

Welsh Government

**Guidance Notes**  
**for the completion of**  
**CHILDREN IN NEED**  
**CENSUS**  
**2016**

Children in Need in Wales

1 January 2016 to 31 March 2016

## **Legislation**

**The data in this census are collected under the powers contained in the Children Act 1989.**

### **Contact Details**

Please contact the helpdesk for help and information.

Telephone: 029 2082 3519

E-mail: [stats.pss@wales.gsi.gov.uk](mailto:stats.pss@wales.gsi.gov.uk)

### **Other CIN Documents**

Technical Specification, 2016

CIN Frequently Asked Questions

# Guidance Notes for Wales Children in Need (CIN) Census 2016

## Background

The Children in Need (CIN) census, collects data for children in Wales, and their families, who are in need, and are provided with social services by the local authority. The aim is to collect data for children in need that can assist in comparing outcomes for these children with outcomes for children looked after by local authorities and for the general child population.

**For this collection, local authorities are required to submit data for children whose cases are open on the census date of 31 March 2016 and were open for the previous 3 months, ie the case was open on or before 1 January 2016 and remains open at 31 March 2016.**

The CIN census is a requirement for local authorities. An individual return is required for each child in need. Data should be derived from the Integrated Children's System (ICS).

## Collection

A secure on-line portal will be provided by the Welsh Government for authorities to transmit data. Returns should be submitted to the Welsh Government by **30 October 2016**.

## Scope

The CIN census covers all children receiving support which is financed from children's social services budgets, including those supported in their families or independently, and children on the child protection register. Children in need will have had an initial assessment. Children receiving respite care should be included in the count of children in need.

Questions should be answered on the basis of all open cases. Local authorities should report on all cases of children in need that were open at the census date and had been open for the previous 3 months. 'Open' refers to cases in which the LA took some sort of action during the collection period or, as at 31 March 2016, was planning to take action sometime in the future.

**"Taking action"** means any of the following:

- Active case work
- Maintaining the child's name on the child protection register
- Making regular payments
- Where funding for ongoing services such as respite care has been agreed
- A commitment to review the case at a predetermined date
- Maintaining the child's name on any other register that ensures the child and family receives information or other special consideration.

Such cases may include:

- Young people aged 18 or over who are still receiving care and accommodation or post-care support (leaving care services) from children's services;
- Unborn children if they are felt to be 'at risk'.

Children supported in the following ways should be included:

- Provision via adult teams;
- Nursery provision where this is paid for by children's social services and not reimbursed from anywhere else;
- Contracted out provision where the service is provided by a voluntary organisation funded by children's social services. This means that LAs will need to require voluntary organisations to provide them with information on their contracted out services.

#### Waiting children and privately fostered children

Local authorities should also include children who are waiting for a service in their CIN return. By definition, these are open cases.

Children in need who are also privately fostered should also be included.

#### Extra-authority children

The census will cover only those children who are normally the responsibility of the authority, whether resident and educated within the authority area or outside.

### **Rationale**

By collecting information about the numbers and characteristics of children in need who are receiving services from local authority social services, the Welsh Government can compare outcomes for children looked after and for the general child population with outcomes for children in need who remain at home or otherwise within their families and communities. Recent research suggests that until we are able to make this comparison, we will not be able to formulate sound policies that will tackle the underlying causes of poor outcomes for vulnerable children.

Local authorities will be able to use CIN census data to analyse their patterns of activity and expenditure on children's social services and compare their practices with those of other LAs. The data may also help them to find the right balance between the services for children in need, and more intensive services, such as those for children looked after.

## **General**

In Sections 9 and 10, questions about whether the child or the child's parents "have" or "had" specified attributes, eg health or disability problems, should be answered with reference to the census date of 31 March 2016. This means that the attribute is current according to the case information available on 31 March 2016.

Questions in Section 3 that also refer to parental capacity should be answered on the basis of the most recent referral, eg Question 3.2d should be answered yes if the most recent referral recorded that a parent had learning disabilities.

True / False fields: There are a number of items within the CIN Census that can be either true or false. The format for the CIN Census is 1 for the true state, and 0 for the false state. However, users of management information systems may be presented with a number of ways of recording this such as with check boxes or a suitable drop down list. The export functionality for any system will therefore have to convert these fields accordingly. Blank items will be assumed to indicate that data is not available.

The following notes give further detailed guidance for specific sections. See Appendix 3 for code lists.

