Data to Insight:
RIIA Benchmarking
Quarterly Review – Q4 23/24

Led by local authorities with support from the ADCS, DfE, Ofsted, and DLUHC, we're working to help LAs make better use of data in children's services
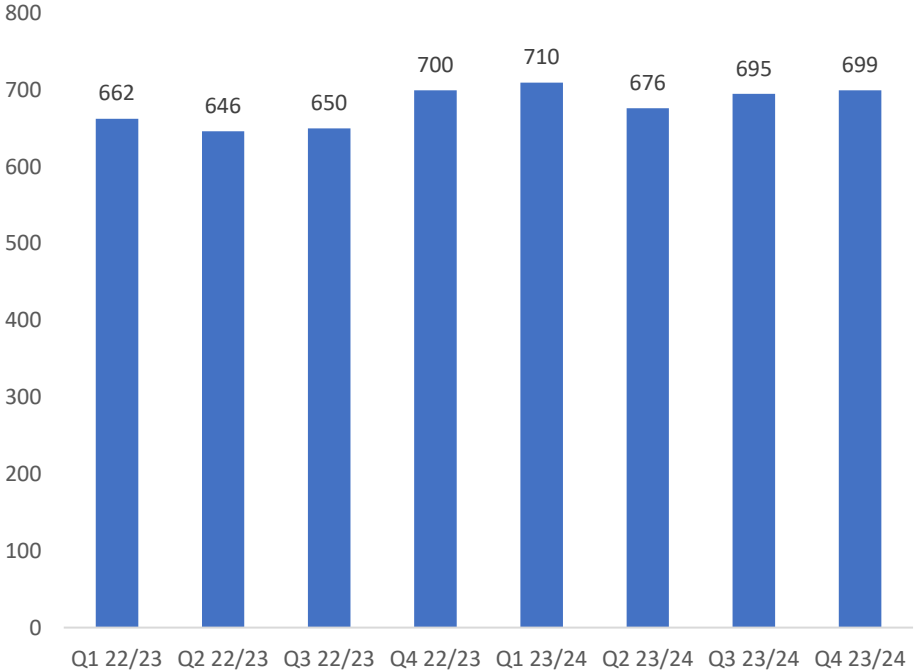
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About Data to Insight

- Data to Insight (D2I) is **the sector-led service for local authority children's data professionals**

- D2I is hosted by East Sussex County Council, led by local authorities, and supported by the ADCS, DfE, DLUHC and Ofsted, helping local authorities make **better use of data**

- D2I supports a **national community** of data professionals in designing, developing and maintaining useful data tools, connecting like-minded people, and helping good practice spread across regional boundaries

- D2I enhances a **proven partnership of LAs** working together for the sector – our depth and breadth of expertise and community reach gives data projects the best chance possible of succeeding in producing **meaningful insight**

- Tools and datasets we've helped to develop include:
  - ChAT – Children's Analysis Tool
  - BmT – Children's Services Benchmarking Tool
  - Demand Modelling Tool for CLA Placements
  - Statutory Returns Validation Tools
  - National RIIA Quarterly Data Collection
  - National Early Help Quarterly Data Collection

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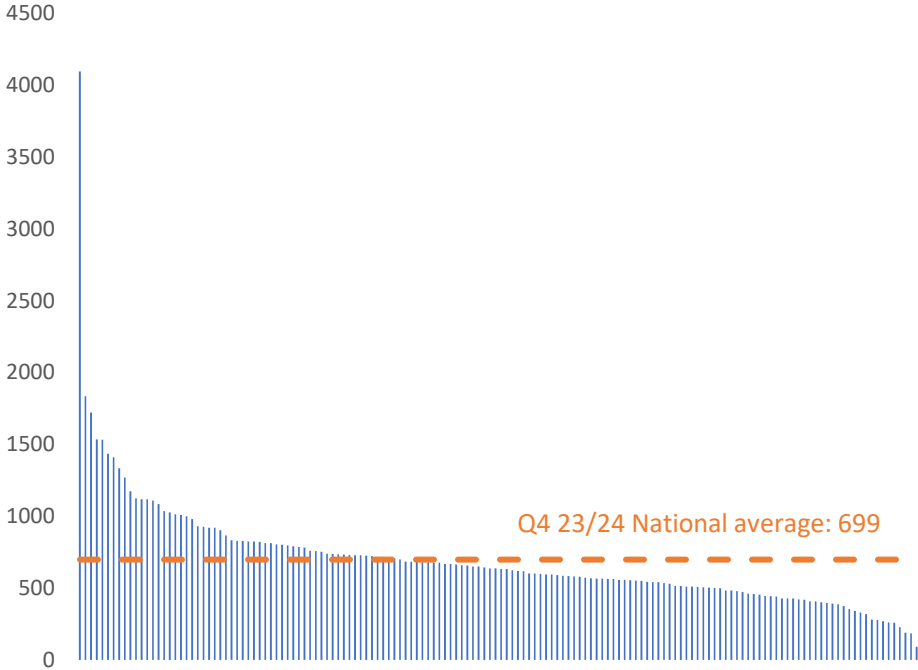# Purpose of session and agenda

