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## Knowledge Exchange Seminar Series (KESS)

The Child Welfare Inequalities Project. Identifying and Understanding Inequalities in Child Welfare Intervention Rates: comparative studies in four UK countries.

Northern Ireland (NI) Briefing Paper

### Headlines

This project aimed to quantify and begin to understand inequalities in the proportions of children who are either subject to child protection registration (CPR) or who are being 'looked after' (LAC).

We found that children in some places are much more likely to be looked after than children in other places and in each Health and Social Care Trust (HSCT) these differences are systematically linked to how poor they and their families are.

The research identified a clear social gradient whereby, for every level of deprivation, the rates of children on child protection registers and looked after children increase: children living in the most deprived areas in NI have a 6 times higher rate of being placed on the CPR and a 4 times higher rate of becoming LAC than those in the least deprived areas.

Despite some variations, this social gradient was evident regardless of gender, age, reason for being placed on the CPR, legal status whilst in care, placement type or HSCT. This indicates that, of the factors measured, deprivation was the largest contributory factor to a child's chance of being placed on the child protection register or becoming looked after.

Although deprivation has a significant effect on child welfare interventions the gradient is less steep in NI than other UK nations, despite NI having significantly higher levels of deprivation. There are a number of possible explanations for this:

- more deprived local authorities receive higher number of referrals but they respond to these differently, screening more out, stepping down statutory plans more quickly and conducting less long term work with families – the fact that NI has the highest referrals rates across the UK may lead to higher thresholds for intervention, reducing CPR rates and the potential association with deprivation.

- the operation of NI's integrated health and social care system, together with the presence of a strong community sector and developments in integrating and co-ordinating family support services across the region, may act to ameliorate some of the impact of deprivation by better meeting the support needs of families without recourse to statutory intervention.

Some broad policy directions are suggested: better national children's services data; recognising the link between poverty and chances of CPR and LAC at both policy and practice levels; and ensuring greater alignment between anti-poverty policies and child protection improvement policies.

## Introduction

Children in the most deprived 10% of small neighbourhoods in Northern Ireland (NI) are nearly 6 times more likely to be on the child protection register and four times more likely to be 'looked after' in care than children in the least deprived neighbourhoods. This is the central NI finding from a new study, funded by the Nuffield Foundation (2015-17), designed to quantify how unequal children's chances are of being LAC or on the CPR across the four UK countries and what factors underpin these inequalities. The project drew heavily on the ideas, methods and evidence developed in the study of health inequalities.

In NI referral rates to children and family social services have been steadily increasing since 2008. Child protection investigation and registration (CPR) rates have also increased substantially since 2005 and, although these have been reducing since 2011/12, they have remained higher than in England and Scotland (Bunting et al. forthcoming). These increases have taken place in the context of economic austerity with Health and Social Care Trusts (HSCTs) in Northern Ireland having been required to make efficiency savings of approximately 3% each year since 2008/09 (BHSCT, 2015). Successive national and regional scandals affecting current and historical cases of systemic abuse have also added to demands on services. Placing children on the child protection register or taking children into care are very powerful state actions. If these powers are carried out inconsistently or inequitably between children with different identities or backgrounds or from different places, important issues of social justice are raised.

## 1. The Study

The Child Welfare Inequalities Project ([www.coventry.ac.uk/CWIP](http://www.coventry.ac.uk/CWIP)) funded by the Nuffield Foundation was carried out by a team of researchers based in 7 UK Universities, led by Professor Paul Bywaters of Coventry University. The team have carried out three kinds of linked enquiries:

- Quantitative studies of children who were being looked after in care or who were on a child protection plan in each UK country in 2015
- Background reviews of previous research and other literature, to place findings in their legal, policy, practice and research contexts
- Case studies in a small number of LAs in England and Scotland, examining in depth how decisions about individual children and families are made and what factors influence those decisions, including professionals' responses to family poverty.

