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2 Protecting young children at risk of abuse and neglect

The changing face of early childhood in the UK



Contents

Overview and summary	2
Scope and methodology	7
1 The impact of abuse and neglect in early childhood	11
2 Changing legislation, policy, and protection for children at risk of abuse and harm	16
3 What do we know about children in the child welfare and family justice systems, and how has this changed over time?	23
4 What have we learned from the variation within these systems?	29
5 Understanding the systems that support children at risk of abuse and neglect	34
6 The impact of COVID-19	38
7 Conclusions	40
References	42
Annex: Policy and strategy milestones in England and Wales	49
Acknowledgements	51

The *Changing Face of Early Childhood* series

The *Changing Face of Early Childhood* is a new series of short reviews, events and engagement that seeks to generate an informed debate on early childhood based on what the collective evidence tells us. The series draws on over 80 studies funded by the Nuffield Foundation and undertaken by multidisciplinary researchers working in universities, research institutes, think tanks and other organisations, as well as other key studies. The research is wide-ranging, reflecting the interests of the research community, as well as the Foundation's priorities.

Our approach is designed to be holistic, bringing together perspectives from different disciplines and vantage points. We want to involve researchers, policy makers, and practitioners to help us explore the issues and develop evidenced-informed recommendations, and to identify gaps in the evidence. The final report will draw upon the insights provided by our readers and contributors over the course of the series.

This review—the second in the series—explores the evidence on the changing circumstances of young children at risk of abuse and neglect.

- **Review 1** – How are the lives of families with young children changing?
- **Review 2 – Protecting children at risk of abuse and neglect**
- **Review 3** – The role of early education and childcare provision in shaping life chances
- **Review 4** – Changing patterns of poverty in early childhood
- **Review 5** – Are young children healthier than they were two decades ago?
- **Review 6** – Parents and the home
- **Conclusion** – Bringing up the next generation: priorities and next steps

We value input and feedback on the series as it progresses, and the responses we receive will inform the concluding review. You can provide feedback on this review via our website: www.nuffieldfoundation.org/contact/feedback-changing-face-of-early-childhood-series

Protecting young children at risk of abuse and neglect

Overview and summary

Aims

All children need protection and nurture to be able to develop and thrive, but those under five require particular support. The love and care provided by parents and caregivers lays the foundations for all future emotional, cognitive, and physical development. Sadly, many children do not receive adequate care and support. Abuse and neglect in the earliest years of a child's life have been shown to have severe detrimental impacts on a child's immediate well-being and development, as well as their life chances and outcomes well into adulthood (Wilkinson and Bowyer 2017).

This review sets out to explore **changing patterns of abuse and neglect in early childhood over the last two decades**. Our aims are to:

- Highlight key insights from the work the Nuffield Foundation has funded in order to increase understanding of how outcomes for children at risk of abuse and neglect can be improved through changes to policy and practice.
- Explore the implications of current changes, including the impact of COVID-19, on young children's lives now and in the future.
- Set these new insights in the context of existing evidence—we do this by synthesising and critically appraising a large and complex body of evidence, highlighting connections and tensions as well as gaps and uncertainties.

We hope this review serves as a useful resource for policy makers, researchers, and practitioners.

Key learning

We know more about outcomes for young children at risk of abuse and neglect than we did 20 years ago, but much is still unknown.

Outcomes for children in the child welfare system are generally less favourable than for other children. These outcomes are often shaped by a combination of structural and societal factors (such as exposure to poverty and changing welfare systems) as well as child and family-related issues.

However, we still know very little about the early outcomes of **children under five** in these systems, including early educational progress, and even less about their early social emotional development compared to the wider child population. National data is still not collected on attendance at early years settings by looked-after children. To many, this may seem like an administrative or technical issue. However, until information is collected on who is (and importantly, who is not) attending early years settings, it is difficult to identify the true scale of the issue and design effective policy to help address this ([Mathers et al. 2016](#)).

Changing expectations and practice.

A larger and growing proportion of families are being referred to services because of emotional abuse and neglect compared to 20 years ago. This raises important questions as to whether we are seeing increased awareness and more/better reporting and recording, risk-averse social work practice, or whether there has been an actual increase in emotional abuse and

neglect owing to, for example, increased financial pressures on families, or reduced and fragmented preventative services—or, more likely, a mixture of all of these factors ([Trowler and Leigh 2018](#); [Care Crisis Review 2018](#); [Hood et al. 2020](#); [Curtis et al. 2019](#)).

It remains unclear whether different or compounded risks are being identified, or if the same behaviours are regarded as riskier to children than they would have been previously.

Reduction in preventative services.

As budgets have tightened, services designed to support families have been cut ([Britton, Farquharson, and Sibieta 2019](#); [Kelly et al. 2018](#); [Social Care Wales 2020](#)). Statutory and acute services (such as provision for children in care) have been protected at the expense of targeted preventative services ([National Audit Office \(NAO\) 2019](#)). Overall, we see statutory services and acute services for children at risk largely protected and a hollowing out of the middle—the services that help identify and support families and young children who are under pressure and struggling. While acute services are also taking up larger proportions of children's social care funding in Wales, cuts to spending on preventative services have been much less severe.

We have also seen a shift to 'late intervention' in the child welfare system—that is, a greater tendency to use child protection procedures and care for a greater proportion of referrals ([Hood et al. 2020](#)).

More young children and newborns are in some form of state protection.

We now know that the rate of children ‘born into care proceedings’ more than doubled in England and Wales between 2008 and 2017 ([Broadhurst et al. 2018](#); [Alrouh et al. 2019](#)).¹

In 2016/17, some 2,500 newborn babies were in care proceedings at birth in England because they were thought to be at risk of significant harm. We know this an intergenerational issue; around half of these babies are born to mothers who were themselves a teenager when they first became a mother, and around half of the mothers will have had a child taken into care before.

Variation and disproportionality in the child welfare system.

The chance of experiencing a child welfare intervention (becoming looked-after, or a child in need, or being on a protection plan) is not experienced equally by all families. Socio-economic circumstances, local area deprivation and ethnicity intersect to influence the likelihood of a child coming into state protection ([Bywaters et al. 2020](#)). Children are more likely to be considered ‘at risk’ if they live in poorer areas. This relationship appears stronger for younger children.

However, we know that there are large and significant differences in rates of intervention by ethnic groups—urgent attention needs to be paid by policy makers and researchers to understand key issues (e.g. what can we learn from communities that have lower rates than others) and to identify areas requiring action ([Bywaters et al. 2019](#)).

There are also significant variations in the way different local authorities and

courts apply the law relating to abuse and neglect ([Harwin et al. 2019](#); [Bilson 2018](#)). While each local authority is unique, analysis has shown that 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 ([Hood et al. 2020](#)).

Fragmented wider support for young children and their families.

Research suggests that evidence-informed interventions at the right time in early childhood can protect children and support their families to help them thrive ([Allen 2011](#); [Molloy, Barton, and Simms 2017](#)). When offered as a holistic, ongoing package of support across agencies (e.g. across children’s social care and adult support services), early help has the power to prevent abuse and neglect, or ameliorate its impact ([Wilkinson and Bowyer 2017](#)). However, the diversification of early help funding and provision around children’s centres has meant that there is significant variation in local offers. The Family Hub initiative represents the latest attempt to coordinate local family, health, and education support for children and their families. There is however limited national data on the effectiveness of existing family hubs, the services that they provide, how they are organised, and how families use them ([Lewing, Stanford, and Redmond 2020](#)).

We have also seen evidence that universal and targeted support services often do not work together in a coherent way to ensure both offers are reaching the children and parents who need them

1 Infants subject to care proceedings at less than one week old.

the most (Children’s Commissioner for England 2020a). In an ideal system these services—health, social care, wider social supports (e.g. the Troubled Families Programme), and early childhood education and care—would be integrated. In reality, however, the siloed approach to service provision means that these services are treated as independent bodies, and as a result many families continue to fall through the gaps.

To truly support children at risk a holistic cross-governmental framework is needed—social work and family justice are only one part of the solution. Recent programmes, such as the Big Lottery Fund’s Better Start initiatives, have attempted to coordinate services to better support families with young children and are being delivered in a number of trial

areas across England (National Lottery Community Fund 2020).

Increased pressures on children at risk and services during the first (March 2020) lockdown.

Usual pathways for referring children to services were significantly disrupted during the first UK lockdown, meaning children at risk of abuse and neglect may have been missed. These issues appear to be even more acute for infants and babies born in the pandemic, with children’s centres closing and health and GP check-ups coming via video link or telephone. Family court hearings and child protection conferences moved to a remote or hybrid format, with professionals and parents reporting concerns about fairness and the ability to practice humanely.

Points for discussion

A large and growing number of young children and newborns are known to services and taken into care. Meanwhile, a significant number of under-fives in vulnerable households are not known to the child welfare system. **There is ongoing debate as to whether too many children are being taken into state protection, or whether too many are being missed.**

Before any semblance of consensus can be reached on this issue, individual-level data must be improved on child need and maltreatment. Currently, estimates of abuse and neglect are taken from retrospective surveys or extrapolated from small-scale studies,

while administrative data relies on broad categories of abuse and neglect, and holds very little information about a child’s wider circumstances (Nuffield FJO 2020). Without more granular data, it is difficult to confidently estimate whether too many or too few children are known to these systems, let alone whether the *right* children are known to them. To truly understand who the children at risk are, we need more research on maltreated children in population-representative cohort studies, rather than solely relying on reports about officially registered cases, which are often a highly biased subset, and often only the tip of the iceberg.²

2 The Economic and Social Research Council (ESRC) has recently outlined plans for a new early life cohort study, which will focus on ‘sub-groups, including those which are traditionally underrepresented in studies of this kind and/or are harder to reach’ (ESRC 2020).

A natural consequence of blunt data, and variable practice and thresholds, is that two children can have similar levels of need, but one will be in care and the other will not. Conversely, two children in care who appear to be similar from the data can actually have very different lives and needs.

As a society we are still stuck trying to answer the following question: when it comes to abuse and neglect, is the state intervening too little or too much? The answer may be ultimately that it is doing both. Different state agencies appear to not be doing enough for some children at risk, and too much for others—largely because of weaknesses in data, missed signals of risk, systematic risk aversion, and blunt measures of overcompensation.

Is this even the right question to be posing? Should society and services instead be focusing on whether different state agencies are intervening in the right way? Is the current model of protection the best way of preventing harm and promoting

children and family outcomes? In addition to needing more data on child need and maltreatment, we also need better information on how children and families experience these services—do they help solve the underlying problems? This raises more fundamental questions about whether we are right as a society to focus on social work interventions as the main or only way to address the increasing challenges to early childhood.

When we consider the outcomes for children who have experienced maltreatment it is difficult not to conclude that the current system of child protection and support may need to be reevaluated.

Does the child welfare system focus too much on keeping a small cohort of children alive, and not enough on helping them (and a wider group of vulnerable children who do not reach the same thresholds) to be happy, do well in life, and make the transitions to succeeding in adulthood?

Scope and methodology

This review seeks to explore the changing circumstances of young children **at risk of abuse and neglect**. Other factors relevant to children's well-being, such as poverty and child and parental mental health, will be explored in later reviews in this series.

This review focuses on the main systems designed to identify and support children at risk of abuse and neglect—**the child welfare and protection system** and the **family justice system**.³ Not all children will be known to these systems because of abuse and neglect—some will be known for other reasons such as a disability, and/or a parent's disability.⁴ Others may be at risk but will not be known to systems at all. **The review focuses on 'early childhood', which we define as babies and children under the age of five.** Understanding how children at risk of abuse and neglect are supported in these systems, as well as the individual and wider societal causes of maltreatment, has become an important area of focus for the Nuffield Foundation. Over the past decade it has funded many projects and organisations to provide research evidence and innovation in

this area, including the Nuffield Family Justice Observatory (Nuffield FJO).

The Nuffield Foundation has a UK-wide focus. However, the review concentrates on **England and Wales**, largely because the family justice system, including the family courts, operates as a single system across both countries. This said, as we note in the policy and strategy milestones (see annex), the ways in which the child welfare system has developed in the last two decades differs between these two countries. The Nuffield Foundation has also funded important work on children's social care in Scotland, such as the second phase of the *Permanently Progressing* project, which explores children's perceptions as they move through the Scottish care system (Whincup et al. forthcoming).

This review focuses predominantly on children involved in the child welfare system and in the family justice system **via public law proceedings**. For younger children in particular, debate has centred on the issues of adoption and moving children at particular risk away from their families permanently. However, due to constraints on space, we do not

3 For a full review of the data issues relating to children at risk of abuse and neglect see Bywaters et al. (2015) and Children's Commissioner for England (2020a).

4 Not all children will be experiencing abuse and neglect, though the majority of children under 18 have some form of abuse recorded as an initial category of need. Other reasons for a child being in care include family dysfunction or because their family is in acute distress. A small number of children will be in these systems due to their disabilities (Department for Education (DfE) 2020a).

