

Identifying and understanding inequalities in child welfare intervention rates: quantitative evidence from a comparison of the four UK countries

Paul Bywaters, Jonathan Scourfield, Chantel Jones, Tim Sparks, Martin Elliott, Claire McCarten, Jade Hooper, Marina Shapira, Lisa Bunting, Brigid Daniel,

Introduction

In the public health field, much attention has been paid to measuring and analysing differences in mortality and morbidity between and within countries. While recognising problems in ensuring that data is genuinely comparable between and within different countries, sufficient convergence is managed through the WHO Global Health Observatory for data on over 1000 indicators of population health to be gathered from 194 countries (<http://www.who.int/gho/en/>). There is a substantial body of work that underpins judgements about relative rates of sickness and death and discussions of contributory causal factors. It supports a focus on understanding and combatting both underlying and more immediate causes of health inequalities (WHO, 2008). Reducing health inequalities is seen as an essential element for maximising the health of populations (Acheson 1998; Marmot 2010).

Some elements of a similar approach can be found for child welfare services, but far less progress has been made in the key elements for an internationally comparable model. There has been limited progress in establishing agreed definitions of key concepts and much less progress in establishing comparable systems of data collection, analysis and reporting systems, even though the socially negotiated nature of the subject under study is unlikely to be more complex than some medical categories. There is a far less developed international epidemiology of child welfare (i.e. population-based and longitudinal studies), compared to the extent of knowledge about health inequalities. Also, there has been relatively little development of a discourse of inequity to account for differences in child welfare intervention rates. Reducing inequities has not secured widespread support as a policy objective for cutting levels of maltreatment, despite the WHO's report on prevention in Europe asserting that child abuse and neglect are a 'leading cause of health inequality and social injustice, with the socioeconomically disadvantaged more at risk' (Sethi et al., 2013, Foreword).

In principle, comparisons between countries and between areas within countries can give valuable information about these core questions and provide benchmarks against which judgements can be made about the relative effectiveness and efficiency of alternative policy and practice approaches. However, as numerous previous authors have reported, in practice reliable, internationally comparable evidence is not in place internationally to answer any of these questions.

Background

Child welfare – international comparisons

To briefly summarise the international comparative evidence about child welfare inequalities, first, there are relatively few countries with consistent national systems of data collection and reporting (Thoburn 2007; Fallon et al., 2010; Fluke and Wulczyn, 2010; Gilbert 2011; Kojan & Lonne, 2012; Del Valle et al., 2013). Second, it is common for insufficient details to be presented about how data has been collected (Fallon et al., 2010). Third, there are frequently found to be problems in the quality

and consistency of data collection, with protocols sometimes not followed (Thoburn, 2007) or even contested (Alastalo & Poso, 2014). Fourth, definitions, for example, of different categories of child abuse or neglect, are not agreed internationally, with the same words sometimes being used to describe different things either over time or at a point in time. For example, it is relatively recently that the concept of emotional abuse has emerged and forms of sexual abuse have become differentiated. Fifth, there are few established common measures of child maltreatment or system response proxies, with referrals, substantiated child protection concerns and out-of-home care all having inconsistent meanings across boundaries (Thoburn 2007; Sethi et al., 2013). Even within-country comparisons can be problematic, but on an international basis, comparison is difficult, indeed 'limited and questionable' (Alastalo & Poso, 2014, p.722). The WHO review of European systems reported that 'intercountry comparisons cannot be made with any certainty and there is an urgent need to standardize policies, processes and registrations' (Sethi et al., 2013, p. 14).

Such evidence as there is suggests profound inequalities in children's chances of experiencing abuse and neglect and in the construction of state responses. Rates of physical maltreatment appear much higher in Eastern European states than Western countries (Gilbert et al., 2009; Sethi et al., 2013). Reports of physical abuse in the UK, USA, New Zealand, Finland, Italy and Portugal ranged from 3.7%-16.3%, while in Macedonia, Moldova, Latvia, Lithuania, Siberia, Russia and Romania the range was 12.2%-29.7%. In many Western countries, rates of physical abuse have decreased in recent years in response to legislation and attitudinal change. However, definitions of maltreatment continue to evolve and expand, with relatively new categories being included in some countries, such as emotional abuse or exposure to domestic violence, and overall rates remain static (Gilbert et al., 2012).

A number of studies have examined and compared rates of out-of-home care. However, the heterogeneity of this population is considerable: age; length of stay in care; placement and the purpose of care all vary substantially, in addition to the complication of whether care is measured by point or period prevalence (Gilbert, 2011; Alastalo & Poso, 2014). The age profile and length of placement vary between different models of child protection systems. The Nordic countries with universal social welfare tend to have older children in out-of-home care compared to a much younger population in the UK and Australia. Movement away from paternalistic state institutional care is evident in the former communist states, but this is a slow process (Anghel et al., 2013). Child welfare policies in Spain and Italy are also moving away from institutional care, but both nations have experienced problems consolidating family foster care. Australia, Ireland, Norway and the UK have some of the highest rates of family foster care (>80%), and Italy and Germany the lowest (< 50%). In many countries interventions involve the state placing children with relatives or friends or taking over elements of parental responsibility but without necessarily removing the child from the parents' home or from their day to day care.

There is also compelling evidence that the care system is being used in different ways in different countries. Out-of-home care also tends in Nordic countries to be used as a family support mechanism rather than a permanent separation from families (Forrester et al., 2009) so its social function is not the same as in the UK. Adoption is not permitted in Finland, requires birth parent permission in Sweden, and is rare in Denmark (Gilbert, 2011); out-of-home placements in these countries are often by voluntary consent of both child and parent and regularly used to transition older teens to independent living (Gilbert, 2011; Kojan & Lonne, 2012). The number of children adopted in the US rose by almost 50% in the years 1998-2007 which accounts in part for a fall in out-of-home placements (Gilbert, 2011).

