a CPP in the year to 31 March 2012 had 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 has declined from around 15 per cent to 6 per cent since the early 1990s.
Scotland

Percentage of children ceasing to be on a CPR who had been on for longer than two years at 31 July 2012

Latest figure: Under 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 over 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 2012

Latest figure: 13 per cent of children coming off a CPR in the year to 31 March 2012 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 more has declined by 37 per cent since 2001/2.

Sources:
Abuse and neglect: child protection system

Indicator 17—Looked-after children

Key messages

- **The number of children looked after due to abuse or neglect has been increasing in England.** Welsh data also points to an increase.

- **For Scotland and Northern Ireland, we present data on the total number of looked-after children.** These figures show an increase over the last decade although the rate of increase differs. In Northern Ireland, the number of looked-after children increased by 8 per cent between 2002 and 2012. Scotland saw a 47 per cent increase between 2001 and 2012.

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.

What are the limitations of the data?

In England and Wales, statistics on looked-after children are available on 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.

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 (per 10,000) of children looked after due to abuse or neglect at 31 March 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Rate (per 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>37,270</td>
<td>32.4</td>
</tr>
<tr>
<td>2008</td>
<td>36,780</td>
<td>31.9</td>
</tr>
<tr>
<td>2009</td>
<td>37,200</td>
<td>31.1</td>
</tr>
<tr>
<td>2010</td>
<td>39,350</td>
<td>34.9</td>
</tr>
<tr>
<td>2011</td>
<td>40,440</td>
<td>35.7</td>
</tr>
<tr>
<td>2012</td>
<td>41,790</td>
<td>36.9</td>
</tr>
</tbody>
</table>

Latest figure: There were 41,790 children looked after due to abuse and neglect at 31 March 2012.

Trend: The number of children looked after due to abuse or neglect has been increasing, as has the rate per 10,000 children. The proportion of children in care due to abuse or neglect has remained at around 61 to 62 per cent of total children in care between 2007 and 2012.

Data sources


<table>
<thead>
<tr>
<th>Data sources</th>
</tr>
</thead>
</table>
Northern Ireland

Number of looked-after children at 31 March 2012

Latest figure: There were 2,644 looked-after children in Northern Ireland at 31 March 2012.

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. 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 looked-after and accommodated children at 31 March (31 July from 2011)

Latest figure: There were 16,248 looked-after children in Scotland at 31 July 2012.

Trend: The trend in the number of looked-after children 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.

Wales

Number of children looked after due to abuse or neglect at 31 March 2012

Latest figure: There were 3,750 children looked after due to abuse or neglect at 31 March 2012.

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.
How Safe Are Our Children?

Latest figure: There were 7,380 looked-after children who had three or more placements in the year ending 31 March 2012. This was 11 per cent of all looked-after children at 31 March 2012.

Trend: The number of looked after children who had three or more placements during the year has been decreasing. Between 2003 and 2012 this percentage decreased by around a quarter from 15 per cent to 11 per cent.

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.

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.

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 and Wales, but not for Scotland and Northern Ireland.

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England

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

Latest figure: There were 7,380 looked-after children who had three or more placements in the year ending 31 March 2012. This was 11 per cent of all looked-after children at 31 March 2012.

Trend: The number of looked after children who had three or more placements during the year has been decreasing. Between 2003 and 2012 this percentage decreased by around a quarter from 15 per cent to 11 per cent.
Wales

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

Data sources


Latest figure: There were 525 looked-after children who had three or more placements in the year ending 31 March 2012. This was 9 per cent of all looked-after children at 31 March 2012.

Trend: The number of looked-after children who had three or more placements during the year has been decreasing. Between 2003 and 2012 this percentage decreased by just over a quarter.
Abuse and neglect: child protection system
Indicator 19 — Child trafficking

Key messages

- Estimates of the number of child victims of trafficking in the UK vary. The Child Exploitation and Online Protection (CEOP) Centre estimates that there are approximately 300 victims per year while the Serious Organised Crime Agency (SOCA) identified 489 potential victims in 2011.

- 170 children were referred to the NSPCC Child Trafficking Advice Centre (CTAC) between November 2011 and October 2012.

