Executive Summary

System conditions and inequalities in children's social care

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The institutional context and organisational structure of children's social care is contributing to systematic inequalities in provision. Addressing these issues will require policymakers to pay more attention to the link between neglect and poverty, and agencies to develop more flexible and community-oriented types of provision.

This research examined patterns of demand for children's social care services in England, using national data from the Department for Education, Cafcass and the Office for National Statistics, before undertaking an in-depth study of six local authorities. Quantitative analysis of child-level data and qualitative interviews with practitioners and managers were combined in order to explore the link between welfare inequalities and 'system conditions' – underlying factors that shape the way services are organised and delivered.

Key findings

- Children's social care is undergoing a shift to late intervention, with more money spent on child protection and public care while preventive services are cut or closed down.
- More deprived local authorities had higher demand and experienced greater financial pressures, leading services to screen more cases out, work with families for shorter periods, and spend less per child in need.
- There were significant differences in provision for children depending on their gender, age, ethnicity and socio-economic status.
- Demand analysis provided evidence for a more nuanced way of understanding risk to children; the so-called 'toxic trio' of parental substance misuse, mental health problems, and domestic abuse was often combined with other factors, including neglect, in the cases most likely to receive a protective intervention.
- More deprived children were more likely to receive an intervention than less deprived children and this 'social gradient' was particularly steep for younger children, White British children and neglect cases.
- In a quarter of child protection plans for neglect, the original social work assessment had not identified neglect as a concern.
- Local authorities are over-reliant on thresholds to manage demand; alternative approaches are needed to tackle safeguarding problems in the community.

Introduction

This summary presents key findings from a two-year research project exploring system conditions in children's social care and their link to welfare inequalities. The project builds on research carried out by the Child Welfare Inequalities Project (CWIP)[1], also funded by the Nuffield Foundation.

Child welfare inequalities occur 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. Welfare inequalities in children's social care emerge in two ways. First, there is a 'social gradient' of intervention, meaning that the more deprived a child is the more likely they are to receive a statutory intervention, e.g. referred to services, made subject to a child protection plan, or taken into care. Second, there is a systematic pattern of unequal service responses: when you compare children who are similarly deprived, children living in less deprived local authorities are more likely to receive a protective service than those living in more deprived local authorities – even though the latter tend to have higher demand overall.

Welfare inequalities matter because children's chances of being subject to a protection plan, or being taken into care, depends on factors over which they have no control. Because they are systematic, inequalities are about how the system works rather than just being down to human error or bad practice. The problem is that we do not know enough about what goes on in the system. Deprivation is a key factor driving demand alongside aspects of children's identity such as ethnicity and age. Also important is expenditure, which drives rationing and gatekeeping and is heavily dependent on central government funding. Other factors include workforce stability, inspections, and changes in legislation. When there is a crisis in confidence in the system, as happened after the 'Baby P' scandal of 2008, it also affects what referrals are made and what is done with them. We call these factors 'system conditions', because they influence how the system works in particular areas and at particular times.

The study aimed to establish how system conditions contribute to welfare inequalities in children's social care, with a view to reducing inequalities through changes in policy and practice.

Methods

The research used a mixed methods design with three strands of data collection and analysis. The first was a quantitative study of performance indicators, including expenditure, workforce stability and intervention rates, for all local authorities in England. A combination of trends and correlation analysis produced a detailed picture of demand and demand management over the past ten years. Next, the team carried out a quantitative study of administrative data for all children referred to statutory social care services in six South East English local authorities over a four-year period (2015-18). A combination of bivariate comparisons, latent class analysis and regression analysis was used to explore systematic differences in intervention pathways, demand typologies, and the social gradient of intervention. Finally, two rounds of qualitative interviews were carried out with 36 managers, practitioners and senior administrators from the same local

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authorities, in order to gain an 'inside perspective' on system conditions in each area. Participants were also asked to comment on the quantitative findings.

Findings

How local authorities manage rising demand

Across England the last ten years have seen a shift to 'late intervention', i.e. a greater tendency to use child protection procedures and care, relative to referrals. Variations in levels of demand are linked strongly to deprivation although other factors are also involved. Local authorities seem to have adopted a systematic way of managing demand: screening, rationing and workforce churn.

