Division(s): n/a

PERFORMANCE SCRUTINY COMMITTEE - 5 NOVEMBER 2015

Increase in Child Protection Cases: Report Card

Report by Interim Head of Service - Safeguarding

Introduction

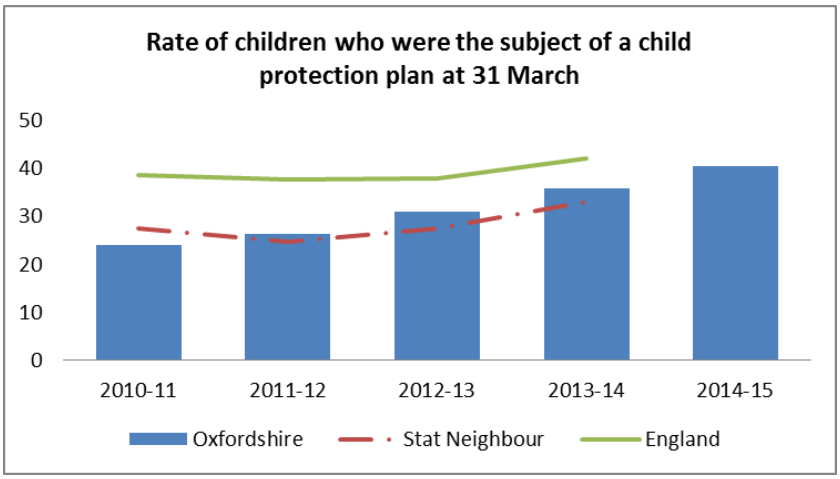
1. There has been an increase in child protection cases in Oxfordshire over a number of years. The increase in Oxfordshire has been greater than the increase nationally. This paper provides some background to this increase.

Summary

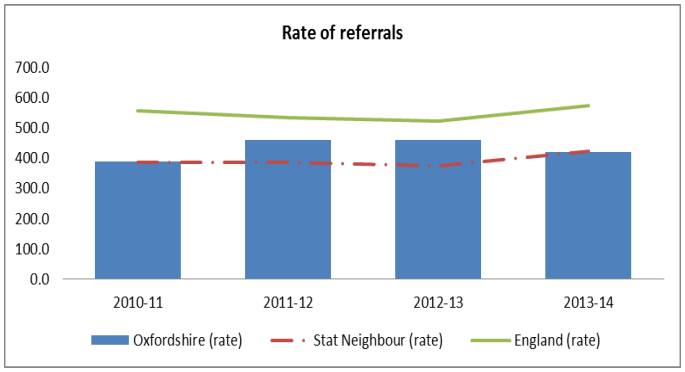
- Referrals have grown less than elsewhere and reduced in 2014/15.
- The number of children being worked with under Child In Need plans i.e. under the threshold for child protection (CP) planning, has reduced by over 25% in the last two years.
- Children subject to a child protection investigation has grown more rapidly than elsewhere (more than doubling in 5 years), but fell slightly last year.
- The number of children subject of a child protection plan has increased more rapidly than elsewhere and continued to rise last year. Between 2010/11 and 2013/14 the numbers increased by 50% in Oxfordshire, compared to 9% nationally.
- The number of looked after children has risen less than elsewhere, but has increased significantly last year. Oxfordshire's looked after numbers are now in line with statistical comparator authorities.

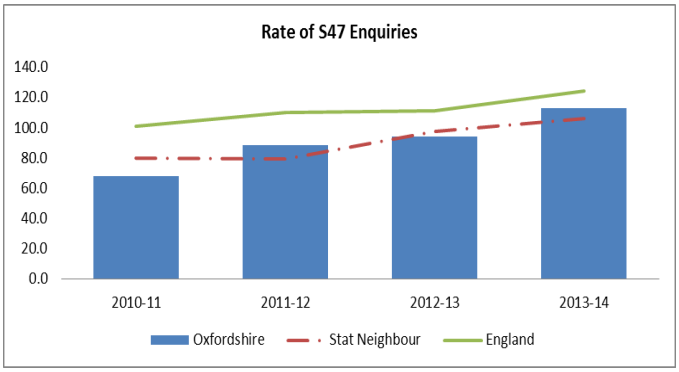
Comparative data and trends

2. The rate of children subject of a child protection plan is rising more quickly in Oxfordshire than elsewhere. Between March 2011 and March 2014 it rose by 50% compared to 21% for statistical neighbours and 9% nationally. In 2014/15 in Oxfordshire there was a further rise of 13% and in the first quarter of 2015/16 another increase of 11%, with 634 children now subject of a child protection plan.

