



Wales Centre for Public Policy
Canolfan Polisi Cyhoeddus Cymru

Children Looked after in Wales: Factors Contributing to Variation in Local Authority Rates

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Summary

This report updates and develops the Centre's previous analysis of the factors affecting variation in rates of children looked after in Wales.

With three years of data, it is possible to use more sophisticated techniques to explore the explanatory value of different potential influences (both singularly and in combination); namely: safeguarding practice, levels of deprivation, and parental factors.

The main findings from this modelling work are as follows:

- Almost half (47%) of the variation in local authority rates can be explained by the extent of deprivation within that authority.
- Using an established proxy for safeguarding practice, 13% of the variation in local authority rates can be explained by differences in practice.
- No clear relationship was found between safeguarding, deprivation, and the rates of children looked after. The prevalence of parental factors amongst the children looked after cohort relative to peers within the wider children receiving care and support cohort provides a sense of local need and practice. Individually:

- 23% of the variation is explained by the proportion reported as being subject to domestic abuse.
- Parental mental ill health accounts for 16% of the variation.
- No clear relationship was found with the proportions experiencing parental substance or alcohol misuse, parental physical ill health or parental learning disabilities.
- In combination, the 'trigger trio' of parental factors – substance misuse, parental mental ill health and domestic abuse – together account for around 35% of the variation in rates.
- When deprivation is modelled with the trigger trio, and with the inclusion of parental learning disabilities, these factors together account for 72% of the variation in rates across Wales. However, safeguarding and the proportion experiencing parental substance misuse are not significant predictors in this model.

The explanatory value of deprivation in combination with parental factors is striking, and is indicative of differences in practice and perceptions of risk associated with the presence of the respective factors.

However, there remains a significant proportion of the variation which remains unexplained by the factors considered here.

Introduction

This briefing focuses on focusing on the factors associated with variation in the local authority rates of children looked after¹ in Wales. As such it builds upon the earlier report **Factors Contributing to Higher Rates of Care in Wales**² which considered both supply and demand factors believed to account for the variations in local authority rates. This drew heavily on the modelling which had been undertaken with respect to variation within England. With 3-years worth of data now available from the Children Receiving Care and Support (CRCS) Census³, this briefing summarises the relationship between:

- the relative size of the safeguarding cohort i.e. the proportion of the wider cohort of children receiving care and support who receive more intensive support either as child looked after or on the child protection register
- the extent of deprivation
- the prevalence of various parental factors amongst the children looked after cohort
- the calculated rate of children looked after in each local authority

The calculated rate of children looked after is used rather than that taken from the Looked After Children (LAC) Census which is conventionally used to draw 'official' comparisons. These tend to be lower as data is captured about children who have had a care and support plan in place on 1st January and remain on this plan on the census date of 31st March. This source is used in preference to the LAC Census because it includes information about whether or not the child was known to be experiencing the named parental factor on day that the snapshot was taken.

¹ Throughout this report references are made to 'children looked after' rather than 'looked after children' since the label 'looked after child' and particularly the shortened version of 'LAC' can give the impression of children lacking in something. However, in some instances it has been necessary to use the term 'looked after children' as it is a statutory term used by the Welsh Government. Notably the Looked After Children Census has been abbreviated to LAC Census.

² This can be downloaded from the WCPP website: <https://www.wcpp.org.uk/publication/analysis-of-the-factors-contributing-to-the-high-rates-of-care-in-wales/>

³ The Social Services and Well-being (Wales) Act 2014 came into effect on 6 April 2016. It provided a new legal framework, bringing together and modernising social services law in Wales. The Act changes the way people's needs are assessed and the way services are delivered, introducing new duties on local authority social services in relation to assessment and provision of care and support. Section 17 of the Children Act 1989, which defines 'Children in Need', was repealed. As a result, the Children in Need Census is no longer conducted (although this remains in England where the 1989 Act still applies). It has been replaced by the 'Children Receiving Care and Support' (CRCS) Census and has new requirements. For example, data for unborn children are not collected. Technical guidance for the CRCS Census can be found: <https://gov.wales/sites/default/files/statistics-and-research/2019-05/children-receiving-care-and-support-census-2018-19-notes.pdf>

The analysis presented is drawn from publically available sources, largely published annually as aggregate data at a local authority level. As such the analysis presented supplements that published by Statistics for Wales and the Welsh Government in:

- Wales Children Receiving Care and Support Census, 2019 (Experimental Statistics) (SFR 20/2020)

The exception to this is the Welsh Indices of Multiple Deprivation (WIMD) 2019. The index ranks small areas in Wales according to their relative levels of multiple deprivation. Underpinning the eight domains which form the overall index are a series of indicators based on data which broadly reflect the situation across the 3-years for which the CRCS Census data is available. The extent of deprivation reflects the proportion of the small areas considered to be the 20% most deprived located within each local authority. This measure is similarly available for download from Stats Wales.

In compiling these figures, the briefing provides context for the Centre's wider programme of work around children looked after in Wales.

Table 1 provides an overview of the profile of the wider children receiving care and support cohort, including a breakdown into its constituent sub-cohorts and how these have changed over the last three years.

Table 1: Number and Rates of Children Receiving Care and Support, and its component sub-cohorts on 31st March

		2017	2018	2019
Number	All Children Receiving Care and Support	15,930	16,080	16,420
	'Other'	8,015	7,600	7,530
	Child Protection Register	2,135	2,385	2,215
	Children Looked After	5,780	6,100	6,675
Rate per 10,000	All Children Receiving Care and Support	254	255	261
	'Other'	128	121	120
	Child Protection Register	34	38	35
	Children Looked After	92	97	106
Estimated Child Population		628,300	629,800	629,900

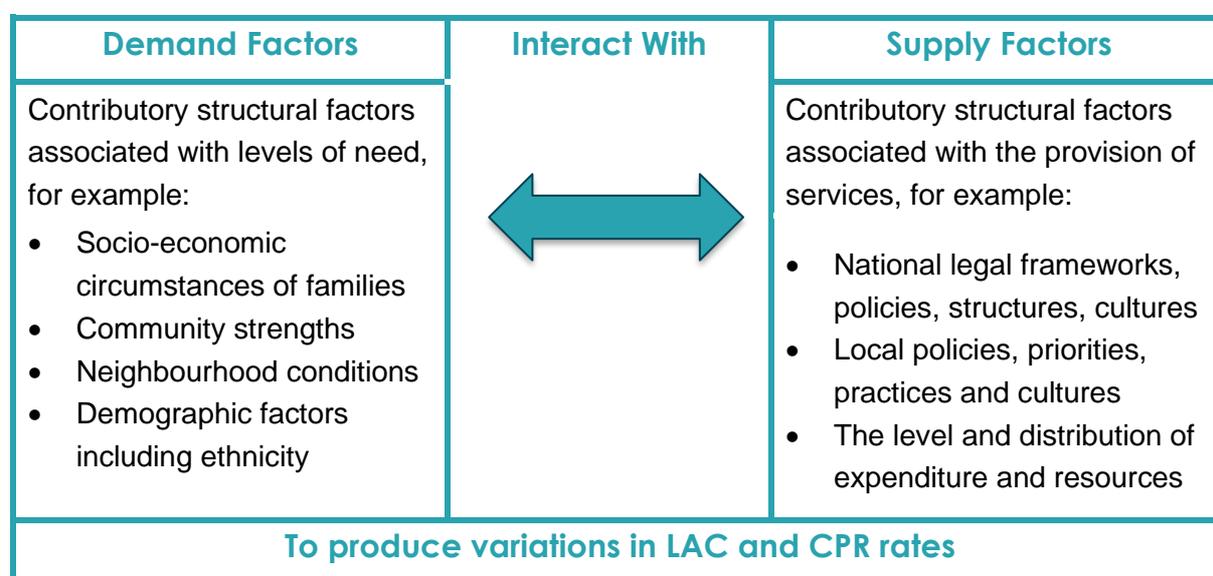
Source: CRCS Census (Stats Wales, 2020b; 2020c). Notes: Numbers have been converted into rates of children looked after per 10,000 using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020).

Compared to 2017 (the first year for which data is available from the CRCS Census), there has been a 3% increase in the overall numbers receiving care and support across Wales.

Explanations for Local Authority Variation: A Conceptual Framework

The Child Welfare Inequalities Project has sought to identify the relationship between child welfare intervention rates and a range of factors particularly levels of deprivation and policy/practice. As such it considers both children looked after and child protection cases – both sub-cohorts which are captured in the CRCS Census.

Figure 1: Understanding Inequalities in Rates: Demand and Supply Factors



Adapted from Child Welfare Inequalities Project (2017)

‘Demand’ in this context refers to the social determinants of childhood difficulties. As with health inequalities, family socio-economic circumstances, the quality of the environment and community in which children are being brought up and links with the demographic mix of the population are all contributory factors. The fundamental conditions for bringing up children (for example, money for essentials, adequate housing, social support), intertwined with other factors such as levels of domestic violence, substance use and parental physical and mental health, influence the proportion of children who might come to the attention of children’s services in any given area.

