

Child welfare inequalities: new evidence, further research

Bywaters, P., Brady, G.M. , Sparks, T. and Bos, E.

Presentation slides deposited in CURVE April 2015

Original citation & hyperlink:

Bywaters, P. , Brady, G.M. , Sparks, T. and Bos, E. (2014). *Child welfare inequalities: new evidence, further research*. Invited seminar, University of Melbourne , held 2014, Melbourne, Australia.

<http://www.coventry.ac.uk/research-bank/research-archive/business-management/sustainable-regeneration/current-projects/mapping-childrens-service-outcomes-project/>

Copyright © and Moral Rights are retained by the author(s) and/ or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This item cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder(s). The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.

CURVE is the Institutional Repository for Coventry University

<http://curve.coventry.ac.uk/open>

Child Welfare Inequalities : new evidence, further research?



PAUL BYWATERS AND GERALDINE BRADY
COVENTRY UNIVERSITY

Aims and Structure



To propose and discuss an overarching model of child welfare systems as a site of inequality and social justice: the concept of child welfare inequalities

To consider whether there is interest in developing parallel or collaborative research.

Structure

- Background: the concept of child welfare inequalities
- Evidence from the English Midlands
- Implications and research developments

For more information



- www.coventry.ac.uk/child-welfare-inequalities
- **Publications**
- **Presentations**
- **Data set**

