Exploring demand and provision in English child protection services

Abstract

This paper presents the results of an exploratory study linking the national datasets for all children in need and child protection services in England. The study was informed by an emerging literature on systems thinking in public services, and aimed to examine variations and patterns of response in local authorities to demand for child welfare services in their area. 152 local authority census returns and other statistical indicators covering up to a 13 year period were combined into a single dataset. Statistical analysis was undertaken to explore the characteristics of demand, workload and workforce, trends over time, and variations between local authorities. The results showed that the overall system has become increasingly geared towards protective interventions, especially since the Baby P scandal of 2008. Deprivation levels continue to be the key driver of referrals and other categories of demand, and are strongly associated with variations in service response, particularly in the initial stages of referral and assessment. Implications are considered for the current organisation of child welfare services in light of recent reviews and reforms.

Introduction

Local authority child protection services have been measured on a variety of indicators over recent years. This paper reports on research using an analysis of combined national datasets to describe and interpret trends and variations across 150 English local authorities. Its contribution is to use these indicators to present a picture of demand and provision in the child protection system, and to explore how statutory agencies respond to differences and fluctuations in demand both geographically and over time. The methodology draws on systems ideas that have become increasingly prevalent in recent literature on child protection (Munro, 2010; Featherstone et al., 2014). As characterised by Munro (2010: 10), a systems approach seeks to analyse how services function as a whole, rather than looking at individual parts, to study the effect of interactions and feedback loops, and to take into account how systems adapt and learn. Here, these ideas are applied to a study of performance indicators, which tend to measure parts of the system but may be combined to give a picture of the system as a whole.

Indicators are necessarily bound up with political and organisational contexts in which they are chosen, created and used. In the case of child protection, as with other public services, the influence of New Public Management ideas (Hood et al., 1991) has required agencies to become more transparent about how they monitor and evaluate their own performance. In this context, indicators have become a means of demonstrating the accountability of services to their end users, i.e. by quantifying their activity, efficiency and – to some extent – outcomes. Trends over time and variations between local authorities can be useful for planning and reviewing services and directing attention towards anomalies and 'poor' performance. These trends are broadly in line with other areas of social services (e.g. Challis et al., 2006) as well as the health care sector (Smith et al. 2009), while additional pressures have been brought by child abuse inquiries and the attendant political scrutiny (Jones, 2014a). Successive governments have therefore made consistent efforts to mandate and improve the reporting of indicators in this field, and to provide guidance around their use

and interpretation. In turn, there has been criticism of the way in which indicators have become embedded in managerial functions and procedural approaches to child protection work (Tilbury, 2004), and to some extent, the use of indicators as proxies for performance has led to their association with command and control regimes and an increasingly discredited targets culture (Bevan and Hood, 2006). On the other hand, performance indicators have also been used by researchers wanting to study trends in intervention rates (Devine and Parker, 2015), the reasons for variations between local authorities, (Oliver et al., 2001) and the impact of deprivation and inequality (Bywaters et al., 2014). This paper seeks to contribute to the literature by analysing what the measures tell us about the characteristics of demand and provision in the English child protection system.

Characteristics of demand and provision

Demand is a key concept for systems approaches to service provision (Hood, 2015; Munro, 2010; Seddon, 2008). Demand can be defined as the claims made by users on a service, which reflect the purpose of the service from the user's point of view (Seddon, 2008). There follows a distinction between 'value demand', which is what the service is designed to meet, and 'failure demand', which is the result of users not getting what they need and re-entering the system. Well-designed services focus on processes that meet value demand and remove processes that a create failure demand. This requires an understanding of how services are experienced or 'flow' from the end-user's point of view, so the system can be 'designed against demand' (Seddon, 2008) to place problem-solving expertise at the points where the user needs it. The challenge is to cater for predictable demand whilst retaining the 'requisite variety' (Ashby, 1956) to address unpredictable problems without undue delay and complication.

In England, the child protection system is situated at the apex of a tiered structure of primary, secondary and tertiary services for children and families (Hood, 2015). Demand for services comes in the form of referrals. The design of the service is based on a series of thresholds, at each of which the level of need (and risk) is assessed in order to identify the

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resources that are required. This approach has been characterised by Gibbons et al. (1995) as operating a series of 'filters and funnels' (see also Lonne et al., 2008).

These ideas are developed below in a simplified schema of the child protection system. On the left of Figure 1, the entry of service users into the system is represented by referrals, which include a certain number of people who have previously received services. Other inputs might include financial resources, workforce characteristics, and organisational characteristics. Outputs or egress from the system is usually in the form of case closure and handover to non-statutory services, but in some cases may require family courts to decide the outcome. The public care system is here treated as a separate entity, although there is an overlap between the two systems in the cases of children who are looked after for short periods or during court proceedings. Crucial to the system's operation is a series of internal thresholds, designed to filter cases of potential abuse and neglect and differentiate provision according to the level of need. This can be represented as through-flow within the system as cases move from initial assessment to longer term services for children in need, to the delivery of multi-agency child protection plans, and finally to care proceedings in a small minority of cases.