- All data has either been averaged or made non-identifiable

- 2 full years of data

- Informal session – we know that you are looking at this data in your regions but appreciate there can be a lot to get through in you quarterly sessions. Having a space to just discuss performance, and hopefully make new connections will be helpful.

- Please feel free to jump in and ask questions or make comments at any time.

- This analysis is based on v1.0 of the Q4 tool – there were some last-minute changes that Georgie has been working to incorporate in an updated version so you might see some slightly different data in the next version (though we expect minimal changes at this level)

- Not looking at all measures in every session, as there are too many and it would take a full day.

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Initial contacts received in period – rate per 10k 0-17

Initial contacts in period - rate per 10,000 0-17 (National average)

(Bar chart values by quarter)
- Q1 22/23: 662
- Q2 22/23: 646
- Q3 22/23: 650
- Q4 22/23: 700
- Q1 23/24: 710
- Q2 23/24: 676
- Q3 23/24: 695
- Q4 23/24: 699

Initial contacts in period - rate per 10,000 0-17 - LA submitted data

Q4 23/24 National average: 699

Max	4095
Average	699
Min	91

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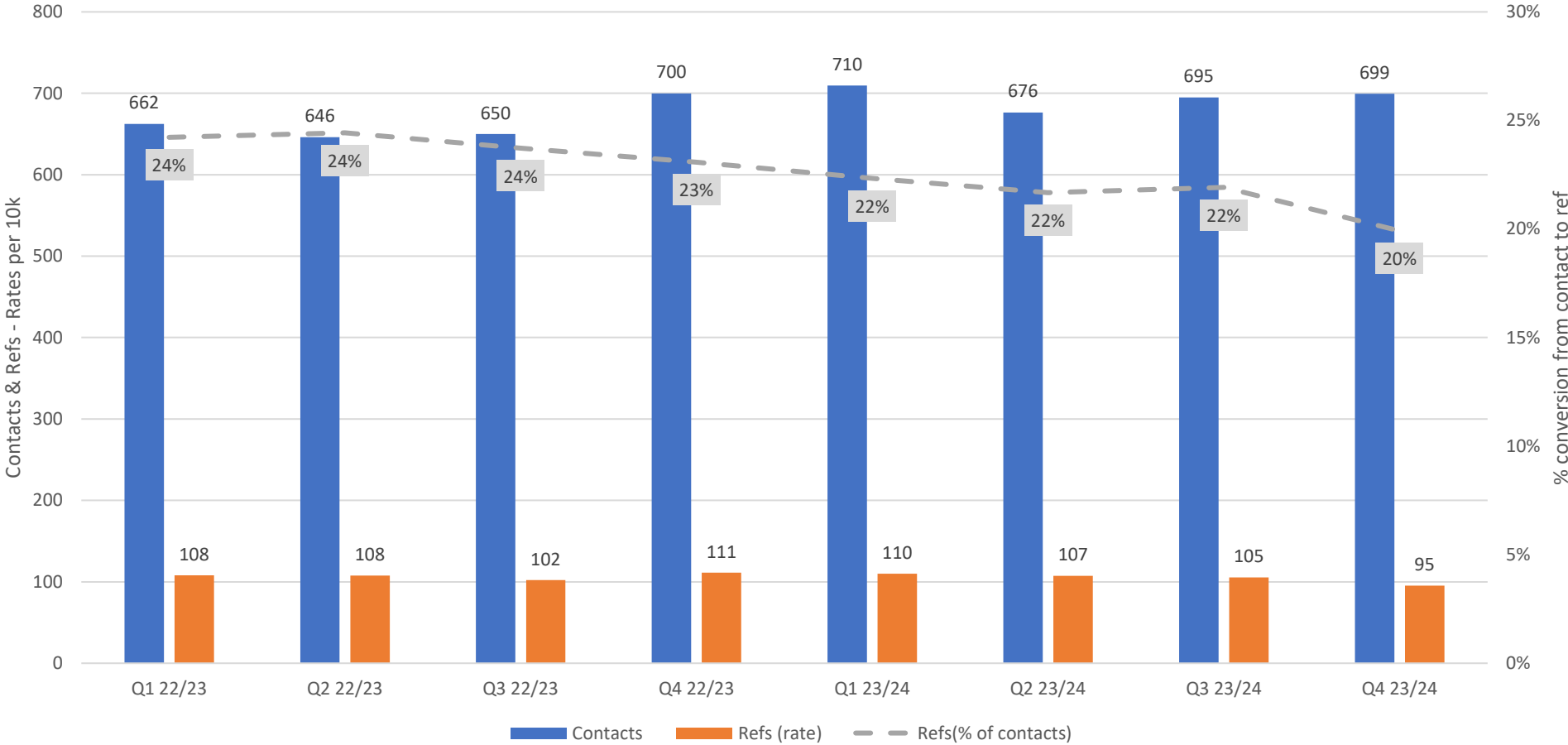# Initial contacts received in period:

