



Child Welfare
Inequalities Project



The Child Welfare Inequalities Project: Final Report

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Executive Summary

Aims

The Child Welfare Inequalities Project (CWIP), 2014-19, aimed to **establish child welfare inequalities as a core concept in policy making, practice and research** in the UK and internationally.

Key research tasks were **to identify the scale of inequalities** in social welfare intervention rates as they affect children in different places, of different ages and identities, and their families, and **to begin to understand how different factors in family lives and service responses interact to produce inequalities**. A longer term intention was that remedies could subsequently be developed by policy makers and service providers and their impact tested.

CWIP was the main project in a programme of research conducted over the period 2013-2019. It was designed to provide the foundations for the development of an inequalities perspective on child welfare, not the last word. By developing and testing a set of concepts, theory and methods and by securing a range of evidence, we hoped to set the baseline for subsequent reflection, research and action, in the UK and internationally (Bywaters, 2015).

A social welfare system reflects the society in which it operates: its assumptions, priorities and attitudes to children, parents and family life. It also reflects the role of the state: how policy is made, the values that underpin policy, the power it exercises over its citizens, how it manages and polices that power and what it counts as success. All of these themes are explicit or implicit in our work.

In summary, this project reports on a system which treats its citizens – parents and children – remarkably unequally but which focuses more attention on policy aspirations and implementation processes than on either the causes of family difficulties or the consequences of state responses.

Why do inequalities matter?

Underpinning international human rights is the belief that everyone is born equal. No child is more valuable than another. It is unfair if, because of circumstances beyond their control built into the structures of society, some children are more likely to be abused or neglected. It is unfair if, because of the consequences of unequal social structures, some children miss out on family life with their birth parents and siblings through being in care. This is what we mean by inequalities in child welfare (Davidson et al., 2017; Featherstone et al., 2019).

It is also unfair to local authority service providers if funding is allocated and their performance judged without the unequal economic, social and environmental conditions of the families they serve being fully taken into account (Webb and Bywaters, 2018).

Such unfairness has consequences for public finances too. If all children needed children's social care services at the level of the most advantaged families, far less public money would be spent or that money could be invested differently. This is particularly relevant to high cost services such as foster or residential care which now consume almost half of children's social care expenditure in

England. The outcomes of damaged childhoods are long term social and economic costs in adult life, including premature death (Bunting et al., 2018; Murray et al., 2020).

Background

Evidence of socially determined inequalities in health and education has become widely accepted internationally as a basis for policy making in the past forty years (Marmot et al., 2010; 2020). But almost no parallel analysis of inequalities in the child welfare system had taken place prior to this project, although variations between local authorities and the UK countries had been frequently noted (Department for Education, 2014).

There has been until recently a tendency to downplay either the influence of socio-economic circumstances on the quality of family life or funding pressures on local authority behaviours in England. These have often been presented as primarily a matter of behavioural choice or leadership, respectively (Department for Education, 2016). However, our pilot study showed there was a very strong correlation between local authority average deprivation scores and looked after children rates in England (Bywaters, 2015; Bywaters et al., 2016a). This closely mirrored the relationship between deprivation and inequalities in life expectancy at birth. It seemed likely that similar social determinants were at work in producing health inequalities and child welfare inequalities.

Definition and Key Concepts

We defined child welfare inequalities as occurring ‘when children and/or their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural social dis/advantage and are unjust and avoidable’ (Bywaters et al., 2015, p.100).

This definition reflects key arguments:

- inequalities are systematically linked to social structures and social position rather than random variations
- inequalities affect parents’ rights as well as children’s rights
- this is primarily a moral issue, a matter of justice, rather than an economic issue, a matter of the efficient use of resources, although that is an important public policy consideration as well
- an inequalities perspective is different from an anti-poverty perspective. Equality policies aim to correct structural differences across the whole population, flattening the social gradient rather than just correcting for poverty
- a focus on inequality requires the study of populations. Inequality cannot be perceived solely on a case by case basis
- an intersectionality approach is essential. It is crucial to understand how family socio-economic circumstances interact with multiple dimensions of identify, such as age, gender, ethnicity and disability.

A decision to place a child on a protection plan or to take them into care will be necessary in some cases. Inequality does not arise because of a decision to act. Child welfare inequality arises if:

- the conditions which make the decision necessary reflect unequal social, economic and environmental structures, or
- services discriminate inappropriately between children in similar circumstances because of some aspect of their identity such as their social class, age, gender, ethnicity, sexual orientation, health or disability.

We examined inequalities in the likelihood of children receiving two key state welfare interventions: the proportion of children placed on a child protection plan or register, or being ‘looked after’ in care. These categories are argued to be more consistently applied between local areas and internationally (Thoburn, 2007) than, for example, rates of referrals. They cannot, of course, include hidden or unmet need: children who would benefit from these children’s services interventions but do not receive them. We use the neutral term ‘interventions’ rather than ‘services’ to reflect the fact that many child protection actions are not sought by or welcomed by the families involved.

These ‘intervention rates’ were conceptualised as a product of the interaction of ‘demand’ and ‘supply’ factors. Demand factors are what bring children to the attention of the child welfare system. Supply factors influence how the system responds.

The key demand factors are:

- the socio-economic circumstances or characteristics of the children’s families
- the circumstances or characteristics of the racial or ethnic groups or other identity communities and/or
- the circumstances or characteristics of the neighbourhoods in which they live.

Supply factors reflect:

- underlying legislation
- policies
- structures
- funding
- processes
- models and
- cultures of service provision.

Project Structure and Methods

The study methods are described in a technical report and peer reviewed article (Bywaters et al., 2017a; Mason et al., 2019).

The core project had two main elements. The quantitative study examined data about over 35,000 individual children who were the subject of child protection plans or registers or who were being looked after in the four UK countries on a single day in 2015. The mixed methods case studies of practice in England and Scotland were subsequently expanded to include Northern Ireland. (Case studies in Wales are now being undertaken, using separate funding.)

As well as comparing local authorities *within* each of the four UK countries, a comparison *between* countries offered the possibility of a natural experiment, with points of commonality and difference expected to shed light on the project's objectives.

The quantitative study was the primary source for establishing the scale of inequalities and identifying key factors affecting intervention rates. The child data were drawn from 50 local authorities in England, Wales and Scotland and all 5 Health and Social Care Trusts in Northern Ireland. To ensure sufficient numbers, all Health and Social Care Trusts in Northern Ireland and local authorities in Wales and, therefore, all children were included. But in Scotland and England representative samples covered over 50% of children and 13% of children respectively.

The main limitation in the quantitative data was the unavailability of any systematic information about the socio-economic circumstances or characteristics of the families of children who received child protection interventions. We calculated Index of Deprivation scores and ranks for small neighbourhoods (Lower Layer Super Output Areas in England and Wales, Super Output Areas in Northern Ireland and Data Zones in Scotland) as a proxy for family circumstances. Data was analysed in terms of decile (10%) or quintile (20%) bands of deprivation, i.e. from the 10% or 20% most deprived neighbourhoods to the 10% or 20% least deprived.

We had to ensure that the child welfare, population and deprivation data were accurate and comparable, especially between the four countries. The main issue for comparability was the very different proportions of looked after children who were placed at home with parents or with kinship carers in the four UK countries. Our main measure for looked after children was therefore taken as children in residential or foster care not placed with parents or kin.

The case studies allowed us to investigate how local practice might help explain inequalities in rates between geographical and administrative areas and between countries. A variety of ways were used to collect data about front line practice including observations, case files, interviews and focus groups using case vignettes. These were synthesised into comparable accounts for each area.

Key Messages from the Research

The Child Welfare Inequalities Project was designed to examine how social and economic inequalities are reflected in high end children's social care interventions. It has provided foundation evidence about the scale of inequalities and developed new concepts, methods and models. These are the basis for building policy, practice and further research and for changing the conversation about how to keep children safe and strengthen families.

1. There are large scale inequalities in child welfare.

The chances of children growing up in circumstances which lead to them being looked after by the state or being placed on child protection plans or registers are profoundly unequal both within and between the four UK countries. Rates vary by multiples not a few percentage points (Bywaters et al., 2018).

Children in the most deprived 10% of small neighbourhoods in the UK are over 10 times more likely to be in foster or residential care or on protection plans than children in the least deprived 10%.

There is a steep social gradient in children's chances of a coercive intervention. Around 55% of children on protection plans or who were looked after lived or came from the most deprived 20% of neighbourhoods. This means that 45% of children - nearly half - lived in the less deprived 80% of neighbourhoods. Even families in the second least deprived decile of neighbourhoods in the UK are more likely to find their children on protection plans or placed in care away from home than families in the least deprived decile.

This is unfair. It is contrary to principles of social justice and human rights enshrined in the Convention on the Rights of the Child. It has lifelong and life-threatening consequences for children (Murray et al., 2020).

It has considerable implications for public expenditure (Webb and Bywaters, 2018).

The socio-economic circumstances of families are the key factor in inequalities in rates of high cost, late intervention. There is an urgent need to know much more about the complex ways in which the many dimensions of family socio-economic circumstances influence children's lives (Morris et al., 2018).

The social gradient is substantially steeper for young children than for older children. Age is also a key dimension in understanding inequalities between children and between local areas.

Other key factors in unequal rates, notably ethnicity, are also poorly understood and receive far less attention than they deserve (Bywaters et al., 2016b; 2017; 2019). The lack of research and policy attention to very large ethnic inequalities in child welfare is both a missed opportunity to learn about protective factors in children's lives and a scandal waiting to happen.

Previous evidence about children with disabilities suggests that it, too, will be a factor but comparable data are not available across local authorities or countries (Bywaters et al., 2016b).

2. The implications for children's lives are profound.

Child welfare inequalities have profound implications for the lives of children and their families. There are growing numbers of young people in the child protection and care systems across the UK. This is likely to continue to feed the prison and homeless populations, teenage pregnancy and parenthood, high rates of poor physical and mental health amongst young people and premature death (Murray et al., 2020), with long term human and societal consequences and costs.

3. Too often professional practice does not address families' material circumstances in assessment, planning and intervention.

With few exceptions, in local authorities in England, Scotland and Wales families' material circumstances and neighbourhood conditions were not seen as core factors in decision making about individuals or service planning at the time of this study (Morris et al., 2018). Income, debt, food, heating and clothing, employment and housing conditions were rarely considered relevant risk factors in children's lives. Poverty has been the 'wallpaper of practice', widely assumed to be ever-present but rarely the direct focus of action by national or local policy makers or senior leaders and managers. It was not easy for social workers to obtain material help for families, to secure advice about debt or income maximisation or to challenge welfare benefits awards or sanctions. As a result, addressing how families' material circumstances interact with other family stress factors

has played too small a role in front line practice. This has reinforced a disjunction between families' priorities and services' priorities, and obstructs the development of positive relationships between professionals and families.

4. Local service patterns, priorities and funding levels also matter.

While the conditions in which families live and work influence child welfare *demand* in every area and country, local patterns of service *supply* also influence decisions about children (Bywaters et al., 2015). This adds to inequality in the likelihood of a high cost, late intervention.

Our analysis of overall children's services expenditure using published data from Department for Education S251 returns, showed that more deprived local authorities had faced larger expenditure cuts than less deprived local authorities in the period from 2010/11 to 2015/16 (Webb and Bywaters, 2018). Cuts in all local authorities had meant that by 2015/16 a smaller proportion of expenditure was focused on family support and a larger proportion on children in care. The greater financial pressures on high deprivation local authorities was acknowledged by Ofsted in its 2018 annual report.

In England, the evidence suggests that local authorities covering comparatively affluent areas tend to spend more on children's services *relative to need* than in deprived areas although spend per child is usually lower. Overall, as a result, local authorities covering more affluent areas tend to intervene more readily using high end, expensive, more coercive forms of intervention. This is a structural pattern between local authorities not a random lottery or just a product of local leadership styles or values. We called this the inverse intervention law. It means that increasing funding without tackling the social determinants of demand and the focus of child welfare policies could result in more not fewer children in care or on protection plans.

5. Local social inequality also has an impact.

In addition to this inverse intervention relationship, a second pattern in England is that the level of social inequality in a local authority has an additional impact (Webb et al., 2020). Some areas are relatively affluent overall but have high levels of inequality. Others are more deprived but more equal. The social gradient of child welfare intervention is much steeper in areas of low deprivation but high income inequality, than in highly deprived areas with less income inequality.

More work is needed to understand this better. However, there is a substantial literature on the impact of economic inequalities at the national level on a range of social and health outcomes (for example, Wilkinson and Pickett, 2009). Levels of shame and stigma may be higher for disadvantaged families if surrounded by affluence (Featherstone et al., 2019). Disadvantaged families may stand out more and so be more a focus of services' attention. In generally affluent areas, expenditure and service provision may not be focused on the families and neighbourhoods that need it most.

6. Significant differences in national patterns are found across the four countries.

In addition to family level and local area inequalities, there are significant differences in national patterns of service delivery (Bywaters et al., 2018). Intervention rates do not reflect the UK countries' relative economic strengths. In Northern Ireland, rates of foster and residential care by strangers are much lower than would be expected from levels of family disadvantage. Rates were

around 50% higher in England, 75% higher in Wales and more than twice as high in Scotland. The social gradient in Northern Ireland is also less steep than in the other UK countries.

Stronger family and community ties and a culture of service provision that has a greater emphasis on supporting families in material ways appear to be factors in Northern Ireland (Mason et al., forthcoming). Expenditure per child is also the lowest of the four countries. In Scotland, relatively high rates of looked after children are combined with low proportions of children on the child protection register. Much more should be learnt from examining differences between the four UK countries as well as wider international comparisons.

7. There is a lack of data to underpin policy making.

The absence of almost any systematic data on parents' circumstances or demographic characteristics is a major limitation in understanding the causes of children's difficulties or how best to respond to them (Bywaters et al., 2016a). It is a core assumption of policy and practice that the main responsibility for children's health and development lies with parents, but all the UK countries lack systematic demographic or socio-economic data about the parents whose children are the subject of state intervention. Even the link to neighbourhood deprivation, used in this study as a proxy for family circumstances, is not made in the national statistical reports on children's services.

The lack of consistent data about children with disabilities prevents useful analysis about the relationship between childhood disability, other factors, such as poverty and ethnicity, and children's services interventions (Bywaters et al., 2016b).

8. Child welfare inequalities have significant economic costs.

These inequalities have profound economic significance for over £10b of annual public expenditure in the UK (Webb and Bywaters, 2018). The long term consequences of the high cost, late interventions of placing children on protection plans or taking children into care compared with investing similar sums in support for birth families, are unknown either for the children concerned or for public expenditure more widely.

9. The conversation has shifted.

After nearly a decade of austerity, the pressures on families and on public services intended to support families are more widely recognised (Featherstone et al., 2019). Our work has informed this new context, providing evidence about current patterns of services provision, promoting discussion and challenging assumptions about what children's services should look like and aim for. The project has helped to shift the conversation and signs of change or a recognition of the need to review are to be found in all four countries.

10. There is much more to be done.

The Child Welfare Inequalities Project has built a conceptual framework and a set of research methods through which an inequalities perspective can be examined. But there is much more to be done to increase the evidence, deepen understanding and develop and test new policies and practices. This requires a commitment across policy, practice and research to reducing inequalities in children's life chances. This requires that families have greater equality of access to the resources needed to underpin good childhoods.

Recommendations

The implications of the project are far reaching for all levels of the front line of children's social care: policy makers, leaders and managers, and practitioners. There are also consequences for the system's infrastructure: data collection and analysis, education and training, research, and inspection. While the project cannot offer tested solutions, recommendations for next steps are outlined below.

The focus and priorities of children's social care systems in the UK should be rethought.

The scale and reach of inequalities identified make the case for rethinking the focus and priorities of children's social care systems in the UK countries and internationally. More of the same will not reduce inequity in children's life chances. Rather it is likely to continue the negative spiral of increasing investigations, coercive high cost interventions and the separation of children from their birth families, drawing ever more scarce resources away from supporting families and preventing harm to children.

This conclusion is echoed in the Scottish Independent Care Review (2020, 7-8).

'For Scotland to truly to be the best place in the world for children to grow up, a fundamental shift is required ... Scotland must change the way it supports families to stay together. Because despite Scotland's aspiration for early intervention and prevention, its good intentions, and the hard work of many, the experience of far too many children and families is of a fractured, bureaucratic, unfeeling 'care system' that operates when children and families are facing crisis....

Despite the system being focused, above all else, on protecting against harm, it can prolong the pain from which it is trying to protect. Some children who have experienced trauma told the Care Review that being taken into care and growing up in the 'care system' was among the most traumatising experiences they had ever had, exacerbated by being separated from their brothers and sisters, living with strangers and moving multiple times....

Scotland's focus and understanding of risk must shift to understand the risk of not having stable, loving, safe relationships.'

Policy Makers, Leaders and Managers, and Practitioners

1. Increasing fairness for children by flattening the social gradient in children's social care intervention rates should be an explicit policy and a priority at every level.

National policy making: plans to decrease inequalities by reducing higher rates of intervention in more disadvantaged families should be formulated and acted on. These should be led by departments responsible for children's services, but involve all relevant policy areas.

This implies a policy of reducing overall looked after children rates, as the Welsh Government has established.

Such plans should integrate policies to reduce inequalities affecting children in education, health and social care services, such as the Fair Society, Healthy Lives programme (Marmot, 2010; 2020).

This will need to be backed by wider policies to reduce economic, social and environmental inequalities between regions and areas.