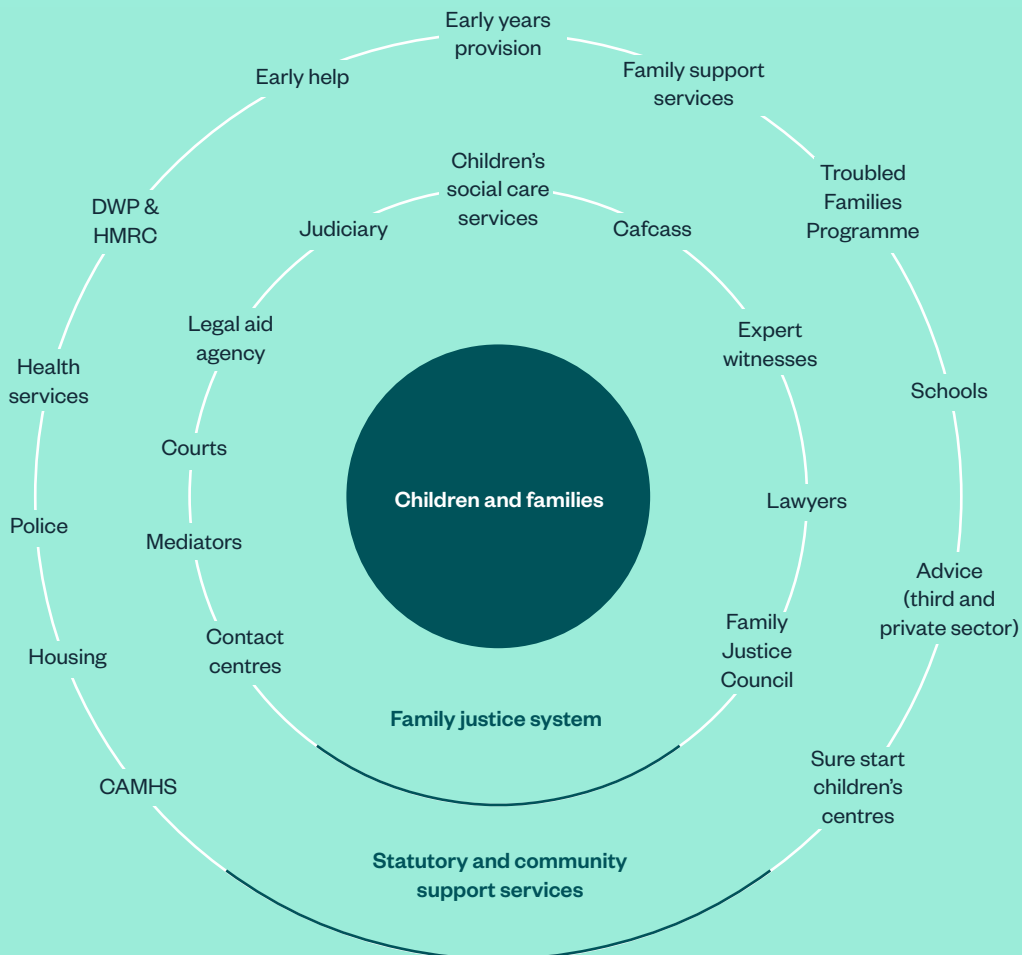
focus on these issues in great detail in this review.⁵

The Nuffield Foundation continues to fund a great deal of work in relation to private law (Cusworth et al. 2020), and private law proceedings remain a key focus area for Nuffield FJO. There is clear evidence that many children in private law proceedings will have experienced forms

of abuse and neglect (Hester 2011; Jay et al. 2019; Barnett 2020). Again, constraints on space and scope mean we do not focus on children involved in private law proceedings in this review.

The themes and areas of interest covered in this review include (but are not limited to) research funded by the Nuffield Foundation over the last eight

Figure 1: Systems designed to support children and families as described by the Family Justice Review. *Source: Norgrove (2011).*



Note: CAMHS stands for child and adolescent mental health services.

⁵ For further information on this see Neil, Gitsels, and Thoburn (2019) and Nuffield FJO (2020).

years. The Nuffield Foundation-funded research cited in this review is underlined, with full details provided in the reference list. While not all of the work funded by the Foundation in this area focuses directly on children under five years old, many of the findings and perspectives pertain to them.

A targeted (also known as a focused) literature review was undertaken to complement the existing body of work the Foundation has funded

in this area. This narrative review was designed to be an informative (rather than all-encompassing) review of the literature on abuse and neglect in early childhood. Drawing on this review, alongside the extensive knowledge and libraries of our advisory group and colleagues, both themes and gaps in the wider literature were identified. The review focused on studies published in the UK from 2010 onwards, and included both peer-reviewed and grey literature.

Key terms

- **Care proceedings** are court proceedings issued by the social services department of the local authority where an application is made for a care or supervision order in respect of a child (Family Law Group 2020).
- A **care order** is a court order that places a child under the care of the local authority. This is otherwise known as a child 'being in care'. This does not necessarily mean that the parent does not have parental responsibility, but the parent's wishes can be overridden if the local authority believes it is in the best interests of the child.
- **Child in need.** A child may be designated as 'in need' if they are 'unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled' (DfE 2020a). In Wales, legislation and recording changed in 2016. Children are now designated as 'children receiving care and support' (CRCS).
- **Child protection plan.** If the concerns around a child are confirmed, but not serious enough to remove a child, the child may be placed on a child protection plan (in Wales it is the **child protection register**). This is an agreement between the parents and local authority to improve a child's situation.
- **Child welfare system.** The definition used in this review is derived from Molloy, Barton, and Simms (2017), and refers to statutory child protection services, interventions and practice with children and young people who require a social care response, as defined by current legislation and guidance. For further information about how the child protection system works, see the NSPCC summary available at: <https://learning.nspcc.org.uk/child-protection-system>.
- **Early help**, also known as 'early intervention', early help is support given to a family when a problem first emerges. It can be provided at any stage in a child or young person's life.
- The **family justice system** is the legal machinery that applies to the regulation of disputes concerning the family or between members of the family and the state. It encompasses both the court **system** and wider 'dispute resolution' services such as lawyer negotiation, mediation, and the provision of advice.
- **Public law** puts in place systems and processes in order to minimise the risk of children coming to harm and lays out what action should be taken if children are at risk.
- **Private law** deals with family proceedings such as divorce, contact, and financial arrangements.
- A **supervision order** is a court order, which means that the child remains where they are but that the local authority then supervises the care of the child.
- **Toxic stress** is a term used by psychologists and developmental neurobiologists to describe the kinds of experiences, particularly in childhood, that can affect brain architecture and brain chemistry.

1 The impact of abuse and neglect in early childhood

There is a large and growing body of research on the detrimental impact

of abuse and neglect in early childhood (Belsky 1993; Widom, Weiler, and Cottler 1999; Radford et al. 2013; Ashton et al. 2016; Wilkinson and Bowyer 2017). Recent research on adverse childhood experiences (ACEs),

such as maltreatment or exposure to domestic abuse, has built on an established base of literature and collated the evidence on the harmful effects that these experiences have on well-being, development in early childhood, and further outcomes throughout life (Felitti et al. 1998; Anda et al. 2006; Radford et al. 2013; Ashton et al. 2016).

Note to the reader: Inline references that are underlined are those funded by the Nuffield Foundation.

Definitions of abuse and neglect

Official definitions differ between England, Wales, Northern Ireland and Scotland, but all contain reference to physical, sexual and emotional or psychological abuse, and neglect. We draw on the definition given in Working Together to Safeguard Children (HM Government 2018, pp. 107–108).

‘Abuse: A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or

adults, or another child or children [...] It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

Neglect: The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.’

Research on ACEs by the Early Intervention Foundation (EIF) makes clear that there is a risk of oversimplification, and that there are major gaps in the evidence on how to identify and support children most at risk. Research into the relationship between these experiences and short and medium-term outcomes has used a variety of methods, with different degrees of robustness. The overall conclusions are not clear-cut and need careful interpretation (Asmussen, Fischer, and McBride 2019).

1.1 Evidence from neurobiological research

Neurobiological research has formed the core of recent developments in child protection and wider early years policy. Influential reports (Allen 2011; Brown and Ward 2013; Leadsom et al. 2013) have drawn on supporting evidence from neuroscience to suggest that the first three years (or sometimes the first 18 months) of a child's life are critical in laying the foundations of future well-being and development.

'The emphasis on the vulnerable infant brain has created a "now or never" imperative to intervene early to prevent irreversible damage to human development' (Critchley 2020, p. 896).

Research from the Center on the Developing Child at Harvard University has been influential in drawing together data that indicates that environmental neurotoxins, drug exposure, and chronic or 'toxic' stress can harm the developing brain (Shonkoff and Phillips 2000; McCrory et al. 2011; Hein and Monk 2017). While these studies and others in this sphere have been influential in forming the backbone

of UK child protection policy—and their findings confirm what is often reported by practitioners (Critchley 2020)—the samples studied have tended to be small and highly biased. Moreover, most of the research is, and continues to be, observational and therefore cannot attest that abuse and neglect actually *cause* poor later life outcomes. That is not to say that shaken baby syndrome or a head injury from abuse do not harm the brain, for example, but those are not the cases that have typically been included in the research.

Our understanding of latent vulnerability, where maltreatment in a child's earliest years does not manifest until later in childhood, is also beginning to develop (McCrory, Gerin, and Viding 2017; McCrory et al. 2019). It should be noted, however, that **this research is still in its infancy** and more data and analysis is needed to provide further guidance on how and when services should intervene (Asmussen, Fischer, and McBride 2019).

1.2 Emerging evidence on the early and later life outcomes for children in the family justice and child welfare systems

We now know more about the associations between child maltreatment and outcomes in adolescence and in later life. However, population-level data exploring outcomes for this cohort is still limited (Gypen et al. 2017). Outcomes for these children are often shaped by a combination of structural and societal factors such as exposure to poverty and changing welfare systems, as well as individual and family-related factors such as exposure to abuse and neglect, and disrupted relationships with birth parents (Howe 2005; Dozier et al. 2007; Bywaters et al. 2015; Cleaver

et al. 2011; Burch, Daru, and Taylor 2018). These outcomes can be ameliorated or compounded by early help and the intervention of services (see Section 5).

Protective factors have perhaps not been researched as extensively as risk factors. However, there appear to be certain types of support that can help children recover from abuse and neglect in childhood. As noted by Wilkinson and Bowyer (2017) in their review of the research evidence on maltreatment:

'Individual children and young people's ability to cope with and rebound from adverse experiences is related to a number of characteristics and supporting factors. These include factors such as their age and developmental stage, the presence of resilience promoting relationships in their lives and access to wider family support' (Wilkinson and Bowyer 2017, p. 19).

Education outcomes.

In England, data is limited on the educational and social emotional progress of children known to the child welfare system prior to school age (Mathers et al. 2016). There is some evidence that looked-after children have poorer early language development, including pre-reading skills as they enter primary school (Pears et al. 2011). International research has also consistently shown gaps in early language development between disadvantaged and advantaged children more broadly (Waldfoegel and Washbrook 2011; Matthews et al. 2017).

Researchers have often investigated the educational outcomes of children in care. However, up until recently children in need have received very little attention. Research by Berridge et al. (2020) has shown that children at Key Stage 1 (aged 7) with a social work intervention had

consistently lower educational outcomes than those with no intervention. The gap also increased with the severity of the intervention (Figure 2).

As argued by Berridge et al. (2020), given that in terms of volume social work is clearly dominated by children in need services, and given the consistently poor educational outcomes of children in need, more needs to be done to increase the visibility of children and bring more parity with children in care.

For children in state care, instability appears to be one of the largest drivers of poor attainment; children with multiple social work interventions tended to have poorer educational outcomes than those with fewer interventions (Berridge et al. 2020). Aligning with earlier work by Sebba et al. (2015), being in care for over a year appears to benefit children's educational attainment. However, a higher number of placement changes was linked to poorer attainment, suggesting that the stable placements may operate as a protective factor educationally. Though, as Figure 2 shows, looked-after children continue to have significantly poorer educational outcomes than those who are not in care.

Around one-third of children leaving care re-enter within five years. Those older at initial exit, White or mixed ethnicity children, those returning to parents, and children who had shorter placements, are more at risk of re-entry (Neil, Gitsels, and Thoburn 2019; McGrath-Lone et al. 2017).

Wider outcomes

In recent years more data and evidence has emerged on outcomes for children who have been involved in the family justice system via public law proceedings. However, often the data does not distinguish between children who entered the system in early or later childhood (Nuffield FJO 2020).