Figure 1. Inputs (1), through-flows (2) and outputs (3) in the child protection system
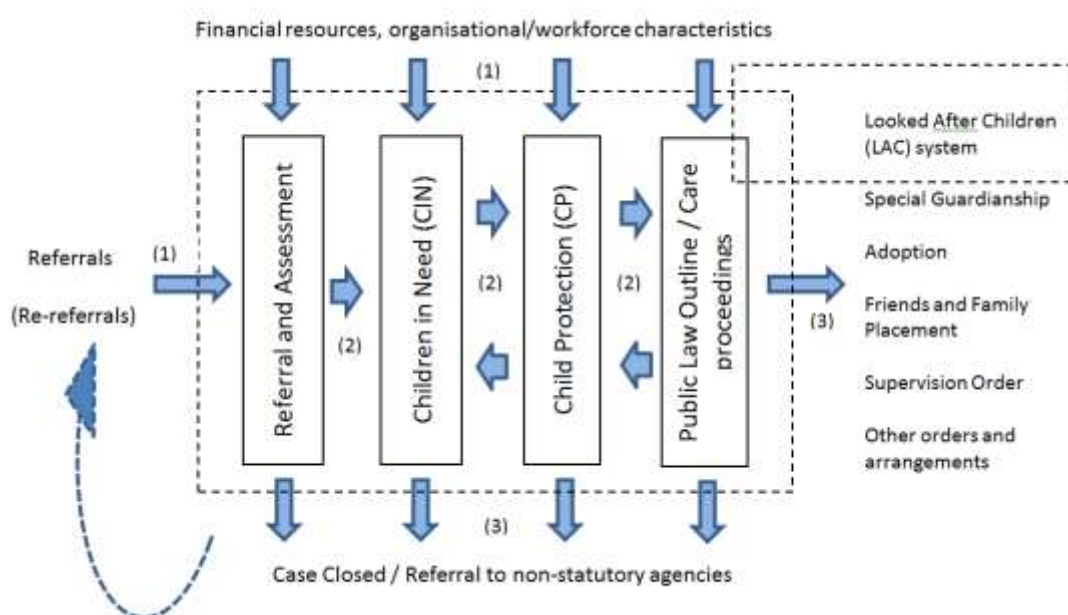
Although much could be added to the picture, the diagram serves to illustrate how demand and provision are interlinked and emerge from design. After referrals enter the system, a series of internal thresholds filter and categorise demand at each stage of assessment and intervention: the 'filter and funnel' process referred to above. The decision at a case conference to coordinate a child protection plan, for example, denotes the provision of a service but also contributes to the measurement of need for that service, the local threshold for delivering it, and (indirectly) to the perceived incidence of abuse and neglect in the population. Conversely, the decision to 'step down' from child protection to a child in need plan not only contributes to demand for that service but also serves as an outcome indicator in terms of a successful reduction in assessed risk. Similarly, exiting the system as a closed case may be seen primarily as an output or outcome but will also contribute (briefly) to a reduction in demand for a particular type of provision. A proportion of such cases may subsequently be re-referred into the system within a 12 month period and so a proportion of overall referrals will consist of 'failure demand' (Seddon, 2008), i.e. demand that was not sufficiently met when the service was provided originally.

A drawback of conceptualising the system in this way is that it does not really reflect demand from the perspective of service users, who can wait a long time to be categorised before they actually receive the service they need (Gibson and O'Donovan, 2014). However, since this is the way most statutory services in England are set up, there are a variety of datasets that can provide an insight into how the system currently operates:

- Since 2009, data on local authority safeguarding services have been collected annually via the 'CIN census', which covers all children who are referred to children's social care, even if no further action is taken, and includes children looked after (CLA), children supported in their families, and children who are the subject of a child protection plan (DfE, 2015b).
- Prior to the CIN census, local authority statistical returns included Child Protection and Referrals data (CPR3), which collated information about the referral of children to social services departments, the subsequent assessment procedure and children who went on to enter the child protection system.

- Information about care proceedings is collected by the Children and Family Court Advisory and Support Service (Cafcass).

- In 2013 and 2014 the government issued a Statistical First Release (SFR) providing national and local level information on the Children's Social Work Workforce in English local authorities. These were published as 'experimental statistics' in recognition that it was a new data collection (DfE, 2015c)

- Since 2010, the government's annual SSDA903 data collection has included information about children who are looked after by local authorities, including the number of care orders made.

- Local authorities are required under Section 251 of the Apprenticeships, Skills, Children and Learning Act 2009 to provide to submit an annual 'outturn statement', including overall spending on children and young people's services and spending on children's safeguarding services.

- The Index of Multiple Deprivation uses 38 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate an overall measure of multiple deprivation experienced by people living in an area. It is calculated for every Lower layer Super Output Area (LSOA) in England, and can be used to rank every LSOA in England according to their relative level of deprivation (Department of Communities and Local Government, 2011).

Drawing on the systems diagram in Figure 1, information from these different sources can be used to quantify different inputs, throughputs and outputs of the child protection system. The relevant indicators, together with their sources and the periods for which they are available, are summarised below in Table 1.

Table 1. Children's services indicators and their sources

	Measure	Source	Years available
Inputs	Number of referrals	CIN census/CPR3 returns	2010-14
	Numbers of CIN per social worker	Children's Social Care Workforce data	2012-14

		collection (CSCW)	
	Numbers of social work vacancies	CSCW	2012-14
	Rate of turnover of social workers	CSCW	2012-14
	Percentage of agency workers	CSCW	2012-14
	Total Spend on children	Section 251 outturn	2011-2014
	Spend on children's safety	Section 251 outturn	2011-2014
	IMD Score	Office for National Statistics	2010
Referral and Assessment	Initial Assessments	CIN census/CPR3 returns	2002-14
	Initial Assessments completed within 7/10 days	CIN Census / CPR3 Returns	2002-2014
	Core Assessments	CIN census/CPR3 returns	2002-14
	Core assessments completed within 35 days	CIN Census / CPR3 Returns	2002-2014
	Continuous Assessments	CIN census	2014
	Continuous Assessments completed within 45 days	CIN census	2014
	Assessments as a percentage of referrals	CIN census/CPR3 returns	2002-14
Children in Need **Child Protection** **Care Proceedings**	Numbers of Children in Need (CIN)	CIN census	2010-14
	Section 47s	CIN Census / CPR3 Returns	2002-2014
	CP conferences	CIN Census / CPR3 Returns	2002-2014
	CP conference within 15 days of secrtion 47	CIN Census / CPR3 Returns	2002-2014
	CPP at March 31st	CIN Census / CPR3 Returns	2002-2014
	CPP during the year	CIN Census / CPR3 Returns	2002-2014
	CPP Ceased	CIN Census / CPR3 Returns	2002-2014
	CPP cease times (<3 months, 3-5 months, 6-11 months, 1-2 years, 2+ years)	CIN Census / CPR3 Returns	2002-2014
	CPP review held within 6 months	CIN Census	2010-2014
	CPP where children had prior CPP	CIN Census / CPR3 Returns	2002-2014
	Care proceedings	Cafcass	2009-2014
Outputs	Referrals within 12 months of a prior referral	CIN Census / CPR3 Returns	2002-2014
	Referrals not assessed	CIN Census	2012-2014
	Referrals deemed not CIN	CIN Census	2012-2014
	Numbers of CIN Ceased	CIN census	2010-14