Local policy making and leadership: local children's social care priorities should include reducing inequalities between children through an increased emphasis on supporting families, prioritising those facing greatest hardship and insecurity.

In Glasgow such a change of direction has reduced the numbers of children in care by almost 500 since 2016, cutting entry rates by 60% and placement moves for children in care by 70%. Spending on family support has doubled.

Practitioners: front line staff and managers should integrate a focus on the interaction between families' material circumstances and other difficulties in all processes and in practice. Contextual information about family circumstances should be routinely collected in all referrals, assessments, action plans and court reports. Workers and managers should follow anti-poverty strategy guidance (Department for Health, 2018) and incorporate the poverty aware paradigm (Krumer Nevo, 2015) into their practice.

2. Building close working relationships with families and communities should become a core objective of children's services policy and practice.

National policy makers: in line with the UN Convention on the Rights of the Child, children should be supported to stay within their families wherever possible. This means working in partnership with families to ensure they have the means to care safely for their children.

Policies should aim to promote 'stable, loving relationships' for children, as the Scottish Independent Care Review argues, shifting direction from a focus on individualised risk.

This means changing the narrative about families across governments. Governments should seek to build up support for families rather than stigmatising families as troubled, chaotic or failing, recognising that most parents want to do the best for their children.

Local leaders and managers: policies should incorporate community based approaches to safeguarding. This will involve services becoming more knowledgeable about the strengths and needs of the communities with which they work and learning from communities where intervention rates are low. Building communities' trust of services and working with local family support systems will be key objectives. Services should be visible and accessible in the locations and communities they serve.

Practitioners: in order to prioritise prevention, practice will need to be rooted in positive relationships between families, communities and services. This means practitioners being able to draw on services and resources which are recognised as helpful by families. Practice should be based on teams which are connected to geographical and identity communities.

3. Increasing the consistency of service responses between local authorities and UK countries should become a core policy objective. It should be clear what support families can expect from services, wherever they live in the UK.

National policy makers: policies should aim to reduce structural factors underpinning inequalities in patterns of intervention between and within local authorities, for example, through fairer funding regimes and wider economic and social policies.

Local leaders and managers: policies should be informed by close knowledge of inequalities within the area for which local authorities are responsible. They should aim to reduce avoidable inequalities between neighbourhoods and communities through the management of staffing, budgets, service provision and commissioning.

Practitioners: practice should be informed by knowledge of local intervention rates and conditions as well as by knowledge of local services available for parents and children.

Service Infrastructure

1. Data collection, analysis and reporting

Data collection systems should be reviewed to ensure that

- national and local information systems present policy makers, leaders and managers, practitioners and the wider public with readily accessible information about inequalities in child welfare demand and supply
- data on parental demography and socio-economic circumstances are available
- data on childhood disability are consistent and valid
- comparisons are possible between the UK countries.

2. Education and Training

The education and training infrastructure should incorporate key learning about inequalities in child welfare and the implications for practice that better supports families and communities.

3. Inspection

Inspection regimes should be reviewed to reflect the policy aim of reducing inequalities between local authorities and countries by shifting the focus of attention towards effective support for families and communities.

4. Research

Research commissioners and researchers should prioritise research that is informed by an inequalities perspective. All research should incorporate an intersectionality approach.

CHAPTER ONE



Introduction and Background

Aims and Objectives

The overall aim of the Child Welfare Inequalities Project (CWIP), outlined in the original proposal to the Nuffield Foundation in 2014, was ‘to establish child welfare inequalities as a core concept in policy making, practice and research in the UK and internationally.’

A health inequalities analysis has become seen as essential to national and global health policy over the past forty years. Our intention was to create the foundations of a similar approach to policy and practice in social work and social care for children and families (Bywaters, 2015). As the Association of Directors of Children’s Services (2017, 1) put it, ‘members believe that every child deserves a happy, safe childhood in which they can thrive, not just survive’.

To achieve that we set ourselves a number of objectives:

- to provide **empirical evidence** of the **scale and extent of inequalities** in children’s chances of either substantiated child abuse or neglect (measured by being on a child protection plan or register) or of being in state care (a ‘looked after child’) in each of the four countries of the United Kingdom: England, Northern Ireland, Scotland and Wales
- to develop **theoretical models** for understanding the causes of these inequalities
- to develop **methods** for analysing quantitative and qualitative data that would enable us to test the validity and explanatory power of those models
- to build **research capacity** by engaging a substantial number of researchers, at different stages in their careers and in multiple universities across the UK, to work on the project
- to **maximise** the **impact** of our work on policy, practice, professional education and research by a strategic engagement with colleagues in the field and with critical debates, from the outset and throughout the project.

Key research tasks, therefore, can be summarised **as to identify the scale of inequalities in intervention rates** as they affect children in different places, of different ages and identities, and their families, and to **begin to understand how different demand and supply factors interact to produce inequalities**. A longer term intention was that remedies could subsequently be developed by policy makers and service providers and their impact tested.

CWIP was the main project in a programme of research over the period 2013–2019. It was designed to provide the building blocks or foundation stones for the development of an inequalities perspective on child welfare, not the last word. By developing and testing a set of concepts, theory and methods and by securing a range of evidence, we hoped to set the baseline for subsequent reflection, research and action, in the UK and internationally.

We aimed to hold up a mirror to the children’s social care system, to shine a light in places where there was little knowledge. We wanted to identify and explore significant evidence about the

children and the families who are on the receiving end of children's social care policies and services and the ways in which they are treated.

A social care system reflects the assumptions, priorities and attitudes to children, parents and family life of the society in which it operates. It also reflects the role of the state: how policy is made, the values that underpin policy, the power it exercises over its citizens, how it manages and polices that power and what it counts as success. All of these themes are explicit or implicit in our work.

In summary, we report on a system which treats its citizens – parents and children – remarkably unequally but which focuses more attention on policy aspirations and implementation processes than on either the causes of family difficulties or the consequences of state responses.

The Project Structure and Staffing

The programme of work we call the Child Welfare Inequalities Project has had five elements over the period 2013-2020.

- A pilot study in the English West Midlands: Deprivation and Children's Services' Outcomes. What can mapping Looked After Children and children on Child Protection Plans tell us? (Nuffield reference: CPF/41337).
- **The main project:** Identifying and Understanding Inequalities in Child Welfare Intervention Rates: comparative studies in four UK countries (ref: KID 41395).
- A literature review: Understanding the relationship between poverty and child abuse and neglect (JRF and Nuffield; ref: APSCAAN).
- Supplementary Grant 1: Extending the case study element of the project to cover Northern Ireland (SPI/41395.01).
- Supplementary Grant 2: Re-analysing the CWIP quantitative data set using multi-level modelling (JUS/41395.03).

The main project was supplemented by three further linked pieces of work. Soon after we began, the Joseph Rowntree Foundation (JRF) commissioned members of the project team to carry out a literature review examining the relationship of poverty to child abuse and neglect. This was one of many studies contributing to the major report on UK Poverty: Causes, Costs and Solutions (Joseph Rowntree Foundation, 2016). As this work overlapped with the CWIP, Nuffield Foundation joined with JRF in funding this work, subsequently published as Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C. and Steils, N. (2016a) The relationship between poverty, child abuse and neglect: An evidence review. York: Joseph Rowntree Foundation.

<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>

As findings raised new questions, the potential value of two supplementary projects became apparent. In each case the Nuffield Foundation provided additional funding and the length of the project was extended. An unexpected finding of the main project was that the proportion of children in foster or residential care – what we call 'intervention rates' -in Northern Ireland was the lowest of any of the four UK countries despite Northern Ireland having the highest levels of deprivation. The first supplementary project replicated in Northern Ireland the case studies of practice in England and Scotland to examine whether differences in social work practice could explain these differences in intervention rates.

The second supplementary project aimed to test the significance of the main study's quantitative findings using more sophisticated statistical methods. This examined whether the findings of the largely descriptive analysis used in the main study are statistically significant and independent of possible confounding spatial and population effects using multi-level modelling.

The project was carried out by a deliberately large research team based in seven UK universities in all four UK countries. The team included both senior and junior researchers; from established experts in children's social care to colleagues with social science expertise but little knowledge of social work or social care. In all, twenty researchers contributed at least some time to CWIP. In the course of the project four members of the team either completed doctorates related to the project or in allied fields or were successful in securing funding for doctoral study building on their experience in CWIP. Others moved from temporary to continuing academic posts.

Where did the study come from?

Policies and practice to reduce inequalities in health and education have moved from the margins to become mainstream in the UK over the past 40 years. By contrast, until this decade, almost no parallel development had taken place in relation to children receiving children's social care services: children in need including those on child protection plans or children who are or have previously been looked after in state care (Bywaters, 2015).

In health, understanding of health inequalities has focused on two key areas: factors in social structures – the social determinants – which drive unequal rates of morbidity or mortality and unequal access to services to promote health, prevent ill-health or to provide treatment and care once health is compromised. Marmot described the social determinants as

'the range of interacting factors that shape health and well-being. These include: material circumstances, the social environment, psychosocial factors, behaviours, and biological factors. In turn, these factors are influenced by social position, itself shaped by education, occupation, income, gender, ethnicity and race. All these influences are affected by the socio-political and cultural and social context in which they sit' (Marmot 2010, 16; 2020).

Policy concerns about inequalities in education have focused on closing gaps in attainment between pupils with different characteristics including family socio-economic circumstances, educational needs and disabilities, and ethnicity (Duckworth, 2008). The underlying argument, largely accepted across political parties, is that inequalities in health and education are both morally wrong in a society which believes in the human rights of its citizens and also damaging economically – inefficient – as society as a whole benefits from maximising the health and education of its members.

By contrast no such discourse and, prior to this research programme, almost no research had focused on identifying or understanding inequalities in child welfare. The question of which children from which families and in which places are in need: 'unlikely to achieve or maintain ... a reasonable standard of health or development without the provision ... of services' (Children Act 1989 Section 17, 10), was unexplored.

Two particular issues were apparent. First, discrepancies in the proportions of children who were being looked after, subjects of child protection plans or 'in need' between local authorities or between children from different backgrounds had been discussed but in terms of variations rather

than inequalities. This narrative disconnected variable treatment from social structures. Second, the primary focus of attention in understanding these variations was on differences in service providers' behaviours rather than on underlying social factors which lead to families coming to services' attention. Local authority leadership, processes, practice models or quality were the focus of explanations of differences in intervention rates, while the impact of social structures on the populations served or on service provision were largely ignored. Even when two leading studies of local authority 'variations' in the early years of the 21st century identified family socio-economic circumstances as explaining by far the largest part of such variations (45% in Oliver et al., 2001; 40% in Dickens et al., 2007) attention homed in on factors in the approach and organisation of local authorities' services rather than the circumstances faced by families.

The absence of an inequalities narrative in relation to children's services both reflected and was exacerbated by an almost total absence of systematic knowledge about the parents of children in contact with children's social care services in the UK. Although one, often cited, study by Bebbington and Miles (1989) had clearly identified the relationship between families' socio-economic circumstances and children's chances of being in care in 13 English local authorities, no subsequent research replicated or extended this evidence in the following twenty five years. This gap was compounded by the fact that annual returns on children's services in the four UK countries include no demographic or socio-economic data about parents or households on which to base understanding of patterns of service demand or service planning. There has been no epidemiology of children's social care in the UK. Researchers had noted and regretted this absence but not filled the gap. Administrative data collection has almost exclusively focused on children and on service processes and outcomes. Even now, English data on factors identified in assessments of children in need includes no socio-economic information (such as poverty, debt, unemployment, and housing) nor details about the demographic characteristics of parents (age, marital status, history). The 'low income' category within the primary need list has fallen into disuse as the definition is too narrowly drawn to be valuable and was almost never identified as a single most important need.

As well as the failure to conceive of children's services generally as a site of social inequality and the lack of data to identify and understand inequalities, there was also, in the 2010-15 period in particular, a countervailing set of publicly expressed arguments that neither the socio-economic circumstances of families nor the funding of local authorities were influential factors in children's need for social care or the quality of services provided. In essence, those making this case argued that social workers and children's services policy and practice had been too concerned with the material circumstances of families and the funding level of local authorities. Far from espousing an inequalities approach, the dominant discourse at the time tended to deny or downplay the relevance of social conditions. It was suggested that, as a result, too many children were being left inappropriately with their birth parents while too many local authorities were failing to provide good services.

'... (T)here is no evidence which shows that poverty causes child maltreatment', NSPCC (Jutte et al., 2014, p.13).

'Social work educators are 'seek(ing) to persuade students that poor parenting or neglect are necessary consequences of disadvantage. There may be a partial correlation between disadvantage and poor parenting but there is not a causal link' (Narey, 2014, p. 11).

'These weaknesses (in the quality of local authority services) can be overcome through grit and determination and with good leaders, who make the work easier to do well. Our inspectors have

seen this across the country and we now know that: Inadequacy is not a function of size, deprivation or funding, but of the quality of leadership and management', (Ofsted, 2016, p. 5).

'Our own analysis found no relationship between local authorities' reported spending on each child in need and the quality of service as measured by Ofsted judgements' (National Audit Office, 2016, p. 26).

'(O)ur society has put the interests of adults before the needs of children.... Too many children are left for far too long in homes where they are exposed to appalling neglect and criminal mistreatment' (Gove, 2012).

However, at the same time, other commentators were becoming increasingly concerned by two trends: the rise in the proportions of children subject to coercive state interventions such as child protection plans and state care, including adoption without consent, and cuts in services to prevent family difficulties from escalating, particularly the extreme cuts in funding for Sure Start Centres and youth services. Featherstone et al. (2012, 2013) argued that neo-liberal economic and social policies were exacerbating social inequalities while stigmatising the families suffering as a result. '(O)ther ways are to be found rooted in socio- economic analyses of who gets 'intervened' with and who loses their children in unequal societies and in stories from within paradigms that emphasise families' capabilities rather than their deficits' (2013, p. 14). Analysis demonstrated that there was a strong correlation between low life expectancy at birth and high rates of children being looked after. Both were correlated with local authority deprivation scores. Blackpool, with the highest deprivation score, had the lowest life expectancy and the highest looked after children rate of any local authority in England (Bywaters, 2015).

A UK Comparison

While much of this argument focused on England, underlying trends in child welfare policy transcended the borders of the four UK countries, each of which has devolved responsibility. A comparison between countries (as well as between local responsible authorities within countries) offered the possibility of a kind of natural experiment, with points of commonality and difference expected to shed light on the project objectives.

A review of trends in child protection in the four countries, undertaken as part of CWIP (Bunting et al., 2018), pointed up a number of major problems in the available data. These included some key problems of comparability across the national boundaries, as well as the absence in all four countries of data on parents, already noted. However, it also argued that, despite the devolution of social care policy to the national governments, there had been a policy convergence across the UK in the previous fifteen years or so. In all four countries there was an increasing emphasis on the identification and investigation of risk to children, leading to greater state surveillance of family life. This was occurring both before and after the deepening impact of austerity policies post-2010. The review also identified some key differences between countries that were hard to interpret in the absence of further research, such as proportionately fewer child protection assessments in Northern Ireland and the persistently low child protection register rates in Scotland.

A parallel study of trends in children in care (McGhee et al., 2018) also identified some common policy themes, although practice was found to be more divergent between the four countries despite a similar rhetoric emphasising early intervention, permanence and kinship care. As with child protection, a number of problems in data comparability had to be considered to compare like

with like. The markedly different proportions of ‘looked after children’ placed at home or with family or friends significantly affected headline rates. Adoption and, in England and Wales, Special Guardianship Orders, diverted many children out of the looked after children statistics, even though they were placed away from birth parents through state intervention. Given the early age of such placements on average (Wade et al., 2014), including these two groups of children would cumulatively double the English children looked after rates according to Bilson and Munro (2019). The overarching conclusion was that ‘national variation appears, in the case of the UK countries, less a reflection of differential levels of need for public care and more a reflection of differing legal and operational practice’ (McGhee et al., 2018: 1191).

A Pilot Study

The Nuffield Foundation funded a substantial pilot study in the English West Midlands in 2013-14 (Bywaters et al., 2016b; 2016c). This analysed data on a little over 10% of all children in England, including almost 5000 children on child protection plans and over 8000 children looked after on 31st March 2012 in 14 local authorities. This pilot, in a large but unrepresentative sample of local authorities, found consistent evidence of a strong social gradient: each step increase in the social disadvantage faced by families was accompanied by an increased chance that children would be looked after or on a child protection plan, in every local authority and overall.

These inequalities in children’s chances were large. Children living in the 10% most deprived small neighbourhoods were around eleven times more likely to be the subject of one of these high cost state interventions than a child living in the least deprived 10%. Further evidence showed that other aspects of children’s identity, their age, gender and ethnicity, also influenced their chances of such an intervention. In addition, the deprivation level of the local authority as a whole, measured by the Index of Multiple Deprivation score, had an independent relationship to children’s chances. When comparing families in similar socio-economic circumstances, the least deprived local authorities intervened more frequently in family life than the most deprived authorities. We called this apparently paradoxical finding the ‘inverse intervention law’ (Bywaters et al., 2015), aping the ‘inverse care law’ in health (Tudor Hart, 1971). The pilot study reinforced the argument that inequalities were large and reflected structural patterns rather than local variations.

