Introducing the Children in Need Dataset

Dr Emily Emmott, UCL Anthropology, emily.emmott@ucl.ac.uk

Collaborators:

Matthew Jay, UCL GOS Institute of Child Health
Jenny Woodman, UCL IoE Thomas Coram Research Unit

The pains of admin data...

Lack of metadata means steep learning curve... but also Qs around what the data *means*.

Not accessible to many people who are not specialists in English children's social care

We want to share our learning!

CIN_Disability	HasDisability	2008/2009 -	Disability flag derived from type(s) of disability	0 = false	1
			entered or none	1 = true	
CIN_LookedAfterChildAdopted	LookedAfterChildAdopted	2008/2009 - 2009/20	Used to indicate if a looked after child is adopted	0 = false	1
				1 = true	
CIN_CPPindicator	CPPindicator	2008/2009 - 2009/20	Used to indicate if the child has a Child Protection	1 = True - if the child is currently the	1
			Plan	subject of a child protection plan (true	
				at 31 March)	
				0 = if the child is currently the subject	
				of a child protection plan (false at 31	
				March)	
CIN_LatestReferralDate	LatestReferralDate	2009/2010 -			1
CIN_LatestClosureDate	LatestClosureDate	2009/2010 -			1
CIN_AnyCasesOpen31March	AnyCasesOpen31March	2009/2010 -		0 = false	1
				1 = true	
CIN_PostCode	PostCode	2008/2009 - 2009/20	Used to allow area analysis of children in need		1
CIN_LLSOA	SOA1	2008/2009 only	National Statistics Postcode Directory Lower Layer		1
			Super Output Area derived from pupil's postcode.		
CIN IDACI Score	IDACI_Score	2008/2009 only	Income Deprivation Affecting Children Indices.		1
	_		IDACI Score		
CIN_IDACi_Rank	IDACi_Rank	2008/2009 only	Income Deprivation Affecting Children Indices.		1
			IDACI Rank.		
CIN_ReleaseFlag	ReleaseFlag	2008/2009 -	Flag to indicate whether a pupil's details can be		1
			released (using latest information available to DfE at		

Children in need census 2017 to 2018

Guide for local authorities - version 1.2

The national pupil database

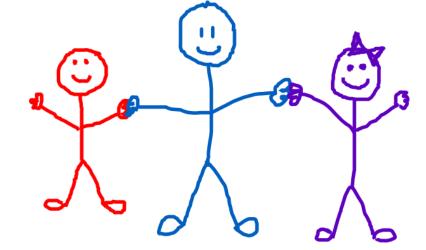
User guide

1. Who are Children in Need?

'Children in need' are a legally defined group of children in the UK (Children Act 1989, s 17), who require additional support from local authorities (Children's Services) to maintain or achieve a 'reasonable standard of health or development'

It includes children such as young carers, disabled children, children at risk of maltreatment, as well as **children in care**

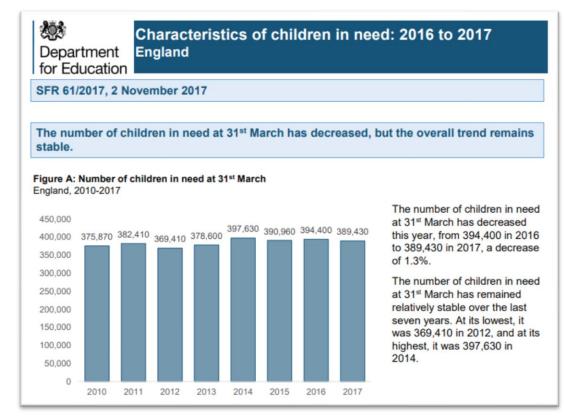
At any one time, around 390,000 'children in need' (2018 DfE estimate using 2016-17 CIN)



2. What is the CIN Census?

The Children in Need Census is a collection of local authority administrative records around their children in need, held by DfE