- *Screening* means that local authorities with higher levels of demand tend to screen out more cases at an earlier stage and to have shorter timeframes of work for children in need and children on child protection plans.
- *Rationing* means that local authorities with higher levels of demand tend to spend less on the children they work with, to have higher rates of CIN per social worker, and higher caseloads.
- *Workforce churn* is linked to the rationing response to high levels of demand, and means that local authorities with higher rates of CIN per social worker tend to have higher rates of agency workers, turnover and vacancies

System conditions in children's social care

Interviews with practitioners and managers found evidence of:

- *Rising demand* for services in all areas, particularly for child protection and care, and mostly concentrated in deprived neighbourhoods. Austerity measures, financial hardship, housing problems and social inequality were all felt to be contributing to the problems experienced by families.
- Acute *financial pressures* due to the combination of rising demand and cuts to funding from central government.
- Development of integrated *Early Help* to try and ease the pressure on statutory services, with a focus on information-sharing, assessment and care planning, and targeted casework for children with complex needs.
- Widespread *reduction in universal services* for children, such as youth services and children's centres, which was eroding community assets and support networks and contributing to demand for Early Help and children's social care.
- *Reduced capacity among partner agencies*, including health, education, police, mental health, and the voluntary sector, to contribute to preventive safeguarding and Early Help. Strategic collaborations were addressing some problems, e.g. child sexual exploitation/county-lines.
- *Increasing complexity and risk,* especially among adolescents referred to statutory services, were associated with the rising cost of care placements, and the need for more specialist types of provision, e.g. Edge of Care, 'Missing Children' teams.
- *High rates of vacancies and agency workers* reflected challenging conditions in the sector, including high caseloads, lack of experienced staff, churn in senior leadership, and reliance on newly qualified social workers in some teams.
- *Ofsted inspections* were a source of institutional anxiety but a positive rating could be helpful for recruitment, morale and workforce stability. Conversely, staff in local authorities with an inadequate or 'requires improvement' rating often felt under pressure.

- Widespread adoption of *new practice models*, particularly those oriented around solution-focused, strengths-based and relational social work, in response to operational, financial and regulatory pressures.

Differences in intervention pathways

Significant differences were found in the services provided to children depending on their gender, age, ethnicity and socio-economic status.

- Male children were more likely than females to have a learning disability or to be assessed with gangs or socially unacceptable behaviour, whereas female children were more likely to be assessed for child sexual exploitation, sexual abuse or self-harm.
- Younger children referred to children's social care were more likely to be assessed in relation to parental risk factors such as drug misuse, mental illness or domestic violence, and were more likely to be on a child protection plan for neglect. In contrast, older children were more likely to have problems with their own mental health, risky behaviour (e.g. going missing, taking drugs) or posing a risk to others (e.g. socially unacceptable behaviour).
- Findings on ethnicity were complicated by the different demographic make-up of the local authorities, which ranged from mainly White-British child populations to highly diverse populations. In general, White British children were more likely (than all other groups combined) to be on a child protection plan (particularly for neglect) and to be assessed in relation to sexual abuse/child sexual exploitation, self-harm, parental substance misuse, child's mental health, and socially unacceptable behaviour.
- Some local authorities concentrated their interventions (e.g. assessments and child protection investigations) noticeably on the most deprived children, whereas services in other areas seemed to be more evenly spread among children with different socio-economic circumstances.
- Interviews with practitioners seemed to indicate that social and environmental factors were perceived less relevant to risk assessment than evidence of parenting deficits.

Characteristics of demand

Analysis of factors recorded in social work assessments found seven classes of demand common to all local authorities.

- Three classes were characterised by a single factor at assessment in all episodes: *Neglect*, *Domestic Violence*, and *Physical Abuse*.
- The other four classes were characterised by multiple factors. For example, the *Complex Needs I* class contained episodes with a mixture of domestic violence (43%), parental mental illness (42%), parental alcohol (25%) or drug (21%) misuse, and emotional abuse (24%).
- Children's own mental health was a prominent issue in three demand classes associated with older children: *Out-of-control/highly vulnerable*, *Complex Needs II*, and *Disability/Mental Health*.
- Each class had a distinctive profile. For example, the Neglect class was associated mainly with younger children, with 15% of episodes requiring a child protection intervention and 6% requiring some form of accommodation in care.
- The demand class associated with the highest risk to children was *Complex Needs II* (domestic violence, parental mental illness, parental substance misuse, emotional abuse, neglect, physical abuse, child's mental health). This accounted for only 3% of total episodes but 37% of those received a child protection intervention and 15% accommodation in care.