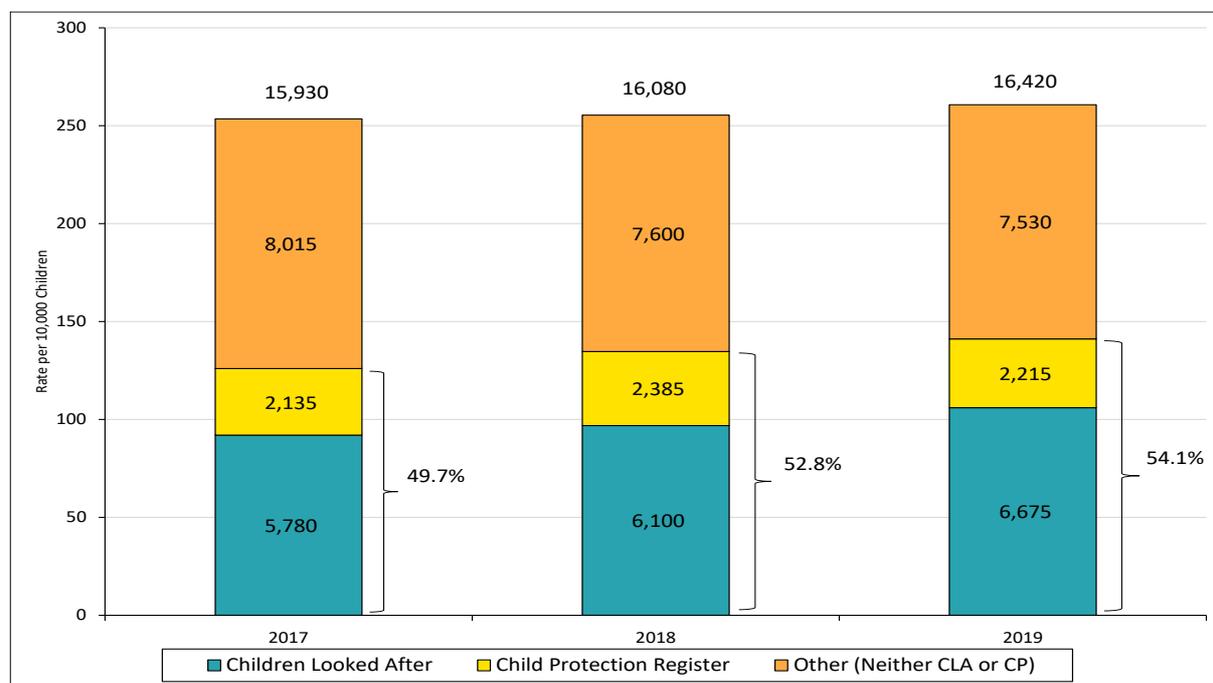
However, it was also observed that considerable differences exist in responses to such needs as a result of a range of factors affecting the supply of services. Contributory supply factors include national policies, legal frameworks, and dominant attitudes, local priorities, the leadership, experience, skills and stability of the workforce, local professional and

political cultures and the scale and distribution of resources available to children’s and allied services. As highlighted in Hodges and Bristow (2019), the extent to which many of these ‘supply’ side issues can be explored through the analysis of quantitative data is limited. This briefing therefore focuses primarily on those issues around demand which can be examined using publicly available data, with the aim of highlighting where differences exist so as to stimulate debate about the interaction between this and the ‘supply’ response.

What is the role of safeguarding?

Lum and Tregidgo (2018) observe that in England, spend on looked after children and safeguarding children and families (which covers core spend on statutory child in need and child protection social work) are both the largest areas of spend and also the areas where spend varies most between authorities. A measure has therefore been constructed to reflect demand in terms of the proportion of the wider children in receipt of care and support who require more intensive support. This ‘safeguarding’ cohort is made up of children on the child protection register and/or those looked after. Figure 2 summarises the changing profile of the safeguarding cohort as at 31st March, between 2017 and 2019.

Figure 2: The Composition of the Wider Children Receiving Care and Support Cohort as at 31st March, by Year

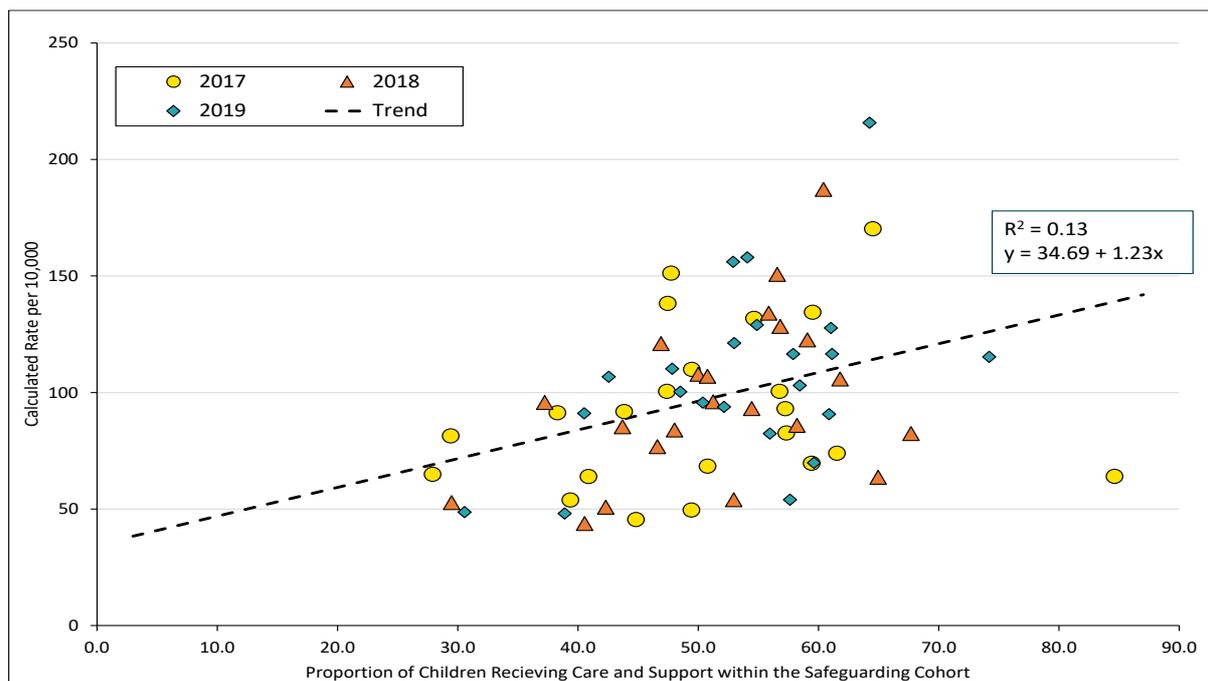


Source: CRCS Census (Stats Wales, 2020b).

Over the 3-year period, the proportion either on the child protection register or looked after has increased from 49.7% to 54.1%. This has largely been as a result in the higher numbers now looked after – these have increased by 15.5% (from 5,780 to 6,675) whilst those on the child protection register have increased by just 3.7% (from 2,135 to 2,215). Since 2017, the number of children neither looked after or on the child protection register the “Other” group

who receive care and support has fallen by 6% (from 8,015 to 7,530). Within Wales there is also considerable variation.

Figure 3: Calculated Looked after Children Rate compared to the Proportion Identified as Being in the Safeguarding Cohort (3-year data)



Source: CRCS Census (Stats Wales, 2020b). The rate of children looked after has been calculated using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020). The underlying data can be found in the data annex.

Comparing the calculated rate of children looked after to the proportion in the safeguarding (Figure 3), suggests a positive relationship, with those with higher rates typically having higher proportions in the safeguarding cohort. From the analysis, it suggests that 13% ($R^2 = 0.13$) of the variation in the local authority rates of children looked after can be explained by the proportion of the children receiving care and support who are in the cohort receiving more intensive support. This measure has been used as a proxy for practice and the local authority’s attitude towards risk.

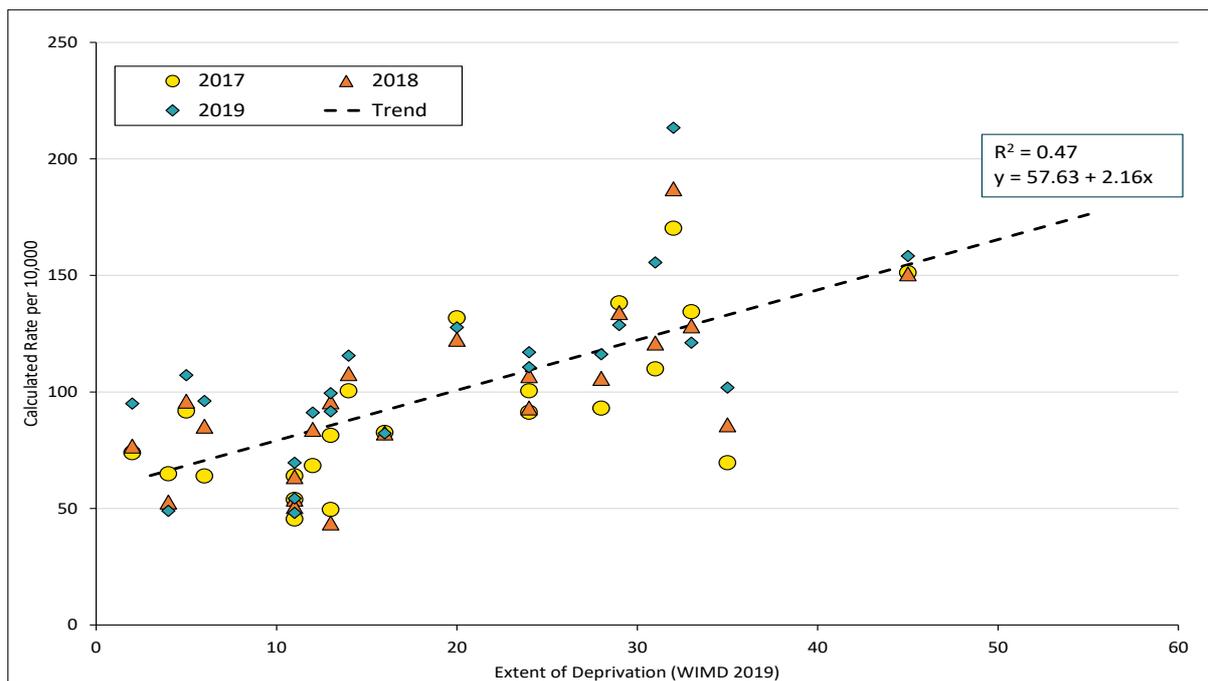
How much variation is accounted for by deprivation?

The link between deprivation and levels of demand for children’s services is well established (see for example Bywaters et al. (2016b)), with ‘research proposing a combination of direct factors (such as material hardship) and indirect factors (parental stress and neighbourhood condition) as the causal links’ (Lum and Tregidgo, 2018: 15). As can be seen from Figure 4, there is a positive correlation between the rate of looked after children and the Welsh Indices of Multiple Deprivation (WIMD)⁴, with almost half of the variation explained ($R^2 = 0.47$ i.e.

⁴ The Welsh Indic of Multiple Deprivation were updated in 2019. They have been constructed to reflect the relative levels of deprivation across the 1909 small areas or lower super output areas (LSOAs) across Wales.

