Deprivation and Inequalities in Children’s Services

Research Briefing Paper 1

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Key Points

Very large differences exist in the proportion of children on child protection plans (CPP) or who are a looked after child (LAC) in different areas of England. These differences in statutory child welfare response rates are not just variations, a ‘post-code lottery’, but child welfare inequalities: ‘unequal chances, experiences and outcomes of child welfare that are systematically associated with social advantage/disadvantage’. Such inequalities require explanation and action at a national level, as exists for health inequalities. Addressing these inequalities should inform the priorities, working methods and, arguably, the allocation of resources between and within local authorities (LAs).

There are close parallels between factors underlying child welfare inequalities and health inequalities. But the concept of socially determined inequalities in child welfare has been neglected in research, policy and practice.

The Coventry University study aimed to gather and analyse data about inequalities in numbers and rates of CPP and LAC between LAs and between small neighbourhoods within LAs.

There were three main findings:

• **Very large inequalities in rates of children’s services interventions are linked to deprivation.** Children’s chances of being LAC or on a CPP vary greatly between neighbourhoods, as well as between LAs. These unequal rates are strongly statistically associated with measures of deprivation. In general, the more affluent the neighbourhood a child lives in, the lower their chance of being LAC or on a CPP.

• **A social gradient in child welfare interventions.** Despite the large increase in rates associated with deprivation, children from families across the whole of society are LAC or on CPPs.

• **An ‘inverse intervention law’ for child welfare.** Overall a child’s chances of a child welfare intervention increases significantly with deprivation, but for equivalent levels of deprivation a child in a more affluent local authority is more likely to be on a CPP or to be a LAC.

Practitioners and managers offered a variety of reasons for these findings, but were surprised by the extent of the gradient and the ‘inverse intervention law’.

This evidence raises fundamental issues about whether children are safer and their development is better promoted when rates of CPP and LAC interventions are higher or when they are lower. There is a need to develop ways of measuring the overall and longer term effectiveness of child welfare systems.

The research also raises questions about social justice. Are the current inequalities in rates of child protection plans and looked after children ethical and appropriate?

Further work needs to be done to replicate these results for other LAs and to check whether the findings are consistent over time.

References


Notes

The study, entitled ‘Deprivation and Children Services Outcomes’, was funded by the Nuffield Foundation and carried out by Professor Paul Bywaters, Dr. Geraldine Brady, Professor Tim Sparks and Elizabeth Bos of Coventry University. Further analysis will explore the implications of the interaction of deprivation with patterns of age, ethnicity, gender and disability for intervention rates.

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Further Information

For further information on the project go to: http://www.coventry.ac.uk/child-welfare-inequalities

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Background: Unequal chances of being on a child protection plan or a looked after child

There are very large differences in the proportion of children on child protection plans (CPP) or looked after (LAC) in different areas of England. For example, at the end of March 2013 over 1 child in 50 in Blackpool or Middlesbrough was either a LAC or on a CPP, but less than 1 in 200 in Richmond Upon Thames, Wokingham or Redbridge. Although LA policies and practices vary, deprivation is the main factor in these differences (Chart 1). The differences in CPP and LAC rates are not just variations, a ‘post-code lottery’, but child welfare inequalities: ‘unequal chances, experiences and outcomes of child welfare that are systematically associated with social advantage/disadvantage’ (Bywaters, 2013, p.4). This requires explanation and national and local action, influencing the priorities, working methods and allocation of resources between and within LAs.

It is useful to compare child welfare inequalities with health inequalities. Rates of CPP and LAC are markers of inequalities in child wellbeing, as differential rates of mortality and morbidity can be measures of health inequalities. While a relationship between social inequalities and statutory child welfare responses is widely recognised, there has been little discussion about why this occurs or how social factors influence intervention rates, unlike the widespread concern about inequalities in health.

The Study: Deprivation and Inequalities in Children’s Services Interventions

The aim of the study was to analyse data about inequalities in numbers and rates of CPP and LAC between LAs and between small neighbourhoods within LAs. Fourteen LA children’s services departments in the Midlands provided information on 11% of CPP and 12% of LAC in England on 31st March 2012. We spoke to senior managers, practitioners, team leaders and other key staff to help us understand the context of the data.

We examined the role of deprivation by using Index of Multiple Deprivation (IMD) scores for the areas in which the children’s families lived (not where LAC were currently placed). The smallest neighbourhoods we examined were ‘lower layer super output areas’ (LSOAs), geographical areas with average populations of 1600. IMD scores measure relative deprivation between neighbourhoods – twice the IMD score does not mean twice the deprivation.

Main Findings

1. Very large inequalities in rates of children’s services interventions linked to deprivation. Children’s chances of being LAC or on a CPP vary greatly between neighbourhoods, as well as between LAs. These unequal chances are strongly statistically associated with measures of deprivation. In general, the more affluent the neighbourhood a child comes from, the lower their chance of being a LAC or on a CPP. (Charts 2 and 3)

A child’s chance of being on a CPP or a LAC in the most deprived 10% (decile) of LSOAs nationally, was 11 or 12 times higher than in the most affluent 10%.

Children are over-represented in areas of higher deprivation. 36% of sample children lived in the most deprived 20% of LSOAs nationally, only 13% in the most affluent 20% of LSOAs. So overall, the number of LAC coming from the most deprived decile of LSOAs was 39 times greater than the number from the least deprived decile. The difference for CPP was 36 times.

2. A gradient in child welfare inequalities like the gradient in health inequalities. Although the more disadvantaged the neighbourhood in which a child lives the greater their chance of being a LAC or on a CPP, children from families across the whole of society are LAC or on CPPs. (See Charts 2 and 3).