- The most frequent exploitation type in CTAC referrals is criminal exploitation, followed by benefit fraud and sexual exploitation.

- 40 per cent of children referred to CTAC since 2007 came from Asia, 34 per cent from Africa, and 23 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 CTAC* as well as data collated by CEOP and SOCA 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 don’t 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 five years. CEOP estimates cover the UK and date back to 2005.

Estimated number of potential victims of child trafficking

March 2005—September 2011 (NB. chart does not show a decrease in the number of victims due to the differing time periods used.)

CEOP has estimated the total number of potential victims of child trafficking in the UK using a range of data sources, including data from CTAC and the NRM.** Data is not fully comparable due to different methodologies between years, and the differing time periods for each figure should be noted. The data indicates an approximate total of 300 potential victims of trafficking per year. A separate estimate by SOCA based on data from the NRM, police forces and NGOs gave a total of 489 potential victims in 2011.

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* 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.
Between November 2011 and October 2012, 170 children were referred to CTAC, 75 of them female and 95 male.

The number of children referred to CTAC has increased by 72 per cent since 2007/8, from 99 to 170. The number peaked in 2008/9 at 200, and has since then decreased marginally. Between 2007/8 and 2010/11 more girls were referred than boys, but this is reversed in the latest year.

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

*This is an illustrative list and does not cover all forms of exploitation.
How Safe Are Our Children?

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. According to the 2010 CEOP Strategic Threat Assessment, London was the destination for the majority of child trafficking victims, followed by the North-West. A 2011 report by Scotland's Commissioner for Children and Young People cited CEOP evidence that 17 children were trafficked into Scotland between March 2007 and February 2010. The same report identified that the UKBA office for Scotland and Northern Ireland received 14 NRM referrals of children between April 2009 and August 2010. According to the Home Office, eight children were referred to the NRM by First Responders in Northern Ireland between April 2009 and March 2011, one of whom was conclusively identified as a victim of trafficking.

UK nations

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. According to the 2010 CEOP Strategic Threat Assessment, London was the destination for the majority of child trafficking victims, followed by the North-West. A 2011 report by Scotland's Commissioner for Children and Young People cited CEOP evidence that 17 children were trafficked into Scotland between March 2007 and February 2010. The same report identified that the UKBA office for Scotland and Northern Ireland received 14 NRM referrals of children between April 2009 and August 2010. According to the Home Office, eight children were referred to the NRM by First Responders in Northern Ireland between April 2009 and March 2011, one of whom was conclusively identified as a victim of trafficking.

CTAC referrals by region of origin

November 2007—October 2011

Asia is the region of origin for 40 per cent of children referred to CTAC. This is followed by Africa, which accounts for 34 per cent of referrals, and Europe for 23 per cent. Similarly, CEOP and SOCA data shows Asia, Africa and Eastern Europe accounts for the majority of referrals, with high numbers of children being trafficked from Vietnam, Nigeria and Romania.

Data sources

CTAC data on file with the NSPCC.
CEOP (2010) Strategic Threat Assessment Child Trafficking in the UK.
Hansard (2011) HC Deb, 28 March 2011, c83W.
3 Children at risk of abuse and neglect

The report so far has set out the statistical information available about children who have experienced abuse and neglect. The following chapter provides a snapshot about what is known about children and young people who are at risk of abuse and neglect.

Introduction

In order to fully answer the question “how safe are our children?” it is necessary to consider the evidence available about why some children and young people are at greater risk of suffering from abuse and neglect than others. An understanding of risk factors is essential when designing prevention and intervention programmes aimed at preventing future cases of abuse and neglect. But risk factors cannot be used to predict reliably which children will experience abuse and neglect due to the lack of a clear causal pathway.