47%). This supports the conclusions made by both Elliott and Scourfield (2017) and Cordis Bright (2013) about the significance of deprivation and echoes the findings from previous work utilising WIMD 2014 (Hodges and Bristow, 2019).

Figure 4: Calculated Looked after Children Rate compared to the Local Authority's Extent of Deprivation (3-year data)



Source: CRCS Census (Stats Wales, 2020b) and the Welsh Indices of Multiple Deprivation 2019 Local Authority Analysis (Stats Wales, 2019b). The rate of children looked after has been calculated using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020).

Despite the different approach used within this report (i.e. analysis based on snapshot aggregate data rather than individual level in-year figures), the 3-year analysis supports the conclusions made by Elliott and Scourfield (2017). However, a key limitation of using this measure of deprivation is that it continues to tell us little about the circumstances in which the child was living prior to their current episode of care. For example, we do not know the income level, employment status, housing circumstances or educational background of the children’s parent(s) or carer.

They consist of an overall index and 8 domains which are underpinned by a series of indicators. As a proxy for the extent of deprivation at a local authority level, the proportion of LSOAs which fall within the 20% most deprived (ranked 1 to 191) is used. A summary can be found in the data annex.

Do areas of higher deprivation also tend to have higher safeguarding rates? Does this explain the variation?

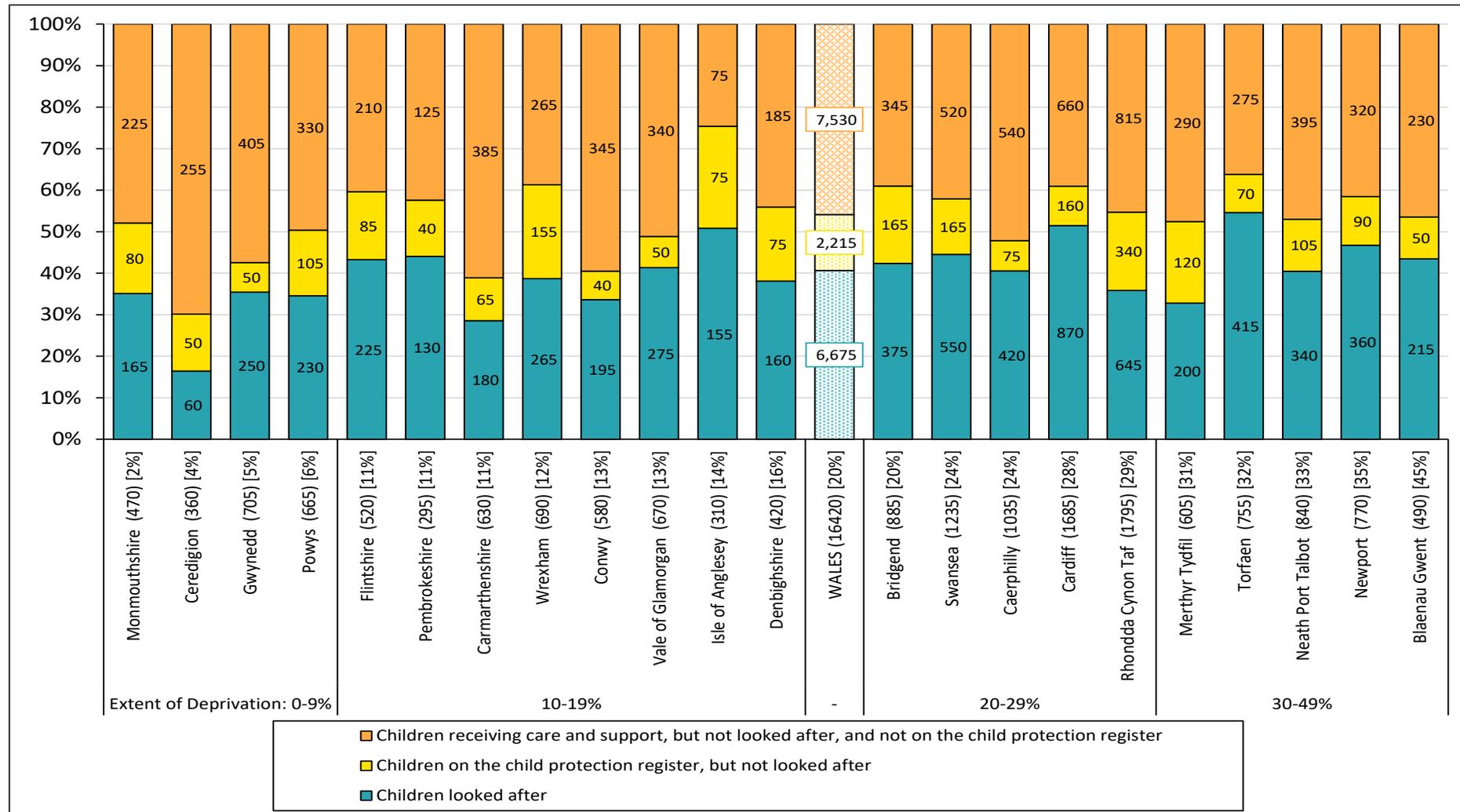
As can be seen from Figure 5, there is considerable variation across the local authorities in terms of the proportions within the receiving care and support cohort who are in the respective elements of the safeguarding cohort. Notably on 31st March 2019 in Torfaen, Cardiff and Isle of Anglesey around half of those with a care and support plan were looked after compared to just one in six in Ceredigion. There is also variation in the respective proportions on the child protection register – ranging from 24% in Isle of Anglesey to just 7% in Conwy. By ordering the local authorities on the basis of the extent of their deprivation, it is possible to compare the profile by child status in areas with similar levels of deprivation. This suggests quite different profiles even amongst those with similar levels of deprivation. For example,

- When compared to Flintshire and Pembrokeshire which have 11% of their small areas in the top 20% most deprived, Carmarthenshire (11%) has a notably different profile with 39% of those receiving care and support either on child protection register or in care and hence getting more intensive support. In contrast the proportions in Flintshire and Pembrokeshire were 60% and 58% respectively.
- Both Swansea and Caerphilly have the same proportion of their LSOAs in the top 20% most deprived (24%). However, there is a marked difference in the proportion in their respective safeguarding cohorts – 58% of Swansea’s children receiving care and support are either looked after or on the child protection register compared to 48% of those in Caerphilly.
- Blaenau Gwent has almost half (45%) of its LSOAs in the top 20% most deprived, suggesting that it has the highest extent of deprivation within Wales. Its safeguarding profile is not that dissimilar to Neath Port Talbot where 33% of the LSOAs fall into this category.

To consider the role of both safeguarding and deprivation in explaining the variation in local authority rates of care, regression modelling has been used. Although the combination of the two factors can be used to generate a model which accounts for 49.9% of the variation, the contribution made by the measure used as a proxy for safeguarding is not significant. Since it does not make a significant contribution to the model relative to that using just the extent of deprivation, it does not meet the criteria for inclusion when the exercise is repeated using stepwise techniques.⁵ Potential explanations for this include the quality of the indicator itself. Its origins as a measure lie in work around variation in spend in children’s services and therefore it has come to be used as a proxy for variations in practice. However, a more

⁵ In *stepwise regression*, all the available predictor variables are provided, and the program then very systematically tries adding and removing the various predictors from the model, one at a time, looking to see which predictors, when added to a model, substantially improve its predictive ability, or when removed from the model, make it substantially worse.

Figure 5: Local Authority Profiles of Children Receiving Care and Support by Child Status, 2019



Source: CRCS Census (Stats Wales, 2020a). Local authorities have been ordered by the proportion of their LSOAs that fall into the top 20% most deprived in Wales based on WIMD 2019 (Stats Wales, 2019b), with the percentage given in square brackets alongside the local authority name. The data labels relate to the reported number within each element of the cohort, whilst the figure in brackets alongside the local authority name gives the total size of the CRCS cohort in that area.

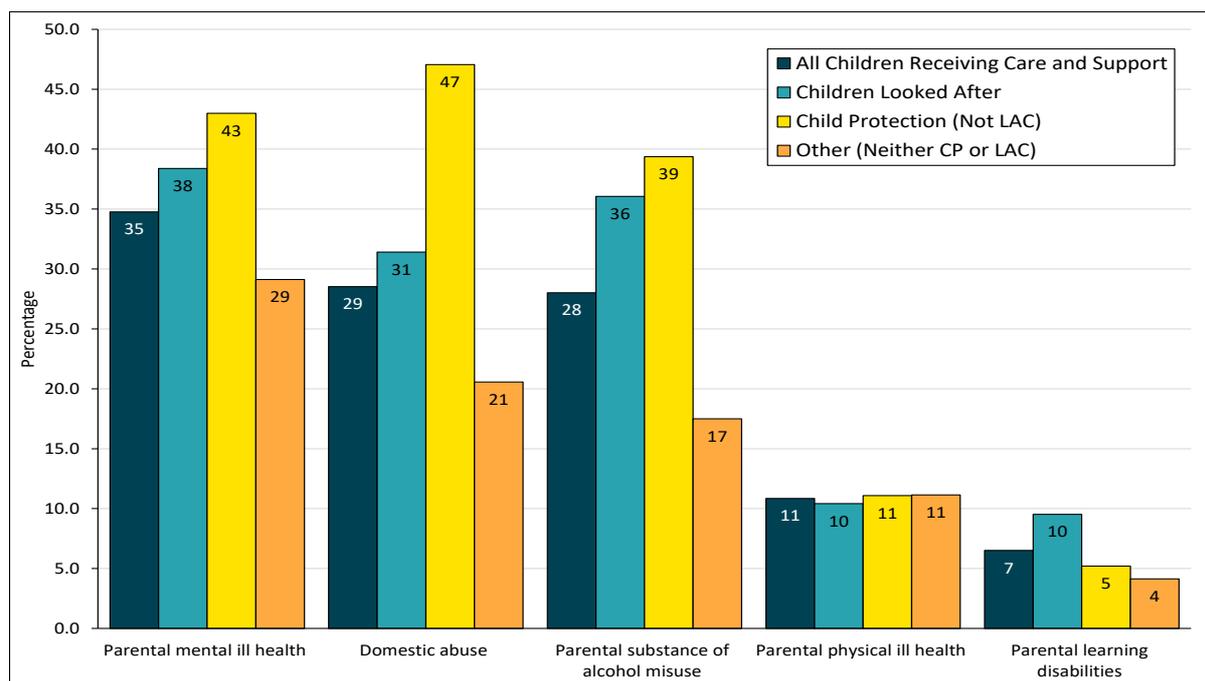
nanced measure is perhaps required to understand the role played by culture, policy and practice within local authorities. What is just as important here, and in subsequent modelling, is that there is a proportion which is not explained by the variables in the model. These could be both demand and/or supply factors, including the role played by other agencies, including the judiciary and others with corporate parenting duties; the resources available locally and the structural factors associated with levels of need.