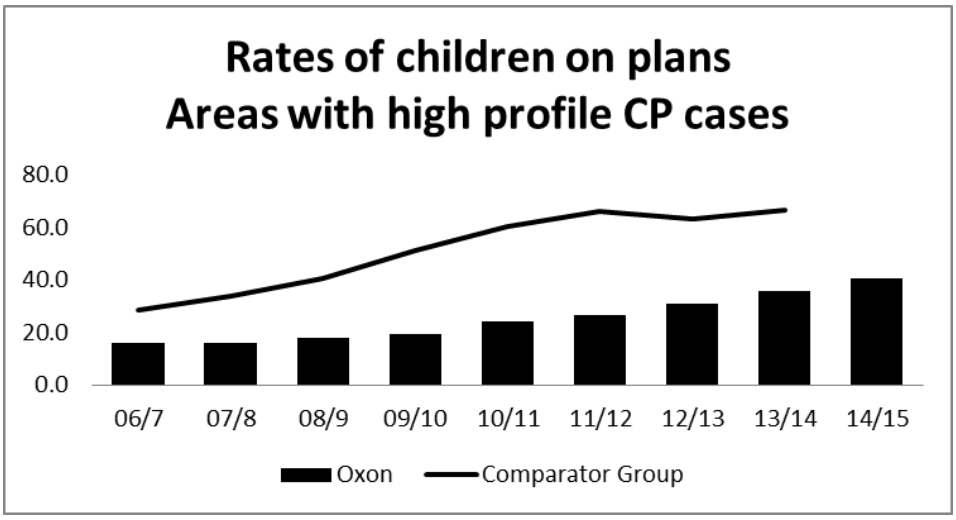


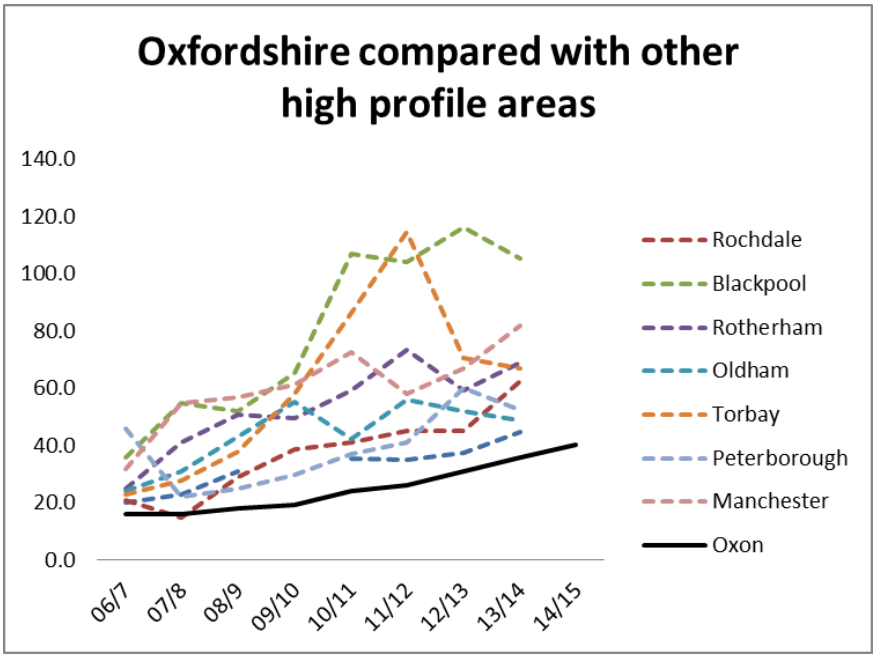
3. The increase has not been around an increase in referrals which in line with the rest of the country has remained constant. There has however been an increase in section 47 (child protection) investigations of 63% in Oxfordshire compared with 43% for statistical neighbours and 23% nationally.



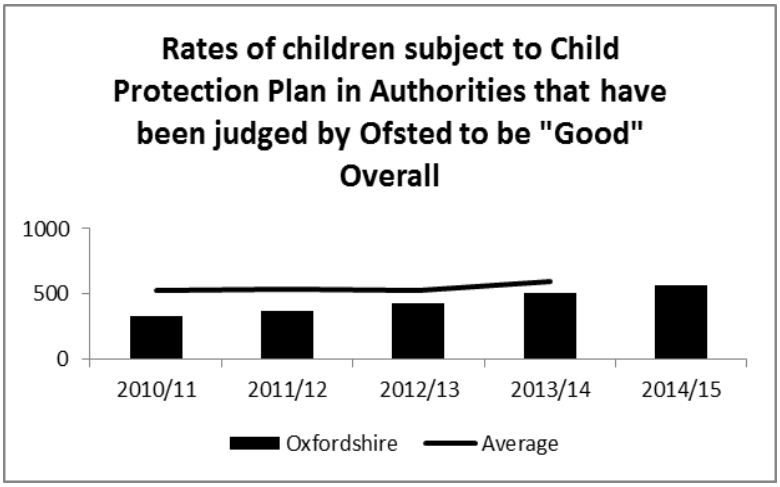


4. When Oxfordshire's increase is compared to those in other areas which have been through high profile CSE cases, a common trend is detected. Derby, Rochdale, Blackpool, Rotherham, Oldham, Torbay, Peterborough, and Manchester have all seen steep rises in their numbers of children subject of a child protection plan. Oxfordshire's rate of growth is slightly below the group average, increasing by 124% since 2006/7 compared with 134% for the whole group. Oxfordshire also has the lowest rate of children on a plan of any of these areas.

