

Children on child in need plans

March 2024

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Foreword from Dame Rachel de Souza



I have a statutory duty to promote and protect the rights of all children, but to have particular regard to children who are living away from home or receiving social care services. Children's social care works with children who cannot live at home and who are taken into care, children at risk of harm who are placed on child protection plans, and then children who are entitled to specialist statutory help to improve their welfare who are placed on child in need plans. The children on child in need plans might be experiencing a range of challenges – they might be a young carer, or being targeted for criminal exploitation, or have a parent struggling with substance misuse, or be experiencing the domestic abuse of a parent, or they might be disabled. The cohort of children supported under child in need plans is incredibly varied. Crucially, these plans are voluntary – they are meant to be there for parents who are willing and ready to accept help.

And yet, until now we have known far too little about these children – who they are, what help they get, or whether it makes the difference it should. They do not get the national attention or political focus as other groups of children involved with the system. The data available on them is less robust.

It is vital that we get things right for children on child in need plans. Good support will not only help to make their lives happier and healthier but can also prevent things escalating to the point where a child might need to be taken into care. I am passionate about making sure all children are supported to live with their families whenever that is in their best interests, so I don't want any child to miss out on the support that can make that happen. But it also matters because of the crisis we are now seeing in

funding for local authorities, some of which is being driven by the incredibly high costs of placements for children in care. It is only by getting help right at this earlier stage that we will prevent this escalation in costs. Whilst some children will always need care, and won't be able to live with their birth family, where additional support would make that possible, we all must do whatever we can to make that happen. It is better for children, better for families and better for the taxpayer.

This report draws on data collected, but not previously analysed, about these children to show which groups of children are getting plans, where in the country they are, and how long they are staying on these plans. It shows that in some areas of the country the vast majority of children involved with social care are placed on child in need plans, while in others it is relatively few. It shows that disabled children are on plans for, on average, four times as long as other children. And that there is huge variation in whether children with severe special educational needs are getting plans or not. There will be a range of reasons for this variation, but I hope this report opens up a deep and honest conversation about what the purpose of child in need plans should be, why things are done so differently in different areas, and how we can improve support for this group of children so that they can thrive.

Executive Summary

Intervention by children's social care is rightly understood to be one of the most profound ways the government gets involved in family life. A great deal is set out in legislation and statutory guidance, and monitored in official statistics, about the procedures for taking children into care, or placing them on child protection plans. However, when it comes to support provided under section 17 of the Children Act – for children placed on child in need plans – the guidance is less clear and the published data is meagre. As a result, there is a lack of clarity around why some children who are deemed to need support under section 17 are put on child in need plans and others are not.

Children on child in need plans are the largest group of children supported by children's social care in England, and they are highly vulnerable, so this is deeply concerning. The needs and vulnerabilities of children on child in need plans is varied too. New analysis of both published and unpublished dataⁱ from the Department for Education, as well as a review of local authority procedure documents carried out for this report, shows for the first time a notable lack of consistency of practice across the country and for different groups of children when it comes to thresholds for interventions, as well as what children and families receive in these interventions.

Getting section 17 support right matters, not only because it can and should improve children's lives, but also because it prevents problems from escalating. It can and should be able to keep families together and prevent children from coming into care, but this can only happen if it is done effectively.

Our research found notable variations between what happens to different groups of children and between different local authorities, when it comes to children on child in need plans:

- The rate of children having no further action taken after a referral to children's services varied substantially by local authority, with between 1.6% and 63% of children's most recent referrals leading to no further action taken.

ⁱ Obtained through the office's statutory data collection powers.

- The office examined the relationship between attendance pattern and no further action and found that concerning for a quarter of those children (25%) severely absent from school and referred to children's social care, their most recent referral did not lead to help being given by children's services. These children had missed at least half of their lessons at school.
- The office examined the proportion of children in need with a child in need plan across local authorities in England. There was notable variation – in one local authority, 70% of the children involved with children's social care were on child in need plans, while in another it was as low as 3.6%. Unless the distribution of need across the country is indeed this varied, this suggests a variation in thresholds for intervention across the country.
- Analysis of published Department for Education data shows that the use of child in need plans varies widely between local authorities, up to a ten-fold difference in the rate of plans per 10,000 children. This suggests there could be an unfairness in in which children get access to a child in need plan as a result of where they live.
- Among children involved with children's social care, child in need plans were most prevalent amongst children with an Asian ethnicity (31% of Asian children involved with children's social care had a child in need plan) and least prevalent amongst children with an other or unknown ethnicity (22% and 19% respectively). Child protection plans were most prevalent amongst children with a white or mixed ethnicity (15% of white or mixed ethnicity children involved with children's social care had a child protection plan) and least prevalent amongst children with a black or other ethnicity (10% and 9.0% respectively).
- This balance between child protection and child in need work is notably different in richer and poorer areas. In the least deprived quarter of neighbourhoods, there were 3.6 times as many children on child in need plans as children on child protection plans. Meanwhile in the most deprived quarter of neighbourhoods, there were only 1.9 times as many children on child in need plans as on child protection plans. While further analysis is needed, it could suggest that thresholds differ between richer and poorer areas, with richer areas supporting a broader group of children with (relatively) lower needs.

- On average, 7.2% of pupils with an Education, Health and Care Plan in a local authority also had a child in need plan. Again, this varied across the country, from 0.8% in one local authority to 26% in another. This is concerning given that under section 17, disabled children – a group of children with significant overlap with those with special educational needs¹ – are entitled to support under a child in need plan. These findings make it clear that not all children with high levels of special educational needs are in fact getting this support, and that practice across the country varies notably.
- Across local authorities, the average time a child spends on a child in need plan varies from just over a month (35 days) to over a year (388 days). The average duration for children with a primary need of ‘child’s disability or illness’ was 711 days, or nearly 2 years. For all other primary needs, the mean duration was much shorter at 157 days, or roughly 5 months.
- Although 10- to 15-year-olds only make up 32% of all children involved with children’s social care, they make up 39% of the population of children on child in need plans. Boys make up 51% of the population of children in England, but 54% of children on child in need plans.

Findings from the office’s review of local authority procedure documents show that guidance for what should happen on a child in need plan is varied, which is unsurprising given that there is very limited guidance from the Department for Education about how long a plan should last for, how often a child should be visited, or when a plan should be reviewed.

- Most local authorities have set their own guidelines on plan length, ranging from 12 weeks to no set time limit. It is notable that 53% of areas suggest plans should last for no longer than a year, before they are considered for closure. It is unclear what the rationale is for this, and what should happen to children who might need support throughout their childhood, particularly disabled children.
- In the majority of local authorities there was no minimum requirement for children to be visited by social workers or other lead professionals. In 74% of the local procedures reviewed, no minimum frequency was specified. For local authorities that specified a minimum frequency, this varied from once a fortnight to as infrequently as once every three months. The most common specified frequency across procedures was once every four weeks.

Currently the outcomes for children on child in need plans are not analysed in official data, and so cannot be monitored – is not possible to say whether plans are making a positive difference for children in general nor which areas are doing a better or worse job at supporting their children on child in need plans. The Children's Commissioner will be continuing her research into children with child in need plans in order to better understand how effective these plans are.

The Children's Commissioner's office recommends a series of proposals to improve the consistency of support for children and families in need of support through section 17, as well as the need for greater investment in preventative support for families.

- There needs to be consistent thresholds for assessment and support under section 17, through defined national thresholds of needs and strengthened national guidance for local authorities on the use of children in need plans as an intervention.
- Improved data reporting to distinguish children who are being assessed for a child in need plan, from those awaiting an assessment, or who are on a child in need plan.
- There needs to be better join up of the support children and families receive through section 17. Every child should have one single plan that can effectively meet their needs.
- Improvements to section 17 support should be underpinned by a statutory duty to deliver universal early help provision.
- There needs to be a Children's Social Care Funding Formula, that is ring-fenced by the Department for Education.

1. Introduction

1.1 What are child in need plans?

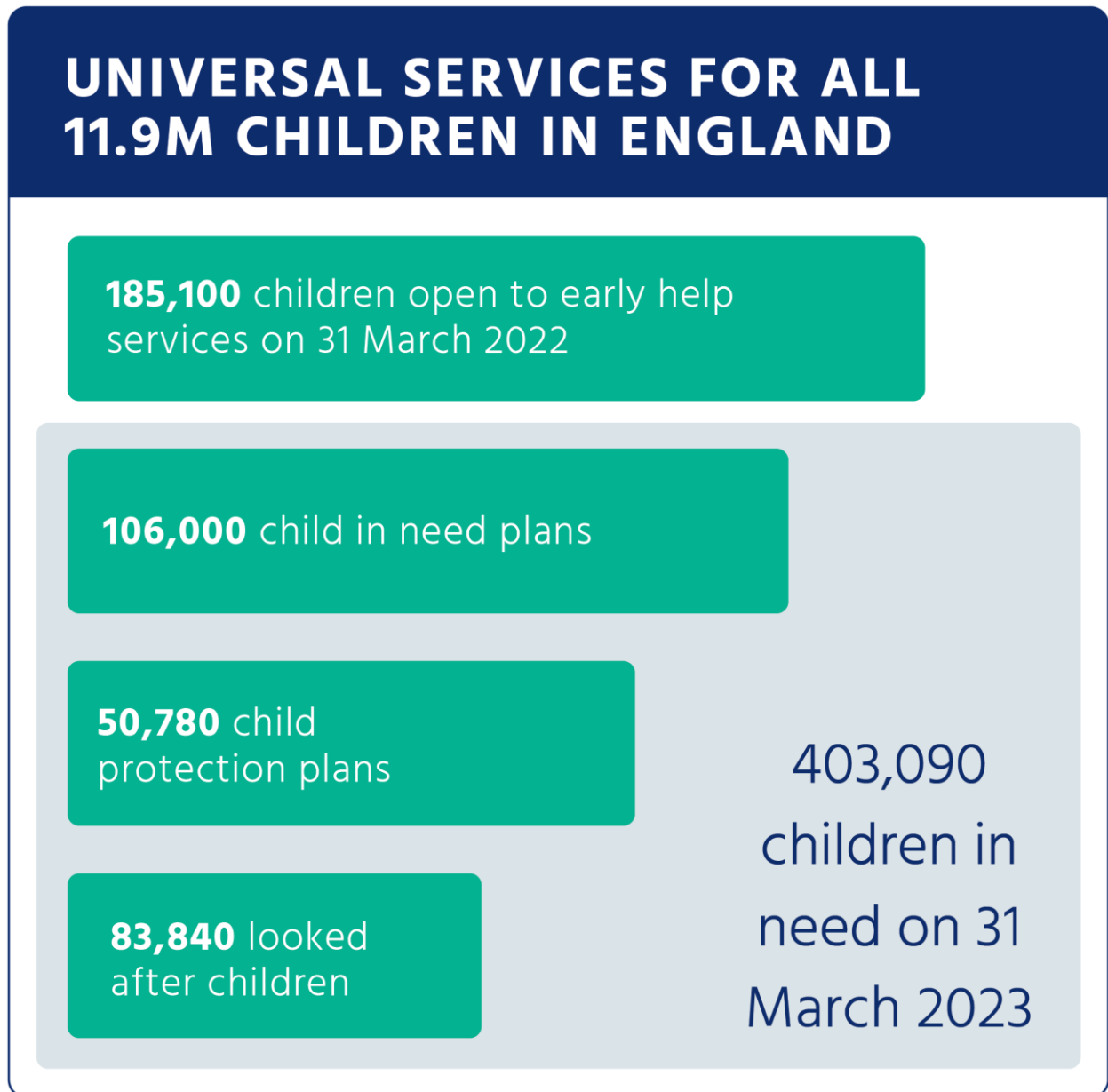
Under section 17 of the Children Act 1989, a child is classified as a child in need if they are unlikely to achieve or maintain a reasonable standard of development without intervention, if their development is likely to be significantly impaired without intervention, or because they are disabled.² The local authority then has a duty to provide services to these children.