To what extent is the variation explained by parental factors?

Given the overriding emphasis on safeguarding and promoting welfare, the role played by the parent (or carer) in bringing up the child forms an integral part of the assessment process, with the threshold criteria for a court order placing a burden of proof on the local authority to establish the harm or likelihood of harm that is attributable to the child’s parents.

The CRCS Census records whether or not specified parenting issues were present at 31st March for all children receiving care and report, including children looked after. Figure 25 summarises the prevalence of these parenting issues amongst the cohort. Significantly factors may have been present at the referral stage or may have arisen since the referral with one or more factors potentially being recorded for each child. These figures do not however, reflect whether the parent is known to adult services in their own right and if they are receiving support from them.

Figure 6: Children Receiving Care and Support, by Presence of Parental Factor and Child Status, 31st March 2019



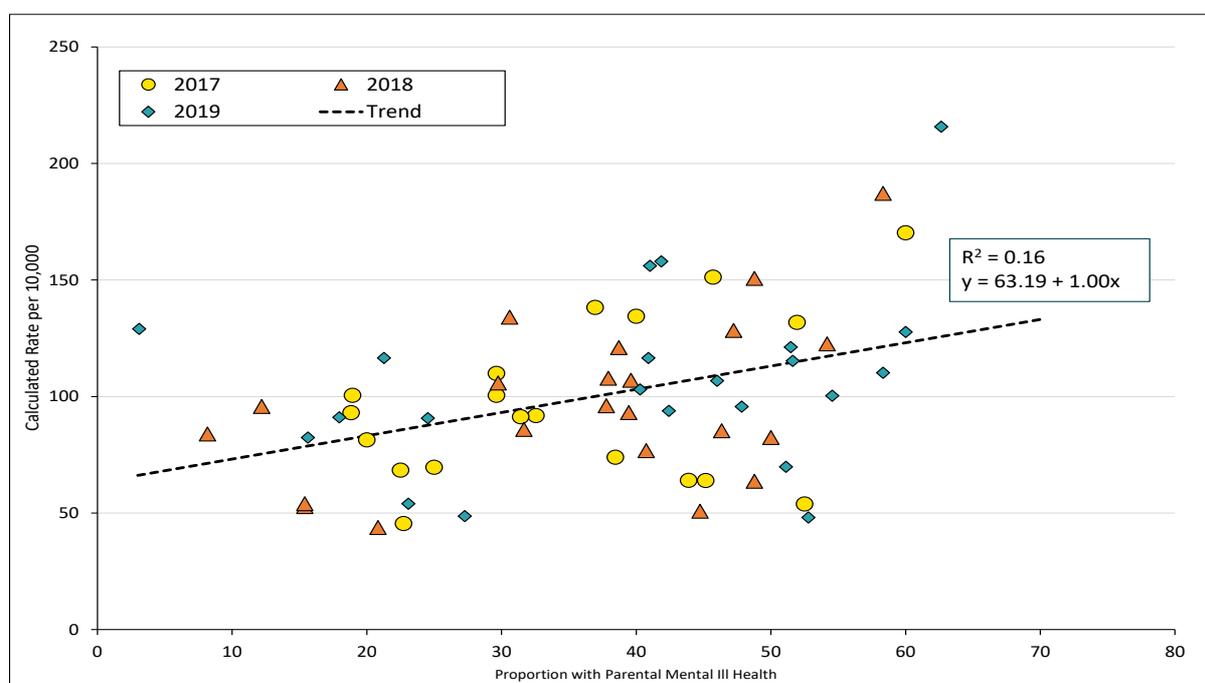
Source: CRCS Census, (Stats Wales, 2020d)

As can be seen in Figure 6, there are distinct differences between the respective proportions with each parental factor within the wider cohort. Typically, those within the children receiving care and support cohort who are either looked after or on the child protection register are more likely to have parents with substance misuse issues, mental ill-health or domestic abuse problems (or potentially a combination of these) than those who are not receiving such intensive support. There is little difference in the respective proportions with parental physical ill health whilst there is a higher proportion of children looked after who have one or more parent with learning disabilities.

Parental Mental Ill Health⁶

It is important to acknowledge that not all parents with a disability or poor health are unable to appropriately care for their child(ren). However, there are some families who, in order to respond appropriately to their child’s needs, benefit from receiving additional support from social services. Where the parent’s poor mental ill health is considered to be having a detrimental effect on the child, the decision may be made to place the child in care.

Figure 7: Calculated Looked after Children Rate compared to the Proportion of Children Looked After Experiencing Parental Mental Ill Health (3-year data)



Source: CRCS Census (Stats Wales, 2020b; 2020d). The rate of children looked after has been calculated using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020). The underlying data can be found in the data annex.

⁶ Includes mental health problems diagnosed by a medical practitioners; self-reported problems; and parents receiving services from the Community Mental Health Team. Includes depression; self-harming; and eating disorders. Excludes substance misuse, and Autistic Spectrum disorders and other learning disabilities.

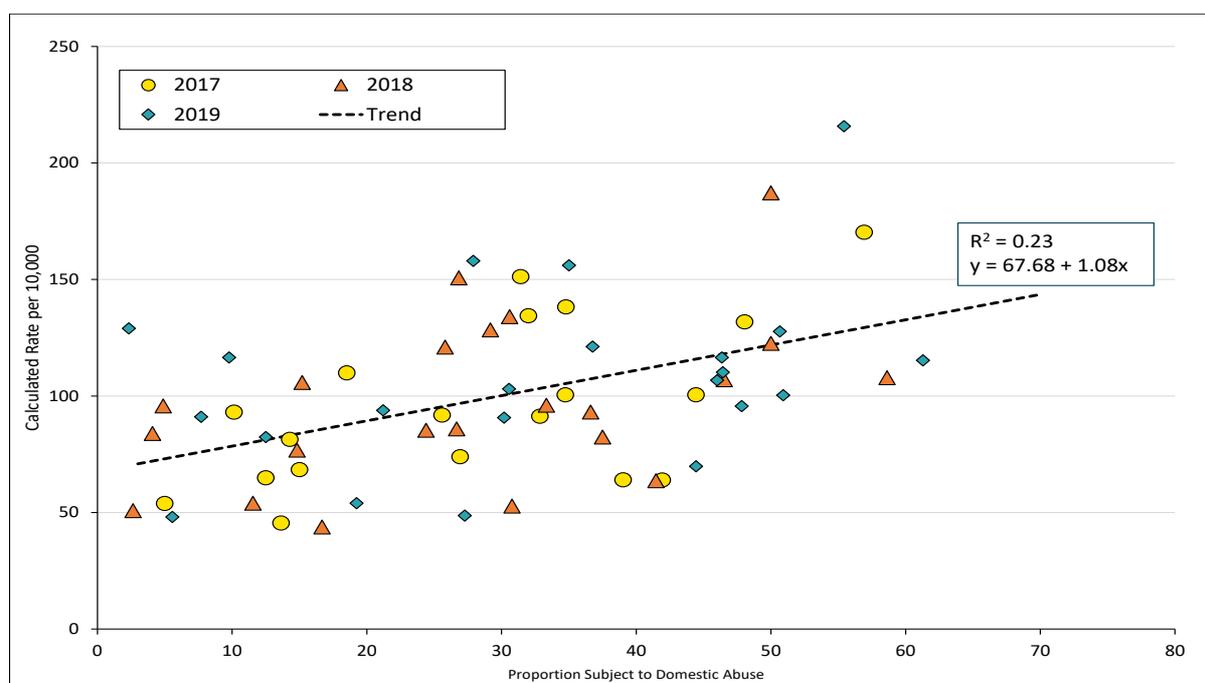
Where a child was experiencing parental mental ill health and receiving care and support on 31st March 2019, they are 31% more likely to be a child looked after (OR = 1.31, 95% CI: 1.22, 1.39) than be on the child protection register or other.

Analysis of the 3-year data (Figure 7) suggests a positive relationship between the rate and the reported proportion of children looked after experiencing parental mental ill health i.e. as the proportion increases, so does the calculated rate. Approximately 16% (R²=0.16) of the variation in local authority rates is accounted for by parental mental ill health.

Domestic Abuse⁷

Those children on the child protection register, but not looked after were the most likely to be in homes where there was domestic abuse (47%). However, one in four (29%) of all children receiving care and support were identified as one or more of their parents experiencing domestic abuse problems. It is not possible to ascertain from the published data the extent to which parental mental ill health and/or substance misuse is also a contributing factor.

Figure 8: Calculated Looked after Children Rate compared to the Proportion of Children Looked After Subject to Domestic Abuse (3-year data)



Source: CRCS Census (Stats Wales, 2020b; 2020d). The rate of children looked after has been calculated using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020). The underlying data can be found in the data annex.

⁷ Domestic abuse is physical, sexual, psychological or financial intimidation, violence or threats of violence that take place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour crimes'.

Where parents are experiencing domestic abuse problems and the child is receiving care and support, the child is more than twice as likely to be within the safeguarding cohort i.e. either a child looked after or on the child protection register (OR = 2.10, 95% CI: 1.96, 2.26) than receiving less intensive support. However, reflecting the potential risk of harm, within the safeguarding cohort, the child is almost twice as likely to be on the child protection register than being looked after (OR = 1.94, 95% CI: 1.76, 2.14).