- Contacts made to children's social care appeared to increase in 23/24 from the previous year, this suggests demand for services may be increasing.
- We see some seasonal variance, with both years showing a dip in contacts over Q2 (July – September) before increasing in quarter 3.
- We saw a similar pattern in our Early Help benchmarking – what do we think causes contacts to drop in quarter 2?

Notes on data:

- Contacts is an area that LAs have autonomy to design their local approach – therefore it's not unexpected to see a large range of data for this measure. U18 population appears to be the cause of the most obvious outliers.
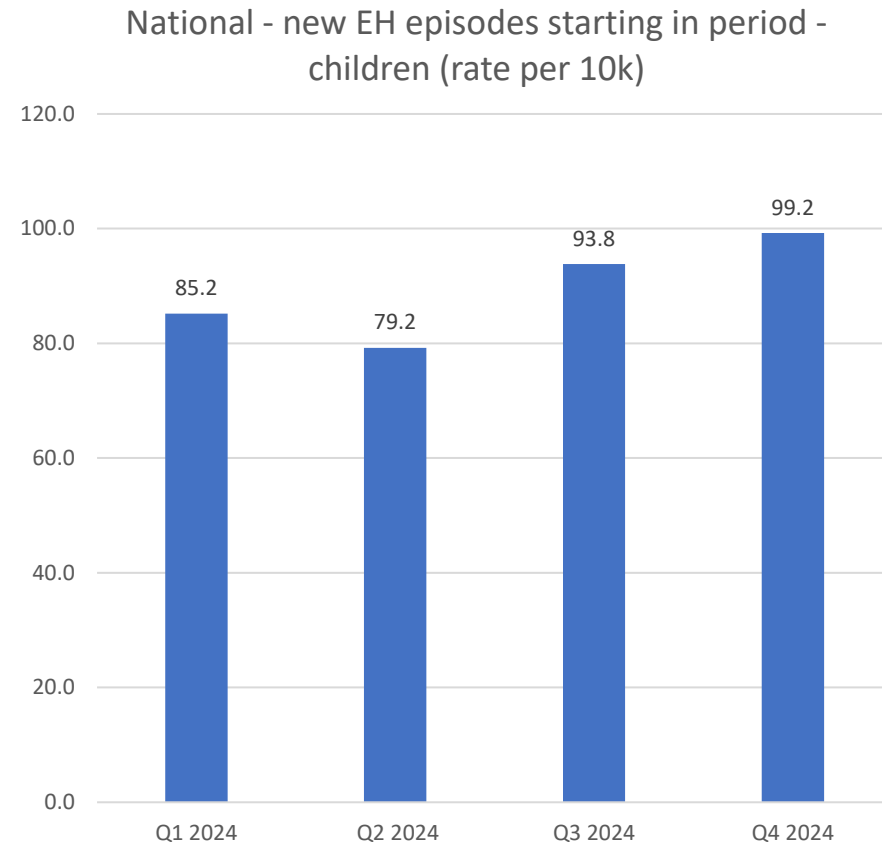
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Contacts and referrals