Rates of out of home care 2012



Australia

77 per 10,000 children aged 0-17

Aboriginal and TSI: 550 per 10,000

Non- A and TSI: 54 per 10,000

England

60 per 10,000

Wales

86 per 10,000

Health Inequalities

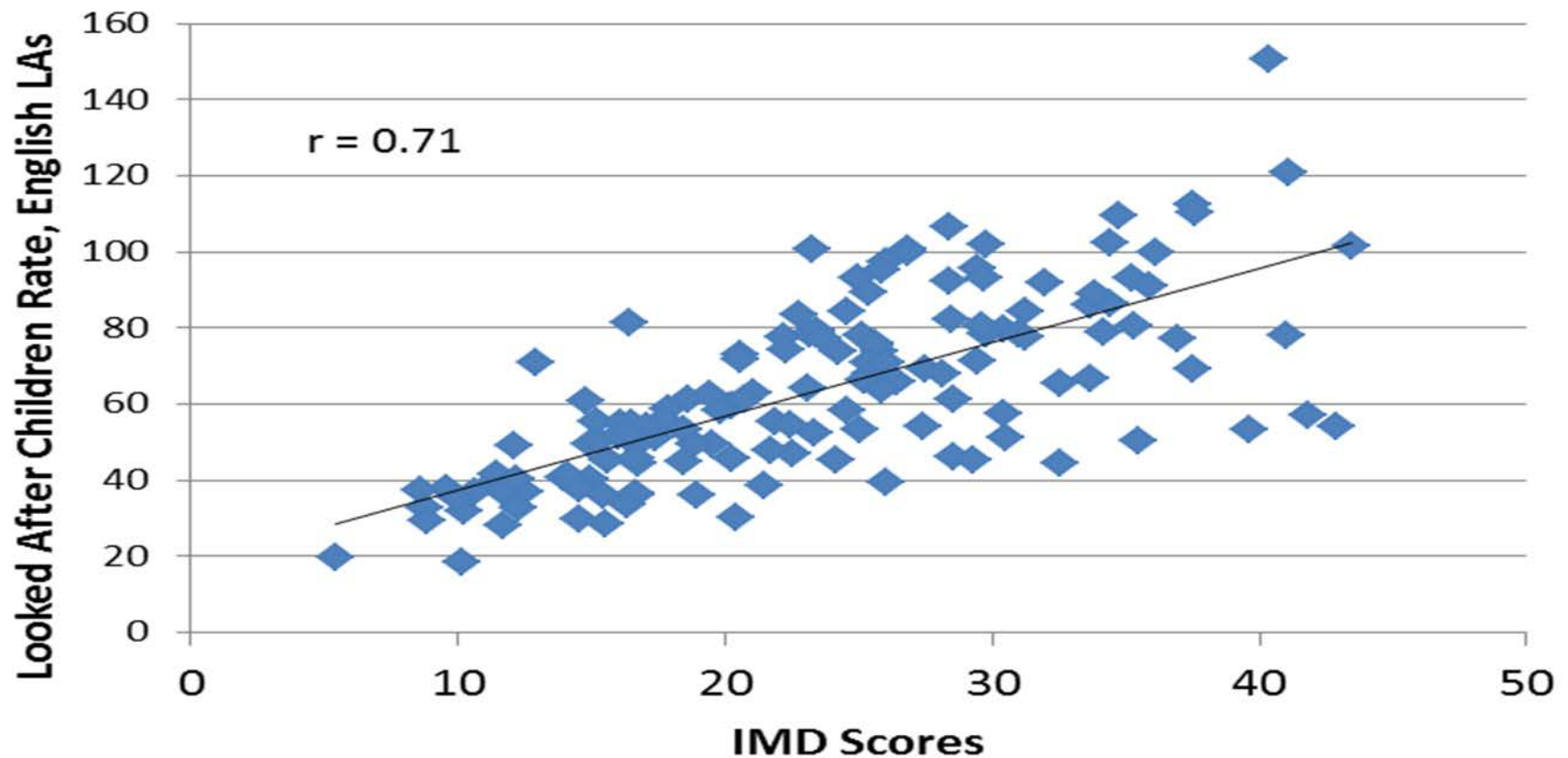


- Systematic relationship between social determinants and life expectancy (and other measures of health)
- Large inequalities in health chances and experience according to social position, compounded by aspects of identity (ethnicity, gender, age etc.)
- A gradient in health chances not a gap (Marmot)
- An inverse care law (Tudor Hart)
- Policy aims to reduce inequalities, not just targetting those most disadvantages, by flattening the gradient
- 'Progressive universalism'. E.g. Sure start children's centres.
- Explanations contested: behavioural, psycho-social, about inequality or about deprivation

Child Welfare Inequalities



Looked After Children Rate by Deprivation (IMD) Score, English Local Authorities, 31.3.2012



Child Welfare Inequalities and Health Inequalities



By comparison with health inequalities

Very little recent detailed research, for example, about the circumstances of families or inequalities in rates of intervention below LA level

Very little theorising – explanations of the relationship between deprivation and inequalities in intervention rates

Language of ‘variations’, ‘differences’ and ‘disparity’ not inequalities

Few policies aimed at reducing inequalities

Child Welfare Inequalities: Definition



Unequal chances, experiences and outcomes of child welfare that are systematically associated with social advantage/disadvantage.

Rates of intervention as one marker of inequalities. But a complex issue. Higher death rates clearly worse. Higher CPP rates might mean safer childhoods.

Child Welfare Inequalities: 5 Key Dimensions



- 1. Who receives child welfare interventions (and why)?**
- 2. Which children get what kinds of interventions (and why)?**
- 3. What differences are there in the childhood outcomes between children involved with child welfare services and those who are not (and why)?**
- 4. What differences are there in the adult outcomes between children involved with child welfare services and those who are not (and why)?**
- 5. What policies and interventions reduce inequalities in child welfare: upstream, midstream and downstream?**

Deprivation and Children's Services Outcomes



Aim:

to examine the role of deprivation in explaining differences in key children's services' interventions between and within local authorities (LAs)

Focus is only on the first of the 5 dimensions of CWIs: who receives children's services interventions?

Study Methods



14 Local Authorities in the English Midlands

Over 10% of all children England and of LAC and CPP

Routine data for all CPP and LAC: age, gender, ethnicity, disability, reason for CPP and legal status in LAC at 31.3.12

plus

Neighbourhood (Lower Layer Super Output Area) of origin.

Interviews with senior managers to provide contextual information and subsequent telephone focus groups with front line staff.

Analysis



Sorted neighbourhoods (LSOAs. MSOAs) in our sample by their national deprivation rank using 2010 Index of Multiple Deprivation scores and divided into deciles (10 groups of 10%) or quintiles (5 groups of 20%).

Where we refer to decile 10 in our sample, it means those LSOAs or MSOAs in the midlands sample that are in the 10% **most** deprived LSOAs nationally. Decile 1 are the LSOAs amongst the least deprived 10% nationally.

Summary



- Children are over-represented in deprived neighbourhoods
- Some groups of children are particularly liable to deprivation
- The distribution of children by deprivation interacts with child welfare practice to produce very large inequalities in a child's chances of being on a CPP or being a LAC.

Deprivation Amongst Child Population



Table 1: Percentage of child population living in each quintile of neighbourhoods (MSOAs) by deprivation.

1 = most affluent 20% of neighbourhoods; 5 = least affluent.