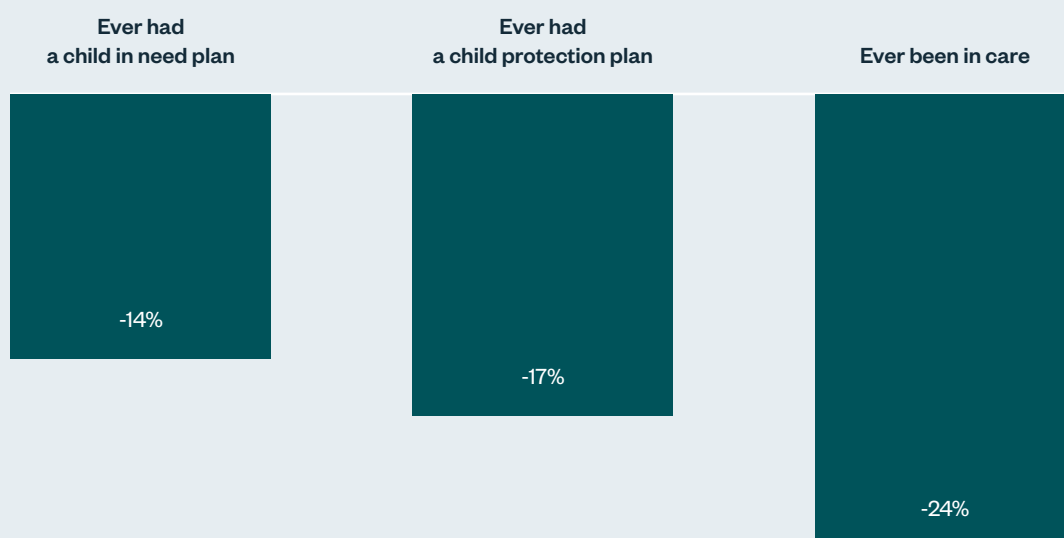
Compared to the wider population, we know that children who have been in the care system are more likely have committed multiple offences in their teenage years (Forty and Sturrock 2017). It is also estimated that around a quarter of prisoners have been in care at some point in their formative years (Full Fact 2012).

According to recent estimates, of the 19 to 21-year-old former looked-after children who stayed in touch with councils in 2019, 39% were not in recorded education, training, or employment. This compares to 11% of 19 to 21-year-olds in the general population (DfE 2020a). An estimated 12% of former looked-after

children (aged 18–23) go on to university each year, compared to 43% of all 18 to 23-year-olds (Harrison 2017).

We also know more about the intergenerational impact of being in the care system. Research by Broadhurst et al. (2017) exploring the circumstances of mothers who had successive children removed from their care showed that a significant proportion were previously in the care system themselves. Between 2007 and 2014, 40% of the mothers had been in foster care or children’s homes with a further 14% living in private or informal relationships away from their parents. The study also revealed the high levels of abuse and neglect women

Figure 2: Mean attainment in English, maths and science at Key Stage 1 compared to children who had not received an intervention during their school years. *Source: Berridge et al. (2020).*



had suffered in their lives as children
([Broadhurst et al. 2017](#))

1.3 Points for discussion

- Research suggests that outcomes for looked-after children are generally less favourable than for other children outside of the care system. However, these negative outcomes are often dependent on circumstances related to the individual child including (but not limited to) exposure to abuse and neglect, placement stability, and timing of removal.
- Children with social work interventions (in need, on a protection plan or in care) tend to have poorer educational outcomes at Key Stage 1. While policy continues to focus on children in care, more needs to be done to increase the visibility of children in need.
- We still know very little about the **early** educational progress and social and emotional development of children in the family justice and child welfare systems.

2 Changing legislation, policy, and protection for children at risk of abuse and harm

2.1 A shift in the funding of preventative and statutory services

Since 2010 we have seen significant changes in how local authority spending on children's services—moving away from preventative services—has affected the ways children at risk are both identified and supported ([Kelly et al. 2018](#); [Curtis 2019](#)). Analysis by the Institute for Fiscal Studies and the National Audit Office (NAO) has shown that overall spending on children's services has remained largely consistent in England since 2010. However, statutory and acute services, such as provision for children in care, have been protected at the expense of targeted preventative services, reducing early intervention and removing vital safety nets for children at particularly

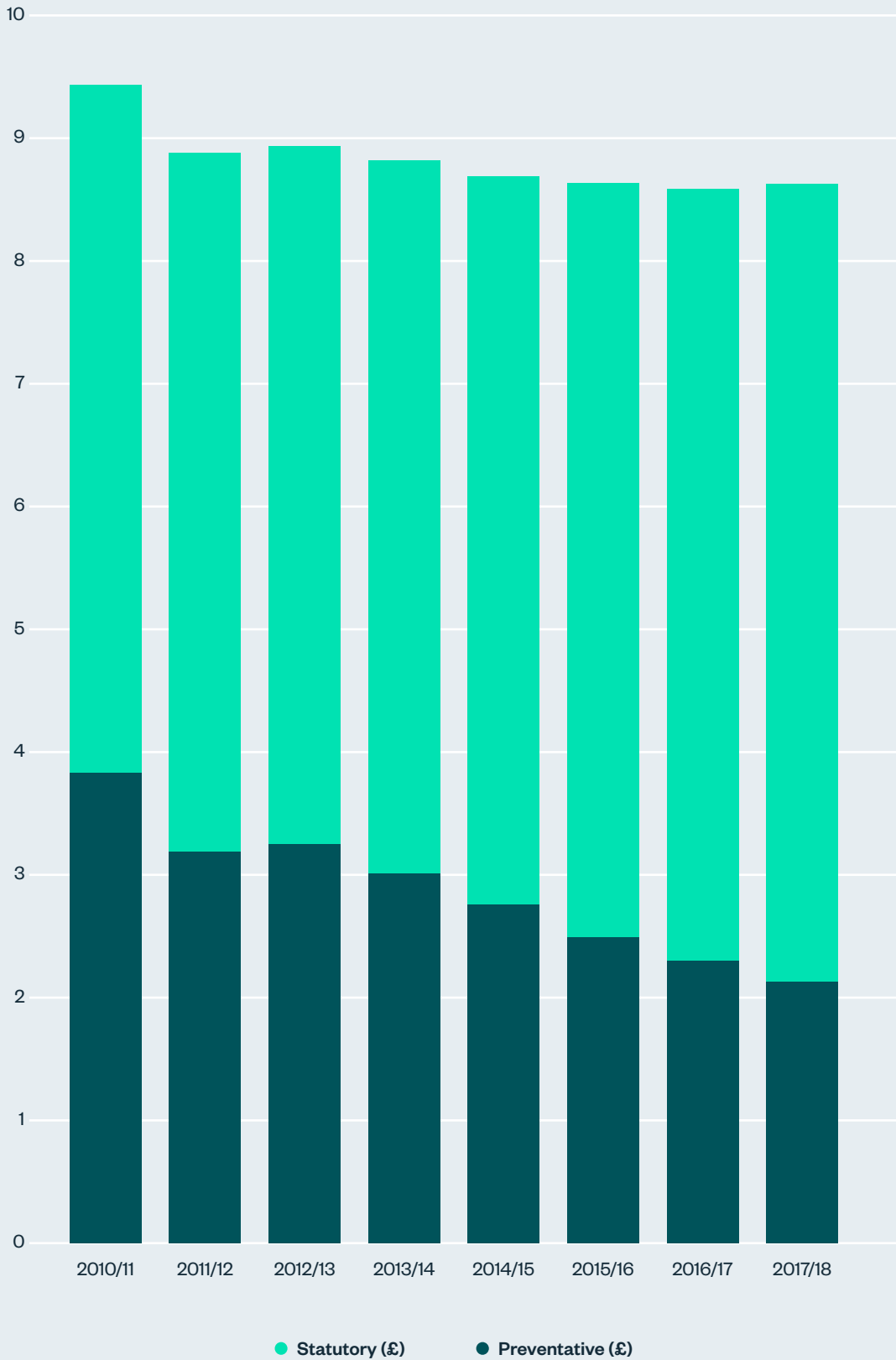
acute risk ([Britton, Farquharson, and Sibieta 2019](#); [Kelly et al. 2018](#); [NAO 2019](#)).

Data from Wales since 2014/15 shows a similar pattern. A greater proportion of children's social care budgets are being spent on looked-after children and safeguarding children services than in previous years. And while there have been reductions in spending on preventative services (e.g. family support services), in contrast to England, spending on these services has not been reduced quite so severely ([Social Care Wales 2020](#)).

Alongside a reduction in preventative spending, local authorities in England have also seen a reduction in the public health grant since 2015 ([Harris, Hodge, and Phillips 2019](#)). An illustrative example of where we have seen the consequences of this shift is

Figure 3: Changes in spending on children's services, England, 2011–2018.
 Source: NAO (2019).

£ billion in 2017/2018 prices



Note: Real terms, 2017/18 prices.

in relation to health visitors.^{6,7} Alongside their public health nursing role, health visitors provide a valuable safeguarding and early help service for children at risk (Peckover and Appleton 2019). NHS data suggests the number of full-time equivalent (FTE) health visitors has declined steadily since its peak in 2015 (NHS Digital 2020). (See Section 6 for recent changes in light of COVID-19.)

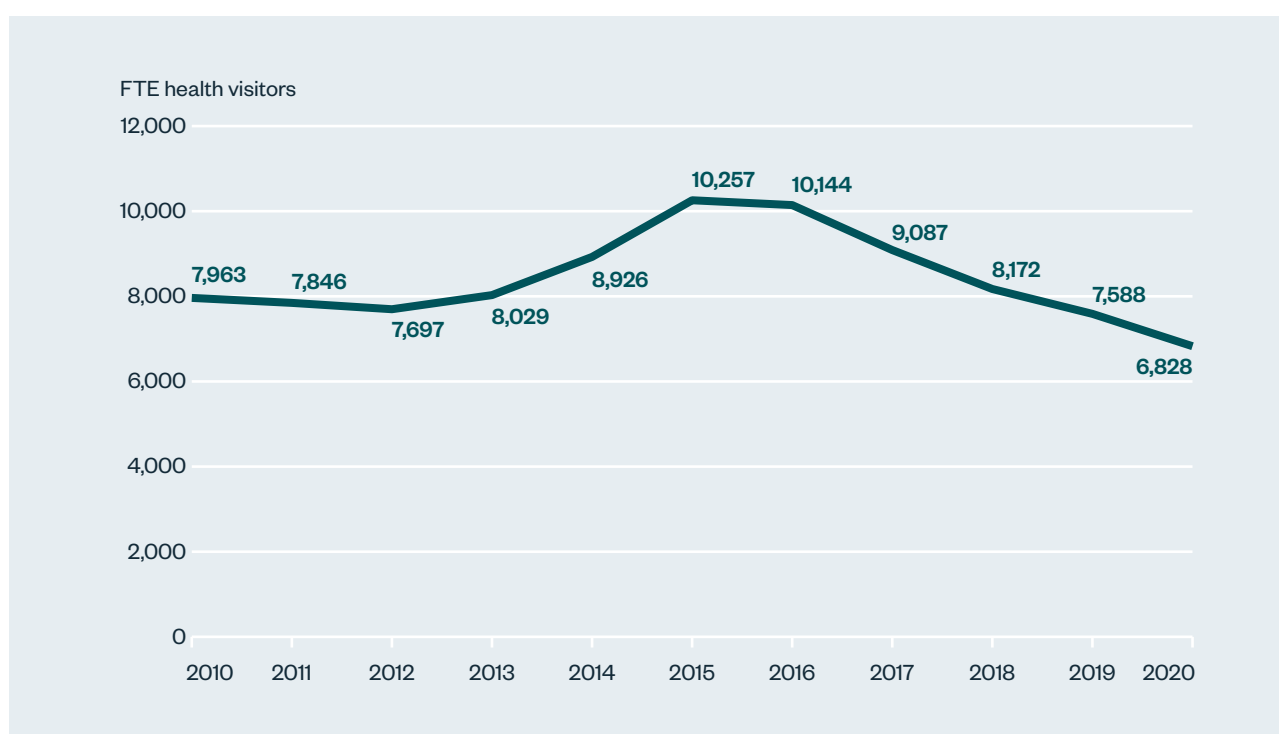
In contrast, the comparable programme in Wales, Healthy Child Wales, has received consistent funding since its

introduction in 2016. However, in line with England, the number of FTE health visitors has also declined since its peak in 2015 (StatsWales 2020a).

2.2 Changing social work practice

Since the enactment of the 1989 Children Act we have seen the introduction of a range of legislation, guidance, and policy across different administrations to both encourage integrated approaches

Figure 4: Health visitor FTE equivalent in NHS hospitals and community health services, England, 2010–2020. *Source: NHS Digital (2020).*



Note: Measured in March each year.

- 6** Health visitors support new parents and infants from birth until the child is two, advising on feeding and growth, sleeping, vaccinations and development, and identifying parents who need mental health support. All families are entitled to five checks, the first usually a home visit (Sherwood 2020).
- 7** The commissioning of public health services, including school nursing and health visiting was transferred to local authorities by the end of 2015 (Royal College of Nursing 2019).

to family support and redesign services around the notion of early identification of risk (Hood et al. 2020).⁸ These policy developments have taken place against a backdrop of significant events, which have increased the role of the state in vulnerable children's lives and the organisation of these services, as well as the behaviour and practice of professionals. The tragic and high-profile deaths of Victoria Climbié and Peter Connolly, together with their subsequent enquiries, have drastically changed how the state supports the children at risk of abuse and neglect. The reviews that followed, notably Laming (2003) and Munro (2011), proposed radical changes to the national and local structures for children's and family services to ensure they are properly coordinated, accountable, and managed effectively.