Literature Review: the relationship between poverty and child abuse and neglect

Not long after the main project started, a sub-group of the project team was commissioned by the Joseph Rowntree Foundation and the Nuffield Foundation to conduct a literature review of evidence about the relationship between poverty and child abuse and neglect. This enabled the team to conduct a brief intensive review of international evidence about key factors influencing children’s chances of being subject to abuse or neglect and, hence, of being subject to a child protection intervention, and the outcomes for them in later childhood and adult life. For full details see Bywaters et al., 2016a.

Despite identifying limitations in the data and research available, the review concluded that the evidence supported the view that poverty is a ‘contributory causal factor’ in child abuse and neglect (ibid, p.4). In other words, as with almost all social relations, causal relationships are multifaceted. Poverty does not act as a single cause of abuse or neglect. Many parents in poverty do not abuse or neglect their children. But poverty makes the task of good enough parenting much harder while greater economic resources provide the opportunity for many and varied solutions to parenting difficulties – from nannies to treats, from private education to security in meeting basic needs for

food, shelter and warmth. Poverty can have direct effects on children, such as an inability to provide the basics or buy alternative forms of care, but also indirectly affects parenting through anxiety, shame and stigma (Featherstone et al., 2019).

CHAPTER TWO



Conceptual Framework

Definition

Underpinning international human rights is the belief that everyone is born equal. No child is more valuable than another. So it is unfair that some children are more likely to be abused or neglected or separated from their parents in care because of circumstances beyond their control built into the structures of society (Davidson et al., 2017). This is what we mean by inequalities in child welfare.

As Fair Society Healthy Lives put it, writing about health, ‘These serious ... inequalities do not arise from genetic makeup, ‘bad’, unhealthy behaviour, or difficulties in access to ... care, important as those factors may be. Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society (Marmot, 2010, 16). It is the same for child welfare.

A decision to place a child on a protection plan or to take them into care will be necessary in some cases. Inequality does not arise because of a decision to act. Child welfare inequality arises if:

- the conditions which make the decision necessary reflect unequal social, economic and environmental structures, or
- services discriminate inappropriately between children in similar circumstances because of some aspect of their identity such as their social class, age, gender, ethnicity, sexual orientation, health or disability.

More formally, we defined inequalities¹ in child welfare as occurring ‘when children and/or their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural social dis/advantage and are unjust and avoidable’ (Bywaters et al., 2015, p.100).

This definition emphasises a number of key points.

- Inequalities are not random differences between children or between places – not a post-code lottery – but occur where there is a systematic relationship to social structures. For example, we found evidence that ‘variations’ in practice between local authorities had a pattern that was systematically linked to their average level of deprivation. The local authority with the highest deprivation (Blackpool) has over six times more children in care per head than low deprivation Wokingham and almost eight times more than Richmond Upon Thames. This contrasts with a perspective which emphasises local differences in practice while downplaying the role of social structures (Oliver et al., 2001; Dickens et al., 2007; National Audit Office, 2016; Ofsted, 2016; All Party Parliamentary Group on Children, 2017; 2018).

- To be inequalities, differences in children’s chances have to be unjust and avoidable. If inequalities are unavoidable they cannot be unjust. A new born baby is not allowed to drive a car, while a seventeen year old is. But this is not unjust as a new born is both physically and cognitively incapable of driving. However, if one seventeen year old is significantly more likely to be looked after in care than another because of their or their family’s socio-economic status or their ethnic identify, that is – in principle – avoidable and unjust, unless all the consequences of being in care are no different to remaining out of care.
- It is not only children’s welfare chances that may be unjust. Human Rights legislation requires the state to protect parents’ rights and autonomy as well. Article 7 of the UN Convention on Rights of the Child says that ‘The child ... shall have the right from birth ... to know and be cared for by his or her parents.’ Article 7 places an obligation on the state to ‘ensure the implementation of these rights’. Article 18 reinforces this: ‘States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities....’
- The case for addressing inequalities is not primarily because of a concern about the efficiency or quality of public services, important though these are. It is primarily a matter of morality, of fairness. It is sometimes argued that if a child needs the protection of the state by coercive measures, perhaps including removal from parental care, it cannot be unjust to provide that protection simply because the level of need is greater in one population than another. However, the injustice comes from the social structures that create the inequalities that result in differential levels of significant harm or need affecting children.
- The shift to an inequalities perspective requires us to recognise that it is not sufficient to make practice consistent for children with similar needs, without considering how those needs arose. Consistently applied practice which results in children in one group or one place having systematically different chances of either supportive or coercive interventions compared with children in another cannot be considered equal or just. This would be the equivalent of treating all ethnic groups as the same by offering a unidimensional service, regardless of identity, language, culture or circumstances.
- It is also unfair to local authority services providers if funding is allocated and their performance judged without the unequal economic, social and environmental conditions of the families they serve being fully taken into account.
- An inequalities perspective is different from an anti-poverty perspective. An inequalities perspective may be most concerned about children in poverty, if their needs are greatest, but also has to be concerned about inequalities in chances, experiences and outcomes at every level of advantage or disadvantage. Anti-poverty policies are likely to focus attention only on the poorest and can unintentionally reinforce a sense of poor families as different or other. Equality policies aim to correct structural differences across the whole population – aiming at flattening the social gradient rather than just correcting for poverty.
- An inequalities perspective also requires an intersectionality approach. It is crucial to understand how family socio-economic circumstances interact with multiple dimensions of identify, such as age, gender, ethnicity and disability.

- This perspective prompts and requires policy makers, managers and practitioners to pay attention to factors affecting populations of children and parents as well as individual children. Inequality cannot be perceived solely on a case by case basis.

Measuring Child Welfare Inequalities: intervention rates

Health inequalities at the population level are commonly measured in terms of the levels of illness or premature death: morbidity or mortality. It is recognised that unequal rates of morbidity or mortality are primarily determined by the underlying social conditions in which people are ‘born, grow, live, work, and age’ (Marmot, 2010: 3) but are also affected by differential access to health care services.

For child welfare there are no simple equivalent measures to morbidity and mortality for which data are routinely, consistently and systematically collected. For example, child protection plans are started not only where there is evidence that abuse or neglect has occurred but also where a risk of abuse and neglect is identified. So protection plans are not a direct measure of confirmed abuse or neglect. Considerable efforts have been made to develop measures of child well-being for international comparison using population surveys testing a range of indicators. But while, at first sight, these may appear to provide the potential for an equivalent measure for child welfare to morbidity or mortality for health, in practice they cannot be used (Bywaters, 2015). There are two main problems. First, well-being measures have not been used with the specific population of children in contact with children’s services, at least in the UK. We do not have systematic evidence about the well-being of children who have grown up in care or been on protection plans using these measures, for example. Second, population surveys of child well-being usually either do not identify children in contact with children’s services or actively exclude children receiving some social care services, for example, by focusing only on children living at home with their parents. Some surveys identify them but capture too few for useful comparison.

In the absence of a measure of children’s development independent of children’s involvement with social care services, we have used the proportion of children in different service categories as a proxy measure. We have focused primarily on two forms of social care intervention in family life: children placed on child protection plans or registers and looked after children. These are measures of high cost, relatively coercive and late, rather than early, forms of children’s services’ interventions. Previous authors (including Thoburn, 2007; Munro et al., 2011) had identified difficulties in the international comparability of data about child welfare services. They concluded that there was greater (though far from perfect) consistency where there was substantiated risk of child abuse or neglect or where children were in out-of-home care through state involvement, than, for example, in what counted as a referral or a child in need. We decided, therefore, to focus on these two most reliable measures for international comparison. Others, subsequently, such as Hood et al. (2020) have examined how children progress through the UK child welfare systems, from referral onwards.

In the UK, ‘substantiation’ can be seen as happening when children are placed on a child protection register (Northern Ireland, Scotland and Wales) or the broad equivalent, a child protection plan, in England. All are subsequently described as children on child protection plans.

As a shorthand, ‘looked after children’ are those known internationally as being in out-of-home care through state involvement although, as discussed below, a substantial proportion of looked after children in the UK remain at home with their parents, particularly in Scotland.

The most widespread UK measure of the rate at which children are looked after or on a child protection plan is the number per 10,000 children in the population. Our measures of intervention rates use this approach. 'Children' here refers to the age group 0-17, the subjects of relevant social care legislation.

We have chosen the term 'intervention rates' rather than 'service rates' because many state services are not requested - or wanted - by the families on the receiving end. Ninety percent of referrals are from other professionals and agencies, with very few families self-referring. Also many 'services' are primarily investigations or assessments, or plans requiring that parents change their behaviours. They are often not help requested by or offered to parents although some local authorities are making use of more family supportive or family-led approaches. This is not a judgement about whether such interventions are of value to children and their families, it is simply a recognition of the nature of engagements between state providers and families as currently configured in the UK.

Demand and Supply Model

As with morbidity and mortality rates, child welfare intervention rates are a product of what we have described as 'demand' and 'supply' factors (Bywaters et al., 2015). *Demand* factors are those conditions and circumstances which affect children's lives and development: the social determinants of child well-being. The key elements of demand identified in the wider literature are the circumstances (particularly the socio-economic circumstances) or demographic characteristics of the children's **families**, the circumstances or characteristics of the racial or ethnic groups or other identity **communities** of which they are members and/or the circumstances or characteristics of the **neighbourhoods** in which they live (Bywaters et al., 2015; Bywaters, 2019).

In previous discussions of variations in intervention rates internationally, these determinants of demand have often been identified as 'risk' factors and contrasted with 'bias' factors affecting the provision of services (Bradt et al., 2014). However, for the research team, the concept of bias was too narrow an interpretation of the range of factors influencing the *supply* of services: their availability, accessibility, appropriateness and quality. The supply of services is the product of a variety of factors including the underlying legislation, administrative structures, funding, processes and cultures of service provision. For example, each UK country has its own legislation. Structures are different in Northern Ireland where services are provided through combined Health and Social Care Trusts rather than by local councils as in the other three countries. Funding levels vary between countries and between local authorities. And local practice is influenced by the priorities set by elected representatives and managers, as well as by organisational cultures and values, and by inspection regimes. As Hood et al. (2016) have shown the rate of intervention at one point in the children's services system is also influenced by decisions at other stages. Lower thresholds at an early stage of decision making about rationing services may lead to higher thresholds subsequently and vice versa.

It is the combination of factors affecting demand and supply which result in particular intervention rates in any given geographical area and for any given group or sub-group of children in those areas. Inequalities are systematic differences in rates between children, areas, groups or sub-groups. We sometimes describe this in terms of inequalities in children's *chances* or likelihood of an intervention (demand factors), their *experiences* (of the supply) of service provision and *outcomes* (the consequences for their lives). Of course these implications for children affect their parents and

siblings and extended family members too. As recent evidence has shown, they can affect not only life chances but life expectancy (Murray et al., 2020).

CHAPTER THREE



Methods

Overview

The core project had two main elements:

- a quantitative descriptive study of data about individual children who were the subject of child protection plans or registers or who were being looked after in the four UK countries³ and
- mixed methods case studies of practice in England and Scotland, subsequently expanded to include Northern Ireland.

The quantitative element was the primary source for establishing the scale of inequalities and identifying key factors affecting intervention rates. The case studies allowed us to investigate how local practice might help explain inequalities in rates between geographical and administrative areas and between countries.

Quantitative Data

A detailed description of the methods adopted for the quantitative study has been published elsewhere (Bywaters et al., 2017a). To compare children's chances of being the subject of children's services, the project aimed to link and analyse three kinds of data. Information about:

- Individual children in contact with high end children's services
- The family circumstances of those children
- The wider population of children from which those in contact with these services are drawn.

These three kinds of data were required to enable the project to calculate and compare the proportion of children with different characteristics, from families in varying socio-economic circumstances and with different demographic characteristics, who were in contact with various kinds of children's social care services in different local authorities and UK countries. A range of complex issues had to be overcome to enable the data to be comparable across the four UK countries and 55 local authorities (or Health and Social Care Trusts in Northern Ireland) we examined.

Data on Individual Children

Individual data was obtained about all children on child protection plans or registers or who were looked after on a single day in 2015: March 31st in England, Wales and Northern Ireland and July 31st in Scotland. These are the dates set by the respective national governments for the annual 'census' of data on children's social care services. Focusing on a single date means we were not able to follow children over time, an approach subsequently taken by Hood et al. (2020).

Because of the very different sizes of the four countries' child populations, differing approaches were adopted to create samples of sufficient scale for useful comparisons. In our findings the data is presented country by country, not amalgamated into a single unit, so the imbalance in the proportions between countries is not a factor.

In England, data were obtained from a representative sample of 18 out of 152 local authorities, drawn from all 10 regions and of differing sizes, political complexions and administrative types. This sample covered over 12% of all children in England. Together, after data cleaning checks, these local authorities gave us information on 6310 children on child protection plans and 8090 children looked after.

In Scotland, data were obtained from 10 out of 32 local authorities, covering more than 50% of the total population. This gave us information on 1410 children on the child protection register and 8418 children looked after, including those in care but living at home, under state supervision.

In Wales, data on all looked after children were obtained from the central government, while data on child protection was obtained directly from all 22 local authorities. This gave us information on 2847 children on the child protection register and 4965 children looked after.

In Northern Ireland, data on all children on the child protection register or who were looked after were obtained via the Honest Broker Service (HBS), a service which provides access to anonymised ethically approved health and social care data routinely collected by the Department of Health and associated Health and Social Care organisations. The HBS provided access to data on the SOS CARE database, which each Health and Social Care Trust uses to record information about referrals and open cases involving social services. This gave us information on 1845 children on the child protection register and 2878 children looked after.

These data were obtained and analysed separately by teams in each country, using a common format, before the comparative analysis was carried out by the team based in England.

For each child who was either subject to a child protection or a looked after child intervention on the given date, we secured information about their age, gender and ethnicity. Information about disability is unfortunately not reliable or comparable between local authorities, or countries (Bywaters et al., 2016b).

Data on Family Circumstances

No socio-economic or demographic data about parents of children on protection plans or who are looked after are systematically collected and reported in any of the four UK countries. In order to analyse the impact of family socio-economic status (SES) on children's chances of a welfare intervention we used a proxy measure: the Index of Deprivation rank for the small neighbourhood in which they lived. This is a widely used methodology but relies on the assumption that the SES of these parents reflects the average for the neighbourhood in which they live. This assumption – known as the ecological fallacy – has not been tested for children's social care. This also means that we had no wider details about parental SES, such as whether wealth or poverty was long established or a new occurrence, about employment or educational background, only a crude proxy for their relative position compared to other parents in the UK.

The small geographical neighbourhoods we focused on were Lower Super Output Areas (LSOAs) in England and Wales or their equivalents in the other countries. LSOAs are small neighbourhoods of approximately 1600 people on average. The equivalent small administrative neighbourhoods in the other countries were of average sizes ranging from 750 people in Datazones in Scotland to 2000 in Super Output Areas in Northern Ireland. Each neighbourhood has an associated Index of Deprivation score but the four countries have overlapping but different approaches to producing their Indices of Deprivation. Where we report single country findings we have used the national Index of Deprivation for that country. However, for the cross country comparisons, we calculated a UK wide ranking of all neighbourhoods by deprivation following a published methodology (Payne and Abel, 2012). This UK wide ranking is based on income and employment domain scores only.

Although our analysis uses data based on geographical neighbourhoods, we know nothing about the quality of these areas as communities. For example, we had no information about the levels of communal resources available (shops, parks, libraries, religious buildings etc.) nor about the quality of the physical or social environment. The neighbourhood data could only be drawn on as a proxy for relative family SES.

Data on Child Population

In order to calculate intervention rates for each neighbourhood and groups of neighbourhoods ranked by deprivation, we needed data on the total child population. This was taken from published 2015 mid-year population estimates for each year of age, updating the 2011 census data. No such updating is available by ethnicity and so intervention rates for ethnic sub-groups were based on 2011 census data, the most recent available. This is far from ideal as child populations have not been changing uniformly in different ethnic populations.

Comparability of Data

We have commented elsewhere (for example, Bywaters et al., 2017, 2018) on problems arising over the comparability of the data collected for analysis here in addition to the limitations already noted. For example, each country has a different legislative code. There is no equivalent in Scotland or Northern Ireland to the Special Guardianship Orders available to courts in England and Wales as a route out of children looked after status. This can generate usually subtle but sometimes significant differences in what is counted as a looked after child or what defines the threshold for a child to be placed on a child protection plan or register. For example, only a handful of children aged 16 or 17 in Scotland are ever placed on the child protection register. The process for placing a child on a protection plan or register is subtly different, and this must be borne in mind in considering our findings. But across the UK, we decided that using child protection plans in England and Wales and registers in Scotland and Northern Ireland, provides the best available comparison.

One major observed difference is in the proportion of children looked after who are placed at home or with friends or relatives – who continue to be cared for by someone already known to them rather than by strangers. Again, custom and practice vary between countries over how kinship care is defined and recorded, on a continuum from essentially informal arrangements made without any state involvement to relatives or friends being vetted and paid as foster carers. This has a significant effect on children looked after rates and so for comparisons between the four countries we have chosen to report on looked after children placed in residential or foster care with strangers. This is not presented as a perfect basis for comparison but, after consultation with the field, the best available. Sometimes, when presenting single country findings rather than comparative results we

make it clear that we have used national rather than UK deprivation scores and included all looked after children.

Analysis

These data enabled us to calculate the proportion of children with a substantiated child protection concern or who were looked after children per 10,000 children in the population in a large sample of small neighbourhoods in the UK. These neighbourhoods could then be grouped into deciles (or sometimes quintiles), from those in the ten per cent most deprived neighbourhoods in the UK to those in the ten per cent least deprived. This approach was adapted from similar methods used in the analysis of health inequalities. Descriptive statistics and correlations could then be tested for significant differences affecting children in different circumstances and in different places.

