

Executive Summary

The social gradient in children's social care

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There is a significant social gradient for children's social care services, which means they disproportionately intervene with children from more deprived backgrounds. Higher social gradients were found in certain types of areas and for certain types of children. Addressing these inequalities will require a shift away from late intervention and investment in a public health approach to child welfare.

Extracts from the national Children in Need returns for all English local authorities (LAs) held by the Department for Education were combined with data on income deprivation. The analysis identified the social gradient of referral, assessment and intervention for all children involved with statutory services, and investigated the different factors influencing the steepness of the gradient.

Key findings

- There is a strong social gradient in children's social care. When comparing 32,000 small neighbourhoods in England, rates of referral increased from 100 per 10,000 children for the least deprived neighbourhoods to 1,370 per 10,000 children for the most deprived neighbourhoods.
- For children who received statutory services after referral, the social gradient of intervention increased at every subsequent threshold of intervention. In an averagely deprived local authority, rates of child protection plans went up 80% for every 10% increase in the proportion of families on low incomes in the local neighbourhood.
- A social gradient was also found to exist between LAs, in that more deprived LAs had higher average rates of intervention. However, when similarly deprived neighbourhoods were compared across LAs, rates of intervention were actually higher in more affluent LAs – the 'inverse intervention' effect.
- More affluent LAs also had a steeper social gradient. This means that services in those LAs were even more disproportionately focused on poorer neighbourhoods than services in more deprived LAs.
- Social gradients were steepest for younger children, White children, children assessed with concerns about neglect, and children on protection plans under the category of neglect.
- Children from more deprived neighbourhoods tended to have longer periods of involvement with statutory services but also higher rates of re-referrals.
- After adjustment for neighbourhood deprivation, the highest rates of re-referrals and repeat CP plans were found in more affluent local authorities.

These findings suggest that the shift from prevention to intervention in children's social care is exacerbating inequalities and encouraging a disproportionate focus on poorer families. There is no evidence that a higher social gradient leads to better outcomes for children. A public health approach to child welfare is needed as part of a framework of policies to address the major social problems impacting children's health and wellbeing.

Introduction

This summary presents key findings from a quantitative study of the national children's social care (CSC) datasets in England. The project builds on research into system conditions and welfare inequalities¹, also funded by the Nuffield Foundation. The work was carried out by researchers based at Kingston University, in collaboration with the social care data team at Ofsted, which is the inspectorate for CSC.

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' in the provision of services. This means that the more deprived a child is the more likely they are to be referred to CSC, made subject to a child protection plan, or taken into care. Second, there is an 'inverse intervention effect'. This is the tendency for less deprived LAs to have higher intervention rates than more deprived LAs when the comparison is between neighbourhoods that are equally deprived, but lower intervention rates when the comparison is between all neighbourhoods combined. Less deprived LAs also have a steeper social gradient, so inverse intervention particularly affects children from more deprived backgrounds.

Both the social gradient and the inverse intervention effect reflect avoidable inequalities in the system. They are not due to a random 'postcode lottery' but reflect systematic differences in the interaction between demand and provision, i.e. how services identify, assess, and respond to concerns about children's welfare. Because they stem from structural and systemic issues, inequalities cannot be observed in a decision to intervene (or not) in a single case. Child protection plans and accommodation in care will always be necessary for some children. What inequalities tell us is that services – and the institutional context in which they operate – are struggling to address the social context of demand. This includes families' material circumstances, which impact on every aspect of parenting and family functioning but often remain in the background when social workers are assessing risk. Families living in poverty also rely more on community assets and resources, many of which have suffered from government spending cuts. Over the last decade there has been a shift towards 'late intervention' in CSC, so that referrals are much more likely now to be met with a protective intervention. There are concerns that a vicious circle has resulted, in which increasing rates of high-cost late intervention are having to be paid for by yet more cuts in universal and preventative services, including youth and community work.