It remains unclear whether different risks are being identified, or if the same behaviours are regarded as riskier to children than they would have been previously. According to some commentators and policy officials, we have witnessed a change in what society is prepared to accept as a standard of parenting it can tolerate, resulting in a greater number of children referred to children's services (Trowler and Leigh 2018; Curtis et al. 2019).

The reasons behind the trend of increasing numbers of children going into the child welfare and family justice systems are complex and contested. But they do not reflect an increase in recorded physical or sexual abuse. Instead, as Figure 5 shows, we have seen a greater proportion of children under five on protection plans

in England (and on the child protection register in Wales) due to neglect and emotional abuse (DfE 2020b). This raises important questions as to whether we are seeing increased awareness and more/better reporting and recording, risk-averse social work practice, or whether there has been an actual increase in emotional abuse and neglect owing to, for example, increased financial pressures on families, or reduced and fragmented preventative services—or, more likely, a mixture of all of these factors (Trowler and Leigh 2018; Care Crisis Review 2018; Hood et al. 2020; Curtis et al. 2019).

2.3 Capacity and the 'right' level of intervention

Debates continue as to whether child welfare intervention rates are too high (i.e. whether the state intervenes too readily in families' lives) in England and Wales. It appears that higher intervention rates are not driven by more referrals. Research has shown that while referrals to local authorities increased by 7% between 2010/11 and 2017/18, local authorities carried out 77% more child protection assessments (NAO 2019). It is not clear, however, if the disproportionate increase in assessments is because of lower risk thresholds applied by authorities, a change in the *nature* of referrals made, or other factors (NAO 2019). Interviews with service managers carried out by Hood et al. (2020) suggest that demand, in terms of children requiring a child protection intervention, has increased.

⁸ Others have provided more comprehensive accounts of the ways in which the policy in this area has transformed and developed (Association of Directors of Children's Services (ADCS) 2018; Powell 2019; NSPCC 2020). These policies and strategies have not all been directly aimed at children under five, but all pertain to them. (A list of strategy and policy milestones can be found in the annex).

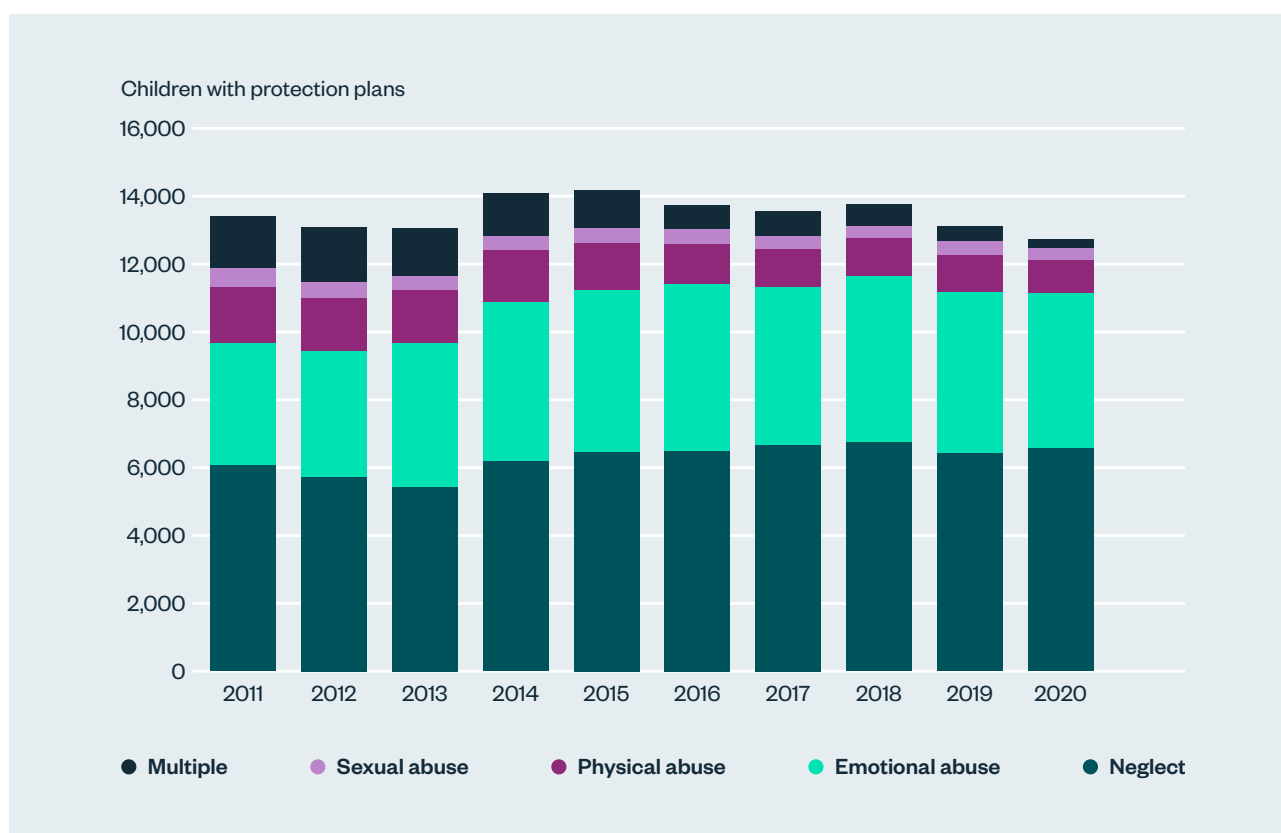
Researchers and commentators suggest that high-profile and tragic deaths have caused local authorities and social workers to become ‘risk-averse’ (Hood et al. 2020; Tickle 2018). However, this has been in the form of ‘late intervention’, or a greater tendency to use child protection plans and care for a greater proportion of referrals (Hood et al. 2020).

Meanwhile, bodies such as the Children’s Commissioner for England argue that the scale of childhood vulnerability is much larger than is currently being dealt with, arguing that only a fraction of children at risk are actually identified (Children’s Commissioner for England 2020b). Recent

analysis by the Child Safeguarding Practice Review Panel for England revealed that 46% of children who died or were seriously harmed in 2018/19 were not known to the child welfare system (Child Safeguarding Practice Review Panel 2020).

These viewpoints are not necessarily mutually exclusive. Not all of these children in vulnerable families need to be on a child protection plan (or in Wales a child receiving care and support plan). Instead, existing universal and targeted services, for example an expanded Troubled Families Programme, could potentially be sufficient in helping local authorities to

Figure 5: Initial factors identified in child protection plans of children aged 1–4, England, 2011–2019. *Source: DfE (2020b).*



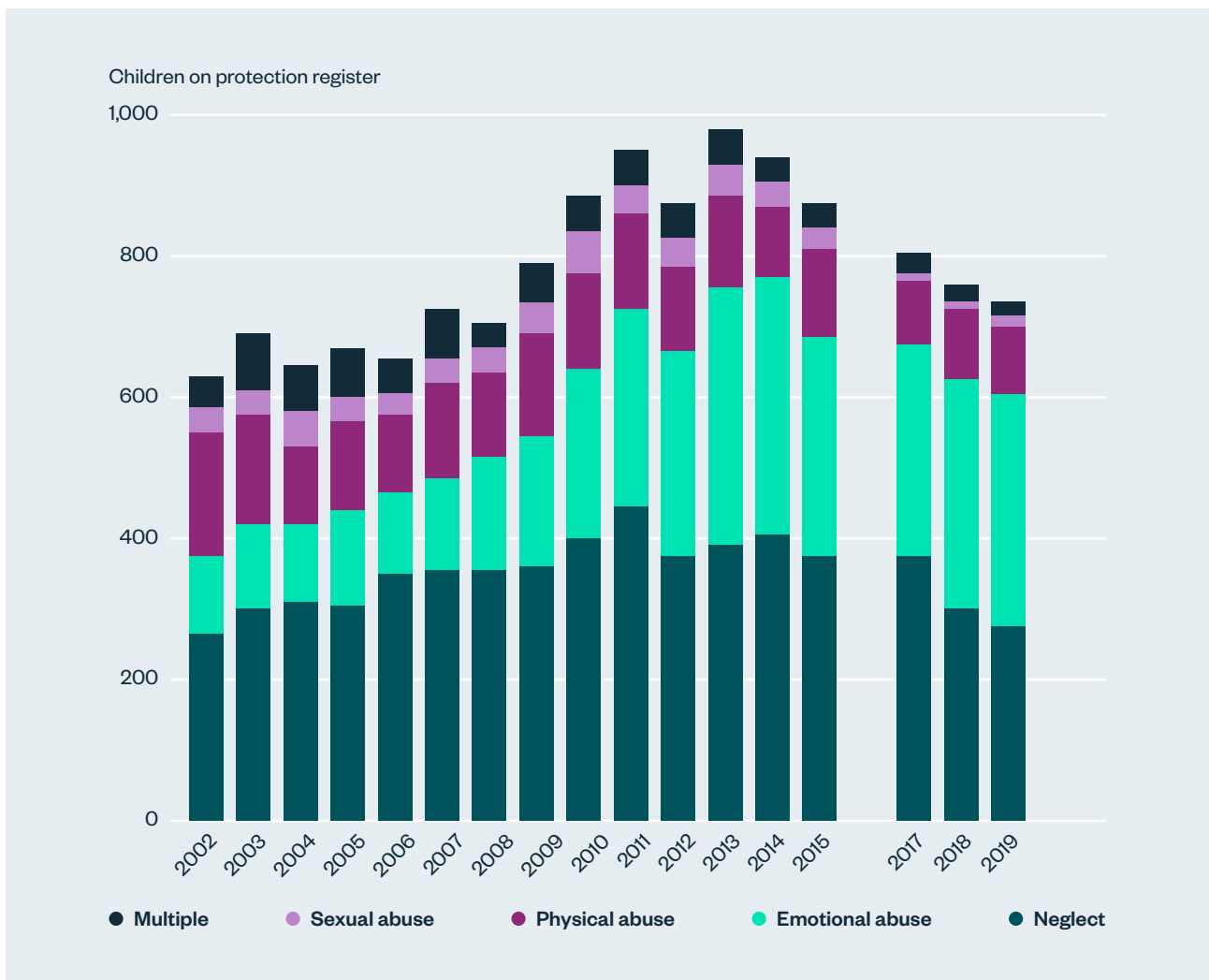
Note: The ‘Multiple’ category refers to instances where there is more than one main category of abuse. Children included in this category are not included in any other category of abuse, therefore a child is counted only once overall.

support the welfare of young children and their families.

There are serious concerns and much uncertainty about whether the child welfare and family justice systems can be sustained with the current levels of demand and resourcing for care ([Care Crisis Review 2018](#)). Councils in England overspent on children’s social care by £800 million in 2018/19 (Harris, Hodge, and Phillips 2019).

In 2016, the then President of the Family Division, Lord Justice Munby, described the care system as being in a state of crisis. In response, the Nuffield Foundation funded the Care Commission to consider how to address this ‘care crisis’, and to explore the factors that have contributed to the number of children in care reaching the highest level since the Children Act 1989 was enacted

Figure 6: Factors identified in children on the child protection register aged 1–4, Wales, 2001–2019. *Source: StatsWales (2020b; 2020c).*



Note: A number of data items are unavailable for 2015–16. The scope of the social services data collections was reduced for 2015–16 in order to ease the burden on local authorities while they made preparations for the change to data requirements for 2016–17, following the Social Services and Well-being (Wales) Act 2014 coming into force.

(Care Crisis Review 2018). (Section 3 explores these trends in greater detail).

'Many in the system continue to be frustrated working in a sector that is overstretched and overwhelmed and in which, too often, children and families do not get the direct help they need early enough to prevent difficulties escalating' (Care Crisis Review 2018, p. 4).

2.4 Points for discussion

- There has been a shift in the organisation and funding of services for children at risk of abuse and neglect, with a greater share of funding allocated to statutory and acute rather than preventative services.
- There is ongoing debate as to whether too many young children and newborns are being subject to care proceedings, or whether too many are being missed. The answer may be due both to a lack of child protection support at the right level and a system that does not always take the right children into care. Ultimately both appear to be a consequence of failing to align services against the distribution of needs in the local population, which is a consequence of insufficient data on the latter (and cuts to preventative services).

3 What do we know about children in the child welfare and family justice systems, and how has this changed over time?

3.1 Estimating the number of young children at risk

It is estimated that some half a million children under five live in a household with domestic abuse, parental mental health problems, or parental drug/alcohol abuse (see box on page 24). Scarce evidence exists on whether child maltreatment is increasing or decreasing over the long term in England and Wales (Degli Esposti et al. 2019; Gilbert et al. 2012). Research by the NSPCC, which remains the most robust to date, suggested in 2011 that rates of child maltreatment reported retrospectively by young adults aged 18–24 were lower in 2009 than in 1998, suggesting maltreatment may be becoming less prevalent (Radford et al. 2013). There has not yet been a follow-up survey.