As part of a final extension project, the English data set was re-analysed, using more sophisticated statistical techniques to enable us to assess the relative weight of factors contributing to inequalities. The analysis used multi-level negative binomial regression models that allowed for the relationship between deprivation and child welfare interventions to be disentangled from the relationships between geography, ethnicity, population education levels and child welfare interventions (Webb et al., 2020; forthcoming). As part of this analysis, we also used experimental income inequality statistics to explore the relationship between area income inequality and child welfare interventions that had been identified in US studies (Eckenrode, et al. 2014).

Methods and Methodological Issues 2: Case Studies

A series of mixed methods case studies of front line children's social care practice were carried out in England [n=4], Scotland [n=2] and subsequently in Northern Ireland [n=2]. Fuller details describing the methods adopted for this study are presented in the Journal of Mixed Methods Research (Mason et al., 2019).

Each of the case studies were embedded within host Local Authorities (LA) in England or Scotland or Health and Social Care Trusts (HSCTs) in Northern Ireland. Fieldwork was standardised, as far as possible, and aimed to address two overarching questions:

- What is the interplay between decisions to intervene in children's lives and their social, economic and material circumstances?
- What are the relative strengths of the variables that influence unequal child welfare intervention rates?

While the primary focus was on the high end cases that were the subject of the quantitative analysis, the case studies involved social workers engaged in the full range of children's social care and inevitably touched on the interplay of late intervention with systems for managing early help, triage systems and children in need.

Site selection

Case studies were designed in order to concentrate on one carefully selected geographical location, embedded within the host areas.

First, host LAs/HSCTs were selected if:

- They had featured in the quantitative work stream (detailed above)
- They contrasted in terms of their average levels of deprivation, offering a basis for theoretical replication.

Deprivation scores were calculated for all of the LA/HSCTs in England and Scotland using a UK wide IMD measure. Population weighted averages were used to rank LAs and HSCTs according to deprivation. LAs/HSCTs positioned within the top third of the overall UK IMD ranking were deemed 'high deprivation' whereas LAs/HSCTs positioned within the bottom third of the overall ranking were deemed 'low deprivation'. Three 'high deprivation' LAs/HSCTs were selected [England n=1, Scotland n=1, NI n=1] the remaining five LAs/HSCTs selected in England [n=2] Scotland [n=2] and NI [n=2] were deemed 'low deprivation'.

Second, case study sites within LAs/HSCTs formed the basis of comparative analysis across the data set. Case study sites were carefully selected according to their geographical size, population size and level of deprivation. Within each of the eight LAs/HSCTs a case study site, ranked amongst the 20% most deprived areas nationally, with an overall population of approximately 22,000 residents was selected. This ensured confidence in comparability of the data generated by fieldwork focused on the primary sites.

Some additional fieldwork, in the form of follow up interviews, observations and focus groups also took place with the child and family social work teams covering the most and least deprived wards within each LA/HSCT. This follow up work took place in order to capture social work narratives across the social gradient. Eight host LAs/HSCTs in England [n=4], Scotland [n=2] and NI [n=2] resulted in a data set encompassing 8 'primary sites' and 14 high and low deprivation wards.

Fieldwork

Substantive fieldwork took place within Duty and Assessment Teams in periods of up to five days for each of the case study sites. Fieldwork within each primary site included a minimum of:

- Walking tours of all the case study site, collecting photographs and fieldnotes
- Desk based research to obtain site demographics
- Document analysis of grey literature related to the LA/HSCTs Children's Social Care teams and practices
- Participant observation of social work practice (duty systems/care management systems/team meetings/allocation meetings/strategy meetings/initial child protection conferences/legal planning meetings)
- Informal interviews and group discussions (senior managers/group managers/Independent Reviewing Officers/social workers [duty & longer term]/family support leads)
- Researcher led mapping of decision-making structures
- Focus groups, using a standardised hypothetical social work referral.

Focus groups each included a purposive sample of between four and six Duty and Assessment social workers. This range was subject to the availability of social workers throughout fieldwork. Focus groups were based on a single standardized vignette designed to prompt discussion around decision making practices, the influence (or non-influence) of poverty and rationales for interventions. The vignette had two parts, and was developed using available data to present a typical case example, including: the most likely child age, gender, ethnicity, family circumstances,

household type and abuse type. Part one presented a description of a family experiencing economic hardship, with initial concerns about how well they were coping with a small child. Part two, depicted an escalation of risk, where potential harm to the child became apparent.

Analysis

All data were subject to framework analysis. 'Framework' is an analytical approach developed originally for applied social policy research (Ritchie and Spencer, 1994). Its defining feature is a table or 'matrix' of organised data. Within the matrix output, each column represents separate codes and each row represents separate cases. Individual cells within the matrix output also contain summarised data. This allows for large quantities of data to be traversed easily and systematically compared by case and by code (Mason et al., 2018).

CHAPTER FOUR



Findings

Demography and Socio-economic Status in the Four UK Countries

As Table 1 shows, children in the UK are a little more likely to live in the most deprived 20% of neighbourhoods. In other words, children are disproportionately likely to be living in households in relative poverty. If children were distributed evenly by socio-economic status each of the cells in the table would contain 10% of children. But, overall, 15% of children in the UK live in the most deprived 10% of neighbourhoods, 27% in the most deprived 20% of neighbourhoods. By contrast, only 14% of children live in the least deprived 20% of neighbourhoods (Bywaters et al., 2018a).

There are also significant differences between the UK countries. In England and Scotland, apart from an excess in decile 10, children are fairly evenly spread across the other deciles, with 29% of children in the 30% least deprived neighbourhoods. But in Wales only 13% of children live in the 30% least deprived neighbourhoods, and in Northern Ireland less than 5%. However, 39% of children in Wales and 51% of children in Northern Ireland were living in the most deprived 30% of neighbourhoods in the UK. Put simply, while patterns of deprivation were similar in England and Scotland, Wales showed higher levels of deprivation while Northern Ireland was the most deprived UK country. This context is crucial in comparing patterns of children's services intervention between the countries.

Table 1: Distribution (%) of the child population by deprivation decile (1 = least deprived) in the four UK countries and overall.

	1	2	3	4	5	6	7	8	9	10	All
England	9	10	10	9	10	10	8	10	11	13	100
NI	0	1	4	8	8	11	16	15	15	21	100
Scotland	9	10	10	10	9	8	9	9	11	15	100
Wales	1	6	6	10	12	13	13	13	13	13	100
ALL	6	8	8	9	10	10	11	11	12	15	100

Demand Factors

Family Socio-economic Circumstances Matter: the social gradient in child welfare

In every country and in every local administrative area within each country, there was a steep social gradient in intervention rates: the proportion of children looked after or on protection plans (Charts 1 and 2). Each step improvement in families' socio-economic circumstances correlated with a lower proportion of children looked after or on protection plans (Bywaters et al., 2018a; b).

Inequalities are very large. Children in the most deprived 10% of small neighbourhoods in the UK were over 10 times more likely to be in care or on protection plans than in the least deprived 10%.

Chart 1: Children on Child Protection Plans or Registers in UK Countries by Deprivation Decile (1 = least deprived), rates per 10,000 children, 2015.

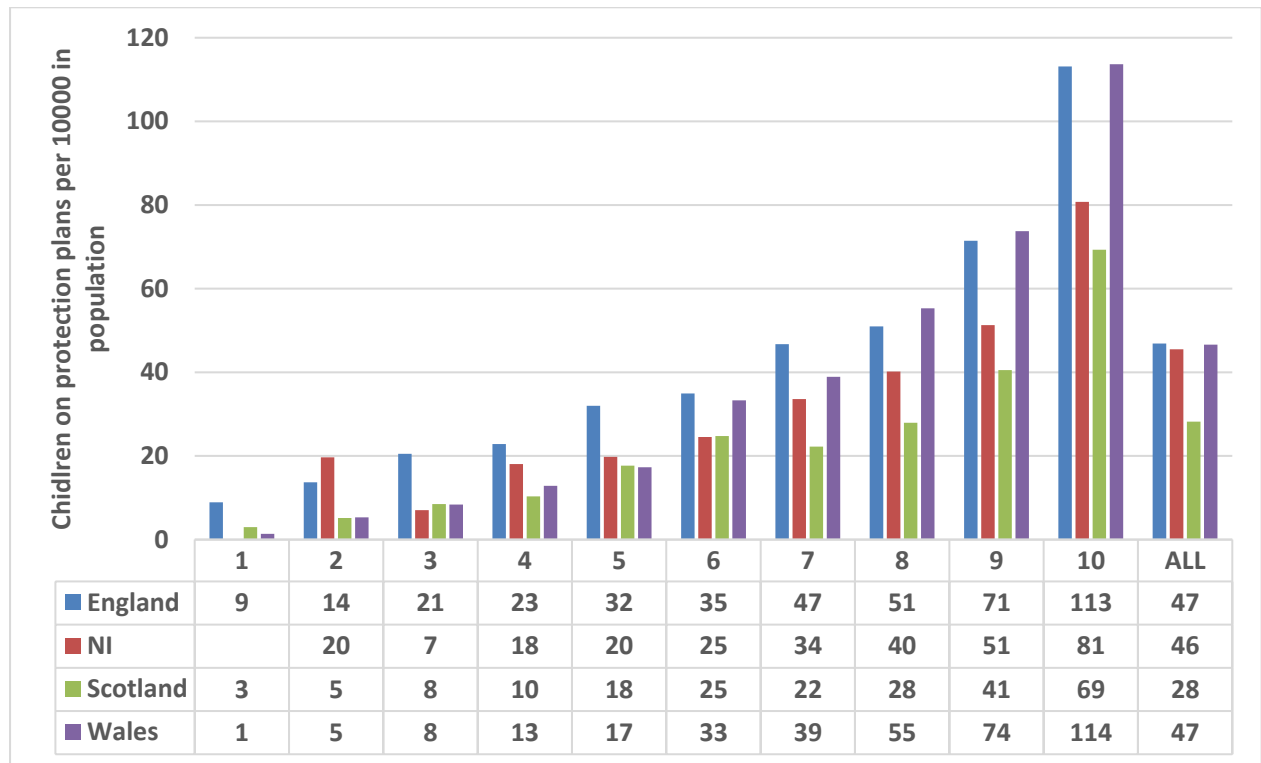
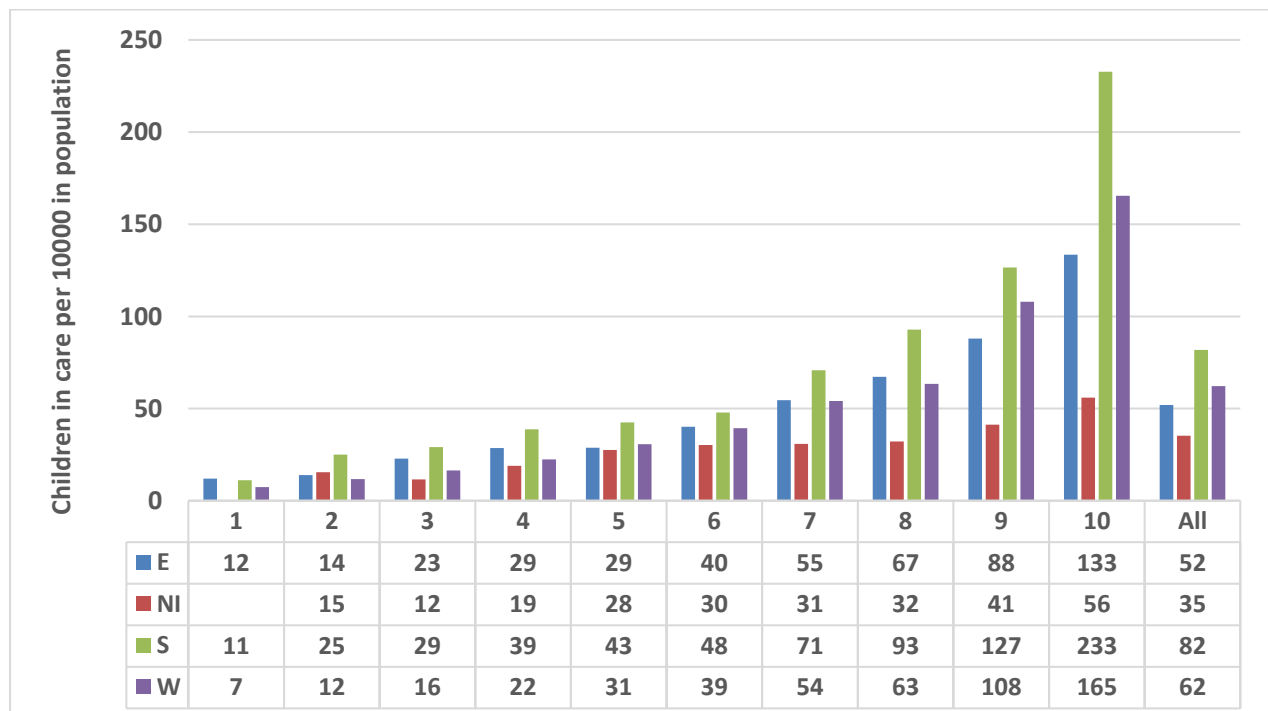


Chart 2: Children in Foster or Residential Care in UK Countries by Deprivation Decile (1 = least deprived), rates per 10,000 children, 2015.



This is evidence of a strong relationship between families' material circumstances and the likelihood of a children's services intervention. In one sense this is no surprise. Money and housing are known to be key stress points in people's lives and relationships. Having secure accommodation and adequate money significantly increases parents' options in addressing family problems. Of course, money is not the only issue. Parents have much else to contend with in bringing up their children, but several quasi or natural experimental studies from the USA found that income alone makes a significant and substantial difference to rates of abuse and neglect (Shook and Testa, 1997; Fein and Lee, 2003; Cancian et al., 2013; Yang, 2015; Berger et al., 2017).

Our understanding of the relationship of family material circumstances to children's chances in the UK is greatly reduced by the lack of systematic demographic or socio-economic data about parents in contact with services. This is a key data gap. The impact of housing quality and security is another neglected area in child welfare research.

The relationship with family circumstances would also be no surprise to the children's services practitioners and managers we interviewed and observed in the case studies (Morris et al., 2018). They described deprived neighbourhoods as the usual site of practice; streets and areas to which they returned repeatedly. However, as we discuss below, in most of the case studies, the social conditions of family life were seen as merely background, what we have described as the wallpaper of practice, rather than factors with which practice actively engaged. In England, around 55% of children on protection plans or who were looked after lived or came from the most deprived 20% of neighbourhoods. Of course, this means that 45% of children – nearly half – lived in the less deprived 80% of neighbourhoods. This is one reason why there is a need to know more about parents' circumstances and how they relate to children's well-being rather than relying on neighbourhood deprivation scores as a proxy measure.

The existence of a social gradient also points beyond a focus on poverty alone, beyond thinking in terms of a binary divide between families in poverty and those who are not. Each step improvement in socio-economic circumstances is accompanied by a proportionately similar drop in intervention rates, right across the spectrum of family circumstances. It is not just about poverty, although the material and psychological pressures on family life and relationships associated with poverty are insufficiently recognised. Even families in the second most advantaged decile of neighbourhoods in the UK are more likely to find their children on protection plans or looked after than families in the most advantaged decile. Understanding this requires examining questions such as how factors associated with high income and wealth influence the quality of parenting, the capacity to purchase alternative solutions to family and relationship difficulties, and/or the response of services and referral agents.

Age and Gender

As shown in Table 2, there is a clear relationship between a child's age and the type of intervention they might be receiving on a given day (Bywaters et al., 2018a). Broadly speaking, the proportion of children on protection plans decreases with age while the chances of being in foster or residential care increase. Roughly one child in 100 in the UK was either on a protection plan or in foster or residential care on a single day in 2015: rather more in England and Wales, rather fewer in Scotland and Northern Ireland. It should also be remembered that children who had been adopted or were on Special Guardianship Orders (in England and Wales) as a result of state intervention, are not included here. Bilson and Munro (2019) have calculated that the cumulative effect of adoption in

England may mean that twice as many children are living apart from their birth parents through state intervention than appear in children looked after returns.

Table 2: Children on protection plans (CPP) and children in foster or residential care (CLA), rates per 10,000 children by age group, 4 UK countries, 2015.

CPP Rates				
All	England	NI	Scotland	Wales
0 to 4	61	54	42	66
5 to 9	48	48	28	46
10 to 15	36	37	18	37
16 to 17	12	19	1	15
CLA Rates: children in foster or residential care				
	England	NI	Scotland	Wales
0-4	29	25	49	35
5 - 9	34	27	63	43
10 - 15	60	39	103	79
16-17	96	67	86	100
Combined CPP + CLA rates				
	England	NI	Scotland	Wales
0 to 4	90	79	91	101
5 to 9	82	76	91	90
10 to 15	96	77	121	117
16 to 17	108	86	86	115

These age patterns are relatively consistent across the four countries, although there are also some significant country differences which we will discuss in more detail later. For children on protection plans, rates were highest in the under 5 age group in all countries. For children looked after, rates increased with age in all countries, except Scotland, where the peak was in the 10 -15 age group. Exactly why the pattern looks different in Scotland is beyond our evidence but perhaps reflects differences in legislation and structures for handling young people, including the Children’s Hearing system.