With a view to contributing to the evidence needed to address these problems, this study aimed to build a national picture of welfare inequalities in CSC, focusing on the factors influencing the social gradient but also seeking evidence of its effect on outcomes for children.

Methods

The research was designed as a quantitative analysis of secondary data from the Children in Need (CIN) Census, which is an administrative dataset on children referred to CSC services in England. The data is held by the Department for Education (DfE) and an extract is also held by Ofsted for analysis to support its

¹ For more information see the [project webpage](#)

statutory inspections of CSC. The research protocol for this study was agreed with both the DfE and Ofsted so that all data management and analysis could take place within the Ofsted secure data environment. Analysis proceeded in three stages. First, data on income deprivation from the national Index of Multiple Deprivation (IMD) were linked to the administrative data for children in the CIN Census. The income domain of IMD is the percentage of low-income families found in small geographical areas, which officially are called LSOAs but are referred to here as neighbourhoods. Other contextual variables available from the Office of National Statistics, such as urban/rural classification and population density, were also added to the dataset. Next, regression analysis was used to calculate the social gradients of referrals to CSC and subsequent interventions. The analysis yielded a set of 'social gradient scores', referring to the multiplicative change in intervention rates associated with a 10% increase (or decrease) in the proportion of families on low incomes in the neighbourhood. Third, the analysis was stratified to study the effect on the social gradient of other variables, such as child characteristics, assessed needs, and local authority variables.

Findings

Social gradients in England

- There was a strong social gradient for referral to children's social care when comparing the rates per 10,000 child population across all 32,837 LSOAs (small neighbourhoods) in England. This ranged from 100 per 10,000 children in the least deprived neighbourhoods (less than 1% of families living in income deprivation), to more than 1,340 per 10,000 children in the most deprived neighbourhoods (64% of families living in income deprivation).
- The social gradient was identified both within and between the local authorities. An ecological fallacy was identified whereby more affluent local authorities (overall) tended to have lower overall intervention rates compared with more deprived LAs, but higher intervention rates when comparing neighbourhoods that are equally deprived. This phenomenon is known as the 'inverse intervention effect' or 'inverse intervention law'.
- When the data is partitioned into individual local authorities the social gradient score (or index) for referrals ranged from 1.2 to 2.4. This single number indicator represents the multiplicative increase (i.e. the times increase) in rates per 10,000 children for every 10% increase in the proportion of families on low incomes.
- The social gradient score correlated negatively with overall levels of local authority deprivation. This means that more affluent LAs tended to be more interventionist in the more deprived neighbourhoods relative to the less deprived neighbourhoods, although they had lower rates overall. The relationship between the steepness of the social gradient and the overall levels of LA deprivation was statistically significant across all thresholds of provision.
- When LA-level deprivation was at the mean (averagely deprived) the social gradient was found to be 1.62; this is equivalent to a 62% rise in referral rates for every 10% increase in the proportion of families on low incomes in the local neighbourhood. When the local authority was 10% less deprived the social gradient was found to be higher (2.33). When the local authority was 10% more deprived the social gradient was lower (1.39).
- For children who received statutory services following referral, the social gradient was found to increase at every subsequent threshold of intervention. In other words, inequalities found at the point of referral were gradually exacerbated as children moved through the system. The social gradient score for child protection (CP) plans was 1.80. This means rates of child protection plans increased on average by 80% for every 10% increase in the proportion of families on low incomes in the neighbourhood.

Factors affecting the social gradient

Demographics:

- There were no significant gender differences in the social gradient scores for referrals or other interventions.
- Social gradients for referrals, as well as subsequent interventions, were steeper for younger children and decreased gradually with each successive year group.
- Using broad categories of ethnicity, the social gradient was steepest for White children (1.91) and lowest for Black children (1.27). However, these figures will mask differences between people of distinct ethnicities within those broad categories.