### **Section 1 - Child Identifiers**

#### **1.1 Local Authority code**

See code list A. These are the same codes as used for the SSDA903 collection.

#### **1.2 Local Authority Child Identifier**

This must be a unique ID for each child and it should be retained from year to year. The LA Child ID can only contain alphabetic or numeric characters. It must be the same ID that is used for other purposes, e.g., SSDA903 returns.

If you are planning to change the LA Child ID, either for a single child or for a whole group of children, it will prevent the Welsh Government from analysing across different CIN census years, or analysing between CIN and the SSDA903 return. For this reason, any proposal to change IDs should be discussed with WAG at an early stage and in advance of any changes. WAG can be contacted via the details given on page 2. The exception to this is where a new number is allocated for an adopted child.

Unborn children should be allocated their own LA Child ID.

#### **1.3 Unborn child**

This is a true/false field. It should be set to 1 for an unborn child unless they are born before 31 March 2016 and their case is still open at that date.

## **1.4 Date of Birth**

The date of birth should be provided in the format DD/MM/YYYY. If the exact date of birth is not known, record an approximate date of birth based on the child's estimated age at date of referral.

Leave this field blank for unborn children unless they are born before 31 March 2016 and their case is still open at that date.

## **1.5 Unique Pupil Number (UPN)**

A Unique Pupil Number (UPN) is automatically allocated to each child in maintained schools in England and Wales. It is an identifier only for use in an educational context during a child's school career and it is subject to Data Protection restrictions.

The UPN must be 13 characters in the format Annnnnnnnnnnnn or AnnnnnnnnnnnnA (for a temporary UPN) where A is a character and n is numeric. Temporary UPNs may only be issued as an interim measure until the permanent UPN is obtained.

Every attempt must be made by the LA to track down a child's UPN. If a child has not been assigned a UPN by a maintained school, then they may have been assigned one by the Education Department within the Local Authority, which has the ability to assign a UPN for those in, for example, alternative provision. Only where it is impossible to discover the UPN should the item be left blank.

Note that maintained Nursery Schools also allocate UPNs, so children may have a UPN from the age of 2 or 3 years onwards.

## **1.6 Gender**

See code list B.

## **Section 2 - Child Characteristics**

### **2.1 Ethnicity**

Ethnicity should be determined by first asking the child about their ethnic identity. If they are not yet old enough to respond, ask their primary carer.

See code list C. This list corresponds to the ethnicity codes used for the Welsh Government's PLASC.

### **2.2 Asylum Seeker**

An asylum seeker is someone who has lodged an application for protection on the basis of the Refugee Convention or Article 3 of the European Convention on Human Rights, who is awaiting a decision on that application. Record whether or not a child has been an asylum-seeking child at any time during the collection period, either as an unaccompanied minor (UASC) or as a member of a family that was recognised as having asylum-seeking status.

Enter 2 if the child had been a member of an asylum-seeking family at any time between 1 January 2016 and 31 March 2016.

Enter 2 if an unaccompanied asylum seeking child has reached the age of 18, and was still an asylum seeker at any time between 1 January 2016 and 31 March 2016.

Enter 1 if the child had been an Unaccompanied Asylum-Seeking Child at any time between 1 January 2016 and 31 March 2016.

Enter 0 if the child had not been an Asylum-Seeking Child during the whole of the period from 1 January 2016 to 31 March 2016.

## **2.3 Child Protection Register**

This is a true/false field.

Enter 1 if the child was on the Child Protection Register at 31 March 2016.

Enter 0 if the child was not on the Child Protection Register at 31 March 2016.

## **2.4 Looked After Children**

This is a true/false field.

Enter 1 if the child was looked after at 31 March 2016.

Enter 0 if the child was not looked after at 31 March 2016.

## **Section 3 - Referrals**

### **3.1 Source of most recent referral**

See Code List D.

### **3.2 Factors present in most recent referral**

Each of the factors present is a true/false field.

For each of the factors present 3.2a – 3.2g, enter 1 if the factor was present in the most recent referral, ie the referral that corresponds to the episode of being in need current at 31 March 2016.

Enter 0 if the factor was not present in the most recent referral.

Multiple factors may have been present in which case more than one category can be entered as true.

See Section 10 for definitions of parental problems.

## **Section 4 - Category of need**

This code indicates the main reason why a child started to receive services. It should not be left blank. Only one reason can be recorded.

If a child is also looked after, the primary need code might not necessarily be the same as on the SSDA903 return if the child became looked after at a later date than when they became a child in need.

