CWIP Child Welfare Inequalities Project

Nuffield Foundation

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

Briefing Paper 4: Scotland

June 2017

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Headlines

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

We found that children in some places are much more likely to be looked after than children in other places and in each local authority (LA) these differences are systematically linked to how poor they and their families are.

In Scotland, children in the most deprived 10% of small neighbourhoods were around 20 times more likely to be looked after or on the child protection register than children in the least deprived 10%.

There is a clear social gradient in the rates of children on the child protection register and looked after by Local Authorities - rates of intervention increase with increasing levels of local area deprivation. 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. This was seen for children of different age groups, boys as well as girls, and children on CPR as well as LAC.
There also appear to be very large inequalities between ethnic groups, although the relatively small numbers in the minority groups in Scotland makes it difficult to draw definitive conclusions.

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 most levels 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. Whilst the actions of individual LAs is important, this should not deflect attention from deprivation as the underlying driver.

Social workers working in Local Authority Children and Families teams in Scotland are facing similar challenges to their colleagues in England in that the priority tends to be on managing proximal risks to children. Many staff felt overwhelmed by the level of need they saw in families.

Some broad policy directions are suggested: better national children's services data; recognising the link between poverty and chances of CPR and LAC; a review of the level and distribution of expenditure; understanding the differences in LAC rates across the UK; ensuring greater alignment between anti-poverty policies and child protection improvement policies.

1. Introduction

Children in the most deprived 10% of small neighbourhoods in Scotland are nearly 20 times more likely to be 'looked after' in care or on the child protection register than children in the least deprived neighbourhoods. This is the central finding for Scotland 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 CPR across the four UK countries and what factors underpin these inequalities. The project drew heavily on the ideas, methods and evidence developed in the study of health inequalities.

The number of children in Scotland in out of home care continues to rise. Episodes of care longer than five years have doubled since 2008, whilst numbers of children on the child protection register have risen by 34% between 2000 and 2015 (Scottish Government, 2016). At 31 July 2015, there were 15,404 children 'looked after' by the state and 2,751 children on the child protection register. Placing children on the child protection register or taking children into care are very powerful state actions. If these powers are carried out inconsistently or inequitably between children with different identities or backgrounds or from different places, important issues of social justice are raised.

2. The Study

The Child Welfare Inequalities Project (www.coventry.ac.uk/CWIP) funded by the Nuffield Foundation was carried out by a team of researchers based in 7 UK Universities, led by Professor Paul Bywaters of Coventry University. The Scottish element was led from the Centre of Child Wellbeing and Protection at the University of Stirling by Brigid Daniel. For more details see below and www.coventry.ac.uk/CWIP. There were two parts to the study in Scotland:

- Analysis of the national statistics about children who were being looked after or who were on the child protection register in Scotland at 31st July 2015. Ten Local Authorities (LA) took part, making up approximately 53% of the child population (0-17). LAs provided us with anonymised CPR and LAC annual returns for the year 2014-15. The final sample included 1,531 CPR and 8,418 LAC in total, of whom 4,063 were not at home or with friends or relatives. To analyse the impact of deprivation not just on LA level but also at small neighbourhood level, LAs were asked to include the postcode or data zone (DZ) of origin address (i.e. not where placed if LAC) for all individuals in the data. The ten LAs contained 3,433 (52.8%) of the 6,505 2001 DZ in Scotland.
- Case studies were undertaken in relatively deprived neighbourhoods within two relatively less deprived LAs to examine in depth how decisions about individual children and families are made, what factors influence them and how social workers respond to inequality and family poverty. The case studies also aimed to test the inverse intervention law (IIL – see below). In England two case studies were undertake in relatively deprived LAs and two in less deprived LAs. All six main case study neighbourhoods were of comparable levels of deprivation (Morris et al. forthcoming).