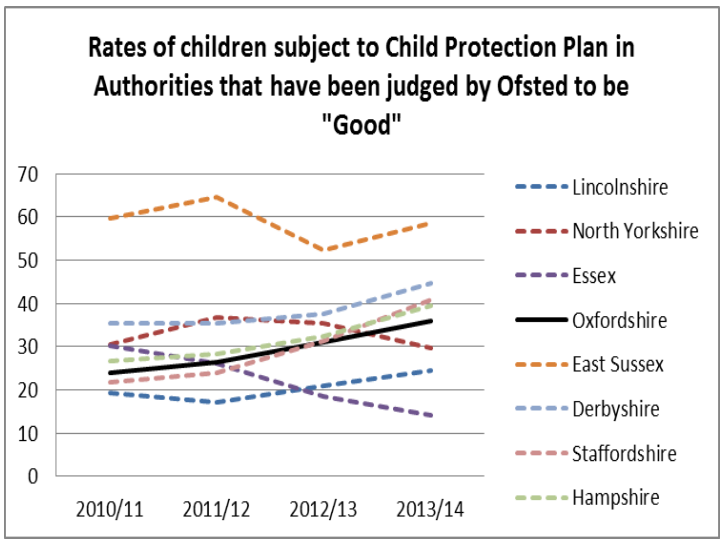




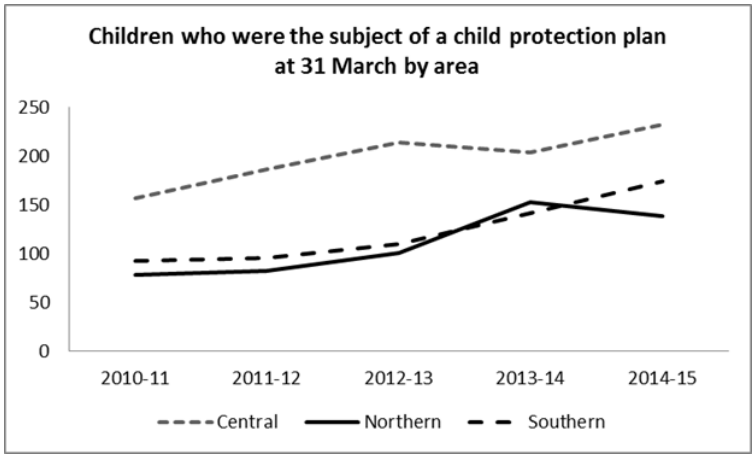
5. So far 58 out of 152 authorities have had their children's services inspected by Ofsted within their latest inspection methodology. Of these 14 have been described as 'good' overall; 30 'require improvement' and 14 were 'inadequate'. On the specific judgements of children who need help and protection 14 were 'good' overall; 33 'require improvement' and 11 were 'inadequate'. Oxfordshire was good in both categories as were 11 other authorities[1] 8 of which were shire authorities. The rate of growth of children on plans in the 8 shire authorities rated as 'good' in both categories over the 4 years is 16% (compared with a national average of 9%). Patterns across these authorities are not consistent, 3 have had falling numbers with the rate halving in Essex and 5 have seen increases. Oxfordshire's increase is in line with Hampshire, but below that of Staffordshire.



[1] The authorities rated as good in both categories are Derbyshire; East Sussex; Essex; Hampshire; Hartlepool;
Leeds; Lincolnshire; North Yorkshire; Oxfordshire; Salford; Staffordshire; Trafford



6. Within Oxfordshire, although there has been a growth in each area of the county it has been less pronounced in the central area where it grew by 48%, compared to 78% in the north and 87% in the south.

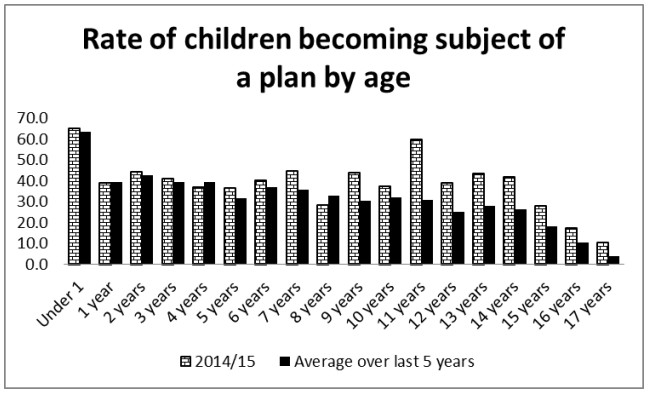


7. The biggest increase has been in older girls. In the four years the number of children over 10 on a plan rose by 115% compared to 65% for the under 10s. Despite this most children on plans remain under 10 with 71% at the end of March 2015. A higher proportion of children under 10 are on a plan in Oxfordshire than elsewhere.

% increase in cases 2011 to 2015	
Ages	Increase
0 to 4	64%
5 to 10	167%
11 to 15	216%
16 to 17	210%
Total	177%

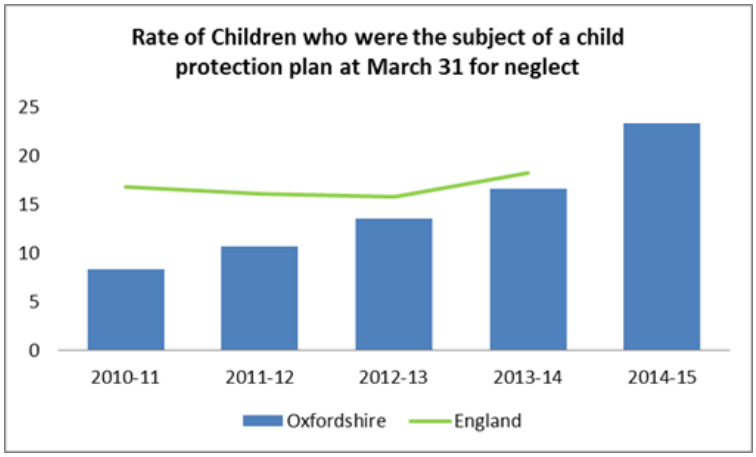
% increase in cases 2011 to 2015	
Gender	Increase
Female	85%
Male	66%

8. Schools have suggested that a key trigger for a child may be when they change school. The attached graph looks at how many children become subject to a CP plan per 10,000 population both last year and over the last 5 years. Over the last 5 years the likelihood of any child becoming the subject of a CP plan drops with each year they live. However last year this pattern changed with a growth in the 9-15 year olds starting a plan. Last year 11 year was the second most common age a child became subject of a plan.