So although patchy and weakened by the methodological problems identified earlier, there is consistent evidence at least that the responses of states and independent organisations to children and families results in very different experiences according to where you live. To put it at its most cautious it is unlikely that such differences have equally good outcomes for children and their families. There are no grounds for complacency when professions and states are implicated in systematically unequal treatment of children and parents. An important but not a sufficient step towards rectifying this situation would be the recognition of this fact and the development of an inequalities perspective.

The current study and comparisons between UK nations

The research presented in this article, funded by the Nuffield Foundation, aimed to begin the task of detailing and understanding inequalities in intervention rates, i.e. differences in the proportions of children on child protection plans or registers, or who were being 'looked after' by the state, between and within the four countries of the United Kingdom (UK): England, Northern Ireland (NI), Scotland and Wales. The UK offered the possibility of a kind of natural experiment in comparing policies and services for child protection (*authors' self-citations, 2017a; 2017b*). The UK countries have a common language and government and a common national history. However, a number of significant differences also apply. First, many powers are devolved from Westminster, the seat of the UK government, to the four individual nations. Devolution has been substantially extended in recent years with the establishment of new legislative bodies, the Scottish Parliament and the Welsh Assembly, and the power sharing agreement creating greater devolved government in NI. Child protection policy is a devolved power and increasing differences of approach are being seen between the countries. Second, Scotland has an entirely separate legal system to that in England and Wales with different terminology and structures. The Scottish children's hearings system is unique. Third, this is just one example of different structures operating across the four countries, with children's services in NI being managed through joint Health and Social Care Trusts rather than by elected local councils as in the three other countries. Finally, the politics of the four countries have become increasingly divergent with a different political party in power in each, at the time of writing. The Conservative party in England has to negotiate with a Labour-led government in Wales, a Scottish National Party government in Scotland and the shared Unionist and Republican administration in NI. Again, as devolution has grown, the political distinctiveness of the four countries has become more apparent, albeit the UK Government operates the key levers of the economy, taxation and social security policy.

Published administrative data for the four countries, summarised on an annual basis by the third sector organisation, the NSPCC, and our own analysis of that published data had suggested that there were substantial differences in the proportions of children who were in out-of-home care ('looked after' as it is described in the UK) (Bentley et al., 2016; *Authors' own 2017a, 2017b*) or subject to child protection interventions. However, the NSPCC summaries also pointed to the possibility that some of these differences were artefacts of the data collection process rather than real differences. The published data had also not controlled for key demographic and economic differences between the countries, nor had there been any comparison attempted at the local authority level, never mind any smaller geography. Previous authors had pointed to both the potential value and the practical problems inherent in comparing what was happening to children in the four nations (Munro et al. 2011). Governments had responded only with publications that identified some of the problems, not with measures to ensure that published administrative data allowed readers to compare like with like.

A central intention of our research was to establish building blocks for subsequent programmes of work to identify, understand and respond to child welfare inequalities. These foundations included, first, identifying a valid basis for making like with like comparisons in intervention rates between the four countries by resolving as far as possible the differences of legislation, definition and administrative data collection; second, developing theoretical and conceptual models for examining inequalities; third, creating and testing methodological approaches – quantitative and mixed methods – for detailing inequalities and for understanding the contributory causal factors; and, fourth, changing the conversation about child welfare in the UK by establishing inequality as a key dimension of discussion.

For differences in intervention rates to be inequalities rather than just random variations they had to meet the standard of the definition we developed: child welfare inequity occurs 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 disadvantage (*Authors' own, 2015*).

Current administrative systems are not designed to identify the underlying incidence or prevalence of maltreatment in the UK, so we could only investigate those children who came to the attention of state services. Several alternative measures are potentially available within those collections but difficulties in comparisons increase if period prevalence is attempted, as legislation, definitions and data collection methods have all been subject to change but at different rates and directions in different countries. We, therefore, decided to examine only the proportion of children subject to interventions on a single day – the date for annual administrative returns, 31st March 2015 in England, NI and Wales and the 31st July in Scotland.

Essentially we were trying to answer this question: Are there inequalities between the four UK countries in the proportions of children who, at a point in time, are either considered to be at risk because of substantiated concerns about child protection or who are being looked after?

Research methods

This paper is concerned with one aspect of the funded study, namely the quantitative studies of intervention rates in each UK country. The study combined administrative data of three kinds: data about individual children subject to state children's services interventions, data about the deprivation level of the neighbourhood and the area in which the children lived and data about the population of neighbourhoods and areas which enabled the calculation of rates of intervention. Ethical approval for the study was secured from the Coventry University Faculty Research Ethics Committee and support for the study was secured from the Association of Directors of Children's Services in England and parallel bodies in NI, Scotland and Wales.

Because the child populations in the four countries are of very different sizes a mixed sampling approach was adopted to ensure sufficient numbers to allow for meaningful comparison and statistical analysis. In NI and Wales, data were requested on 100% of children who were on the Child Protection Register or who were looked after on 31st March 2015, the census date. In England data were collected from a representative sample of 18 LAs for the same date, spread across all 10 regions, and chosen also to reflect high, mid and low deprivation LAs. In Scotland data from the 31st July (the Scottish census date for children's services data) was sought from 10 LAs responsible for over half of all Scottish children, including all the largest LAs by population. After data cleaning, this gave us data on over 12,000 children on Protection Plans or Registers and over 24,000 children looked after, more than 10% of all such children in the UK.

Table 1: Child and local authority sample sizes for UK comparative study.

Country	Number of LAs*	Children on Child Protection Plans or Registers	Children Looked After
England	18	6310	8090
NI	5	1845	2878
Scotland	10	1410	8418
Wales	22	2847	5091**
Total	55	12412	24477
*Health and Social Care Trusts in NI			
** High levels of missing neighbourhood data in 2 Welsh LAs meant that they were excluded from this analysis.			