One complication is that there is a wide range of children who are referred to as 'children in need'. This group includes children on child in need plans, children on child protection plans, looked after children and care leavers (Figure 1).

When a child is referred to children's services, their case may be closed without further action (although they may be guided to other support), or a 'child in need' assessment may be conducted by the local authority under section 17. This should be carried out within 45 working days and will identify the needs of the child and family and will define what appropriate support could be put in place to promote the child's welfare and safeguard them from harm.³ A local authority will determine if that child meets their threshold for statutory support and if so they will be placed on a child in need plan. If during the assessment they realise the child is at risk or experiencing significant harm, child protection procedures will begin. They might also be referred for 'targeted early help'.ⁱⁱ

ⁱⁱ Targeted early help is not defined in statute, but it describes an intervention which is delivered below the threshold of statutory support under section 17 of the Children Act. A family will receive an assessment and be allocated a lead practitioner who co-ordinates support for them. It is a level above access to universal 'early help' services such as Children's Centres or Family Hubs, with families having an open 'case', rather than simply accessing support themselves.

Figure 1: Groups of children given help and support by local services



Note: this diagram is illustrative, the length of the bars do not proportionally reflect numbers of children.

Statutory guidance, *Working Together to Safeguard Children*, sets out that when a local authority decides to provide child in need services ‘a multiagency child in need plan should be developed which sets out which organisations and agencies will provide which services to the child and family’.⁴ However, the statutory guidance leaves a great deal of latitude for determining the threshold of whether the criteria for getting support has been met or not. Each local authority determines their own thresholds for interventions, often (but not always) set out in a ‘threshold document’. This can mean that in one local authority for example a child facing a particular issue will be assessed as a child in need, while in another they will be referred for targeted early help.

When it comes to children on child protection plans or looked after children, there are clear expectations on what level of care and support they should be receiving. Yet for children on child in need plans, what support they should be receiving is vague with no minimum standards for the amount, type and duration of support children and families receive across different local authorities.

Children on child in need plans make up the largest proportion of children who interact with the children’s social care system, compared to other children including those on child protection plans and looked after children. Yet relatively little is known about these children, including why some children are placed on plans and others are not, how long they stay on those plans, or how effective the plans are.⁵

1.2 Identifying children on children in need plans

Latest government statistics show that last year of the 403,090 children in need, 26% (106,000) had a child in need plan.⁶ A further 21% (83,840) were looked after children,⁷ 13% were children on child protection plans (50,780) and 40% were other groups of children. Not included in the 403,090 are a further vulnerable group of children who receive help from local early help services, about whom the Department for Education does not collect data, but the Association of Directors of Children’s Services estimates their number at 185,100 on 31 March 2022.⁸ Despite children on child in need plans making up a substantial proportion of the children in need population little is known about why certain children are put on plans, as well as the impact that being on a plan has on the child’s outcomes.

The Department for Education does collect data on children on child in need plans within its annual data collection from local authorities. But published analysis of the data does not split out which

children are on a child in need plan, trends across local authorities in the use of these plans, how long children are on plans and crucially whether these plans are effective at meeting the needs of the child and family. Since 2021-22, the Department has collected data on the start and end date of plans but has not used this data, for example, to understand patterns in the lengths of plans.ⁱⁱⁱ

Despite attempts in recent years^{iv}, most official research does not examine children on child in need plans as a distinct group of children in need.

1.3 Recent reforms have not focused on child in need plans

It is vital that we get things right for children on child in need plans. Not only can good support help to make their lives happier and healthier, but it can also prevent things escalating to the point where a child might need to be taken into care.

The government's 2023 strategy for children's social care, 'Stable Homes Built on Love', was its response to the Independent Review of Children's Social Care (2022) which set out plans for reforms to early help and child in need support.⁹ Through the Families First for Children pathfinder, the Department for Education is working with 12 local authorities to test its plans to combine targeted early help with child in need plans into a single Family Help Service.

These reforms will be tested alongside the newly updated Working Together guidance which sets out that section 17 assessments can be conducted by a lead practitioner, which has extended the role to enable a broader range of support workers, beyond social workers, to conduct these assessments.¹⁰

ⁱⁱⁱ Despite collecting data on child in need plans since 2021-22, the Department has not conducted a comparative analysis of why some children in need are on plans and others are not. The Department's Review of Children in Need (2019) did not specifically identify children on child in need plans in its analysis.

^{iv} In research commissioned by the Independent Review of Children's Social Care, the Department conducted analysis of post 16 educational and employment outcomes using a definition that the Children's Commissioner's office considers to be too broad to capture the distinct characteristics of children that are placed on children in need plans. The definition the department used was 'Child in Need and other Plans (CINP). This included other plans including family support (to help keep together families experiencing difficulties), leaving care support (to help young people who have left local authority care), adoption support or disabled children's services (including social care, education and health provision).

While the office welcomes the intention to improve support for children and families at their earliest point of interaction with the children's social care system, the office is concerned that these reforms are not informed by a robust understanding of how child in need plans serve as a distinct intervention for families. There is even less understanding about what the 'targeted early help' offer for families looks like. The most reliable source of information is the Association of Directors of Children's Services 'Safeguarding Pressures' survey which estimates that on 31 March 2022, there were 185,100 children with cases open to targeted early help services.¹¹ As the government does not collect and publish data on the numbers of children receiving targeted early help there is no national baseline of the number and needs of children currently supported in this way.

1.4 Methodology

This report sets out to answer the following research questions about children on child in need plans and the support they and their families receive.

Research questions:

- What are the characteristics of children on child in need plans?
- Which assessed children go on to child in need plans and which do not?
- For how long do children remain on CIN plans?

The office used a range of research methods to investigate these questions: desk-based research, analysis of published and unpublished Department for Education data, and interviews with stakeholders.

Desk-based research

Published local authority procedures for children in need plans were reviewed between September and November 2023. Data were collected on what local procedures say should happen to children in need in terms of:

- frequency of being visited (by a social worker, lead professional, or unspecified)^v;
- frequency of plans being reviewed/review meetings^{vi}; and
- intended length of plans.

This information was found for 125 local authorities. It could not easily be located online for the remaining 26 local authorities.^{vii} Where procedures set out variations or exceptions for disabled children, this analysis reports on the general procedures applicable for most children.

Quantitative analysis of published and unpublished Department for Education data

In this report 2021-22 refers to the year 1 April 2021 to 31 March 2022, and 2021/22 refers to the academic year September 2021 to August 2022.

Published data

To explore how local authorities balance their resources across groups of vulnerable children, the office analysed published the latest year of Department for Education data for 2022-23 on the number and rate of child in need plans, child protection plans and children looked after. Since they did not submit child in need plan data to the Department for Education in this year, Barnet, Barnsley, Brighton and Hove, Havering, and Hertfordshire were excluded from this analysis. Due their size, the City of London and the Isles of Scilly were also excluded.

Unpublished data

Through the Children's Commissioner's statutory powers, the office also acquired unpublished child-level children in need data from the Department for Education. The data made available to the office was for 2021-22. In this year, Barnet, Barnsley, Brighton and Hove, Havering, the Isles of Scilly,

^v Where procedures only referred to 'contact' with children rather than 'visits', these were categorised as 'not specified'.

^{vi} Where procedures distinguished between the timing of a first review and subsequent reviews, data on the subsequent review timings were captured.

^{vii} Procedures for Cumbria were reviewed, not the two newly created local authorities: Cumberland; and Westmorland and Furness.

Hertfordshire and Wokingham did not submit child in need plan data to the Department for Education, and so they have been excluded from child in need plan analysis. Additionally, due to a cyberattack, Hackney did not submit any child in need data, and so has been excluded from analysis.

The data contained the following fields:

- The start and end date of each child's episode of need (beginning from their referral date and ending at the date of the episode's closure).
- The source of the referral (e.g. police, housing services, family, etc).
- Whether no further action was taken, either after referral or after assessment.
- The primary reason identified for being in need.
- The child's age, gender and ethnicity.
- If the child had a child in need plan, its start and end dates.
- If the child had a child protection plan, its start and end dates.
- If the child was looked after, the start and end dates of their period looked after.

Unless otherwise stated, all analysis covered children in need and children on child in need plans on 31 March 2022.

The data was joined to Department for Education data^{viii} to find, for each child: their school attendance in 2021/22; their special educational needs provision on January 2022; the type of school they attended on January 2022; and the Income Deprivation Affecting Children Index of the lower layer super output area of their home postcode on January 2022 (for brevity, this is referred to as the deprivation of their neighbourhood). School attendance was categorised as severely absent (missing at least half of sessions), persistently absent (missing at least 10% of sessions, but less than half) or

^{viii} The data sources used were the School Census, Alternative Provision Census, Early Years Census and Individualised Learner Record.

rarely absent (missing less than 10% of sessions). A session is a school morning or afternoon. So, a persistently absent full-time pupil would be absent for at least one day per fortnight on average.

Due to slight differences in methodology, numbers based on this unpublished data will not exactly match numbers published by the Department for Education. For this reason, numbers produced by the office's analysis will only approximately match exactly with official published numbers.

Because the label 'children in need' includes care leavers, who may be aged 18 or over, not all individuals described as 'children in need' in this report will legally be children.

Qualitative analysis of children in need plans acquired from local authorities

In the second part of the office's work on children in need, to be published later in 2024, the office will analyse 80 child in need plans from 8 local authorities, to explore how effective and consistent the support offered is across local authorities.