	CIN Cease times (<3 months, 3-5 months, 6-11 months, 1-2 years, 2+ years)	CIN census	2010-14
	CPP Ceased	CIN Census / CPR3 Returns	2002-2014
	CPP cease times (<3 months, 3-5 months, 6-11 months, 1-2 years, 2+ years)	CIN Census / CPR3 Returns	2002-2014
	CPP review held within 6 months	CIN Census	2010-2014
	CPP where children had prior CPP	CIN Census / CPR3 Returns	2002-2014
	Care orders	SSDA903 returns	2010-2014

Having set out the relationship between indicators and systems design in this way, it becomes theoretically possible to use the available datasets as a basis for exploring patterns of demand and provision.

Method

This study posed the following questions:

1. How has demand for, and provision of, services varied over time?
2. How does provision vary in response to different levels of demand?
3. How do the different elements of demand and provision relate to each other, i.e. do changes in one lead to changes in others?
4. What is the impact of external factors such as deprivation levels?
5. Is there a simple way of characterising differences in demand and provision between local authorities?

These questions were addressed through a study of the national datasets and indicators outlined above. To begin with, a comprehensive set of indicators of local authority child protection services were obtained for the period 2001 – 2014 from the UK Government website, the National Archives online, and the Cafcass website (see Table 1). The combined datasets contain aggregated data at local authority level for 150 local authorities after excluding two unique areas (Isle of Scilly, and City of London) with uniquely small populations. Before analysis, indicators were converted to rates per 10,000 population.

Since the minimum data set collected by services changed in 2009, including how certain indicators were reported, it was decided to focus any correlational analysis on the five year period 2009 – 2014. Confidence ratings for CIN censuses were checked for each variable and records with the lowest rating were reviewed for the extent of missing data and implausibly high or low entries that might undermine the analysis.

To address the first research question, the key indicators of demand and provision (see Table 1) were aggregated over all authorities and plotted over time. In addition to verifying the long-term trends noted by other studies (e.g. Devine and Parker, 2015; Bywaters et al., 2014), there was an *a priori* interest in what happened to indictors in the aftermath of the 'Baby P' crisis of 2007/08, with the hypothesis that increased demand and reticence to close cases would be evident when comparing previous and subsequent years (Jones, 2014b; Cafcass, 2012). Spearman's rank correlations were used to explore research questions 2-4 independently in each year. Patterns in the correlations were then compared for consistency over time, in order to interpret significant relationships in the context of the overall system illustrated in Figure 1. P-values were obtained for the correlations, effectively testing if they could have arisen from an uncorrelated population. To address the fifth question, and to summarise the correlations more succinctly, factor analysis was used, using principal components of the correlation matrix. The key variables of demand and provision were included, as well as contextual factors where the data were complete enough, and the analysis was run separately for each year in order to check for stability.

Results

Analysis of trends

Overall trends were explored over a 13 year period from 2001 – 2014, and are summarised below. Figure 2 shows the key components of demand and provision over that period.

Figure 2 Referrals and services provided in England 2001-2014

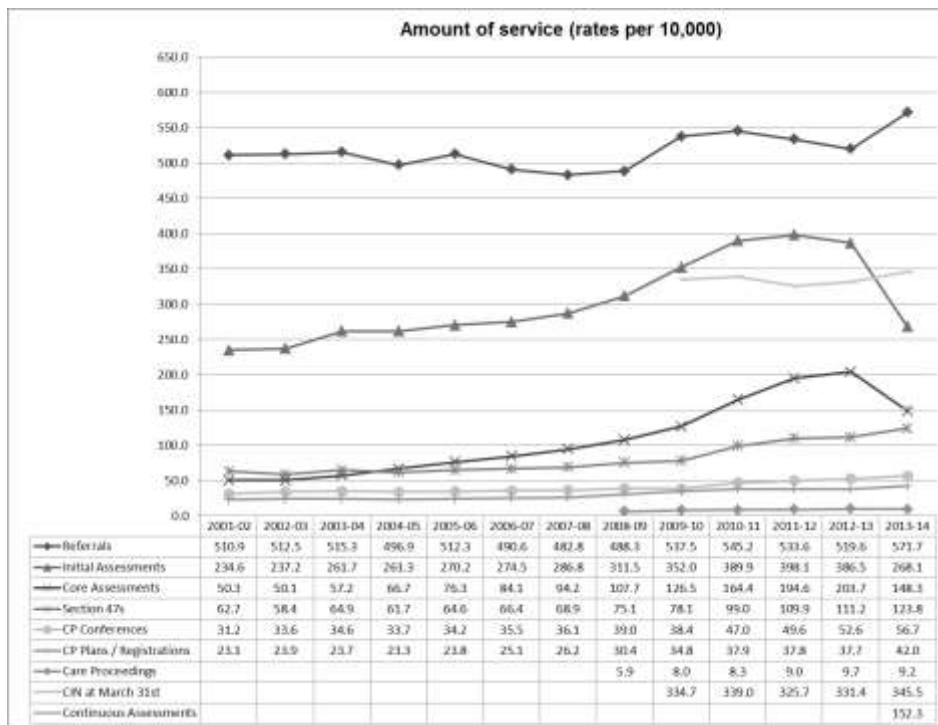|	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Referrals	510.9	512.5	515.3	496.9	512.3	490.6	482.8	488.3	517.5	545.2	533.6	519.6	571.7
Initial Assessments	234.6	237.2	261.7	261.3	270.2	274.5	286.8	311.5	352.0	389.9	398.1	386.5	268.1
Core Assessments	50.3	50.1	57.2	66.7	76.3	84.1	94.2	107.7	126.5	164.4	194.6	201.7	148.3
Section 47s	62.7	58.4	64.9	61.7	64.6	66.4	68.9	75.1	78.1	99.0	109.9	111.2	123.8
CP Conferences	31.2	33.6	34.6	33.7	34.2	35.5	36.1	39.0	38.4	47.0	49.6	52.6	56.7
CP Plans / Registrations	23.1	23.9	23.7	21.3	21.8	25.1	26.2	30.4	34.8	32.9	37.8	37.7	42.0
Care Proceedings								5.9	8.0	8.3	9.0	9.7	9.2
CiN at March 31st									334.7	339.0	325.7	331.4	345.5
Continuous Assessments													152.3

