



Child Welfare
Inequalities Project



Identifying and Understanding Inequalities in Child Welfare Intervention Rates

comparative studies in four UK countries.

Briefing Paper 3: Case Study Findings

June 2017



Headlines

The project found significant inequalities in the rates of child welfare interventions (becoming the subject of a protection plan or entering the care system), within each nation and across the four nations. In every LA studied there was a strong social gradient in rates of intervention. Each step increase in deprivation is accompanied by an increase in children's chances of being a LAC or on a CPP. The findings parallel inequalities in health and education with long term consequences for health and wellbeing in later life.

Deprivation was the largest contributory factor in children's chances of being looked after and the most powerful factor in variations between LAs. There were also very large inequalities between ethnic groups which can only be understood when deprivation is also taken into account.

LA responses to children and their families were also associated with deprivation. There was a systematic, structural relationship – the inverse intervention law (IIL) – between the overall level of deprivation in a LA and the proportion of children subject to intervention at any given level of neighbourhood deprivation. Low deprivation LAs were intervening more when similar neighbourhoods were compared. We consider it likely that the level and distribution of expenditure in LAs insufficiently reflects levels of need.

The case study strand of the project focused on the interplay between social work decisions to intervene and children's socio-economic circumstances.

Poor localities are the usual sites of social work practice, and as a result this has become unremarkable and unremarked upon. Whilst there are slight differences in practice between LAs, overall any differences in practice are insufficient to explain the variations in rates of intervention.

Processes for managing cases and managerial priorities focused on risk while reinforcing a limited attention to family or neighbourhood socio-economic and environmental conditions. Staff showed limited unprompted awareness of the impact of poverty on families' relationships and behaviours. It was not considered part of their role to try to help families maximise their income, manage debts, maintain stable and affordable accommodation or cope with the stresses of low and insecure incomes.

Social workers rarely discuss poverty or include anti-poverty strategies in case planning, although when prompted they can describe in the abstract the relationship between poverty, deprivation and child abuse and neglect. Many staff felt overwhelmed by the level of need they saw in families.

There was a common perception that services that were designed initially as early help were being dragged 'downstream' and being expected to work with families with high need.

Using the empirical evidence generated by the study, services should 'poverty check' processes and practices to ensure the everyday difficulties caused by deprivation for children and families are not exacerbated by the approaches and processes adopted by services.

Changing frontline practice may alleviate some harsh individual experiences but wider systemic change is needed to address child welfare inequalities.

1. Introduction

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

The project aimed not only to quantify inequalities in the proportion of children who are subject to child protection interventions or who are looked after, but also to understand why that happens and what role deprivation and family poverty play in those inequalities. How does practice reflect the importance of material circumstances in family life and how do social workers respond? This is the focus of this Briefing Paper.

2. The Study

The Child Welfare Inequalities Project has been carried out by a large team based in 7 UK universities, led by Professor Paul Bywaters of Coventry University. For more details see below and www.coventry.ac.uk/CWIP. The team have carried out three kinds of linked enquiries:

- Quantitative studies of children who were being looked after in care or who were on a child protection plan in each UK country in 2015
- Background reviews of previous research and other literature, to place findings in their legal, policy, practice and research contexts. The literature reviews covered three key areas: the relationship between poverty and child abuse and neglect, jointly funded by the Joseph Rowntree Foundation (<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>); and the legal and policy context for trends in CPP and LAC rates across the four countries (Bunting et al., forthcoming; McGhee et al., forthcoming)
- Case studies in a number of LAs in England and Scotland, examining in depth how decisions about individual children and families are made and what factors influence those decisions, including professionals' responses to family poverty.

The case studies used an integrated mixed methods design. The field work sought to address two overarching questions:

1. What is the interplay between decisions to intervene in children's lives and their social, economic and material circumstances?
2. What are the relative strengths of the variables that influence the unequal rates in decisions to intervene?

The **case study** sites were based in six carefully selected LAs in England (4) and Scotland (2). The LAs in the sample were a mix of high and low deprivations authorities. Focus groups were also held with practitioners and managers in Wales (2) and Northern Ireland (2).