3. Poverty, Deprivation and Children's Services

Although a large volume of data is collected and published by the four governments about children in contact with children's services, in none is information systematically collected about the children's families and their parents. We do not know the income levels, employment status, housing circumstances or educational background of the children's families. We do not know whether their parents are still together, married or single, healthy or disabled, younger or older. Yet this study further highlighted the importance of collecting information about individual circumstances and the family background of children who are experiencing welfare intervention.

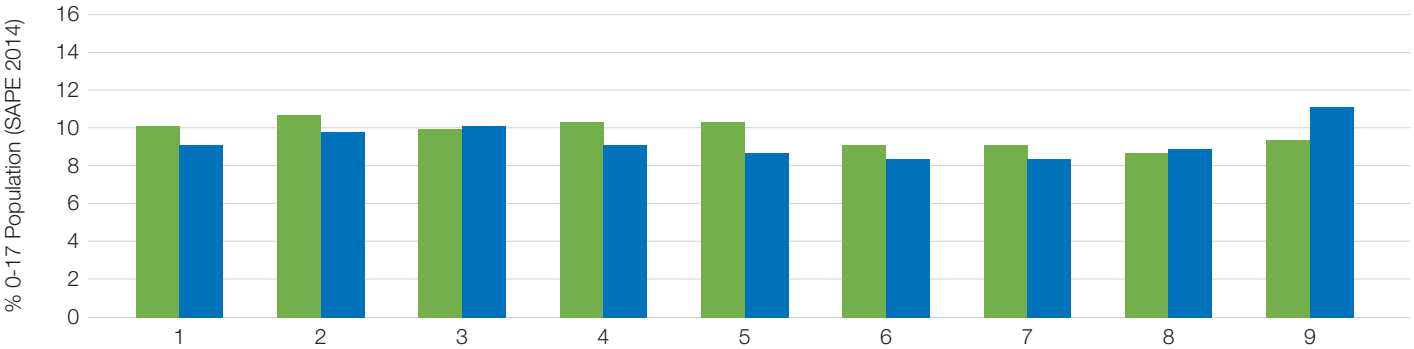
Given this lack of information, and the lack of robust mechanisms to link children's services data with other data sets on parental circumstances, this project used deprivation scores for small geographical neighbourhoods as a proxy indicator of family socio-economic status. The Scottish Index of Multiple Deprivation – SIMD12 was used as a measure of area deprivation and was matched to individuals in the data using 2001 DZ. The sum of children on the CPR or LAC both home and away in each decile or quintile was calculated to compare the rates per 10,000 of the 0-17 child population using 2014 Mid-Year Estimates. Children subject to both CPR and LAC were counted separately for each.

SIMD scores are calculated for small area levels of geography in Scotland (DZs), each containing an average population of around 500-1000 people. At the time of the study, the most recent version of the SIMD was the SIMD12. SIMD scores are calculated from a list of measures covering fields such as employment, income, health, education and the environment. Broadly speaking, it is the proportion of households in a DZ which are disadvantaged which produces the neighbourhood deprivation score. Every LA will be made up of a variety of more and less deprived DZs. In some LAs, there are no DZs amongst the most deprived 20% of DZs in Scotland. In others, there are no DZs amongst the least deprived 20%.

Unlike in England, the Scottish Government do not release SIMD scores at the level of LA . To examine deprivation at the level of LA, population weighted average SIMD12 scores were calculated for all 32 LAs in Scotland. LAs were then ranked and divided into LA level deciles and quintiles of deprivation.

4. Childhood Deprivation in the Scotland Sample

Chart 1: The proportion of children (0-17) living in DZs with different levels of deprivation from the least deprived 10% (Column 1) to the most deprived 10% (Column 10) in Scotland overall and the LAs in the study sample (2014 mid-year population estimate)



	1	2	3	4	5	6	7	8	9
Scotland	10.1	10.5	9.8	10.2	10.2	9.4	9.5	8.9	9.8
Sample LA's	8.8	9.9	10.1	9.6	8.9	8.6	8.6	9.2	11.4

1 Rates are adjusted to account for differences in the numbers of children in our sample and the published figures.
2 The Scottish Government does not normally advise the aggregation of SIMD scores above the level of the small area at which they were produced (data zone). However, for the purposes of this study the methodology used by the Department for Communities and Local Government for higher level summaries of the England IMD was applied. This methodology was published in the English Indices of Deprivation 2015 Technical Report available at https://www.gov.uk/government/publications/english-indices-of-deprivation-2015-technical-report

Children are fairly evenly distributed across all deciles (Chart 1). Our sample is slightly skewed towards representation of children from areas of higher deprivation than the Scotland average (Chart 1).