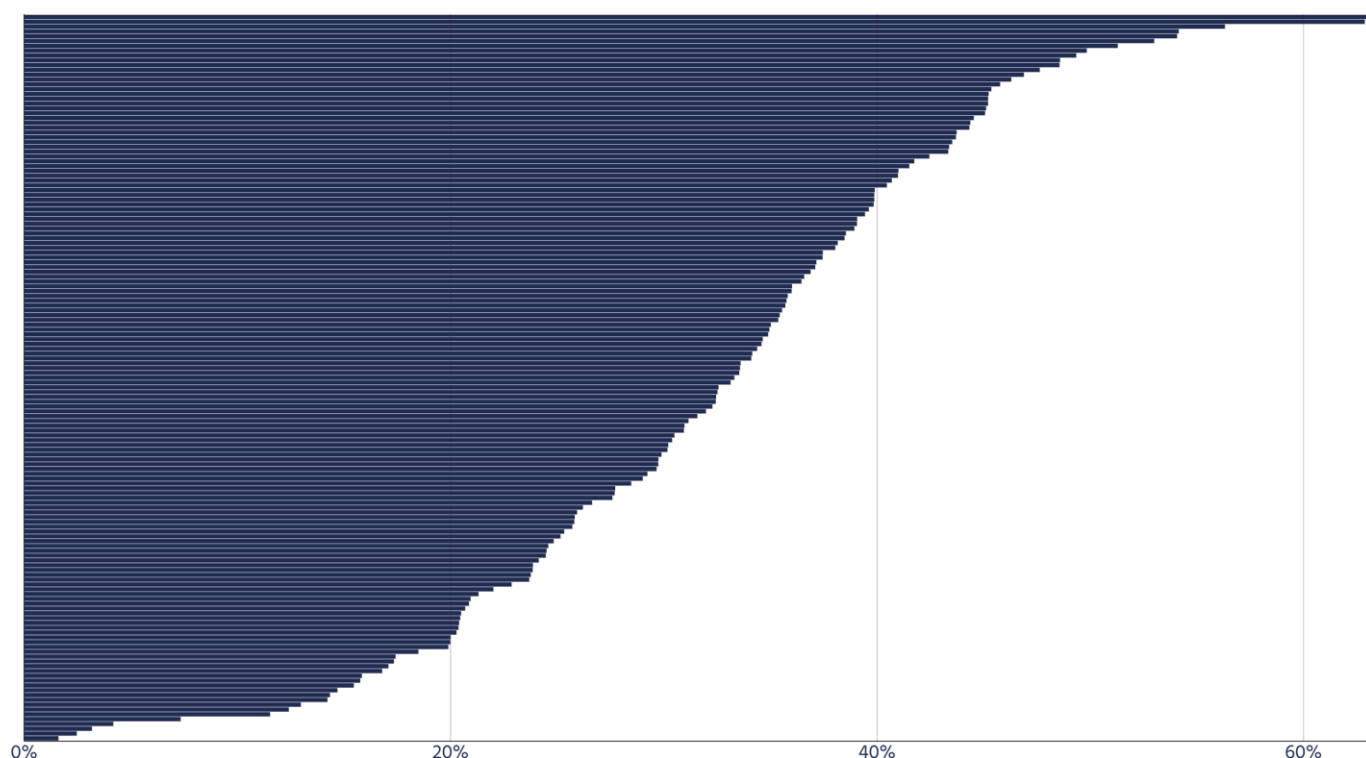
2. The children who do not receive an intervention from children's social care

There is variation in response to referrals to children's social care across the country and between groups of children. In 2021-22, of the 571,764 children referred, of the most recent referral for each child, 38,631 were deemed to not require any further local authority children's social care involvement after referral (known as no further action, NFA) and 157,601 were closed after assessment. In these cases, social workers decided the children did not meet the threshold for intervention by services, although they may have been offered early help.

2.1 There is variation in where children get an intervention

There is substantial variation in the proportion of referrals that lead to NFA between local authorities. While the average proportion of children's most recent referrals across local authorities that resulted in NFA was 32%, this ranged from a maximum of 63% in one local authority to a minimum of just 1.6% in another local authority (Figure 2). The reasons for this are not obvious – it could be that there is substantial variation in practice when it comes to referrals being made into social care by partner agencies, or it could be that different areas have very different thresholds for taking action, or have very different early help offers available. It is, either way, surprising that the chances of a referral resulting in any action are so different around the country.

Figure 2: Proportion of children whose most recent referral led to NFA in 2021-22 by local authority



2.2 No further action for children who are absent from school

The office examined the relationship between attendance pattern and NFAs and found that staggeringly for a quarter of children (25%) who were severely absent and referred to children's services, their most recent referral to children's social care had resulted in NFA.^{ix} For those children who were persistently absent, 36% of their most recent referrals had resulted in NFA. Tackling the root

^{ix} School attendance was categorised as severely absent (missing at least half of sessions), persistently absent (missing at least 10% of sessions, but less than half) or rarely absent (missing less than 10% of sessions). A session is a school morning or afternoon. So, a persistently absent full-time pupil would be absent for at least one day per fortnight on average.

causes of poor school attendance will need a joined-up approach, with interventions within school supplemented by support for the whole family. It is concerning that so many children struggling with attendance, where partner agencies have identified a need for more intensive help, are not getting it.

3. Children who receive an intervention

The office was sent high-level experimental unpublished Department for Education data on the care status of children in need (Table 1).^x The results show how varied the different groups are under the 'child in need' umbrella, bringing the meaningfulness of this term into question.

Of all children in need the largest group of children is the over a quarter of children (27%) who are on a child in need plan. This is followed by children looked after (20%) and children on a child protection plan (12.6%).

Table 1: Care status of children on 31 March 2022

Care status of children on 31 March 2022	Number	Percent
Child in need plan	111,000	27.5%
Child protection plan	50,920	12.6%
Children looked after	82,170	20.3%
Care leaver	45,940	11.4%
Adopted	2,950	0.7%
Awaiting assessment or assessment not required	18,160	4.5%
Assessment started but not completed	76,545	18.9%
Unknown	16,625	4.1%
Total	404,310	100%

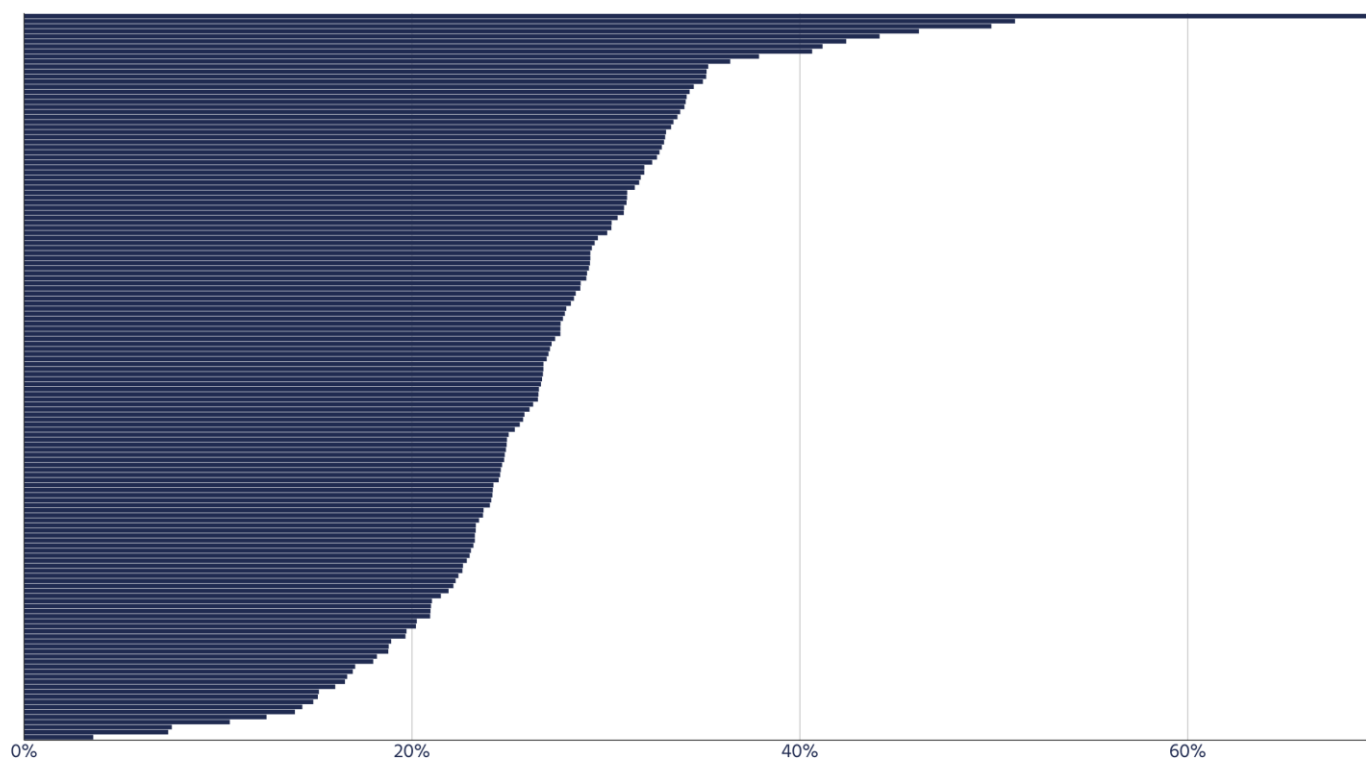
^x Children's care status refers to the type of intervention, if any, a child received, e.g. child protection plan, looked after child, child in need plan, etc.

3.1 Across the country there is variation in the use of child in need plans

Nationally, according to the published data, just under 1% of all children were on a child in need plan on 31 March 2023 (90 per 10,000 children, 0.9%). This ranged from a low of 30 per 10,000 in Newcastle upon Tyne to 316 per 10,000 in Reading.¹²

The office examined the proportion of children in need with a child in need plan across local authorities in England. Across all local authorities the average proportion of children in need on a child in need plan was 27%. However, there was notable variation – in one local authority, 70% of the children involved with children’s social care were on child in need plans, while in another it was as low as 3.6% (Figure 3). This suggests that, unless the levels of underlying need are indeed this variable, local areas have substantially different thresholds for section 17 support.

