



Child Welfare  
Inequalities Project



# The Child Welfare Inequalities Project: Final Report – Executive Summary

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# Executive Summary

## Aims

The Child Welfare Inequalities Project (CWIP), 2014-19, aimed to **establish child welfare inequalities as a core concept in policy making, practice and research** in the UK and internationally.

Key research tasks were **to identify the scale of inequalities** in social welfare intervention rates as they affect children in different places, of different ages and identities, and their families, and **to begin to understand how different factors in family lives and service responses interact to produce inequalities**. A longer term intention was that remedies could subsequently be developed by policy makers and service providers and their impact tested.

CWIP was the main project in a programme of research conducted over the period 2013-2019. It was designed to provide the foundations for the development of an inequalities perspective on child welfare, not the last word. By developing and testing a set of concepts, theory and methods and by securing a range of evidence, we hoped to set the baseline for subsequent reflection, research and action, in the UK and internationally (Bywaters, 2015).

A social welfare system reflects the society in which it operates: its assumptions, priorities and attitudes to children, parents and family life. It also reflects the role of the state: how policy is made, the values that underpin policy, the power it exercises over its citizens, how it manages and polices that power and what it counts as success. All of these themes are explicit or implicit in our work.

In summary, this project reports on a system which treats its citizens – parents and children – remarkably unequally but which focuses more attention on policy aspirations and implementation processes than on either the causes of family difficulties or the consequences of state responses.

## Why do inequalities matter?

Underpinning international human rights is the belief that everyone is born equal. No child is more valuable than another. It is unfair if, because of circumstances beyond their control built into the structures of society, some children are more likely to be abused or neglected. It is unfair if, because of the consequences of unequal social structures, some children miss out on family life with their birth parents and siblings through being in care. This is what we mean by inequalities in child welfare (Davidson et al., 2017; Featherstone et al., 2019).

It is also unfair to local authority service providers if funding is allocated and their performance judged without the unequal economic, social and environmental conditions of the families they serve being fully taken into account (Webb and Bywaters, 2018).

Such unfairness has consequences for public finances too. If all children needed children's social care services at the level of the most advantaged families, far less public money would be spent or that money could be invested differently. This is particularly relevant to high cost services such as foster or residential care which now consume almost half of children's social care expenditure in

England. The outcomes of damaged childhoods are long term social and economic costs in adult life, including premature death (Bunting et al., 2018; Murray et al., 2020).

## Background

Evidence of socially determined inequalities in health and education has become widely accepted internationally as a basis for policy making in the past forty years (Marmot et al., 2010; 2020). But almost no parallel analysis of inequalities in the child welfare system had taken place prior to this project, although variations between local authorities and the UK countries had been frequently noted (Department for Education, 2014).

There has been until recently a tendency to downplay either the influence of socio-economic circumstances on the quality of family life or funding pressures on local authority behaviours in England. These have often been presented as primarily a matter of behavioural choice or leadership, respectively (Department for Education, 2016). However, our pilot study showed there was a very strong correlation between local authority average deprivation scores and looked after children rates in England (Bywaters, 2015; Bywaters et al., 2016a). This closely mirrored the relationship between deprivation and inequalities in life expectancy at birth. It seemed likely that similar social determinants were at work in producing health inequalities and child welfare inequalities.

## Definition and Key Concepts

We defined child welfare inequalities as occurring ‘when children and/or their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural social dis/advantage and are unjust and avoidable’ (Bywaters et al., 2015, p.100).

This definition reflects key arguments:

- inequalities are systematically linked to social structures and social position rather than random variations
- inequalities affect parents’ rights as well as children’s rights
- this is primarily a moral issue, a matter of justice, rather than an economic issue, a matter of the efficient use of resources, although that is an important public policy consideration as well
- an inequalities perspective is different from an anti-poverty perspective. Equality policies aim to correct structural differences across the whole population, flattening the social gradient rather than just correcting for poverty
- a focus on inequality requires the study of populations. Inequality cannot be perceived solely on a case by case basis
- an intersectionality approach is essential. It is crucial to understand how family socio-economic circumstances interact with multiple dimensions of identify, such as age, gender, ethnicity and disability.