Data were collected on the children's age, gender, ethnic category, type of abuse or neglect experienced if on a CPP, and the legal status and the current placement if they were LAC. In addition we asked for the small neighbourhood in which they were living or, in the case of LAC from where they had entered care, which we could link to a deprivation score.

In the UK, no data is collected systematically about the parents of children involved with children's services. In order to test for the existence of a relationship between family circumstances and children's involvement with services, therefore, we had to use small neighbourhood deprivation scores as a proxy measure for family poverty. In England and Wales, these neighbourhoods are called Lower Super Output Areas and have average total populations of around 1600, in NI they are called Super Output Areas with populations around 2000 and in Scotland, Data Zones with average populations of around 750. Each neighbourhood has a deprivation score based upon multiple measures but the four countries use overlapping but different measures, weighted differently, so we constructed a UK wide deprivation index following the methodology outlined by Payne and Abel (2012). This enabled us to group all UK neighbourhoods in deciles from the least deprived 10% of neighbourhoods to the most deprived.

Child population data for the small neighbourhoods were taken from the mid year population estimates for 2014. These estimates update the comprehensive 2011 national census. Unfortunately, child population data by ethnic category and neighbourhood are not available from these mid-year estimates, so 2011 census data had to be used for the ethnicity analysis.

Data were analysed **TIM TO ADD**

Findings

Data gaps and comparability

We had previously identified three main kinds of limitations in the administrative data sets currently produced by the four UK governments (Authors' own 2014; 2016; 2017c). First, there are large gaps in the data that is collected. The two most important are that, as mentioned above, virtually no data are collected about the lives or circumstances of the parents of children subject to CPP or LAC interventions and no national data are analysed or reported for levels of geography below whole LAs. There are no data focusing on smaller geographical communities or areas. Second, some of the data collected and or reported are of dubious quality, particularly those on child disability which

have had to be excluded from the analysis. Third, some of the data collected are only analysed and reported to a limited extent. The main example of this is data analysed by ethnic category.

However, two further issues of importance emerged from this comparative study. It became clear that there are complex but important differences between countries in the proportion of children defined as looked after but placed either at home with at least one parent or out-of-home with relatives or family friends. It is unclear to what extent this is primarily a matter of practice or a matter of definition. In other words, do some countries place a larger proportion of children with a parent, relative or friend than others or are there different practices in whether children living with parents or relatives or friends are counted as looked after? Table 2 shows the scale of this issue but sheds only a limited light on whether this is a real difference of practice. As can be seen, in NI and Scotland, around a half of all LAC were placed with a parent, relative or friend. This compared to a little over a quarter of LAC in Wales and one in six in England. For a number of years up to 2014, the NSPCC annual 'How Safe Are Our Children' reports, when comparing the proportion of LAC in the four countries only presented data for Scotland about children who were looked after away from home but gave the data for all LAC in the other three countries. As can be seen, this approach underestimates the complexity of comparing LAC rates between the four countries.

Table 2: Percentage of all looked after children placed at home or with relatives or friends, by UK country, 2015.

	At home with a parent	Placed with a relative or friend	Total
England	5	11	16
NI	16	31	47
Scotland	23	29	52
Wales	11	16	27

It is clear that there are a variety of positions taken in relation to kinship care when state services are involved, from informal arrangements acknowledged by and agreed to by children's services without formal assessment or payment, through various levels of assessment and payment to the point where relatives or friends are assessed and paid on a par with foster carers not previously known to the family. Because of these nuances and because the data available lack the detail necessary to sort between the alternatives, we decided that, for the purposes of cross-country comparisons in this study we would only use LAC data on children placed in out-of-home care who were not with parents, relatives or friends: essentially foster homes and residential care.

The second new issue, first identified by Bilson (private communication), is the cumulative effect of decisions to place children for adoption or on Special Guardianship Orders in England and Wales. More frequent, earlier and faster adoption of looked after children has been a central plank of children's services policy in England in recent years (Ref needed). In England, in every year since 2000/01 more than 3000 children have left the care system to be adopted and this increased to over 4000 in 2012/13 and over 5000 in 2013/14 and 2014/15 before falling back to 4690 in 2015/16. 12% of care leavers were adopted in 2000/01 rising to 17% in 2014/15. A new permanency provision, the Special Guardianship Order, was brought into effect in England and Wales on 1st January 2006. Like adoption, it was designed to provide greater security of care for children who had been looked after either with pre-existing foster carers or with relatives or friends (approximately half in each type of placement). Children on SGOs are no longer counted in statistics for looked after children. The use of SGOs increased rapidly and by 2014/15 over 3000 children in England were counted as leaving care

under such orders. Cumulatively, Bilson estimates that at 31st March 2016 more than 70,000 children may be currently living in alternative families having been placed by the state in these through adoption or SGOs. The total is similar to the numbers of children counted as being looked after.

However, in Scotland adoption has been less a focus of policy. Proportionately, many fewer children left care because of adoption, between 3% and 7% of all care leavers between 2000/01 and 2014/15. There is no Special Guardianship Order and the nearest equivalent order does not remove children from the looked after head count. Cumulatively, in the period 2002/3 to 2014/15, although the full details of age and outcome necessary for a precise calculation are not available, it looks as though approximately twice as many children, proportionately, were living in adoptive or SGO families having been placed from care in England as in Scotland.

The cumulative numbers involved are sufficiently large to have a considerable effect on comparative rates of LAC between Scotland and England and Wales. This presents both conceptual and statistical challenges. Conceptually, it has long been assumed in the UK, at least, that adoption is a totally different status to being 'in care' even if the adoption placement is made by the state. Once parental rights and responsibilities have been conferred the state no longer has a role. However, more recently there has been some blurring of this boundary with the recognition that adoptive parents may require or benefit from continuing support. The boundary is even more blurred in the case of SGOs, where local authorities are required to make available a range of support services including financial support and retain powers to be party to subsequent changes in the child's legal status. It is at least arguable that the numbers and rates of children on SGOs should be published as part of the annual LAC data returns, at least in as much detail as data on adopted children.

