

# Child protection in England: An emerging inequalities perspective

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**Child protection in England: an emerging inequalities perspective.**

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**Abstract**

In the past forty years both health policy and educational policy in England have adopted commitments to reducing socially created inequalities. However, an inequalities perspective has only begun to emerge in relation to child protection, and child welfare services more widely. This review article charts evidence of these green shoots of a new policy direction which focuses on two aspects: equalising service provision and outcomes for looked after children. The article outlines the argument for a more comprehensive approach to addressing inequalities and concludes by suggesting some implications for policy and practice.

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Journal of Children's Services

## Child protection in England: an emerging inequalities perspective.

### Introduction

The Black Report on Inequalities in Health (1980) is widely perceived as the crucial first public step towards the adoption of health inequalities as a key focus of attention for public health policy in the UK. Having been commissioned under a Labour Government, the Conservative government of the day was resistant to its messages, releasing only a handful of copies on an August bank holiday. However, the power of the underlying ideas meant that a generation later all political parties sign up to, at least, the aim of reducing health inequalities. Tackling inequalities in health by addressing the social determinants of health is at the heart of World Health Organisation policy (Commission on the Social Determinants of Health, 2008) and recognised internationally.

Similarly, reducing inequities in pupil attainment has become common ground in the politics of education in the UK, with the argument now focusing on how rather than whether this should be achieved (Pickett and Vanderbloemen, 2015). While some continue to argue that outcomes should be left to the market or to parents, the case for state involvement is both economic and moral (Centre for Social Justice, 2014). The economic arguments emphasise, on the one hand, the value to society of maximising the abilities of all children to contribute as adults to the success of the economy. A high skilled workforce cannot afford to waste its assets. On the other hand, the costs of pupils who leave school to become 'Not in Education, Employment or Training' are seen as a drain on the state, an outcome to be prevented. The moral argument is based on social justice and human rights: that the state has a role in ensuring that all children have a 'fair go', that it is wrong for a universal education system to favour some children over others.

However, despite this political consensus in fields closely allied to children's services, there have been few signs of a parallel process in child welfare, either in the UK or internationally. We use the term child welfare to describe that mix of family support and child protection policies and services that, in England at any rate, are summarised as children's social care. A very long standing focus on the relationship between social disadvantage and child well-being which lay at the heart of the nineteenth century origins of the UK's major national children's charities: Barnardo's, Action for Children and the Children's Society, has led to a variety of policies to protect children and support families but not to policies rooted in arguments about equality.

### Green Shoots

Arguably, this is beginning to change. The first green shoots in England can be seen in policies on outcomes for looked after children where securing good health and reasonable educational attainment are discussed in terms of a comparison between looked after children and others, either the population as a whole or children from similarly disadvantaged backgrounds (Department for Education (DfE), 2014; Sebba et al., 2015). The concept of corporate parent (Bullock et al., 2006) has had the effect of raising the moral question, 'Would you accept these outcomes if this was a child of yours?' And an awareness of the very high costs to the public purse of children in the care system, not only while being looked after but also after they leave care as young adults and as potential parents, has provided an economic incentive for reducing inequalities in outcomes in the form of measures to 'close the gap'.

More recently, the government paper, Putting Children First (Department for Education (DfE), 2016), opens up a second dimension to an inequalities perspective in children's services in England. It states that 'By 2020 our ambition is that all vulnerable children, no matter where they live, receive the same high quality of care and support' (p.12). While not explicitly using the language of equality, or

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3 gap reduction, this statement does imply equality in service provision. The subsequent National  
4 Audit Office (NAO) report (2016) recognised this, restating the DfE's 'goal (as) all children having  
5 equal access to high-quality services' (p.10). Awareness of the apparent variability of local authority  
6 intervention rates, defined in terms of the proportions of children in different places who receive a  
7 service, such as being assessed as a child in need, placed on a child protection plan or admitted to  
8 care, lay at the heart of this new direction. These variations in the proportions of children and  
9 families subject to child welfare interventions – which we would describe as inequalities in children's  
10 services - were subsequently underlined in the reports of the House of Commons Committee of  
11 Public Accounts (2016) and the All Party Parliamentary Group (APPG) for Children (2017).  
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14 The foreword to the APPG report focused particularly on a moral argument for greater equality in  
15 service provision: 'Our society should be judged on how we treat our most vulnerable members. In  
16 every part of the country there are children in need of support. Children whose own parents are  
17 struggling to look after them; children at risk of abuse or sexual exploitation; and children with  
18 disabilities. Even when national and local government face tough economic decisions, as they do  
19 today, we must never waver in our determination to reach out to every child who needs our help.'  
20 This recognition of the obligation to 'every child' again, arguably, implies an equalities perspective.  
21