Figure 2 shows that rates of referrals remained more or less steady in the period 2001-05, declined gradually in the next four years before undergoing a sharp increase in 2009-10 and again in 2013-14. This finding is suggestive of fluctuations in demand rather than a pattern of constant increase. Rates of initial and core assessment increased steadily over the same period before falling in 2013-14 following the introduction of continuous assessments. The statistics on provision generally show a picture of ever increasing rates of intervention, with use of CP plans/registrations and S47 inquiries almost doubling over the period and again appearing to gather pace in the years following 2008/09.

To consider the proportion of cases progressing through the system, the ratio of interventions was calculated at different stages of the child protection system. These are summarised below in Figure 3.

Ratios of services provided at different stages of intervention

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
CIN per Referral									62.3	62.2	61.0	63.8	60.4
CP Plan per CIN									10.4	11.2	11.6	11.4	12.1
Core Assessments per initial	23.5	21.1	21.9	25.5	28.2	30.6	32.9	34.6	35.9	42.2	48.9	52.7	55.3
Section 47 per Referrals	12.3	11.4	12.6	12.4	12.6	13.5	14.3	15.4	14.5	18.2	20.6	21.4	21.7
Case Conference per Referral	6.1	6.6	6.7	6.8	6.7	7.2	7.5	8.0	7.1	8.6	9.3	10.1	9.9
CP Plans per Case Conference	73.9	71.1	68.3	68.3	69.5	70.8	72.5	78.0	90.7	80.6	76.3	71.7	74.1
CP Plan per Referral	4.5	4.7	4.6	4.7	4.6	5.1	5.4	6.2	6.5	6.9	7.1	7.3	7.3
Care Proceedings per CP Plan									19.4	23.0	21.9	23.8	25.7	21.9

Figure 3 shows how the 'filters and funnels' approach has shaped indicators over the past decade. The graph highlights a general increase in the use of 'protective' interventions, such as Section 47 inquiries, case conferences and child protection plans. Similarly, the proportion of initial assessments that go on to be subject to a more comprehensive core assessment almost doubles. The ratio of CP conferences leading to CP plans rises steadily to a noticeable 'spike' in 2009/10 before going down in subsequent years. This volatility is not reflected elsewhere, which suggests that decision-making thresholds are responding to factors other than demand at this time. The years following 2008 also see an acceleration in the rate of Section 47s as well as a slight increase in the rate of care proceedings being issued from CP plans. The indicators therefore show up short-term as well as long-term patterns of provision, pointing to the impact of externalities and events such as the Baby P scandal, which broke in November 2008 (Jones, 2014b). This is illustrated in Figure 4 below, which shows trends in the average duration of child protection plans as a proportion of overall plans/registrations ceased within the year.
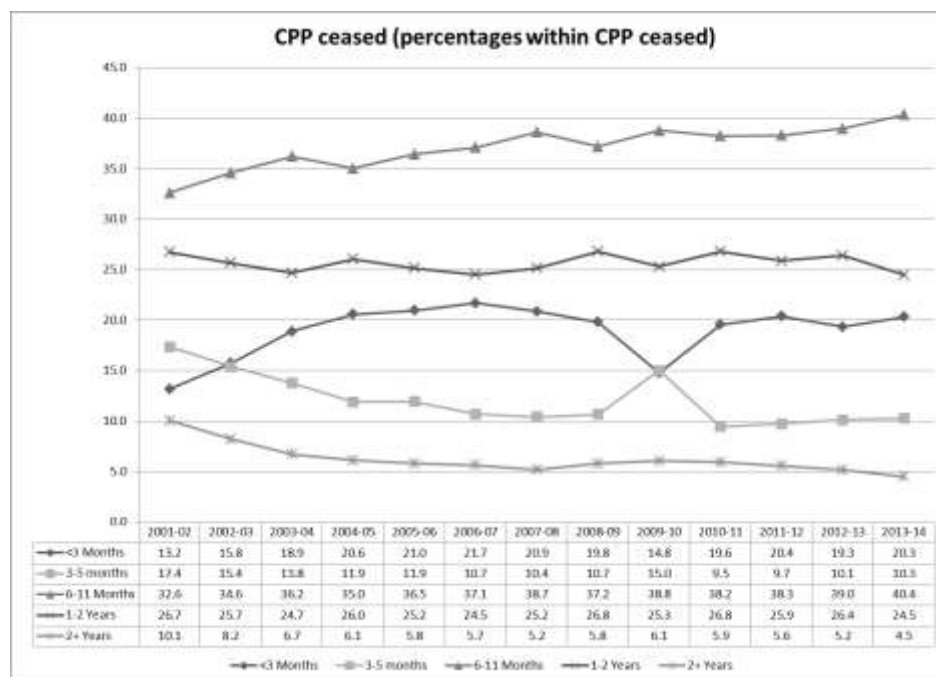
Figure 4. Patterns of duration of child protection plans