Deprivation Quintile	1	2	3	4	5
Child population in England	19.4%	18.3%	18.5%	20.1%	23.7%
Child Population Midlands Sample	12.1%	15.9%	15.7%	18.1%	38.2%
All 0-4	10.1%	14.1%	15.1%	18.7%	42.0%
Birmingham	2.3%	3.8%	13.0%	16.2%	64.7%
Warwickshire	30.3%	24.4%	20.5%	16.8%	8.0%

Key Findings 1: Very Large Inequalities

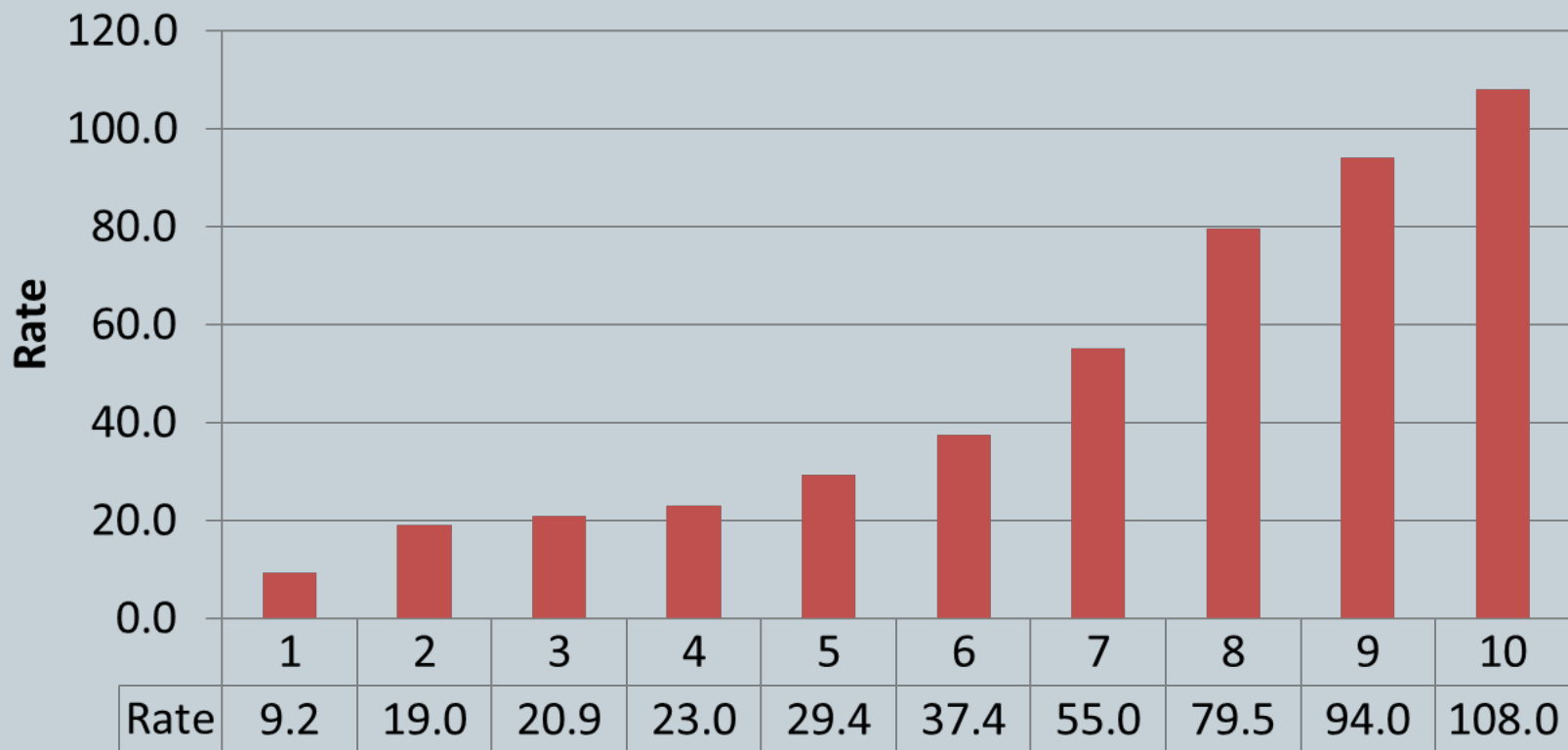


Very large inequalities in children's chances of being on a child protection plan or being a looked after child, systematically and significantly related to deprivation levels.