9. Learning from serious case reviews both locally and nationally has highlighted the vulnerability of older children. There is now greater awareness of their vulnerability and risk particularly in relation to neglect. This may partially account for increased numbers of referrals to services including social care. Also the impact of child abuse via social media which represents a risk or vulnerability that previously would not have been considered or identified.

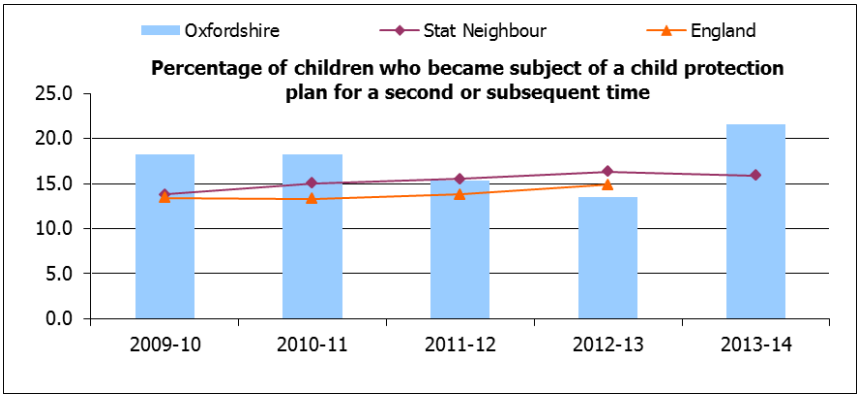
10. Most children are the subject of a plan because of neglect - at the end of March 2015, 56% of children were on a plan for neglect. This compares with 47% for statistical neighbours and 43% nationally. The rate of children on a plan for neglect is now considerably higher than nationally.



11. Since April 2011, 2361 children have ceased to be on a plan. On average they were on a plan for 303 days. Each of the individual years (11/12; 12/13; 13/14; 14/15 and 15/16 to date) is within 10% of the 303 days with no discernible trend. The growth of numbers is about more children becoming subject of a plan rather than them staying on a plan for longer.

12. However children do stay on plans for slightly longer in Oxfordshire than elsewhere. The latest comparative data is for 2013/14 when 9.3% of children in Oxfordshire who ceased being on a plan had been on a plan for 2 years compared to 4.5% nationally. In 2014/15 this fell to 6.3%. It is well-established that the greater the number of children on child protection plans, the longer children will stay on a plan.

13. The number of children subject to repeat plans in Oxfordshire is consistently higher than elsewhere. (This is not the measure in the dataset, but the a measure of any repeat plan as opposed to one in 18 months)



Shift away from voluntary interventions

14. Since 2013, the number of children being worked with under Child In Need (CIN) plans has reduced. The following is a snapshot showing the increasingly statutory nature of children's social care's interventions

	July 2013	July 2014	July 2015	% change
Child Protection	422	454	626	48.3%
Looked After	427	500	555	30%
Children in Need Plan	2451	2243	1801	-26.5%

15. Previous interventions: Of the 630 children who became the subject of a Child Protection plan in 2014/15:

- 3 (0.5%) were subject to a children in need plan in the 6 months prior to their child protection plan.
- 112 (18%) were known to early intervention in the 6 months prior to their child protection plan.
- It had been suggested that school attendance prior to starting a plan could be a good predictor of whether a child would become the subject of a plan. This does not seem to be the case. 24% of children had 100% school attendance in the term before they came onto a plan, and 67% had more than 85% attendance.
- The following table shows the proportion of children at different rated schools. 86% of pupils in Oxfordshire are in good or outstanding schools, this drops slightly for children known to social care and is 79% for looked after children, 84% for children on a child protection plan and

82% for children on a children in need plan. There are slightly higher proportions of children in inadequate schools, but this can be affected by the relative small size of the population of children known to social care.

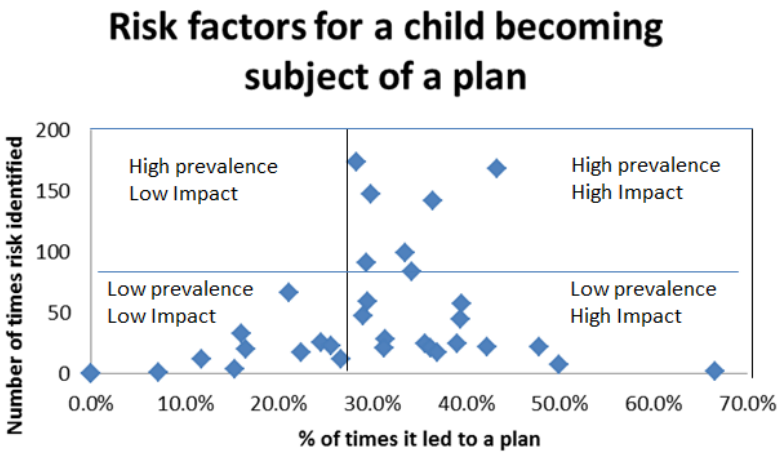
	All children	Looked after	Child Protection	Children in Need
Outstanding	15%	12%	4%	18%
Good	71%	67%	80%	64%
Requires Improvement	13%	15%	14%	16%
Inadequate	1%	6%	2%	3%

Risk factors

16. The following table identifies the 10 most common risk factors identified at assessment that led to a child becoming the subject of a plan. 630 children who became the subject of a plan in 2014/15. In 28% of cases one of the risk factors identified was parental domestic violence. However in 439 other assessments in the year, domestic violence was identified as a risk, but the child did not end up on a plan - so only 28% of times when parental domestic violence was identified in the assessment, did the child end up on a plan. In slightly fewer cases (27%) child emotional abuse was identified as a risk factor, but in 43% of cases where it was identified as a risk factor at assessment did the child become the subject of a plan.