Social work assessments:

- Based on factors identified in social work assessments, social gradient scores were highest for children who were assessed with neglect (1.84 at the stage of assessment) and lowest for children with a physical disability (1.47).
- Based on categories of CP plans, social gradient scores were highest for children who were on a CP Plan because of neglect (1.98), and lowest for children under a CP plan because of sexual abuse (1.62).

Outcomes of provision:

- After controlling for neighbourhood deprivation, the highest rates of re-referrals and repeat CP plans were found in more affluent local authorities. The interaction effect in the regression analysis showed that re-referrals and repeat CP Plans were significantly higher for children living in the more deprived areas of more affluent local authorities.
- More deprived LAs tended to have shorter cease times for CIN episodes and CP plans. In other words, more affluent LAs tended to hold CIN and CP cases open for longer periods. However, children from the more deprived neighbourhoods within each LA had longer CIN episodes and longer CP plans. This means statutory services were provided for longer periods of time with children from more deprived backgrounds.

Other geographical indicators:

- Social gradients were higher amongst children living in rural and sparsely populated areas. This effect was found to be statistically significant after controlling for LA-level deprivation.
- Some other LA-level indicators, such as expenditure and workforce stability, also affected the social gradient; however, after adjusting for LA-level deprivation, these effects were relatively small.
- The evidence did not suggest that other LA-level indicators confounded the inverse intervention effect, i.e. the interaction between LA-level and neighbourhood-level deprivation in predicting rates of referrals and statutory interventions.

Discussion

The social gradient of referral

The social gradient of referrals reflects the cumulative impact of social inequality. Demand for health and social care services is unevenly distributed in the community due to the pressure exerted by structural factors, such as poverty, discrimination and social exclusion, on children's developmental pathways. Public health research has established the need for sustained investment across a range of public services to ensure that universal access translates into an eventual narrowing of longitudinal gaps in outcomes. In contrast, disinvestment in public services during periods of fiscal tightening can quickly lead to a widening of such gaps. Over the past decade, while expenditure on core statutory services has been maintained or even increased, spending on early and preventative interventions, such as Sure Start and young people's services, has seen significant cut; despite efforts by many LAs to invest in integrated early help, the impact of funding cuts continues to be widely reported. The findings from this study suggest that **the cumulative shift from prevention to intervention is exacerbating inequalities and encouraging a disproportionately focus on poorer families**. This is particularly evident at the threshold to CP interventions, and in relation to neglect.

Neglect and the threshold to CP

This study found that **the transition to child protection was associated with a significant steepening of the social gradient**. This applied to all LAs, whether they were deprived or not. It means a sharp rise in the difference that living in a poorer neighbourhood makes to children on a CP plan, compared to children assessed as not 'in need', or compared to children receiving a CIN plan without any CP involvement. The threshold to CP marks a step-change in the relationship between the state and the family, being the point at which the policing' role of CSC (surveillance, investigation and enforcement) takes over from the provision of a service by mutual consent. In other words, **the point at which the state decides that family life needs policing is also the point at which it decides more than ever to concentrate its attention on poorer families**. The main driver of this process is neglect, which is by far the most common reason for a CP plan and was found in this study to have the highest social gradient of any type of assessed need or CP category. The identification and substantiation of neglect is therefore closely bound up with the systematic focus on children from poor backgrounds within the CSC system.

Rural poverty and inequality

Child protection in rural areas attracts relatively little attention in England, unlike many countries with a comparable welfare system. The findings from this study suggest that **rural poverty and the problems experienced by families in sparsely populated areas contribute significantly to inequalities in the child welfare system** and should be a higher priority for policymakers. The government's own statistics show that families in rural areas live much further away from basic amenities and services and have higher living and food costs than families in urban areas. Moreover, rural areas have been badly affected by austerity in recent years leading to the erosion of infrastructure for family support including the mass closure of children's centres. Given the pressure on council budgets under austerity, it is reasonable to suppose that **LAs responsible for large, sparsely populated areas have found it increasingly difficult to deliver effective coverage of preventative services**. The findings from this study show that such challenges are implicated in the disproportionate focus on low-income families for CP interventions, particularly around neglect and emotional abuse.