The literature reviews covered three key areas: the relationship between poverty and child abuse and neglect, jointly funded by the Joseph Rowntree Foundation (<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>); and the legal and policy context for trends in CPP and LAC rates across the four countries

(Bunting et al., forthcoming; McGhee et al., forthcoming). The NI element of the project was led by Dr Lisa Bunting and colleagues at Queen's University, Belfast. This focused primarily on quantitative analysis of data relating to a full sample of children designated as being in need, on child protection registers or looked after at 31st March 2015. This data was accessed via the Honest Broker Service (HBS); a service which provides access to anonymised ethically approved health and social care data routinely collected by the Department of Health (DoH) and associated Health and Social Care organisations. In this study, the HBS provided access to data recorded on the SOS CARE database, which each HSCT in Northern Ireland uses to record information about referrals and open cases involving social services. Further study details can be found at [www.coventry.ac.uk/CWIP](http://www.coventry.ac.uk/CWIP).

## **2. Poverty, Deprivation and Children's Services**

Although a large volume of data is collected and published by the four UK nations, none systematically collect information about family characteristics such as income levels, employment status, housing circumstances or educational background. Given this lack of information, and the lack of robust mechanisms to link children's services data with other data sets on parental circumstances, this project used deprivation scores for small geographical neighbourhoods as a proxy indicator of family socio-economic status. The HBS linked the family of origin address at the time of referral to children's social services with NI Multiple Deprivation Measures (NIMDM, 2010) available at Super Output Area (SOA). SOAs are a small area geography designed specifically for optimal measurement of deprivation using similar size populations. In total Northern Ireland is made up of 890 SOAs with an average population of 2,000 people.

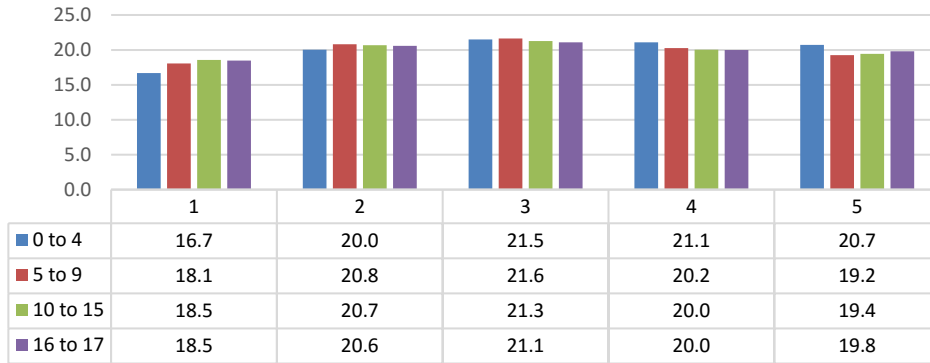
The sum of children on the CPR or LAC, both home and away, were calculated in order to compare rates per 10,000 of the 0-17 child population at each level of deprivation [based on 2014 Mid-Year Population Estimates, (NISRA, 2015)]. Patterns of child welfare intervention by gender, age, reason for intervention and legal status, were also analysed by level of deprivation. Ethnicity was not included in the NI analysis as this data is not available by SOA.

The research also investigated whether the "Inverse Intervention Law" (ILL) identified by Bywaters et al., (2015), whereby those living in areas of deprivation located within a more affluent local authority had even higher intervention rates than those living in deprived areas within a similarly deprived local authority, was evident in national data. While the small number of HSCTs in Northern Ireland meant it was not possible to statistically test for the presence of the ILL, descriptive data relating to variations in intervention rates by HSCT and HSCT levels of deprivation are considered.