Risk Factor	How often a child went on a plan where this risk factor was recorded		Number of assessments identifying this risk	% of times it went to a plan
	No	**%**		
Parent Domestic Violence	174	27.6%	613	28.4%
Child Emotional Abuse	168	26.7%	388	43.3%
Parent Mental Health	147	23.3%	492	29.9%
Child Neglect	142	22.5%	389	36.5%
Parent Alcohol Misuse	99	15.7%	295	33.6%
Child Physical Abuse	91	14.4%	309	29.4%
Parent Drugs Misuse	84	13.3%	245	34.3%
Child Domestic Violence	66	10.5%	312	21.2%
Child Unacceptable Behaviour	59	9.4%	200	29.5%
Child Sexual Abuse	57	9.0%	144	39.6%

17. The chart below looks at how often a risk is identified in assessment and if it identified the likelihood that the child will be placed on a plan.



High prevalence / Low Impact	**High prevalence / High Impact** Child Emotional Abuse Child Neglect Parent Drugs Misuse Parent Alcohol Misuse Parent Mental Health Child Physical Abuse Parent Domestic Violence
Low prevalence / Low Impact Child Alcohol Misuse Child ASC Parent Physical Disability Child Drugs Misuse Child Domestic Violence Child Physical Disability General Other Other Physical Disability Child Learning Disability Other Learning Disability Child UASC Child Privately Fostered Child Gangs	**Low prevalence / High Impact** Child Trafficking Parent ASC Other Alcohol Misuse Other Drugs Misuse Child Sexual Abuse Other Domestic Violence Child Sexual Exploitation Parent Learning Disability Child Missing Child Self Harm Child Young Carer Other Mental Health Child Unacceptable Behaviour Child Mental Health

18. Domestic abuse notifications data is received from Oxford Health.

19. Health visitors across Oxfordshire receive notifications where there is a child under 5 years. The health visiting services received a total of 2,805 notifications during 2013-2014 and 1,922 notifications during 2014-2015. This represents a decrease of 31.3%. Thus domestic abuse does not appear to be a factor associated with increased health visitor workload. (This data however does not provide data about level of risk). This seems to be in line with other agencies data, but work is needed to understand this more fully. We do not have data about children 5 -18 years.

Care system

20. Overall, the number of looked after children has increased, but within the Looked After system a higher proportion of the children are subject to care orders, especially full care orders.

Legal Status @ 31 March 2015	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	Change 10/11 to 14/15
Full Care Order	127	145	142	170	189	48.8%
Interim Care Order	96	103	63	78	61	-36.5%
All Care Orders	223	248	205	248	250	12.1%
Placement Order	26	48	57	58	65	150%
Voluntary - Section 20	177	154	153	155	197	11.3%
Remand	0	0	1	1	0	0.0%
Police Protection or Emergency Protection	1	0	0	1	2	100%
Total	**427**	**450**	**416**	**463**	**514**	20.4%

21. Within the care system there has been a steep rise in the number of unaccompanied asylum seeking children in the last year. Nearly all these children are accommodated rather than the subject of orders.

31st March:	2010 /11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	Change from 31st March 14
No. LAC who are UASC	34	30	26	24	49	104%

Impact of growth in activity on social care caseloads

22. The data below relates to the family support teams in children's social care as these are the teams which carry case responsibility for all the child protection and children in need cases of non-disabled children. These teams also work with non-disabled looked after children as they enter care and those in care proceedings. Looked after children transfer to looked after/leaving care teams once they become accommodated (by agreement with parents) or subject to full care orders. The central area has three family support teams, south and north areas have two teams respectively.

23. The average Family Support social worker's caseload across the county is 20 children. This is a low estimate as it does not take into account variations in individual social workers' working hours. In the last year caseloads have increased from an average of 15/16. Children's social care has an ambition to reduce caseloads to a maximum of 14 per FTE social worker. The range is great, between 14-32 cases. This range reflects differences in working hours and also the impact on experienced workers of recruiting newly qualified workers who have protected caseloads for one year.

	South	Central	North
Total family support caseload by area	417	578	498
Child Protection cases by area	163	223	208
Looked after cases in family support teams by area	51	58	36
Children in Need cases by area	203	297	254
Family support team caseload	209	192	249
Average caseload by worker	22	18	20
Unallocated Child Protection cases	0	0	0
Unallocated Children in need cases	37	17	7

24. Despite huge pressures in the teams caused by the rise in child protection and looked after cases, and difficulties in recruiting to vacancies, the teams allocate all their child protection and looked after cases. These cases are allocated immediately, or at worst, wait for only one or two days before being allocated. However, the growth in activity has an impact on the teams' capacity to work with children in need, leading to some unallocated work. This is notable in the south area where recruitment to vacancies has been especially challenging. Unallocated cases at these levels are a recent phenomenon, emerging as a significant factor in the last year.

25. The three disabled children teams separately work with 500+ complex disabled children and include all statuses: children in need, child protection, looked after children and leaving care.