Different patterns of DZ deprivation can be seen within the LAs. In one of our sample LAs over half (55%) of all children were living in neighbourhoods amongst the most deprived 20% in Scotland and just 8% in the least deprived 20% . In another LA only 2% of children lived in DZs amongst the 20% most deprived in Scotland, whilst over a third (36%) lived in the least deprived 20%. These extreme social inequalities between LAs, and a range of less extreme differences across the whole sample, has a strong association with demand for children's services, as well as children's health and educational attainment.

5. Understanding Inequalities in Rates

We developed and tested the following basic model for understanding inequalities in the proportion of children in different LAs (or countries) who were LAC or CPR on March 31st 2015. The main forces influencing these intervention rates are interactive factors we call 'demand' and 'supply'.

Demand Factors
Contributory structural factors associated with levels of need, for example:
- Socio-economic circumstances of families
- Community strengths
- Neighbourhood conditions
- Demographic factors including ethnicity.

Interact With

Supply Factors
Contributory structural factors associated with the provision of services, for example:
- National legal frameworks, policies, structures, cultures
- Local policies, priorities, practices and cultures
- The level and distribution of expenditure and resources.

To produce Inequalities in LAC and CPR Rates

'Demand' refers to the social determinants of childhood difficulties. As with health inequalities, family socio-economic circumstances, the quality of the environment or community in which children are being brought up and links with the demographic mix of the population are all contributory factors. The fundamental conditions for bringing up children (money for essentials, adequate housing, social support), intertwined with other factors such as levels of domestic violence, substance use and parental physical and mental health, influence the proportion of children who might come to the attention of children's services in any given area.

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

6. Findings 1: Deprivation and Demand for Services

There is a strong association between the level of deprivation in an area and the proportion of children who are LAC or CPR. Differences between areas of high and low deprivation are not a matter of a few percentage points but multiples. Based on published figures in 2015, overall rates of LAC in Glasgow were 4 times higher than in Aberdeenshire, and 3 times for the CPR. In general, the higher the overall LA deprivation the bigger the LAC or CPR rate, although substantial variations in CPR and LAC rates between LAs facing apparently similar levels of deprivation are also observed. For example, although both have similar levels of overall deprivation, LAC and CPR rates in North Ayrshire are twice as high as in North Lanarkshire. Yet overall, the correlation between LA level deprivation and intervention rates is very strong and statistically significant.

Similarly, within each LA, the more deprived the neighbourhood a child lives in or comes from, the greater the chance of a child being LAC or on a CPR. Table 1 shows the number of children who were on the CPR, LAC and LAC excluding those placed with parents or friends and relatives on 31st July 2015 for every 10,000 children in the population, in neighbourhoods from the least deprived 10% (Column 1) in Scotland to the most deprived 10% (Column 10).

Table 1. LAC and CPR rates per 10,000 children, by neighbourhood deprivation decile, Scotland sample 2015

Deprivation decile	1	2	3	4	5	6	7	8	9	10	All
All LAC rates	25	37	50	65	89	96	156	206	272	485	169
LAC rates excl. those with Parents, Friends & Relatives	12	24	28	41	43	44	72	89	127	235	82
CPR rates	4	6	10	11	20	27	27	34	46	76	29

Each step increase in deprivation is accompanied by a higher LAC (or CPR rate). Children in the most deprived 10% of neighbourhoods were around twenty times more likely to be LAC and 18.5 times more likely to be on CPR than those in the least deprived. In the most deprived neighbourhoods, roughly 1 child in 21 was 'in care'; in the least deprived only 1 child in 400. On average, each 10% increase in deprivation brought a 30-40% increase in LAC rates with a steeper increase between deciles 9 and 10 (78% increase).