## **3. Childhood Deprivation in Northern Ireland and UK Comparisons**

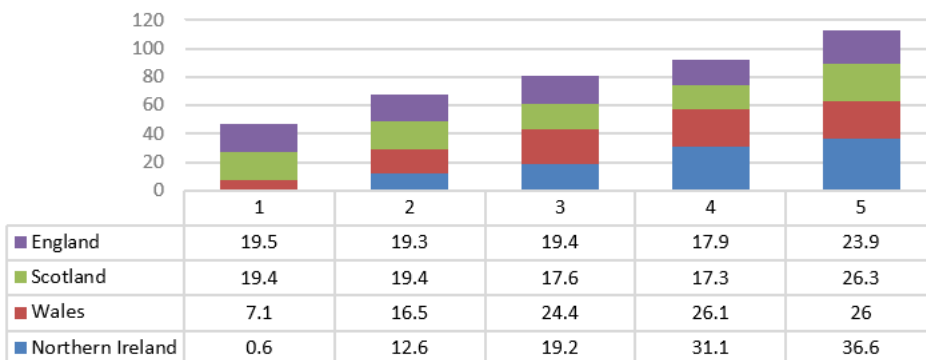
In NI, children are fairly evenly distributed across all deprivation deciles (Figure 1), although younger children are somewhat over-represented in the higher deprivation quintiles compared to other age groups, but under-represented in the lower deprivation quintiles.

**Figure 2: Distribution of Child Population in Northern Ireland, by Age Group and Deprivation Quintile**



Although each constituent country of the UK has developed slightly different measures of deprivation it is possible to compare deprivations levels across the UK using adjusted scores based on employment and income deprivation domains (Abel et al., 2016). This highlights stark differences between UK nations with NI having less than 1% of children living in the least deprived 20% of areas compared to 7% in Wales and 19% in Scotland and England (Figure 2).

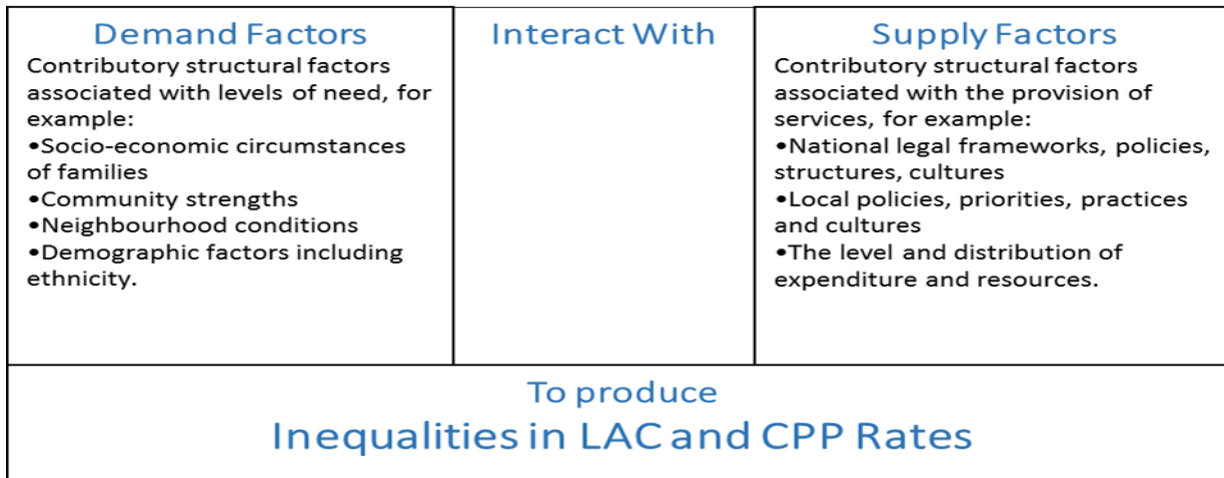
**Figure 2: Percentages of Child Population by Deprivation Quintile, 4 UK Countries, 2015**



#### 4. Understanding Inequalities in Rates

We developed and tested the following basic model for understanding inequalities in the proportion of children in different LAs (or countries) who were LAC or on CPPs on March 31<sup>st</sup> 2015. The main forces influencing these intervention rates are interactive factors we call 'demand' and 'supply'. 'Demand' refers to the social determinants of childhood difficulties. As with health inequalities, family socio-economic circumstances, the quality of the environment or community in which children are being brought up and links with the demographic mix of the population are all contributory factors. The fundamental conditions for bringing up children (money for essentials, adequate housing, social support), intertwined with other factors such as levels of domestic violence, substance use and parental physical and mental health, influence the proportion of children who might come to the attention of children's services in any given area.