Contacts and referrals (rates per 10k 0-17) with % of contacts going to referral

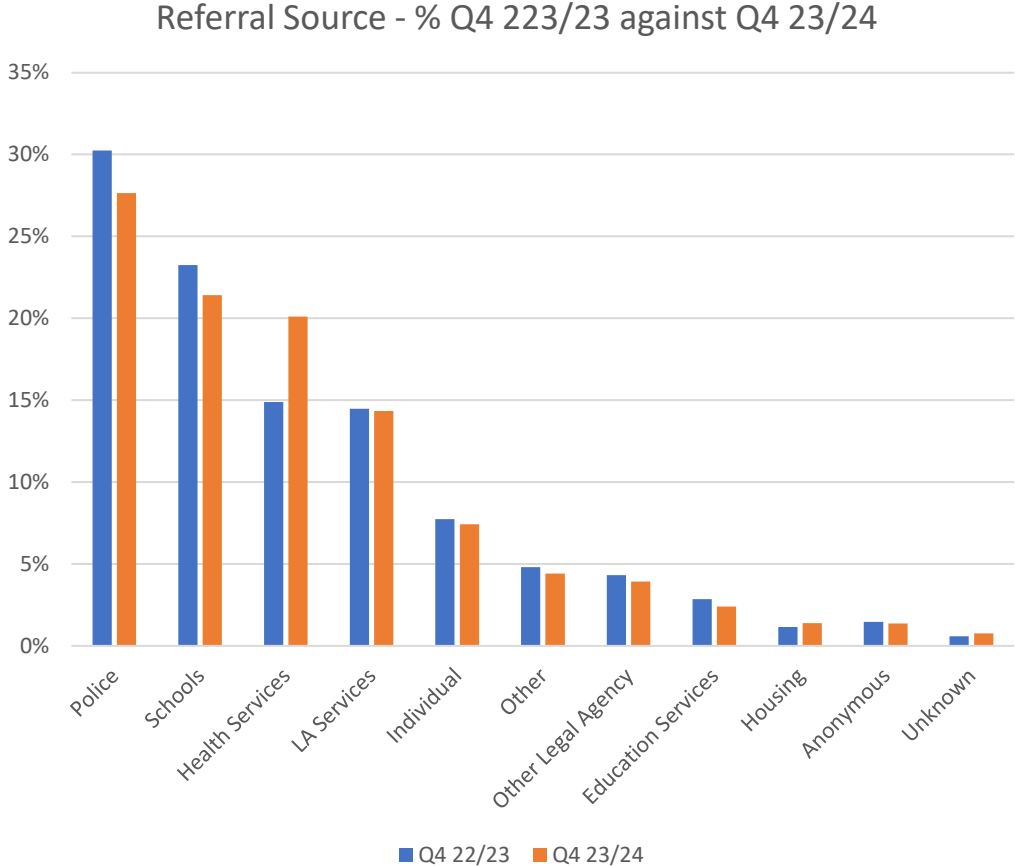

Legend: Contacts | Refs (rate) | Refs(% of contacts)

Contacts and referrals - notes:

- We don't see the seasonal Q2 drop from contacts reflected in referrals.
- Referral rates seem to be consistent, from quarter to quarter and YoY.
- This suggests that the increased level of contacts is not making it to referral/statutory services.
- Suggests more work is being done through Early Help – in our EH benchmarking we did see an increase in EHA/open cases over 23/24 in a pattern that mirrored contacts.
- EH Data Partnership is now collecting EH benchmarking – critical part of the system – contact john.foster@eastsussex.gov.uk for more info or see our website datatoinsight.org
- We don't collect contact outcomes as part of the RIIA – but interested to hear from colleagues what their experience is.

National - new EH episodes starting in period - children (rate per 10k)

Quarter	Rate
Q1 2024	85.2
Q2 2024	79.2
Q3 2024	93.8
Q4 2024	99.2

Referral source - % of all referrals
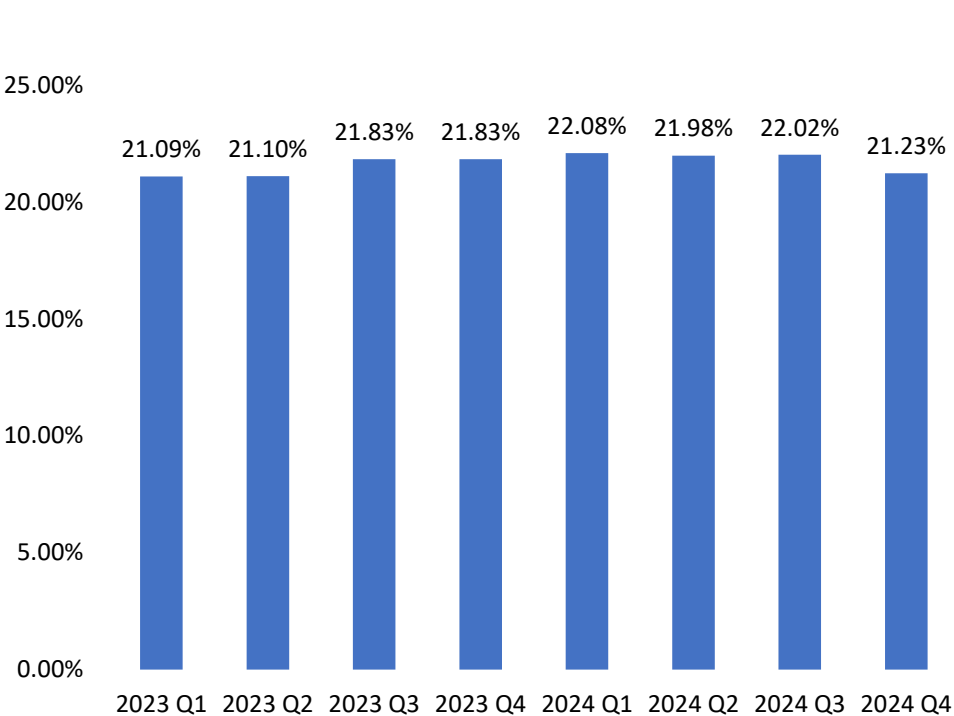
Referral Source - % Q4 223/23 against Q4 23/24