The categories are designed only to identify what kinds of pressures are placed on social services. They have no diagnostic value with regard to the children themselves and must not be used to determine what type of service the child should receive.



If there is difficulty choosing between two or more categories of need, choose the category that comes highest up in the table, e.g., if trying to decide between 'Family in acute stress' and 'Family dysfunction', choose 'Family in acute stress'.

The order of the categories relate to the specificity of the description and not necessarily importance.

For further guidance on choosing a need category see the descriptions in code list E.

## **Section 5 - Exclusions from school (2014-15 academic year)**

Complete for those children in need at 31 March 2016 who were of compulsory school age in the academic year 2014-15.

### **5.1 Permanent Exclusions**

Enter the number of times a child was permanently excluded from school at any time during the academic year. Do not count occasions when a child received a temporary ('fixed-term') exclusion, which should be entered in item 5.2. Count occasions when a child had become excluded before the start of the academic year and remained excluded when the academic year started.

### **5.2 Fixed-term Exclusions**

5.2a Enter the number of times a child missed school due to fixed-term exclusions. A fixed-term exclusion means that a definite date of return to the same school has been given. The exclusion period can last between 0.5 and 45 school days. Include any half day fixed term exclusions. Exclude lunchtime exclusions.

5.2b Enter the total number of days excluded for all the fixed-term exclusions counted in the answer to 5.2a.

## **Section 6 - Youth Justice**

Complete for children aged 10 or over on 31 March 2016.

### **6.1 Youth Offending**

This is a true/false field.

Enter 1 if the child's case was open to the Youth Offending Team at 31 March 2016.

Enter 0 if the child's case was not open to the Youth Offending Team at 31 March 2016.

## **Section 7 - Child Development**

Complete for children aged 5 or younger on 31 March 2016.

### **7.1 Child Health Surveillance Checks**

This is a true/false field.

Enter 1 if the child's health surveillance or child health promotion checks were up-to-date at 31 March 2016.

Enter 0 if the child's health surveillance or child health promotion checks were not up-to-date at 31 March 2016.

Count as true cases where the child missed earlier health checks, providing they had received their later checks. These health checks are covered by the Child Health Surveillance Programme. A child is considered up-to-date if child health surveillance or child health promotion checks have taken place by 31 March, even if they took place later than they should have done. If a child has missed all their previous health checks except the most recent, they should still be counted as being up-to-date.

## **Section 8 - Health**

### **8.1 Immunisations**

This is a true/false field.

Enter 1 if the child's immunisations were up-to-date at 31 March 2016.

Enter 0 if the child's immunisations were not up-to-date at 31 March 2016.

For the purposes of the CIN census 'up to date' means that by 31 March 2016 the child has had all the immunisations that a child of their age should have received, according to the immunisation timetable reproduced at Appendix 1. It is not a requirement of this question that the child received the immunisations strictly at the ages set out at Appendix 1, but merely that by 31 March the child's immunisations had been brought 'up to date', even if they were given late according to the immunisation timetable.

In cases where children have not received their immunisations because of parental refusal, for health reasons, or because the young person refuses, they should be counted as not being up-to-date.

Assessing whether a person's immunisations are up-to-date is primarily a clinical decision and we do not expect staff of social services departments who do not necessarily have relevant clinical training or access to the child's medical records to make this decision on their own. For the purposes of the CIN census an opinion from a doctor or practice nurse that a young person's immunisations are up-to-date is sufficient.

The information that follows is given as background information to explain the context of this question. It is not intended to be a substitute for the clinical judgement of a doctor or nurse.

### Meningitis C

Meningitis C at 2, 3 and 4 months became part of the routine childhood programme in November 1999. A catch-up programme to immunise every child under 18 was completed at the end of 2001. If a young person in need is found to have missed the catch-up programme, they should be immunised at their local GP surgery.

### Haemophilus influenzae type b (Hib)

Unimmunised children aged between 13 and 48 months should be give a single injection of Hib vaccine (either simultaneously with MMR or singly, if MMR already given). A routine immunisation of children aged more than 48 months (4th birthday) with the Hib vaccine is generally not recommended; where a child is aged older than their 4th birthday but has not had this vaccination you should still regard their vaccinations as being up-to-date.

## **8.2 Dental checks (For children aged 5 and over)**

This is a true/false field.

Enter 1 if the child's teeth had been checked by a dentist during the twelve months to 31 March 2016.