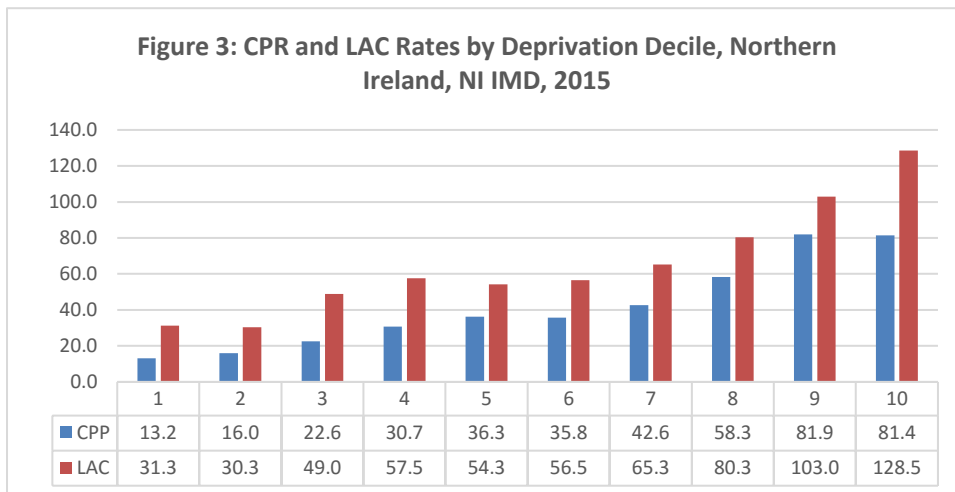
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But considerable differences also exist in response to such needs as a result of a range of factors affecting the supply of services. Contributory supply factors include national policies, legal frameworks, dominant attitudes, local priorities, the leadership, experience, skills and stability of the workforce, local professional and political cultures and the scale and distribution of resources available to children’s and allied services.

## 5. Findings 1: Deprivation and Demand for Services in NI

There was a strong association between the level of deprivation in an area and the proportion of children who were LAC or on CPPs. Children in the most deprived 10% of small neighbourhoods in Northern Ireland (NI) were nearly 6 times more likely to be on the child protection register in 2015 and four times more likely to be ‘looked after’ in care than children in the least deprived neighbourhoods (see Figure 3).



This relationship is not surprising. Parenting is much harder if you do not have enough money to provide for the essentials of food, housing, heating and clothing; parenting is much easier if you can purchase help and support in the form of additional child care, clubs and activities, holidays and tutoring and there is no need to worry about the basics or the stigma that comes with poverty. Poverty is closely interconnected with poor health, conflict in relationships and damaging behaviours.

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However, the scale of deprivation related inequality has not previously been quantified. The impact of deprivation has major implications both for the levels of demand faced by LAs and the nature of support required by families. Additional analysis showed that:

- Males and female children in NI showed similar increasing CPR and LAC rates as deprivation increased.
- Across all age groups, CPR and LAC rates were substantially lower for those children living in the least deprived areas compared to those in the most deprived areas. After controlling for deprivation, 16-17 year olds were less likely to be on CPRs than other age groups and more likely to be LAC.
- Registration for neglect, physical abuse and emotional abuse substantially increased as deprivation increased, while sexual abuse increased only slightly.
- Children who were taken into care under child protection measures and voluntary arrangements show the same graded relationship with deprivation although the gradient was much less pronounced with regards to voluntary arrangements.
- LAC rates increased as deprivation increased for most placement types.