Key Findings 1: Very large inequalities



Looked After Children Rates per 10,000 Children by Deprivation Decile, Midlands Sample, 31.3.12



Deprivation Deciles, 1 = Most Affluent

Key Findings 1: Very large inequalities



Midlands	CPP	CPP	LAC	LAC
	Decile 1	Decile 10	Decile 1	Decile 10
Rates	6.3	68.5	9.2	108.0
Numbers	50	1823	73	2874
Ratio	CPP	1: 36.5	LAC	1: 39.4

Key Findings 2: A Gradient of Inequality



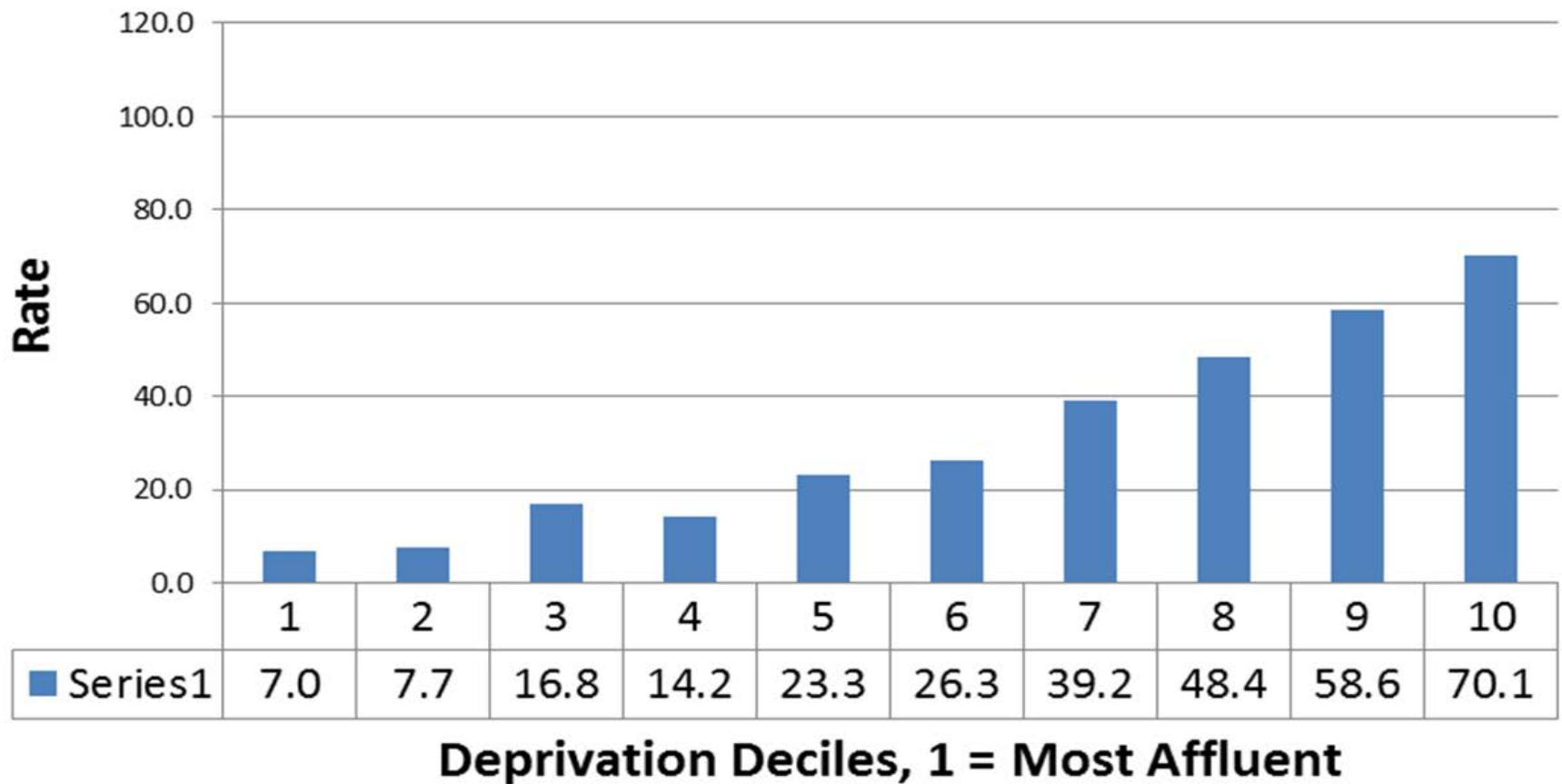
There is a gradient in rates across levels of deprivation, just as there is a gradient in other outcomes (health, education) for children across the whole of society:

Deprivation is a key factor but CPP and LAC are not found only in areas of high deprivation.