22 The Public Accounts Committee focused its attention on the effectiveness of public services, echoing  
23 the NAO by stating that 'Variability in the quality and consistency of help and protection services is  
24 leaving children at risk of harm' (p.5). It blamed both the Department of Education and local  
25 authorities. The problem was characterised as the poor functioning of systems rather than  
26 underlying structural inequalities.  
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### 28 29 **A broader concept of equality in child welfare**

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31 Alongside this, a conceptual approach to inequalities in child welfare has begun to be articulated  
32 which takes the argument much further in three key ways (Bywaters et al., 2015; Bywaters, 2016).  
33 This definition has been proposed: 'Child welfare inequity occurs when children and/or their parents  
34 face unequal chances, experiences or outcomes of involvement with child welfare services that are  
35 systematically associated with structural social dis/advantage and are unjust and avoidable'  
36 (Bywaters et al., 2015, p.100). First, this moves the construction of the issue beyond the concept of  
37 'variability' or a 'post-code lottery' in services, discussed in the government and Parliamentary  
38 reports outlined above. It is not only concerned with the equal supply of services but addresses  
39 inequities in demand: the factors which bring children (and families) into contact with children's  
40 services in the first place. It also focuses attention on the outcomes for all children who face the  
41 difficult circumstances that may bring them into contact with children's services, not only the  
42 outcomes for looked after children. This means focusing on all children who would benefit from  
43 children's services involvement in order to have a good enough childhood, including those not  
44 currently being reached.  
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47 Second, the definition emphasises the structural causes of such inequalities rather than assuming  
48 that the disparate proportions of children receiving services in different local authorities is a result of  
49 idiosyncratic variations in local management and practice: a 'lottery'. The APPG report states that an  
50 expert witness suggested that only a small proportion of the differences in looked after children  
51 rates per 10,000 children between local authorities in England could be attributed to deprivation.  
52 But our regression analysis of local authority looked after children rates and Index of Multiple  
53 Deprivation scores shows that in 2016 just over 50% of the variance is explained by **Index of Multiple  
54 Deprivation scores, making it by far the dominant factor, by comparison with demographic factors,  
55 such as the ethnic, gender or age mix of the population, or local practice variations. The ethnic mix,**  
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3 and local policy and management practice influence service patterns as well, but are secondary to  
4 the underlying structural factor of deprivation within England.

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6 Moreover, there is a social gradient in child welfare intervention rates just as there is in children's  
7 health and educational outcomes. With some variation, each step increase in deprivation from the  
8 least to the most deprived, whether at the local authority level or at the level of small  
9 neighbourhoods is accompanied by an increase in the number of children who are the subject of a  
10 child protection plan or who are being looked after in the care system per 10,000 children in the  
11 population (Bywaters et al., 2014; CWIP, 2017). Children whose families live in the most deprived  
12 10% of local authorities are around ten times more likely to be looked after or on a child protection  
13 plan than those in the least deprived 10%.

14  
15 Other structural factors also play their part. While gender differences in the proportion of children  
16 subject to interventions are very (perhaps, surprisingly) small, ethnic differences are large. Although  
17 children from minority ethnic groups are much more likely than children categorised as White to be  
18 living in very deprived neighbourhoods, within those neighbourhoods, Asian children are many times  
19 less likely to be looked after or on a child protection plan. Rates for Black children are higher than  
20 those for Asian children but still significantly lower than those for White children (Bywaters et al.,  
21 2016). Evidence for the impact of disability on intervention rates is either absent, in the case of  
22 parental disability, or of too unreliable a quality in the case of children, for analysis to be possible,  
23 but previous accounts suggest that disabled children are over-represented, another probable  
24 dimension of structural inequality.

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26 Third, the definition emphasises the moral nature of the issue: that inequity in children's lives and  
27 the services designed to help them is a matter of social justice, providing such inequalities in the  
28 lives of children and parents are avoidable. Arguments for greater equity fundamentally rest on  
29 moral rather than economic arguments: it cannot be right that the circumstances that children are  
30 born into significantly affect their chances of maltreatment or of being separated from their parents  
31 (Whitt-Woosley and Sprang, 2014).