CPP ceased (percentages within CPP ceased)

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
<3 Months	13.2	15.8	18.9	20.6	21.0	21.7	20.9	19.8	14.8	19.6	20.4	19.3	20.3
3-5 months	17.4	15.4	13.8	11.9	11.9	10.7	10.4	10.7	15.0	9.5	9.7	10.1	10.3
6-11 Months	32.6	34.6	36.2	35.0	36.5	37.1	38.7	37.2	38.8	38.2	38.3	39.0	40.4
1-2 Years	26.7	25.7	24.7	26.0	25.2	24.5	25.2	26.8	25.3	26.8	25.9	26.4	24.5
2+ Years	10.1	8.2	6.7	6.1	5.8	5.7	5.2	5.8	6.1	5.9	5.6	5.2	4.5

Figure 4 shows that most child protection plans tend to stay in place between 6 to 11 months, and this has become an increasingly common timeframe. In contrast, the proportion of plans lasting over 2 years has more than halved. In the context of an overall increase in the *use* of child protection plans, this could suggest an effort to reduce 'drift' in care planning, e.g. by stepping such cases down or initiating care proceedings. Just over a quarter of plans tend to last 1-2 years and this has held steady over the same period. Some interesting trends are evident in the proportion of plans lasting 3-5 months, and the proportion that cease within 3 months. The graphs suggest that these two measures fluctuate more unevenly than the others and also seem to move in opposite ways to each other (see also Figure 5 below). This is most noticeable at the points where the two lines briefly meet in 2009-10. A possible interpretation is that the concurrent dip/spike around that time reflect trends in decision-making at the first review conference (held three months after the initial case conference), so that for a while children were 'kept' on protection plans who might otherwise have dropped down to CIN. This appears to be a short-term effect – perhaps a 'Baby P effect' – since after 2010-11 the two measures revert to the ratio that obtained in the years prior to 2008. That a tendency to 'hold on' to cases may have been true of the system as a whole at that time is suggested by an even starker result for 're-

referrals within 12 months' (as a proportion of total referrals), which dipped sharply in 2009-10 before going back to their usual level one year later (not shown in Figure 4).

The visible shifts in CP indicators at a time of political and organisational crisis alert us to the way that changes in demand are associated with changes to provision, as the system adapts to external influences as well as the flow of incoming referrals. The analysis of correlations provided further information about these patterns of adaptation.

Analysis of correlations

Correlation analysis focused on the period 2009-14. A table of results including significance tests and effect sizes can be found in the online appendix to this article. The results reported here concern associations found to be significant ($p < 0.05$) across three or more years in the case of CIN indicators and across two years for workforce indicators (which were only available from 2012-14). Not surprisingly, it was found that all of the main activity measures (e.g. referrals, assessments, CIN and CP plans) correlated strongly with each other, i.e. the more work came in, the more work was done – or 'done elsewhere' in the case of referrals that were screened out. Most of these measures also correlated with deprivation as measured by IMD scores, confirming a well-known finding that deprivation levels are a key driver of demand for child welfare services (e.g. Baywaters et al, 2014). At this point the question arises as to whether different areas, with divergent local conditions including rates of deprivation, dealt with demand in different ways? To answer this question, a further set of correlations were explored in relation to the duration of CIN/CP plans and other statistics including re-referrals. The results are summarised below in Figure 5:

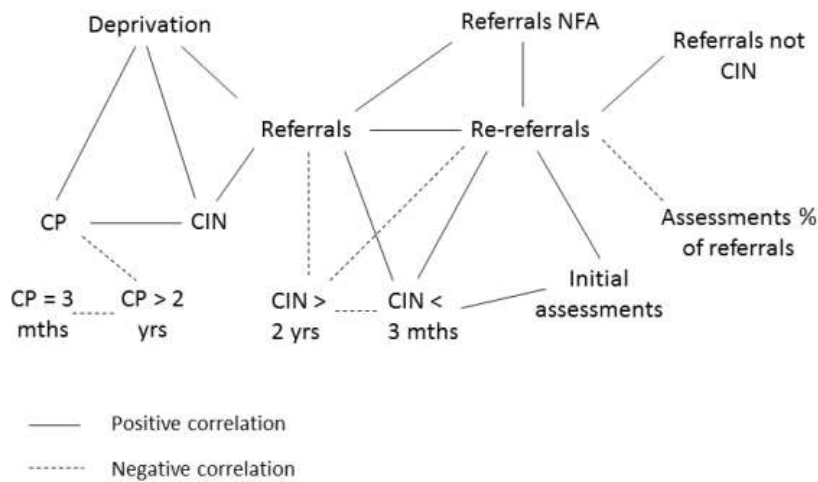*Figure 5. Correlations between indicators of demand and provision (2009-14)*

Figure 5 shows the most significant relationships between indicators over a five year period. These are exploratory findings and not generalizable; nor do they convey any information about causality or the direction of influence. However, they give an indication of how local authorities dealt with varying volumes of work. For example, the positive correlations (solid lines) show that higher rates of referrals were associated not only with an increase in general activity (i.e. more assessments and plans) but also to specific kinds of decisions: a greater propensity to assess referrals as not requiring CIN services ('not CIN'), to take no further action (NFA), and to step down from statutory involvement earlier. There was a negative correlation (dotted line) between referrals and the percentage of referrals subject to assessment, suggesting that the more referrals came in the less likely each referral was to be assessed. Referrals were positively correlated with initial assessments but were *not correlated* with core assessments. This suggests that initial assessments performed a gatekeeping function with respect to core assessments, which were more comprehensive and took longer to complete.

