

## Executive Summary

# Studying the outcomes of children's social care provision for different types of demand

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Children receive social care services for many reasons, which can be categorised using data from social work assessments. Outcomes of provision vary depending on children's characteristics, their category of need, as well as the type of service they receive. Social workers are identifying more complex types of demand. Addressing these problems will require substantial investment in preventative services as well as specialist interventions.

This research identified categories of demand based on the factors identified in social work assessments and compared the outcomes of provision for children in different categories. Quantitative analysis was carried out of anonymised national administrative data for all local authorities in England between 2014-21, including 3.6 million assessments with recorded factors. These were linked to data from the national school census in order to examine children's educational outcomes after receiving services.

### Key findings

- The study identified twelve consistent categories of demand for children's social care (CSC) and child protection (CP), providing insight into combinations of risk and need, the profile of children in different categories, prevalence and trends over time, and variation between local authorities.
- The overall profile of demand became more complex between 2014-21, with a disproportionate rise in child mental health problems, extra-familial harm, and complexities around parental mental health.
- Average rates of re-referral were 30% over 12 months and 59% over six years. For some categories of demand, these rates were significantly higher. This was also the case for repeat CP plans and re-entry to care.
- Children whose assessments recorded a single risk factor of physical or sexual abuse were relatively less likely to have a re-referral, repeat CP plan or re-entry to care, and tended to have better educational outcomes, compared to children assessed with multiple risk factors.
- Outcomes for neglect cases, especially for older children on child protection plans, tended to be worse than for other types of demand.
- Educational attainment and rates of exclusion became progressively worse for children receiving services at each threshold of intervention; for example, average Key Stage 4 scores for children in care were two and half times lower than children never referred to CSC.
- Some inequalities in educational outcomes, such as the attainment gap for children with disabilities, became wider for children with CSC involvement, whereas other inequalities, such as the social gradient of attainment, became narrower.

## **The significance of complex needs**

Government austerity policies have put local authorities (LAs) under acute fiscal pressure, forcing children's services to prioritise core statutory duties at the expense of early help and family support. Our findings reflect increasing levels of concern about adolescent mental health, complex safeguarding cases, and extra familial harm. National figures also show a fall in numbers of children leaving care, a rise in the length of time that children stay in care, and a rise in the average age of the looked after population. LAs are seeking to reduce numbers of children entering care, while finding ways to deal with cases of multiple risks elsewhere in the system. However, in the absence of sufficient resources to address the variety of demand, the risk is that many children will not receive the right kind of help early enough and will return into the system when they are older and their problems are more entrenched. Policymakers should pay close attention to the profile and needs of older children in the higher risk categories, as there are good reasons to worry about outcomes for these children.

## **Older children and adolescents**

The findings raise concerns about outcomes for certain groups of older children and adolescents receiving services. Children whose needs were categorised as 'risks in and outside the home' and 'risks outside the home' consistently fared worse on almost every outcome in this study, whether this was measured as repeat involvement with services, educational attainment at Key Stage 2 (KS2) and Key Stage 4 (KS4), or exclusion from school. Such cases were typified by a combination of multiple concerns associated with extra-familial harm, as well as a distinctive profile of child characteristics. The findings suggest that services may be more inclined to view some children and young people through the lens of anti-social activity and gang involvement, while others receive a more holistic needs assessment that includes vulnerabilities to do with their family life. In this respect, we found evidence of inequalities around gender, race and ethnicity, particularly in relation to Black children.

## **Child protection and neglect**

Neglect can be crucial to the threshold for protective interventions because of its global impact on children's development. At the same time, its cumulative nature and high social gradient make it harder for professionals to make operational judgements about harm and to disentangle the complex overlap with poverty and deprivation. Although neglect is a type of maltreatment, the findings showed that concerns about neglect do not necessarily lead to a statutory service being provided. Assessments were more likely to lead to a CP plan or care episode when neglect was found in combination with other risk factors. At the same time, neglect was the most common category of CP plan, even when it had not been identified as the main concern in the assessment. The findings suggest that services struggle to achieve good outcomes in neglect cases, especially for older children on CP plans.