60% of CPP and LAC live in the most deprived 20% of neighbourhoods. 40% live in more affluent 80% of neighbourhoods.

Key Findings 2: A Gradient of Inequality

Child Protection Plan Rates per 10,000 Children, by Deprivation Decile, Midlands Sample, 31.3.12



Key Findings 2: A Gradient of Inequality



Child safeguarding is not only about families in poverty.

Reducing inequalities in rates between and within areas is a possible policy objective underpinned by social work's commitment to social justice.

If we could reduce the steepness of the gradient of deprivation or the impact of deprivation on family life, we could reduce the demands on children's services.

Key Findings 3: An Inverse Intervention Law



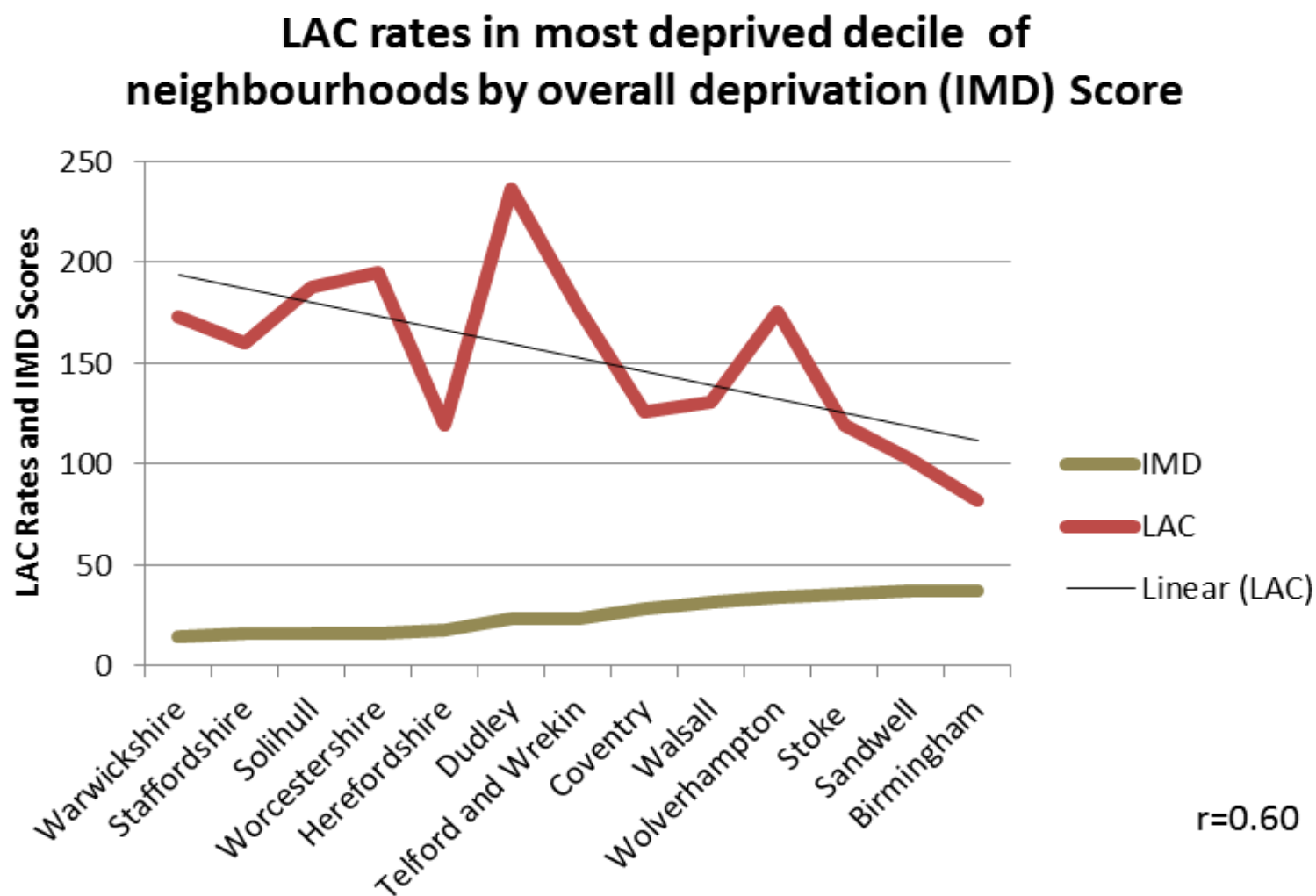
Overall a child's chances of an extreme child welfare intervention is much greater at higher levels of deprivation, but **for a given level of deprivation a child in a more affluent local authority is more likely to be on a CPP or to be a looked after child.**