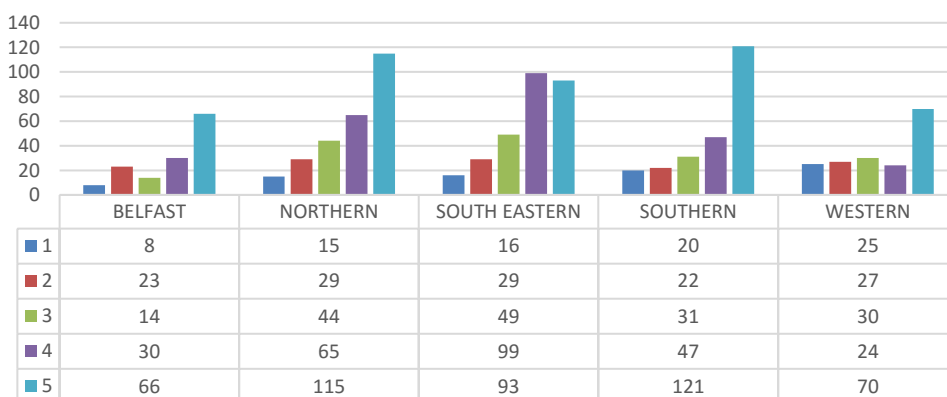
These findings indicate that, of the factors measured, deprivation was the largest contributory factor to a child’s chance of being on the child protection register or looked after.

## 6. Findings 2: Deprivation and the Supply of Services - The Inverse Intervention Law in NI

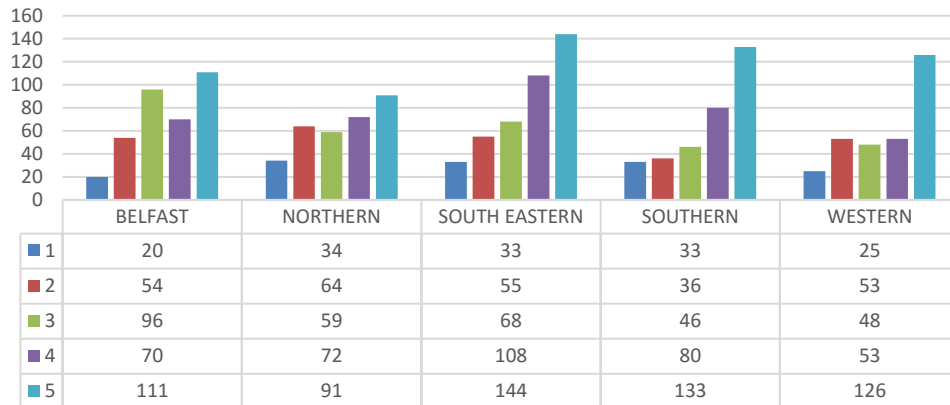
Although the NIIMD (2010) does not calculate deprivation by HSCT it is possible to do so using the same methodology as in England. This is based on two summary measures both of which are population-weighted to take account of the fact that SOA population sizes can vary: an average population weighted HSCT IMD score; and an average population weighted HSCT IMD rank. While the ordering changes depending on the measure used, the BHSCT and the WHSCT are the two most deprived HSCTs in NI, followed by the SHSCT and the NHSCT with the SEHSCT being the least deprived HSCT across both summary measures.

All HSCTs showed increased CPR and LAC rate as deprivation increased (Figures 4 and 5). Although it was not possible to statistically test for the presence of the ILL in NI, descriptive analysis suggested that this may play a role with the most deprived HSCTs (BHSCT and WHSCT) having lower CPR rates than less deprived HSCTs (NHSCT, SEHSCT, SHSCT). Findings were more mixed in relation to LAC rates, although the more deprived HSCTs tended to have somewhat lower LAC rates.