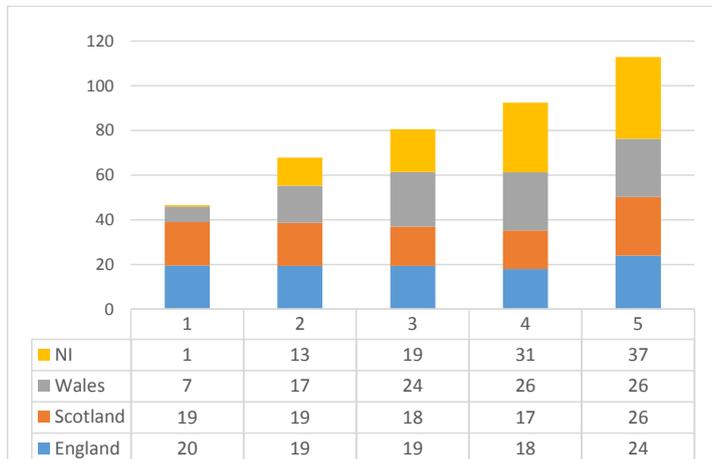
Statistically, because it is not known whether or how many children on SGOs become looked after again and because of other definitional differences between England and Scotland, any calculation about the impact on LAC rates would have to involve wide confidence limits. In the case of this research, we decided not to make such calculations but to draw the issue to readers' attention. SGOs do not apply in NI.

Deprivation in the UK

As Chart 1 demonstrates, the general population of children in NI, especially, and Wales were much more likely to be living in higher deprivation neighbourhoods than those in England and Scotland, which had a broadly similar pattern. In all countries children are over-represented in the most deprived 20% of neighbourhoods (Column 5), but the proportions in the least deprived quintile (Column 1) are starkly different. Close to 70% of children in NI were living in the most deprived 40% of neighbourhoods in the UK but only a little over 40% of children in England.

LAs face radically different social-economic conditions across the UK. In eight LAs and Trusts in our sample, at least 50% of all children were living in the most deprived 20% of neighbourhoods in the UK while in 4 LAs fewer than 15% of children did so. More than 50% of all children lived in the least deprived 20% of neighbourhoods in the UK in only one LA, but several had a third or more of their children in such places. On the other hand two LAs had no children living in one of the least deprived 40% of UK neighbourhoods. Given, as we outline below, the strong relationship between deprivation and intervention rates, these profound demographic differences have a major effect on demand.

Chart 1: Percentages of Children (0-17) by deprivation quintile, 4 UK countries, 2014 mid-year estimates.



Similarities in Child Welfare Interventions

Most of the variables examined showed significant differences between countries. However, gender patterns were an exception to this rule. While overall levels of intervention for males and females showed between-country inequalities, the ratio of males to females was remarkably similar. There was no statistically significant difference in the proportions of males and females on child protection plans or registers in England, Scotland and Wales (we did not have the data for NI). There was a small but persistent difference in the proportions for LAC with a small excess (around 15%) of males in all three countries. Given the differences between boys and girls in educational attainment and in LAC rates, the apparent similarity in CP rates is remarkable and perhaps worth further exploration.

Deprivation and Intervention Rates

Within each country there is a very strong association between the level of neighbourhood deprivation and the proportion of children who are LAC or CP (Charts 2 and 3). This correlation is very strong and statistically significant in each country.

Differences between areas of high and low deprivation are not a matter of a few percentage points but multiples. A child in Scotland living in one of the most deprived 20% of UK neighbourhoods is 10 times more likely to be looked after away from parents, relatives or friends than a child in the least deprived 20%. In England this ratio is 9:1. Small numbers in the least deprived neighbourhoods in NI and Wales preclude a similar analysis but the broad pattern is repeated, as it is in every LA and Trust we examined. This supports the hypothesis that deprivation – a proxy for family socio-economic circumstances – is the primary driver of service demand in any given country or local authority.

However, differences *between* UK countries in overall rates cannot be explained by levels of deprivation. If deprivation was the main factor explaining inequalities in rates *between* countries, NI would have the highest overall rates and England the lowest. Neither for CP nor for LAC is this the case: supply side factors are also at work, interacting with demand.

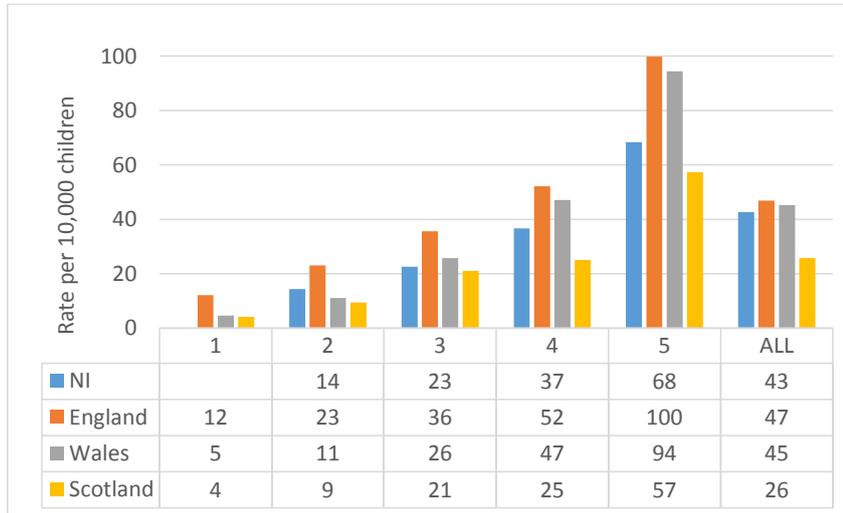
Commented [PB1]: Create table of significance and correlations?

Commented [JS2R1]: Or at least put some stats in the text

Commented [PB3R1]: Tim: have you a suggestion for how to handle/express this?