A decision to place a child on a protection plan or to take them into care will be necessary in some cases. Inequality does not arise because of a decision to act. Child welfare inequality arises if:

- the conditions which make the decision necessary reflect unequal social, economic and environmental structures, or
- services discriminate inappropriately between children in similar circumstances because of some aspect of their identity such as their social class, age, gender, ethnicity, sexual orientation, health or disability.

We examined inequalities in the likelihood of children receiving two key state welfare interventions: the proportion of children placed on a child protection plan or register, or being ‘looked after’ in care. These categories are argued to be more consistently applied between local areas and internationally (Thoburn, 2007) than, for example, rates of referrals. They cannot, of course, include hidden or unmet need: children who would benefit from these children’s services interventions but do not receive them. We use the neutral term ‘interventions’ rather than ‘services’ to reflect the fact that many child protection actions are not sought by or welcomed by the families involved.

These ‘intervention rates’ were conceptualised as a product of the interaction of ‘demand’ and ‘supply’ factors. Demand factors are what bring children to the attention of the child welfare system. Supply factors influence how the system responds.

The key demand factors are:

- the socio-economic circumstances or characteristics of the children’s families
- the circumstances or characteristics of the racial or ethnic groups or other identity communities and/or
- the circumstances or characteristics of the neighbourhoods in which they live.

Supply factors reflect:

- underlying legislation
- policies
- structures
- funding
- processes
- models and
- cultures of service provision.

## Project Structure and Methods

The study methods are described in a technical report and peer reviewed article (Bywaters et al., 2017a; Mason et al., 2019).

The core project had two main elements. The quantitative study examined data about over 35,000 individual children who were the subject of child protection plans or registers or who were being looked after in the four UK countries on a single day in 2015. The mixed methods case studies of practice in England and Scotland were subsequently expanded to include Northern Ireland. (Case studies in Wales are now being undertaken, using separate funding.)

As well as comparing local authorities *within* each of the four UK countries, a comparison *between* countries offered the possibility of a natural experiment, with points of commonality and difference expected to shed light on the project's objectives.

The quantitative study was the primary source for establishing the scale of inequalities and identifying key factors affecting intervention rates. The child data were drawn from 50 local authorities in England, Wales and Scotland and all 5 Health and Social Care Trusts in Northern Ireland. To ensure sufficient numbers, all Health and Social Care Trusts in Northern Ireland and local authorities in Wales and, therefore, all children were included. But in Scotland and England representative samples covered over 50% of children and 13% of children respectively.

The main limitation in the quantitative data was the unavailability of any systematic information about the socio-economic circumstances or characteristics of the families of children who received child protection interventions. We calculated Index of Deprivation scores and ranks for small neighbourhoods (Lower Layer Super Output Areas in England and Wales, Super Output Areas in Northern Ireland and Data Zones in Scotland) as a proxy for family circumstances. Data was analysed in terms of decile (10%) or quintile (20%) bands of deprivation, i.e. from the 10% or 20% most deprived neighbourhoods to the 10% or 20% least deprived.

We had to ensure that the child welfare, population and deprivation data were accurate and comparable, especially between the four countries. The main issue for comparability was the very different proportions of looked after children who were placed at home with parents or with kinship carers in the four UK countries. Our main measure for looked after children was therefore taken as children in residential or foster care not placed with parents or kin.

The case studies allowed us to investigate how local practice might help explain inequalities in rates between geographical and administrative areas and between countries. A variety of ways were used to collect data about front line practice including observations, case files, interviews and focus groups using case vignettes. These were synthesised into comparable accounts for each area.

## Key Messages from the Research

The Child Welfare Inequalities Project was designed to examine how social and economic inequalities are reflected in high end children's social care interventions. It has provided foundation evidence about the scale of inequalities and developed new concepts, methods and models. These are the basis for building policy, practice and further research and for changing the conversation about how to keep children safe and strengthen families.

### 1. There are large scale inequalities in child welfare.

The chances of children growing up in circumstances which lead to them being looked after by the state or being placed on child protection plans or registers are profoundly unequal both within and between the four UK countries. Rates vary by multiples not a few percentage points (Bywaters et al., 2018).

Children in the most deprived 10% of small neighbourhoods in the UK are over 10 times more likely to be in foster or residential care or on protection plans than children in the least deprived 10%.