Figure 3: Proportion of children in need with a child in need plan on 31 March 2022 by local authority

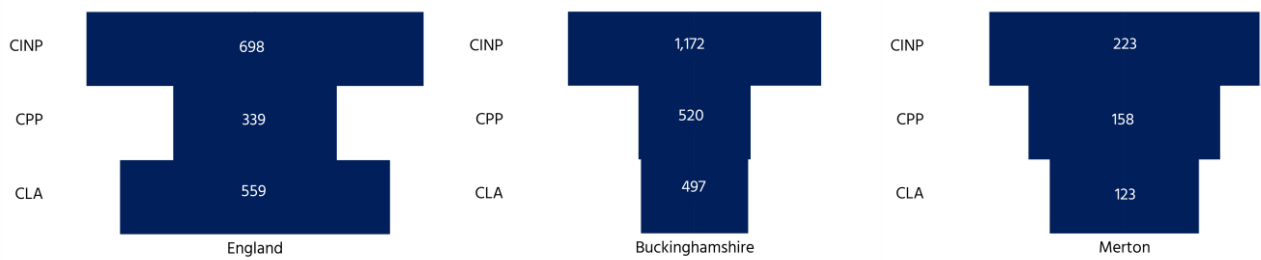


Balance of resources between different groups of children with a social worker

There are three main groups of children with a social worker, these groups reflect children with escalating levels of need. These groups range from children on child in need plans and children on child protection plans through to looked after children. The number of children in each group might be expected to fall with rising needs. Yet, in four local authorities, analysis of published Department for Education data for 31 March 2023 shows that the rate of children on child in need plans was lower than the rates of children on child protection plans and looked after children.¹³ This shows local authorities are taking different decisions on the balance of resources between these vulnerable groups of children.

Most children’s services teams are working with hundreds more children on child in need plans than children on child protection plans, but this is not always the case. These differences will also have significant implications for workload and resourcing decisions. One proposed indicator of quality in the Department for Education’s social care dashboard is social worker caseload. However, a caseload made up of nearly half children on child protection plans will be very different to one where those cases make up only a third. On average in England on 31 March 2023, a social worker with a caseload of 20 would have about 9 children on a child in need plan, 7 looked after children, and 4 children on child protection plans. But these ratios look very different in some local authorities (Figure 4).

Figure 4: Balance between groups of children in need in two local authorities and overall



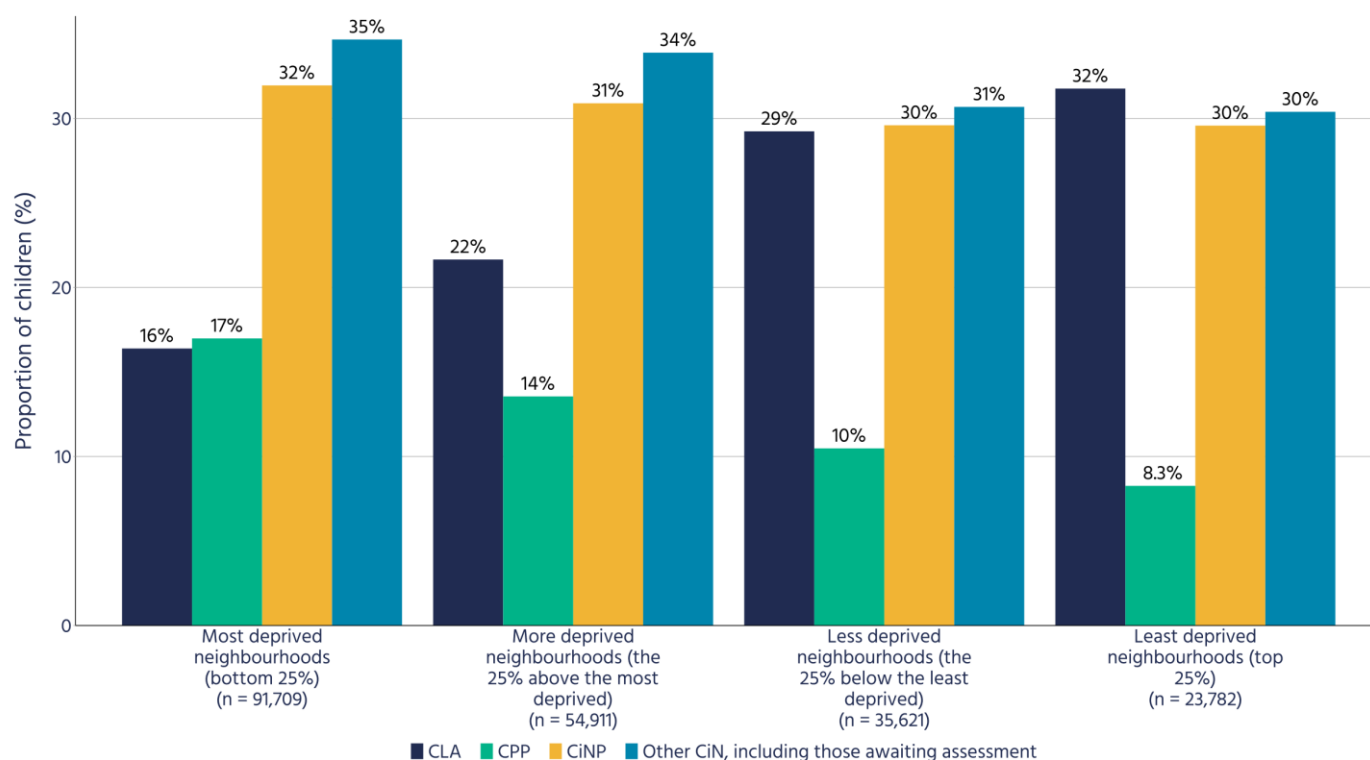
Note: CINP is children with a child in need plan; CPP is children with a child protection plan; CLA is looked after children. Numbers show the absolute (Merton and Buckinghamshire) or mean (England) number of children in each group.

These resourcing decisions will have financial implications, but currently available data does not allow analysis of public spending on children on child in need plans. Department for Education statistics on local authority expenditure on children's services include a number of breakdowns.¹⁴ These include spending on looked-after children, but not on children with child in need plans, or child protection plans.

3.2 Variation in use of child in need plans by deprivation

The balance between child protection and child in need work is notably different in richer and poorer areas (Figure 5). In the least deprived quarter of neighbourhoods, there were 3.6 times as many children on child in need plans as children on child protection plans. Meanwhile in the most deprived quarter of neighbourhoods, there were only 1.9 times as many children on child in need plans as on child protection plans. This difference is worthy of further investigation, especially as it has implications for the demands on social workers' time. It is impossible to fully explain without information on how much children's underlying needs vary between areas. But it could suggest that thresholds differ between richer and poorer areas, with richer areas supporting a broader group of children with (relatively) lower needs.

Figure 5: Care status of children in need on 31 March 2022 by deprivation



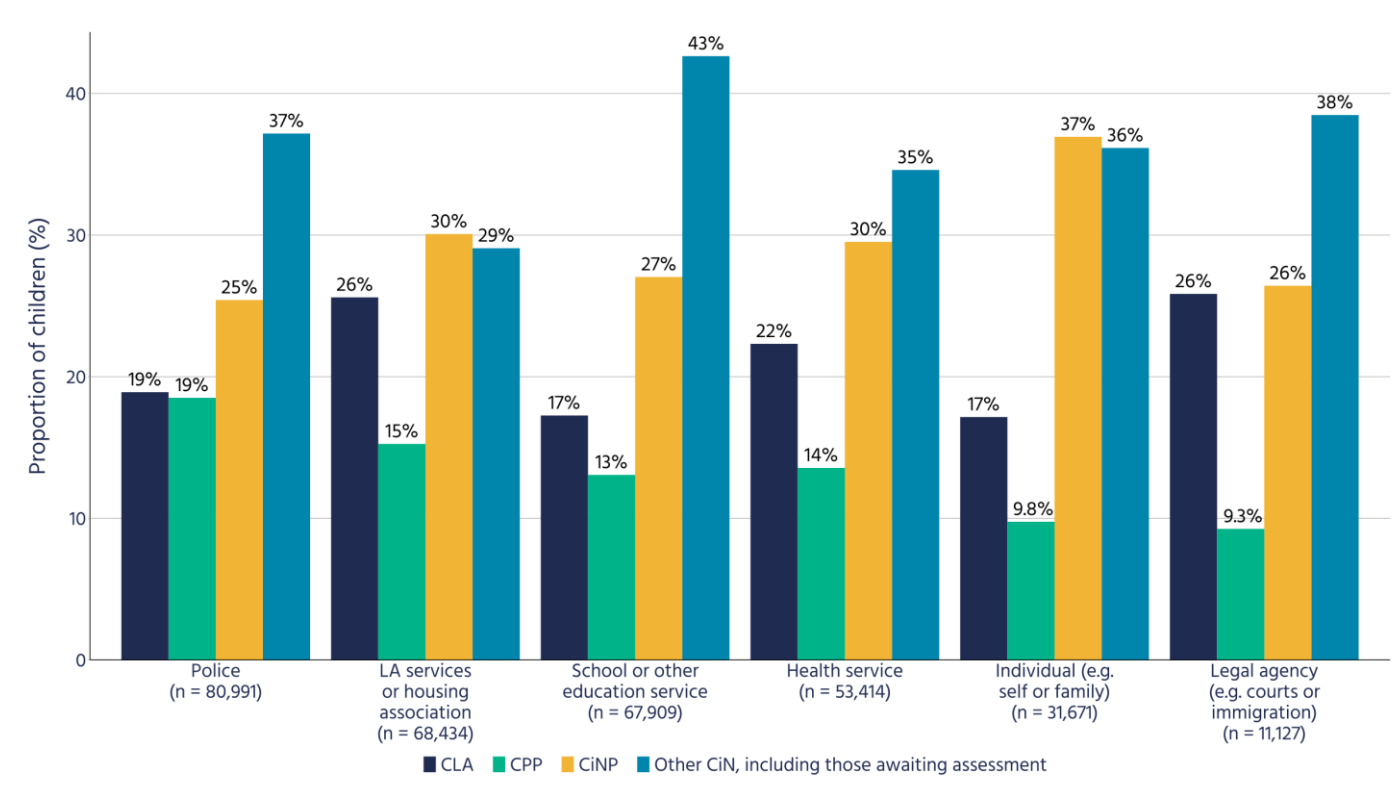
Note: 'Other CiN' includes children who were adopted and those whose care status was unknown. The graph excludes children in need aged 18+, under the assumption that the majority were care leavers. The graph also excludes children for whom IDACI information could not be found in DfE education data.

3.3 Variation of child in need plans by source of referral

As child in need plans are voluntary, it is notable that children on child in need plans were most prevalent among children who were referred by an individual (e.g. themselves or a family member) (Figure 6). This may reflect people reaching out for help when struggling to manage.

Child in need plans were least prevalent among children referred by police, although child protection plans were most prevalent for this group. This may reflect a more acute level of need among families when police become involved.