- Most sources saw a decrease in the % of referrals they made from Q4 to Q4, and while we've picked out single quarters – the drops were consistent YoY.
- Sources that saw an increase were Housing, Unknown and – most obviously Health.
- Possible reasons (was there a change of guidance?)

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Repeat Referrals

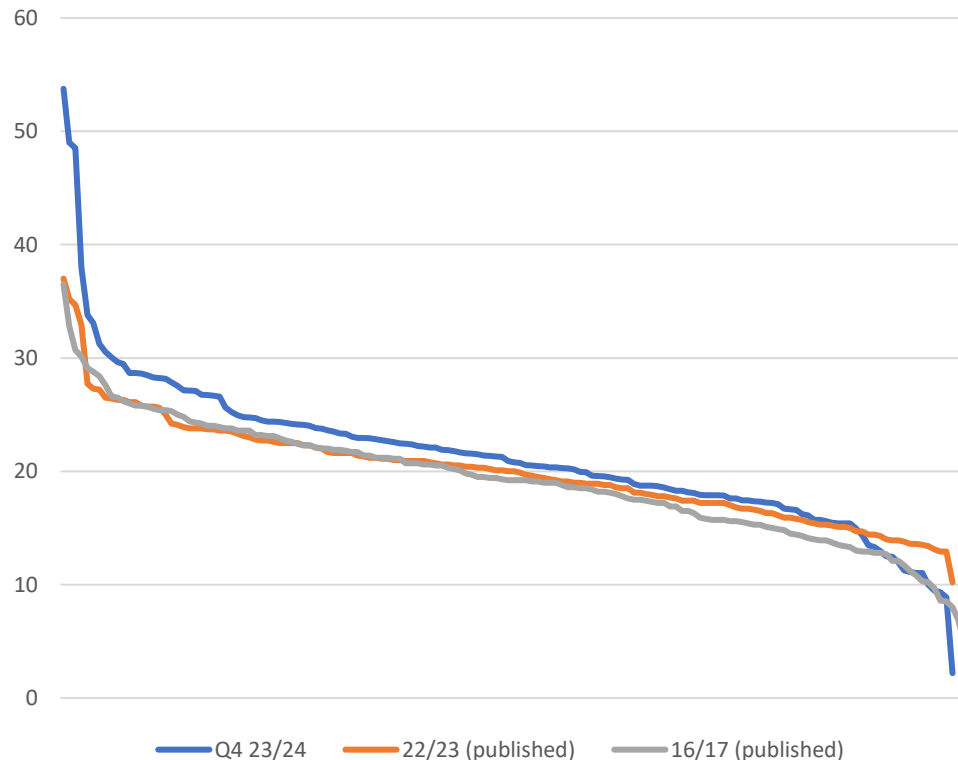Repeat Referrals by quarter (RIIA dataset) - % of referrals

Little movement in annual averages over time – with the CiN showing around 21% since 16/17.