The primary sites in each LA were statistically comparable in terms of indicators of deprivation and population size, the secondary sites focused on the most deprived localities (if these were not the primary sites) and the least deprived. In total there were fourteen fieldwork sites. Fieldwork included:

- The use of a standardised vignette with focus groups of social workers and reviewing officers
- Immersion in duty teams for periods of one week in each primary site
- Practice observations
- Interviews with social workers, managers and Directors
- Analysis of supply and demand data (including expenditure, staff ratios, caseloads, referral rates and allocations, intervention rates)
- Visual data

3. Case Study Findings

Poverty and the usual sites of social work practice

Although a large volume of data is collected and published by the Department for Education (DfE) about children in contact with children's services, there is almost no information systematically collected about the children's parents. As yet, data linkage does not adequately meet this gap. We do not know the income levels, employment status, housing circumstances or educational backgrounds of the children's families. We do not know whether their parents are still together, married or single, healthy, disabled, younger or older. So although it is taken for granted that parents are primarily responsible for their children's development we have almost no systematic knowledge of the population of families in which children in contact with children's services are being brought up, the resources parents have available and the difficulties they face.

All six comparator (primary) case study sites were ranked amongst the most deprived 20% of neighbourhoods in England or Scotland (ONS, 2015). Though the sites varied in their characteristics, general trends can be identified. Patterns of economic activity were similar across the sites. Employment rates were low and between 47% and 52% of all residents over 16 were either self-employed, unemployed (but economically active), homemakers or students (ONS, 2011). Those in work were most likely to be employed in elementary occupations (ONS, 2011) and respondents commented on an increase in precarious employment and zero hour contracts across the sites. Residents within the case study sites often lacked the qualifications needed to gain professional or managerial roles. Between three and four in every ten residents had no qualifications and over half of all residents had no qualifications beyond NVQ level 2.

Social workers readily identified the deprived localities as the usual sites of social work practice. They described the areas as being high demand (in terms of referrals), with strong narratives about deprived environmental conditions, economic depression, and systemic multi-generational problems. Poverty was evidently pervasive across the case study sites, with acute impacts for families. The site data, visual images and practice narratives portrayed areas in long term decline. Social workers, once they were prompted, discussed poverty, poor home conditions, fuel poverty and access to food as stresses experienced by families in the case study sites. High levels of debt and rent arrears were common in the child protection cases we observed, and food bank usage was described by social workers as increasing.

However, social workers rarely raised poverty unprompted. Indeed, our data suggest that the relationships between service demand, poverty and place – the socio-economic geographies of practice – were so familiar that for many they came to constitute a normative backdrop, the 'wallpaper' of practice, something unremarkable and unremarked upon.

Unmet need and its impact on practice

There was evidence of chronic and complex level of unmet need across all primary sites with the associated implications for practitioners, children and families. All the primary sites revealed services working with strictly limited resources that were available to only those families with very pressing needs, with children in highly vulnerable circumstances. Families were experiencing multiple risks and multiple adversities and social workers were seeking to assist in very difficult and at times traumatic circumstances. All sites were facing some level of restructuring and reorganisation, organisational change was endemic and unconnected to the hardships facing families and communities. Instead changes were about internal matters concerned with processes, supply and demand management, practice performance and resource allocation.

There was widespread evidence of the impact of unmet need on practitioners and services:

- Diminishing service availability and rising eligibility criteria at the level of early help resulted in a culture preoccupied with eligibility and rationing. This caused stress and distress for frontline staff and resulted in families' needs escalating.
- Diminishing supply of resources to support families in times of crises within a context of rising service demand and case complexity resulted in social workers having to deal daily with crisis situations.

Local variations in practice do not explain the unequal rates of intervention

There were some variations in local cultures where intervention decision making occurs: in local policy guidance, in configurations of services, in awareness and engagement of early help but any differences were insufficient to explain variations in intervention rates. Sites were in both low performing and high performing authorities (using Ofsted ratings), and were developing different models of service delivery and practice theories. However, at the point of intervention there were consistent similarities:

- The type of the problems experienced by families were consistent. The levels of needs varied (with most acute needs in the poorest authorities) but social workers in lower (or higher) intervening authorities were not addressing significantly different types of problems
- Practice responses had more in common than difference. Social workers reflections shared a common language and response to families' socio-economic circumstances
- The poorest localities were the sites of social work practice but poverty was rarely discussed unless prompted and anti-poverty strategies were not a routine part of service or case plans
- All sites showed evidence of disconnect between abstracted understandings of the relationship between poverty and harm, and actual case work practices.