Understanding and identifying key risk factors is challenging. There is a lack of consensus in the research and policy literature about which circumstances constitute a “risk” or a form of “adversity” for children, and various concepts and terminologies are in use. There is no systematic analysis of all of the risk factors present in cases of abuse and neglect, apart from reviews conducted by local interagency groups that only analyse the most serious cases resulting in death or serious injury. There are many “risk” factors that are associated with higher rates of abuse and neglect, but the strength of the association varies, depending on the child and their circumstances. It is also important to note that children experiencing individual risk factors will be differently vulnerable based on their exact individual circumstances and whether they have access to protective factors. This is referred to in the literature as “resilience.” In order to conceptualise this further, an ecological model is often used to describe this complex topic. It is also widely accepted that “multiples matter” – crucially, children living with more than one type of risk factor are known to be far more likely to suffer from maltreatment.

While there is no core set of agreed risk factors, a review of current literature and the main typologies used to assess children at risk of significant harm have led us to focus on the following factors which are commonly associated with a range of negative outcomes, including child abuse and neglect. These risk factors can be conceptualised as: (i) risks experienced as a result of characteristics of the family which impact on the parent’s ability to bond with their child and provide them with adequate care and safeguarding; and (ii) risks because of characteristics associated with the child or young person. Figure 1 lays out these risks, which will be explored in the remainder of this chapter. Other commonly explored risk factors not addressed in this chapter include family separation, family bereavement, parental offending/imprisonment and the child’s own harmful or antisocial behaviour.
Figure 1: Why are some children and young people at greater risk of suffering from abuse and neglect?

- Experience of parent domestic abuse
- Parental substance misuse
- Poverty and debt
- Parental mental ill-health
- Parental learning disability
- Parental history of childhood abuse
- Children from certain minority ethnic communities
- Children with a physical or mental impairment
- Children in the care system
What is known about the level of risk children face?

There is no single UK data source which includes information about all of the risk areas identified and data is rarely systematically collected to estimate and monitor prevalence. For this reason, what is known about each area of risk is most often based on limited research evidence and limited statistical data.

Children living with domestic violence

Why is this a risk factor?

Children living in households where domestic violence is present are known to be more likely to experience abuse and neglect. A recent analysis of 268 serious case reviews (SCRs) showed that 34 per cent of the cases examined were found to have domestic abuse as a risk factor.\(^2\) Children can become directly involved in incidents of domestic violence or they may witness or hear violence taking place. Children who witness domestic violence often experience severe emotional effects as a result.\(^3\) NSPCC research on child maltreatment showed that 34.4 per cent of under 18s who had lived with domestic violence had also been abused or neglected by a parent or guardian, compared with 7 per cent of children and young people not living with domestic violence but who were abused or neglected.\(^4\)

What we know about prevalence

Here we lay out the key sources of prevalence data on domestic violence in the UK, based on self-report surveys which are generally believed to be more accurate than reported crime statistics. While there are limitations to this data, it is clear that domestic violence is an issue affecting many families across the UK. The NSPCC’s prevalence study conducted in 2009 is the only study to date that attempts to estimate the number of children and young people who experience domestic violence in the UK. This study found that an estimated 12 per cent of children under the age of 11, and 17.5 per cent of children aged between 11 and 17, had been exposed to domestic violence incidents between adults in their homes at some point in their lifetime.\(^5\) Using 2011 child population figures, this translates into 977,000 under 11 year olds and 927,000 11 to 17 year olds having been exposed to domestic violence during their childhood.

Why are some children and young people at greater risk of suffering from abuse and neglect?

An estimated 14% of 0–17 year olds have been exposed to domestic violence.

Large-scale sources of data on domestic violence only report the experience from the perspective of adults. Few record whether adult victims of domestic violence are also parents, or whether there were children living in the household at the time of the abuse. The hidden nature of domestic abuse and the reluctance of victims to report incidents also mean that the scale of the problem is likely to be far greater than official figures suggest.

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\(^3\) Webster, A., Coombe, A. and Stacey, L. (2002) Bitter Legacy: The Emotional Effects of Domestic Violence on Children. London: Barnardo’s. The research showed that in nine out of 10 cases of domestic violence, children were present in the next or same room.


For national-level data, the British Crime Survey (BCS)\(^{32}\), the Scottish Crime and Justice Survey (SCJS) and the Northern Ireland Crime Survey (NICS) provide some insight into the number of adult victims of domestic violence.