26. The Kingfisher CSE Team has average caseloads of 7-10 children. The team has developed a 'persistence' model of working which entails allocating a consistent worker from first identification of high risk of CSE through to post-court support. These cases are typically very challenging, time-intensive and emotionally demanding for staff. However, as a model of working to lower caseloads the team provides some important learning for future service development in children's social care:

- The average length on a child protection plan for Kingfisher is 208 days i.e. almost 7 months. For children in family support teams most plans range from 12-18 months. This is another indicator of the impact of caseload on the time taken to achieve progress.

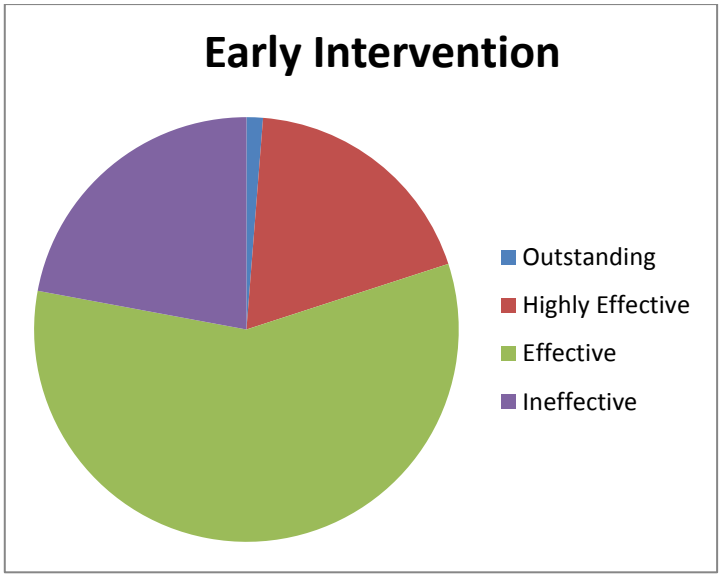
- Although Kingfisher is dedicated to working with children at high risk, the team is not placing large numbers of children on child protection plans. At 31st March 2015, 13 (17%) out of 76 children were subject to child protection plans. The same number were in care. 49 children were subject to child in need plans or were being worked with in different ways without requiring statutory interventions.

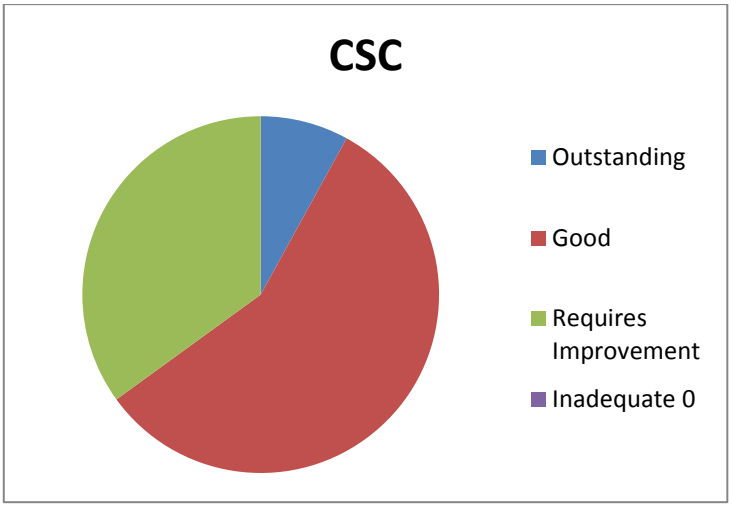
- All the children's cases open to Kingfisher are subject to quality assurance by a dedicated independent reviewing officer (IRO) who provides oversight and challenge to the team to ensure children are progressing towards safety and improved outcomes. The CSE Stocktake audits provided strong evidence that the practice is sound and the impact is good.

Qualitative findings

27. Between April 2014 and March 2015 children's social care and early intervention audited 614 cases.

Case Audit outcomes:





- Of the 440 cases audited by Early Intervention 80% were rated effective or above.
- Of the 68 cases audited by Children's Social Care 66% were good or outstanding
- Outcome Star performance at the end January 2015 indicated that 79% of cases had a positive impact overall across Children's Centres, Hubs and Thriving Families.

28. The findings that may impact upon the increase in the number of child protection cases are:

29. From Early Intervention Services:
    - There has been an improvement in early intervention services use of the assessment, planning, review process, which has improved the focus of work with families.
    - An increased use of actuarial measures and outcome tools by early intervention workers (such as Family Outcomes Star) to identify risk e.g. Strengths & Difficulties Questionnaire; Neglect Tool; Three Houses; Signs of Safety case mapping
    - There is an increased attendance at core groups and child protection conferences by early intervention workers
    - Early intervention services report difficulties in accessing documentation from children's social care and YOS.
    - Little evidence of referrals being made to early intervention where cases are closed after one child protection episode by children's social care.
    - A lack of clarity and joint focus between early intervention plans and children's social care plans on the same child

30. These findings may indicate that improved assessment and monitoring by early intervention workers are enabling them to establish 'significant harm' earlier than before.

31. The increase in attendance at child protection conferences and core groups indicate that early intervention workers are more involved in child protection cases, but their planned focus may not be effectively joined with social workers on child protection plans and therefore not supporting the child protection planning and intervention sufficiently.

32. From Children's Social Care:
    - Where there is a clear and reviewed plan, outcomes for children are more effective.
    - Where there is evidenced multi-agency working, including support for placements, outcomes for children are more effective.
    - Planning and engagement is less evident as children reach 18
    - Supervision is regularly taking place and is reflective and positively impacting upon case management across both services
    - The views and experiences of children were not adequately captured within child protection plans and in 40% of cases children had not been seen on their own after the initial investigation.