The ONS has started collating survey data to estimate the proportion of the population that has experienced abuse and neglect. It estimates that one in five adults (aged 18–74) has experienced some form of abuse and neglect by the time they are 16 (ONS 2020). (Section 6 outlines recent trends in light of the COVID-19 pandemic.)

However, robust assessment of the extent of maltreatment and whether this has changed over time remains limited due to a lack of regularly collected data. Moreover, the data used in both the NSPCC and ONS analyses is based on retrospective recall of historic abuse. There is strong and ample evidence of both under and overreporting in such studies. When retrospective recall of child abuse and neglect has been compared to prospective data in the same cohort, there is shockingly

little overlap (Reuben et al. 2016; Baldwin et al. 2019).

In the UK current practice in children's social care and protection has been led by the influential review of Cleaver et al. (2011). This has led to an increased awareness of the risk factors that affect the capacity of parents to adequately care for their child: mental illness, learning disabilities, substance misuse and domestic violence. In policy documents these factors have been reduced and referred to simply as the 'toxic trio' (Cleaver et al. 2011). Poverty is also often seen as separate from these risk factors, reduced to a secondary factor, which may increase the risk to children. This is despite considerable international research evidence that suggests that the socio-economic conditions in which parents operate exacerbates or mitigates these issues (Bywaters et al. 2016).

In recent years there has been growing concern around the use of such terms because they often lead to the

parents—most often the mother—being categorised as 'toxic' and the main source of risk. As a result, the term serves to further stigmatise and does not illuminate fruitful pathways to intervention (Hardy 2018).

3.2 Children known to the child welfare system

While less is known about trends in underlying prevalence of child abuse and neglect, much more is known about the profile of children being supported by child welfare and family justice systems, and how this cohort has changed over time.

Children in need

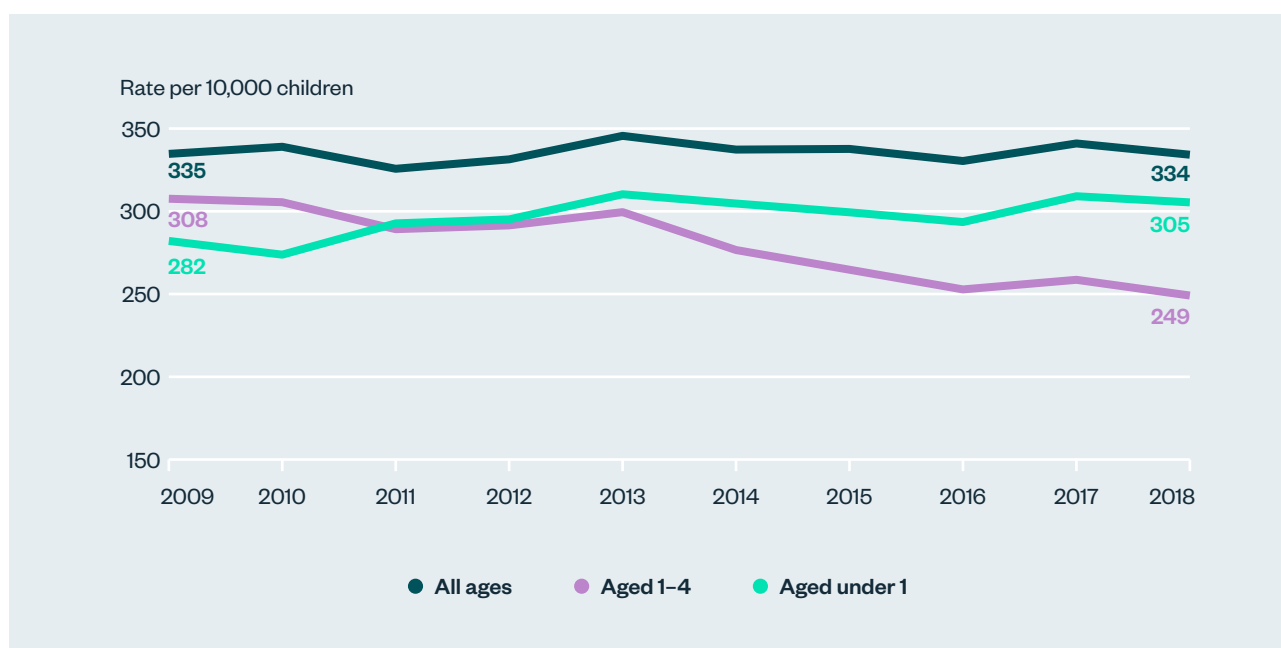
Despite a growing number of children in care and on protection plans, the rate of children in need has remained relatively stable for all children under 18 in England. For children aged 1–4 the rate has actually decreased since 2009, while among children under the age of one it has increased (DfE 2020b).

According to official statistics and extrapolated survey data, England, 2019

- **557,512** children under five lived in a household with domestic abuse, parental mental health problems, or parental drug/alcohol abuse.
- **72,736** children under five were children in need (but not looked after).
- **41,210** children under five had a hospital admission caused by unintentional and deliberate injuries in children.
- **17,377** children under five had an open child protection plan.
- **14,580** children under five were looked after by a local authority.
- **2,890** children under five were adopted after being taken into care.

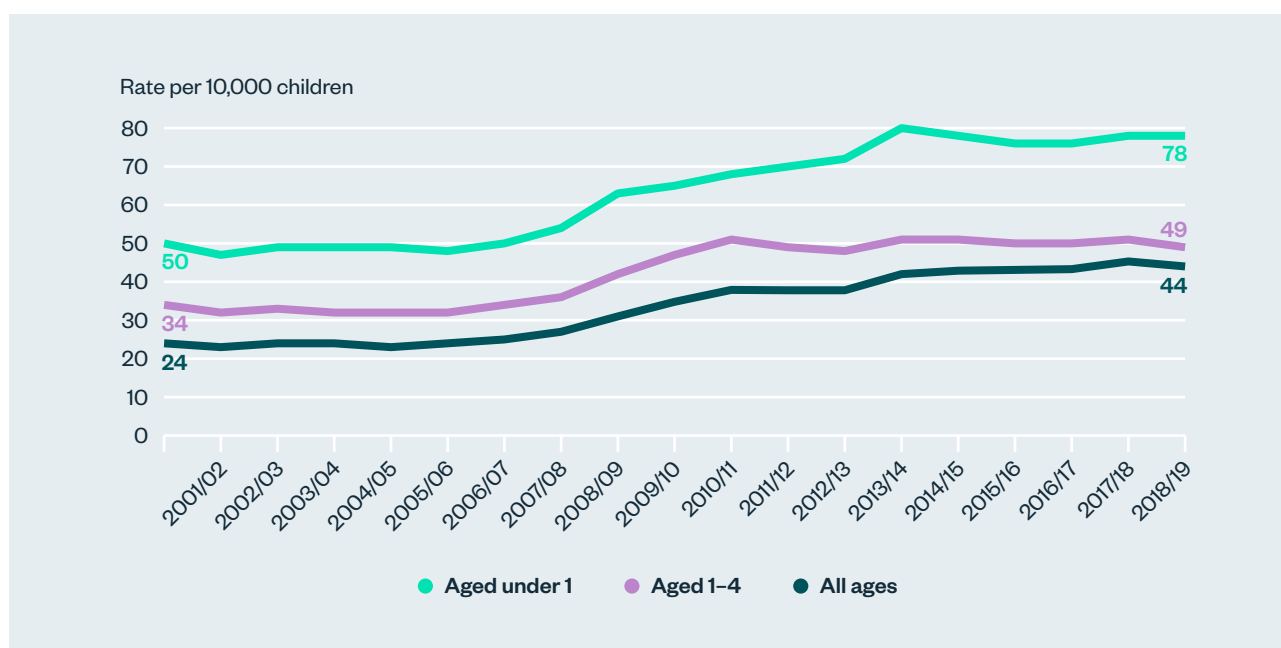
Note: Some children may be included in multiple groups. For full information on data sources see Children's Commissioner for England (2020b). ADCS has also released national data for all children under 18 (ADCS 2020).

Figure 7: Children in need per 10,000 children, England, 2009–2018. *Source: Authors’ analysis of DfE (2020b) data.*



Note: ‘Aged under 1’ excludes unborn children. Measured in March each year. Mid-year population estimates taken from ONS.

Figure 8: Children on protection plans per 10,000 children, England, 2001–2018. *Source: Authors’ analysis of DfE (2020b).*



Note: ‘Aged under 1’ excludes unborn children. Measured in March each year. Mid-year population estimates taken from ONS.

Children on a protection plan

The costliest activities in the child welfare system—child protection assessments and supporting children on child protection plans—have increased rapidly in the last two decades, suggesting a greater demand on children’s services (DfE 2020b).

As Figure 8 shows, the rate of children on a protection plan in England remains higher among children aged under four, and has risen since the early 2000s, though rates have stabilised since their peaks in 2013.

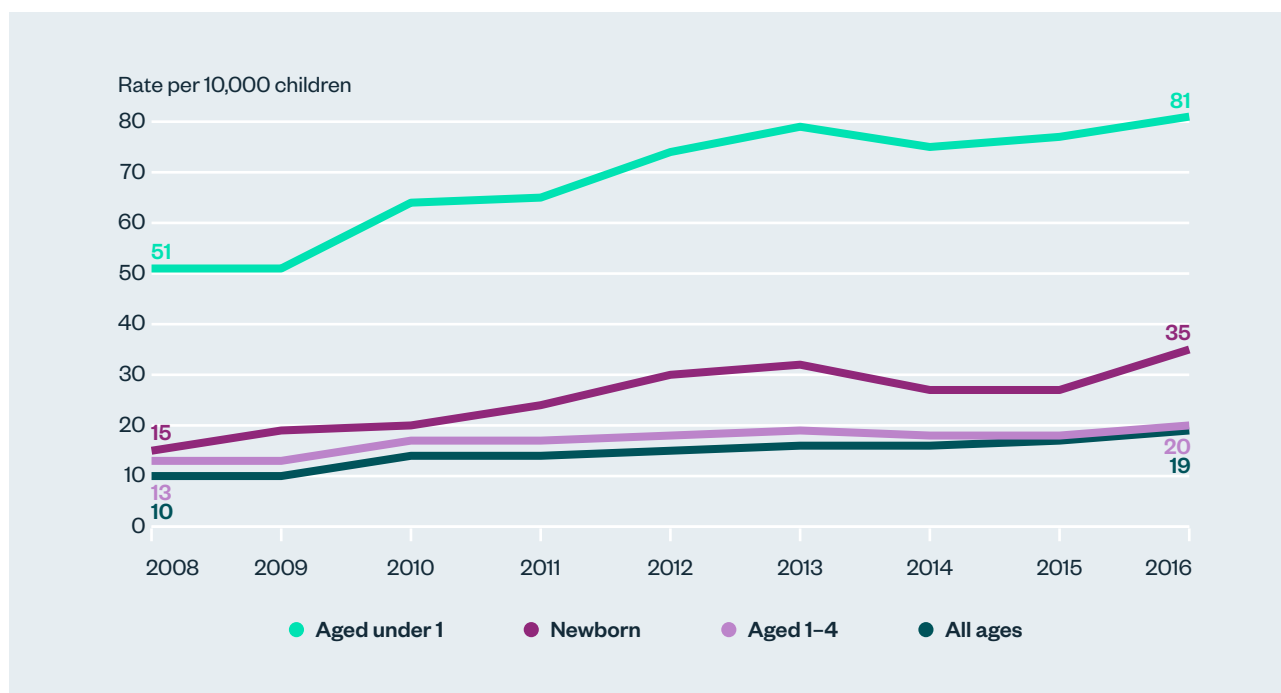
(all children under 18) have been rising in both England and Wales since the late 1990s (DfE 2020b). Yet, until recently, little was known about the number of newborns coming into care proceedings.

Analysis by Broadhurst et al.(2018) found that just under one in four children in care proceedings in England is an infant under one year old. Between 2007/08 and 2016/17, a greater proportion of care proceedings concerning infants were issued for newborns. The likelihood of newborns in the general population becoming subject to care proceedings had also increased; ‘the incidence rate more than doubled from 15 to 35 per 10,000 children’ (Broadhurst et al. 2018, p. 18). Data suggests around half of these babies are born to mothers who were

3.3 Children in care proceedings

The number and rates of looked-after children and children in care proceedings

Figure 9: Care proceedings per 10,000, England, 2008–2016.
Source: *Broadhurst et al. (2018)*.



Notes: ‘Newborns’ refers to the number of infants subject to s.31 proceedings within one week of birth per calendar year (2008–2016), and the number of live births in England in each calendar year (2008–2016). Mid-year population estimates taken from ONS.