Poverty in practice

Social workers, when prompted, offered a range of hypothesises about the relationship between poverty and child abuse and neglect. These recognised the impact of stress and deprivation on the capacity of parents to care safely, and some of the consequences for children. These hypothesises also contained strong narratives about multi-generational transmission of deprivation, failing communities and poor adult choices. These narratives were at times at odds with core social work values of respect and regard, and revealed a complex set of contrary positions simultaneously held by social work practitioners.

In all the sites there was an absence of services, practice tools and frameworks and casework that included addressing poverty as a core concern, even though when prompted social workers could articulate the harmful consequences of poverty and inequality for children and families. Social work plans for children and families systematically failed to engage with families' socio-economic circumstances

In case work families could be held individually responsibility for their socio-economic conditions and the risks they created, and some services and practices appeared to be likely to reinforce the shame that families feel and exacerbated the hardships they faced. Families were expected to cooperate with plans and demonstrate changes without being provided with the financial resources needed. Families also faced complex bureaucratic process in order to gain reimbursement for travel and personal costs, even when their income levels meant this need for reimbursement was immediate and critical.

The role of early help

The study focused on social work decision-making, whilst much early help is provided by other practitioners, including teachers and health visitors. The findings are therefore based on social work perspectives and the fieldwork observations:

- Spontaneous mentions and prompted discussions about early help were scattered throughout the data, all of which were articulated in the context of supply issues and, to a lesser extent, issues of demand
- Early help is a very imprecise term, in practice it is used to refer to help as occurring before statutory services are provided, as an alternative to statutory services or as complementary to statutory services
- Whilst multiple services were discussed, there was minimal mention of access to financial support as an early help measure
- It was not possible to identify systematic differences in awareness of, or use of early resources between the LA sites
- In relation to early help the respondents appeared to be more attuned to supply rather than demand issues and across the data a common supply narrative was that of the impact of cuts
- There was a common perception that services that were designed initially as early help were being dragged 'downstream' and being expected to work with families with high need.

4. Recommendations from the Case Studies

- Changing frontline practice may alleviate some harsh individual experiences but wider systemic change is needed to address CWI. Social workers felt overwhelmed by the wider issues, and could not see ways in which they could tackle these, and as a result they focused on individual harms detached from their wider causes.
- Constant reorganisation fragments knowledge of communities and localities, and depletes the capacity of staff to engage meaningfully with wider contextual issues, and to understand the everyday life of families.
- Services should be more closely connected with the core business of children and of families (hunger, shelter, dignity) rather than the core business of agencies (rationing, resource management, and performance management).
- Viewing poverty and inequality as a child protection issue will allow social workers to engage more fully and effectively with the impact of poverty and inequality on children's lives.
- Service planning and practice frameworks that embed an assessment of the consequences of socio economic conditions both in macro planning (service commissioning) and in micro planning (case work planning) should be developed.
- In some circumstances resolution of hardship affecting the individual family will be insufficient to meet the needs of the child in question, but it is still possible to practice humanely. 'Do no harm' should be a guiding principle and a quality indicator for all engaged in the provision of services.
- Using the empirical evidence generated by the study, services should 'poverty check' processes and practices to ensure the everyday difficulties caused by deprivation for children and families are not exacerbated by the approaches and processes adopted by services.
- There is a need to increase social work knowledge and skills in addressing the consequences of inequality and poverty paying particular attention to understanding and working with consequences of shame and suffering. This means building a robust understanding for the relationship between child abuse and neglect, and poverty; developing practice frameworks that pay attention to shame and suffering and reinvigorating training for social workers on understanding the complex impact of poverty and deprivation.
- The focus on practice has to be set within an understanding of the wider social and economic context if we are to address child welfare inequalities. Practice change programmes should adopt an integrated approach that brings together an analysis of practice development with knowledge about socio-economic conditions in order to ensure changes address the total picture of family experiences.

The Study Team

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

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The Nuffield Foundation

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