## **Physical abuse and sexual abuse**

Surveys show that prevalence of child abuse in the community is substantially higher than the abuse identified and assessed by child welfare services, although the latter does not align straightforwardly with self-reported experience. With this proviso, the findings suggest that CSC interventions were less likely to result in repeat referrals or child protection plans in cases where physical or sexual abuse was the sole recorded concern. This may reflect good practice, such as timely decision-making, clear communication of concerns, and a solution-focused approach to safety, but may also reflect problems with identifying and responding to indicators of abuse.

## **Disability**

Children with disabilities are considered more likely to experience all forms of maltreatment, particularly neglect. Nonetheless, cases in which assessed concerns were to do with the child's disability were among the least likely to be subject to a CP plan or an episode of care, and were less likely to be re-referred to services. This could be because concerns were being effectively addressed by services for children in need, although some research has pointed to resource constraints and a lack of tailored assessment tools as barriers to identifying risks to disabled children. In this study, children in the disability category were found significantly more likely to have multiple episodes of care, which highlights the challenge of permanency planning and support for disabled children exiting care. On educational outcomes, there was evidence that the attainment gap between children receiving CSC services and those never referred became wider for children with most type of Special Educational Needs and Disabilities (SEND) at every threshold of intervention. The findings may also reflect a lack of sufficient resources to support disabled children about whom there are safeguarding concerns.

## **Domestic abuse and violence**

Single-factor domestic abuse and violence (DAV) was the most prevalent category of demand, accounting for a fifth of all cases. It was also present in four different complex needs categories, most of which were associated with a high risk of protective and care interventions. The statutory definition of harm explicitly includes impairment from witnessing another person's ill-treatment; however, the number and variety of DAV cases means that a procedural or incident-led response is unlikely to work well. The findings suggest that DAV in combination with neglect was most likely to proceed to CP and care, but that children in these demand categories also tended to have relatively poor outcomes. The results point to the need for a differentiated response to DAV/CP cases, which often involve children and families who are multiply disadvantaged.

## **Parental mental health and substance misuse**

A combination of concerns about parental mental health and concerns about either alcohol or drug misuse was the second most prevalent form of demand. It was a feature of complex needs with a high likelihood of progressing to CP or care, and was associated with relatively poor outcomes in terms of repeat involvement and educational attainment. Problematic treatment trajectories for adults with a 'dual diagnosis' have long been a prominent topic in mental health social work. Findings from this study suggest that the intersection between substance misuse and mental health is also a core issue for CSC. It is important to remember that the clustering of such issues in families and communities has its roots in social inequality. Resources for individual interventions must be combined with macro policies to address structural problems.

## **Recommendations**

### *1. Policy and reform of CSC*

- a. The need to refocus services on prevention and family help is a core theme of recent independent reviews of the sector in England and Northern Ireland. Key strategic concerns for preventative support are highlighted by the profiling of demand categories and could inform the design of locality-based family services.
- b. Official statistics on CSC should reflect the significance of multiple, complex needs. Experimental statistics based on the analysis in this report could be used to complement the reporting of single risk factors.

- c. Policy and guidance need to distinguish more clearly between demand and outcome indicators, and adopt more caution about using aggregate measures of provision for performance and evaluation purposes.
- d. Demand analysis could be used to underpin social investment decisions. For example, the rising proportion of complex needs in relation to older children and adolescents points to the need to refund youth services.
- e. The steep social gradient associated with all types of demand, but particularly CP and neglect cases, highlights the need for policies that improve the financial circumstances of families.
- f. Reducing the pressure on CSC services needs a sustained policy focus on child and adolescent mental health, while also recognising that behavioural problems often reflect underlying mental health concerns.

## 2. *Design and management of services*

- a. Local authorities in England can apply the analysis set out in this study to their own assessments data, using the template and analysis code available on the project website. Potential benefits include:
  - i. Obtaining an evidence-based summary of complex needs, comparable with all-England statistics and with nearest statistical neighbours.
  - ii. Indicating the level of complexity and risk being managed at different thresholds (e.g. CIN or CP), as well as tracking changes and trends over time.
  - iii. Identifying key problem areas and strategic concerns to inform decisions about resources, commissioning, and the remit of new specialist roles and functions.
  - iv. Flagging types of needs likely to lead to repeated involvement with services to inform service development and innovation, e.g. specialist services to support reunification from care.
  - v. Information about complex needs for matching and commissioning placements for children in care.
- b. LAs may wish to combine the type of detailed demand analysis set out here with qualitative knowledge about local safeguarding pressures held by managers and practitioners – not only in CSC but also in the voluntary and community sector, and engage local communities in co-producing any responses to key strategic concerns that are identified.