This matters partly because demographic patterns vary quite substantially between places. For example, in England the proportion of all children in a local authority who were under 5 in 2015 varied from 23% to 38%, and the proportion aged 16 or 17 between 8% and 16%. These demographic variations were not just a post-code lottery. There was a significant correlation between population patterns and average Index of Deprivation scores. Less deprived local authorities tended to have a smaller proportion of under 5s ($r = 0.46$) and a larger proportion of over 15s ($r = 0.35$). These patterns have consequences for service demand and, therefore, costs.

Another age related pattern observed for England is an indication that the social gradient is steeper for younger children. Analysing the data here using deprivation scores for Middle Layer Super Output Areas (MSOAs: usually combining five LSOAs), a child aged 0-4 in the most deprived decile was over 6 times more likely to experience an intervention than in decile 1 but the scale of inequality reduces with age. It is greatest in the under 5s and lower in subsequent age groups (Table 3). This suggests that families' material circumstances may have an even greater effect on the quality of childhoods (or on state responses) amongst pre-school children than older children. It is possible that parents with greater material resources are more easily able to buy additional support with caring for young children than with adolescents and so may be relatively more likely to receive or even seek children's services' involvement when experiencing severe difficulties with teenagers.

Table 3: Ratio of combined CPP and CLA intervention rates in MSOA decile 10 to decile 1 by age group, England, 2015.

Age Group	All Interventions
0 to 4	6.1
5 to 9	5.2
10 to 14	4.1
15 to 17	3.7

Both these last points underline the evidence that what may previously have been taken to be random variations between local authorities or variations that relate only to the managerial behaviours or organizational culture and, therefore, not related to social structures, may at least partly reflect structural patterns. Such patterns can only be observed through large scale population based studies.

Gender differences between and within countries are small and – compared to the other factors – relatively stable. There is a greater difference in the small excess of males over females for children looked after (a ratio of around 55:45), than for children on protection plans (around 51:49). This pattern applied across age groups for children looked after but for children on protection plans there was a small excess of girls over boys in the 10 -17 age groups in England, Scotland and Wales (no data was available in this form for Northern Ireland).

Ethnicity

The third key demand factor contributing to inequalities in intervention rates between children is ethnicity (Bywaters et al., 2016b; 2017b; 2019). There are very large inequalities between ethnic groups which are complex, poorly understood and have been almost completely absent from discussions of policy and practice in the past decade, despite the attention given to unaccompanied asylum seekers, refugees and trafficking, and relevant earlier work (Thoburn et al., 2005).

Again, there are significant demographic, geographical and socio-economic differences in the population patterns as well as limitations in the data. (For a more detailed discussion see Bywaters et al., 2019.) A much larger proportion of children in England are from minority ethnic groups (around 20%), than in the other three UK countries (less than 10%). Because small numbers of children from minority ethnic groups with social care interventions are found in UK countries other

than England, and in areas of low deprivation across the UK, reliable comparisons are difficult with a data set of this size. Hence the findings presented here are from England only.

There are at least three major concerns about the quality of data currently available to analyse ethnic inequalities. First, annual mid-year child population estimates for small neighbourhoods are not available for ethnic sub-categories so population data have to be based on the 2011 Census. Population mobility and differential birth rates between ethnic groups mean that Census data rapidly become out-dated, especially for minority groups.

Second, there are concerns that using small neighbourhood deprivation scores as a proxy for family SES may be less valid for minority groups. Ethnic minority families may face greater barriers to mobility in the housing market and may choose to remain living in areas where support and solidarity is available, even when the environmental conditions are not good and they could afford to move (Shelter, 2004). This concern remains to be tested.

Third, relatively little is known about how ethnicity is determined in the production of the data. Although the ascription of ethnicity is almost complete in children's services records, how it is determined and with what consistency is unknown. In some cases this is a complex matter: for example, how might a Black person whose grandparents came from the Caribbean where they were of African slave heritage choose to describe themselves in any given situation? This can be even more complex where Mixed ethnicity is ascribed. For this reason, but also because the numbers of children in our sample of Mixed heritage are often too small to be reliable, we have excluded such children from the analysis of rates.

Children from most minority ethnic groups are much more likely than White British children to be living in deprived neighbourhoods, facing socio-economic disadvantage, as Table 4 illustrates. In our sample of 18 local authorities, only 37% of the White British, 44% of the Chinese and 45% of the Asian Indian children lived in the most deprived 40% of small neighbourhoods. But these neighbourhoods were the home for 70% of Pakistani children, around three quarters of all Black children and over 80% of children of Bangladeshi origin. Socio-economic disadvantage is a widespread experience for many but not all of the major ethnic minority groups. Ethnic inequalities in children's chances of a welfare intervention are rooted in these socio-economic factors.

Despite this, when you control for such disadvantage, almost all minority groups have lower rates of intervention than equivalent White British children and this is particularly the case for children of Asian heritage. Tables 5 and 6 illustrate this point. The overall protection plan and children looked after rates for White British children are higher than those for all Asian sub-categories but lower than for Black Caribbean and Black Other children. Black African rates children looked after rates are also higher but protection plan rates are lower.

However, when you take deprivation into account and compare Black and White children in similar socio-economic circumstances, a different picture emerges (Tables 5 and 6). In quintiles 4 and 5, the most deprived areas where three quarters of Black children are growing up, children on protection plans and children looked after rates are lower than those for White British children except for the high children looked after rate for children identified as of Caribbean heritage. Once again, some of these inequalities are large in scale.

Table 4: CWIP Sample: Population Aged 0-17 by Ethnic Category and Deprivation Quintile, Percentage of Total, Source: 2011 Census and IMD 2015.

Sample Population (%)	Deprivation Quintiles					
	1	2	3	4	5	ALL
White British	22	25	17	16	21	100
White Irish	20	21	22	21	15	100
White Romany/Irish Traveller	17	23	13	17	29	100
White Other	13	17	15	23	32	100
Mixed White and Black Caribbean	10	12	13	21	44	100
Mixed White and Black African	11	14	14	21	41	100
Mixed White and Asian	21	21	15	19	24	100
Mixed Other	14	17	15	22	32	100
Asian Indian	16	19	19	21	24	100
Asian Pakistani	8	11	11	24	46	100
Asian Bangladeshi	5	5	9	23	58	100
Chinese	20	23	13	17	27	100
Asian Other	10	18	22	25	25	100
Black African	4	7	11	22	55	100
Black Caribbean	3	6	14	25	52	100
Black Other	4	8	14	24	50	100
Other 'other'	6	10	16	32	36	100
All	19	22	16	18	25	100

For children of Asian heritage, taking deprivation into account increases the inequality with White British children. White British children in quintiles 4 and 5 were almost 8 times more likely to be on a protection plan than an Asian Indian child, 4 times more likely than a Bangladeshi child and twice as likely as a Pakistani child. The inequalities in children looked after rates were greater still. These sizeable gaps are poorly understood and under-researched. Easy assumptions about family strengths or weaknesses in different populations are hard to sustain when, for example, there are such large differences between Indian, Pakistani and Bangladeshi children and between African and Caribbean children. More research is urgently needed to explain and learn from these differences.

The argument that Black and minority ethnic (BAME) families could be expected to face institutional discrimination also requires testing, although the relatively low intervention rates in more deprived neighbourhoods where most BAME families live does not obviously support this. Of course, lower rates may reflect a failure to provide services to minority populations rather than lower levels of need. Evidence is needed to explain whether it is demand or supply factors that result in these unequal rates.

Table 5: CWIP Sample: Children on child protection plans by ethnic category, and deprivation quintiles, rates per 10,000 children. Source: CWIP Sample and 2011 Census.

	Deprivation quintiles					
	Lower: 1+2+3		Higher: 4+5		ALL	
	Rates	<i>N</i> =	Rates	<i>N</i> =	Rates	<i>N</i> =
White British	25	<i>1643</i>	92	<i>3473</i>	50	<i>5115</i>
Asian Indian	11	<i>28</i>	12	<i>27</i>	11	<i>56</i>
Asian Pakistani	7	<i>7</i>	43	<i>96</i>	33	<i>103</i>
Asian Bangladeshi	16	<i>4</i>	23	<i>27</i>	22	<i>32</i>
Asian Other	29	<i>44</i>	47	<i>70</i>	38	<i>114</i>
Black African	37	<i>32</i>	29	<i>85</i>	31	<i>117</i>
Black Caribbean	34	<i>12</i>	70	<i>82</i>	61	<i>94</i>
Black Other	82	<i>32</i>	67	<i>76</i>	71	<i>107</i>
All	23	<i>1831</i>	67	<i>4031</i>	42	<i>5862</i>

Table 6: CWIP Sample: Children looked after by ethnic category, and deprivation quintiles, rates per 10,000 children. Source: CWIP Sample and 2011 Census.

	Deprivation quintiles					
	Lower: 1+2+3		Higher: 4+5		All	
	Rates	<i>N</i> =	Rates	<i>N</i> =	Rates	<i>N</i> =
White British	32	<i>2119</i>	120	<i>4533</i>	64	<i>6653</i>
Asian Indian	2	<i>7</i>	11	<i>24</i>	6	<i>31</i>
Asian Pakistani	20	<i>19</i>	20	<i>45</i>	20	<i>64</i>
Asian Bangladeshi	28	<i>8</i>	48	<i>58</i>	45	<i>66</i>
Asian Other	33	<i>49</i>	51	<i>77</i>	42	<i>126</i>
Black African	67	<i>57</i>	76	<i>222</i>	74	<i>279</i>
Black Caribbean	81	<i>28</i>	144	<i>170</i>	129	<i>198</i>
Black Other	76	<i>30</i>	73	<i>82</i>	74	<i>112</i>
All	30	<i>2317</i>	89	<i>5351</i>	55	<i>7667</i>

However, in the lower deprivation quintiles, intervention rates for all Black sub-categories are higher than for White British children, while the gap between White and Asian children tends to be lower than it is in the more deprived neighbourhoods. Once again, it would be easy to reach for ready-made explanations of institutional or individual bias but the reality is complex and requires careful analysis. What is clear is that ethnicity, together with family socio-economic circumstances and age, are key dimensions of inequality in children's chances of being the subject of a child protection plan or being looked after. These issues are discussed further in the paper currently under review by the journal *Children and Youth Services Review*: Webb, C., Bywaters, P. Scourfield,

J., Davidson, G. and Bunting, L. Cuts both ways: ethnicity and the social gradient in child welfare interventions.

Supply Factors

It is clear from the discussion about ethnicity that it is not always easy to distinguish between demand and supply factors: whether unequal rates reflect differences in families or differences in services. In order to identify and understand supply side factors influencing inequalities in intervention rates, we collected data at three levels: about frontline practice, about local authorities and about nations.

Front Line Practice

Analysis of the case study data produced a number of key findings related to front line practice (Morris et al., 2018). Social workers across the case studies consistently acknowledged that areas of concentrated deprivation were the routine sites of social work practice. The 'primary sites' selected for case study research surprised none of our respondents and all recognised these sites as areas that produced high levels of social work demand. But our case studies in England and Scotland suggested that poverty had become normalised in social work practice to such an extent that it was no longer subject to critical reflection.

Hence poverty was often seen as a 'backdrop' of practice explaining why intervention rates were so unequal, but nevertheless not the focus of immediate practice concerns. When discussing the hypothetical referrals, social workers rarely identified family poverty as a factor unless directly prompted to do so. Statistical returns to the national governments do not require any recording of family SES and it is not triggered by many standardised assessment tools. Family circumstances were not required standard content in reports to case conferences and courts.

Analysis of interview and focus group transcripts revealed complex themes related to social workers' engagement with poverty in practice. Many of our respondents demonstrated a level of ambivalence with respect to poverty, once prompted. Though poverty was often recognised in the abstract as a real and significant challenge for families accessing child and family social work support, many were quick to point out that most families experiencing poverty do not come to the attention of child and family social work. Perhaps from the concern not to label poor families as 'bad' families, some workers seemed to express a moral confusion, arguing that they should not take poverty into account because that would not be to treat families impartially. Rather than emphasising poverty as a structural problem, once risk became an issue, poverty was not infrequently framed pejoratively in England and Scotland, through descriptions of communities that lacked aspiration and suffered from generational deficits. At the time of the case studies (2017-9), the language of the 'toxic trio' (a term used to signify the combined presence of substance misuse, domestic violence and mental ill-health within a household) was often used to frame low-income neighbourhoods and their residents in terms of toxicity and the 'problems' that families presented.

Despite evidencing some awareness of poverty as a routine backdrop to social work practice, our case studies revealed little evidence of specific attention to families' socio-economic circumstances within practice narratives. Analysis of social work case summaries (offered by social workers) and initial assessment details revealed very limited evidence of anti-poverty practices such as debt advice, benefits checks and income maximisation. Indeed, respondents across the English and Scottish sites were clear that whilst anti-poverty work should be considered important,

it does not constitute “core business” in the same way as assessing the direct and observable risks presenting to the child/children in question. Indeed, in some instances social workers described how labour intensive financial support was warned against by team managers because the demands of caseloads rendered such engagement impracticable. Other respondents explained how accessing even small financial resources, like fuel payments, or travel bursaries for families was associated with complex bureaucratic processes that could take weeks or even months to complete. The availability of critical material support (be it furniture, white goods, or money) was increasingly being accessed by social workers via the charitable sector, but the availability of charities was described as fast diminishing, as a result of austerity cuts. Finally, our case study analysis has reported a ‘moral muddle’ with respect to social workers engagement with poverty. Here, in their attempts to practice equitably (by attempting offering all families the same services, regardless of local area characteristics) some social workers found themselves consciously side-lining the relevance of local deprivation in place of an arguably limited and problematic focus on referral based risk assessment.

Our case studies also revealed new findings related to social work practice across the social gradient. Across all eight host LAs/HSCTs, respondents described affluent families as the most challenging people to work with. Affluent families were treated as somehow ‘exotic’ in social work narratives of practice; described as both unusual and unusually difficult. Social workers explained how more affluent families were able to access and draw on a wider range of social and cultural capital to challenge and resist social work engagement. The threat of complaints from affluent families was described as leading many to practice with particular detail and care in such cases. In contrast, families with fewer resources were describes as ‘easier’, raising important questions about the equality of service offered to families who are more or less equipped to challenge the system.

Despite being situated across different nations and LA contexts, our English and Scottish case studies demonstrated remarkable consistency with regard to poverty aware social work practice. The subsequent Northern Irish case studies offered an interesting contrast, and this will be discussed at a later stage in the report. Both English and Scottish social workers demonstrated a preoccupation with risk assessment that both obscured and at times undermined critical poverty aware practice. In some instances, across the case studies, this led to social work practice that not only failed to attend to families’ social and economic circumstances, it also potentially exacerbated the material and psychosocial harms of poverty. Though these findings have offered new and fundamentally important insights into poverty, social work and child welfare interventions, demonstrating a clear need for advanced training in poverty-aware practice, the variations in practice appear to be insufficient clear or patterned to explain differences in rates of child welfare intervention. As such, our case studies point to the relevance of more systemic differences in nations and LAs – such as resources and expenditure – to explain unequal rates of high end child welfare intervention.

Differences between local authorities

A great deal of government and institutional attention has been given in the past twenty years to attempts to explain or reduce variations between local authorities in patterns of intervention, and the quality and cost of services (Department for Education 2014a; 2014b; National Audit Office, 2016; Ofsted, 2016; All Party Parliamentary Group on Children 2018). As we argued earlier, the idea that the quality or cost of local authority services have much to do with the level of deprivation in the area or the level of funding available has been repeatedly downplayed. In other words, variations in local authority practices, including intervention rates, have been presented as a product of

individual local factors, such as leadership or organisational culture and not social structures or national policies.

By contrast, the hypotheses that this research was designed to test was that, just as individual children's chances of a child protection intervention are influenced substantially by family socio-economic circumstances, so local authority intervention rates reflect the relationship between the influence of social structures on demand and supply factors. Four key kinds of evidence about these alternative approaches emerge from the study.

A correlation between average deprivation and local authority intervention rates

First, the strong correlation between deprivation scores and intervention rates which led to the research was reinforced by this study of 55 local authorities and Trusts in four countries. In every country, overall protection plan and children looked after rates tend to be significantly higher in local authority areas with higher average levels of deprivation, reflecting more families facing difficult socio-economic circumstances.

Variations between local authorities with similar average deprivation

Second, we also found evidence of large differences between local authorities which appear similar in terms of affluence or disadvantage. Some of these variations are unexplained and may indeed be the result of local priorities and culture, such as whether there is an emphasis on keeping families together or on the early removal of children to be placed with permanent alternative carers. As Bilson and Munro (2019) have shown, local authorities which have relatively high rates of adoption, including adoption from birth also tend to have high proportions of children on protection plans or in care. But if the early adoption of children at risk had the expected effect of reducing the numbers of vulnerable children in the population, low rates would be expected. High levels of permanent alternative care arrangements do not appear to lead to low levels of looked after children, while relatively low levels of adoption do not correlate with high rates of children looked after. Rather it is likely that both patterns reflect attitudes towards birth families, either prioritising children's placements in alternative care or prioritising support for families to stay together.

Another pattern which we observed and which requires explaining, is seen in the relative focus of intervention on different age groups. Some local authorities in our sample intervened more frequently with teenagers, especially older teenagers, than with under-fives. For other local authorities this relationship was reversed. These patterns were surprisingly consistent across children in need (in England), children on protection plans and children looked after. The patterns again suggest underlying attitudes or priorities. It is possible that these age based differences reflect local conditions, such as the much talked about presence of 'gangs', which tilt priorities between age groups in certain local authorities. Our data did not allow us to confirm or disprove this suggestion. We only had two inner London boroughs in our sample, but both had high proportions of interventions with older children rather than younger, while two northern deprived local authorities showed the opposite pattern.