Figure 6: Care status on 31 March 2022 by referral source



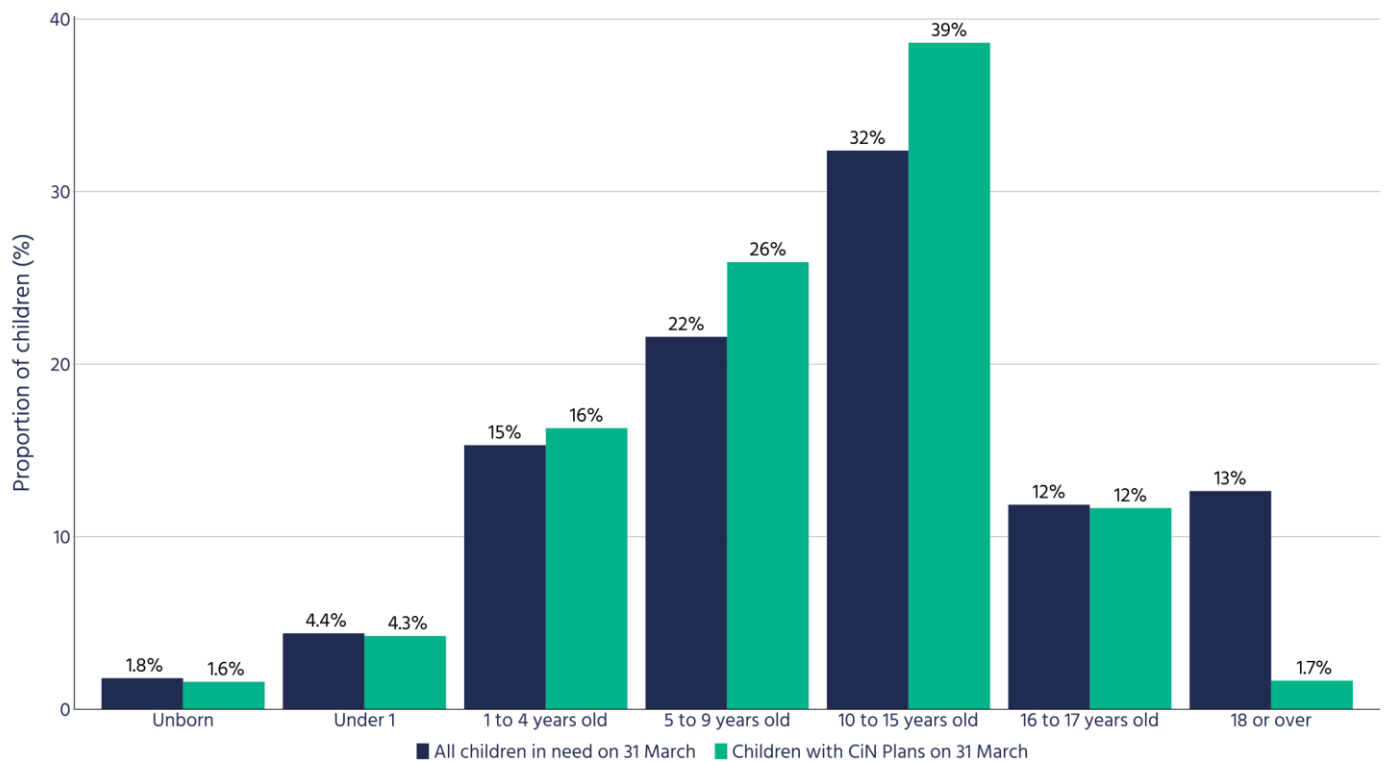
Note: 'Other CiN' includes children who were adopted and those whose care status was unknown. The graph excludes children in need aged 18+, under the assumption that the majority were care leavers. The graph also excludes referrals from other, anonymous or unknown sources.

3.4 Characteristics of children on child in need plans

Although 10- to 15-year-olds only make up 32% of all children in need, they make up 39% of the population of children on child in need plans, so this form of intervention is used more often for this group of children (Figure 7).

Boys make up 51% of the population of children in England, but 54% of children on child in need plans. 44% of children on child in need plans are girls, while the remaining 2% are unknown, indeterminate or unborn.

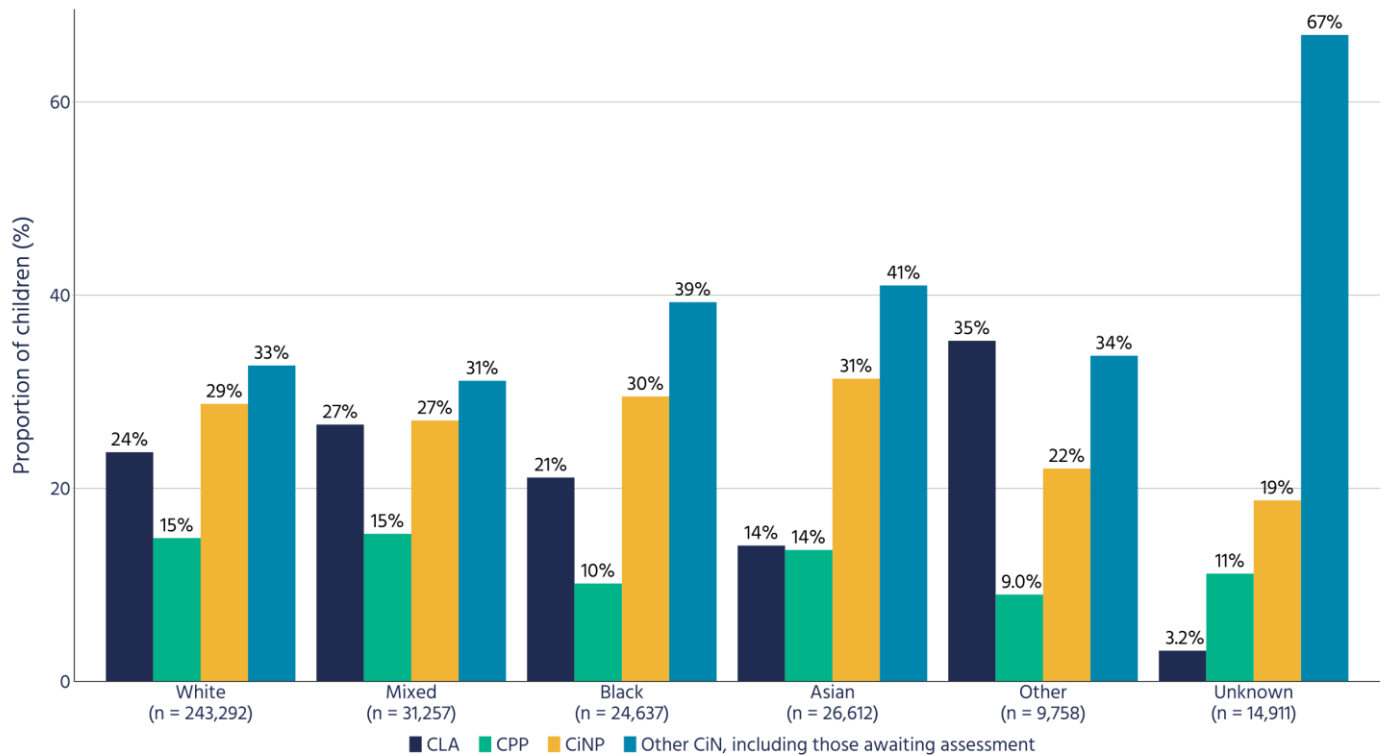
Figure 7: Distribution of children with a child in need plan and all children in need on 31 March 2022 by age group



Child in need plans were most prevalent amongst children with an Asian ethnicity (31% of Asian children in need had a child in need plan) and least prevalent amongst children with an other or unknown ethnicity (22% and 19% respectively) (Figure 8). Child protection plans were most prevalent amongst children with a white or mixed ethnicity (15% of white or mixed ethnicity children in need had a child protection plan) and least prevalent amongst children with a black or other ethnicity (10% and 9.0% respectively).

This suggests that a child's ethnicity could affect the type of intervention they receive.

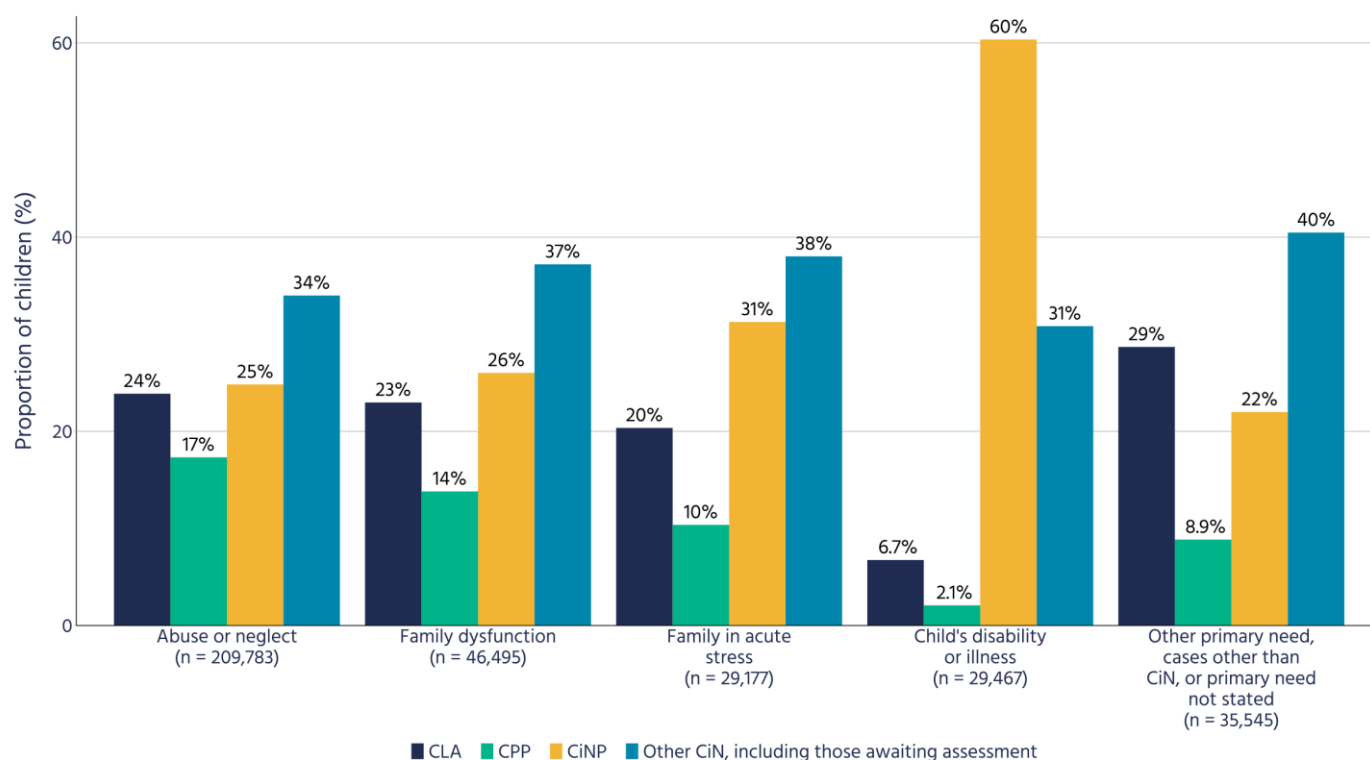
Figure 8: Care status on 31 March 2022 by primary need by ethnicity



Note: 'Other CiN' includes children who were adopted and those whose care status was unknown. The graph excludes children in need aged 18+, under the assumption that the majority were care leavers.