## 3. *Practice*

- a. The 'toxic trio' term should not be used as a shorthand for multiple risk factors in CP cases, as it does not reflect the evidence from social work assessments and is stigmatising to families. Demand categories offer an alternative approach (among others) to describing complex needs in child safeguarding work.
- b. Knowing more about the types of needs that are more likely to lead to repeated involvement with services might help practitioners make threshold decisions and justify additional resources to sustain change, e.g. when stepping down from CP to CIN or arranging a support package for a child leaving care.
- c. Training in poverty-aware and anti-racist practice may benefit from data on inequalities in provision, e.g. which types of demand have the steepest social gradient or racial and ethnic disparities.
- d. There is a need for more nuanced understandings of domestic abuse and violence in child protection work, which is sensitive to social inequality as well as individual risk factors, in order to develop more differentiated and less incident-driven responses.
- e. In relation to extra-familial harm, there is a need to understand the complex links with early childhood adversity as well as the interdependence of risks in and outside the home, as well as unconscious biases that may affect risk assessment and care planning.

#### 4. *Service improvement and evaluation*

- a. Agencies should consider carefully the implications of using a demand indicator, such as rates of CP plans or children in care, to measure quality or effectiveness. While it may be desirable, all things being equal, to reduce the number of children receiving statutory services, focusing on this as an outcome may have unintended consequences due to interconnections between different parts of the system.
- b. While demand analysis is essential to understand pressures on the front door and subsequent thresholds of provision, establishing whether children benefit from services requires analysis of longitudinal outcomes. This in turn requires longitudinal datasets in which information about services provided to children is linked to outcomes such as education, employment, housing, health and wellbeing.
- c. Reducing the gap in longitudinal outcomes between children who receive services and those in the general population might be regarded the ultimate measure of whether services are effective. Yet the substantial size of that gap for children on CP plans and in care is further evidence, if any was needed, that substantial investment in preventative services is sorely needed.

## **Methods**

The research was designed as a secondary quantitative analysis of administrative data from the National Pupil Database (NPD), including the Children in Need census, Children Looked After returns, and School Census. Access to the data was agreed with Ofsted, the Department for Education and the Office for National Statistics. Ethical review was undertaken by the Faculty Research Ethics Committee at Kingston University. Stakeholder engagement was carried out in collaboration with the DfE, Ofsted, and the National Children's Bureau.

The first stage of the research was to create an anonymised extract from the CIN census covering all children who received a social work assessment over a 7-year period (2014 to 2021). The extract included over 3.6 million assessments undertaken between 2014 and 2021, in which at least one factor at assessment was recorded. Latent class analysis was undertaken to identify twelve distinct categories of demand for children's social care services, based on children's assessed needs. Categories were profiled using the conditional probabilities of factors at assessment constituting each one, along with cross-tabulation of child characteristics, such as gender, age, ethnicity and deprivation, and children's intervention pathways following assessment. Interpretation of results and labelling of categories was done in consultation with a range of stakeholders, including young people and parents as well as practitioners and managers in CSC. Trends analysis was carried out to indicate changes in the proportion of cases accounted for by different types of demand over the period of study.

The second stage of the research was to examine outcomes across the different categories. Survival analysis methods were used to identify the factors associated with a higher and lower risk of re-referrals, repeat CP plans and re-entry to care. The CSC data was then linked with school census data in the National Pupil Database (NPD), using an anonymised pupil matching reference. Analysis focused on two cohorts: children who sat their KS2 exams in 2019 and children who sat their KS4 exams in 2019. Educational attainment at KS2 and KS4 were compared across five thresholds of provision: 1) children not referred to CSC 2) children referred who received no CSC service 3) children who were in need 4) children who were in on CP plans 5) and children who experienced an episode of care. Regression modelling was used to calculate the relative likelihood of obtaining higher (or lower) attainment scores and rates of exclusion for different groups of children.

## Further information

To find out more about the study, please contact Prof Rick Hood: [rick.hood@kingston.ac.uk](mailto:rick.hood@kingston.ac.uk)

The full report from this study is available to download from the project webpage:

[Studying the outcomes of different types of demand in children's social care](#)

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