

Children, young people and families using social work services in four UK cohort studies: patterns, outcomes and change

Summary Report

The purpose of the project

The project looked at social work service users in the general population and examined the outcomes of children and families who had had social work contact in the past. The project is one of only a few that have examined social work service users using large-scale longitudinal studies and the first to use UK cohort and panel studies to examine the predictors and outcomes of routine contact with a social worker. These studies were the British Household Panel Survey; Longitudinal Study of Young People in England; Millennium Cohort Study; and the Avon Longitudinal Study of Parents and Children.

Using information from these longitudinal datasets it has been possible to shed light on the sorts of problems that social work service users face, as well as the medium-term outcomes for children and families who have social work contact. It is also possible to compare the outcomes of families who have had social work contact with those of other families who have experienced apparently similar circumstances but no social work.

What predicts families' contact with social workers?

One aim of the project was to examine which types of families were likely to have had contact with social workers. We found that a large range of adversities and challenging life circumstances were linked to the receipt of social work contact. Parents who were single, divorced, or separated were more likely to receive social work input than those who were married. Those who reported having caring responsibilities or depression, or that they or their child had poorer health or physical disabilities, were also more likely to have contact with social workers. In addition, parents who rented rather than owned their homes, or who had recently experienced homelessness had a higher chance of contact with social workers.

It is possible that in many cases factors like poor health and depression were not the factors that led parents to receive social work contact in the first instance. For example, depression could be an effect of other problems that brought about social work contact. This project was concerned to identify types of adversities associated with receiving social work contact in the first place. We found strong evidence that, over time, episodes of homelessness and divorce or separation were associated with mothers receiving social work contact. Also, over time, families with boys up to age 5 were more likely to receive social work contact than families with girls in the same age group.

Using the Longitudinal Study of Young People in England, it was possible to study teenagers who had been in contact with social workers due to their problem behaviour. In this age group we found that girls were more likely than boys to have had social work contact. In addition, teenagers who were of mixed race, had special needs, or were from families with a lower socioeconomic status were more likely to have social work contact. Reported poor child-parent relationships, the young person's contact with the police and truancy were also associated with a higher likelihood of social work contact.

Outcomes for families and children who had social work contact

In general, families and children who had some contact with social workers had worse outcomes than those who did not. We found this even when we compared families and children with social work contact to apparently similar others who did not receive social work contact. Parents in families with social work contact reported worse mental health outcomes for themselves and poorer well-being for their children. Teenagers who had social work

contact tended to have lower General Certificate of Secondary Education (GCSE) exam scores than similar other teenagers.. There was no strong evidence that teenagers with social work contact had poorer mental health outcomes or lower aspirations to go to university, but they were less confident about being accepted into university should they apply.

We need to take great care when interpreting these findings. They do not necessarily mean that social work contact is ineffective or even harmful. Even though the studies we used contain a wealth of information on individuals and families, they are based on self-report. Importantly, though selected because they capture social work contact at all, these studies nonetheless tell us relatively little about the nature, quality, amount or reasons for social work contact. They also do not cover everything; in particular there is a lack of information about a range of severe adversities that families may face. Only the Avon Longitudinal Study of Parents and Children, for example, includes information on family violence or harm to children. It is plausible that poorer outcomes for those who had social work contact merely reflect their high levels of adversity and vulnerability that were not captured by the studies used.

Social work is specifically targeted at vulnerable individuals and families. So it is not surprising that social work users would have poorer outcomes. However the question remains as to whether social work contact and support can improve these outcomes over time. We did not find evidence that improvements in mental health and wellbeing were greater for children and families with social work contact than for those without. However, we need better longitudinal data on social work interventions to explore this further.

Children, young people and families using social work services in four UK cohort studies: patterns, outcomes and change

Main Report

1. The purpose of the project

The project looked at social work service users in the general population and examined the outcomes of children and families who had had social work contact in the past. The project is one of only a few that have examined social work service users using large-scale longitudinal studies and the first to use UK cohort and panel studies to study the predictors and outcomes of routine contact with a social worker. These studies were the British Household Panel Survey (BHPS); Longitudinal Study of Young People in England (LSYPE); Millennium Cohort Study (MCS); and the Avon Longitudinal Study of Parents and Children (ALSPAC). These were identified in a mapping exercise by Maxwell *et al.*, (2012) to establish coverage of social work.

Using information from these longitudinal datasets it has been possible to shed light on the sorts of problems that social work service users face, as well as the long-term outcomes for children and families who have social work contact. Using the wealth of information contained in each of these studies, it is possible to compare the outcomes of families who have social workers with those of other families who experience apparently similar circumstances but do not receive social work.

2. Research methods

Each of the four studies contained questions to respondents about contact with social workers. There tended to be only a single question in each study, with no further information about the reason for social work contact, its duration and intensity, or the type of help that a social worker provided. Nor were questions asked about social work at every wave, with the exception of the British Household Panel Study. These questions are listed in the table overleaf.

The predictors and outcomes of social work contact were examined using a range of statistical techniques, as appropriate for the data in question. As well as standard multi-variate statistical techniques such as logistic regression and linear regression, we used some approaches that are less commonly used in the social sciences, such as classification trees and inverse-probability-weighted regression adjustment.