Repeat Referrals – comparing annual and quarterly data

Comparing quarterly data (RIIA Q4) against annual data (22/23 and 2016/17)

Legend: Q4 23/24 — 22/23 (published) — 16/17 (published)

Quarterly RIIA data appears to have greater variance – makes sense for smaller data to have greater range – though average is still c. 21%.
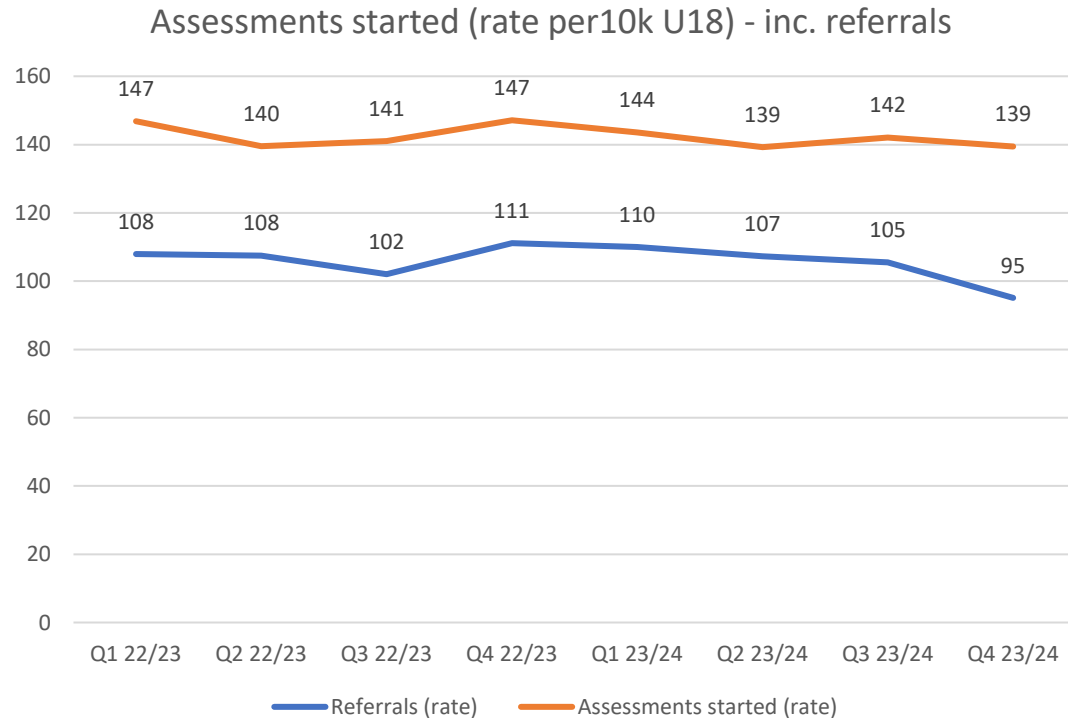
What influences re-referrals?

- NFA or not (NFA more likely)
- Age (very young children more likely, then drops and plateaus from 3 to 11, before declining after that)
- Disability
- Higher caseloads

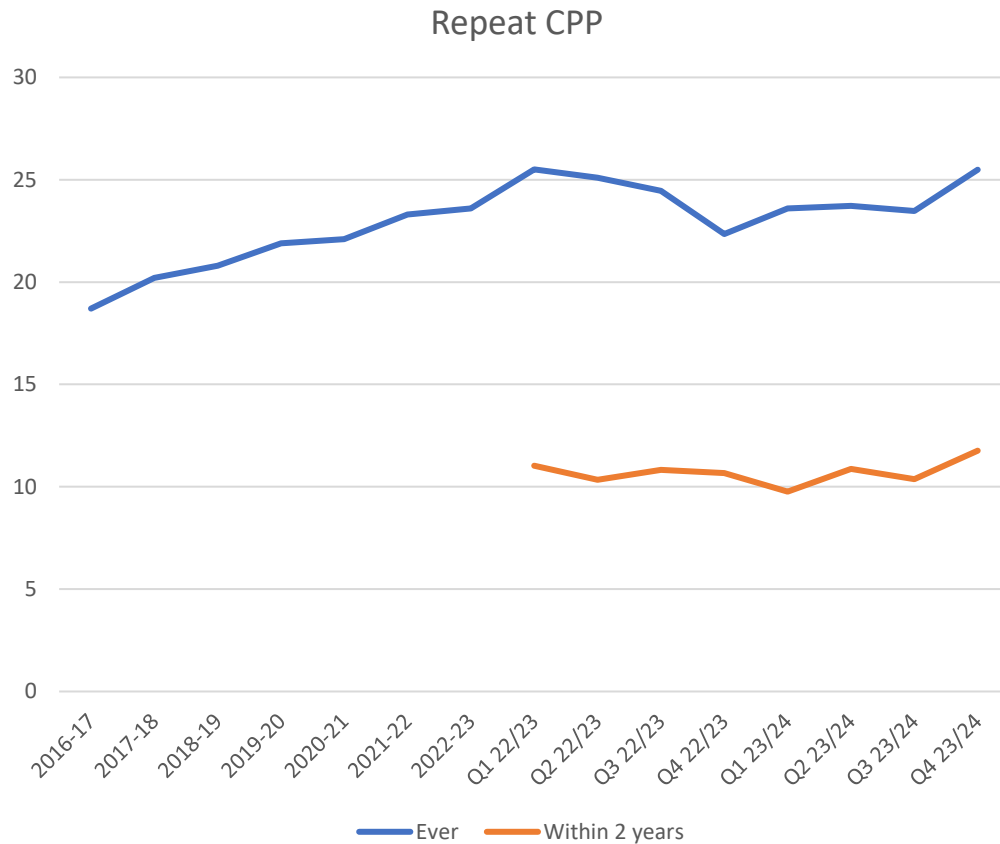Over time – cumulative re-referrals >50% after 6 years