This can be exemplified by two English local authorities (Table 7). In local authority 1, in the north of England, children in need rates were substantially higher for under 10s than over 10s. Children on protection plans rates declined with age, more steeply than the usual pattern, but children looked after rates stayed fairly constant across age groups. By comparison in local authority 2, in Inner London, children in need rates in the 16 to 17 age group were almost double those in the under

5s, protection plans rates declined much less steeply but children looked after rates were 8 times higher in the older age group. The overall effect was that in local authority 1, one child in 20 under 5 had some form of intervention compared to one child in 30 over 15. Young children were roughly 50% more likely to be subject to children’s services contact than over 15s. In local authority 2, however, over 15s were twice as likely to be receiving an intervention as the under 5s. One child in 50 under 5 was receiving children’s services, but 1 in 25 of the over 15s.

Table 7: CIN, children on protection plans and children looked after rates by age group in two local authorities.

LA 1	0-4	5-9	10-14	15-17	ALL
CIN Rates	383	418	325	253	354
CPP Rates	49	47	27	9	36
CLA Rates	76	87	67	76	76
Combined	508	552	419	338	466
LA 2					
CIN Rates	156	209	209	285	204
CPP Rates	26	33	25	15	26
CLA Rates	13	26	44	107	40
Combined	195	267	279	406	270

These are the two extremes of our sample, but the other local authorities showed similarly consistent relative patterns across the age groups. This might reflect demand side factors: something about local social, economic, environmental and cultural factors which make a particular stage of childhood more problematic. As these are rates, not the numbers subject to interventions, they cannot reflect the demography of the areas. It seems more likely that these patterns reflect the culture and emphasis of service providers and perhaps the balance of services aimed at different age groups that have built up over time. Further research into these patterns seems warranted.

Structural patterns 1: the ‘inverse intervention law’

Two further major findings identified differences between local authorities that were not just a matter of a post code lottery but reflected wider social structures. The first of these we described as the ‘inverse intervention law’, so named to mimic the inverse care law observed by Tudor Hart (1971) for inequalities in health service provision (Bywaters et al., 2015). It is, of course, not a ‘law’ but a statistical relationship.

Overall, local authorities with higher average levels of deprivation (top third of English local authorities) had higher intervention rates than those with low deprivation (bottom third). However, when families in equivalent socio-economic circumstances in the different local authorities were compared, families in the lower deprivation local authorities were much more likely to be receiving a children services intervention (Charts 7 and 8). This finding applied in England, but not Wales where local authority level deprivation varies much less. In the other two countries, the numbers of local authorities or Trusts (10 in Scotland and 5 in Northern Ireland) precluded valid comparisons.

The Inverse Intervention Law

In each deprivation quintile, 'City Borough' has lower rates than 'Affluent County'. But because in the Affluent County most children live in the low deprivation quintiles, the overall average is influenced greatly by the lower rates in quintiles 1,, 2 and 3. By contrast, in City Borough, most children live in the more deprived quintiles, 4 and 5, and these bring up the overall average. So a child in any quintile is more likely to be in care if they live in Affluent County. But overall, a child in City Borough is more likely to be in care because so many more children in this local authority live in areas of high deprivation.

Looked after children rates by deprivation decile in one high and one low deprivation local authority, 2015

	<i>Deprivation Quintile. 1= least deprived; 5 = most deprived</i>					<i>Overall</i>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
<i>'Affluent County'</i>	26	27	58	104	256	61
<i>'City Borough'</i>	0	13	26	72	173	120

Once again, these differences were seen to be consistent for both children on protection plans and children looked after, and for all quintiles (or deciles) of neighbourhood deprivation. This was not a relationship which only applied in the most deprived or the least deprived neighbourhoods, but across the board. And the scale of difference was also both large and relatively consistent. Children on protection plan rates in low deprivation local authorities were about double those of high deprivation local authorities in every quintile; children looked after rates were about 50% higher. The statistical significance of this relationship was confirmed by a subsequent re-analysis of the data using multi-level modelling (Webb et al., 2020).

Why might this be? One purpose of the case studies of practice in two high deprivation and two low deprivation English local authorities, was to see whether there were clear differences in attitudes or assumptions which might explain these structural inequalities. It was possible, for example, that attitudes to struggling or disadvantaged families might have been harsher, more judgemental, in areas of relative affluence. This might have affected the proportion of families referred into services or the threshold decisions made by children's services staff. However, we did not find this to be the case. Attitudes to poverty were more similar than different.

If local attitudes were not the cause of the Inverse Intervention Law, an alternative possible explanation was that rationing decisions reflected different levels of funding relative to need. Rationing is an ever present, even if not visible, factor in children's services – or any public service (Devaney, 2018). Previous authors (Hood, 2016) had also shown that local authorities operate differently – make different decisions about cases – when they are more or less under financial pressures.

Chart 7: England CPP rates per 10,000 by LSOA deprivation quintile in high and low average deprivation local authorities, 2015.

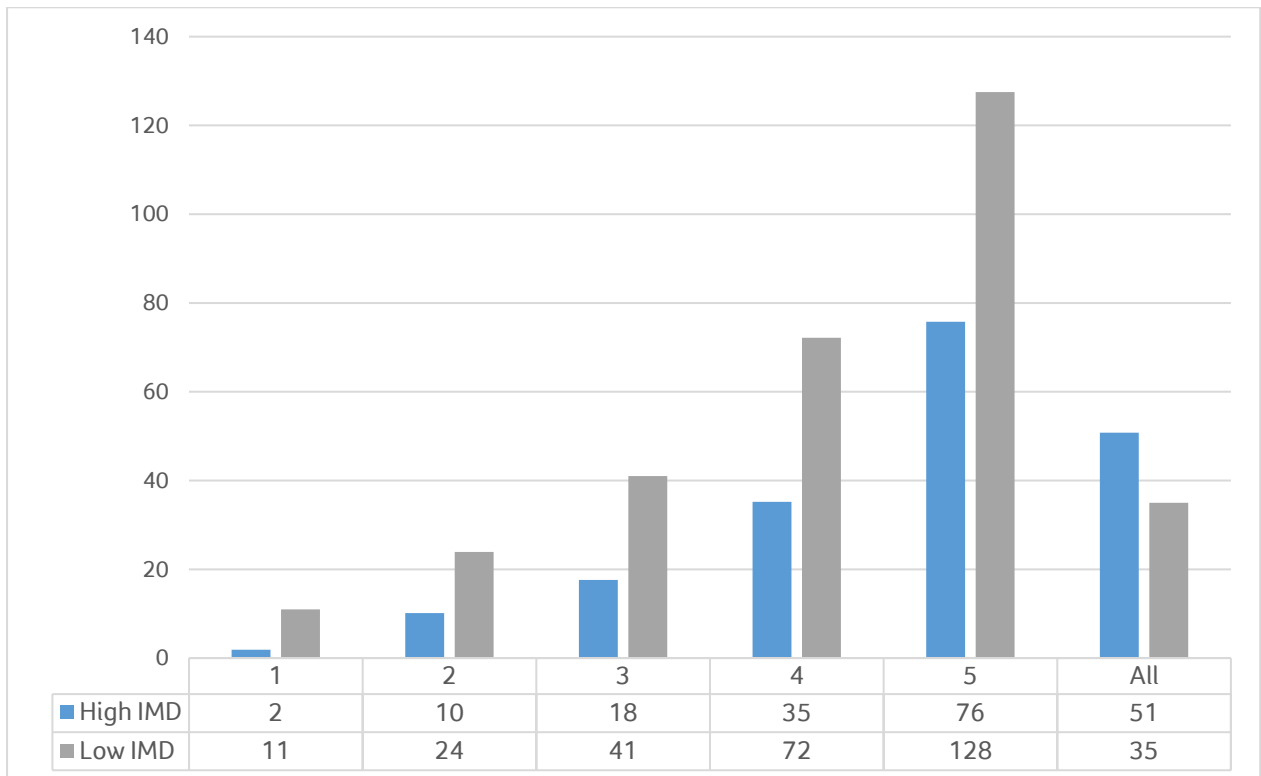
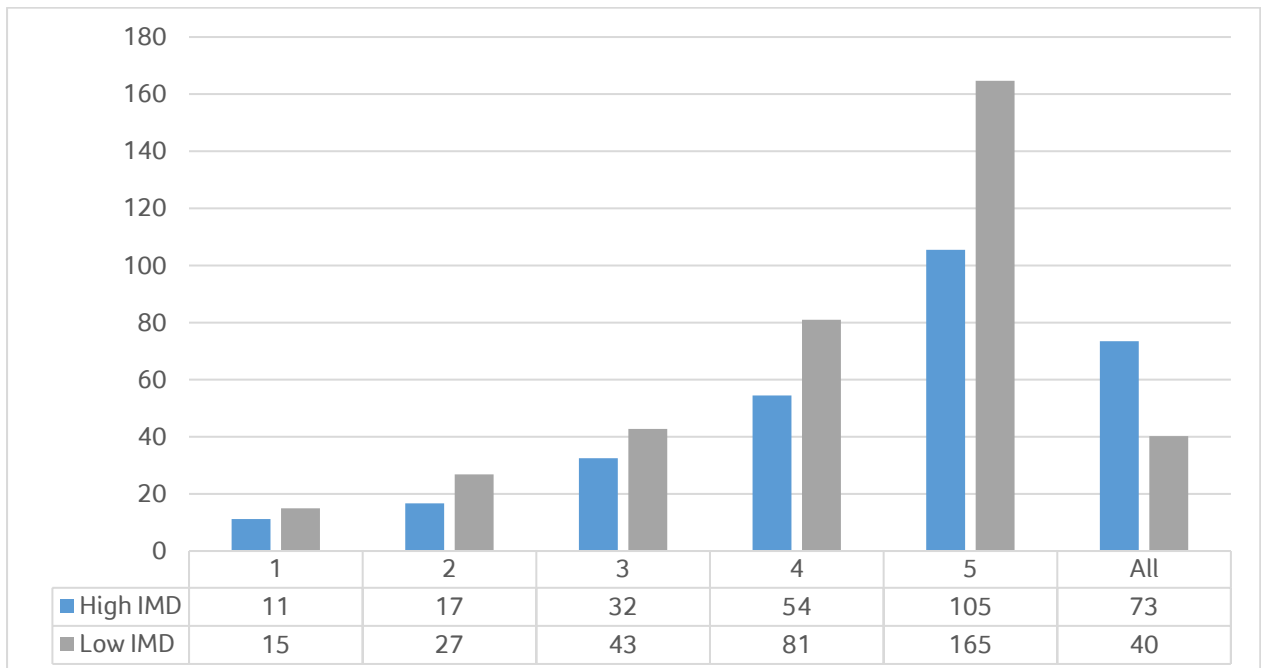


Chart 8: England children looked after rates per 10,000 by LSOA deprivation quintile in high and low deprivation local authorities, 2015.



However, the National Audit Office (2016) had claimed that spending on children’s services had increased in recent years and that there was no link between funding and performance. Ofsted

(2016) had made a similar claim. We extended the scope of the original project to develop an analysis of children's services expenditure data, across all 152 English local authorities (Webb and Bywaters, 2018). This additional work could not clearly identify spend relative to need because we did not have access to data about all children in each local authority. However, it reinforced the likelihood that rationing was the key factor, by showing that total local authority children's services expenditure per child had fallen from 2010 to 2015 and that these cuts had been greater in local authorities with higher levels of deprivation. The National Audit Office had based its findings on only a proportion of total children's services spend and excluded most spending on prevention and family support. Because local authorities had responded to cuts in budgets by focusing a greater proportion of expenditure on child protection and looked after children, there had been a small increase in spending on these areas. But these were outweighed by the much larger cuts in family support and prevention and by differential levels of population growth in high and low deprivation local authorities. We also found that high deprivation local authorities were more likely to have poor Ofsted results (a position subsequently endorsed by Ofsted (2018)), and that high deprivation local authorities achieving good Ofsted judgements were spending considerably more per child than local authorities with 'requires improvement' or 'inadequate' judgements. Subsequently, the Ministry of Housing, Communities and Local Government commissioned work to revise the formula by which central government funding was allocated to local authorities for children's services, on the basis that the current formula was now outdated and no longer adequately reflected relative need.

Structural patterns 2: the 'inequalities intervention law'

A previous study (Eckenrode 2014) had found evidence that greater inequality within counties in the United States was associated with higher levels of out-of-home care. We identified this as a further possible contributor to supply side explanations of unequal intervention rates and therefore re-analysed our English data, using multi-level modelling techniques, both to test the inverse intervention law and to see whether local social *inequality* was an additional factor (Webb et al., 2020).

Exploring income inequality required the use of some experimental statistics. We used household income summary data from CACI Ltd. to estimate local area income inequality, using bootstrapped simulations of income distributions within each local authority. We estimated inequality using the Gini coefficient, the Robin Hood index, and the 20:20 ratio and found broadly similar results. Our estimates were also validated by calculating Gini coefficients based on geographical inequality in the income deprivation domain of the Indices of Multiple Deprivation (IMD).

Our final models regressed child welfare intervention rates on deprivation scores and ethnic density at the Lower Super Output Area level. Variables included at the local authority level were the local authority overall IMD score, Job Seekers Allowance claimant percentage, infant mortality, the percentage of the population with NVQ level 4 education or higher, and the pseudo-Gini coefficient. Random effects were included at the MSOA level to control for spatial effects. The inverse intervention law was modelled as a cross-level interaction between LSOA level IMD score and local authority level IMD score, and the inequalities intervention law was modelled as a cross-level interaction between LSOA level IMD score and local authority level Gini coefficient.

We found that, when modelled together, both the inverse intervention law and the inequalities intervention law were statistically significant. They are very likely to be found beyond the CWIP sample of local authorities. The effect of the inequalities intervention law was approximately one-

third stronger than the effect of the inverse intervention law. Local authorities that had greater levels of income inequality had a steeper social gradient than local authorities with lower levels of income inequality (the inequalities intervention law). Local authorities with lower overall deprivation also had steeper social gradients than local authorities with higher overall deprivation (the inverse intervention law).

Table 8: Comparing children in similar neighbourhoods in local authorities at different levels of average deprivation and inequality.

Local Authorities	High Inequality	Low Inequality
High Deprivation		Flattest Social Gradient
Low Deprivation	Steepest Social Gradient	

These relationships are complex to explain or understand. In summary, comparing children in similar socio-economic circumstances in different local authorities, intervention rates were highest in local authorities which had low overall deprivation but high levels of inequality, and lowest in local authorities which were highly deprived but relatively equal (Table 8). When comparing local authorities, each step decrease in family socio-economic resources was accompanied by a much bigger increase in intervention rates in low deprivation high inequality areas, than in high deprivation, low inequality areas.

The use of a multilevel model provides strong support for the significance of these ‘laws’ as the methodology does not inflate the standard errors of our estimates as non-multilevel methods do. This confirms the presence of the inverse intervention law and raises additional questions about the nature of the inequality intervention law. We do not know, for example, the mechanisms by which these contexts result in differential intervention rates. It is possible that these relationships reflect higher levels of stigma and shame for struggling families who are surrounded by affluence, compared to families in places where most families are in a similar position. This would reflect arguments put forward by Wilkinson and Pickett ((2009). These structural relationships warrant further investigation.

Differences between countries

Intervention patterns also vary substantially between the four UK countries. These country level findings can contribute to the task of unravelling the social determinants of inequalities in child welfare. Two key underlying factors have to be taken into account in making comparisons between the countries. First, we have to be sure that the data on children’s services interventions are comparable: that we are comparing like with like. Second, we have to take into account the socio-economic and demographic make-up of the national populations.

For a number of years, the NSPCC has produced an annual ‘How Safe Are Our Children’ report which compared the four UK countries on a number of different measures. As we outlined above in the

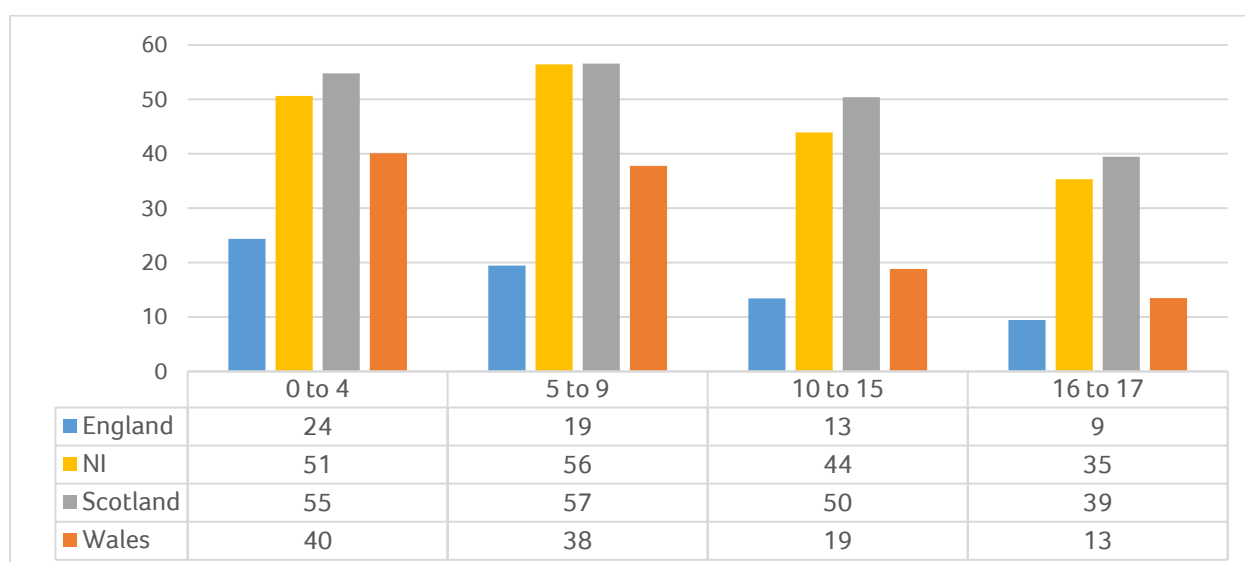
Methods section, we decided that the best available comparison for children with substantiated safeguarding concerns was children on child protection plans in England and Wales and on child protection registers in Northern Ireland and Scotland. ‘While the terminology differs slightly, plans and registers are largely similar: both record information relating to children whose safety is an ongoing concern’ (Bentley et al., 2018: 54).