Key Findings 3: An Inverse Intervention Law



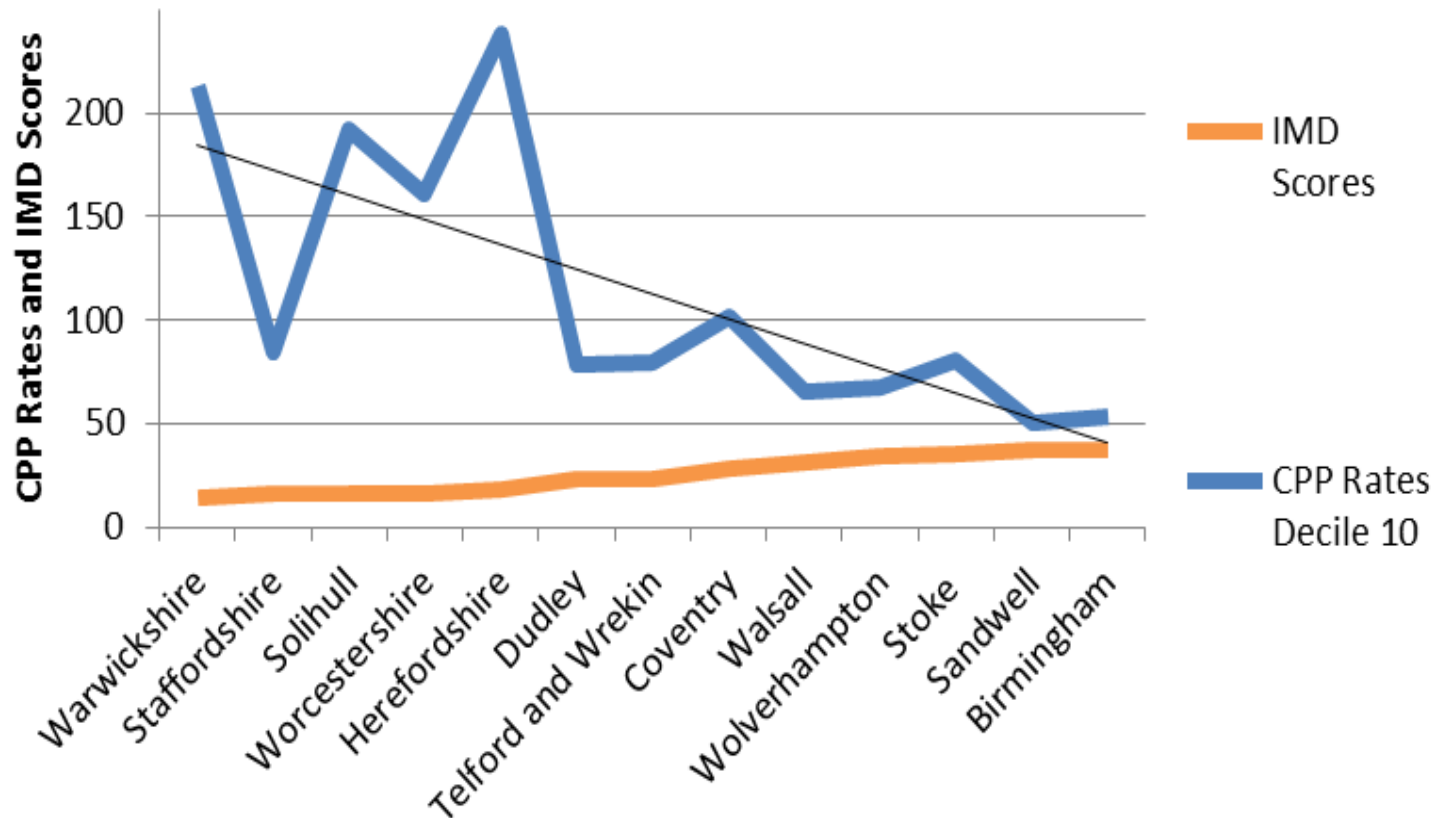
LA	IMD score	CPP Rate in Decile 10	Overall CPP Rate
Herefordshire	17.91	238.1	42.2
Sandwell	36.97	50.2	41.9
Warwickshire	14.77	213.1	46.9
Coventry	28.44	93.2	53.5

Key Findings 3: An Inverse Intervention Law



Key Findings 3: An Inverse Intervention Law

CPP Rates in the most deprived decile of neighbourhoods by overall deprivation (IMD) score.