This relationship between poverty and child welfare intervention is not surprising. Yet, the scale of deprivation related inequality has not previously been quantified. The impact of deprivation has major implications both for the levels of demand faced by LAs and the nature of support required by families.

7. Findings 2: Ethnicity and Deprivation

Similarly to England, large inequalities in CPR and LAC rates were found between ethnic categories in Scotland. Table 2 illustrates the very different level of rates between the five ethnic groups for LAC (excluding those placed with parents, friends or relatives).

Table 2. LAC rates per 10,000 children, by ethnic group, Scotland sample 2015

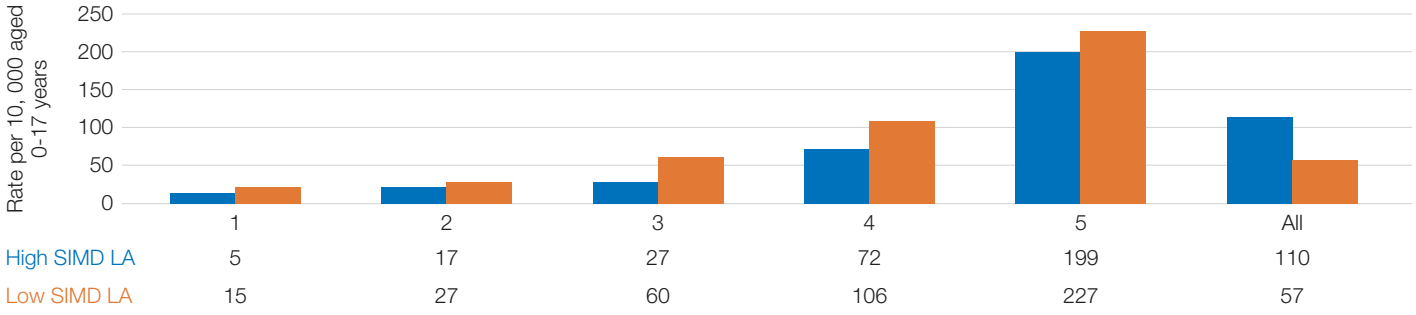
Ethnic group	White	Mixed	Asian	Black	Other
LAC rates excl. those Parents, Friends & Relatives	84	202	26	115	224

However, caution should be exercised when interpreting these results because approximately 95% of the population sampled (and the sample itself) were classified as White, with numbers in all other ethnic categories very low. Patterns of deprivation affecting children also vary considerably between ethnic categories and this has to be taken into account when considering the overall rates. For example, the apparently raised rates for Black children reflect the high levels of deprivation experienced by Black children. When comparing White and Black children living in similarly deprived neighbourhoods, rates for Black children are significantly lower. These complex but substantial inequalities in rates between ethnic groups require further detailed examination.

8. Findings 3: Deprivation and the Supply of Services - The Inverse Intervention Law

A pilot study by Bywaters et al. (2015) found that although intervention rates were higher overall in more deprived LAs, when rates of similarly deprived areas were compared at DZ level within LAs, the DZs within less deprived LAs had higher rates of intervention than the DZs in more deprived LAs. This was termed the Inverse Intervention Law (IIL). To explore the IIL in Scotland, LAs were ranked according to their overall population weighted average SIMD12 scores and then divided into bands of high, middle (mid) and low deprivation. LAC rates (excluding those with parents, friends or relatives) by deprivation decile are compared for the high and low deprivation bands of LAs below (see Chart 2).