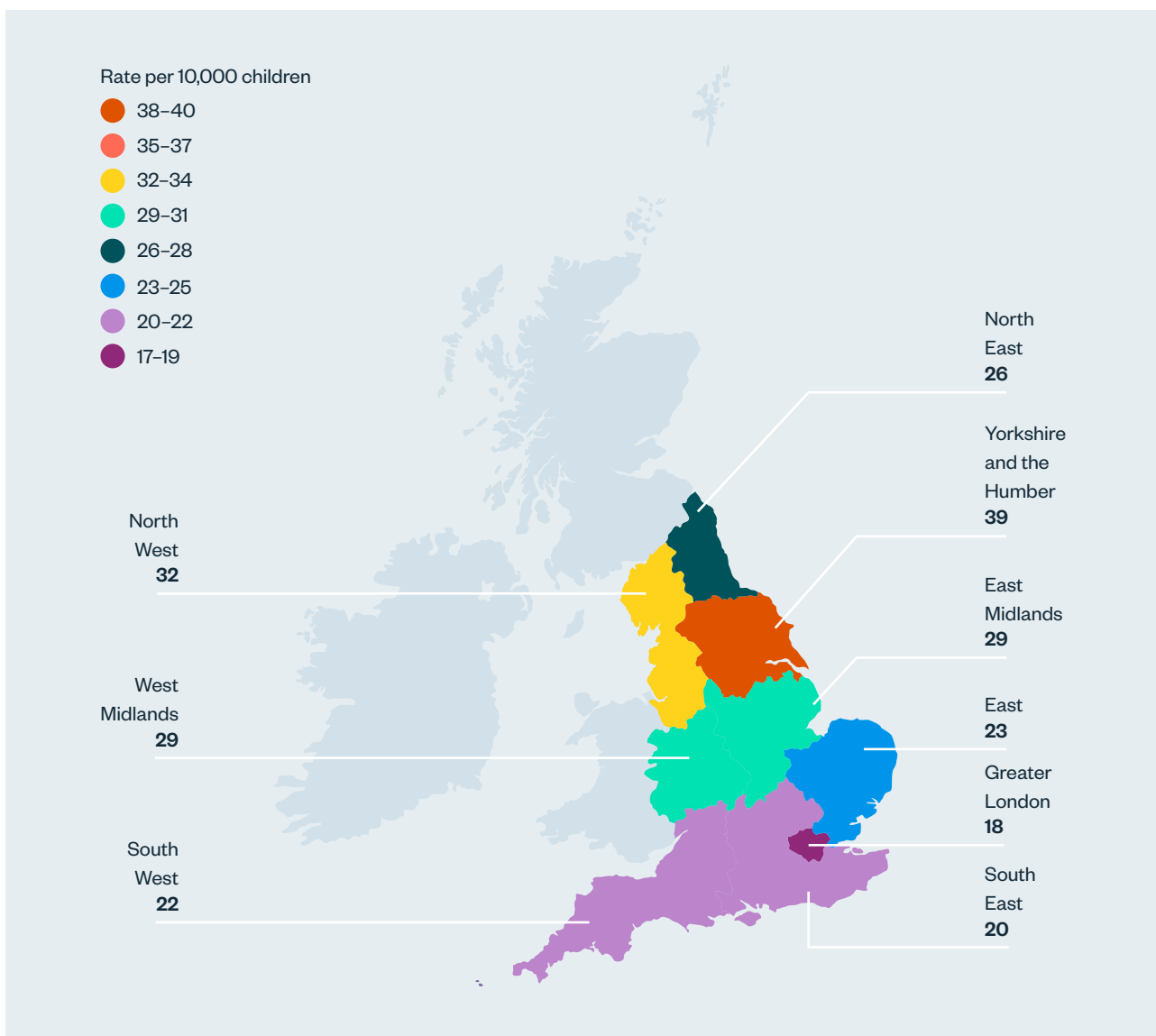
themselves a teenager when they first became a mother, and around half of the mothers will have had a child taken into care before (Broadhurst et al. 2018).

‘[Removing a newborn] is perhaps the most difficult, and brutal, decision that professionals can make to intervene in family life’ (Lisa Harker, Director of Nuffield FJO in Alrouh et al. 2019, p. 8).

The study also shows a regional divide, with marked differences in the rates of newborn babies coming into care across regions in England, as well as differences within individual regions (Broadhurst et al. 2018).

For all regions, rates increased over time. However, the greatest increases were evident in the North East, North West and South West.

Figure 10: Overall rate of newborns being taken into care per 10,000, England, 2008–2016. *Source: Broadhurst et al. (2018).*



Similar trends have been found by [Alrouh et al. \(2019\)](#) in their exploration of newborns in public law proceedings in Wales. Comparing data from England and Wales shows the proportion of infant cases close to birth is largely similar for England and Wales. However, the incidence rate (number of newborns per 10,000 live births) is higher in Wales than in England ([Alrouh et al. 2019](#)).

New analysis of data from 25 English local authorities by [Bilson and Bywaters \(2020\)](#) showed a clear relationship between the proportion of children born into care proceedings in 2017 and local authority deprivation. Children born in local authorities with high levels of deprivation had a greater chance of entering care in their first week than children born in less deprived authorities ([Bilson and Bywaters 2020](#)).

One interpretation of these trends could be that, for individual children, this earlier intervention can be good for their longer-term safety if staying at home puts them at risk of significant harm. Children appear to be being removed at an earlier stage of concern, with children's services and courts making earlier decisions about their safety.

Questions remain, however, around the availability of services to support mothers before a newborn is removed from their care. Have cuts to early help and preventative budgets made it harder to support families so they could stay together? In first-time cases in particular, questions remain as to whether sufficient time is taken to establish a claim of likely significant harm to the child.

'For infants whose family is new to the court, pregnancy provides only a short window for the assessment of parenting capacity and support for change'
([Broadhurst et al. 2018](#), p. 12).

Regional and local variations matter too. There are significant differences between the way courts and local authorities behave towards young children and newborns at risk, despite similar demographics or levels of deprivation (see Section 4.3).

3.4 Things we can see

- Estimates suggest that a considerable number of young children at risk of abuse and neglect do not come to the attention of services each year.
- The rates of children on protection plans and in care proceedings in the family justice system are increasing.
- The rate of newborn children entering the care system has increased dramatically in recent years, with regional variation in these trends.

3.5 Things we still do not fully understand

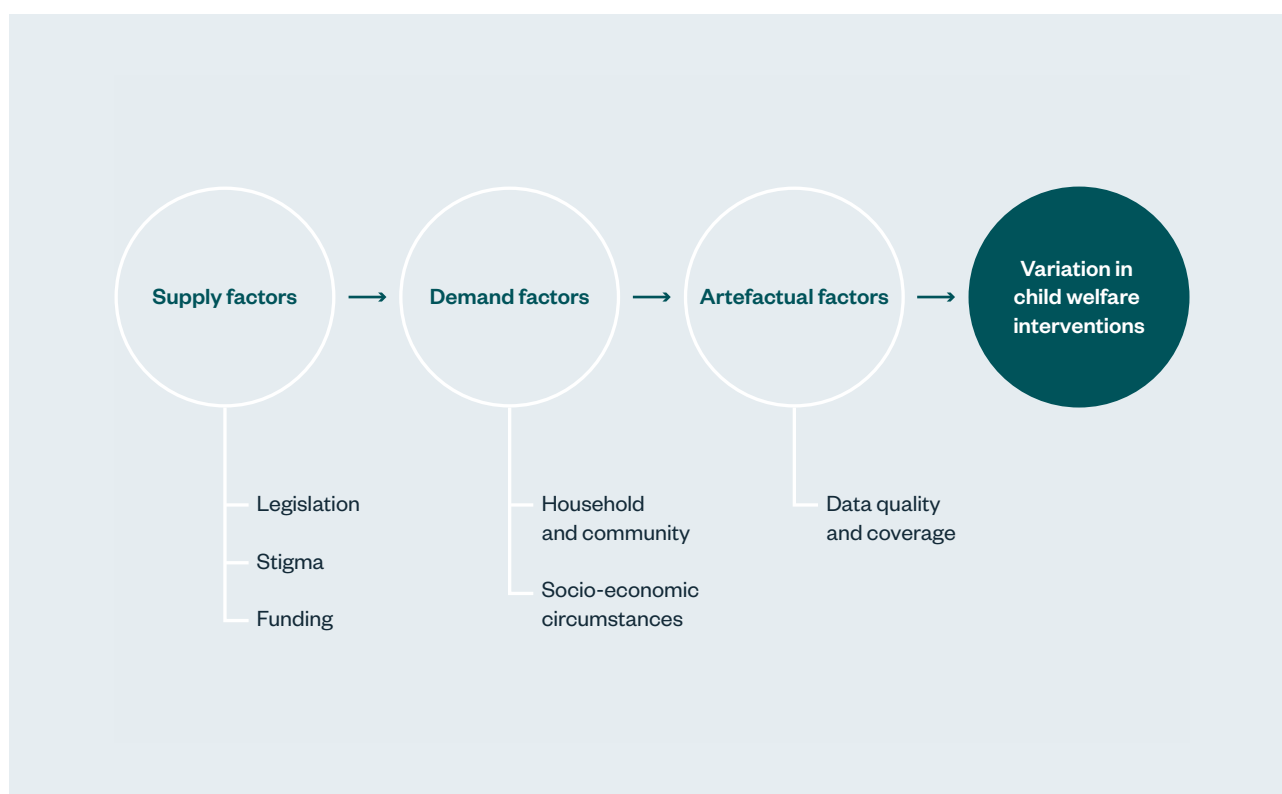
- We still know very little about *why* there is such geographical variation in the rates of newborns entering care. Given the work of [Bywaters et al. \(2019\)](#) and others, are there similar issues around variation and disproportionality that need to be explored?
- We still do not understand the reasons behind the decreasing rate of children aged 1–4 marked as children in need. Are children at risk being identified earlier? Or have changes in the proportion of children aged 1–4 accessing early help meant children at risk are not recorded as being in need?

4 What have we learned from the variation within these systems?

We have long known about the regional and local variations in child welfare interventions and thresholds (Tilbury 2009; Bywaters et al. 2014; Keddell and Davie 2018). However, only recently has robust

evidence on the intersections between social work practice, socio-economic circumstances, ethnicity, and interventions in different locations come to light.

Figure 11: Framework for explaining variation in welfare interventions.
Source: *Bywaters et al. (2020)*.



‘Child welfare inequalities matter because they suggest that a child’s chances of being subject to a protection plan, or being taken into care, is higher or lower simply by virtue of living in one place and not another’ (Bywaters et al. 2020, p. 1).

In their research as part of the [Child Welfare Inequalities Project \(CWIP\)](#), [Bywaters et al. \(2020\)](#) categorise the factors contributing to variations and disproportionate intervention rates across the social spectrum as ‘**demand**’ and ‘**supply**’. Demand factors are the conditions and circumstances that affect children’s lives and development—the social determinants of child well-being. Supply factors influence how the system responds, which are a product of a variety of factors including underlying legislation, administrative structures, funding, processes, and cultures of service provision ([Bywaters et al. 2020, p. 12](#)).

4.1 Deprivation and child welfare interventions

Parenting and caring for a child do not take place in a vacuum. The relationship between parenting and poorer child outcomes is highly contextual—a process either positively or negatively shaped

by a combination of access to resources, parental distress, and parental knowledge and expectations (Repetti, Taylor, and Seeman 2002; Acquah et al. 2017; [Cooper and Stewart 2017](#)).

‘It stands to reason that if you are rushed off your feet managing risk you are less likely to be able to tackle the family’s welfare needs. Yet that sort of preventative approach was, of course, exactly what the Children Act 1989 was designed to achieve, (Lady Hale, former President of The Supreme Court, Nuffield Foundation: 75th Anniversary Lecture, 14 May 2018).

However, analysis by [Bywaters et al. \(2020\)](#) suggests that these ‘demand’ factors do not adequately explain why poorer families are overrepresented in the child welfare system.

Children are more likely to receive an intervention, whether that is being placed in care or being the subject of protection planning, if they live in a poorer area. We know too that this relationship applies across the whole economic spectrum, rather than just being a feature of families in extreme deprivation and poverty ([Bywaters et al. 2018; 2020](#)). The ‘social gradient’ as it is termed, is able to explain much of the variation in service demand in local authorities in England (Pelton 2015; [Bywaters et al. 2018; Webb et al. 2020](#)).

The social gradient

‘Social gradient of intervention means that the more deprived a child is, the more likely they are to receive a child welfare intervention. It tends also to mean that demand is more concentrated in poor neighbourhoods’ ([Hood et al. 2020, p. 8](#)).

- Children in the most deprived 10% of neighbourhoods in the UK are at least 10 times more likely to be in care than children in the least deprived 10%.
- The social gradient is steeper for younger children than for older children. This suggests that families' material circumstances may have an even greater effect on the quality of childhoods (or on state responses) among pre-school children than older children ([Bywaters et al. 2020](#)).

4.2 Ethnic disparities in child welfare interventions

In England, children from 'Black African', 'Black Caribbean' and 'Mixed Heritage' family backgrounds are overrepresented in the child welfare system (on protection plans or in care), while children from 'Asian Bangladeshi', 'Asian Indian' and 'Asian Pakistani' backgrounds are underrepresented ([Bywaters et al. 2017](#); [Bywaters et al. 2019](#)).⁹ This means that children in these ethnic groupings are more or less likely to be in care than you would expect given their population size.

These inequalities are poorly understood and little attention is paid to them in children's services policy decisions or practice. The differential rates are likely to be the result of a combination of differential rates of occurrence of abuse and differential responses by the children's social care system.