Since 2004, the BCS\(^{33}\) has contained a self-completion module on intimate violence\(^{34}\) although it does not collect information about the presence and impact on children in households where there is domestic abuse. Since the self-completion module was introduced, the rates of declared domestic violence have remained relatively stable. According to the 2010 BCS,\(^{35}\)

- 7 per cent of women aged 16 to 59 years and 5 per cent of men reported having been the victims of domestic violence in the preceding year;
- 30 per cent of women and 17 per cent of men stated that they had experienced domestic abuse since the age of 16.

Since 2008/09 the self-report SCJS\(^{36}\) has included questions on a respondent’s experiences of “partner abuse” and also includes information about whether children were present at the time of the incident.\(^{37}\) The survey showed:

- The risk of experiencing partner abuse has remained broadly the same, 3 per cent since 2008/2009;
- For 2010/2011,
  - 35 per cent of those who had experienced partner abuse in the last 12 months had dependent children living with them at the time of the most recent incident;
  - Of these parents, 69 per cent said that the children were present when the abuse occurred.
  - In 61 per cent of incidents where children were present, the children saw or heard what happened; in 28 per cent of those incidents children became involved and in 7 per cent of those incidents, children were physically hurt or injured as a result of becoming involved.

The NICS is a large-scale nationally representative face-to-face survey of adults living in private households and is used to produce estimates of crime within the general population. The survey was first carried out in 1994/5 and was repeated in 1998, 2001 and 2003/4 before operating on a continuous basis in January 2005. Although the survey asks questions about interpersonal violence, it does not have a specific focus on domestic violence apart from a domestic violence module which formed part of the 2007/08 NICS. The 2007/2008 study found:\(^{38}\)

- 11 per cent of respondents aged 16 to 59 identified themselves as having been a victim of domestic violence at some stage in their lives;
- When asked about the “worst” incident, 27 per cent believed this incident was seen and/or heard by children.

**Children whose parents/carerers have mental health problems**

**Why is this a risk factor?**

The vast majority of parents with a mental health problem do not abuse their children.\(^{39}\) However, a review of SCRs found that in the majority (around 60 per cent) of those cases, the serious mental illness of the parents, which often appeared in combination with other problems, was identified as a significant risk factor.\(^{40}\) Parents with mental health issues may exhibit a variety of behaviours including suicidal or self-harming behaviour. These have been highlighted to the social care workforce as particularly serious risk factors, leading to a high probability of risk for serious abuse and neglect.\(^{41}\) Parental psychopathy and anxiety have been shown to be related to parental physical abuse.\(^{42}\) Parental mental illness in the perinatal period is also known to jeopardise or prevent healthy parent-child bonding (referred to as “attachment”).\(^{43,44,45}\)

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What we know about prevalence

Some survey data is available to show the level of mental health problems in the general population. For example, the *Surveys of Psychiatric Morbidity in Great Britain* aims to provide up-to-date information about the prevalence of psychiatric problems among people in Great Britain, as well as their associated social disabilities and use of services. However, although statistics such as this exist for the number of adults with mental health problems, there are no official statistics available to show the number of children living with parents who have mental health problems.

Attempts have been made to estimate the numbers of children whose have at least one parent suffering from mental illness. The Mental Health Foundation estimates that there are 50,000 to 200,000 children and young people in the UK caring for a parent with a severe mental illness. Research estimates that more than 2 million children, and in particular 144,000 babies under one year old, are living with a parent who has a common mental health disorder.

Children whose parents/carers misuse substances (drugs and alcohol)

Why is this a risk factor?

Children can be impacted in two very distinct ways by parents who misuse substances. 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. Most drugs cross the placenta, so the misuse of drugs during pregnancy affects both the mother and the foetus. Research evidence into 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. In addition, children exposed to drugs in utero 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.

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. Alcohol misuse can mean that parents are unable to adequately care for their children or provide the practical and emotional support they need. Research into social work case files found that the majority of cases which were kept opened or were referred were because of substance misuse. Parental substance misuse was found to be a concern with 25 per cent of children who were subject to a child protection plan and analysis of SCRs between 2009 and 2011 in England found that in 42 per cent of those families, parental substance misuse was indicated. Research linking substance misuse as an individual risk factor is limited. Evidence generally shows that parents who misuse substances often suffer from other adversities, such as domestic violence or mental ill-health, which makes the outcome of abuse or neglect more likely.