Around 40% of children on CPPs or who were LAC in March 2012 lived in the least deprived 80% of neighbourhoods, though only 64% of children lived in these areas.

Children’s services intervene with some families across all levels of deprivation. Social, economic, environmental and other pressures affect all families’ capacities to look after their children but the better off families are, the more resources they are likely to be able to draw on to manage those pressures. Low income families in affluent areas face both similar and different stresses and resource issues as low income families in deprived areas (Hooper et al., 2007).

Chart 1: Looked After Children Rate by Deprivation (IMD) Score, English Local Authorities, 31.3.2012

![Chart 1: Looked After Children Rate by Deprivation (IMD) Score, English Local Authorities, 31.3.2012](image-url)
Reflections from Practitioners and Managers

Practitioners and managers were ‘surprised’ or even ‘shocked’ to hear that only 60% of children on CPPs or who were LAC lived in the most deprived 20% of neighbourhoods. They would have expected a ‘higher percentage from deprived areas’. All the ‘explanations’ offered tended to reflect an underlying view that deprivation is the key factor affecting rates of intervention. They suggested that services in affluent areas might be responding to parents or other agencies that are more demanding, or responding to less serious cases, or operating to lower thresholds. This raises a question about the equality and consistency of children’s services interventions.


Overall a child’s chances of a child welfare intervention increases significantly with deprivation, but for any given level of deprivation a child in a more affluent local authority is more likely to be on a CPP or to be a LAC.

For example, in the most deprived 10% of English LSOAs, the CPP rate in Herefordshire (IMD Score: 17.91) was 238 per 10000, in Sandwell (IMD Score: 36.97) it was only 50 (Chart 4).

This pattern - intervention rates being in inverse ratio to overall affluence - applies across almost all deciles, for both CPP and LAC, though there are also variations between individual LAs.

Explanations and comments from practitioners and managers

Practitioners and managers were also surprised by this finding which at first sight appears to contradict the known relationship between deprivation and intervention rates. They offered several possible suggestions:

• Differences in patterns of help seeking or referral routes between more and less affluent areas.
• Different kinds of cases being the subject of interventions in more affluent areas.
• Agency responses being different, possibly with different attitudes amongst staff or different thresholds operating. Participants thought that workers could become desensitised to the impact of deprivation in more disadvantaged areas and that ‘if a deprived family lives in a more deprived area, their needs don’t stand out so much’ as they would in an affluent area. One LA rotated its staff to reduce desensitisation.
• Resources possibly being greater, relative to demand, in more affluent authorities, although this was contested by some authorities. There might be more staff with less vacancies (more deprived areas might find it harder to attract staff), staff might be better qualified or experienced; there may be more resources for children outside of statutory children’s services and this might lead to more referrals.

Underpinning all the arguments above are fundamental – unanswered - questions about whether higher or lower rates of CPP and LAC interventions mean that children are safer and their development better promoted.
Conclusions

Striking new evidence has been found that children's chances of being on a CPP or being a LAC are strongly related to levels of deprivation. The interaction between the increase in CPP and LAC rates as deprivation rises and the disproportionate number of children who live in more deprived neighbourhoods produces very large inequalities in numbers of CPP and LAC interventions. The findings raise questions about the underlying reasons for statutory child welfare responses and the effectiveness of national and local policies to reduce social inequalities.

However, the very great inequalities in numbers may mask the spread of children on CPPs or who are LAC across the whole spectrum of society. Reducing statutory child welfare response rates (CPPs and LAC) cannot be achieved by only addressing the most deprived areas – it requires a society-wide / whole-population approach, just as has been argued for health. Inequalities in rates could be cut by reducing the excess levels of deprivation experienced by children and by breaking the link between deprivation and a child's chances of needing statutory safeguarding interventions. Is it possible to develop a virtuous circle: by providing more support to families and reducing inequalities in their material circumstances and the environments in which they live, less resources might be spent on very expensive interventions such as CPP and out-of-home care.

The gradient and inverse intervention law raises questions about the allocation of resources for children’s services and the consistency of practice within and between local authorities. More research is needed to explain these findings in other LAs and to underpin policy and practice responses.

Questions for Frontline Policy and Practice

These results need to be replicated in other LAs and to see if the findings are consistent over time. However, if confirmed, the findings raise a number of questions for policy and practice. A local authority wishing to explore its own approach within the context of deprivation might find the following questions a helpful basis for discussion:

1. Do data gathering and analysis systems enable managers and teams to be aware of inequalities in patterns of referrals and responses between small areas? How can you raise / maintain awareness of these kinds of patterns? Are teams knowledgeable about deprivation within their area?

2. Are the consequences of families’ material circumstances and neighbourhood environments a sufficient priority and focus of the provision of family support services?

3. How is the impact of relative deprivation understood in assessing families’ needs and resources? Are families’ material circumstances and their consequences for parenting and child development a sufficient focus of assessment?

4. When working in partnership with other agencies, how can you create a common understanding of the relevance of deprivation? How can you build a common approach to reducing child welfare inequalities similar to policies on health inequalities?

5. How are resources, especially staff, allocated between areas and cases? To what extent is deprivation taken into account in how resources are allocated?

6. How are thresholds interpreted within your LA? Do you know whether there is consistency between more and less affluent areas and between your LA and neighbouring ones?

7. How do supervisors and managers ensure that practitioners are alert to the risk of desensitisation? What mechanisms help to ensure that such practice is consistent across all local areas?