There is a steep social gradient in children's chances of a coercive intervention. Around 55% of children on protection plans or who were looked after lived or came from the most deprived 20% of neighbourhoods. This means that 45% of children - nearly half - lived in the less deprived 80% of neighbourhoods. Even families in the second least deprived decile of neighbourhoods in the UK are more likely to find their children on protection plans or placed in care away from home than families in the least deprived decile.

This is unfair. It is contrary to principles of social justice and human rights enshrined in the Convention on the Rights of the Child. It has lifelong and life-threatening consequences for children (Murray et al., 2020).

It has considerable implications for public expenditure (Webb and Bywaters, 2018).

The socio-economic circumstances of families are the key factor in inequalities in rates of high cost, late intervention. There is an urgent need to know much more about the complex ways in which the many dimensions of family socio-economic circumstances influence children's lives (Morris et al., 2018).

The social gradient is substantially steeper for young children than for older children. Age is also a key dimension in understanding inequalities between children and between local areas.

Other key factors in unequal rates, notably ethnicity, are also poorly understood and receive far less attention than they deserve (Bywaters et al., 2016b; 2017; 2019). The lack of research and policy attention to very large ethnic inequalities in child welfare is both a missed opportunity to learn about protective factors in children's lives and a scandal waiting to happen.

Previous evidence about children with disabilities suggests that it, too, will be a factor but comparable data are not available across local authorities or countries (Bywaters et al., 2016b).

## **2. The implications for children's lives are profound.**

Child welfare inequalities have profound implications for the lives of children and their families. There are growing numbers of young people in the child protection and care systems across the UK. This is likely to continue to feed the prison and homeless populations, teenage pregnancy and parenthood, high rates of poor physical and mental health amongst young people and premature death (Murray et al., 2020), with long term human and societal consequences and costs.

## **3. Too often professional practice does not address families' material circumstances in assessment, planning and intervention.**

With few exceptions, in local authorities in England, Scotland and Wales families' material circumstances and neighbourhood conditions were not seen as core factors in decision making about individuals or service planning at the time of this study (Morris et al., 2018). Income, debt, food, heating and clothing, employment and housing conditions were rarely considered relevant risk factors in children's lives. Poverty has been the 'wallpaper of practice', widely assumed to be ever-present but rarely the direct focus of action by national or local policy makers or senior leaders and managers. It was not easy for social workers to obtain material help for families, to secure advice about debt or income maximisation or to challenge welfare benefits awards or sanctions. As a result, addressing how families' material circumstances interact with other family stress factors

has played too small a role in front line practice. This has reinforced a disjunction between families' priorities and services' priorities, and obstructs the development of positive relationships between professionals and families.

#### **4. Local service patterns, priorities and funding levels also matter.**

While the conditions in which families live and work influence child welfare *demand* in every area and country, local patterns of service *supply* also influence decisions about children (Bywaters et al., 2015). This adds to inequality in the likelihood of a high cost, late intervention.

Our analysis of overall children's services expenditure using published data from Department for Education S251 returns, showed that more deprived local authorities had faced larger expenditure cuts than less deprived local authorities in the period from 2010/11 to 2015/16 (Webb and Bywaters, 2018). Cuts in all local authorities had meant that by 2015/16 a smaller proportion of expenditure was focused on family support and a larger proportion on children in care. The greater financial pressures on high deprivation local authorities was acknowledged by Ofsted in its 2018 annual report.

In England, the evidence suggests that local authorities covering comparatively affluent areas tend to spend more on children's services *relative to need* than in deprived areas although spend per child is usually lower. Overall, as a result, local authorities covering more affluent areas tend to intervene more readily using high end, expensive, more coercive forms of intervention. This is a structural pattern between local authorities not a random lottery or just a product of local leadership styles or values. We called this the inverse intervention law. It means that increasing funding without tackling the social determinants of demand and the focus of child welfare policies could result in more not fewer children in care or on protection plans.

#### **5. Local social inequality also has an impact.**

In addition to this inverse intervention relationship, a second pattern in England is that the level of social inequality in a local authority has an additional impact (Webb et al., 2020). Some areas are relatively affluent overall but have high levels of inequality. Others are more deprived but more equal. The social gradient of child welfare intervention is much steeper in areas of low deprivation but high income inequality, than in highly deprived areas with less income inequality.