Typically, as the proportion of children looked after identified as being subject to domestic abuse increases, so does the rate of children looked after. Approximately 23% of the variation in local authority rates is explained by the proportion reported as being subject to domestic abuse.

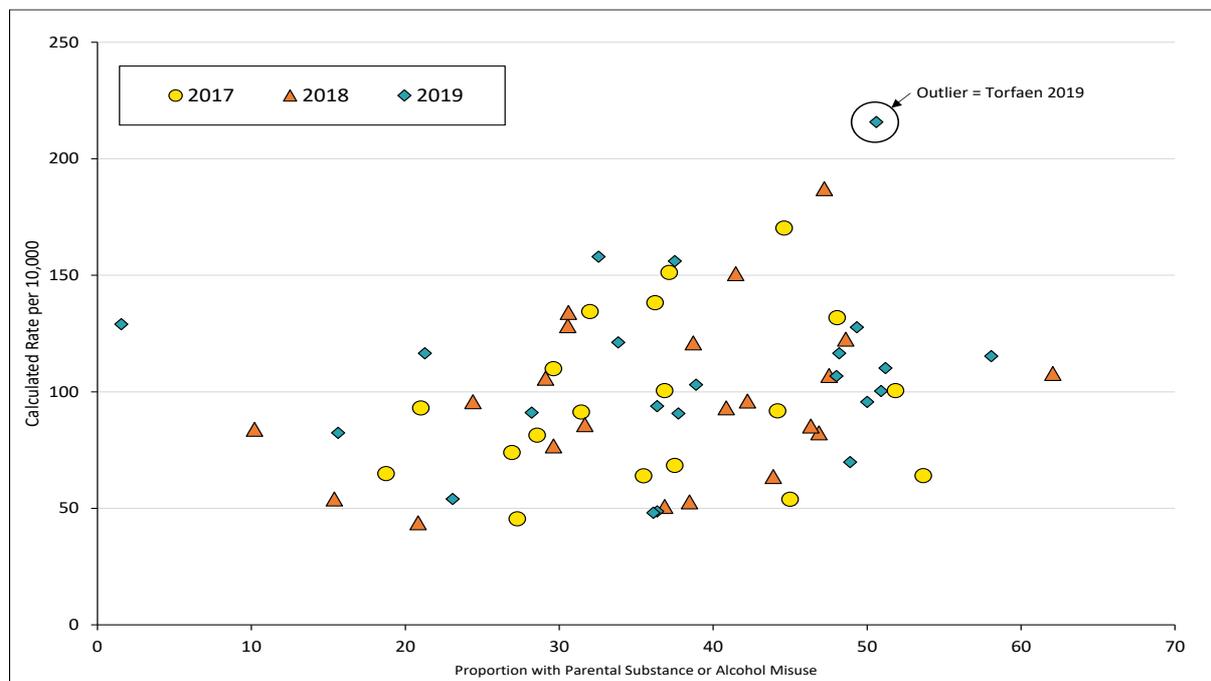
Parental Substance or Alcohol Misuse⁸

Just over a third of children looked after (36%) were identified as having one or more parent with substance or alcohol misuse issues. This compares to roughly one in five (22%) of those who have remained in the family home but are receiving care and support from parents as well as social services. Where one or parents had a substance or alcohol misuse issue, the child receiving care and support is almost twice as likely to be looked after (OR = 1.95, 95% CI: 1.82, 2.08).

Despite using 3-years worth of data, it is not possible to confidently determine the nature of the relationship between parental substance or alcohol misuse and the rate of children looked after in a local authority. The reasons for this are unclear. Certainly the evidence from the courts and social services suggests that parental substance or alcohol misuse is an increasing concern along with domestic abuse and parental mental ill health (ADCS, 2018; WLGA and ADSS Cymru, 2018).

⁸ If one or more of the parents or carers has a substance misuse problem i.e. intoxication by - or regular excessive consumption of and/or dependence on - psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs (including alcohol when used in combination with other substances).

Figure 9: Calculated Looked after Children Rate compared to the Proportion of Children Looked After Experiencing Parental Substance or Alcohol Misuse (3-year data)



Source: CRCS Census (Stats Wales, 2020b; 2020d). The rate of children looked after has been calculated using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020). Data suppressed for Denbighshire and Vale of Glamorgan in 2017. The underlying data can be found in the data annex.

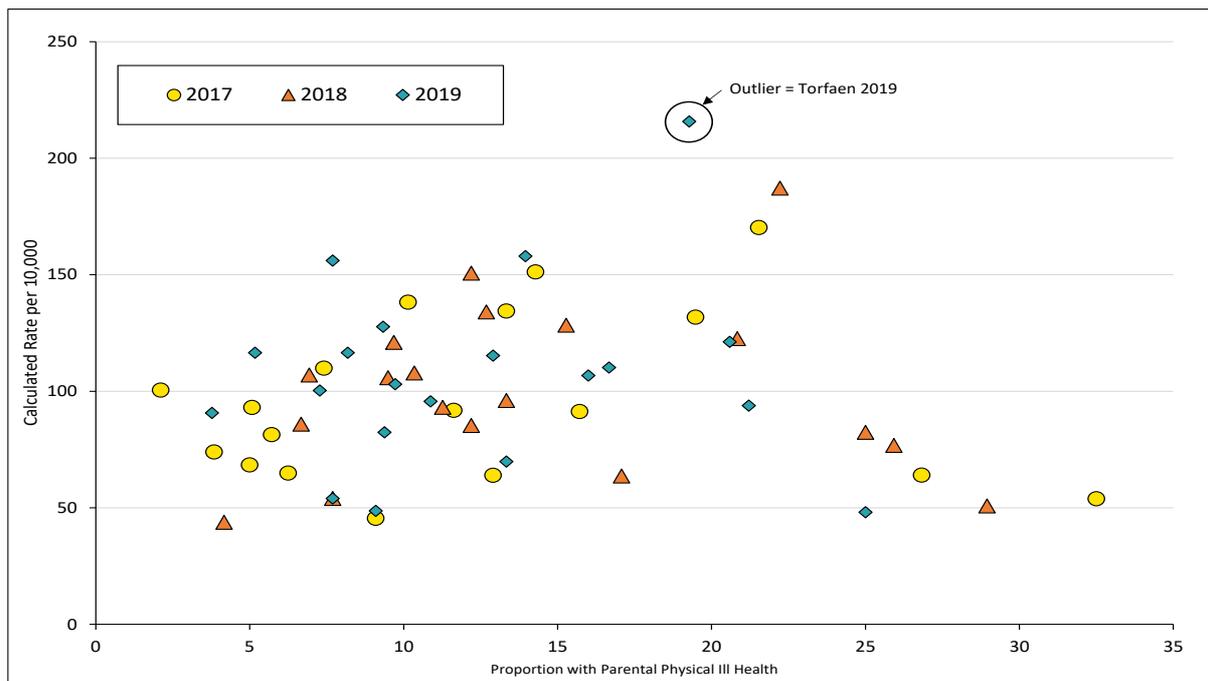
Parental Physical Ill Health⁹

Figure 6 highlights that there is no significant difference in the respective proportions where physical ill health was a parental issue amongst those receiving care and support who have remained in the family setting (i.e. those on the child protection register plus ‘other’) and those who are children looked after – 11.1% compared to 10.4% (OR = 0.93, 95% CI: 0.84, 1.03)¹⁰.

⁹ If one or more of the child's parents or carers has physical health problems that impair their ability to care for the child.

¹⁰ Odds ratio shows how changes in the independent variable (in this case the presence of a parenting issue) influence the odds of the “event”. In this case, the “event” is being a child looked after”. Odds ratios higher than 1 indicate a positive relationship (i.e. more likely to be a child looked after if the parenting factor is present), and odds ratios lower than one indicate a negative relationship (i.e. less likely to be a child looked after if the parenting factor is present). The closer the odds ratio is to 1, the smaller the effect of the independent variable is. If it is 1, then there is no effect. Confidence intervals provides an indication of how certain we can be that this result did not happen by chance. In this instance the 95% confidence interval includes 1 suggesting that there is no effect.

Figure 10: Calculated Looked after Children Rate compared to the Proportion of Children Looked After Experiencing Parental Physical Ill Health (3-year data)



Source: CRCS Census (Stats Wales, 2020b; 2020d). The rate of children looked after has been calculated using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020). Data suppressed for Isle of Anglesey, Denbighshire and Vale of Glamorgan in 2017. For Conway, Wrexham and Ceredigion in 2018, and for Conway and Rhondda Cynon Taf in 2019.

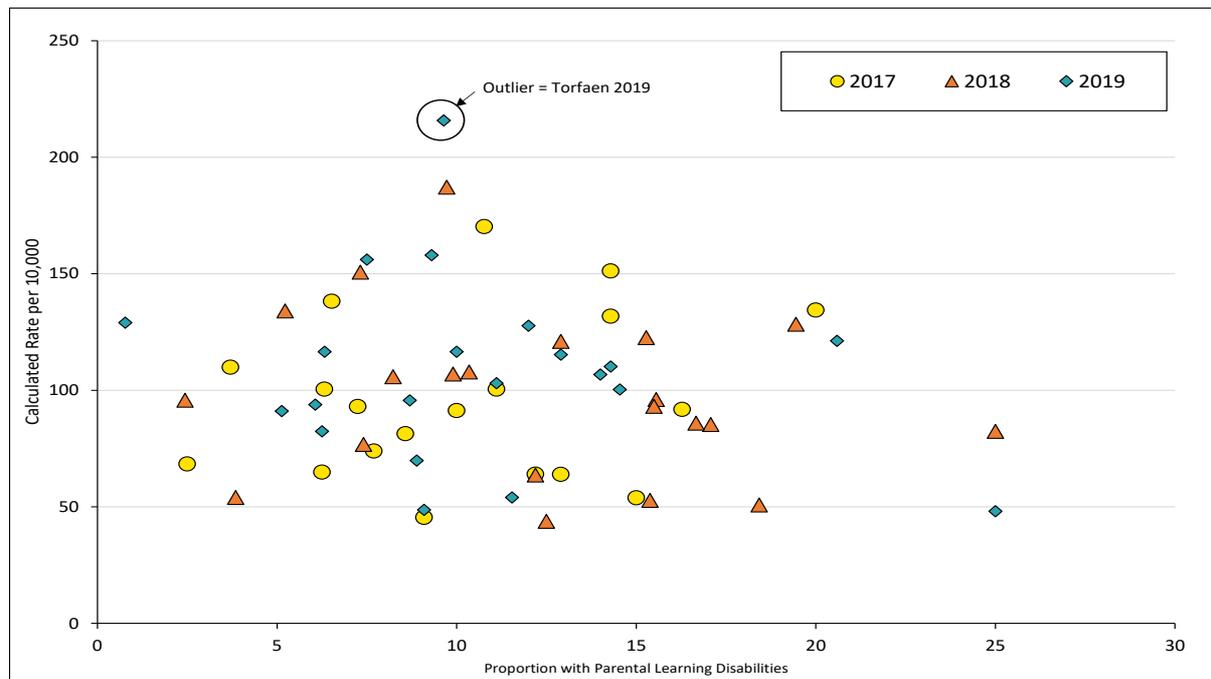
It is not possible to confidently determine the nature of the relationship between parental physical ill health and the rate of children looked after in a local authority. Much will depend on the individual circumstances of the case and the implications for the child from a safeguarding perspective. Notably, the CRCS cohort includes young carers who will be on a support plan as a result of their caring responsibilities.