Figure 5 also shows that referrals were positively correlated with CIN plans closed within 3 months and negatively correlated with CIN plans that lasted over two years. What is this suggests is that local authorities with more incoming work were more likely to step down statutory plans quickly and less likely to work longer term with families. These local authorities also tended to have higher rates of re-referrals, which represent work coming

back into the system within 12 months of case closure, i.e. they are a measure of failure demand. There is an ambiguity here about thresholds, in that equivalent patterns could be caused by lower thresholds for concern among non-statutory agencies in high-demand areas (leading to higher numbers of 'inappropriate' child protection referrals) or higher thresholds for concern among statutory services (leading to stricter 'gatekeeping' of provision). Either way, differences in the way the system *as a whole* (i.e. including statutory and non-statutory services) copes with demand had consequences for re-referral rates. Re-referrals can be seen as a kind of 'negative' outcome measure since they represent cases that are not successfully dealt with the first time round. It is worth noting that re-referrals do *not* correlate with deprivation rates, despite being a subset of referrals (which are strongly associated with deprivation).

Cumulatively, these findings point to the importance of system design in shaping the relationship between inputs and outputs/outcomes. Design in turn is shaped by agency structures and processes, for which there are indicators relating to local authority spending on children services and workforce data such as average caseloads, vacancy rates and staff turnover. Figure 6 shows the relationship between these indicators and activity in the system:

Figure 6. Relationships with workforce indicators and spending (2012-14)
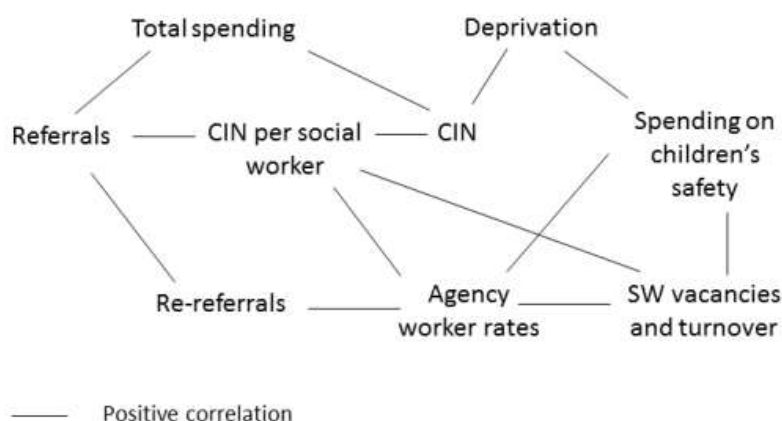
Interestingly, Figure 6 shows that overall spending on children's services was correlated positively with referrals into, and provision of, safeguarding services, while actual spending

on children's safety was *not* correlated with referrals. This points to the importance of non-statutory agencies in areas of high demand, perhaps because such local authorities operate higher thresholds for statutory services. However, spending on safeguarding does correlate to deprivation levels, whereas overall spending does not. This suggests that another factor (or set of factors) may moderate the connection between demand for safeguarding services and the resources allocated to it, while also moderating the connection between deprivation and overall spending. Again, it could be that operating higher thresholds for specialist services enables local authorities in deprived areas to stop safeguarding costs from escalating out of control; spending on children's safety will therefore be higher in more deprived areas but proportionally more of the burden will be borne by the non-statutory sector. In more affluent areas, on the other hand, statutory protective services are able to take on more of the overall demand because pressure at the 'front' of the system (the point where referrals come in) is not as great.

The workforce data only covers two years, so firm conclusions cannot be drawn from the analysis. The results suggest that measures of workforce stability, such as vacancy rates, turnover and agency work rates, all correlated with each other as well as with average workloads (CIN per social worker). It is not hard to understand why local authorities with higher caseloads might tend to have higher turnover, with an obvious effect on vacancies and use of agency workers. Higher rates of agency worker rates will obviously increase spending on children's safety, since such workers cost more than permanent staff. More difficult to interpret is the positive correlation between agency worker rates with re-referrals. This might indicate that efforts by local authorities in more deprived areas to control demand (i.e. through gatekeeping, early case closure, and diversion to non-statutory agencies) do not entirely protect their statutory protective services, which still end up with higher average caseloads and this in turn affects workforce stability. However, this is an interpretation of the data and there are likely to be other factors involved in producing high levels of turnover and vacancies.

Factor analysis

A final part of the analysis was to find out whether the correlations identified in the measures could be summarised by a factor analysis. This identified two factors relating to demand and provision with consistent elements across all five years, overall demand and failure demand (2009-14). A third factor for workforce stability was identified for the two years in which workforce data was available (2012-14). The results are summarised below in Table 2.

Table 2. Principal components of demand and provision 2009-14

Factor 1: Overall demand[1]	Factor 2: Failure demand	Factor 3: Workforce stability
- Children in Need (CIN) - CIN cases ceased - Referrals - Initial Assessments - Core Assessments - Section 47 investigations - CP Conferences - CP Plans - CP Plans ceased - Care Proceedings - Care Orders made - Looked After Children - Re-referrals (within 12 months) - Total Spending on Children's Services - IMD score	- CIN plans ceased - CIN plans ceased within 3 months - Re-referrals (within 12 months)[2]	- CIN per social worker - Vacancy rate - Turnover rate - Agency worker rate

The 'overall demand' factor reflects the role of deprivation as a key contextual factor associated with the system's main input and process measures. It is worth emphasising again that 'overall spending' includes services for children that lie outside of the statutory child protection system. However, the 'failure demand' factor links together three elements that are indicative of the effects of early case closure on referrals re-entering the system

within 12 months. The 'workforce stability' factor, as expected, confirms that caseloads seem to be bound up with rates of vacancies, agency workers and staff turnover.