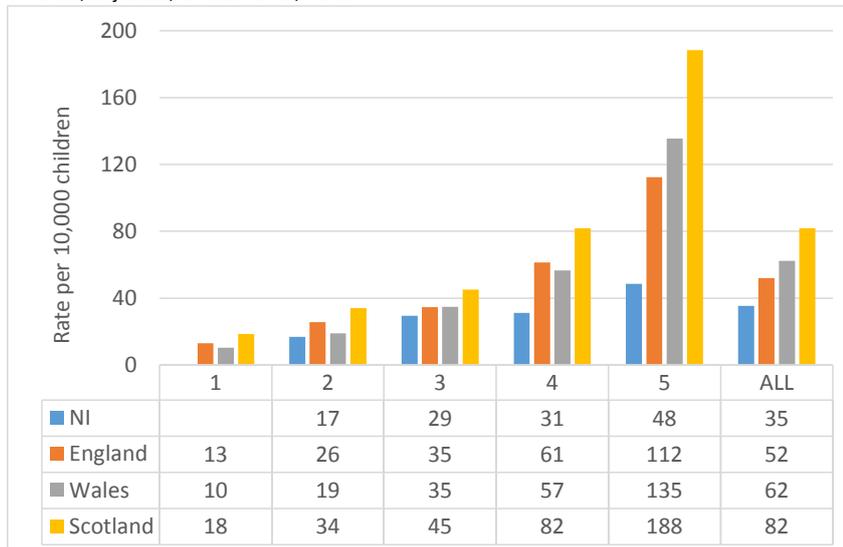
Commented [PB4]: Tim: have we got a statistics to support this?

Chart 2: CPP rates per 10,000 children by deprivation quintile and overall, adjusted, UK countries, 2015.



Numbers of children in NI living in the least deprived 20% of UK neighbourhoods are too small for rates to be reliable.

Chart 3: LAC not with parents, relatives or friends by deprivation quintile and overall, rate per 10,000 children, adjusted, UK countries, 2015.



For CPP, England, and NI appear to have similar overall rates but higher than those in Scotland. The lower Scottish rates may reflect the use of Supervision Orders in which children are placed at home and not also placed on the CP register. For many of these children there may well be child protection concerns but they may not be recorded in the register because they are considered protected by the Order. This raises questions about the value of the register as a comprehensive record of CP concern. Another key difference is that in Scotland, almost no children aged 16 to 17 are on CP registers, unlike in the other countries (see Table 3, below). However, this does not explain the lower rates overall in Scotland which are seen in all other age groups.

The very different distribution of children by deprivation quintile in the countries means that these overall figures mask other significant differences. Although the overall CPP rate in NI is similar to that in England and Wales, NI rates are in fact much lower in the 2 highest deprivation quintiles where two thirds of NI children were living. The differences between countries can only be properly examined when deprivation patterns are also taken into account.

For LAC not placed with parents, relatives or friends, by contrast, Scotland has the highest rates, approximately 30% higher than those in Wales, 60% higher than England and more than double those in NI. The cumulative impact of differential adoption and non-kinship SGO rates may account for at least part of the difference between overall Scottish and English rates but cannot account for the stark gap between Scotland and NI. And if children on non-kinship SGOs were counted as LAC in England and Wales, this would widen the gap between those countries and NI. Given the costs of looked after children – the average cost in England is over £50,000 per year – these large differences could be expected to be at least as much focus of attention for policy makers as the outcomes of placing children in care. However, with the exception of Wales (Drakeford, 2012), there is limited evidence of such concern.

Successive NSPCC How Safe Are Our Children reports have drawn attention to the gap in LAC rates between Scotland and England, although with little apparent effect on policy or practice. However, this data, while confirming that inequity, places a greater spotlight on NI's lower rates, particularly for LAC. And it is interesting to note that NI is the only UK country in which more children were on CP Plans than were being looked after in foster and residential care in 2015.

The Social Gradient

There is a strong social gradient affecting children's chances of a child welfare intervention: each step increase in deprivation is accompanied by a higher LAC or CPP rate. There are no exceptions to this pattern between deprivation quintiles, which is also seen within individual LAs and Trusts, except in a handful of cases where numbers of children are too small to yield reliable rates.

However, the steepness of the gradient – how much each step up in deprivation influences the CP or LAC rate - varies between countries. Using weighted least squares regression with population numbers to calculate the slope (Table 3) reveals that, for CPP Wales has the steepest gradient, followed by Scotland but this difference is not statistically different. The slope is also not significantly different between England and NI, but the gradient in these two countries is significantly shallower than for Scotland and Wales. For LAC, NI has significantly shallower gradient than all the other countries. England is significantly shallower than Wales. Scotland is steeper than England and less steep than Wales but neither difference is significant. Not only are overall rates lower in NI (with the exception of the low CP rate in Scotland) but each step increase in deprivation is accompanied by a lower increase in intervention rates. It is unclear why gradients differ but within an inequalities analysis flattening the slope – finding ways to reduce the impact of deprivation on intervention rates

– would have a large effect on overall rates and numbers. Flattening the slope is an alternative – or possibly complementary strategy – to reducing the numbers and proportion of children living in more deprived areas.

Table 3: The social gradient. Percentage average increase in intervention rates for each increase in deprivation decile.

	CPP	LAC
England	25	26
NI	27	17
Scotland	31	29
Wales	38	32

Commented [PB5]: Tim to check and add detail if possible.

Age

A further dimension in which clear inequalities in children's chances of intervention between the four countries can be seen is age. As Table 4 shows, and we have already indicated, in Scotland CPPs are essentially not used with young people aged 16 and 17 but overall Scottish rates are significantly lower across all age groups. By contrast, overall CPP rates in NI are only lower than in England and Wales for the 0-4 age group. As Table 4 shows, in the 0-4 age group CPP rates in NI and Scotland are very similar when comparing children living in areas of similar deprivation, but in both countries rates are lower than in England and Wales.