What we know about prevalence

Due to the illegal and secretive nature of drug-taking, there is a shortage of reliable statistics on drug use overall. Although statistics exist for the number of people known to have alcohol addictions, whether the individuals involved are also parents is not routinely measured. Despite the limitations, it is clear from various studies that there are large numbers of children in the UK living with substance-misusing parents.

As seen in the *Hidden Harm* report by the Advisory Council on the Misuse of Drugs, estimating the number of children whose parents misuse drugs is a difficult task. The Advisory Council, using a variety of data sources, estimates that there are between 250,000 and 350,000 children with at least one parent who is a problem drug-user.

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Manning et al. have also attempted to estimate the number of children living with problem-drinking parents and parents who use illicit drugs, but using different datasets from those used in the Hidden Harm report. They found:

- Between 3.3 million and 3.5 million children (under 16) have lived with at least one parent who was a binge-drinker.
- 2.6 million children have lived with a hazardous drinker and 705,000 have lived with a dependent drinker.

Up to 978,000 children have lived with an adult who had used illicit drugs in the previous year. Research based on extrapolating from the census data indicates that 7 per cent of parents are drinking at harmful levels. It claims that “some 800,000 children in England and Wales, 85,000 children in Scotland and something under 35,000 children in Northern Ireland are living in a family where a parent has an alcohol problem.”"}

Children whose parents/carers have a learning disability

Why is this a risk factor?

Many parents with a learning disability are able to successfully parent their children, but evidence suggests that parental learning disability is often one of a number of problems that impact on a parent’s ability to safeguard their children adequately. It has been estimated that between 40 and 60 per cent of parents with a learning disability have had their children taken into care as a result of court proceedings. There are not clear links between child abuse and wilful neglect, and parental learning disability. In most cases where a child is identified as neglected and a parental learning disability is identified, the neglect occurs by omission of action, lack of understanding of appropriate parental actions and limited support.

What we know about prevalence

No data exists on the number of people with learning disabilities who are parents in the UK or even the number of adults in the general population who have a learning disability. Only the Scottish Government collects information about the number of adults with a learning disability; unfortunately, the data does not indicate if these 25,252 adults are also parents. Several studies have attempted to estimate the numbers although the results are extremely varied. Booth and Booth estimate that there are approximately 23,000 parents with learning disabilities in the UK, whereas the Department of Health estimates that there are around 250,000. Although the number of parents with a learning disability may be low in the population as a whole, the heightened risk of these parents being unable to safeguard their children adequately, particularly where there are other stress factors, clearly indicates the need to focus on these families.

Children living with poverty, debt and financial pressures

Why is this a risk factor?

Although there is no evidence to show that poverty causes child maltreatment, poverty and child maltreatment share many similar risk factors. Numerous explanations try to explain the relationship between poverty and child abuse and neglect. The impact of the stress associated with poverty and social deprivation on parenting is the most common explanation.

Researchers have found that parents with a low income are four times more likely to feel chronically stressed than parents with higher incomes. Stress levels of parents living in poorer neighbourhoods have been shown to be high. One study identified a “strong relationship between parents’ levels of stress and greater use of physical discipline”. Another associated being in a lower socio-economic group with a more significant level of physical discipline and abuse. 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 more likely to have suffered from more than one form of abuse than those from more well-off childhood homes. Emerging findings from research in England highlight the impact of..."
poor and inadequate housing on families and poor housing is a common characteristic of families in poverty. The unsafe environment and the impact of parental stress have been found to be factors in some SCRs and where children are subject to child protection plans.

This does not mean that parents who are poor will abuse or neglect their children. The relationship has been described as “circular and interdependent as opposed to linear and causal”.

What we know about prevalence
The Institute for Fiscal Studies estimates that the number of children living in relative poverty in the UK was around 2.5 million in 2012, rising to about 2.9 million in 2015.