Summary of findings

1. Local authorities are increasingly using child protection interventions to address demand for child welfare services, and this trend has increased since the 'Baby P' crisis of 2008/09.
2. Local authorities in more deprived areas experienced higher levels of demand and provided a different sort of service than local authorities in more affluent areas
3. Higher-demand local authorities tended to screen out more referrals and divert cases to non-statutory services. They also had a greater tendency to step down statutory plans quickly and were less likely to work longer term with families.
4. Such local authorities experienced higher rates of failure demand in the form of re-referrals, which represent work coming back into the system within 12 months of case closure.
5. Spending on children's safety was higher in more deprived areas, but more of the demand was met by non-statutory services. In more affluent areas, with less pressure on referral and assessment, spending on safeguarding was lower but statutory services actually met more of the demand.
6. Higher-demand local authorities tended to have higher caseloads and higher rates of agency workers, and this was associated with poorer outcomes in the form of re-referral rates.

Discussion

Over the past ten years, UK child welfare policy has aimed at building an integrated safeguarding system, a combination of differential response and tiered services, able to provide early intervention and support to vulnerable families as well interventions to protect children from maltreatment (Hood, 2014; Davies and Ward, 2012); Lonne et al.,

2008). Elements of overall demand clearly show the interconnection between different parts of the system, the influence of external factors such as deprivation, and the importance of non-statutory services in helping the system to cope. At the same time, we see a system designed to manage rather than meet demand, by separating it into different workflows using the same 'filter and funnel' approach identified twenty years ago by Gibbons (1995). Inevitably this creates thresholds and boundaries between different parts of the system, and consequently a focus on controlling discrete workflows (e.g. by closing cases and referring on) rather than meeting need at the point of entry (Hood, 2015; Gibson and O'Donovan, 2014).

Ironically, the UK has gone further than most countries in legislating for children's services to work together more effectively (Gilbert et al., 2011). The problem identified by many commentators has been the institutional context in which safeguarding services are located, characterised by excessive bureaucracy and managerialism (Lonne et al., 2008), a defensive and risk-averse compliance culture (Munro, 2010), professional de-skilling (Ayre and Preston-Shoot, 2010), and a toxic culture of blame driven by media exposure (and co-production) of child abuse scandals (Jones, 2014b). It is in this context that the longitudinal data adds a further dimension to the analysis, pointing to long-term trends but also short-term volatility in how the system operates.

Looking first at long-term trends, the most notable change since 2001 has been in the treatment of families coming into contact with the system, with growth in the use of Section 47 investigations, CP conferences and CP plans steadily outpacing growth in both referrals and the numbers of children meeting the CIN threshold (DfE, 2015a). This trend has led to concerns about the way in which poor communities are subject to statutory surveillance and control, and about the stigmatisation of families who may not be abusing their children but are nonetheless drawn into the child protection process (Devine and Parker, 2015). One interpretation is that the system is reverting to a narrower focus on child protection, with resources becoming more constrained and thresholds being raised in times of austerity. Overall demand for services may increase during an economic downturn due to rising levels of deprivation, but demand for child protection interventions could also be expected to increase if resources are cut for what Davies and Ward (2012) call primary and secondary

prevention, i.e. universal and targeted services that support families and help prevent maltreatment. This is particularly problematic for local authorities in areas of high deprivation, which as we have seen are more reliant on non-statutory services to deal with demand and are also prone to higher levels of failure demand if those services are not able to cope, i.e. when agencies start re-referring large numbers of cases back into the system. Conversely, local authorities in more affluent areas might be better placed to absorb the extra workload until economic conditions improve.

These ideas have a bearing on recent research by Bywaters et al. (2014), who found an 'inverse intervention law' between deprivation scores and intervention rates at the local level; in other words, when their study compared equally deprived or advantaged neighbourhoods in different local authorities, those with low overall deprivation levels had *higher* child welfare intervention rates than local authorities with high deprivation levels. They suggest a number of potential reasons for this, including the possibility that 'more advantaged LAs have more resources relative to the level of demand than the more deprived LAs' and therefore intervene more often because they 'have the capacity to do so'(Bywaters et al, 2014: 9). The findings presented here would support that inference, and we would add that such capacity issues are to some extent inherent in the design of the system; the filter and funnel approach is ill-suited to cope with variation, so that when external factors affect one part of the system, other parts cannot easily adapt and the whole system risks being overloaded with failure demand (Seddon, 2008). In such areas, one might expect caseloads to rise with concomitant effects on workforce stability.

Deprivation levels are the obvious factor affecting demand but other externalities also have an impact on how the child protection system operates (Gibbons, 1995). Short term movements in indicators in the aftermath of the 'Baby P' crisis, for example, show the sensitivity of professional and institutional decision-making to wider social and political factors. It is generally accepted that the fallout from the Baby P case sparked a crisis of confidence in child protection services (Jones, 2014b), associated with a spike in referrals and a more interventionist approach to case management that years later was being held responsible for a surge in care applications (Cafcass, 2012). However, this can hardly be viewed as an isolated trend; indicators have long been moving in the same direction, albeit

more gradually, and child protection services have long been afflicted by media-fuelled waves of public censure and distrust (Ayre, 2001). In some respects, the Baby P crisis appears to have fuelled a pre-existing trend, creating a step-change in services that now seem unlikely to revert to earlier rates of child protection activity.

While it may seem odd to consider institutional and professional confidence – a rather nebulous and unmeasurable concept – in the same context as quantitative indicators, it has the merit of saying something about the state of the system as a whole. In systemic terms, a decline in confidence could manifest itself in various ways: a defensive, 'take no chances' approach to risk might be reflected in the greater use of CP interventions, for example, if accompanied by a reluctance to hold risk on the part of non-statutory agencies (-> rise in referrals and re-referrals), a siege mentality on the part of statutory agencies (-> lower rates of referrals meeting CIN threshold and earlier case closures), an increase in the quantity of work (->rise in CIN caseloads), changes in the nature of work (-> caseloads weighted towards CP plans, public law and care proceedings), eventually leading to lower staff morale (-> higher turnover, vacancy rates) and a more transient, unstable workforce (-> increase in agency work rates). When looked at together, indicators may therefore tell a story about how the system operates in particular areas, and raise questions about unusual or unwanted patterns of provision. In the current climate the story generally told is about 'performance', an equally ambiguous/holistic term now laden with managerial connotations and the threat of inspection. Yet other stories in the data may be equally important; Oliver et al. (2001), for example, explored why some authorities had unusually high or low rates of intervention even accounting for deprivation, and found that part of the answer lay in different organisational cultures and approaches to child protection work.