Figure 4: CPR Rates (per 10,000 children) by HSCT and by Deprivation Quintile, NI IMD



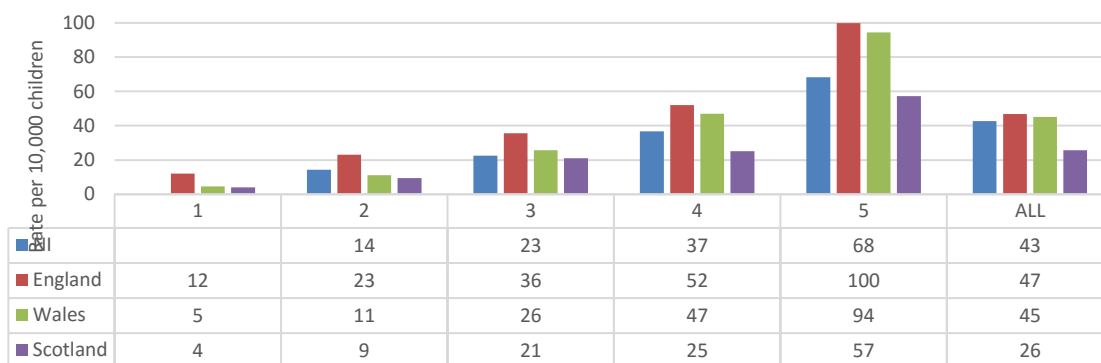
**Figure 5: LAC Rates (per 10,000 children) by HSCT and by Deprivation Quintile, NI IMD**



## 7. Findings 3: Deprivation and Demand for Services - UK Comparisons

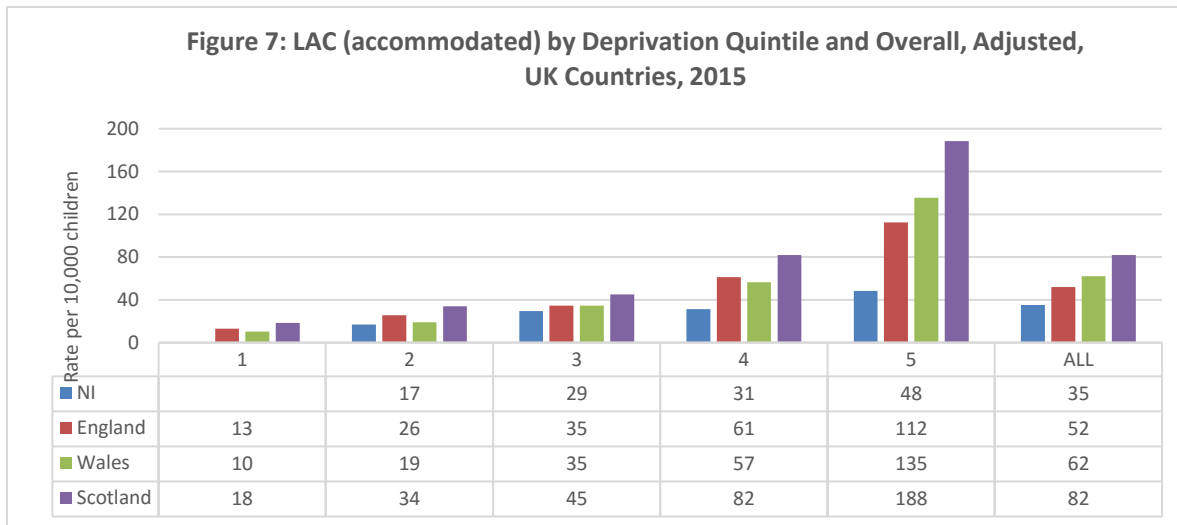
In comparing CPR and LAC (accommodated)<sup>1</sup> rates across the UK by deprivation, analysis confirmed that the social gradient between intervention and deprivation was evident across England, Scotland, Wales and NI (Figure 4 and 5). However, there was significant variation between countries with NI have substantially lower rates than other nations. If deprivation was the main factor explaining inequalities in rates between countries, we would expect NI to have the highest overall rates and England the lowest, but this was not the case.