33. These findings suggest that an accurate picture of any changes in the family functioning is too reliant upon the parents or carers view and children are not involved in identifying and reporting progress with change.

Growth in activity in other services

<u>CAMHS</u>

34. In the CAMHS service there has been a 45% increase in accepted referrals over the past 3 years, which is leading to an increase in waiting times, which

at March were standing at around 30 weeks. Since March the service has introduced the “Waiting Time Initiative” which is reducing waiting lists.

35. The short term focus is to provide extra locum staff to undertake an assessment / intervention blitz alongside some local changes in practice in tier 2 services

- PCAMHS ways of working have been overhauled. A reduction in face to face and individual sessions will free capacity in clinician’s diaries to offer group work and an increased number of assessments per week.
- Introduction of a raft of group work options for specific cohorts of young people with similar conditions where clinically indicated. Group is being more assertively offered as the preferred treatment option where clinically indicated. All cases on the waiting lists have been review to assess suitability for group work.
- Where appropriate assessments and follow up sessions will be carried out over the phone or by using FaceTime /Skype
- There has been a review of clinician capacity resulting in allocation of extra assessments.
- A locum clinician 3.2 fte have been employed to assist with this waiting-list initiative. A further 0.6 fte is being sought

36. Alongside this Tier 3 CAMHS assessment clinics are being overhauled to ensure capacity to assess in a timely manner is being maximised by the clinicians in post.

37. Longer term: (doing things differently)

- Remodelling mental health services for children and young people. The current model is not delivering in response to the increased need. There is scope to engage 3rd sector in a formal way to support service delivery.
- There is also a strategic plan to work closely with the county council given their significant financial challenges. Clearly we are keen that health resources are not used to fill the gap created by the council's need for savings, however there is an opportunity to work more closely to avoid duplication and offer a more efficient service.

<u>Health Visitors</u>

38. Health Visitors work with children and families from 0-5 years. They are routinely involved in children protection cases for this age group. The impact on work load with increased child protection cases include, attendance at case conference and core groups, increased number of home visits, report writing, liaison with other professionals and child protection supervision. Often those cases that lead to court proceedings also include writing a report for court and court attendance. Once a child becomes looked after then health assessments are required. The increase in child protection work by health visitors may affect their capacity to undertake early intervention and preventative work.

39. School Health Nurses: A new model of School Health Nurses (where all secondary schools have a nurse based within the school) has meant that they have increased contact with young people and hence more referrals. Although this is very positive, school health nurses are reporting that young people are disclosing significant vulnerabilities such as self-harm, relationship issues, emotional health difficulties. This in turn is expected to result in an increased number of referrals to social services. There are 40 recorded referrals to social care from school nurses since September 2014 (though this may be an under-count as the system allows other health professional).

40. The safeguarding nurses in Oxford Health form a team to provide consultation and advice to colleagues when they have a safeguarding concern. In the last 3 months the team have completed 393 consultations. While most (62%) come from colleagues in the children and family directorates 150 consultations were provided to colleagues in adult directorates, who in their work with the adult had concerns over the welfare of children.

41. Number of Children's Consultations undertaken by Oxford Health Safeguarding team:

Month	Children and Families Directorate	Adult Directorate	Older Adult 75+ Directorate
April 2015	82	51	0
May 2015	76	52	1
June 2015	85	46	0

42. Specifically there were 55 consultations from CAMHS, 45 consultations from School Health Nurses and 61 consultations from Health Visitors.

43. The community children's nurse team (CCN) are describing an increased role in safeguarding / child protection work. The children have more complex health needs that are now being managed in the community. This is coupled with increased life expectancy. Also, an increased number of disabled young people now stay on in education post-16 and hence have a longer period of engagement with school based care provision.

44. Kingfisher health input - the Kingfisher nurse post was introduced in November 2013. The caseload has steadily expanded and now stands at around 70 children. The commissioners have recognised that there needs to be increased health input into the team, and an additional full time band 6 post has now been funded.

<u>Police</u>

45. Over the last 3 years (2012/13 to 2014/15)
- There has been a 23% increase in the victims of crime aged under 17
- This includes a 43% increase in victims of sexual offences
- Since 2009/10 the number of victims of sexual offences has more than doubled (from 281 in 2009/10 to 581 last year)

- The number of missing children has risen by 10% (from 630 to 694) and those missing on 3 or more occasions has risen from 77 to 132
- Girls in all areas are being subjected to increased sexual offences and the numbers are high in all areas, but remain lower in West Oxfordshire.
- Crime rates are rising in all areas except in the Cherwell area where crime is showing a slight fall.
- Crime rate for boys who are aged 17 or under is falling in the Vale of White horse area.
- In the last two years girls are more likely to be subjected to crime compared to males in all areas.
- Oxford has the highest crime rate and West Oxfordshire has the lowest crime rate.
- The victim rates for robberies are very low in all areas for the under 17 year olds.

46. The police are working on doubling the size of the child abuse investigation teams across the force over the next two years due to the fact that workload will have doubled by then.

Possible explanations for the increased activity and changing profile

47. Oxfordshire is experiencing greater levels of deprivation and need?
    - No current evidence.
    - At the end of 2012/13, Oxfordshire had a rate of 30.9 children on a child protection plan for every 10,000 children and young people countywide. Whilst this is lower than the national rate of 37.9, when it is weighted for the number of income deprived children/young people, Oxfordshire has a higher rate than would be expected.
    - Nationally, for every 60 deprived children/young people, there is one on a child protection plan. In Oxfordshire the ratio is one child on a plan for every 40 deprived children/young people.