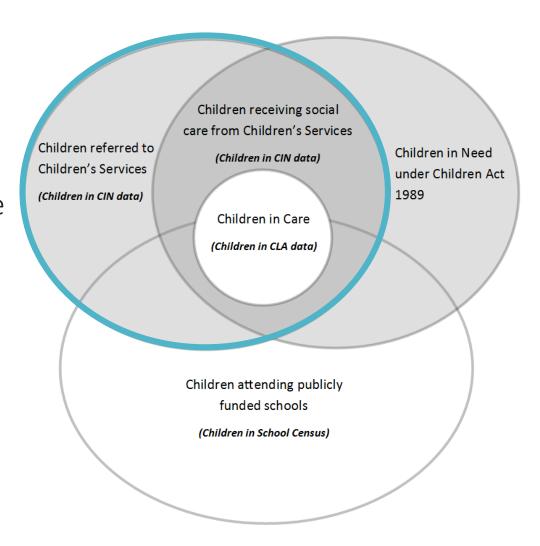
- Part of NPD
- Case-level dataset on service pathways & service decisions (e.g., referral date, child protection plan date)
- Census year runs 1st April to 31st March
- Current from of CIN available from October 2008
- Used to produce national statistics on children in need, benchmarking tools & some service evaluations



3. Who is in the CIN Census?

- •All children **referred** to English local authority children's services for social care assessmenteven if they are later assessed as 'not in need'
- •Includes pre-birth referrals
- •All children with 'open cases:' Children in need are entitled to support up to age 18, or 25 for care leavers

NOTE: Disable children are children in need & may be known to local authorities, but do not appear in CIN unless they are receiving social care support



3. Who is in the CIN Census?

But... what is a referral?

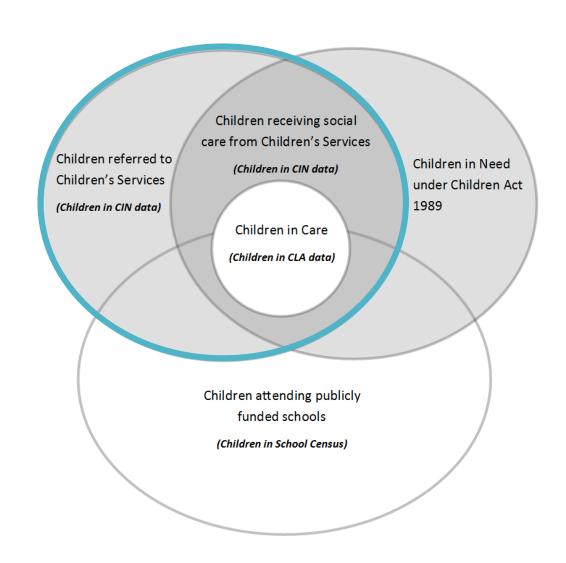
- When a child is referred to Children's Services, it is first recorded as a 'contact.' Contacts are not submitted to CIN (some exceptions).
- Contacts undergo a pre-referral assessment— and if the case provisionally meets their threshold for support (s17 or s47), then it is passed on to the assessment team as a referral. **These cases appear in the CIN** (today)

We're not sure when pre-referral assessments became the general norm & taken up by LAs (any ideas?). Briefing by Social Care Institute of Excellence (2016) suggests distinction between 'contacts' and 'referrals' was introduced at some point to tackle high demand for Children's Service interventions.