When looking at children's primary needs, it is unsurprising that the majority of children in need because of their disability or illness (60%) are on a child in need plan (Figure 9). Child in need plans were second-most prevalent (31%) among children in need because their family was in acute stress.

Figure 9: Care status on 31 March 2022 by primary need



Note: 'Other CiN' includes children who were adopted and those whose care status was unknown. The graph excludes children in need aged 18+, under the assumption that the majority were care leavers.

3.5 Child in need plans for children with special educational needs

Children with high level of special educational needs or disabilities may be eligible for an Education, Health and Care Plan (EHCP). Under section 17, disabled children – a group of children with significant overlap with those with special educational needs¹⁵ – are entitled to support under a child in need plan.

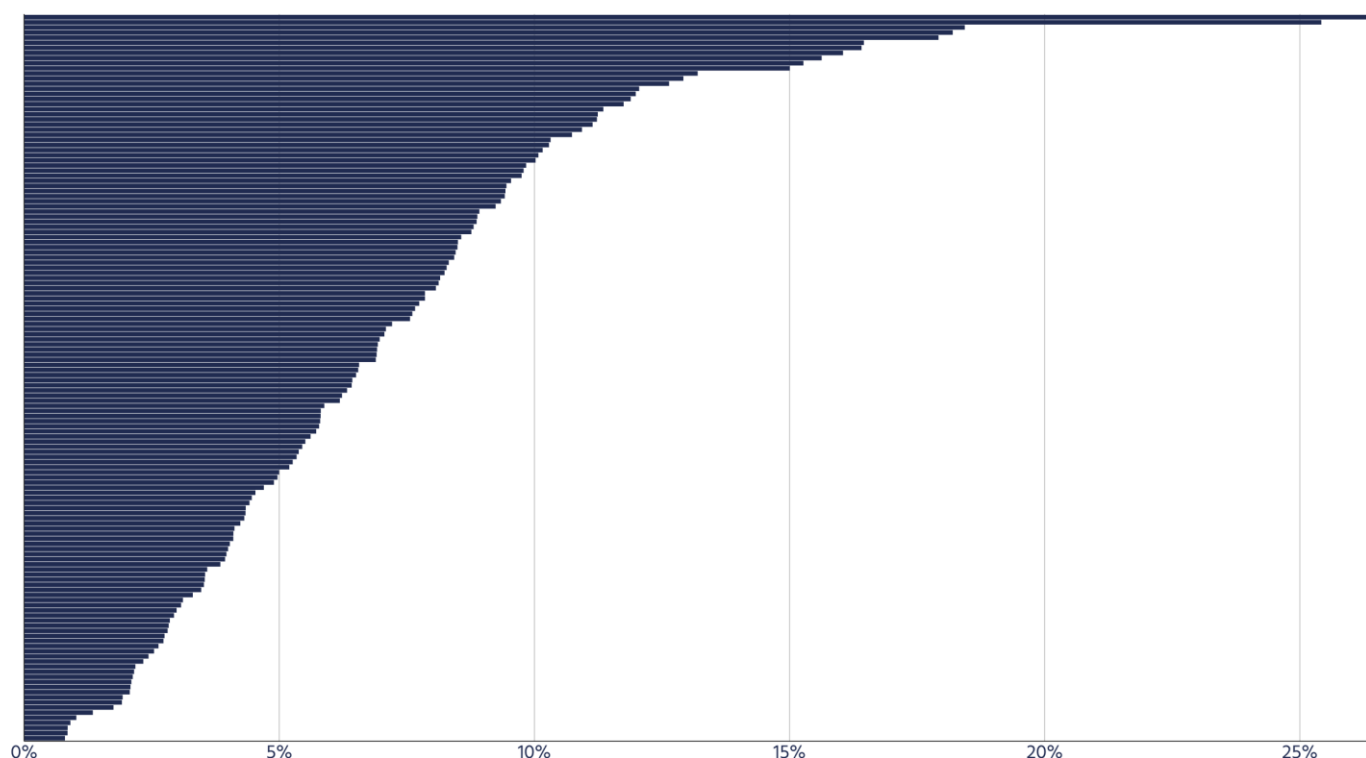
To understand the relationship between the use of child in need plans and EHCPs, the office examined the variation across local authorities in the proportions of pupils^{xi} with EHCPs who also had a child in need plan.

The highest proportion of pupils with an EHCP who also had a child in need plan in any local authority was 26% (Figure 10). There was however wide variation – with one local authority only at 0.8%, and the average across all local authorities was 7.2%.

It is clear, therefore, that not all children with high levels of special educational needs are in fact getting this support, and that practice across the country varies notably. It is possible that this is because some children are receiving all the appropriate support under their EHCP alone, or that they are receiving none. This suggests a much more consistent model is needed, with complete clarity about what the children's social care input should be for children with high levels of educational need.

^{xi} Because child-level data is not yet available for all children with an EHCP, this analysis only looked at children with an EHCP who were also registered at a school. This limits this analysis to pupils in state-funded mainstream schools, state-funded and non-maintained special schools, and state-funded nurseries.

Figure 10: Proportion of children with an EHCP on 20 January who also had a child in need plan on 31 March 2022 by local authority

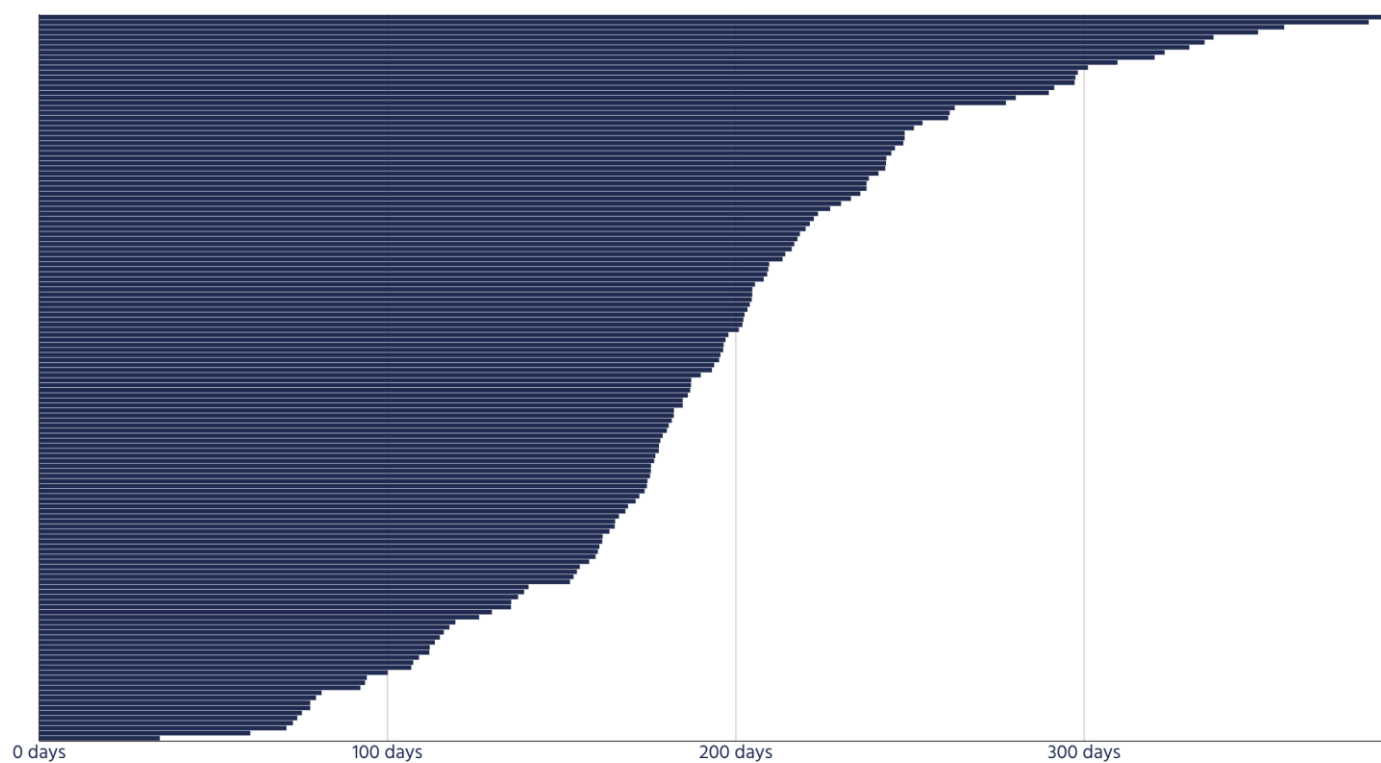


3.6 How long do plans last?

Of the 279,074 children who had a child in need plan at any point in 2021-22, the majority (174,135, 62%) had ended by the end of the year. Of child in need plans which ended, 244 had lasted for 0 days (i.e. opened and closed on the same date), and 2,755 had lasted for a day. The longest had lasted 7,146 days (over 19 years). While this is notable, it is unsurprising as a proportion of children on child in need plans also have an Education, Health and Care Plan, which provides support up until the age of 25.¹⁶

There was substantial variation in the average length of plans across local authorities (Figure 11). The shortest average duration within a local authority was just 35 days, while the longest average duration was 388 days. The average duration for children with a primary need of 'child's disability or illness' was 711 days, or nearly 2 years. For all other primary needs, the mean duration was much shorter at 157 days, or roughly 5 months.

Figure 11: Mean duration of a child in need plan that ended in 2021-22 by local authority



4. What should plans include?

This analysis found variation across the country in the length of plans and level of need determining when plans are used. This may be because statutory guidance, *Working Together to Safeguard Children*, does not state expectations for local authorities on how long plans should last for or set a national thresholds to guide practice.¹⁷ Instead, local authorities publish their own guidance for practitioners on how long the plan should last, how often the suitability of the support identified in the plan should be reviewed, and guidance around thresholds of need.