However, for looked after children our comparison is based on children not placed with parents, family or friends, in other words, children in non-kinship foster care or residential care only (see discussion above in Methods). The underlying reason for this was that when we examined the data, the proportion of children placed with parents, relatives or friends varied markedly. Indeed the proportion of looked after children not in foster or residential care was almost as high in Northern Ireland as in Scotland, and very much higher than in Wales or England (Table 9, Chart 9).

Table 9: Percentage of looked after children placed with parents, relatives or friends, UK countries, 2015.

	% with parents	% with relatives or friends	% with parents, relatives or friends
England	5	11	16
Wales	11	16	27
Scotland	23	29	52
NI	16	30	47

Chart 9: Percentage of looked after children placed with parents, relatives or friends, by age group, UK countries, 2015.

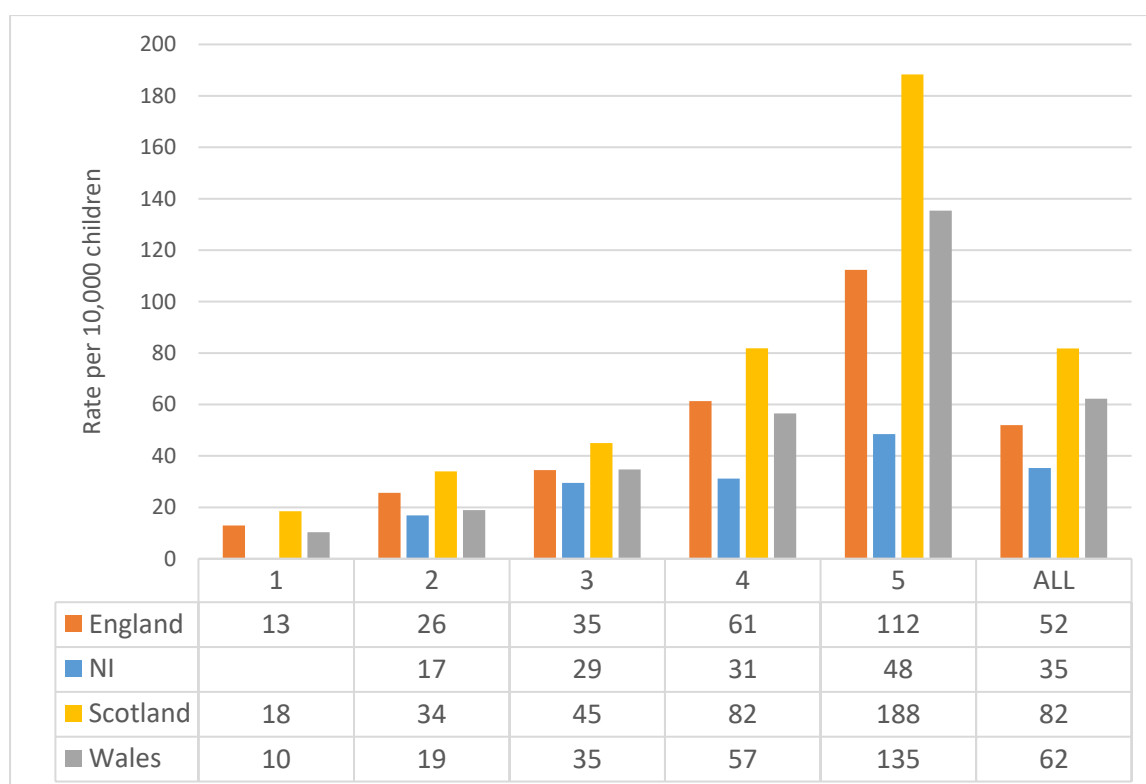


The second underlying factor to take into account is the socio-economic circumstances of families in the four countries. As noted above, children in Northern Ireland are the most likely to be living in disadvantageous socio-economic circumstances of any of the UK countries. As Table 1 showed, fewer than 1% of children in Northern Ireland were living in the twenty per cent least deprived

neighbourhoods in the UK in 2015, compared to over 20% of children in England and Scotland, while large proportions of Northern Irish children lived in the most deprived neighbourhoods. Given the relationship between family socio-economic circumstances and intervention rates, Northern Irish children would be expected to have the highest overall intervention rates, followed by Wales.

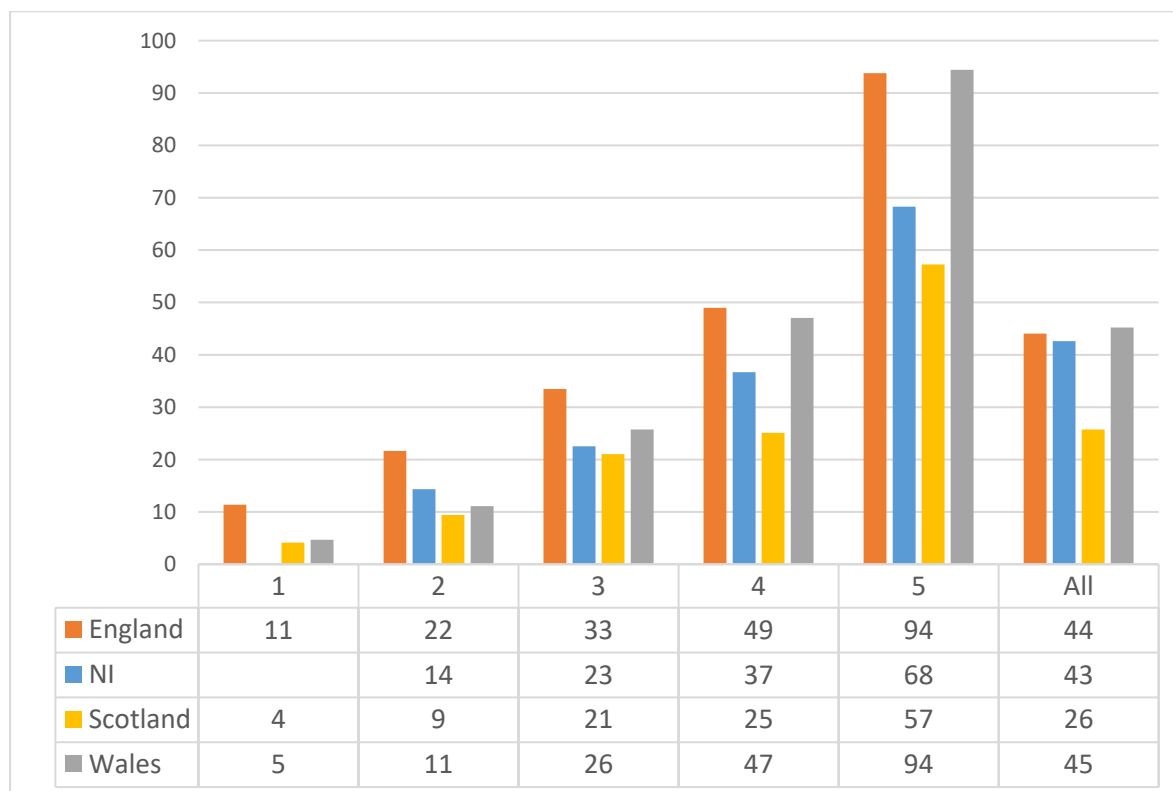
However, despite these higher levels of deprivation, Northern Ireland has less than half the proportion of children in foster or residential care compared to Scotland and substantially less than Wales or England (Chart 10). In the most deprived quintile, where 36% of Northern Irish children lived, English rates were more than double, Welsh rates almost triple and Scottish rates almost quadruple those in Northern Ireland. In 2015, if England had had the intervention rates of Northern Ireland, there would have been 40% fewer children looked after. Some might argue that this suggests more children in Northern Ireland should be in foster or residential care, but there is no obvious evidence that children in Northern Ireland are faring less well due to these lower rates.

Chart 10: Looked after children in foster or residential care by deprivation quintile and overall, UK countries, rates per 10,000 children, 2015.



Between countries, child protection plan rates showed a different pattern. For reasons yet to be established, the proportion of children placed on the register in Scotland was much lower than in the other three UK countries (Chart 11) with an overall rate of 26 per 10,000 compared to the mid-40s for the other countries. Overall, the other countries had very similar rates, but when deprivation was taken into account, the rates in Northern Ireland were substantially lower than in England or Wales and closer to Scottish rates. CP rates in the low deprivation quintiles were highest in England. It can also be seen that, in Northern Ireland, a child was more likely to be on the CP register than in foster or residential care, whereas in the other countries, and especially Scotland, this relationship was reversed.

Chart 11: protection plan rates per 10,000 children by deprivation quintile and overall, UK countries, 2015.



The extent of these large inter-country inequalities in children’s chances of a high end children’s services intervention were not anticipated. *Within* each country there was a strong social gradient, but *between* countries, rates did not obviously reflect the children’s relative affluence or disadvantage by our measure of neighbourhood deprivation. This finding led us to examine the reasons for the different intervention patterns in Northern Ireland in more detail (Mason et al., forthcoming) and a supplementary grant enabled us to repeat the case study exercise in Northern Ireland².

In what follows it must be borne in mind that, while we were very careful to carry out the case studies in equivalent sites in England, Scotland and Northern Ireland, the case studies were only conducted in sites within 4 local authorities in England, 2 in Scotland and 2 Trusts in Northern Ireland. In other local authorities, or if we had spoken with different social workers, practice may have been significantly different. However, in multiple subsequent presentations of our work, we have not received widespread feedback that we were misrepresenting contemporary practice. The sites included places where currently favoured models of practice, such as signs of safety or restorative practice, were being applied, but the choice of models did not seem to substantially change the dominant narratives about the role of socio-economic circumstances or ethnicity or community in families’ lives.

However, in Northern Ireland there was evidence of a higher routine awareness of poverty and deprivation in social workers’ general practice discussions. These discussions were unprompted and indicated that an awareness of poverty and its consequences was more of a foreground factor in social workers’ consideration of family needs. Evidence of a ‘responsibilisation’ narrative (holding

families responsible for their poverty in risk assessments) was rare and certainly less evident than in the other comparable UK sites.

There were routine references to extended family and community capacity to care for children, and this is played out in the higher kinship care rates evident in Northern Ireland. The history and role of communities was recognised and discussed, and with this there was some evidence of a greater awareness of, and access to, community support services.

The use of early help services, and engagement of social workers in providing early help was more evident in Northern Irish sites, with some areas having access to a varied and much valued range of family support services. The responses to the vignette suggested lower thresholds were common, with responses uniformly suggesting a more formal response (using child protection procedures) compared to the other UK sites. However, this does not play out in overall rates of intervention, which are lower than other nations. The reasons behind the difference in vignette responses and practice are not clear, but may be connected to the use of early help in actual practice.

Staff at the front door services hold mixed caseloads (child in need and children needing care and/or protection) unlike the majority of staff in other UK sites, who held cases predominantly concerned with child protection or child in need services. However, the use of waiting lists and managed 'unallocated' cases was different to the other nations, and workers were aware of the cases waiting for a service and the consequences for families. We did not find routine use of waiting lists in other UK sites, and this may just be a product of different approaches to demand management.

Care and protection plans revealed some evidence (albeit uneven across the Northern Irish sites) of the children's and families' socio-economic circumstances being addressed. This includes examples such as provision of direct financial support, income maximisation services and support plans to address the consequences of economic hardship.

The particular history of Northern Ireland, with tension and conflict between communities and the identities of communities routinely defined by faith, inevitably results in contextual differences from sites in England and Scotland. These include the role played by agencies such as the police, the extent and nature of community investment and the perspectives of all those engaged in designing or using public services. The ways in which different communities understand and experience state agencies are a particular factor in Northern Ireland. The production of lower intervention rates is driven by a complex interplay between a number of factors, some specific to Northern Ireland and its history and some evident across the three nation sites.

The low intervention rates in Northern Ireland given the level of deprivation led us to examine service funding levels. The only comparable expenditure data is published in the Public Expenditure Statistical Analysis (HM Treasury, 2018) at a national level. This showed that public expenditure on families and children in the form of social security benefits was highest in Northern Ireland, as might be expected from the greater deprivation. But expenditure on personal social services for families and children was substantially lower in Northern Ireland (£107 per head) than England (£152) or Scotland (£170) and highest in Wales (£181) in 2015/16. It is hard to know whether the data are strictly comparable, as funding which supports services for children and families may be routed through other expenditure heads. For example, we do not know whether there is a higher level of spending in Northern Ireland on measures to strengthen local communities, spending which is not categorised as on personal social services. It is also unclear whether low levels of expenditure drive

lower rates of expensive interventions, such as foster or residential care, through tighter rationing, or whether rates of children in care lead to lower expenditure low.

CHAPTER FIVE



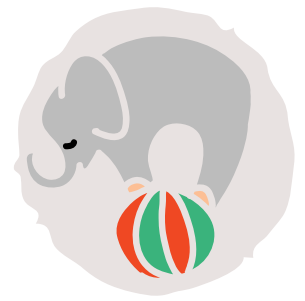
Impact

The impact of the research is continuing to be seen, but some of the positive responses to the findings are found in these examples.

- The research led directly to the production of the Social Work Anti-Poverty Practice Framework in Northern Ireland, commissioned by the Chief Social Worker.
<https://www.health-ni.gov.uk/sites/default/files/publications/health/Povertyframework.pdf>
- The British Association of Social Workers (BASW) has worked in partnership with CWIP. They have produced a podcast on the work, shared with their membership (over 20,000 social workers). This and supporting materials has been placed on their website.
<https://www.basw.co.uk/media/news/2018/jun/baswtalk-podcast-episode-2-child-welfare-inequalities-research-project>
- This was accompanied by the joint production of practice guidance for BASW members, launched in Sept 2019 that will inform routine frontline practice and encourage consideration of socio-economic circumstances in case planning.
<https://www.basw.co.uk/system/files/resources/Anti%20Poverty%20Guide%20A42.pdf>
- The national DfE-funded Practice Supervisors programme coordinated by Research In Practice has commissioned a resource to support supervisors in addressing issues of poverty and deprivation, drawing directly on the case study data. This resource forms part of an open access DfE funded repository of practice resources and the specific output on the Inverse Intervention Law has been shared through the programme with 900 social work supervisors across England.
<https://practice-supervisors.rip.org.uk/children-and-families/hearing-marginalised-voices/>
- The Family Rights Group has worked closely with the team, and CWIP findings have been used to inform and support their family led initiatives. Family Rights Group coordinated the Care Crisis Inquiry and worked closely with the team to use the CWIP data to inform the Inquiry proposals for change. Chaired by Sir Munby, the then Lord Chief Justice, and with senior representation from sector wide stakeholders, CWIP research was heavily drawn on in the analysis of the drivers for intervention rates and in the development of the Inquiry outputs, with Professor Morris attending the Steering group as an Advisor.
https://www.frg.org.uk/images/Care_Crisis/CCR-FINAL.pdf
- The research informed the Ofsted Annual Report on children's services inspections, 2017/18. A resulting reconsideration of their own data, changing their previously held position, made 'It ... clear that highly deprived local authorities that have high demand and that are facing further reductions to funding will have the greatest challenges to either achieve or maintain good services' (p.70)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/666871/Ofsted_Annual_Report_2016-17_Accessible.pdf

- Invited consultations with the National Audit Office have contributed to the NAO asserting that children have the right to equal quality of services wherever they live
<https://www.nao.org.uk/wp-content/uploads/2016/10/Children-in-need-of-help-protection.pdf>
- CWIP research has contributed to the review of the formula for the distribution of funding for children's services between English local authorities commissioned by the Ministry of Housing, Communities and Local Government.
- The Transformation programme for children's social care in Glasgow has resulted in almost fewer 500 children in foster and residential care, a third of the total in 2016, and a 60% reduction in the numbers of children entering care. A spin off has been a remarkable 70% reduction in placement moves for children in care. These changes have been accompanied by and have facilitated a doubling of expenditure on family support. This has been based on a recognition that services were too focused on moving from risk to removal, rather than on reducing risk while maintaining existing relationships.

CHAPTER SIX



Conclusions and Recommendations

The Child Welfare Inequalities Project was designed to examine how social and economic inequalities are reflected in high end children's social care interventions. It has provided foundation evidence about the scale of inequalities and developed new concepts, methods and models. These are the basis for building policy, practice and further research and for changing the conversation about how to keep children safe and strengthen families.