Children whose parents were victims of childhood abuse
Why is this a risk?
Parental exposure to childhood abuse has long been cited as a risk factor in child maltreatment, but as with other risk factors cited in this chapter, there is no clear causal link. The long-term impact of child maltreatment can help explain why this type of parental childhood experience may place a parent’s own children at risk. Adults who suffered childhood maltreatment may have their neurobiological development affected, particularly early in their life. They may suffer from lifelong psychological, behavioural and learning problems. The cumulative effect of multiple experiences of childhood abuse for some adults may also result in them turning to alcohol or drugs to help manage their symptoms. A meta-analysis of studies has found that childhood exposure to physical or emotional abuse or neglect roughly doubled the likelihood of negative mental health outcomes. In addition, this analysis found a highly consistent association between these types of childhood experiences of abuse and adult drug use.

What we know about prevalence
There is no database in the UK that tracks adult victims of abuse. Some research tools, such as the Adverse Childhood Experiences (ACE) study, does look at childhood experiences of abuse, but to date, the ACE has not been used widely in the UK. The NSPCC Prevalence study did explore childhood experiences of abuse of 18 to 24 year olds and found that one in four will have experienced some form of severe maltreatment in their lifetime. It also found that compared to the NSPCC’s 2000 study, some forms of maltreatment had declined. An estimated 3.4 million children have a mother who experienced some form of severe maltreatment in her childhood, but the number of children at risk can be expected to be much higher as figures for those who have experienced maltreatment as a child cannot be calculated in the same way.

Children with physical and mental impairments
Why is this a risk?
Although research in the UK is limited, international research shows that deaf and disabled children are three times more likely to experience abuse than non-disabled children. A comprehensive study from the United States 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.

Disabled children are more vulnerable for a range of reasons. The key ones are thought to be: a lack of awareness of risk; a reluctance to believe that disabled children are abused; indicators of abuse being mistakenly attributed to a child’s impairment; and a lack of effective communication with disabled children and their families. Factors relating to the child’s deafness or impairment itself such as the dependency and their families. Factors relating to the child's deafness or impairment itself such as the dependency on a number of carers for personal assistance, impaired capacity to resist/avoid abuse, communication impairments and an inability to understand what is happening or to seek help, are also contributory factors.


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What we know about prevalence

There is no dataset that contains the exact number of disabled children in the UK. Estimates are varied as there is a lack of consistency in the definition of disability used. In England an attempt to estimate the number of disabled children by using the number of children who have a statement of special education needs and children who receive a disability living allowance, set the figure at somewhere between 288,000 and 513,000. In Scotland, a similar exercise using data on children assessed as having additional support needs, receiving a disability support allowance and assessed as having a disability by schools, estimated that there were approximately 45,000 children with a disability. In Northern Ireland and Wales, estimates suggest approximately 6 per cent (Northern Ireland: 26,000; Wales: 37,000) of the child population is disabled.

UK-wide figures have been estimated from a number of sources. Estimates developed by the Department of Work and Pensions suggest that approximately 6 per cent (800,000 children) of the child population is disabled. A slightly higher figure was obtained by a secondary analysis of estimates in the Family Resources Survey which suggests that approximately 7.3 per cent (980,000 children) of the children in the UK are disabled.

Children from certain minority ethnic communities

Why is this a risk?

It has long been known that 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. Less is known as to why this is the case, but it has been suggested that this disproportionality is more a result of a variety of issues such as racial discrimination, language barriers, poor assessments and interventions, and inadequate or inappropriate services. Research attempting to explore the links between child maltreatment and particular minority ethnic groups is 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.

What we know about prevalence

Although the 2011 census has been recently completed, data tables are not yet available. Estimates of children from different ethnic backgrounds have been presented below.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>12,742.97</td>
<td>85.96%</td>
</tr>
<tr>
<td>Mixed</td>
<td>534.44</td>
<td>3.60%</td>
</tr>
<tr>
<td>Black</td>
<td>428.171</td>
<td>2.89%</td>
</tr>
<tr>
<td>Asian</td>
<td>954.501</td>
<td>6.44%</td>
</tr>
<tr>
<td>Chinese or other</td>
<td>164.926</td>
<td>1.11%</td>
</tr>
</tbody>
</table>

Total number of children* = 14,825.01

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*Units in thousands

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Children living within the care system

Why is this a risk?