3. Who is in the CIN Census?

Between October 2008 and March 2016 (After a bit of cleaning...):

- Estimated 2,761,155 children in CIN census between October 2008 and March 2016
- Gender: 50% male, 47% female, 2% unknown
- Ethnicity: 66% White, 7% Asian, 7% Black, 6% Mixed
- 45% of children referred due to suspected abuse/neglect
- 10.7% of children ever on a child protection plan



4. How is the data 'collected'?

- 1. DfE publishes CIN data collection specification in advance of census year commencing.
- 2. LAs record relevant information on their case management system (e.g., liquid logic).
 - Different people record information depending on where case is in the system.
 - Most fields have restrictions (e.g., dates, drop-down options), which match DfE specifications.
 - Children's Service Information Managers may do ad-hoc checks throughout the year, and before submission to DfE.
 - If errors are found, this is amended in the record 'back in time' in their own data (*but not with data submitted to DfE)
- 3. Referrals and open case records between 1st April -31st March each year submitted to DfE on online submission system, with automatic validation checks
- 4. Aggregate information visually checked by DfE, and if this seems unusual DfE contacts LA to discuss. May ask to fix & resubmit.

5. What's in (and not in) the data?

	Available Information	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	Pupil matching reference / Unique Pupil	\checkmark	√	\checkmark	√	✓	√	√	√	\checkmark	✓
Unique	Number										
Identifiers	LA Child ID	✓	✓	\checkmark	✓	✓	✓	✓	✓	\checkmark	✓
	LA ID	✓	✓	✓	✓	✓	✓	✓	✓	\checkmark	✓
	Age/ Date of Birth / Expected Date of Birth	✓	✓	\checkmark	✓	✓	✓	✓	✓	\checkmark	✓
	Ethnicity	✓	√	✓	✓	✓	✓	✓	✓	\checkmark	✓
	Gender	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	✓
Children's	Disability	✓	✓	✓	✓	✓	✓	✓	✓	\checkmark	✓
Characteristics	Date of Death		\checkmark	\checkmark	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark
	Seeking Asylum	✓	√								
	Adopted from care	\checkmark	\checkmark								
	Income deprivation	✓									
	Referral date	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark
	Primary Need	✓	√	✓	✓	✓	√	✓	✓	\checkmark	√
	Case Closure Date	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark
Case	Reason for Closure	✓	√	√	√	✓	√	√	√	\checkmark	√
Information	No further action after assessment		\checkmark	\checkmark	\checkmark	✓	✓	\checkmark	\checkmark	\checkmark	✓
	Date of initial child protection conference		√	√	✓	✓	√	√	√	\checkmark	✓
	Whether on child protection plan	\checkmark									
	Referral Source						√	✓	√	\checkmark	√
Child	Child protection plan start date	\checkmark				✓	✓	\checkmark	\checkmark	\checkmark	\checkmark
Protection	Child protection plan end date	\checkmark				√	✓	✓	✓	\checkmark	✓
Plan	Category of abuse	\checkmark				✓	✓	\checkmark	\checkmark	\checkmark	✓
Information	Number of previous child protection plans	✓				✓	✓	\checkmark	\checkmark	✓	✓
	Service Type	✓									
Service	Service Provider	✓									
Provision	Service Provision Start Date	✓									
	Service Provision End Date	✓									

5. What's in (and not in) the data?

How is the information organised? (Data Structure)

"Episode" level dataset:

- Each row is a case record, and each case record is nested within a child, and each child is nested within a Local Authority, which is all nested within census year
- Each episode is identifiable by combining referral date, LA Child ID and LA ID
- The exact same case record may exist multiple times from different census years
- If LAs amended their records, the same case may be slightly different between census years (may be problem if they change referral date!). In general, most recent record is most accurate/up to date

(Annoying) exception:

 The Child Protection Plan Information is structured differently (i.e., time-specific), and information is only available in particular census years

5. What's in (and not in) the data?

There are no truly unique identifiers in the CIN!

- Pupil Matching Reference: 64% of children missing PMRs
- LA Child ID: Needs to be used together with LA ID, as some LAs use same child ID for different children. If child moves to new LA area, they are given new child ID cannot track child (unless they have PMR).