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Assessments

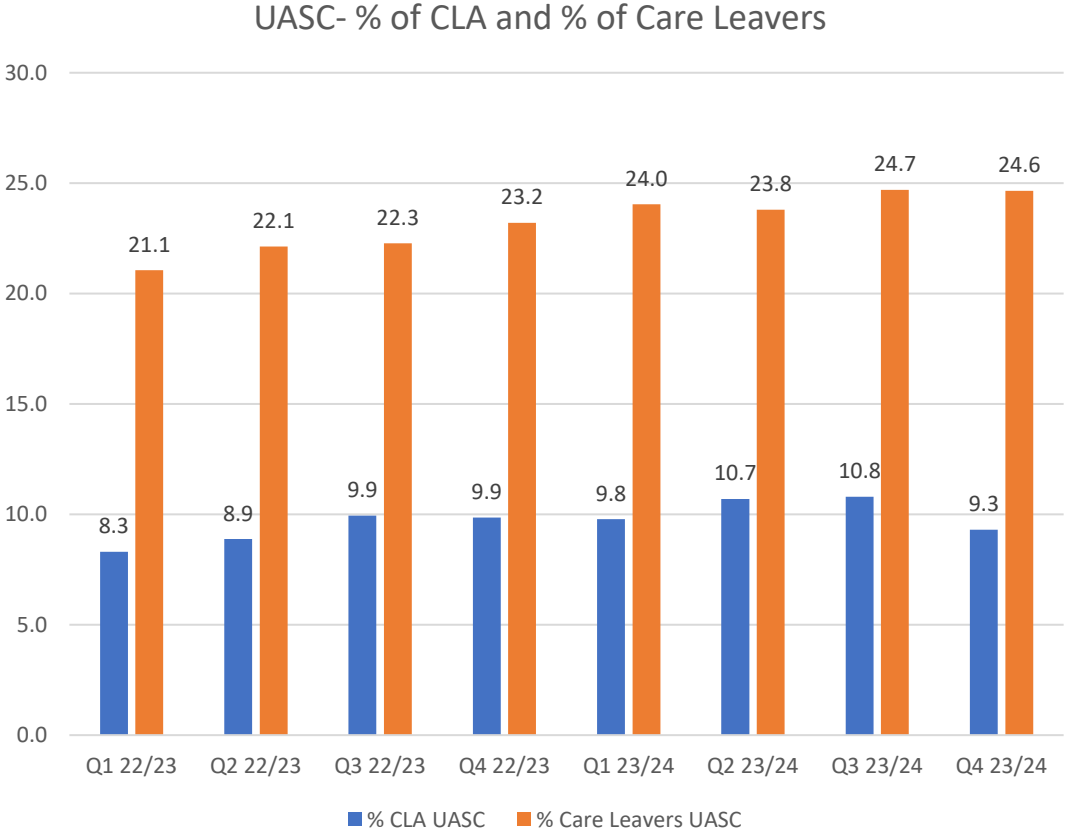Assessments started (rate per10k U18) - inc. referrals