Table 4: CPP and LAC rates by age group, UK countries, 2015

CPP Rates	England	Wales	Scotland	NI
0 to 4	61	66	42	54
5 to 9	48	46	28	48
10 to 15	36	37	18	37
16 to 17	12	15	1	19
LAC Rates	England	Wales	Scotland	NI
0-4	29	35	49	25
5 - 9	34	43	63	27
10 - 15	60	79	103	39
16-17	96	100	86	67

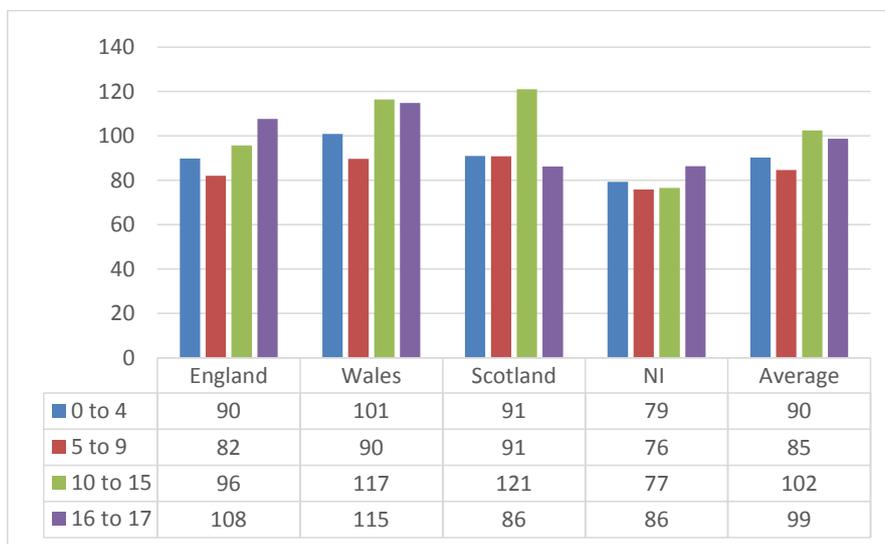
Table 5: CPP rates, age 0-4, by deprivation quintile, UK countries, 2015

	1	2	3	4	5	All
England	14	31	47	67	120	61
Wales	5	18	38	59	134	66
Scotland	7	15	29	41	90	42
NI		10	26	44	91	54

LAC rates for children not placed with parents, relatives or friends show a consistent age pattern with one exception. Across all age groups, rates are highest in Scotland, then Wales, then England and lowest in NI, with the exception of the 16-17 year age group. In this older group, Scottish rates are lower than those in England and Wales.

Once again, these patterns raise further questions rather than providing clear answers. Overall, across the UK, at all age groups approaching one child in 100 was either on a child protection plan or being looked after at a point in time in 2015 (Chart 4). Scotland is the only country in which LAC rates fall in the oldest age group, compared to the 10-15 group, while CPPs are essentially absent. Service patterns for 16-17 years olds compared to other age groups do appear to be different in Scotland to the other nations. Whether this reflects lower levels of protection from child protection concerns or a tendency for young people to leave care at an earlier age than in the other countries requires further examination. Of course, the outcomes of policy differences will be the central factor rather than the policy differences themselves.

Chart 4: Combined CPP and LAC rates, by age group, UK countries.



Ethnicity

A much larger proportion of children in England (21%) were identified as members of minority ethnic categories than in Scotland (6%) or Wales (7%) according to the 2011 Census, the latest source for which data is available at neighbourhood level. One consequence of this is that intervention rates become less reliable within some deprivation quintiles or deciles, because numbers are very small. Data on ethnicity was not available in NI.

As Table 5 shows, patterns of deprivation affecting children vary considerably between the 5 broad ethnic categories commonly used to present ethnicity data across the UK. In all three countries shown, Black children were very much more likely than other children to be living in the most deprived 20% of neighbourhoods: around half or more in all countries. Patterns for Mixed heritage and Asian children were more varied with apparently lower proportions living in quintile 5 in Scotland than in England or Wales. It should be borne in mind that there may be different categorisation practices across the UK.

Table 6: Percentage of all children living in quintile 5 by ethnic category and country, 2011 census.

	White	Mixed	Asian	Black	Other
England	20	33	31	49	35
Wales	25	32	39	55	36
Scotland	26	20	26	59	33

Table 7: Overall LAC rates by ethnic group and country, 2015

	White	Mixed	Asian	Black	Other
England	49	73	17	67	61
Wales	58	89	27	74	59
Scotland	76	183	24	104	203

Overall rates in all three countries for which numbers are sufficient show a similar pattern (Table 7). Rates for Mixed, Black and Other children are higher than those for White children but Asian children have the lowest rates by a very large margin. However, this picture looks different when controlled for deprivation. In the most deprived quintile of small neighbourhoods where the majority of Black children live (Table 8) in all 3 countries, rates for Black children are lower than those for White children. This repeats the pattern seen for the English West Midlands in 2012 (Bywaters et al., 2016). By contrast, in the 80% of neighbourhoods that have lower deprivation (Quintiles 1 to 4; Table 9), Black children's rates are higher than those for White children. The reasons for these apparently large inequities between children in different categories and jurisdictions require further investigation. The numbers of children involved in the data presented, while always above the threshold of 10 used by the DfE in reporting data, are small outside England. The categories used and the consistency with which they are applied is a further concern. Whether low rates for children in minority ethnic categories reflect better childhoods or the differential reach of services is unknown. And whether apparently higher rates for minority category children in low deprivation neighbourhoods (which are also less ethnically diverse) reflects discrimination in service delivery or pressures arising from greater isolation is also unknown. What the data do confirm is the complex interaction of supply and demand, of national and local service delivery priorities, policies and patterns and children's unequal experiences in different communities.