Local area poverty increases the risk of being taken into care for the majority of ethnic groups, but not equally ([Bywaters et al. 2019](#); [Webb et al. 2020](#)). The relationships here are clearly complex: variations in intervention rates are not simply a reflection of the differential risks of poverty among ethnic groups in the population.

'Socioeconomic status and the social gradient act as a double-edged sword for some populations: as a protective factor in relatively well-off areas, but as a great adversity in deprived areas. This gradient is steepest in White British and Mixed Heritage populations; socio-economic status makes the greatest difference for these children. Meanwhile, for other ethnic populations—Indian, Bangladeshi, and non-Caribbean Black populations—socio-economic status appears to have less bearing on the rates of most child welfare interventions, while ethnicity itself has a large influence' ([Webb et al. 2020](#), p. 2).

It is currently unclear whether the apparent absence of a clear social gradient affecting some groups of ethnic minority children is real, or an artefact of the limited data. There is a pressing need to confirm (or revise) these findings with individual-level data rather than using measures of local area deprivation ([Webb et al. 2020](#)).

A further dimension—age—also adds detail to this complex picture. Drawing on English local authority data, rates of looked-after children increased

⁹ In a similar vein to [Bywaters et al. \(2019\)](#), ethnic categories have been placed in inverted commas to recognise that these are artificial labels. As the authors note 'there is great diversity of background, history, culture and religion amongst 'Asian Indian' or 'Black African' children, as there is amongst 'White British' children. However, these categories are a useful starting place for seeing patterns of policy and practice affecting children' ([Bywaters et al. 2019](#), p. 15).

with age across four broad ethnic categories ('White', 'Asian', 'Mixed' and 'Black'). However, the relative rate of increase across age groups was very different—and much smaller for White children (Bywaters et al. 2019). Again, these findings are exploratory, however the differences tentatively identified should provide impetus for both further research and reflection on local practice.

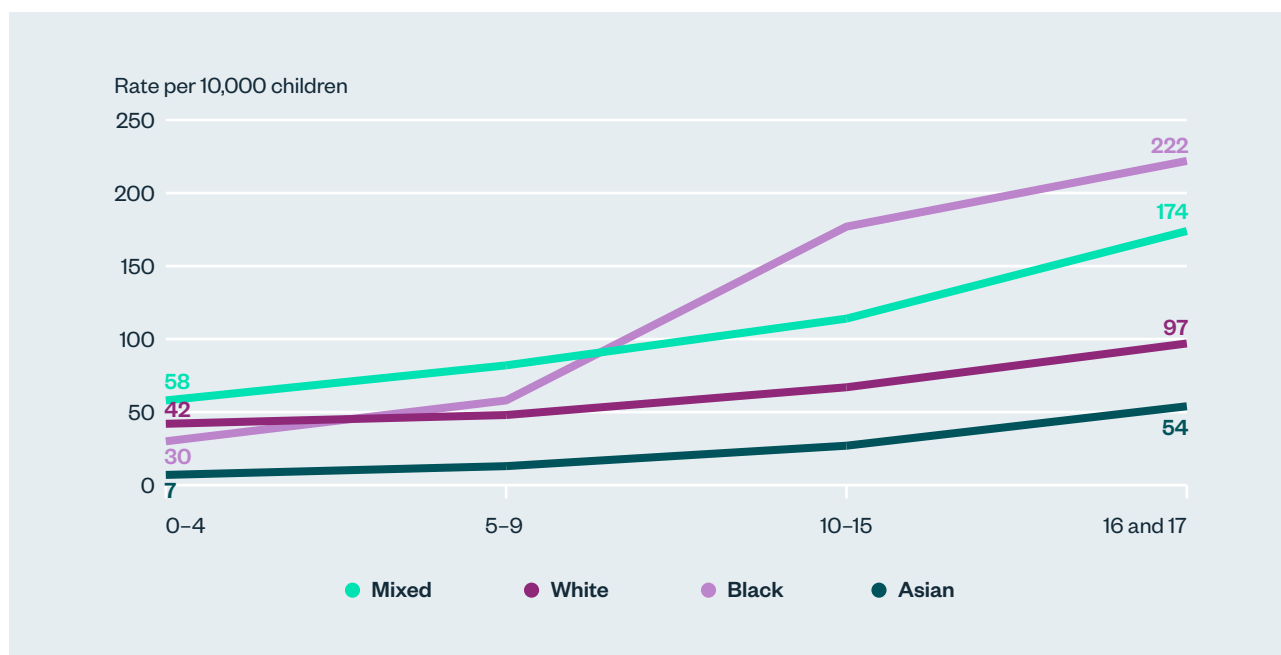
'[one] explanation might be lower levels of surveillance of ethnic minority children prior to school, perhaps a consequence of reduced levels of access to non-universal pre-school services, but this hypothesis too requires testing' (Bywaters et al. 2019, p. 17).

4.3 How does local practice and professional culture influence variation?

Research has started to show how local pressures and practice, as well as interpretation of the law, are contributing to local variation in intervention rates. Recent analysis by Hood et al. (2020) has started to disentangle how the institutional context, organisational structure, and wider contextual factors contribute to inequalities in provision across the system. While the causes are unclear, they are most likely linked to the way the system works, rather than being the result of human error or bad practice.

Research suggests that more deprived local authorities are experiencing higher demand and greater financial

Figure 12: Looked-after children per 10,000, by ethnicity and age, 2015, UK. Source: [Bywaters et al. \(2019\)](#).



Note: Data from CWIP sample. Data from 55 local authorities across England, Northern Ireland, Scotland, and Wales. Children on child protection plans (with substantiated child abuse or neglect) or who were looked after in out-of-home care at 31 March 2015.

pressures, leading services to screen more cases out, work with families for shorter periods, and spend less per child in need (Hood et al. 2020).

‘The causes [of variation in intervention rates] 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’ (Hood et al. 2020, p. 5).

Research by Harwin et al. (2019) has also highlighted the geographical variation in legal outcomes at the end of proceedings. Their analysis found clear regional disparities in the use of care orders and supervision orders. The research exposed the fact that some local authorities were placing children back with families but under care orders rather than supervision orders in order to try to ensure families received sufficient support from their local authority. Importantly, this variation is neither set ‘just’ by courts nor ‘just’ by local authorities, but seems to be an interaction between the two. Limitations in data on the individual characteristics means a judgement cannot be made as to the suitability of such orders, but it does suggest that risks are weighed up differently in different areas (Harwin et al. 2019).

4.4 Things we can see

- We now know that there are large inequalities in child welfare interventions, driven by a combination of socio-economic circumstances, ethnicity, and system conditions, which interact in different ways depending on a family’s wider circumstances and local practice.
- We know age adds detail to this picture; local area deprivation may have an even stronger relationship with child welfare interventions amongst pre-school children than older children.

4.5 Things we still do not fully understand

- The implications for social justice are profound. We can’t be comfortable with these inequalities.
- But we need better information to understand what is going on, and to know what strategies might be helpful to reduce inequalities.
- We also need data about individual families and children to understand more about how families’ economic circumstances impact on rates of care. Existing research points to important differences in intervention rates according to neighbourhood deprivation, but without this data, we can’t be sure if this is really the case for individual families.

5 Understanding the systems that support children at risk of abuse and neglect

5.1 A fragmented and disconnected system of support for all vulnerable children

In the last two decades there have been major attempts to integrate services to support children and families at risk of abuse and neglect, and young children more broadly. Though initially focused on deprived areas (and eventually extended in England to all areas with varying service offers), rather than children at risk, Sure Start represented one of the first attempts to bring together services for young children and their families, acting as the gateway to more specialised provision.

Since the introduction of revised statutory guidance for children's centres in 2013, and the rapid closure of Sure Start centres in England, there has been a growing fragmentation of offers for children and families.¹⁰ While some local

authority areas have been able to continue their offer, or tie centres to local infant or primary schools, there is much regional and local variation in the nature of children's centres, as well as the provision of early help and universal services (Smith et al. 2018; Cattan et al. 2019; Lewing, Stanford, and Redmond 2020).

There is also a lack of robust national data on the characteristics and effectiveness of contemporary children's centres and hubs, including on the services that they provide, how they are organised, and how families use them (Lewing, Stanford, and Redmond 2020). However, there is a logical case—and extensive anecdotal evidence from service providers—for more holistic and joined-up approaches to delivering area-based family services, which responds to concerns about a lack of service integration and artificial service boundaries, and builds

¹⁰ In contrast, the Flying Start programme in Wales (a similar universal offer) has retained large portions of its funding (Welsh Government 2019).

on central family-focused policy initiatives such as Think Family, the Troubled Families Programme, and the Reducing Parental Conflict programme (Eisenstadt and Oppenheim 2019; Lewing, Stanford, and Redmond 2020). Even these programmes were relatively siloed, for example Troubled Families did not initially offer support for parental conflict. Most of these programmes were also only operating in England.

The Family Hub initiative represents the latest attempt to coordinate local family, health, and education support for children and their families. This initiative is still in its infancy, and details on how the service will operate and integrate has not yet been publicly announced.

The relationship between universal and community services (available to all children and families) and targeted services (directed at particular groups, including children and families at risk), is a complex one. In an ideal system these services—health, social care, wider social support (e.g. the Troubled Families Programme) and early education—would be more coordinated to ensure families at acute risk were taking up universal offers. In reality however, the siloed approach to service provision means that these services are treated as independent bodies, and as a result many families continue to fall through the gaps (Children’s Commissioner for England 2020a).

‘There has been a significant increase in investment in the early years over recent decades and whilst a broad range of interest and help is welcome, doing so in such an incremental and piecemeal way can mean that help appears disjointed and that some families miss out’ (Children’s Commissioner for England 2020a, p. 3).

The effectiveness of early help interventions is often dependent on them being delivered as early as possible as a holistic package of support (Wilkinson and Bowyer 2017). Research suggests they should also be rooted in reciprocal relationships across agencies, for example between children’s services and wider family supports such as mental health or drug and alcohol services (Davies and Ward 2012), and take the form of ongoing, tiered packages of support rather than bursts of intensive support followed by swift withdrawal (Wilkinson and Bowyer 2017).

In the sections that follow we provide some illustrative examples to show where the system and services are failing to join up around the needs of young children and their families. **This is not designed to be exhaustive.**

5.2 Accessing services: evidence on take-up among children in the family justice and child welfare systems

Across England, research suggests that early years education and care (EYEC) appears to inadequately link up with children’s social care to provide a sufficient system of support for the children in the family justice and child welfare systems (Mathers et al. 2016).

As we saw in Section 1, gaps in achievement between children in the family justice system and their peers appear early. Despite this, opportunities to address these gaps are being missed because too many do not take up early education places. Analysis of local authority data by [Mathers et al. \(2016\)](#) suggests that looked-after children are less likely than their peers to access early education; 71% of those aged between two and four are in early education,

compared to a national average of 85%. Interviews with foster carers highlight that the short-term and unpredictable nature of many care placements often makes it difficult to access places. The high rates of special needs among looked-after children can also prove a challenge in terms of finding an appropriate setting, and practitioners trained to meet those needs (Mathers et al. 2016).

There is no published national data on take-up, the Ofsted rating of the quality of settings, places attended, or development prior to statutory school age for looked-after children (Mathers et al. 2016). **This may seem like a technical issue, but the absence of data creates significant barriers to understanding the early development of looked-after children before they reach school, as well as reducing the opportunities for other services to target interventions at those falling behind** (Mathers et al. 2016).

5.3 Integrating services to identify and support vulnerable parents

In recent years we have witnessed a rapid rise in the number of newborns at risk of abuse and neglect who have been taken into care (see Section 3). These findings have raised lots of questions for policy and practice, most importantly: what can be done to prevent such steps being necessary? How can we integrate existing systems to identify and support vulnerable mothers and children?

Research by Nuffield FJO has analysed the mental and other health needs of pregnant women who go on to have babies removed at birth in Wales (Griffiths et al. 2020). Pregnant women who go on to have babies removed at birth are not unknown to maternity services; indeed the majority are booked

for antenatal care in the first trimester of pregnancy. **Over half of the pregnant mothers in this study reported an existing mental health condition at their initial antenatal assessment and three-quarters previously experienced a mental health-related GP or hospital appointment.** Mothers with infants in care proceedings experienced greater levels of socio-economic, health and well-being vulnerabilities prior to and/or during pregnancy than their counterparts.

The research findings challenge the assumption that mothers who become involved with children's services avoid or delay interaction with antenatal services (Griffiths et al. 2020). They have helped paint a picture of the mental and physical health needs of both mothers and babies who come into care proceedings (Griffiths et al. 2020). In doing so, the findings provide foundational knowledge for those working in the system and help decision makers better understand the kind of intensive early intervention that might be needed.

5.4 Information sharing between services to safeguard children

While everyday statutory and non-statutory services and practitioners across England successfully communicate and collaborate to safeguard children, systemic problems remain. According to recent analysis by the Child Safeguarding Practice Review Panel for England, 'poor information exchange between professionals and services remains a key and pressing issue in safeguarding children'. Poor information sharing between agencies at critical points was flagged as an issue in 40% (215) of all rapid reviews in 2018/19 (Child Safeguarding Practice Review Panel 2020).