Parental Learning Disabilities¹¹

If the child has one or more parents with learning disabilities and is receiving care and support, then they are more than twice as likely to be accommodated by the local authority and hence be receiving care and support from social services instead of their parent(s) (OR = 2.27, 95% CI: 2.00, 2.57). Whilst the actual numbers are low – there were 1,065 children receiving care and support who had one or more parent with learning disabilities as at 31st March 2019, of whom 635 were looked after - reducing the number of children removed from families where there are parental learning disabilities is a priority for the Welsh Government.

¹¹ If one or more of the parents or carers has an impairment of intellectual function that significantly affects their development and leads to difficulties in understanding and using information, learning new skills and managing to live independently.

Figure 11: Calculated Looked after Children Rate compared to the Proportion of Children Looked After Experiencing Parental Learning Disabilities (3-year data)



Source: CRCS Census (Stats Wales, 2020b; 2020d). The rate of children looked after has been calculated using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020). Data suppressed for Denbighshire and Vale of Glamorgan in 2017 along with Wrexham in 2018 and 2019. The underlying data can be found in the data annex.

Despite using 3-years worth of data, it is not possible to confidently determine the nature of the relationship between parental learning disabilities and the rate of children looked after in a local authority. It is likely that as with parental physical ill health, that this is because every family's circumstances are different and the actual numbers involved across Wales are small.

How does the trigger trio interact to explain the variation in rates?

The toxic trio, now the 'trigger trio' (ADCS, 2018) is the interaction of:

- Domestic violence and abuse within the household
- Parental substance misuse (alcohol or drugs)
- Parental mental health issues

Each of these issues can have damaging consequences for the wellbeing and outcomes of children: see for example Cleaver et al. (2011). Notably the role that these play in the parenting capacity of those adults with one or more of these issues – and associated responses of frontline practitioners – have been cited as a major driver of the increases on children's services caseloads and the numbers of children taken into care (ADCS, 2016).

From a safeguarding perspective, not knowing the incidence of substance misuse and domestic violence within the general population makes it difficult to determine not only the potential demand for adult services which support those experiencing these issues, but also the number of children who could potentially be at risk of harm or not have their child development needs adequately supported as result of inadequacies in parenting capacity. Growing awareness of the detrimental effect these kinds of issues can have on children now means that a range of statutory and voluntary bodies are more actively engaged in safeguarding activities and the identification of those at risk. This is evident from shifts in the patterns of referral sources, with increasing numbers of referrals now coming via the Police, Primary/Community Health and other departments of own or other local authority (Stats Wales, 2018).

Unfortunately, since it is necessary to rely on published data, the extent to which the children looked after cohort experience are experiencing a combination of the trigger trio is not known. However, it is possible to perform regression modelling using data from across the 3-years to see how well the combination of these measures explains the variation in local authority rates of children looked after. The stepwise regression suggests that around 35% ($R^2 = 0.35$) of the variation in the calculated children looked after rates across Welsh local authorities can be explained by the respective proportions identified as experiencing the trigger trio:

$$\begin{aligned} \text{Predicted Local Authority Rate} &= 87.59 + 1.620 (\% \text{ subject to domestic abuse}) \\ &\quad - 1.993 (\% \text{ parental substance misuse}) \\ &\quad + 1.033 (\% \text{ parental mental ill health}) \end{aligned}$$

All three elements of the trigger trio were found to be significant predictors of the local rate. Hence, if a local authority had reported that 31% of the children looked after were subject to domestic abuse; 36% were experiencing parental substance or alcohol misuse and 38% parental mental ill health i.e. the respective proportions reported as being the average across Wales on 31st March 2019, the predicted rate would be:

$$\begin{aligned} \text{Predicted Local Authority Rate} &= 87.59 + 1.620 (31) - 1.993 (36) + 1.033 (38) \\ &= 105.3 \text{ per } 10,000 \end{aligned}$$

Whilst it would be expected that there would be a small degree of error, this rate is broadly consistent with the calculated rate across Wales i.e. 106 per 10,000. However, repeating the

exercise to predict the rates in Rhonda Cynon Taf¹² and Torfaen¹³ using their published figures for 2019 highlights the extent to which there are other factors which also play a role in explaining the variation.

Notably, on its own the proportion of children looked after experiencing parental substance misuse is not a significant predictor of the local authority rate. However, when included alongside parental mental ill health and domestic abuse, then it is the interaction between the trigger trio that becomes significant.

Is safeguarding significant in the context of the relationship between parental factors and the variation in local rates?

As outlined above, efforts were made to examine the relationship between deprivation and the proportion of the wider CRCS cohort who are looked after. In this instance it was found that the combination of the two factors was not a significant predictor of a local authority's rate of children looked after. However, in wishing to consider its value as a proxy measure for local policy and practice, safeguarding has been considered alongside each of the respective parental factors. The results are summarised in Table 2:

Table 2: Variation in the Calculated Rates of Children Looked After, The Amount Explained by Safeguarding and Each Parental Factor

Measure	R ²	Variation Explained
Safeguarding + Parental Mental Ill Health	0.21	21%
Safeguarding + Subject to Domestic Abuse	Safeguarding not significant	
Safeguarding + Parental Substance Misuse	Safeguarding not significant	
Safeguarding + Parental Learning Disabilities	Parental Learning Disabilities not significant	
Safeguarding + Parental Physical Ill Health	Parental Physical Ill Health not significant	

¹² In Rhonda Cynon Taf, on 31st March 2019, it is suggested that 2% of the children looked after were subject to domestic abuse; 2% were experiencing parental substance or alcohol misuse and 3% parental mental ill health. The regression equation suggests a predicted rate of 90 per 10,000 rather than the calculated rate of 129. Despite these figures being somewhat lower than would be expected relative to the proportions for the other local authorities across the three years, an inspection of the residuals suggests that there were no outliers.

¹³ In Torfaen, on 31st March 2019, it is suggested that 56% of the children looked after were subject to domestic abuse; 50% were experiencing parental substance or alcohol misuse and 63% parental mental ill health. The regression equation suggests a predicted rate of 144 per 10,000 rather than the calculated rate of 216.

Whilst in combination, safeguarding and parental mental ill health appear to account for just over a fifth of the variation in the rate of children looked after across Wales ($R^2 = 0.21$, 21%), when considered alongside the proportions subject to domestic abuse and parental substance misuse, safeguarding no longer plays a significant role.

Individually, parental mental ill health accounted for 16% of the variance in local authority rates suggesting that when considered alongside the proxy measure for practice, more of the variation is explained. This perhaps more in keeping with what we would expect especially given the rationale behind the safeguarding measure. However, this still suggests that other factors are involved since almost 80% of the variation is not explained by factors in the model.

The relationship between the trigger trio, safeguarding and the local authority rates of care has also been considered since earlier modelling suggested that although parental substance misuse was not a significant predictor of local authority rates, when considered in combination with parental mental ill health and domestic abuse it was. As when modelled alongside deprivation, stepwise regression indicates that safeguarding is not a significant predictor when modelled alongside the trigger trio.

The results of the stepwise regressions involving safeguarding and parental learning disabilities, and parental physical ill health suggests that the safeguarding measure is significant whilst the parental factor is not. The reasons for this are unclear and potentially are more indicative of the complexity and use of imprecise measures than anything else. Using individual level data which gives an indicator of the proportion of children looked after experiencing one or more of the parental factors would enhance our understanding of the factors contributing to variation in rates.

Is there a significant relationship between parental factors, deprivation and the variation in rates?

As previously discussed, those local authorities which have a greater extent of deprivation typically also have higher rates of children looked after (and vice versa) – see Figure 4. However, as Figure 5 highlights, there is a less clear pattern with respect to the proportions within the wider CRCS cohort who are safeguarded i.e. either on the child protection register or looked after, and deprivation. Although it is possible to generate a statistically robust model of this relationship using 3-years worth of CRCS data, it was found that the percentage in the safeguarding cohort did not significantly contribute to the model. This measure has therefore not been included in this model.

Stepwise regression was performed to predict the rate of children looked after based on the extent of deprivation and the reported proportion of the cohort in that local authority experiencing the various parental factors. This suggests that around 72% ($R^2 = 0.72$) of the variation in the calculated children looked after rates across Welsh local authorities can be explained by a combination of these measures:

$$\begin{aligned}
\text{Predicted Local Authority Rate} &= 38.77 + 1.909 (\text{WIMD 2019 extent}) \\
&+ 0.648 (\% \text{ subject to domestic abuse}) \\
&- 2.356 (\% \text{ parental learning disability}) \\
&+ 0.828 (\% \text{ parental mental ill health})
\end{aligned}$$

Notably, the respective proportions of children looked after experiencing parental substance or alcohol misuse and parental physical ill health do not meet the inclusion criteria to be included in the stepwise regression suggesting that they did not significantly contribute to the model. However, deprivation and the other three parental factors were found to be significant predictors of the local rate. Hence, if a local authority which had 20% of its LSOAs in the 20% most deprived across Wales had reported that on 31st March 2019, 31% of the children looked after were subject to domestic abuse; 38% were experiencing parental mental ill and 10% parental learning disabilities, the predicted rate would be:

$$\begin{aligned}
\text{Predicted Local Authority Rate} &= 38.77 + 1.909 (20) + 0.648 (31) - 2.356 (10) \\
&+ 0.828 (38) \\
&= 104.9 \text{ per } 10,000
\end{aligned}$$

Again this is not that dissimilar to the calculated rate for Wales. However, despite the high proportion of variance which has been accounted for by this regression model, there is still 28% of variance which is unexplained suggesting that other, as yet unidentified factors also contribute to the variation in the local rates across Wales.