Key Finding 4: Inequalities by Ethnicity



‘children from black and mixed heritage backgrounds are over-represented among children who are looked after and Asian children tend to be under-represented’ (Owen and Statham 2009)

‘it is clear that minority ethnic children are over-represented in the care population’ (Selwyn and Wijedesa 2011)

CIN, CPP and LAC Rates per 10,000 Children at 31.3.12 (Midlands Sample).

	White	Mixed	Asian	Black	Other	All
CIN	253.7	351.5	109.4	226.7	298.9	235.8
CPP	39.5	62.9	21.6	34.1	37.7	37.7
LAC	64.4	122.7	17.7	71.9	51.6	60.5

Key Finding 4: Inequalities by Ethnicity



Population 0-17 by Ethnic Group in Deprivation Quintiles 4 and 5 (%)

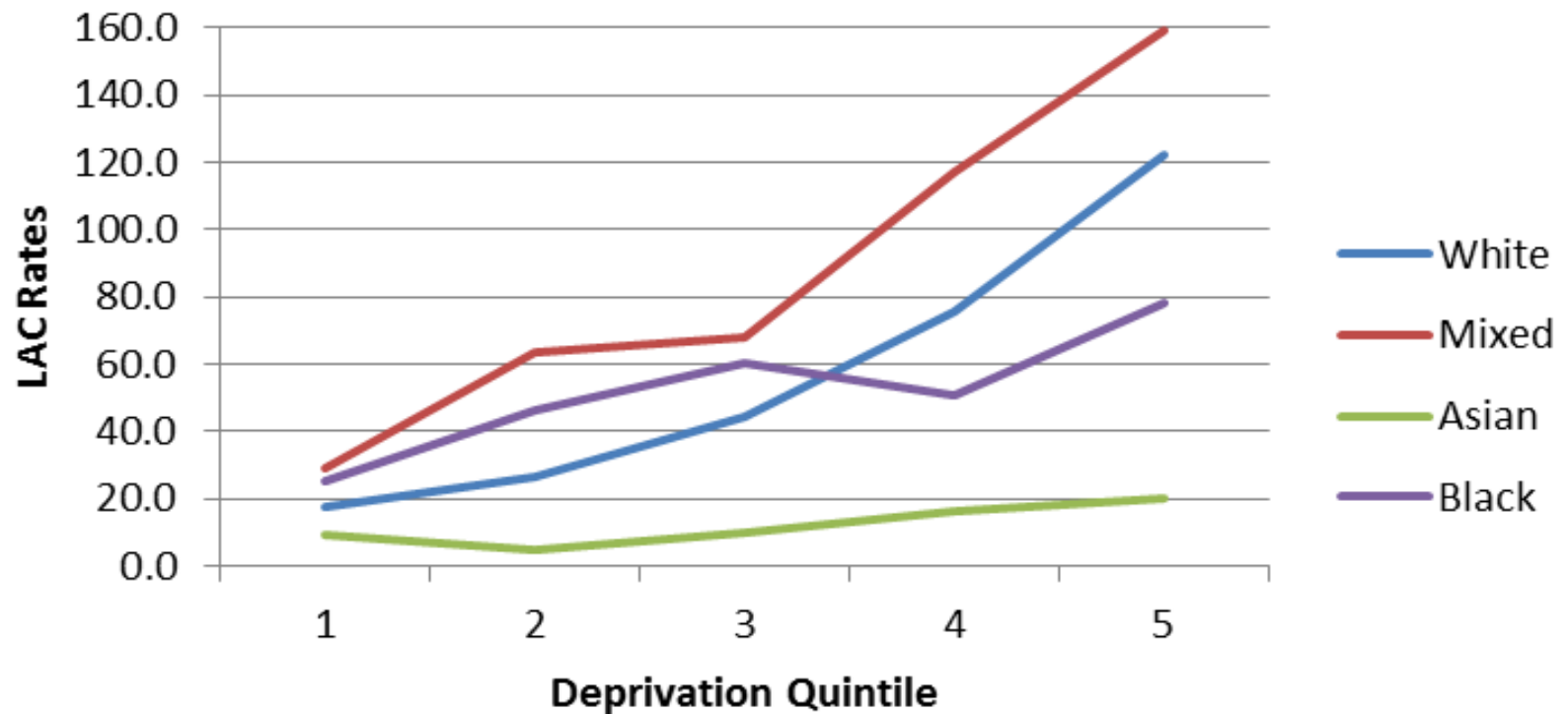
Midlands

Quintile	4	5
White	19.3	27.8
Mixed	18.3	53.3
Asian	14.3	67.5
Black	12.7	76.5

Key Finding 4: Inequalities by Ethnicity



Chart 3: LAC Rates by ethnic group and deprivation quintile



Key Findings 4: Inequality by Ethnicity



LAC Rates by Ethnic Group

Quintiles	1 to 3	4	5	All
White	30.2	75.5	122.1	64.4
Mixed	57.0	117.0	159.6	122.7
Asian	8.2	16.7	20.4	17.7
Black	51.4	50.8	78.3	71.9
Other	36.5	40.7	59.0	51.6
All	30.0	69.4	91.2	60.5

LAC Numbers and Ethnicity:Bradford 2013



	White	Mixed	Asian	Black	Other	
LAC						
Number	590	140	100	25	20	434
Percent	67	16	11	3	2	100.0
Child Population						
Number	72,042	6,750	53,308	2,097	2,382	136,579
Percent	53	5	39	2	2	100

CPP and LAC Rates Comparison



		CIN RATE	CPP RATE	LAC RATE	CPP+LAC	IMD Score
Bradford		271.9	27.2	64	91.2	32.6
Birmingham		412.9	37.2	69	106.2	37.5
W. Midlands		360.8	42.1	72	114.1	
Bolton		362.8	33.1	83	116.1	30.5
Walsall		432.5	39.4	91	130.4	31.2
Hartlepool		548.6	67.1	95	162.1	33.7
Wolverhampton		353.9	43.6	118	161.6	34.4

Actual and Predicted Rates: Controlled for Ethnicity

		White	Mixed	Asian	Black	Other	All
Bradford Rates		81.9	207.4	18.8	119.2	84.0	64.1
Bottom Third Rates		79.7	125.4	17.9	73.5	42.7	
B'ford	Actual	590	140	100	25	20	875
B'ford	Predicted	574	85	95	15	10	779

Findings: Summary



Very large inequalities in children's chances of a safeguarding intervention, systematically related to deprivation.

A gradient in child welfare intervention rates: only 60% children on CPP or LAC living in the most deprived 20% of neighbourhoods nationally.

An 'inverse intervention law': for equivalent levels of deprivation a child in a more affluent local authority overall is more likely to be on a CPP or to be a looked after child.