- For children on child protection plans, the category of plan was not always aligned with the factors identified at assessment. For example, in nearly a quarter of child protection plans for neglect, the social work assessment had not recorded neglect as a factor.

Concentrations of inequality

Findings from the regression analysis showed the relative strength of welfare inequalities in different parts of the system and for different types of children. Results concerned both the social gradient (children who are more deprived are more likely to receive an intervention) and the inverse intervention effect (less deprived local authorities have higher intervention rates when you compare children who are similarly deprived). Overall the findings showed that both the social gradient and inverse intervention effect tended to increase as children progressed through the system and were particularly prominent at the stage of a child protection conference or child protection plan. The social gradient was also steeper for younger children (compared to older children) and for White British children (compared to all other ethnic groups). When the analysis was extended to demand typologies, the social gradient was found to be particularly high for children in the Neglect and Complex needs II classes.

Discussion

Why do intervention rates vary between local authorities?

The causes are complex and every local authority has its own unique characteristics. In general, more deprived local authorities have higher levels of demand and therefore tend to do more screening and rationing. Less deprived local authorities tend to have more resources relative to demand, and therefore use statutory interventions more readily. Austerity policies have exacerbated this tendency, as government cuts have fallen disproportionately on more deprived areas. Accountability pressures may also encourage more interventionist approaches, e.g. through higher Ofsted ratings for local authorities that ration less. Statutory agencies can differ widely in terms of organisational culture, leadership and the local characteristics of demand. However, they have all adopted a threshold-based system for managing demand and assessing risk based on individual referrals of children. This system is quite inflexible given the nature of demand and is contributing to inequalities because of the way screening and rationing operate in areas with different levels of deprivation.

What do we know about demand?

The study found seven common types of demand, each with a distinctive profile in terms of assessed needs, child characteristics and intervention pathways. Three factors – mental illness, substance misuse, and domestic abuse – were combined in the two 'complex needs' classes with the highest proportion of child protection or LAC outcomes. These factors are often referred to as the 'toxic trio' in the child protection literature. However, the findings provide evidence for a more nuanced understanding of risks to children. For example, the type of demand for which protective interventions were most likely to be used (Complex needs II) also included many other factors, including physical abuse, neglect and children's mental health. By contrast, around 80% of children in the more prevalent 'Complex needs I' category did *not* meet the threshold for child protection. The results suggest that the combination of so-called 'toxic trio' factors was not necessarily seen by practitioners as evidence of significant harm, and that other presenting needs could be just as important. Similarly, the results suggested that agencies were distinguishing between cases that

were 'domestic abuse only' and 'domestic abuse plus maltreatment'. There is a need to understand better how operational definitions emerge in this complex area of practice.

Neglect, poverty and deprivation

The study found systematic differences in the way services assess and respond to neglect. As these differences are associated with deprivation, local authorities seem to vary in their operational practices when it comes to identifying neglect in poor families. This suggests not only that children living in poverty are more likely to be neglected than children from well-off families (which is well-known) but that they are even more likely to be seen as neglected if they are assessed by child welfare professionals in a more affluent local authority. This matters because child neglect is the single biggest category of child protection plans; demand analysis shows that when neglect is combined with other parental risk, services are more likely to take protective measures than when those risk factors are found on their own (i.e. without neglect). It creates a dilemma for services, given the nature of social workers' statutory role and the lack of resources to help families who are experiencing financial difficulties, sub-standard housing, social exclusion and other aspects of poverty. Addressing welfare inequalities may therefore require a more fundamental change in the way services are delivered.