More work is needed to understand this better. However, there is a substantial literature on the impact of economic inequalities at the national level on a range of social and health outcomes (for example, Wilkinson and Pickett, 2009). Levels of shame and stigma may be higher for disadvantaged families if surrounded by affluence (Featherstone et al., 2019). Disadvantaged families may stand out more and so be more a focus of services' attention. In generally affluent areas, expenditure and service provision may not be focused on the families and neighbourhoods that need it most.

#### **6. Significant differences in national patterns are found across the four countries.**

In addition to family level and local area inequalities, there are significant differences in national patterns of service delivery (Bywaters et al., 2018). Intervention rates do not reflect the UK countries' relative economic strengths. In Northern Ireland, rates of foster and residential care by strangers are much lower than would be expected from levels of family disadvantage. Rates were

around 50% higher in England, 75% higher in Wales and more than twice as high in Scotland. The social gradient in Northern Ireland is also less steep than in the other UK countries.

Stronger family and community ties and a culture of service provision that has a greater emphasis on supporting families in material ways appear to be factors in Northern Ireland (Mason et al., forthcoming). Expenditure per child is also the lowest of the four countries. In Scotland, relatively high rates of looked after children are combined with low proportions of children on the child protection register. Much more should be learnt from examining differences between the four UK countries as well as wider international comparisons.

## **7. There is a lack of data to underpin policy making.**

The absence of almost any systematic data on parents' circumstances or demographic characteristics is a major limitation in understanding the causes of children's difficulties or how best to respond to them (Bywaters et al., 2016a). It is a core assumption of policy and practice that the main responsibility for children's health and development lies with parents, but all the UK countries lack systematic demographic or socio-economic data about the parents whose children are the subject of state intervention. Even the link to neighbourhood deprivation, used in this study as a proxy for family circumstances, is not made in the national statistical reports on children's services.

The lack of consistent data about children with disabilities prevents useful analysis about the relationship between childhood disability, other factors, such as poverty and ethnicity, and children's services interventions (Bywaters et al., 2016b).

## **8. Child welfare inequalities have significant economic costs.**

These inequalities have profound economic significance for over £10b of annual public expenditure in the UK (Webb and Bywaters, 2018). The long term consequences of the high cost, late interventions of placing children on protection plans or taking children into care compared with investing similar sums in support for birth families, are unknown either for the children concerned or for public expenditure more widely.

## **9. The conversation has shifted.**

After nearly a decade of austerity, the pressures on families and on public services intended to support families are more widely recognised (Featherstone et al., 2019). Our work has informed this new context, providing evidence about current patterns of services provision, promoting discussion and challenging assumptions about what children's services should look like and aim for. The project has helped to shift the conversation and signs of change or a recognition of the need to review are to be found in all four countries.

## **10. There is much more to be done.**

The Child Welfare Inequalities Project has built a conceptual framework and a set of research methods through which an inequalities perspective can be examined. But there is much more to be done to increase the evidence, deepen understanding and develop and test new policies and practices. This requires a commitment across policy, practice and research to reducing inequalities in children's life chances. This requires that families have greater equality of access to the resources needed to underpin good childhoods.

## Recommendations

The implications of the project are far reaching for all levels of the front line of children's social care: policy makers, leaders and managers, and practitioners. There are also consequences for the system's infrastructure: data collection and analysis, education and training, research, and inspection. While the project cannot offer tested solutions, recommendations for next steps are outlined below.

### **The focus and priorities of children's social care systems in the UK should be rethought.**

The scale and reach of inequalities identified make the case for rethinking the focus and priorities of children's social care systems in the UK countries and internationally. More of the same will not reduce inequity in children's life chances. Rather it is likely to continue the negative spiral of increasing investigations, coercive high cost interventions and the separation of children from their birth families, drawing ever more scarce resources away from supporting families and preventing harm to children.

This conclusion is echoed in the Scottish Independent Care Review (2020, 7-8).

'For Scotland to truly to be the best place in the world for children to grow up, a fundamental shift is required ... Scotland must change the way it supports families to stay together. Because despite Scotland's aspiration for early intervention and prevention, its good intentions, and the hard work of many, the experience of far too many children and families is of a fractured, bureaucratic, unfeeling 'care system' that operates when children and families are facing crisis....