Table: Questions relating to social work in the four cohort / panel studies

| Study | Question about social work contact |
|--------|--|
| MCS | Question to parent/carer in waves 2 and 3: 'I'd like you to think about the kinds of advice you've had for yourself, your child or your family since [one year ago]. Have you turned to any of these for help or advice in the last 12 months?' They were asked to tick all among the following options that apply: someone outside home/family who looks after your child; nurse/midwife; GP; health visitor; chemist/pharmacist; religious group; drop-in centre for families; support group for parents; social worker; baby-sitting circle; telephone advice line; internet information; person running a toy library; teacher (at wave 3 only); and none of these. |
| BHPS | Question to adult respondent at every wave: 'Here is a list of some health and welfare services. Have you yourself made use of any of these services since September 1st last year? Health visitor; home help; meals on wheels; social worker; other service.' |
| LSYPE | Question to parent/carer in waves 1, 2 and 3: 'In the last 12 months, have you been in touch with your local council's social services because of (young person)'s behaviour at home or at school? This includes both you getting in touch with them and them contacting you?' |
| ALSPAC | Question to mother when child aged 21m, 33m and 73m (also asked of mother's partner at 73m): 'In the past [year (21m interview) / 18 months (33m and 73m interviews)] have you had contact with any of the following, for whatever reason?: G.P./family doctor, health visitor, midwife, social services benefit worker, social worker, physiotherapist, psychologist/psychiatrist, other support service' |

3. Research findings: Highlights

3.1 What predicts families' contact with social workers?

One aim of the project was to examine which types of families were likely to have had contact with social workers. In MCS we found that a large range of adversities and challenging life circumstances were linked to the receipt of social work contact (Zhang *et al.*, in press). Parents who were single, divorced, or separated were more likely to receive social work input than married parents. In addition, individuals who rented rather than owned their homes, or who had recently experienced homelessness had a higher chance of receiving contact from social workers. Parents who reported their own or their child's poorer health or physical disabilities, and those who reported having caring responsibilities or depression, were also more likely to have contact with social workers.

It is possible that in many cases factors like poor health and depression were not the difficulties that led people to receive social work contact in the first instance. For example, depression could be an effect of the problems that first prompted families to receive social work. This project was concerned to identify types of adversities associated with receiving social work contact in the first place. In MCS we found strong evidence that, over time, episodes of homelessness and divorce or separation were associated with mothers receiving social work contact. Also, over time, families with boys up to age 5 were more likely to

receive social work contact than families with girls in the same age group (Zhang *et al.*, in press).

Using ALSPAC, we compared the characteristics of mothers and fathers who had reported having social work contact. Just four risk factors predicted social work contact in a classification tree model: the respondent having experienced a job loss over the last year, alcohol problems, depression, and emotional cruelty from a partner. We found that the gender of the respondent did not help predict social work contact, once other factors were accounted for, so the predictors of social work contact were similar for both fathers and mothers.

Using LSYPE, it was possible to study teenagers who had been in contact with social workers due to their problem behaviour (Henderson *et al.*, 2016a). In this age group we found that girls were more likely than boys to have had social work contact. In addition, teenagers who were of mixed race, had special needs, or were from families with a lower socioeconomic status were more likely to have social work contact. Poor child-parent relationships, the young person's contact with the police and self-reported risky behaviours, such as truancy, smoking and use of cannabis, were also associated with a higher likelihood of social work contact.

3.2 Outcomes for families and children who had social work contact

In general, families and children who had some contact with social workers had worse outcomes than those who did not. We found this even when we compared families and children with social work contact to apparently similar families and children who did not receive social work contact. Parents in families with social work contact reported worse mental health outcomes for themselves and poorer well-being for their children (Henderson *et al.*, 2015b). Teenagers who had social work contact also tended to have lower GCSE exam scores than similar teenagers in apparently similar circumstances. There was no strong evidence that teenagers with social work contact had poorer mental health outcomes or lower aspirations to go to university, but they were less confident about being accepted into university should they apply (Henderson *et al.*, 2016a).

We need to take great care when interpreting these findings. They do not necessarily mean that social work contact is ineffective or even harmful. Even though the studies we used contain a wealth of information on individuals and families, they are based on self-report and, importantly, they tell us relatively little about the nature, quality, amount or reasons for social work contact. They also do not cover everything, and in particular they exclude some of the more severe adversities that families may face. Only ALSPAC, for example, includes information on severe adversities such as family violence or harm to children. It is plausible that poorer outcomes for those who had social work contact merely reflect their high levels of adversity and vulnerability that were not captured by the studies used.

Social work is specifically targeted at vulnerable individuals and families. So it is not surprising that social work users would have poorer outcomes. However the question remains as to whether social work contact and support can improve these outcomes over time. In our study we did not find evidence that improvements in mental health and wellbeing were greater for children and families with social work contact than for those without. However, we need better longitudinal data on social work interventions to explore this further.