Key Messages from the research

1. There are large scale inequalities in child welfare

The chances of children growing up in circumstances which lead to them being looked after by the state or being placed on child protection plans or registers are profoundly unequal. Rates vary by multiples not a few percentage points.

This is unfair. It is contrary to principles of social justice and human rights enshrined in the Convention on the rights of the Child.

It has considerable implications for public expenditure.

The socio-economic circumstances of families are the key factor in inequalities in rates of high cost, late intervention. There is a steep social gradient in children's chances of a coercive intervention. The gradient is substantially greater for families with young children than for older children. There is an urgent need to know much more about the complex ways in which the many dimensions of family socio-economic circumstances influence children's lives.

Other key factors in unequal rates, notably ethnicity, are also poorly understood and receive far less attention than they deserve.

The social gradient is substantially steeper for young children than for older children. Age is also a key dimension in understanding inequalities between children and between local areas.

Evidence about children with disabilities suggests that it, too, will be a factor but comparable data are not available across local authorities or countries.

2. The implications for children's lives are profound

Child welfare inequalities have profound implications for the lives of children and their families. There are growing numbers of young people in the child protection and care systems across the UK. This is likely to continue to feed the prison and homeless populations, teenage pregnancy and parenthood, high rates of poor physical and mental health amongst young people and premature death (Murray et al., 2020), with long term human and societal consequences and costs.

3. Too often professional practice does not address families' material circumstances in assessment, planning and intervention

With few exceptions, in local authorities in England, Scotland and Wales families' material circumstances and neighbourhood conditions were not seen as core factors in decision making about individuals or service planning at the time of this study (Morris et al., 2018). Income, debt, food, heating and clothing, employment and housing conditions were rarely considered relevant risk factors in children's lives. Poverty has been the 'wallpaper of practice', widely assumed to be ever-present but rarely the direct focus of action by national or local policy makers or senior leaders and managers. As a result, addressing how families' material circumstances interact with other family stress factors has played too small a role in front line practice. This reinforces a disjunction between families' priorities and services' priorities, and obstructs the development of positive relationships between professionals and families.

4. Local service patterns and funding levels also matter

While the conditions in which families live and work influence child welfare *demand* in every area and country, local patterns of service *supply* also influence decisions about children. This adds to inequality in the likelihood of a high cost, late intervention. In England, the evidence suggests that local authorities covering comparatively affluent areas tend to spend more on children's services *relative to need* than in deprived areas although spend per child is usually lower. Overall, as a result, local authorities covering more affluent areas tend to intervene more readily using high end, expensive, more coercive forms of intervention. This is a structural pattern between local authorities not a random lottery or just a product of local leadership styles or values.

5. Local social inequality also has an impact

In addition to this inverse intervention relationship, a second pattern in England is that the level of social inequality in a local authority has an additional impact. Some areas are relatively affluent overall but have high levels of inequality. Others can be more deprived but more equal. The social gradient of child welfare intervention is much steeper in areas of low deprivation but high income inequality, than in highly deprived areas with less income inequality. More work is needed to understand this better.

6. Significant differences in national patterns are found across the four countries

In addition to family level and local area inequalities, there are significant differences in national patterns of service delivery. Intervention rates do not reflect the UK countries' relative economic strengths. In Northern Ireland, rates of foster and residential care by strangers are much lower than would be expected from levels of family disadvantage. The social gradient is less steep than in the other UK countries. Stronger family and community ties and a culture of service provision that has a greater emphasis on supporting families in material ways appear to be factors here. Expenditure per child is also the lowest of the four countries. In Scotland, relatively high rates of looked after children are combined with low proportions of children on the child protection register. Much more should be learnt from examining differences between the four UK countries as well as wider international comparisons.

7. There is a lack of data to underpin policy making

The absence of almost any systematic data on parents' circumstances or demographic characteristics is a major limitation in understanding the causes of children's difficulties or how best to respond to them. It is a core assumption of policy and practice that the main responsibility for children's health and development lies with parents, but all the UK countries lack systematic demographic or socio-economic data about the parents whose children are the subject of state intervention. Even the link to neighbourhood deprivation used in this study as a proxy for family circumstances is not made in the national statistical reports on children's services.

The lack of consistent data about children with disabilities prevents useful analysis about the relationship between childhood disability, other factors, such as poverty and ethnicity, and children's services interventions.

8. Child welfare inequalities have significant economic costs

These inequalities have profound economic significance for over £10b of annual public expenditure in the UK. The long term consequences of the high cost, late interventions of placing children on protection plans or taking children into care compared with investing similar sums in support for birth families, are unknown either for the children concerned or for public expenditure more widely.

9. The conversation has shifted

After nearly a decade of austerity, the pressures on families and on public services intended to support families are more widely recognised. Our work has informed this new context, providing evidence about current patterns of services provision, promoting discussion and challenging assumptions about what children's services should look like and aim for. The project has helped to shift the conversation and signs of change or a recognition of the need to review are to be found in all four countries.

10. There is much more to be done

The Child Welfare Inequalities Project has built a conceptual framework and a set of research methods through which an inequalities perspective can be examined. But there is much more to be done to increase the evidence, deepen understanding and develop and test new policies and practices. This requires a commitment across policy, practice and research to reducing inequalities in children's life chances. This requires that families have greater equality of access to the resources needed to underpin good childhoods.

Recommendations

The implications of the project are far reaching for all levels of the front line of children's social care: policy makers, leaders and managers, and practitioners. There are also consequences for the system's infrastructure: data collection and analysis, education and training, research, and inspection. While the project cannot offer tested solutions, recommendations for next steps are outlined below.

The focus and priorities of children's social care systems in the UK should be rethought

The scale and reach of inequalities identified make the case for rethinking the focus and priorities of children's social care systems in the UK countries and internationally. More of the same will not reduce inequity in children's life chances. Rather it is likely to continue the negative spiral of increasing investigations, coercive high cost interventions and the separation of children from their birth families, drawing ever more scarce resources away from supporting families and preventing harm to children.

This conclusion is echoed in the Scottish Independent Care Review (2020, 7-8).

For Scotland to truly to be the best place in the world for children to grow up, a fundamental shift is required ... Scotland must change the way it supports families to stay together. Because despite Scotland's aspiration for early intervention and prevention, its good intentions, and the hard work of many, the experience of far too many children and families is of a fractured, bureaucratic, unfeeling 'care system' that operates when children and families are facing crisis....

Despite the system being focused, above all else, on protecting against harm, it can prolong the pain from which it is trying to protect. Some children who have experienced trauma told the Care Review that being taken into care and growing up in the 'care system' was among the most traumatising experiences they had ever had, exacerbated by being separated from their brothers and sisters, living with strangers and moving multiple times....

Scotland's focus and understanding of risk must shift to understand the risk of not having stable, loving, safe relationships.

Implications for Policy Makers, Leaders and Managers, and Practitioners

1. Increasing fairness for children by flattening the social gradient in children's social care intervention rates should be an explicit policy and a priority at every level.

National policy making: plans to decrease inequalities by reducing higher rates of intervention in more disadvantaged families should be formulated and acted on. These should be led by departments responsible for children's services, but involve all relevant policy areas.

This implies a policy of reducing overall looked after children rates, as the Welsh Government has established.

Such plans should integrate policies to reduce inequalities affecting children in education, health and social care services, such as the Fair Society, Healthy Lives programme (Marmot, 2010). This will need to be backed by wider policies to reduce economic, social and environmental inequalities between regions and areas.

Local policy making and leadership: local children's social care priorities should include reducing inequalities between children through an increased emphasis on supporting families, prioritising those facing greatest hardship and insecurity.

In Glasgow such a change of direction has reduced the numbers of children in care by almost 500 since 2016, cutting entry rates by 60% and placement moves for children in care by 70%. Spending on family support has doubled.

Practitioners: front line staff and managers should integrate a focus on the interaction between families' material circumstances and other difficulties in all processes and in practice. Contextual information about family circumstances should be routinely collected in all referrals, assessments, action plans and court reports. Workers and managers should follow anti-poverty strategy guidance (Department for Health, 2018) and incorporate the poverty aware paradigm (Krumer Nevo 2015) into their practice.

2. Building close working relationships with families and communities should become a core objective of children's services policy and practice.

National policy makers: in line with the UN Convention on the Rights of the Child, children should be supported to stay within their families wherever possible. This means working in partnership with families to ensure they have the means to care safely for their children.

Policies should aim to promote 'stable, loving relationships' for children, as the Scottish Independent Care Review argues, shifting direction from a focus on individualised risk.

This means changing the narrative about families across governments. Governments should seek to build up support for families rather than stigmatising families as troubled, chaotic or failing, recognising that most parents want to do the best for their children.

Local leaders and managers: policies should incorporate community based approaches to safeguarding. This will involve services becoming more knowledgeable about the strengths and needs of the communities with which they work and learning from communities where intervention rates are low. Building communities' trust of services and working with local family support systems will be key objectives. Services should be visible and accessible in the locations and communities they serve.

Practitioners: in order to prioritise prevention, practice will need to be rooted in positive relationships between families, communities and services. This means practitioners being able to draw on services which are recognised as helpful by families. Practice should be based on teams which are connected to geographical and identity communities.

3. Increasing the consistency of service responses between local authorities and UK countries should become a core policy objective. It should be clear what support families can expect from services, wherever they live in the UK.

National policy makers: policies should aim to reduce structural factors underpinning inequalities in patterns of intervention between and within local authorities, for example, through fairer funding regimes and wider economic and social policies.

Local leaders and managers: policies should be informed by close knowledge of inequalities within the area for which local authorities are responsible. They should aim to reduce avoidable inequalities between neighbourhoods and communities through the management of staffing, budgets, service provision and commissioning.

Practitioners: practice should be informed by knowledge of local intervention rates and conditions as well as by knowledge of local services available for parents and children.

Implications for Service Infrastructure

1. Data collection, analysis and reporting

Data collection systems should be reviewed to ensure that

- national and local information systems present policy makers, leaders and managers, practitioners and the wider public with readily accessible information about inequalities in child welfare demand and supply
- data on parental demography and circumstances are available
- data on childhood disability are consistent and valid
- comparisons are possible between the UK countries.

2. Education and Training

The education and training infrastructure should incorporate key learning about inequalities in child welfare and the implications for practice that better supports families and communities.

3. Inspection

Inspection regimes should be reviewed to reflect the policy aim of reducing inequalities between local authorities and countries by shifting the focus of attention towards effective support for families and communities.

4. Research

Research commissioners and researchers should prioritise research that is informed by an inequalities perspective. All research should incorporate an intersectionality approach.

Notes

1. In the UK, a distinction between inequality as random variations between people and inequities as a result of social structures is rarely made and subsequently we have usually referred to these inequities as inequalities.
2. Subsequently, separate funding was secured by Martin Elliott, Cardiff University, to conduct a parallel set of case studies in Wales, using the same methodology.
3. In England only we also collected a large child in need data set ($n = 27,709$). The consistency and reliability of these data was not as good as that for child protection and children looked after and was usable for only 13 rather than 18 local authorities. This equated to around 8% of all English children. These data were only used in some of the late extension work.

Impact Strategy

A detailed impact plan was an integral part of the research programme from the outset. It identified the key audiences and methods of engagement, and audit mechanisms to track process and outcomes. The target audiences included:

- Governments, parliamentarians and civil servants across the four UK countries
- Quasi-independent national agencies such as Ofsted, Children's Commissioners and the National Audit Office
- Local government, through the Association of Directors of Children's Services (ADCS), the Local Government Association (LGA), Social Work Scotland
- Leading children's charities such as Children England, Children First, the Early Intervention Foundation (EIF), the NSPCC, the Family Rights Group and the National Children's Bureau
- Practitioners and professional bodies, such as the British Association of Social Workers (BASW)
- Specialist dissemination organisations, such as Research In Practice, Making Research Count and CELCIS
- Educators and academics
- Journalists and the media, including BBC television and radio, professional journals, such as Community Care and Care Knowledge, and social media.

Separate influencing strategies were adopted in each UK country with local members of the research team taking a prominent role.

Relationships with research users were built throughout the project and dissemination was undertaken at every stage, first to alert the audiences and subsequently to present and discuss emerging findings, and policy and practice responses. This was invaluable to the development of the research, helping the team to pinpoint key findings and to raise questions about how to interpret and understand them.

In total, over twenty peer reviewed publications have been produced, together with book chapters and articles in professional journals. Podcasts, an animated cartoon and an App have helped the research to be accessed by diverse audiences. More than 100 presentations have been made by members of the team.

Activities

Politicians were engaged through personal meetings, the Labour Social Work Group and through submissions to All Party Parliamentary Groups. For example, The All Party Parliamentary Group on Children produced 'No Good Options' (2017) and 'Storing Up Trouble' (2018) based on oral and written evidence to which the research team contributed. (<https://www.ncb.org.uk/resources-publications/no-good-options-report-inquiry-childrens-social-care-england>) Civil servants from across the UK were part of the advisory board and presentations were made to the DfE, DCLG, DWP and the Ministry for Justice, in England and to government and non-governmental bodies in other countries.

In the absence of a devolved administration in Northern Ireland, the Chief Social Worker, who was an active member of the advisory board, supported dissemination of the findings at a range of events. Members of the team presented at specifically convened events as well as being invited to speak at the 21st anniversary of the Northern Ireland Guardian Ad Litem Association and the launch of their Child Protection procedures.

In Scotland evidence was given to the enquiry established by the First Minister into services for looked after children. Members of the team presented to the Scottish Government and leading national experts at specially convened events as well as conferences. In Glasgow, there has been on-going work with the Assistant Chief Officer for Children's Services, Mike Burns, with research findings informing its Transformation programme. Scotland-wide events to discuss the implications of the research for Scotland have been convened by CELCIS, Social Work Scotland and Children First.

The lead researcher in Wales (Professor Scourfield) played a key role in disseminating the research through his work as a policy adviser to the Welsh Government.

The findings were presented at the annual conferences of Directors of Children's Services in England and in Wales and their equivalent in Scotland. The work has been discussed with specific policy sub-groups. On-going pieces of collaborative work have been established, for example, with the Children's Commissioner's Office in England and between ADCS, CPAG and the research team in England, surveying the impact of austerity on social workers' caseloads.

Individual local authorities across the UK were engaged through round table meetings, conference presentations, podcasts and research briefings. In all, approximately 50 presentations have been made to local authorities.

Research in Practice commissioned five national workshops to support strategic thinking, practical learning and action planning informed by this research. The workshops attracted an audience comprising senior managers, commissioners, reviewing officers and frontline practitioners in safeguarding and early help. As a result, team members are working directly with a number of local authorities to change their policy and practice through raising awareness of the social and economic determinants of harm, revising neglect strategies, training frontline managers and staff, and supporting work aimed at poverty proofing practices.

Internationally, researchers have been invited to deliver presentations on the research in Finland, Israel, Norway, Australia and New Zealand and have presented at peer-reviewed conferences in Canada, Slovenia, Italy and Denmark.

An international network of researchers in this area has been established with a JISCMail list.

The work has also had an impact on wider research agendas. The work has been or is being directly replicated by researchers in New Zealand and Norway. In England, several research projects have been funded which extend the work of the CWIP. These include a What Works Centre enquiry into innovative ways in which social workers can support families with immediate socio-economic needs; Nuffield Foundation funded research at the University of Kingston and St. George's into system conditions led by Dr. Rick Hood and funding from the Wellcome Foundation to examine 'Living Assessment' led by Dr. Anderson. Members of the research team have secured a Social Care Grant from Health and Care Research, Wales, to replicate the CWIP case studies carried out in the

other UK countries, a Cardiff Undergraduate Research Opportunities Programme grant: 'Child Welfare Inequalities: The effect of Flying Start programmes on intervention rates', and a collaborative ESRC-funded 1+3 PhD studentship on child welfare inequalities in families where there is substance misuse', as there was reference made to CWIP links in the application and Angela used some of the data in her MSc dissertation (which we cite in the Child Abuse Review paper).

The project has supported junior members in research careers. Three members of the team have been awarded doctorates, and one a doctoral studentship. Other members have secured permanent or long term academic contracts.

Project Outputs

Books

Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C. and Steils, N. (2016) The relationship between poverty, child abuse and neglect: an evidence review. York: Joseph Rowntree Foundation.

<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>

Peer Reviewed Journal Articles

Under review:

Webb, C., Bywaters, P. Scourfield, J., Davidson, G. and Bunting, L. Cuts both ways: ethnicity and the social gradient in child welfare interventions. Children and Youth Services Review.

Webb, C., Scourfield, J., and Bywaters, P. Income Inequality and Child Welfare in England and Wales. Journal of Epidemiology & Community Health.

In Press

Mason, W., Morris, K., Featherstone, B., Bunting, L., Davidson, G., McCartan, C., Bywaters, P. and Webb, C. (In Press) Understanding out of home care rates in Northern Ireland: a thematic analysis of mixed methods case studies, British Journal of Social Work.

Scourfield, J., Webb, C., Elliott, M., Staniland, L. and Bywaters, P. (in press) Are child welfare intervention rates higher or lower in areas targeted for enhanced early years services? Child Abuse Review

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Briefing Paper 3: Case Study Findings https://www.coventry.ac.uk/globalassets/media/global/08-new-research-section/bp_casestudyfindings_0617.pdf

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Animation

The Inverse Intervention Law <https://www.coventry.ac.uk/research/research-directories/current-projects/2014/child-welfare-inequality-uk/>

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