Despite the system being focused, above all else, on protecting against harm, it can prolong the pain from which it is trying to protect. Some children who have experienced trauma told the Care Review that being taken into care and growing up in the 'care system' was among the most traumatising experiences they had ever had, exacerbated by being separated from their brothers and sisters, living with strangers and moving multiple times....

Scotland's focus and understanding of risk must shift to understand the risk of not having stable, loving, safe relationships.'

## Policy Makers, Leaders and Managers, and Practitioners

1. Increasing fairness for children by flattening the social gradient in children's social care intervention rates should be an explicit policy and a priority at every level.

**National policy making:** plans to decrease inequalities by reducing higher rates of intervention in more disadvantaged families should be formulated and acted on. These should be led by departments responsible for children's services, but involve all relevant policy areas.

This implies a policy of reducing overall looked after children rates, as the Welsh Government has established.

Such plans should integrate policies to reduce inequalities affecting children in education, health and social care services, such as the Fair Society, Healthy Lives programme (Marmot, 2010; 2020).

This will need to be backed by wider policies to reduce economic, social and environmental inequalities between regions and areas.

**Local policy making and leadership:** local children's social care priorities should include reducing inequalities between children through an increased emphasis on supporting families, prioritising those facing greatest hardship and insecurity.

In Glasgow such a change of direction has reduced the numbers of children in care by almost 500 since 2016, cutting entry rates by 60% and placement moves for children in care by 70%. Spending on family support has doubled.

**Practitioners:** front line staff and managers should integrate a focus on the interaction between families' material circumstances and other difficulties in all processes and in practice. Contextual information about family circumstances should be routinely collected in all referrals, assessments, action plans and court reports. Workers and managers should follow anti-poverty strategy guidance (Department for Health, 2018) and incorporate the poverty aware paradigm (Krumer Nevo, 2015) into their practice.

## 2. Building close working relationships with families and communities should become a core objective of children's services policy and practice.

**National policy makers:** in line with the UN Convention on the Rights of the Child, children should be supported to stay within their families wherever possible. This means working in partnership with families to ensure they have the means to care safely for their children.

Policies should aim to promote 'stable, loving relationships' for children, as the Scottish Independent Care Review argues, shifting direction from a focus on individualised risk.

This means changing the narrative about families across governments. Governments should seek to build up support for families rather than stigmatising families as troubled, chaotic or failing, recognising that most parents want to do the best for their children.

**Local leaders and managers:** policies should incorporate community based approaches to safeguarding. This will involve services becoming more knowledgeable about the strengths and needs of the communities with which they work and learning from communities where intervention rates are low. Building communities' trust of services and working with local family support systems will be key objectives. Services should be visible and accessible in the locations and communities they serve.

**Practitioners:** in order to prioritise prevention, practice will need to be rooted in positive relationships between families, communities and services. This means practitioners being able to draw on services and resources which are recognised as helpful by families. Practice should be based on teams which are connected to geographical and identity communities.

3. Increasing the consistency of service responses between local authorities and UK countries should become a core policy objective. It should be clear what support families can expect from services, wherever they live in the UK.

**National policy makers:** policies should aim to reduce structural factors underpinning inequalities in patterns of intervention between and within local authorities, for example, through fairer funding regimes and wider economic and social policies.

**Local leaders and managers:** policies should be informed by close knowledge of inequalities within the area for which local authorities are responsible. They should aim to reduce avoidable inequalities between neighbourhoods and communities through the management of staffing, budgets, service provision and commissioning.

**Practitioners:** practice should be informed by knowledge of local intervention rates and conditions as well as by knowledge of local services available for parents and children.

## Service Infrastructure

### 1. Data collection, analysis and reporting

Data collection systems should be reviewed to ensure that

- national and local information systems present policy makers, leaders and managers, practitioners and the wider public with readily accessible information about inequalities in child welfare demand and supply
- data on parental demography and socio-economic circumstances are available
- data on childhood disability are consistent and valid
- comparisons are possible between the UK countries.

### 2. Education and Training

The education and training infrastructure should incorporate key learning about inequalities in child welfare and the implications for practice that better supports families and communities.

### 3. Inspection

Inspection regimes should be reviewed to reflect the policy aim of reducing inequalities between local authorities and countries by shifting the focus of attention towards effective support for families and communities.

### 4. Research

Research commissioners and researchers should prioritise research that is informed by an inequalities perspective. All research should incorporate an intersectionality approach.



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