- Assessments are higher than referrals due to the way different LAs calculate their assessment rate.
- Some LAs only count initial assessments, where others include repeat assessment.
- Difference in RIIA is larger than in stat returns.
- We think there is potential to rethink assessment reporting – enhance reporting around need (EFH etc.)
- RIIA suggests assessment timeliness average remains around 82% which is the same as 22/23 published.
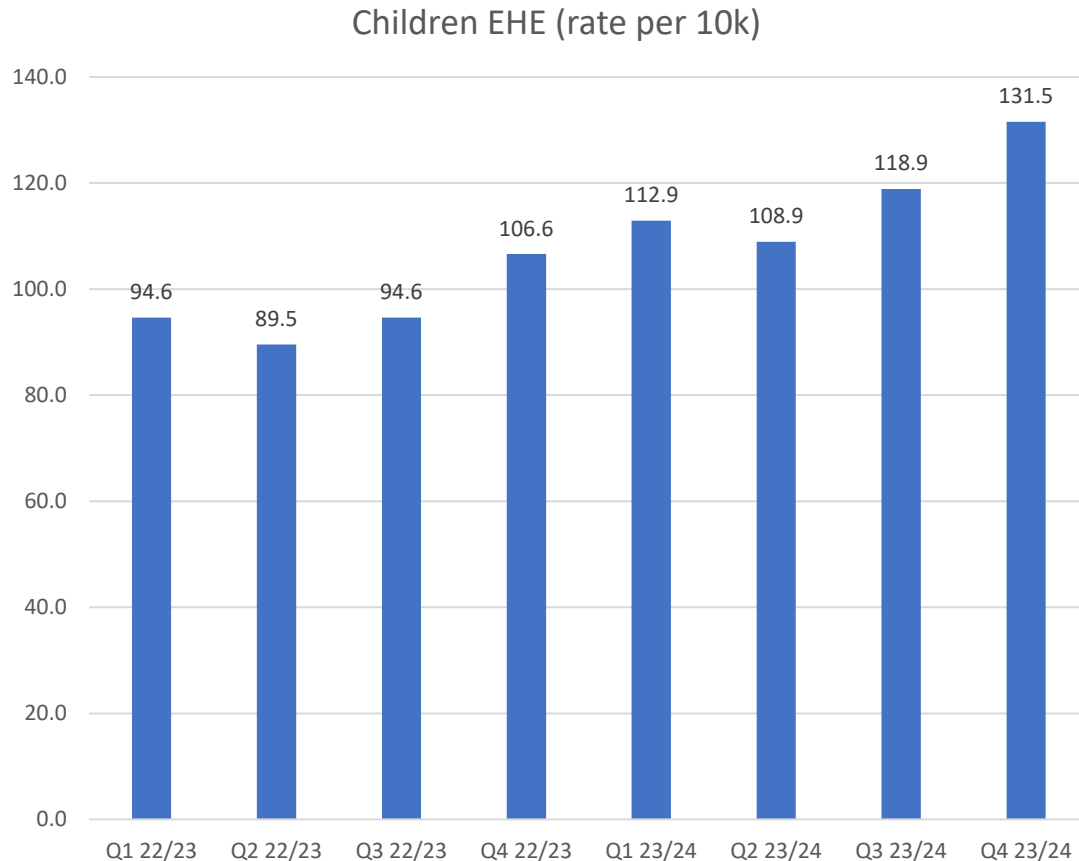
Repeat Child Protection Plans

Repeat CPP

- Repeat CPP (ever) has been steadily increasing since 16/17, and RIIA suggests this will continue in this year's CiN census.
- Within 2 years seems less variable – though where there's a larger increase in Q4 this year, it's reflected across both measures.
- Note – we don't report cumulative annual data – which can make it a little harder to compare to annual data.

Unaccompanied Asylum-Seeking Children (UASC)

UASC- % of CLA and % of Care Leavers

- UASC are making up a larger proportion of CLA than in previous years, growing from around 6% in 2016/17 to 9-10% in current year's RIIA.
- Even within the RIIA we see an increase over the reporting to date.
- The increase seems to be more evident within population of care leavers, where nearly a quarter are now former asylum-seeking children.

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Children electively home educated – rate per 10k 5-16

Children EHE (rate per 10k)

- Children EHE has grown over the previous two years
- In Feb 2024 – DfE released a stat return giving EHE numbers – also has some really interesting data on age/reasons:

Elective home education, Academic year 2023/24 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

- Main reasons are philosophical/lifestyle/school dissatisfaction and mental health.
- Possibly one to incorporate into BMT?
- Caution – DfE are using rate per 100 5-16 year olds.

Summary

- Increased demand is evident through growing numbers of contacts.
- This is not necessarily evident in main measures of growth (referrals/CiN/CP/CLA) in statutory services, which all appear to be stable within the RIIA.
- EH Benchmarking suggests the increases are happening at a non-statutory level.
- This, along with what we're hearing from LAs, suggests that the shape of social care is perhaps changing – we're seeing a much wider set of concerns and a broader offer from LAs to meet these.
- Extra-familial harm is one example – we know from speaking to LAs that managing EFH (where not meeting significant risk threshold) can be more effective at EH level – multi-agency response & more likely to engage with young people.
- Similarly, LAs report supporting more young people with mental health needs which again may not require statutory services.
- This is possibly an indication of the future – stronger links between EH and statutory services – strongly indicated in the Care Review – family help model.