48. Thresholds are lower?
    - No current evidence.
    - Dip-sampling undertaken at intervals to test the threshold at which a child enters a child protection plan does not indicate a risk-averse culture or a lowering of the threshold, but rather a greater awareness amongst the professionals of the potential for serious harm in a child's situation.
    - All agencies have developed their identification and assessment processes to be more aware and responsive to children at risk of harm.

49. Child in Need planning is not having a preventative effect?
    - Yes. Child in need planning is not taking place as much as before (reduction of 26.5% since 2013). 18% of early intervention cases convert to child protection plans within 6 months, indicating that complex cases are 'leap-frogging' the child in need system and entering child protection planning as risks are identified within early help services.

- Findings from children's social care audits indicated that for children in need plans there was often a lack of multi-agency working or support for older children and the plans did not sufficiently address education, health or social needs.
- The reasons for this may be part of a vicious cycle:
    - Social workers' case priorities are currently child protection cases due to the increase in numbers.
    - Children in need cases are getting less attention and consequently multi-agency professionals have less confidence in the effectiveness of Section17 plans and support. This drives a demand for child protection plans.
    - Cases of children with complex needs who do not receive timely, effective risk-focussed interventions get worse and 'tip into' child protection planning
    - At child protection conferences professionals are highly unlikely to agree to a children in need plan as an effective way of managing cases that straddle thresholds.
    - Nationally there is an increased awareness of abuse and a climate of fear being created for any professional who fails to recognise this and take action

50. <u>Greater sensitivity to risk of abuse/neglect by professionals?</u>

- Yes. Greater sensitivity to risk amongst professionals and in the community may be having an effect.
- When Oxfordshire's rate of increase in child protection numbers is compared against the rates in other local authorities which have been through high profile CSE cases, a common trend upwards is detected.
- In Oxfordshire this has not led to significantly more referrals; it has led to more referrals converting into assessments and child protection plans. This would indicate more in-depth appreciation of risk and responsibility. There is a better recognition of the combined accountability of professionals to identify and protect children. The Stocktake Report provides evidence that partnership working to identify and mitigate risk is being undertaken pro-actively, including by professionals who did not historically see child protection as their core business, for example district council officers, housing providers.
- In addition there has been recent multi agency training on the use of assessment tools i.e. the threshold of needs matrix, neglect tool kit and CSE screening tool. These tools inform the assessment process and facilitate a more accurate and thorough risk assessment, leading to a higher number of S47 referrals. A current audit of referrals into MASH from Oxford Health may provide some data to support this. This work will be completed in September 2015.
- Also, there may be increased awareness of child protection issues amongst professionals working in adult health services, as a result of the Think Family agenda. This encourages practitioners to consider the needs of children within a family, if they are working directly with an adult
- A recent audit of thresholds on child protection cases looked at 18 cases in which the Principal Social Worker assessed that 22% (4) may

have been managed under Section 17/ family support in the past. This was generally due to a difference in professionals awareness of the long term impact of abuse upon a child; which appears to suggest that the 'potential' for significant harm is a major deciding factor for professionals now in relation to making child protection plans. Previously evidence of actual harm was a significant threshold factor.

51. Older children, particularly girls, with higher levels of risk identified by referrers, than previously?

- Yes. Over the last four years the Oxfordshire partnership has worked together to increase professionals' awareness and understanding of risk across in older children and teenagers.
- 'Everyone on alert' has been key learning from the Bullfinch serious case review. Schools, health professionals, police, housing and children's services have increased their understanding of the safeguarding significance of older children's behaviours i.e. looking beyond the presenting issue and recognising the symptoms of abuse and exploitation. This cultural change was evidenced in the Stocktake report.

Summary

52. Oxfordshire's pattern of increased growth does not follow the national pattern, however it is more in line with authorities that have had a high profile CSE issue and/or are judged as good by Ofsted, with both groups showing a greater increase in child protection activity than the national figure. This appears to be because of greater awareness of both professionals and the public and more responsive services. Across all agencies we now appear to be reaching a point where demand is outstripping supply and without improved capacity then there is a danger that Oxfordshire will drift into a 'requires improvement' or 'inadequate' status. This increase in demand is affecting all services e.g. GPs are now unable to attend all case conferences due to the number taking places at the same time.

53. There has been a growth of children in secondary schools more readily recognised as vulnerable children rather than difficult adolescence in recent years.

54. With increased multi agency working it has become apparent that children's social care data tends to drive the debate across the partnership, when it is evident that other sources e.g. the police data on victims of crime can help more fully describe the picture of how safe children are in Oxfordshire, and the impact of the growth of child protection work falls across all agencies.

What needs to be done?

55. The county council is embarking on a strategy to integrate preventative and social care services into a single 0-19 service. This will entail unified records systems and joined up planning on individual children.

56. The priority for the county council is to develop and strengthen children in need services with the objective of improving the effectiveness of multi-agency planning sub-child protection and looked after thresholds. Child in need planning should be supported by all agencies to increase its effectiveness in interrupting the journey into child protection and looked after children.

57. The county council should ensure that reducing children's social care caseloads is a priority within the integration strategy.

58. Ensure that tackling neglect continues to be a priority for all agencies, including addressing the contributory parental risk factors: mental health, drugs & alcohol and domestic abuse.

59. Maintain the culture of safeguarding and reducing risk for all children including teenagers.

RECOMMENDATION

60. **The Performance Scrutiny Committee is RECOMMENDED to note the report.**

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