Children living in the care system are referred to as “looked-after” children.

Many children benefit from care, as it provides them with a safe and secure place to live and interventions to help cope with the trauma that led to them being in care in the first place. The majority of children state that their care is either “good” or “very good”. However, some children remain at risk of harm, suffering additional abuse while in care. The types of abuse these children may suffer include targeted abuse by carers or other adults, poor standards of care, abuse disguised as treatment or behaviour modification techniques, systematic abuse by staff against children, and further emotional damage caused by placement instability.

Limited research in the UK has led to estimates of between 3 to 4 per cent of looked-after children experiencing further maltreatment while in foster care. Recent research on child sexual exploitation found that a disproportionate number of children who were sexually exploited were looked-after and many of those were in residential care. The full extent of abuse while in care is unknown, but for this extremely vulnerable group, it is important to remain vigilant.

What we know about prevalence

The latest available official statistics suggest that there are 91,280 looked-after children in the UK.
Conclusion

In most serious cases of abuse and neglect, the children affected will have been living with a range of risk factors. Despite what is known about the link between risk factors and the likelihood of abuse and neglect, in most cases there is little official data to show accurately how widespread the situation is for a given risk. Nor is there enough official data to gauge the prevalence of combinations of risk factors. Some studies have attempted to estimate the extent of these factors, but few are on a large scale. One notable exception is the National Psychiatric Morbidity Study (2000) which sampled more than 8,800 adults. Manning et al.,\textsuperscript{116} using this dataset, has estimated the number of children living with parents who are problem drug users, problem alcohol users and have a common mental health disorder (see Figure 2) which is helpful in estimating the number of children who might be at risk. But similarly to most datasets that provide information about risks, it does not include data on whether child abuse or neglect was present in those affected families.

![Figure 2: Children at cumulative risk of harm\textsuperscript{117}](image)

As we have highlighted for many of the risk factors, one risk alone does not always map to a heightened risk of abuse and neglect; it is often that particular risk factor sitting alongside other risks that increase the child’s likelihood of suffering from abuse and neglect. More needs to be done to accurately record how many children are experiencing these risks and to accurately record the co-occurrence of all these risks, alongside data about abuse and neglect of the child. If this data existed, services would be better able to target their interventions, researchers would be better able to explore the links between the different risk factors, and policymakers would be better able to target policy at the most vulnerable groups.

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 Heath, 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) defines common mental disorders and neurotic symptoms using the revised Clinical Interview Schedule (CIS-R) 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.

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.


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 Office and is described as the following: “Any incident or pattern of incidents of controlling, coercive 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). 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.

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121This 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) 122A 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. 123An 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. 124The 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.\(^\text{125}\)

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”.\(^\text{126}\)

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.\(^\text{127}\)

Multiple problems with parental supervision/care
Screener questions asked in both the 1998 and the 2009 NSPCC Prevalence study to assess parental supervision.\(^\text{128}\) 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 study\(^\text{129}\) 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.\(^\text{130}\) 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).\(^\text{131}\)

\(^{125}\text{HM Government 2010a, p.279, Figure 8.66}\)
\(^{127}\text{The legislation is available at: http://www.legislation.gov.uk/ukpga/2007/12/contents}\)
\(^{129}\text{Ibid. p. 7.}\)
\(^{130}\text{Ibid. p. 44.}\)
\(^{131}\text{The government is currently looking to develop new non-income indicators of poverty in addition to the measure of households falling below 60 per cent of median income (as enshrined in the Child Poverty Act 2010).}\)
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." \(^{132}\)

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

Screener questions asked in both the 1998 and the 2009 NSPCC Prevalence study to 18 to 24 year olds. \(^{133}\) 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. \(^{134}\) 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. \(^{135}\) 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. \(^{136}\) 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’.

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.

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\(^{134}\) Ibid. p. 7.  
\(^{135}\) Ibid. p. 132.  
\(^{136}\) Ibid. p. 132.
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.