After controlling for deprivation, **Black children are much less likely than White children to be LAC in quintiles 4 and 5, Asian children in quintile 5 are six times less likely to be LAC than White children.**

Web Pages



- www.coventry.ac.uk/child-welfare-inequalities
- Data set available

For more information

34

Thanks to the Nuffield Foundation for funding the study, to the participating local authorities and especially their information managers and to the Family Rights Group and Research in Practice for support in carrying out the project.

For further details:

Bywaters, P., Brady, G., Sparks, T. and Bos, E. (2014) 'Child Welfare Inequalities: new evidence, further questions', Child and Family Social Work, online access.

Bywaters, P., Brady, G., Sparks, T. and Bos, E. (forthcoming) 'Inequalities in Child Welfare Intervention Rates: the intersection of deprivation and identity', Child and Family Social Work

Web Address

<http://www.coventry.ac.uk/child-welfare-inequalities>

Or contact P.Bywaters@coventry.ac.uk

Conclusions: what next?



1. Evidence – an epidemiology of child welfare
2. Explanations – develop models
3. Policy and practice development
4. International measures

Where next?



New Project Proposal

Aim: to engender a paradigm shift in child welfare policy and practice in the UK and internationally, with the equivalent long term impact that the 1980 Black Report had on health policy.

Objectives

- To identify the role of deprivation in producing child welfare inequalities (CWIs) through comparative studies in the four UK countries, with particular reference to ethnicity and other factors
- To develop and examine understandings of the causes of CWIs
- To establish the necessary empirical, theoretical and methodological foundations for new directions in research, policy and practice to reduce avoidable CWIs
- To build research capacity for the study of CWIs
- To influence the role and direction of child welfare services in the UK, by promoting evidence-informed discussion of CWIs amongst politicians, policy makers, professionals and the public.

New Project



Quantitative cross-national study

Literature reviews

Case Studies

Impact and communication

Synthesis

Where next?



International collaboration?