Table 8: LAC rates in Quintile 5, by ethnic category and country

	White	Mixed	Asian	Black	Other
England	127	117	23	71	87
Wales	131	187	47	65	87
Scotland	179	545	61	144	360

Table 9: LAC rates in Quintiles 1-4, by ethnic category and country

	White	Mixed	Asian	Black	Other
England	30	51	14	63	46
Wales	34	44	14	84	43
Scotland	41	90	11	47	127

Discussion and Conclusions

A number cautionary notes about the data have been noted already. Two major factors should be borne in mind. The first is the consequence of no data being collected about the circumstances, identities or backgrounds of the children's parents or the households from which the children come. Using neighbourhood deprivation scores as a proxy for family socio-economic circumstances is a widely adopted approach but it is not certain that the families in contact with children's social services are representative of the neighbourhoods in which they live. Furthermore, the construction of the UK wide deprivation index relies heavily on two key indicators: income and employment, rather than a wider range of factors, such as the neighbourhood environment or the health of the population which may be of significance. However, deprivation scores are only used to judge the relative positions of neighbourhoods and LAs and tests of alternative deprivation measures within countries suggests a high level of congruence whatever particular measures are used.

Second, securing comparability of the data between countries is complex. As we have outlined, while the term 'looked after' is employed in all the four countries, very different patterns in its application – for example, in the proportion of LAC who are placed with parents, relatives or friends – are apparent. Our headline measure, which only compares children in foster or residential care, is weakened by the exclusion of children in England and Wales who are on Special Guardianship Orders, around half of whom are living with adults who were previously their foster carers (but of whom an unknown number may, in fact, be relatives or friends). It is also impossible to judge, because no data exist, exactly how many informal arrangements are being made for relatives and friends to be involved in the care of children where the state is involved in the negotiation but there is no monetary or legal transaction.

It is also unfortunate, at least, that data on childhood disability (and health) is so unreliable that it has been excluded from this analysis.

Nevertheless, we would argue that it is reasonable to reach a number of key conclusions. There are large structural inequalities in children's chances of being on a child protection plan or register or being looked after which relate to where the child's family lives. *Within* all the four countries there is a strong social gradient. Children's chances of state intervention are patterned by the deprivation of the neighbourhood in which they live, which reflects family or household circumstances and impacts on service demand. This is true at different ages and for both boys and girls. These inequalities of place are large: children in the most deprived 10% of neighbourhoods in the UK are over ten times more likely to be subject to an intervention than children in the least deprived 10%. The steepness of the social gradient varies between countries but is ever present. Demand factors affecting childhoods are fundamental to child protection rates. It is clear that children's services interventions reflect social inequalities. It is unclear whether those interventions reduce or exacerbate inequalities.

However, inequalities in overall intervention rates *between* countries do not reflect the relative levels of deprivation affecting children: broadly speaking, NI, which has the highest levels of deprivation, has the lowest intervention rates. Scotland, with apparently similar deprivation patterns to England, appears to have higher rates of LAC but lower rates of CPP. The relative use of child protection plans or registers compared to foster and residential care is very different in the different countries. In Scotland something like 3 times as many children are in out-of-home care as on the child protection register. In England and Wales LAC rates are roughly 20% and 30% higher than CPP rates, respectively, but in NI CPP rates are higher than LAC rates. So supply factors are also important. The balance of emphasis within policy and service provision between family and

community support, child protection investigation and substantiation, out-of-home care, kinship care, guardianship and adoption vary substantially between the four countries. Data on expenditure is not transparent and cannot currently be reliably compared.

Third, inequalities between children in different ethnic categories are also profound. Comparing rates between ethnic categories makes little sense unless deprivation is taken into account because of the very substantial social inequalities that exist between ethnic groups in the UK. Black children, including Black Caribbean children whose families have been here for generations in most cases, are significantly disadvantaged economically – if the measure of neighbourhood deprivation is accurate. This appears to be reflected in LAC rates that, overall, are higher than rates for White children. However, for children of Pakistani and Bangladeshi origin, whose families are even more deprived on average (Corlett, 2017), intervention rates are relatively low so the relationships at work are clearly complex. But for rates to differ by a factor of five, as they do between Asian and White children in the most deprived 20% of neighbourhoods, is extraordinary. At very least, this requires proper understanding as to whether children are being better cared for or whether services are failing to reach children in need. If some communities do have a lower incidence of abuse and neglect, is there a model here for a different approach to supporting and protecting children?

Fourth, while there are clearly structural inequalities of demand and supply between and within countries, there are also substantial variations in policy or practice between local authorities operating in the same jurisdiction. We have reported elsewhere that these may be partly related to levels of expenditure relative to demand (Bywaters et al. 2016) and so themselves reflective of patterns of deprivation. But other factors in the priorities, approaches, and cultures of local services must also be at work, as others have reported previously (Oliver et al., 2001; Dickens et al., 2005).

These inequities in children's services intervention rates have profound implications for children and their parents. We estimate that if LAC rates in England, controlling for deprivation, were the same as in NI, around 40% fewer English children would be living apart from their parents in foster or residential care with cost savings approaching 20% of the total children's services budget. Of course, currently a further weakness in family policy internationally is that there is no clear measure of the 'right' proportion of children who should be in out-of-home care. Recently studies in the UK have provided some evidence that being placed in out-of-home care can lead to better outcomes for children, compared to children in need who remain at home or looked-after children who return home (Forrester and Harwin, 2008; Ward et al., 2012; Sebba et al., 2015). However, none of these studies have controlled for the comparative socio-economic circumstances of foster families, including the financial support provided by the state which is not available to birth families.

This comparison of the four UK countries raises profound ethical challenges to everyone with a role in policy, practice, education or research relating to child protection and family support. Whether the rates of intervention in some places, or with some groups, are 'too low' or 'too high', the degree of disparity in the lives of children and their families that are represented in these data cannot reflect social justice. The injustice in children's chances of a safe, supportive and stimulating childhood reflects either the inequitable conditions in which children are being brought up or inequitable service responses to children, or a combination of both demand and supply factors. The injustice is compounded by the evidence of ethnic inequities. The challenge faced by politicians, policy makers and practitioners is made more difficult by the paucity of systematic information about the parents and the home circumstances of children in contact with services or about the role of poor health and disability. The absence of agreed measures of appropriate intervention rates is a further indictment of the current state of play. And this takes place in the context of insufficient

knowledge about the short and long term costs of alternative approaches to child protection and family support or about their outcomes.