Conclusion

In conclusion, this study has used both cross-sectional and longitudinal analyses of indicators to explore demand for, and provision of, safeguarding services for children. The findings illustrate some of the contradictions of our current safeguarding system for children: a filter and funnel process ostensibly designed to reserve child protection

interventions for high risk cases, but which over time seems to be increasingly using those interventions to manage demand. This is important because patterns of provision are sensitive to context; areas of high deprivation not only experience higher levels of demand but tend to deal differently with it, relying more heavily on non-statutory services to pick up cases that do not meet the threshold for children in need or which have been closed after a brief period of involvement. Meanwhile, crises in confidence – exemplified by the Baby P case – can have a short term impact on thresholds and decision-making but can also exacerbate longer term trends in how services are provided. Austerity-driven cut-backs in preventative services are likely to increase the pressures on statutory services, with a knock-on effect on caseloads and workforce indicators, but this pressure may also be attributable to system design, because problems are too often being diverted away from the expertise and activities needed to solve them. As a result, the sector needs to question whether its current indicators are really serving the right purpose, i.e. the purpose of services as users see it. While it is useful to know how local authorities manage demand in their communities, it would arguably be more useful to know whether services are meeting their communities' needs. Who knows: better measures might even encourage better design.

References

Ashby, W. R. (1956) *An introduction to cybernetics*. London: Chapman & Hall

Ayre, P. (2001) 'Child protection and the media: Lessons from the last three decades', *British Journal of Social Work*, **31**(6), pp. 887-901.

Ayre, P. & Preston-Shoot, M. (eds.) (2010) *Children's Services at the Crossroads: A Critical Evaluation of Contemporary Policy for Practice,* Lyme Regis, Russell House Publishing.

Bevan, G., & Hood, C. (2006) 'What's measured is what matters: targets and gaming in the English public health care system', *Public Administration*, **84**(3), 517-538.

Bywaters, P., Brady, G., Sparks, T., & Bos, E. (2014) 'Child welfare inequalities: new evidence, further questions', *Child & Family Social Work,* Advance Access published May 8, 2014, doi:10.1111/cfs.12154

Cafcass (2012) *Three weeks in November... three years on... Cafcass care application study 2012*, London, Cafcass

Challis, D., Clarkson, P., & Warburton, R. (2006) *Performance indicators in social care for older people*, Aldershot, Ashgate

Davies, C. & Ward, H. (2012) *Safeguarding Child Across Services: Messages from Research*, Jessica Kingsley, London.

Department of Communities and Local Government (2015) *The English Indices of Deprivation* [online] Available from: https://www.gov.uk/government/collections/english-indices-of-deprivation

Department for Education (DfE) (2015a) *SFR 41/2015: Characteristics of children in need: 2014 to 2015* [online] Available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf

Department for Education (DfE) (2015b) *Children in need census 2014 to 2015: Guide for local authorities* [online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401149/CIN14-15_Guide_v1.1_web_version.pdf

Department for Education (DfE) (2015c) *Statistical First Release, Children's Social Work Workforce during year ending 2014, a*ccessed online, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406660/Childrens_Social_Work_Workforce_2013-14_SFR.pdf

Devine, L., & Parker, S. (2015) *Rethinking child protection strategy: Learning from trends*, Bristol, Centre for Legal Research, University of the West of England.

Featherstone, B., White, S., & Morris, K. (2014) Re-*imagining child protection: Towards humane social work with families*, London, Policy Press.

Gibbons, J., Conroy, S., & Bell, C. (1995) *Operating the child protection system,* London, HMSO

Gibson, J., & O'Donovan, B. (2014) The Vanguard Method as applied to the design and management of English and Welsh Children's Services departments. *Systemic Practice and Action Research*, 27(1), 39-55.

Gilbert, N., Parton, N. & Skivenes, M. (eds.) (2011), *Child Protection Systems: International Trends and Orientations*, New York, Oxford University Press.

Hood, C. (1991) A public management for all seasons? *Public administration*, 69(1), 3-19.

Hood, Rick (2014) Complexity and integrated working in children's services, *British Journal of Social Work*, 44(1), 27-43.

Hood, Rick (2015) A socio-technical critique of tiered services: implications for interprofessional care, *Journal of Interprofessional Care*, 29(1), 8-12

Jones, R. (2014a). 'Child protection: 40 years of learning but where next?', in Blyth, M. (Ed) *Moving on from Munro: Improving Children's Services*, Bristol, Policy Press, pp. 27-57

Jones, R. (2014b) *The story of Baby P: Setting the record straight,* London, Policy Press

Lonne, B., Parton, N., Thomson, J., & Harries, M. (2008) *Reforming child protection*, Abingdon, Routledge.

Munro, E. (2010) *The Munro Review of Child Protection. Part 1: a systems analysis*, London, TSO

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, Institute of Education, University of London.

Seddon, J. (2008) *Systems thinking in the public sector: The failure of the reform regime... and a manifesto for a better way*. London, Triarchy Press.

Smith, P. C., Mossialos, E., & Papanicolas, I. (2008) *Performance measurement for health system improvement: experiences, challenges and prospects*, Cambridge, Cambridge University Press.

Tilbury, C. (2004) The influence of performance measurement on child welfare policy and practice. *British Journal of Social Work*, 34(2), 225-241.