Enter 0 if the child's teeth had not been checked by a dentist during the twelve months to 31 March 2016.

All children covered by the CIN census can be expected to have their teeth checked. Very young children should still have an oral examination even if their teeth have not yet developed. For very young children the examination does not have to be undertaken by a dentist and an examination by a paediatrician or other healthcare professional which included an oral examination may be counted. Treat children who declined to have their teeth checked as not having received a dental check.

### **8.3 Substance Misuse**

Enter 1 if the child had a current substance misuse problem at 31 March 2016.  
Enter 0 if the child did not have a current substance misuse problem at 31 March 2016.

See Appendix 2 for definition of substance misuse.

### **8.4 Mental Health**

Enter 1 if the child had a current mental health problem at 31 March 2016.  
Enter 0 if the child did not have a current mental health problem at 31 March 2016.

Do not record this item as true for those children whose only problem was a substance misuse problem.

Include mental health problems diagnosed by a medical practitioner and children receiving Child and Adolescent Mental Health Services (CAMHS) or on a waiting list for services. Include depression; self harming; and eating disorders. Include children if they report experiencing mental health problems without having a diagnosis. Exclude Autistic Spectrum disorders and other learning disabilities.

### **8.5 Autistic spectrum disorder**

Enter 1 if the child had Autistic Spectrum Disorder at 31 March 2016.  
Enter 0 if the child did not have Autistic Spectrum Disorder at 31 March 2016.

## **Section 9 - Disability**

### **9.1 Type of disability**

Item 9.1a is used to record whether a child has a disability. For the purposes of this Section, the definition of disabled follows that of Section 17(11) of the Children Act 1989, which states that:

“a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed”

If 1 is entered for item 9.1a (no disability), no other entries should be made in this section.

If 0 is entered for item 9.1a (ie the child has a disability), then for each of the specified disability types 9.1b – 9.1i that apply, enter 1 if the child had a disability of this type at 31 March 2016.

Enter 0 if the child did not have a disability of this type at 31 March 2016. The disability categories specified in 9.1b – 9.1i are those described in guidance for the Equality Act 2010 (originally set out in guidance for the Disability Discrimination Acts).

Children may have multiple disabilities, in which case more than one category can be entered as true. There may be a small number of children who are disabled, but do not have any of the specified disabilities. For these children, item 9.1a should be 0 and each of the specified categories 9.1b – 9.1i should also be 0.

Please note that Autistic Spectrum Disorder is no longer part of this section of the form and has been moved to its own section 8.5.

## **Section 10 - Parenting capacity**

Each of the parenting capacity questions is a true/false field.

For each of questions 10.1a – 10.1e, enter 1 if the parenting issue was present at 31 March 2016.

Enter 0 if the parenting issue was not present at 31 March 2016.

Multiple factors may have been present in which case more than one category can be entered as true, as appropriate.

### **10.1a Parental substance/alcohol misuse**

Count as true if one or more of the parents or carers has a substance misuse problem. See Appendix 2 for definition of substance misuse.

### **10.1b Parental learning disabilities**

Count as true 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.

### **10.1c Parental mental ill health**

Count as true if one or more of the parents or carers has a mental health problem. Include mental health problems diagnosed by a medical practitioner; self reported problems; and parents receiving services from the Community Mental Health Team. Include depression; self harming; and eating disorders. Exclude substance misuse, and Autistic Spectrum disorders and other learning disabilities.

### **10.1d Parental physical ill health**

Count as true if one or more of the child's parents or carers has physical health problems that impair their ability to care for the child.

### **10.1e Domestic abuse**

Count as true if one or more of the child's parents or carers has domestic abuse problems. 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'.

## When childhood immunisations are due

This table is reproduced from the NHS Immunisation Information website at

[www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)

### Full immunisation schedule

WHEN TO IMMUNISE	WHAT IS GIVEN	HOW IT IS GIVEN
<b>2 months old</b>	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib) (DTaP/IPV/Hib)	One injection
	Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)	One injection
<b>3 months old</b>	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) (DTaP/IPV/Hib)	One injection
	Meningitis C (meningococcal group C) (MenC)	One injection
<b>4 months old</b>	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) (DTaP/IPV/Hib)	One injection
	Meningitis C (meningococcal group C) (MenC)	One injection
	Pneumococcal infection (Pneumococcal conjugate vaccine, PCV)	One injection
<b>Around 12 months old</b>	<i>Haemophilus influenzae</i> type b (Hib) and meningitis C (Hib/MenC)	One injection
<b>Around 13 months old</b>	Measles, mumps and rubella (German measles) (MMR)	One injection
	Pneumococcal infection (PCV)	One injection
<b>3 years and 4 months to 5 years old</b>	Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
<b>13 to 18 years old</b>	Diphtheria, tetanus, polio (Td/IPV)	One injection

## Appendix 2

### Substance misuse

This guidance document has been written to support Local Authorities with the data collection in relation to substance misuse.