3.3 Parents seeking help from a range of services

Using MCS, we found evidence that parents of pre-school children who reported experiencing a greater number of adversities did not seek or receive support from a greater number of sources. However, those who experienced domestic violence or depression, or had a basic skills difficulty or physical disability, did turn to more sources of support. Patterns of seeking and receiving support clustered according to whether the sources of help and advice were universal, targeted or voluntary. Universal and voluntary sources of support appeared to increase parents' confidence in their ability as parents (self-efficacy), whereas targeted sources reduced it. An increase in the number of adversities experienced was also associated with reduced parental confidence, while an increase in the number of support sources was associated with higher parental confidence.

3.4 Outcomes of contact with education welfare officers

We also studied the outcomes of contact with educational welfare officers, who have some similarities with social workers although their key function is to support pupils and parents with school attendance (Henderson *et al.*, 2016b). Our findings showed no significant difference between teenagers who received educational welfare contact because of their behaviour and those who did not with respect to aspiration to attend university. However, those young people who had educational welfare contact were less likely to apply to university, were less confident in university acceptance if they applied and had lower odds of achieving five GCSE grades A*-C, the government benchmark for education achievement at age 16.

3.5 Life histories of families using social work

We were concerned to explore what lay behind our quantitative findings, in particular the general finding that children and families with social work contact had worse outcomes than similar others. Using the BHPS, we drew on multiple variables to construct life histories of a small sample of families receiving social work. This exposed the interactive impacts of multiple adversities, such as the association of deteriorated health with exit from the labour market, increased caring responsibility, financial insecurity and strained parent-child relationships. It also exposed complexity and diversity in the relationship between social work contact and outcomes. For example, different children in the same vulnerable family receiving social work fared differently, and unpredictable events such as accidents had a substantial impact on outcomes.

4. Project dissemination and impact

Basic information about the project and the above short summary of findings are on a website <http://socialworkovertime.weebly.com/>. We have used the short title of 'Social Work Over Time' to identify the project. We have published five academic journal articles, which are listed in the references at the end of this report. One other academic journal article is close to being accepted and three more are in progress. These as yet unpublished papers focus on: the comparison of mothers' and fathers' social work contact; the potential for life history research using a longitudinal panel study; parents' use of professional support; and the emotional and behavioural problems of children whose parents have social work contact. We have produced an accessible two-page summary which is available in hard copy and on the project website.

The research team ran three project events in 2015:

- Using cohort and panel studies for social work research (Cardiff, 15 September) – a training session for PhD students and academics interested in using these datasets for social work research.
- What do we know about social work from cohort and panel studies? (Nuffield Foundation, London, 12 November) – roundtable of researchers and policy staff, including the Chief Social Worker for Adults (England)
- Quantitative research on social work (Manchester, 14 December) – a one-day conference show-casing quantitative designs for social work research, including the Social Work Over Time study

Oral presentations were also made to the European Social Work Research Association 2013 and 2015, the Society for Social Work and Research (US) conference 2015 and the Joint Social Work Education Conference (UK) 2014.

The project's main impact is likely to be on the research community. There is a dearth of quantitative social work research in the UK and these cohort/panel studies have been used very sparingly indeed for research with relevance to social work. A combination of the project's publications, the associated training event and the conference on quantitative designs for social work could ultimately have the effect of encouraging UK social work researchers to use more quantitative methods and large data sets in their research. The project will also feature in social work teaching in Cardiff and Sussex and in a forthcoming textbook co-authored by the principal investigator. Achieving an impact on policy and practice is more challenging because the messages from the studies are not clear. We are concerned that, if taken at face value, the findings about outcomes of social work may be misconstrued. This lack of clarity arises because each of the cohort and panel studies has only a single general question about social work contact, with no information about the reason for, the nature, quality or extent of this contact. We have discussed the situation with colleagues at the Centre for Longitudinal Studies which runs two of the cohort studies. Their response is that the stigma of social work contact could result in putting respondents off from completing the surveys, leading to greater attrition. The best future potential is for these and other longitudinal studies to be linked to routine administrative data. In the meantime, our message to the policy and practice community is that our findings raise important questions; we need better data to find answers.

The project had helpful input from its advisory group:

- Cathy Ashley, Chief Executive, Family Rights Group
- Sheryl Burton, Programme Director, Vulnerable Children, National Children's Bureau
- Isabella Craig, Children, Young People and Families Directorate, Department for Education
- Matt Dunkley, Former President, Association of Directors of Children's Services
- Mark Drakeford AM, Former Welsh Minister for Health and Social Services (now Local Government Minister)
- Carol Floris, Advice and Support Manager, Voices from Care
- Moira Gibb, Chair, Social Work Reform Board and non-exec. member of the UK Statistics Authority
- Helen Jones, Professional Advisor, Department for Education
- Sonja Jütte, Senior Policy Analyst, NSPCC
- Corinne May-Chahal, Former Co-chair, College of Social Work and Professor at Lancaster University
- Kate Mulley, Head of Policy and Research, Action for Children

- Andy Pithouse, Special Advisor for Social Services, Welsh Government and Professor of Social Work
- Chris Taylor, Professor in Cardiff School of Social Sciences

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