To investigate the variation in local authorities' guidance around the provision that children on child in need plans should be receiving, the office reviewed published local authority child in need procedures and practice guidance. The office specifically examined the minimum frequency visits (by a social worker, lead professional, or unspecified)^{xii}; minimum frequency of plans being reviewed/review meetings^{xiii}; and guidance on the intended length of plans. The sections below present findings based on this information for 125 local authorities.^{xiv}

4.1 Guidance on length of plans

As outlined earlier, statutory guidance does not define for how long a child in need plan should in place.

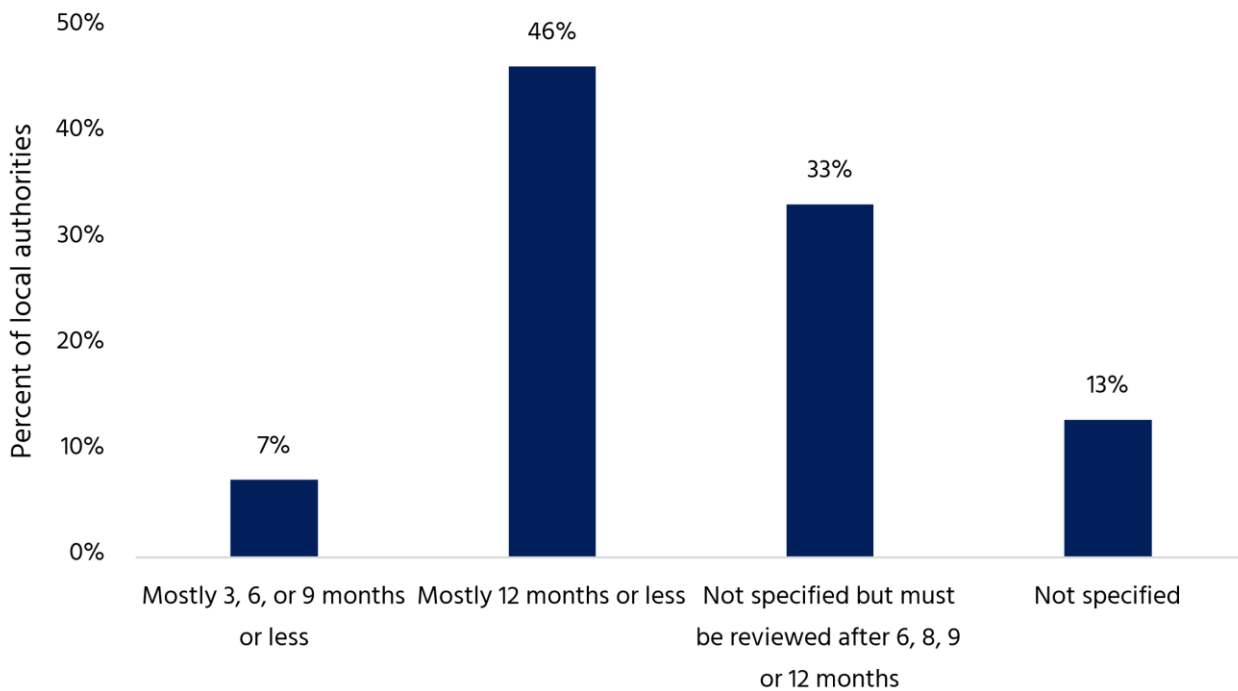
The office found over half of local authorities (54%) state in guidance that plans should last for 12 months or less. The other 46% do not specify for how long plans should last, although most of these suggest review points for the plan after a certain time has elapsed.

^{xii} Where procedures only referred to 'contact' with children rather than 'visits', these were categorised as 'not specified'.

^{xiii} Where procedures distinguished between the timing of a first review and subsequent reviews, data on the subsequent review timings were captured.

^{xiv} This information could not easily be located online for the remaining 26 local authorities. Procedures for Cumbria were reviewed, not the two newly created local authorities: Cumberland; and Westmorland and Furness.

Figure 12: Guidance on length of child in need plans as published in published local authority procedures



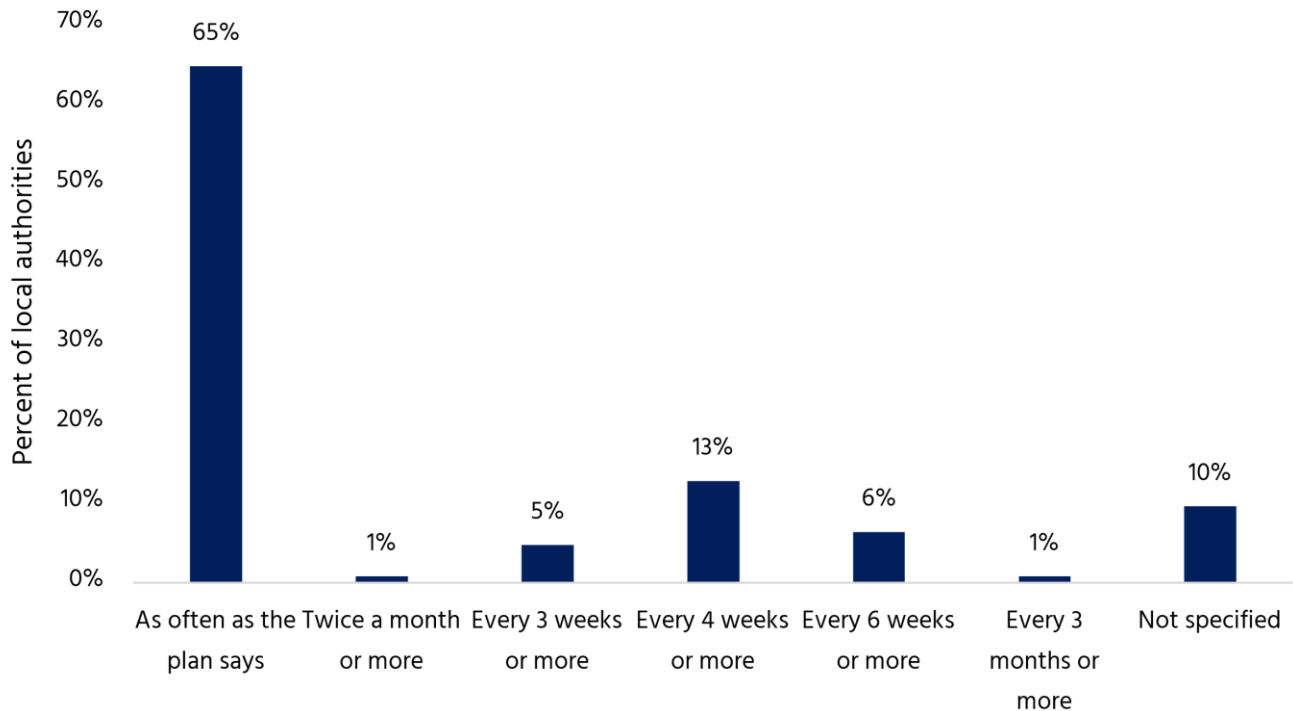
4.2 Guidance on frequency of visits

The office's analysis found that guidance on how often children on a child in need plan should be visited varied greatly across local authorities. In the majority of local authorities there was no minimum requirement for children to be visited by social workers or other lead professionals. In 74% of the local procedures reviewed, no frequency was specified (Figure 13).

For local authorities that specified a minimum frequency, this varied from twice monthly to as long as once every three months. The most common specified frequency across procedures was once every four weeks.

These findings illustrate that in the absence of national guidance on the frequency at which children on children in need plans should be visited by the professionals that support them, there is substantial local variation in the guidance on frequency of visits.

Figure 13: Frequency of visits to children on child in need plans required in published local authority procedures



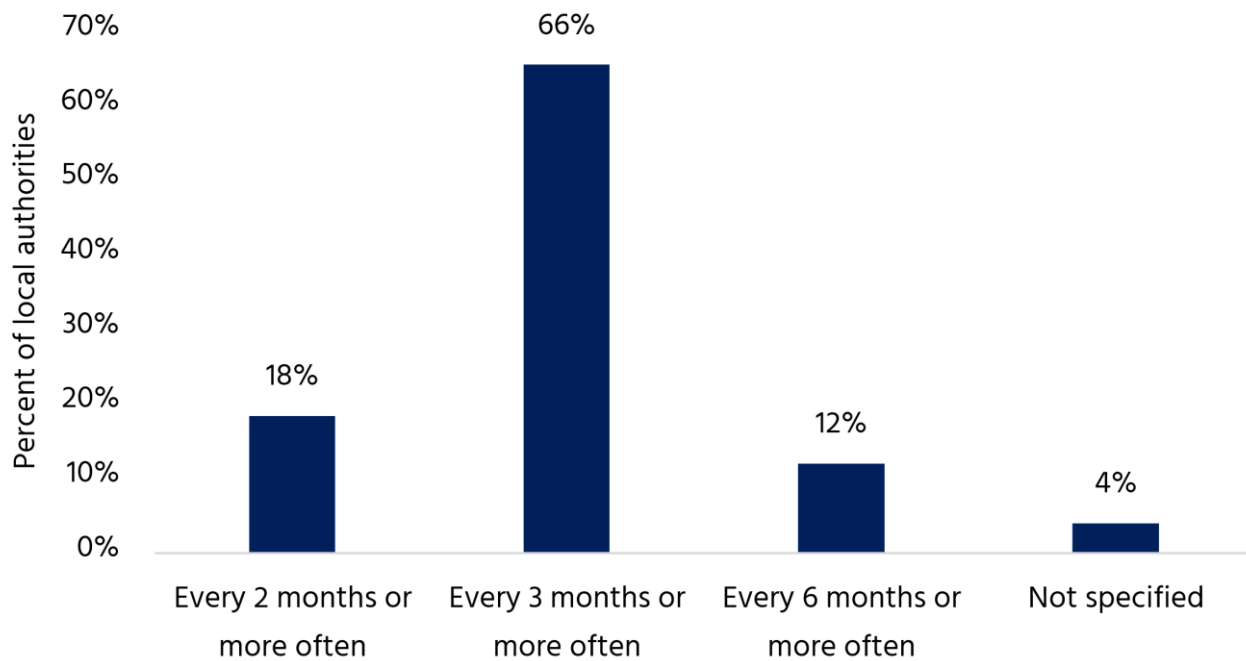
4.3 Guidance on review meetings

The office examined local authorities' guidance on the frequency at which child in need plan reviews should be conducted. About two thirds of the local authorities examined (66%) required child in need plans to be reviewed at least once every two to three months (Figure 14). Outside of this there was substantial variation in local authority guidance with 18% of local authorities requiring a review once every two months, compared to 12% requiring a review once every six months.