Developing a problem-based approach

Children's social care services currently operate a threshold-based system designed to assess and manage child welfare concerns on a case-by-case basis. This de-contextualises children from their social context, allowing welfare inequalities to emerge from what seem to be reasonable judgements and decisions at the sharp end of practice. However, local authorities are adopting a different approach to problems such as child sexual exploitation and gangs, for which standard child protection procedures are seen as ineffective. Such issues require strategic interventions developed jointly with other agencies. A similar approach could help to reduce welfare inequalities in mainstream services. Detailed demand analysis, as demonstrated in this study, can be combined with agencies' knowledge of local conditions to differentiate a range of safeguarding issues in the local population. For example, the challenges faced by families in isolated 'pockets' of deprivation in generally affluent rural areas will differ in important ways from families living in densely populated and deprived urban neighbourhoods. A problem-based approach would reduce agencies' reliance on gatekeeping and thresholds to manage demand, instead encouraging multi-agency taskforces to tackle problems 'at source' with tailored solutions. Poverty and its impact on families' psychosocial functioning should move closer to the forefront of planning and delivery. A more flexible system with less reliance on managing demand via thresholds and more emphasis on problem-solving in (and with) communities would be the desired outcome of such changes.

Recommendations

Based on the findings and their implications for children's social care, the following suggestions are made for policy and practice, focusing on the systemic context in which frontline services are delivered.

Design and management of services

- There is an imbalance in the resources that local authorities have to meet demand for child welfare services, which is contributing to the tendency for less deprived (and more unequal) local authorities to be more interventionist. Current inequities in the funding formula should therefore be addressed so that resources for the most deprived local authorities are commensurate with the needs and hardships faced by their communities.

- The system needs to be rebalanced from its unsustainable emphasis on high-cost late intervention. This will require a lot more investment in preventive services. As Early Help has become increasingly focused on assessment, complex needs, and targeted casework, the main priority for investment should the rebuilding of capacity and resources in communities. Better mapping of universal and preventive services and their long-term effect on demand for statutory interventions is also needed to build an economic as well as ethical argument for funding these services.

- There is a huge gap in services for children and young people with mental health problems. Currently CSC is the default provider of services to many vulnerable young people who need therapeutic care. A public health strategy is urgently needed to address the burgeoning crisis of mental ill-health among adolescents.

- Services are currently designed around multiple tiers of triage and assessment, which contribute to welfare inequalities because they emphasis screening and rationing and de-contextualise children from their social circumstances. Alternative designs are needed that focus on strategic concerns, or problem areas, using detailed demand analysis combined with local knowledge of safeguarding issues in local communities. Specialist functions could be developed around these strategic concerns, in order to complement the coordination of work around statutory thresholds.

Service improvement and inspection

- Local authorities currently use their administrative data to manage performance and monitor activity at different thresholds of intervention. This study has shown there is scope for CSC services to undertake more in-depth demand analysis to assist with strategic planning and service development. Given the importance of social and environmental factors in driving demand for CSC, it would help if services collected reliable socio-economic data on children and their parents. If this is not feasible, publicly available indicators of neighbourhood-level deprivation could be added to the administrative dataset and incorporated in the analysis.

- Ofsted currently operates a proportionate and risk-based approach to inspections under the ILACS framework. There is evidence that inspections are linked to greater use of child protection interventions, especially in local authorities given a poor rating. While such adjustments may be entirely appropriate, they may also reflect the effects of institutional anxiety about inspections. To mitigate these effects, the inspection process could give greater recognition to shortfalls in funding and resources in areas of high (or increasing) deprivation, support local authorities to rebalance services towards Early Help and community-based prevention, and encourage multi-agency taskforces to develop tailored strategic responses to safeguarding issues in the community.

- The realities of frontline child protection work make it hard to practice in a way that acknowledges and alleviates the impact on families of poverty and social exclusion. While practice models often emphasise

the importance of empathy, relationships and the search for solutions, the institutional context of CSC encourages a technocratic, adversarial mode of working. It might help if practice models were more explicit about the system conditions needed to underpin new ways of working, so that the responsibilities of frontline practitioners were aligned with those of administrators and policymakers. For example, the role of community social work in child welfare practice could be strengthened in order to implement new preventive strategies and complement individual risk assessment and casework.

Further information

To find out more about the study, please contact Dr Rick Hood: rick.hood@sgul.kingston.ac.uk

The full report from this study is available to download from the project webpage:
http://www.healthcare.ac.uk/system-conditions-and-inequalities-in-childrens-social-care/

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