References

- Acheson, D. (1998) *Independent Inquiry into Inequalities in Health*, London: The Stationery Office.
- Alastalo, M., & Pösö, T. (2014). Number of Children Placed Outside the Home as an Indicator - Social and Moral Implications of Commensuration. *Social Policy & Administration*, 48(7), 721–738. <http://doi.org/10.1111/spol.12073>
- Anghel, R., Herczog, M., & Dima, G. (2013). The challenge of reforming child protection in Eastern Europe: The cases of Hungary and Romania. *Psychosocial Intervention*, 22(3), 239–249. <http://doi.org/10.5093/in2013a27>
- Authors' own, 2014
- Authors' own, 2015
- Authors' own, 2016
- Authors' own: 2017a
- Authors' own: 2017b
- Authors' own, 2017c
- Bentley, H., O'Hagan, O., Raff, A. and Bhatti, I. (2016) *How Safe are Our Children*. London: NSPCC. <https://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2016-report.pdf>
- Corlett, A. (2017). *Diverse outcomes. Living standards by ethnicity*. London: Resolution Foundation, <http://www.resolutionfoundation.org/app/uploads/2017/08/Diverse-outcomes.pdf> .
- Del Valle, J. F., Canali, C., Bravo, A., & Vecchiato, T. (2013). Child protection in Italy and Spain: Influence of the family supported society. *Psychosocial Intervention*, 22(3), 227–237
- Dickens, J., Howell, D., Thoburn, J., & Schofield, G. (2005). Children Starting to be Looked After by Local Authorities in England: An Analysis of Inter-authority Variation and Case-centred Decision Making. *British Journal of Social Work*, 37(4), 597–617. <http://doi.org/10.1093/bjsw/bch276>
- Drakeford, M. 2012. Number of children in care increasing at a greater rate in Wales than England. Institute of Welsh Affairs. Accessed at <http://www.clickonwales.org/2012/11/far-more-welsh-than-english-children-in-care/>
- Fallon, B., Trocmé, N., Fluke, J., MacLaurin, B., Tonmyr, L., & Yuan, Y. Y. (2010). Methodological challenges in measuring child maltreatment. *Child Abuse and Neglect*, 34(1), 70–79. <http://doi.org/10.1016/j.chiabu.2009.08.008>
- Fluke, J. D., & Wulczyn, F. (2010). Discussion paper: A Concept Note on Child Protection Systems Monitoring and Evaluation, 1–16.
- Forrester, D., Goodman, K., Cocker, C., Binnie, C., & Jensch, G. (2009). What is the Impact of Public Care on Children's Welfare? A Review of Research Findings from England and Wales and their Policy Implications. *Journal of Social Policy*, 38(3), 439–456. <http://doi.org/10.1017/S0047279409003110>

- Forrester, D., & Harwin, J. (2008). Parental substance misuse and child welfare: Outcomes for children two years after referral. *British Journal of Social Work*, 38(8), 1518–1535.
<http://doi.org/10.1093/bjsw/bcm051>
- Gilbert, N. (2011). A comparative study of child welfare systems: Abstract orientations and concrete results. *Children and Youth Services Review*, 34(3), 532–536.
<http://doi.org/10.1016/j.childyouth.2011.10.014>
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373(9657), 68–81.
[http://doi.org/10.1016/S0140-6736\(08\)61706-7](http://doi.org/10.1016/S0140-6736(08)61706-7)
- Gilbert, R., Fluke, J., O'Donnell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P. and Sidebotham, P. (2012). Child maltreatment: variation in trends and policies in six developed countries. *Lancet*, 379(9817), 758–72. [http://doi.org/10.1016/S0140-6736\(11\)61087-8](http://doi.org/10.1016/S0140-6736(11)61087-8)
- Kojan, B. H., & Lonne, B. (2012). A comparison of systems and outcomes for safeguarding children in Australia and Norway. *Child & Family Social Work*, 17(1), 96–107. <http://doi.org/10.1111/j.1365-2206.2011.00776.x>
- Marmot, M. (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010, www.marmotreview.org
- Munro, E. R., Brown, R., & Manful, E. (2011). Safeguarding children statistics: the availability and comparability of data in the UK. Department for Education Research Brief DFE-RB153: 1–21.
- Oliver, C., Owen, C., Statham, J., & Moss, P. (2001). *Figures and Facts: Local Authority Variance on Indicators concerning Child Protection and Children Looked After*. London: Thomas Coram Research Unit Institute of Education, University of London.
- Payne, R. & Abel, G. (2012). UK indices of multiple deprivation - a way to make comparisons across constituent countries easier. *Health Statistics Quarterly* (53), 22–37.
<http://www.ncbi.nlm.nih.gov/pubmed/22410690>
- Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I. and O'Higgins, A. (2015). *The Educational Progress of Looked After Children in England: Linking Care and Educational Data*. Oxford: The Rees Centre.
- Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F. and Galea, G. (2013). European report on preventing child maltreatment European report on preventing child maltreatment. WHO. Retrieved from http://www.euro.who.int/_data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf?ua=1
- Thoburn, J. (2007) *Globalisation and child welfare: some lessons from a cross-national study of children in out-of-home care*. Norwich, University of East Anglia.
- Ward, H., Brown, R., & Westlake, D. (2012). *Safeguarding Babies and Very Young Children from Abuse and Neglect*. London: Jessica Kingsley Publishers.
- WHO (2008) *Closing the Gap in a Generation, Final report of the Commission on the Social Determinants of Health*, Geneva: World Health Organisation.