Conclusion

Work by ADCS (2018) suggests that the impact of, and increases in, factors affecting parenting is seen by English local authorities as being one of the biggest challenges faced in the last two years, often resulting in highly complex work to redress the acts of omission in parenting. Notably they also highlight that domestic abuse – the most prevalent of the parenting factors reported in both Wales and England, is a prominent factor in the re-referral of children to children’s social care services, whilst a high proportion of parents were reported to have poor mental health due to the cumulative impacts of poverty. It is anticipated that the situation in Wales is similar although the extent to which this is affecting individual local authorities is difficult to gauge using the statistical sources utilised within this briefing.

Table 3 summarises the amount of variation explained by each if the measures considered when used individually. Table 4 illustrates how these potentially interact with each other to explain the amount of variation in local authority rates.

Table 3: Variation in the Calculated Rates of Children Looked After, The Amount Explained by Each Measure

Measure	R ²	Variation Explained
Extent of Deprivation	0.47	47%
Subject to Domestic Abuse	0.23	23%
Parental Mental Ill Health	0.16	16%
Safeguarding	0.13	13%
Parental Substance or Alcohol Misuse	-	-
Parental Learning Disabilities	-	-
Parental Physical Ill Health	-	-

Table 4: Variation in the Calculated Rates of Children Looked After, The Amount Explained by Combinations of Measures

Measure	R ²	Variation Explained
Trigger Trio		
- Parental Mental Ill-Health		
- Domestic Abuse		
- Parental Substance or Alcohol Misuse	0.35	35%
Parental Factors and Deprivation		
- Extent of Deprivation		
- Parental Mental Ill-Health		
- Domestic Abuse		
- Parental Learning Disabilities	0.72	72%

Modelling the individual parental factors suggests that the proportion of the children looked after who are experiencing parental mental ill-health accounts for 16% of the variance in the local authority rates; while those subject to domestic abuse accounts for 23% of the variance. However, by utilising the 3-years worth of data to predict the calculated rate of children looked after suggests that all three of the trigger trio are significant predictors. **Together, the trigger trio account for around 35% of the variation in the local authority rates.** It is anticipated that a more accurate assessment could be made using the individual level data since this would enable the measure to be refined. For example, it would be possible to determine the proportion of children receiving care and support, broken down by child status, in each local authority whose parent(s) experience one or more of the trigger trio. Alternatively, the proportion of children where all three parental factors were present at the time of entry into care could be used.

The combination of the extent of deprivation across a local authority and the reported proportion of the children looked after cohort experiencing parental mental ill-health,

parental learning disabilities and being subject to domestic abuse appears to account for around 72% of the variation in local authority rates of children looked after.

However, the reasons behind this relationship are not readily understood with the complexity of potential explanations being compounded by the imprecision of the measures being used to explore it. Notably, the extent of deprivation tells us little about the circumstances in which the child was living prior to their current episode of care, whilst decisions to take a child into care are based on an individualised assessment of need.

Since the prevalence of the various parenting factors is not known within the general population, it is difficult to estimate how many children may be at risk of harm or abuse. However, where it has been identified that a child has a care and support plan and hence receives care and support from social services, the odds of them being accommodated by the local authority rather than receiving that support whilst living in the family home are higher if the parent has learning disabilities or substance misuse issues.

The differences seen in both the amount of variance explained by the respective parental factors and the odds ratios associated with the likelihood of a child being looked after rather than receiving support whilst remaining at home, is indicative of differences in practice and the risk associated with the presence of the respective factors. This is likely to be linked to the availability of provision to support families experiencing these difficulties within the local area and the budget that they have to provide appropriate, timely preventative services. Notably the Welsh Government (2018b) have announced additional funding to expand the services to support families and help reduce the need for children to enter care along with additional funds to tackle substance misuse (Welsh Government, 2018a). These represent new investment to expand preventative and early intervention services. However, after years of austerity, more still needs to be done.

The Children's Commissioner for Wales (2020) for example, advocates more needs to be done to ensure that services wrap around families, rather than them having to fit into what is out there, and that help should be provided as early as possible to prevent more serious problems developing. In particular, she highlights that children and their families who seek support for a range of needs often find that they have to navigate a very complex system, may fall through gaps where there are no services to meet their needs, or be on a waiting list for a long time only to be told that they were waiting in the wrong queue, or have been knocking on the wrong door all along.

The Welsh Government (2019a) has recently begun a 'refresh' of corporate parenting, acknowledging that it is often seen as a function for children's social services and elected members rather than responsibility spanning the function of the whole authority. As a result, there potential to place a greater focus on corporate parenting to strengthen responsibilities and raise levels of understanding in a number of key portfolio areas. These are health; education/skills, higher education and lifelong learning and housing. Corporate parenting and the responsiveness of key agencies including the health service and the justice system

have been highlighted as a priority by the First Minister in the context of discussions with local authorities about how to reduce the numbers of children in care.

Whilst the emphasis here has been upon potential harm within the family setting, it is important to note that there has been an emergence of new terminology over the last two years, such as 'contextual safeguarding' as an approach to understanding, and responding to young people's experiences of significant harm beyond their families. This includes exploitation by criminal gangs and organised crime groups such as county lines; trafficking; sexual exploitation and the influences of extremism leading to radicalisation (ADCS, 2018). The extent to which this is affecting children in Wales, and particularly at a local level is not yet understood.

Finally, the measure used to represent safeguarding practices was found to not significantly contribute to variations in the local rate when considered in combination with deprivation or the trigger trio. It is felt that this could be an artefact of using a proxy measure. Certainly it would be expected, based on the way in which local authorities are able to respond to demand in terms of the spend on children's services, that the two measures would be linked to safeguarding.

Other research has demonstrated a link between the amount spent on providing safeguarding and levels of deprivation (Lum and Tregidgo, 2018; Bywaters et al., 2016a). However, from the analysis presented here, it would appear that the safeguarding measure used i.e. the proportion of the wider CRCS cohort who are either on the child protection register or looked after, does not effectively encompass the variety of culture, policy and practice not just within individual local authorities, but can also differ from team to team. To determine this a more nuanced approach is required. In Autumn 2020, WCPP, in collaboration with CASCADE, will be undertaking a survey of social workers across Wales which will explore this issue further.

Data Annex

Table A.1: Number of Children Receiving Care and Support, by Child Status and Local Authority

	31 st March 2017				31 st March 2018				31 st March 2019			
	CLA	CP	Other	All	CLA	CP	Other	All	CLA	CP	Other	All
Isle of Anglesey	135	75	155	370	145	40	185	370	155	75	75	310
Gwynedd	215	70	365	650	225	85	290	605	250	50	405	705
Conwy	175	25	480	680	205	50	430	685	195	40	345	580
Denbighshire	160	55	155	375	160	60	105	325	160	75	185	420
Flintshire	205	125	55	390	205	110	175	485	225	85	210	520
Wrexham	200	125	320	640	245	120	395	760	265	155	265	690
Powys	155	80	340	575	205	55	335	595	230	105	330	665
Ceredigion	80	40	310	430	65	50	280	390	60	50	255	360
Pembrokeshire	110	20	155	290	130	50	160	340	130	40	125	295
Carmarthenshire	200	50	385	635	190	85	380	650	180	65	385	630
Swansea	475	160	705	1,340	505	170	655	1,330	550	165	520	1,235
Neath Port Talbot	375	110	330	815	360	120	360	845	340	105	395	840
Bridgend	385	145	440	970	360	145	350	855	375	165	345	885
Vale of Glamorgan	135	85	225	445	120	105	325	555	275	50	340	670
Cardiff	690	160	635	1,485	790	180	605	1,570	870	160	660	1,685
Rhondda Cynon Taf	690	290	1,085	2,065	670	405	850	1,925	645	340	815	1,795
Merthyr Tydfil	140	90	240	465	155	110	300	565	200	120	290	605
Caerphilly	350	140	790	1,280	355	135	410	900	420	75	540	1,035
Blaenau Gwent	205	60	290	555	205	75	220	495	215	50	230	490
Torfaen	325	75	220	620	360	75	290	720	415	70	275	755
Monmouthshire	130	70	120	325	135	70	230	440	165	80	225	470
Newport	240	75	215	530	300	90	280	670	360	90	320	770
Wales	5,780	2,135	8,015	15,930	6,100	2,385	7,600	16,080	6,675	2,215	7,530	16,420

Source: CRCS Census (Stats Wales, 2020b).