Chart 2: Inverse Intervention Law: LAC Rates in High and Low Deprivation LAs, Scotland Sample, Adjusted, SIMD12



Overall LAC rates are higher in the high deprivation LAs and lowest in the low deprivation LAs (Chart 2). However this effect disappears once DZs are compared i.e. for deprivation quintiles, the DZs within high deprivation LAs, now have lower rates of intervention than the DZs within low deprivation LAs. This supports similar findings from England, although small numbers in Scotland mean more detailed analysis is not possible. Despite this, the general pattern of a relationship between intervention rates and deprivation on small and large areas levels was confirmed by the use of regression analysis, which showed that while DZ deprivation was associated with an intervention rate increase, large area deprivation on the level of LA was associated with a rate decrease. The regression analysis also showed that around 12% in the CPR rates and 21% of the variance in rates of looked after children was explained by the combined effect of DZ and LA deprivation deciles. For all LAC including those with parents or relatives, around 32% of the variance in rates was attributed to the combined effect of DZ and LA deprivation.

Analysis of LA expenditure data in England suggested that these systematic variations may be related to the level of resources more affluent authorities have to spend on children's services relative to demand. In Scotland it was not possible to gather sufficient comparable data about what resources are allocated specifically to services for looked after children and preventative family support so it was not possible to assess the extent to which LA resourcing affects a child's chances of experiencing LAC or CPR.

9. Findings 4. Rates of CWI in Scotland compared with the rest of the UK

Scotland has lower rates of children on CPR than the other nations of the UK, overall Scottish children have a 40% less chance of being CPR than in England. This could be because LAC at home is used as an alternative child protection measure.

However, there appear to be higher rates of children who are LAC away from home. A child living in Scotland appeared to have 57% greater chance of being LAC not at home or with relatives and friends than in England (the Scottish rate is 82 per 10,000 (1 in 120), the English rate is 52 (1 in 200); 31% higher than Wales and 131% higher than NI (see Table 3).

It could be that some of the difference is due to the cumulative effects of different approaches to adoption (higher rates in England) and different ways of recording children on other legislative orders (children on Special Guardianship Orders are excluded from LAC data in England). But the fact that we cannot, with confidence, account for these large apparent differences across the UK is a cause for concern.

Table 3. LAC rates (excl. with parents, friends and relatives) per 10,000 children for the four UK countries

Scotland	82
Wales	62
England	52
Northern Ireland	35

10. Findings 4. Responding to poverty - Insights from the case studies.

Despite the divergence of policy, legislation and practice frameworks across the UK and the range of anti-poverty initiatives in Scotland social workers working in statutory children and families are facing very similar challenges to their colleagues in England. They describe encountering very complex family situations of uniformly high need, high harm for both children and adults with poverty both as a systematic, structural factor and as a specific added layer of stress for families, many of whom have no recourse to public funds, experience benefit suspensions or are on zero-hour contracts.

There was no evidence that differences in rates of LAC and CPR across the UK or across LAs could be explained by systematic differences in frontline social work practices. Day to day practices in Scotland and England and across all LAs case study sites were similar, despite very different child and family policies. Whilst social workers could, when prompted, articulate the effects of poverty on the families they were working with it was not routinely 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. Many staff felt overwhelmed by the level of need they encounter in families.

11. What should be done?

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

- There is a need to collect much better data about the family circumstances of the children subject to LAC and CPR in order to track whether services are being fairly distributed and to inform policy for child wellbeing and children's social work services.
- It is time to pay serious attention to the impact of poverty and inequality on children's chances of experiencing child welfare interventions.
- There is need to analyse the way in which scarce resources are deployed across and within LAs in order to assess equity of services for all children and their families.
- There is an urgent need for more in-depth comparative analysis of the rates of children being removed from home across the UK in order to understand whether the apparently higher rate in Scotland is due to different practices, different recording or both.
- Child poverty strategies should be aligned with child protection strategies. For example the Child Poverty Measurement Framework for Scotland should include reduction in child maltreatment as one of its metrics.

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

The Nuffield Foundation is an endowed charitable trust that aims to improve social well-being in the widest sense. It funds research and innovation in education and social policy and also works to build capacity in education, science and social science research. The Nuffield Foundation has funded this project, but the views expressed are those of the authors and not necessarily those of the Foundation. More information is available at www.nuffieldfoundation.org

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