There was also variation in guidance on what reviews should consist of, ranging from needing to involve a meeting, reflective supervision or there being no specified format for the review. For example, Bedford's published procedure prompts managers to review and record on the child's file the support that has been provided, progress achieved, whether the child's needs could be met in other ways, and next steps.¹⁸

These findings further illustrate the variation in practice that has developed across local authorities for children in families on child in need plans in the absence of statutory guidance.

Figure 14: Frequency of review of child in need plans required in published local authority procedures



5. Next steps on understanding the effectiveness of a child in need plan

Working Together to Safeguard Children sets out that when child in need services are provided a multi-agency plan that outlines 'clear measurable outcomes for the child and expectations for the parents' should be developed.¹⁹ However, it is very difficult to know if those clear and measurable outcomes for children are in fact achieved.

Through this report the office has examined for the first time which children are supported through child in need plans and has found that there is substantial variation in the use of plans. However, a greater understanding is needed of the quality and effectiveness of these plans at achieving positive outcomes for children and families. Unlike children in care, whose well-being must be measured annually via the Strengths and Difficulties Questionnaire, there is no regular data collection on the well-being of children on child in need plans. Nor are there any national requirements or procedures for assessing the satisfaction of children or families with their child in need plans. A 2019 survey of 500 UK parents, who reported contact with social services within the previous two years because of their children, found that satisfaction was relatively low, with the type of involvement, including child in need plans, making little difference to this.²⁰ Parents of lower socio-economic status were less satisfied than other parents, as were parents of older children. Some qualitative studies have explored the parental experience of child protection investigations²¹ but have not focused specifically on child in need plans.

While the Department for Education does publish data on the educational outcomes of children in need, it does not identify which of these children are on child in need plans. Crucially, the Department does not assess the effectiveness of child in need plans at achieving the objectives identified at the point of assessment. The government has recently introduced a children's social care national framework, which sets out some high-level outcomes to be pursued, and plans for a dashboard of indicators to measure those outcomes. The Children's Commissioner's office welcomes the planned focus on measuring child wellbeing and development, and particularly the focus on school attendance and engagement. However, it is unclear if any of these measures will look at whether the objectives on the plan have improved for a child by the time a plan closes. For example, a plan might aim for a child

to start attending school regularly. We do not know how many plans have this objective, nor how many plans are closed because this has been achieved, or closed because (for example) a parent no longer consents to their child being on a plan. In comparison, it is possible to report what proportion of families on the Supporting Families programme have had a positive outcome.

In the second part of this work, to be published later in 2024, the office will examine the effectiveness of child in need plans at achieving outcomes for children and families. Using the Children's Commissioner's statutory data collection powers under section 2F of the Children Act 2004, the office collected 80 child in need plans from eight local authorities in England. The sample of plans included a range of ages and primary needs identified at point of assessment. To capture a full picture of the child's circumstance the office asked local authorities to provide assessment reports, minutes of review meetings and case closure notes alongside the child in need plans themselves.

6. The way forward

6.1 There need to be consistent thresholds for assessment and support under section 17

As this report has shown, there are substantial variations in type, frequency, and duration of support that different groups of children, living in different areas of the country receive through child in need plans.

When examining local authority protocols, the office found in the majority (74%) of local authorities there was no minimum requirement for children to be visited by social workers or other lead professionals. Guidance on how long plans should last for is equally patchy, with less than half (46%) of local authorities outlining how long plans should last for.

It is no wonder that the level of intervention that children receive differs greatly as there is no national guidance that sets out the thresholds of need that should prompt intervention or that define how often children should receive help or how frequently it is reviewed.

To ensure that child in need plans effectively meet children's needs, no matter what their background or area of the country they grow up in, there is an urgent need for improved national guidance for local authorities.

Much more understanding is needed of the effectiveness of section 17 support. A strategic government led approach to evaluating the effectiveness of child in need plans is needed.

Recommendation: The government should set out national guidance that defines the thresholds of need that children and families must meet to be offered children in need support. This should include some nationally agreed triggers for an automatic referral to children's social care, including, for example, when a primary care giver enters custody or inpatient mental health provision, or when a child is arrested.

Recommendation: National guidance should outline expectations for how often children receive help and how frequently that help is reviewed when on a child in need plan.

Recommendation: The Department for Education's Children's Social Care Dashboard should include metrics for assessing the progress of children on child in need plans.

6.2 Improved data collection and reporting

Published government statistics do not currently distinguish children who are being assessed for a child in need plan, from those awaiting an assessment, or who are on a child in need plan. The Department for Education's annual publication of child in need statistics does not show how well children on child in need plans are doing. This, alongside the lack of evidence for the effectiveness of plans themselves, makes it difficult for policy makers to make informed improvements to child in need plans as an intervention. In the context of the government's social care reform plans, the Children's Commissioner's office believes it is vital that there is a much greater understanding of the effectiveness of children in need plans as an intervention.

Since 2021-22, the Department for Education collected data from local authorities on the start and end date of plans. Building on analysis in this report, it should now analyse this data. The government should publish annual data on the duration of plans into help build an understanding of the role of children in need plans as an intervention for families.

Recommendation: Department for Education's annual publication of child in need statistics should specify whether the maximum of 45 working days target for conducting assessments is met, which children in need are on child in need plans, and how long they are on them.

Recommendation: In the government's annual publication of local authority and school expenditure, spending on 'children and young people's services' should specify how much is spent on child on child in need plans.

6.3 There needs to be better join up of the support children and families receive through section 17

The office's analysis found a wide variation across local authorities in the proportions of pupils with Education, Health and Care Plan (EHCP) who also had a child in need plan. The highest proportion of pupils with an EHCP who also had a child in need plan in any local authority was 26%, while the lowest was just 0.8%.

It appears illogical that at the moment there are some children who have a child in need plan and an EHCP, which presumably both set out their care needs. But likewise, if the vast majority of children with an EHCP are not receiving targeted children's social care support, it is not clear what purpose a multi-agency plan is serving. If many of these children in fact need a plan that sets out their need for an inclusive education offer in school and broader support for independent living, then that could be achieved separately rather than having plans that duplicate one another.

Recommendation: Every child should have one single plan, which for some children may have education support, for some health support, and for some care support, and for some a combination of two or three. This would give greater clarity to parents and practitioners about who is needed to support that child.

The Children's Commissioner's office will soon be setting out its Big Ambitions, informed by the views of more than 250,000 children and young people for what the next government should prioritise. The office believes that to facilitate transformational change in how children and their families access services, there is a pressing need for a shared child identifier. Introducing a consistent shared child ID would improve services' ability to work with children and families to effectively meet their needs. In the context of the children's social care system, a unique child ID would avoid families having to repeat their stories, for example when moving between areas, and speed up the identification of need.

Recommendation: The government should introduce a consistent unique identifier for all children, based on the existing NHS number. The unique child ID would enable greater efficiency and effectiveness of services for children and families.

6.4 Education as a vital source of support for vulnerable children

Schools are an essential form of early help for many children. For children with an identified vulnerability, school provides ongoing support and a safeguarding structure. In the office's recent report 'Lost in Transition', the office set out its concerns that a disproportionate number of children who became a child missing education were also a child in need.²² The team heard that children missing education were often at increased risk of harm.

Recommendation: Social workers should be trained in educational neglect and should treat regular school attendance as a key outcome for children with a history of persistent or severe absenteeism. The government's children's social care outcomes framework and the proposed social care dashboard must ensure that the indicators used for attendance allow genuine tracking of how a child's attendance has changed over the duration of a child's plan.

Virtual School Heads play an immensely important role promoting the education of children and young people in care and previously in care. Virtual School Heads have powers to direct admissions and to allocate Pupil Premium Plus funding to schools and education settings to improve the educational outcomes of looked after children. Since 2021, their role has been extended on a non-statutory basis to encompass all children with a social worker. Virtual School Heads are responsible for working collaboratively with local agencies to address the barriers to engagement and attainment for this group of young people, however, they do not have the power to direct admissions or access to Pupil Premium Plus for these children. Children in need were overrepresented in the children missing education cohort. If we want to intervene earlier and protect children at risk of harm, we must step in earlier with proactive support for children in need. Many looked after children will have previously been on a child in need or child protection plan. To better protect this group, we must extend Virtual School Heads' powers.

Recommendation: The government should give Virtual School Heads powers to direct admissions for children in need. These children should also be prioritised for admission to 'Good' or 'Outstanding' schools.

Recommendation: Pupil Premium Plus should be extended to all children in need.

Without daily access to school, vulnerable children are at risk of slipping through the gaps in the system. Home education is not, in and of itself, a safeguarding risk. The Children's Commissioner's Office believes that home education is unsuitable in cases where children have been identified to be at risk of harm from their home environment. Currently, there are no restrictions on children with a social worker being home educated.

Recommendation: The Government should introduce a ban on the use of home education for any child with a social worker where the child has been identified as being at risk of harm from the home environment or where home education would expose them to additional harms. The Department for Education's guidance on home education should then be updated to clearly outline these children should not be home educated unless in exceptional circumstances and it is agreed with the child's social worker. These cases should be reviewed on a case-by-case basis.

6.5 Improvements to section 17 support should be underpinned by an enhanced early help offer

As this report shows, there is substantial variation across the country and between different groups of children for those who are given no further action (NFA) after a referral to, or assessment by, children's social care. The variation in the proportion of referrals that result in NFAs is particularly notable. The office's analysis shows that in one local authority almost two thirds (63%) of children's most recent referrals resulted in NFAs, compared to just 1.6% in another local authority.

This variation is particularly concerning when looking at the early help system more broadly. While section 17 of the Children Act 1989 places a general duty on local authorities to provide support for children assessed as children in need, and section 10 of the Children Act 2004 provides a duty to promote cooperation between local partners with a view to improving children's wellbeing, there is no statutory duty requiring local authorities to provide early help services. As a result, when a referral to children's social care is judged as not needing any further action, there is no requirement for local authorities to provide early help services that may prevent issues from escalating.

A consequence of a lack of a statutory duty to provide preventative universal services to support children and families when issues first arise is that spending on these services can be squeezed out in favour of statutory duties.

Recommendation: The government should introduce a statutory duty to deliver universal early help provision.

6.5. Reform to children's social care funding

In order to ensure that every child is able to get the level of support that they need, which may be able to prevent them suffering harm or coming into care, it is vital that children's social care funding is reviewed and reformed. As this report has shown, there is notable variation in practice between richer and poorer areas, and the link between poverty and demand for children's social care services has been well-evidenced elsewhere.²³

Recommendation: The government should develop a Children's Social Care Funding Formula, that is ring-fenced by the Department for Education, and takes into account deprivation and other indicators of need.

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**Sanctuary Buildings, 20 Great Smith
Street London, SW1P 3BT**

020 7783 8330

www.childrenscommissioner.gov.uk



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