A significant amount of work and effort has been dedicated in recent years to ensuring that statutory guidance, legislation, and other operational frameworks for information sharing are fit for purpose. Despite these efforts, the Review Panel continues to highlight information sharing as an area that needs significant improvement (DfE 2019; Child Safeguarding Practice Review Panel 2020).

5.5 Points for reflection and discussion

- Despite growing concern around children known to children's services and in the family justice system ([Care Crisis Review 2018](#)), there is still a lack of integration and coordination between universal and targeted services.¹¹
- There is a lack of robust national data on how services are currently being organised, though there is a logical argument and evidence from service providers for more holistic joined-up approaches.
- Poor information sharing between statutory agencies remains a key challenge to safeguarding children at risk of abuse and neglect.
- Currently there is no agreed framework for what the state offer to families and children at risk should be.
- This review does not focus on practical solutions to overcoming issues of integration. Lewing, Stanford, and Redmond (2020) summarise recent effective practice and offer practical suggestions for the local planning of services.

¹¹ This review does not directly consider the role of machine learning and algorithmic decision-making in children's social care, though we are aware of the growing body of research around this issue. The Ada Lovelace Institute is producing an in-depth case study of a local authority currently deploying data analytics and predictive analytics to support service delivery around homelessness, children's social care and adult social care. Findings are expected in early 2021 ([Ada Lovelace Institute, forthcoming](#)).

6 The impact of COVID-19

6.1 Identifying children at risk

The usual ways of identifying young children and families who are struggling or at risk have become even more limited under the various COVID-19 lockdowns. Only now are we beginning to see how the first (March 2020) lockdown measures affected children at risk, and much remains unknown. **Data suggests that the COVID-19 lockdown measures increased abuse and neglect among newborns and infants.** We have seen an increase in serious incidents involving child death or serious harm, where abuse or neglect is known or suspected. Serious incident notifications between April and September 2020 increased by 31% for children under one (a total of 102 children) and 50% for children aged one to five (a total of 48 children) on the same period in 2019. This follows a decrease between 2018–19 and 2019–20 (DfE 2021).

Services faced, and continue to face, a ‘double hit’, not only as a result of more families needing more support to deal with a wider range of problems and having fewer staff available, but also from the knock-on consequences of fewer people having received the support that would usually have been available at key moments in their lives (EIF 2020).

Research suggests that in some areas up to 50% of health visitors in England were redeployed during the first

(March) 2020 lockdown, with only one in ten parents seeing a visitor face-to-face (Dow and Conti 2020; Best Beginnings, Home-Start UK, & Parent-Infant Foundation 2020). Services and the nature of social work (face-to-face or virtual) varied considerably by local authority (DfE 2020c).

These issues appear even more acute for newborns and infants. While schools and early years settings stayed open during the lockdown for vulnerable children, allowing professionals to support families at risk, equivalent services were not available for new parents and their babies (Children’s Commissioner for England 2020c).

‘Children’s Centres, playgroups and playgrounds [were] closed, the GP and health visitor is often visiting by phone or video link, and access to mental health support is more challenging [...]. It can already be difficult enough for a parent to share problems they may be having with a stranger – it will be much harder over the phone’ (Children’s Commissioner for England 2020c, p. 2).

Interviews with ECEC service providers carried out by Ofsted suggest that many children have left settings since the first national restrictions and have not returned (Ofsted 2020). The majority of providers reported that the lockdown

measures had detrimentally affected the learning and development of children who had left and subsequently returned. **Some children had returned less confident and more anxious.** In some cases, children had also become less independent, for example returning to their setting using dummies or back in nappies having previously been toilet trained (Ofsted 2020).

6.2 Disruption in the family justice and child welfare systems

Both the child welfare system and family courts have very quickly shifted to virtual and hybrid ways of working—largely through virtual court hearings and child protection conferences.¹² Despite the considerable challenges of working remotely, and the associated strain and stress, it has brought some unexpected benefits. Some professionals have noted the advantages of reduced travel and more disciplined scheduling of court hearings (Ryan, Harker, and Rothera 2020a). It seems likely that some hearings will continue to be held over video link even when social distancing measures are removed (President of the Family Division 2020).

Fears remain, however, around the use of virtual hearings in particularly complex cases. For example, concerns have been raised by parents and professionals on hearings where interim orders are made to remove babies shortly after birth, with mothers having to join by

phone, or final hearings where care orders or placement or adoption orders were made, again with hearings accessed by parents on their phones (Ryan, Harker, and Rothera 2020a).

Further concerns have been raised around digital access and concomitant barriers to participation in virtual hearings. Problems include having insufficient phone credit, WiFi, or data allowance to participate, or not having the necessary equipment such as smartphone, laptop, tablet, or desktop computer. While many improvements have been made in the six months since virtual hearings were introduced, both professionals and parents have reported concerns about fairness in these hearings, and the ability to practice humanely and with empathy (Ryan, Harker, and Rothera 2020b).

6.3 Points for discussion

- Usual pathways for referring children to services have been disrupted, meaning children at risk of abuse and neglect may be being missed. These issues appear to be even more acute for infants and babies born in the pandemic.
- In the family courts, virtual and hybrid hearings have been successful in reducing travel times and increasing expediency in certain hearings. However, concerns remain around the digital divide and issues of confidentiality and privacy, as well as the fairness of cases carried out remotely.

¹² Child protection conferences are a key stage of the child protection system in England and Wales, where professionals come together to identify and address serious concerns about child abuse and neglect that have led them to believe a child is suffering, or is likely to suffer, significant harm (Baginsky, Eyre, and Roe 2020).

7 Conclusions

Our understanding of abuse and neglect in early childhood has grown substantially in recent decades. We now have more robust evidence on the predictors of abuse and neglect, as well as some evidence on the early and later life outcomes for this group of children. Despite these advances, the gaps in our understanding are still legion. Deficiencies in administrative data and lack of linkage, the underrepresentation of these children in cohort studies, as well as the relatively few qualitative studies tracking processes and journeys from different perspectives, serve to limit the ability to create evidence-informed policy.¹³ Research about maltreatment has given us more insight into its impact on children's development—but not about what can be done to ameliorate its impact, other than prevent maltreatment in the first place.

Though government funding for children's social care has remained broadly stable over the past decade, a complex mixture of **greater financial pressures on families, reduced preventative and public health services, improvements in recording of these types of abuse, a greater understanding of the impact of emotional abuse among social workers, and a more risk-averse child welfare system** have created a situation where more children are known to child welfare services, with a greater proportion

on protection plans for emotional abuse and neglect.

The chance of becoming known to children's services is not experienced equally by all families. We know that children are more likely to be considered 'at risk' if they live in poorer areas. We also know the level of deprivation in the local area affects different ethnic groups in different ways. To support children in all communities the system of support must attempt to contextualise the needs of a child not only within their economic situation, but also with an understanding of how systemic and structural inequalities may be influencing their needs.

The wider **systems and services** designed to identify and then support young children and their families are **fragmented**, with young children at risk, as well as their parents, often slipping through the gaps between services. The challenge for policy makers and local authorities is to ensure that information, data, and insights are shared between services to ensure that children and families at particularly acute risk are identified and supported at the earliest possible point, and that different ways of working are established between professional groups.

Current child welfare, protection and family justice systems are also particularly fragile, with concerns

¹³ The Economic and Social Research Council (ESRC) has invited academics to bid for funding to deliver an early life cohort feasibility study. Given that most cohort studies do not adequately capture the experience of children who are known to children's social care or subject to family law proceedings, this is a chance to shape the scope of a completely new cohort study.

around financial sustainability (Curtis 2019; Care Crisis Review 2018). These concerns have been pulled into sharper focus in light of the pandemic. The global economic downturn caused by lockdown

measures could have the consequence of putting ever more pressures on council budgets and services at exactly the point where families might need them most.

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Annex Policy and strategy milestones in England and Wales

This policy and strategy milestones timeline draws upon and expands on the work carried out by Association of Directors of Children's Services (ACDS 2018).

Year	Policy and strategy milestones
1989	The Children Act 1989 established the legislative framework for the current child welfare system in England and Wales. The act gave every child the right to protection from abuse and exploitation, and the right to inquiries to safeguard their welfare. Its central tenet was that children are usually best looked after within their family. The act came into force in England and Wales in 1991.
2000	The death of eight-year-old Victoria Climbié led to Lord Laming's report (2003), which led to sweeping changes to the way children's services were structured in England and Wales.
2001	The Children's Commissioner for Wales Act 2001 created the first children's commissioner post in the UK.
2002	The deaths of 10-year-olds Holly Wells and Jessica Chapman in Soham led to the strengthening of legislation across the UK to protect children from adults who pose a risk to them.
2003	The Every Child Matters green paper by the Department for Education and Skills (DFES) set out a series of reforms at a local government level, establishing a set of core outcomes that all children should achieve. It also required all local authorities to have a director of children's services. The paper also drove a major reorganisation of responsibilities at central government level: moving children's social care to DFES, which became the Department for Children, Schools and Families.
2004	The Children Act 2004, informed by Lord Laming's report established a children's commissioner in England (the last of the UK nations to appoint one), created Local Safeguarding Children's Boards (LSCBs) in England and Wales, and placed a duty on local authorities in England to appoint a director of children's services and an elected lead member for children's services, who is ultimately accountable for the delivery of services.
2008	The death of one-year-old Peter Connelly led to further reviews of social service care in England by Lord Laming, with the House of Commons debating the case.
2009	Lord Laming's The Protection of Children in England: a Progress Report (2009), ordered following the Peter Connelly case, makes 58 recommendations for child protection reforms.
2010	The new Secretary of State for Education, Michael Gove, commissioned Professor Eileen Munro to conduct an independent review of child protection in England. Minister for Children and Families, Tim Loughton, announced that Local Safeguarding Boards in England should publish the overview report and executive summary of all case reviews initiated on or after 10 June 2010.

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- 2011** The Munro Review of Child Protection: Final Report, A Child-Centred System (2011) focused on the most vulnerable children in the social care system. Among a number of recommendations, it called for a shift from compliance to a learning culture, the development of social work expertise, and a duty on local authorities and their statutory partners to secure sufficient provision of early help services.
- Launch of the family justice review by the Ministry of Justice, led by David Norgrove. The review argued that the family justice system did not constitute a system at all. It drew attention to the delays and confusion faced by families and children, complex organisational structures, and the lack of trust and leadership.
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- 2012** Introduction of the Troubled Families Programme in England. The programme set out to work with, and aimed to ‘turn around’ families with multiple problems, and help them move into continuous employment. Staff funded by the programme identify ‘troubled families’ in their area and usually assign a keyworker to each family, acting as a single point of contact. Problems included crime, anti-social behaviour, truancy, and unemployment. Local authorities ran the programme and received payment-by-results from central government (Loft 2020).
- Introduction of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO), which radically reduced the funding available to parents for legal aid in private law proceedings.
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- 2013** The independent review into child sexual exploitation in Rochdale examined the council’s response to issues around child sexual exploitation.
- A new version of Working Together to Safeguard Children was published in England, informed by the Munro review.
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- 2014** Informed by the family justice review in 2011, the Children and Families Act 2014 aimed to put children at the heart of the system, creating: a Family Justice Young People’s Board; a single family court; a 26-week-limit for care and supervision cases; and a legal requirement to a mediation meeting before taking a dispute over children to court. However, these reforms took place while legal aid was being reduced, leaving most parents in private law cases to represent themselves.
- The Social Services and Well-being (Wales) Act 2014 provided Wales with its own legislative framework for social services for children and adults.
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- 2015** Extension of the Troubled Families Programme for 2015–2021 to include younger children, working with 400,000 additional families. The second phase targeted additional problems, including domestic violence, health, drug abuse, mental health, and children at risk. The payment-by-results system was retained, although it features a less generous payout per family to reflect broader criteria for inclusion in the programme (Loft 2020).
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- 2016** Publication of Putting Children First by the Department for Education. The report lists its progress and successful initiatives, such as appointing a Chief Social Worker, beginning the transformation of the special educational needs and disability system, and the joining up of social care, education, and health as recommended by previous reviews.
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- 2018** An updated version of Working Together to Safeguard Children (DfE 2018) was published for England, replacing Local Safeguarding Children Boards (LSCBs) with safeguarding partner arrangements.
- Establishment of the What Works Centre for Children’s Social Care (WWCSC). “The Centre seeks better outcomes for children, young people, and families by bringing the best available evidence to practitioners and other decision makers across the children’s social care sector” (WWCSC, 2020).
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- 2020** The government’s Divorce, Dissolution and Separation Act 2020 will reform the divorce process to remove the concept of fault when couples choose to separate. Campaigners argue this will help to reduce damaging conflict in separating families.
- Following the publication of Assessing the Risk of Harm to Children and Parents in Private Law Children’s Cases (Ministry of Justice 2020), new protective measures were announced to give parents and children greater protection during court proceedings.
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