Table A.2: Rates of Children Receiving Care and Support, by Child Status and Local Authority

	31 st March 2017				31 st March 2018				31 st March 2019			
	CLA	CP	Other	All	CLA	CP	Other	All	CLA	CP	Other	All
Isle of Anglesey	101	56	115	276	108	30	138	275	116	56	56	231
Gwynedd	92	30	156	278	96	36	124	258	107	21	174	302
Conwy	81	12	223	316	96	23	201	320	92	19	162	273
Denbighshire	83	28	80	194	82	31	54	167	82	39	95	216
Flintshire	64	39	17	122	64	34	54	151	70	26	65	161
Wrexham	68	43	109	219	84	41	135	260	91	53	91	237
Powys	64	33	140	237	85	23	139	248	96	44	138	278
Ceredigion	65	32	252	349	53	41	227	317	49	41	208	294
Pembrokeshire	45	8	64	120	54	21	67	141	54	17	52	123
Carmarthenshire	54	13	104	171	51	23	102	174	48	17	103	168
Swansea	100	34	149	283	107	36	139	282	117	35	111	263
Neath Port Talbot	134	39	118	292	128	43	128	301	121	37	141	299
Bridgend	132	50	151	332	123	49	119	291	128	56	117	301
Vale of Glamorgan	50	31	83	163	44	38	119	202	99	18	123	242
Cardiff	93	22	86	200	106	24	81	210	116	21	88	225
Rhondda Cynon Taf	138	58	217	414	134	81	170	385	129	68	163	358
Merthyr Tydfil	110	71	188	365	121	86	234	441	156	93	226	471
Caerphilly	91	37	206	334	93	35	108	236	111	20	142	273
Blaenau Gwent	151	44	214	409	151	55	162	364	158	37	169	361
Torfaen	170	39	115	325	187	39	151	374	213	36	141	388
Monmouthshire	74	40	68	185	77	40	131	250	95	46	130	271
Newport	70	22	62	154	86	26	80	192	102	25	91	218
Wales	92	34	128	254	97	38	121	255	106	35	120	261

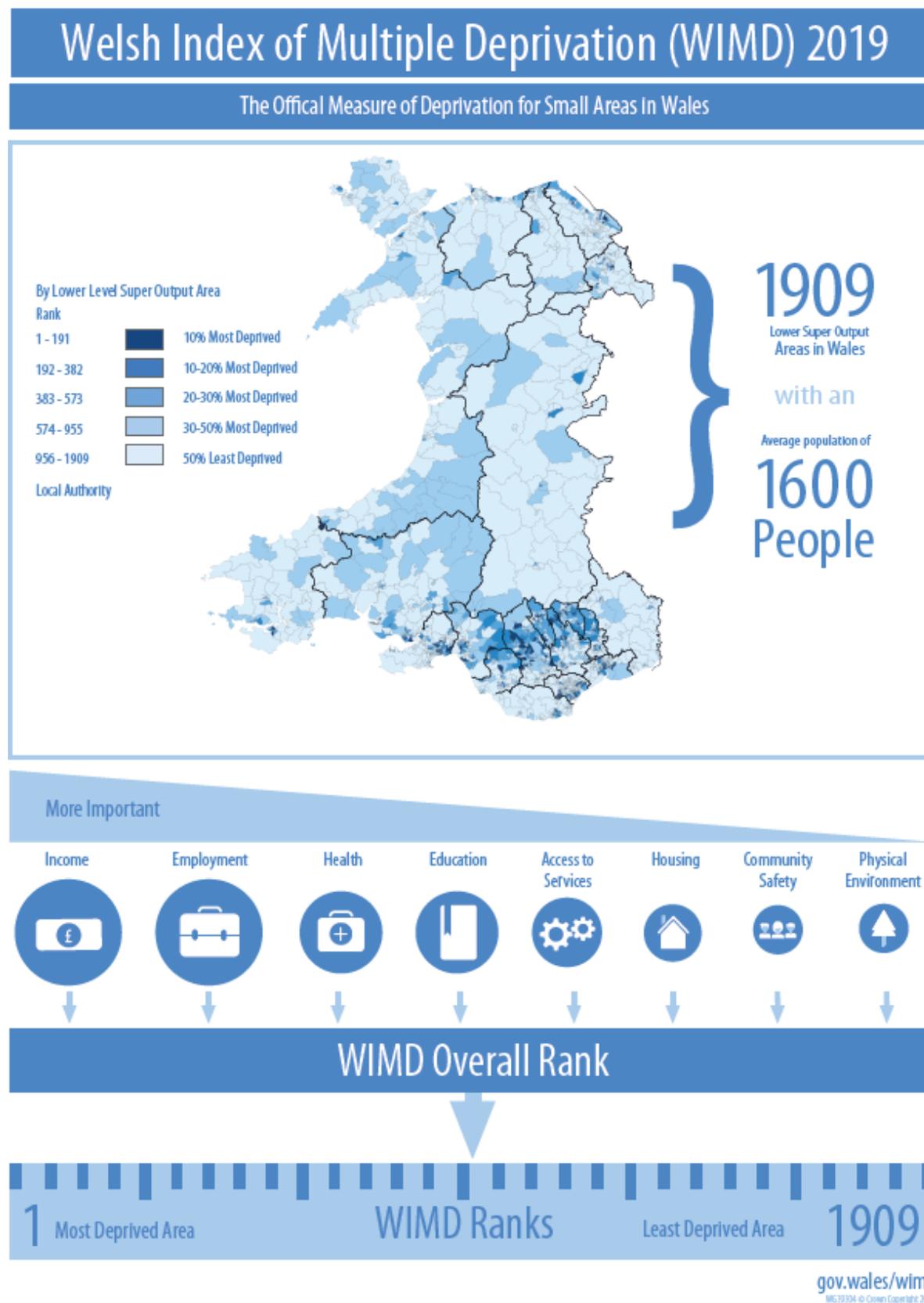
Source: CRCS Census (Stats Wales, 2020a; 2019a). The rate of children looked after and on the child protection register has been calculated using the Mid-Year Population Estimates by age for each local authority, 2017 to 2019 (Office for National Statistics, 2020).

Table A.3: The Safeguarding Cohort, by Local Authority

	31 st March 2017			31 st March 2018			31 st March 2019		
	CRCS	Safeguarding	%	CRCS	Safeguarding	%	CRCS	Safeguarding	%
	Cohort	Cohort	Safeguarding	Cohort	Cohort	Safeguarding	Cohort	Cohort	Safeguarding
Isle of Anglesey	370	210	56.8	370	185	50.0	310	230	74.2
Gwynedd	650	285	43.8	605	310	51.2	705	300	42.6
Conwy	680	200	29.4	685	255	37.2	580	235	40.5
Denbighshire	375	215	57.3	325	220	67.7	420	235	56.0
Flintshire	390	330	84.6	485	315	64.9	520	310	59.6
Wrexham	640	325	50.8	760	365	48.0	690	420	60.9
Powys	575	235	40.9	595	260	43.7	665	335	50.4
Ceredigion	430	120	27.9	390	115	29.5	360	110	30.6
Pembrokeshire	290	130	44.8	340	180	52.9	295	170	57.6
Carmarthenshire	635	250	39.4	650	275	42.3	630	245	38.9
Swansea	1,340	635	47.4	1,330	675	50.8	1,235	715	57.9
Neath Port Talbot	815	485	59.5	845	480	56.8	840	445	53.0
Bridgend	970	530	54.6	855	505	59.1	885	540	61.0
Vale of Glamorgan	445	220	49.4	555	225	40.5	670	325	48.5
Cardiff	1,485	850	57.2	1,570	970	61.8	1,685	1,030	61.1
Rhondda Cynon Taf	2,065	980	47.5	1,925	1,075	55.8	1,795	985	54.9
Merthyr Tydfil	465	230	49.5	565	265	46.9	605	320	52.9
Caerphilly	1,280	490	38.3	900	490	54.4	495	495	47.8
Blaenau Gwent	555	265	47.7	495	280	56.6	490	265	54.1
Torfaen	620	400	64.5	720	435	60.4	755	485	64.2
Monmouthshire	325	200	61.5	440	205	46.6	470	245	52.1
Newport	530	315	59.4	670	390	58.2	770	450	58.4
Wales	15,930	7,915	49.7	16,080	8,485	52.8	16,420	8,890	54.1

Source: CRCS Census (Stats Wales, 2020b). The safeguarding cohort comprises of those who are either on the child protection register and/or are looked after.

Figure A.1: The Welsh Index of Multiple Deprivation (WIMD) 2019



Adapted from Welsh Government (2019b)

Table A.4: Parental Factors, by Local Authority

	Parental Mental Ill Health			Subject to Domestic Abuse			Parental Substance or Alcohol Misuse			Parental Physical Ill Health			Parental Learning Disability		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
Isle of Anglesey	30	38	52	44	59	61	52	62	58	*	10	13	11	10	13
Gwynedd	33	38	46	26	33	46	44	42	48	12	13	16	16	16	14
Conwy	20	12	18	14	5	8	29	24	28	6	*	*	9	2	5
Denbighshire	*	50	16	*	38	13	*	47	16	*	25	9	*	25	6
Flintshire	44	49	51	39	41	44	54	44	49	27	17	13	12	12	9
Wrexham	23	8	25	15	4	30	38	10	38	5	*	4	3	*	*
Powys	45	46	48	42	24	48	35	46	50	13	12	11	13	17	9
Ceredigion	*	15	27	13	31	27	19	38	36	6	*	9	6	15	9
Pembrokeshire	23	15	23	14	12	19	27	15	23	9	8	8	9	4	12
Carmarthenshire	53	45	53	5	3	6	45	37	36	33	29	25	15	18	25
Swansea	19	40	41	35	47	46	37	48	48	2	7	8	6	10	10
Neath Port Talbot	40	47	51	32	29	37	32	31	34	13	15	21	20	19	21
Bridgend	52	54	60	48	50	51	48	49	49	19	21	9	14	15	12
Vale of Glamorgan	*	21	55	*	17	51	*	21	51	*	4	7	*	13	15
Cardiff	19	30	21	10	15	10	21	29	21	5	9	5	7	8	6
Rhondda Cynon Taf	37	31	3	35	31	2	36	31	2	10	13	*	7	5	1
Merthyr Tydfil	30	39	41	19	26	35	30	39	38	7	10	8	4	13	8
Caerphilly	31	39	58	33	37	46	31	41	51	16	11	17	10	15	14
Blaenau Gwent	46	49	42	31	27	28	37	41	33	14	12	14	14	7	9
Torfaen	60	58	63	57	50	55	45	47	51	22	22	19	11	10	10
Monmouthshire	38	41	42	27	15	21	27	30	36	4	26	21	8	7	6
Newport	25	32	40	17	27	31	31	32	39	6	7	10	15	17	11
Wales	32	37	38	28	29	31	34	36	36	11	12	10	10	11	10

Source: CRCS Census (Stats Wales, 2020d). * Denotes where the number of children looked after experiencing the named parental factor has been suppressed and hence the proportion cannot be calculated.

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