**Figure 6: CPP Rates by Deprivation Quintile and Overall, Adjusted, UK countries, 2015**



<sup>1</sup> To facilitate UK comparisons LAC figures are presented as the total rate of children who are accommodated by the state i.e. excluding those looked after at home or in kinship foster care.

Figure 7: LAC (accommodated) by Deprivation Quintile and Overall, Adjusted, UK Countries, 2015



While it is not possible to quantify the reasons for this, there are a number of potential explanations which relate to the interaction of demand and supply sides of the NI system. Although high levels of deprivation drive increased demand for services, as evidenced by high referral levels, they can also result in different responses to these referrals, including more screening out, stepping down statutory plans more quickly and conducting less long term work (Hood et al., 2016). It may be that, in order to respond to very high referrals, the NI system operates a higher threshold for intervention than other nations, reducing CPR rates and the potential association with deprivation.

On the supply side, it may be that the operation of NI's integrated health and social care system, coupled with developments in integrating family support services (hubs) at a local level across the region, have ameliorated some of the impact of deprivation (SCIE, 2016). Northern Ireland benefits from the widespread availability of social and community services which, supported by long-term funding from European Union (EU) institutions, remain a significant player in social welfare provision (Das, O'Neill and Pinkerton, 2015). A key element of family support hubs involves engagement with community organisations, to identify need, and provide a co-ordinated response to enhance service provision with local populations of children and families. Indeed, discussions with key policy makers, service providers and child and family social work practitioners, conducted as part of this project, consistently highlighted the importance and benefits of having this integrated approach.

## 8. What should be done?

This project was designed to identify and quantify inequalities in children's services intervention rates. In many respects the project raises as many questions as it answers and testing changes in policy and practice will require further work. However, three broad policy directions for NI are suggested by the findings:

- Reducing structural inequalities in children's life chances, such as those identified in this research, should be a national priority for children's services as it is already for health and education.
- More attention should be paid across all levels of the children's services system to the impact of destitution, poverty and financial insecurity on family life. Supporting families to survive and thrive in this period of extended austerity should be a central priority for children services, as a contribution to preventing fractured and damaging relationships in families and to protecting children from their consequences. This objective should be underpinned by wider economic and social policies. It has to inform education and training and be embedded in processes such as assessment, case review and managerial oversight



# Knowledge Exchange Seminar Series 2016-17

- Better data systems are urgently required to inform responsible authorities of inequalities in the demand for and supply of services and the consequences for children. Such data systems need to include systematic information about parents and their circumstances

## The Study Team

The study was undertaken by a team of researchers from 7 UK universities, led by Professor Paul Bywaters from Coventry University. The team responsible for this work is:

Paul Bywaters<sup>1</sup>, Geraldine Brady<sup>1</sup>, Lisa Bunting<sup>2</sup>, Brigid Daniel<sup>3</sup>, Gavin Davidson<sup>2</sup>, Martin Elliot<sup>4</sup>, Brid Featherstone<sup>5</sup>, Jade Hooper<sup>3</sup>, Chantel Jones<sup>1</sup>, Janice McGhee<sup>6</sup>, Will Mason<sup>7</sup>, Kate Morris<sup>7</sup>, Claire McCartan<sup>2</sup>, Nughmana Mirza<sup>3</sup>, Jonathan Scourfield<sup>4</sup>, Marina Shapira<sup>3</sup>, Tim Sparks<sup>1</sup>, Calum Webb<sup>7</sup>.

1: Coventry University; 2: Queen's University, Belfast; 3: Stirling University; 4: Cardiff University; 5: Huddersfield University; 6: Edinburgh University; 7: Sheffield University.

## The Nuffield Foundation

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