Outcomes and the cost of inequality

The case against inequalities in child welfare provision is primarily made on ethical grounds, on the basis that intervening in private family life in a way that is avoidable and unfair runs contrary to fundamental principles of social justice, including the commitment to uphold human rights. A secondary argument is that realigning services on ethical grounds might also make sense from the standpoint of efficiency and effectiveness. Findings from this study showed that not only that the social gradient accumulates through successive thresholds of intervention but also that LAs with higher social gradients tended to have higher rates of re-referrals and repeat CP plans despite having more resources relative to the level of demand. In other words, there was no evidence that LAs would have better outcomes for children if they were – or became – more ‘interventionist’, and indeed some evidence that the opposite was true. Since the direction of travel over the past decade and beyond has been for the CSC system to become more interventionist, and disproportionately so towards poorer families, this is an important indicator that a fundamental rethink is overdue.

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.

A public health approach to child welfare

There needs to be a realignment of services away from current reliance on targeted interventions with high-risk cases and towards what might be broadly termed a ‘public health’ approach to child welfare. This means putting at the heart of policy and practice the social and economic conditions that lead to disproportionate identification of child abuse and neglect in deprived neighbourhoods.

The key planks of this approach should be to:

- Create a framework of cross-departmental policies to address the major social problems which impact on children’s wellbeing and healthy development.
- Promote a reorientation of social care services towards supporting children, families and communities and sustaining relationships rather than identifying risk; and
- Restrict child protection interventions to a relatively small number of cases where damage to children is evident and serious.

Target problems not people

Targeted services have the potential to be an engine of social inequality, if the operation of tiers and thresholds serve to magnify the social divisions underlying differential risk and need. Yet current thinking on child welfare is dominated by the idea that the prevention and protection are essentially about targeting, and that effectiveness is about improving the standard of provision to targeted groups, e.g. through social work practice models, or computer algorithms to aid risk assessment and decision-making. A system geared around understanding and tackling child welfare problems, in which tailored support and intervention is allied to a coherent multi-agency strategy to address the root causes of issues such as child neglect, would stand a better chance of reducing inequality.

Review implementation of Section 17

Since the Children 1989 Act was implemented there have been concerns that statutory CSC services have focused too much on CP at the expense of their more general duty to promote the welfare of children under Section 17. In light of the steep inequalities identified in this and other studies, there is a case for reviewing the provision of services under Section 17. This does not mean the legislation needs to be changed, nor that more children should be referred to statutory CSC in order to have their needs assessed. However, reinforcing the government's obligations under Section 17 would be consistent with a public health approach aimed at ameliorating the social conditions – including poverty, social exclusion, precarious housing, inadequate support networks and lack of community assets – that drive demand for child welfare services and increase the risk of maltreatment. A more generous and less stigmatising approach to the definition and support of children in need and their families could spur investment in non-statutory services and underpin a fairer and more equitable system.

Better data on the socioeconomic circumstances of families

A better knowledge base is needed for governments and services to understand the social context of child welfare and develop an evidence-informed strategy. Currently the available evidence is restricted by the lack of systematic data on parents' socio-demographic characteristics, which are neither collected by CSC services nor are easily available to them. Proxy measures for child poverty, such as free school meals or neighbourhood deprivation, are insufficiently robust or accurate to serve as an evidence base for social policy in such a key area. In fact, many of the datasets needed to bridge this knowledge gap already exist but are held in separate administrative siloes by both central and local government. Technical advances in secure analytics platforms are making it possible to interrogate such datasets without the need for researchers to access or extract any personal, sensitive data. Building on current endeavours in this area, an appropriate infrastructure to leverage such advances should be a key priority to support evidence-based policy and address the problems examined in this report.

Further information

To find out more about the study, please contact Professor 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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