### Background information

The Welsh Government has lead responsibility for policy on preventing substance misuse among young people, particularly the most vulnerable.

Substance misuse and associated problems harm children and young people's welfare and prevent them from achieving their full potential.

### Substance Misuse - what constitutes a problem?

The Health Advisory Service (HAS) report (1996) states 'one off and experimental use of drugs and alcohol cannot in itself be seen as indicative of having caused actual harm or being related to any personal disorder'. In other words the fact that a young person has taken a substance should not lead to the automatic conclusion that there is a problem or condition to be treated. However, it is essential to recognise that all substance taking by young people carries potential harm.

Recent guidance published by the National Institute for Clinical Excellence (NICE) offers the following definition of **substance misuse** as '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).

### Drugs, alcohol and substances

In this guidance document, the term 'drug' is used to refer to any psychotropic substance, including illegal drugs, illicit use of prescription drugs and volatile substances. Young people's drug taking is often inextricably linked with the consumption of alcohol. Therefore the term 'substance' refers to both drugs and alcohol but not tobacco.



**Code List A – Local Authority code**

512	Isle of Anglesey
514	Gwynedd
516	Conwy
518	Denbighshire
520	Flintshire
522	Wrexham
524	Powys
526	Ceredigion
528	Pembrokeshire
530	Carmarthenshire
532	Swansea
534	Neath Port Talbot
536	Bridgend
538	The Vale of Glamorgan
540	Rhondda Cynon Taf
542	Merthyr Tydfil
544	Caerphilly
545	Blaenau Gwent
546	Torfaen
548	Monmouthshire
550	Newport
552	Cardiff

**Code List B – Gender**

1	Male
2	Female
0	unborn at 31 March 2016
9	indeterminate gender (i.e. unable to be classed as either male or female)

**Code List C - Ethnicity**

WBRI	White – British
WIRI	White – Irish
WIRT	Traveller
WROM	Gypsy/Gypsy Roma
WOTH	Any other white background
MWBC	White and Black Caribbean
MWBA	White and Black African
MWAS	White and Asian
MOTH	Any Other Mixed Background
AIND	Indian
APKN	Pakistani
ABAN	Bangladeshi
AOTH	Any Other Asian Background
BCRB	Caribbean
BAFR	African
BOTH	Any Other Black Background
CHNE	Chinese or Chinese British
OOTH	Any Other Ethnic Background
REFU	Information refused
NOBT	Information not obtained

**Code List D - Source of referral**

R1	Primary health / Community health
R2	Secondary health
R3	Self referral
R4	Family, friend or neighbour
R5	Central government agency
R6	Local authority's own social services department
R7	Independent provider agency
R8	LA housing department or housing association
R9	Other departments of own or other LA
R10	Police
R11	Other agency
R12	Other individual

**Code List E - Category of Need**

Choose the primary need code using the table below:

N1	Abuse or neglect	Children in need as a result of, or at risk of, abuse or neglect; also includes children at risk because of domestic violence.
N2	Child's disability or illness	Children and their families whose main need for services arises because of the child's disability, illness, or intrinsic condition.
N3	Parental disability or illness	Children whose main need for services arises because the capacity of their parents (or carers) to care for them is impaired by the parent's (or carer's) disability, physical or mental illness, or addictions.
N4	Family in acute stress	Children whose needs arise from living in a family that is going through a temporary crisis that diminishes the parental capacity to adequately meet some of the children's needs.
N5	Family dysfunction	Children whose needs primarily arise from living in a family where the parenting capacity is chronically inadequate.
N6	Socially unacceptable behaviour	Children and families whose need for services primarily arise out of the child's behaviour impacting detrimentally on the community.
N7	Low income	Children, living in families or independently, whose needs primarily arise from being dependent on an income below the standard state entitlements.
N8	Absent parenting	Children whose needs for services arise mainly from having no parents available to provide for them.
N9	Adoption disruption	Main reason for the commencement of a period of being looked after was the disruption of an adoption.