Some variables have lots of missing data

- 'Date of Initial Child Protection Conference' was missing for 92% of children known to have been placed on CPP
- 18.5% of episodes known to have closed missing case closure dates

No information on service provision (unless you find them in Children Looked After Census) or outcomes

6. What is the data quality like?

Some issues:

- Each year, one or two Local Authorities did not submit data between 2008/9 and 2011/12 so whole areas can be missing
- Overlapping episodes: some children have multiple episodes, but they are only meant to have 1 (We estimate 8.6% of cases overlap across census years)
- Variations in recording practices:
 - Recording guidance can be unclear. E.g.: Should referrals from school nurses be categorised as coming from Education, Health or LA?
 - Sometimes practice differences. E.g.: From 2011/12, a few LAs do not distinguish between initial and core assessments. Differences in meaning of case record, "no further action after assessment"

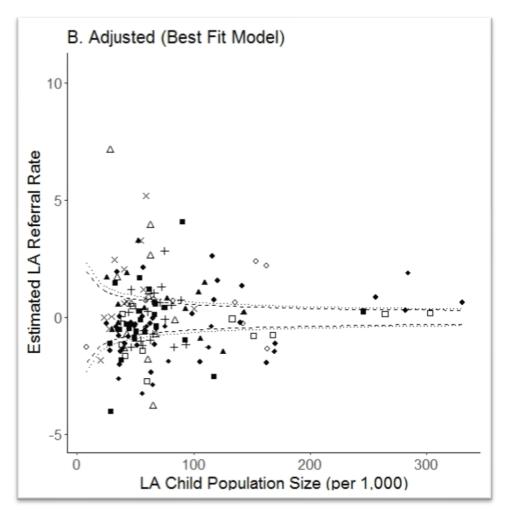
Good news! Data quality is generally improving:

• Missing case closure dates 33% in 2008/9, 8% in 2015/16

6. What is the data quality like?

Exploring Variations in Recording Practices

- Case Study: Referral Pathways between Health Services and Children's Services, and data recording
- Q: Why do referral rates from health services to children's services vary so much in England?
- Methods: In each of our 3 Local Authority case study areas, semi-structured interviews with 4-5 Health and Social Care professionals



Key finding:

What turns into a referral (and recorded in CIN) depends on how much local authorities 'dig'

- When contacts come in, Children's Services do an 'information gathering' to inform their pre-referral assessment.
- Some local authorities 'send back' contacts before a pre-referral assessment (a pre-pre-referral assessment?), and asks the referrer to send it to early help → fewer contacts undergo information gathering, therefore fewer cases become referrals & appear in CIN
- Some local authorities do a "Multi-Agency Safeguarding Hub" (MASH) enquiry on almost all of their 'contacts' → more contacts become referrals & appear in CIN

Key finding:

A Health Visitor working in MASH:

...we were information gathering on [low risk/need] cases as well... [and] we learnt that there were quite a lot of occasions where putting all that information gathering together, there was actually some significant concerns [for s17 or s47 assessment]- so it's almost like the jigsaw pieces are all matching together.

However, time constraints and capacity within MASH is very, very tight. So the decision was made that the most significant cases are the priority. The [low risk/need cases] are [now] managed by early help. So, it's not that they're being ignored, it's just following a different process.

7. Some take home messages

- CIN appears inclusive, but is 'tip of the iceberg:' children only appear on CIN after being pre-assessed as potentially in need. Implications for understanding meaning of data (e.g., re-referral rates)
- CIN structure is complicated: May need to spend time pulling out and collating information across census years
- Some variables have high levels of missing: Good to know before you plan your project!
- Be careful with inference when comparing local authorities: System, process & cultural differences mean recording practices vary between LAs and census years. Difficult to understand why things vary between local authorities. Implications for LA Benchmarking...

Thank You & Any Questions?

Contact about this presentation & pre-prints: emily.emmott@ucl.ac.uk
Contact about our project: jenny.woodman@ucl.ac.uk

Funders: Academy of Medical Sciences & Wellcome Trust (HOP001\1021) Find & Cite: DOI: 10.13140/RG.2.2.28371.43044