### 32 33 34 35 36 **Implications for Policy and Practice**

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38 What are the implications for policy and practice of an inequalities analysis? Measures that reduce  
39 health and educational inequalities, including income and wealth redistribution and improved  
40 universal services, especially in the early years (Marmot, 2010), are also likely to have a beneficial  
41 effect on child welfare inequalities, but what should be the children's services response? There is  
42 insufficient space here for a comprehensive account and much work remains to be done to identify  
43 and evidence effective responses. But existing evidence suggests the following as a minimum.

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45 First, a greater focus on addressing the factors which bring children and their families to the  
46 attention of children's services in the first place is implied. Despite a rhetoric of concern about the  
47 early years and early intervention, in practice, state responses in England in the current decade have  
48 shifted away from prevention and family support towards approaches based on the investigation  
49 and identification of risk. As public expenditure has been constrained under austerity policies, an  
50 increasing proportion of resources have been spent on looked after children (39% in 2014/15  
51 compared with 32% in 2010/11) with a corresponding reduction in family support for children living  
52 at home against a background of an overall reduction in expenditure on children's services. LAC  
53 expenditure is substantially less elastic than spending on preventive and family support services:  
54 children for whom the state is legally responsible have to be cared for, prevention can be more  
55 easily rationed. Moreover, high deprivation local authorities have faced a disproportionately large  
56 share of cuts (Bywaters et al., 2017). The APPG report drew attention to what it judged to be the  
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3 inadequate funding of children's services relative to demand and the consequences for the support  
4 available for children in need.

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6 Second, an inequalities approach suggests a different data strategy. At present, there is little in the  
7 way of an epidemiology of child welfare. Astonishingly, no information is routinely collected about  
8 the socio-economic or demographic circumstances of the families involved with children's services:  
9 for example, family size and structure; parents' characteristics, such as their age, marital status or  
10 educational background; or family economics, such as their sources and size of income, debt levels  
11 or housing status. Moreover, there is little data analysis of the outcomes of interventions for  
12 children other than those who were looked after. This must limit the construction of comprehensive  
13 policies to support families to provide good enough care for their children.

14  
15 Third, an inequalities perspective also requires a different approach to practice. Poverty – and  
16 families' socio-economic circumstances more widely – has to move from being the taken for granted  
17 backdrop of practice to an essential element of the processes of assessment, case planning and  
18 intervention. A recent Joseph Rowntree Foundation report found that currently over 300,000  
19 children in England were living in households that were 'destitute': unable to provide even basic  
20 levels of food, heating, appropriate clothing and housing every day (JRF, 2016). Focusing on  
21 parenting skills without recognising the context of the sometimes overwhelming direct and indirect  
22 impact of poverty on parenting capacity is likely to be alienating as well as being ethically dubious  
23 (Gupta et al., 2014). If effective, more responsive engagement with families' material circumstances  
24 could cement a further aim of Putting Children First: giving families the confidence that if they  
25 approach children's services for help they will receive support in a recognisable form rather than an  
26 assessment of risk. This requires managers of children's services to develop different priorities, and  
27 to provide front line staff with the skills and specialist services they need to respond to families'  
28 material circumstances as a central element in the complex mix of factors affecting family  
29 functioning.

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32 Fourth, the very different patterns of intervention faced by different ethnic groups need urgent  
33 investigation so that judgements can be made about the appropriate way forward.

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36 Fifth, reducing inequalities in children's chances, experiences and outcomes should be adopted as a  
37 policy goal and approaches developed that are designed to reduce the social gradient. At present,  
38 there is little understanding of the factors making the gradient more or less steep, but setting the  
39 policy goal and developing ways of measuring the impact of policies designed to equalise children's  
40 chances would be steps in the right direction.

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43 In a period of austerity, with cuts in public expenditure as a proportion of GDP and real terms  
44 reductions in family incomes likely to continue for the rest of the decade and beyond, children's  
45 services face the continuing threat of diminishing resources relative to need. This may be an  
46 unpromising political context to propose a policy shift towards an emphasis on greater structural  
47 equality for families, but it is also arguable that only by refocusing attention on reducing demand at  
48 the population level rather than increased investigation of individual risk can economies be  
49 achieved. The current policy objectives appear to be increasing interventions, such as admission to  
50 care, that are expensive in economic and human terms, at the cost of services to support families  
51 and prevent the escalation of harm to children. An inequalities perspective underpins the case for  
52 new directions.

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