



Child Welfare  
Inequalities Project



# Who pays for austerity? Child welfare, inequality and family support.

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University  
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# Child Welfare Inequalities

## Definition:

Inequity occurs when children and/or their parents face unequal **chances, experiences or outcomes** of involvement with child welfare services that are **systematically associated with structural social disadvantage** and are **unjust and avoidable**.

# The Child Welfare Inequalities Projects

[www.coventry.ac.uk/CWIP](http://www.coventry.ac.uk/CWIP)

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## 2 Key questions:

- How large are inequalities in children's chances of a child welfare intervention and
- What factors that lie behind those inequalities?

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Our key measures:

The proportion of children on child protection plans: confirmed child protection concerns (CPP) or

**The proportion of children ‘looked after’:  
in out-of-home care (CLA).**

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Do child welfare services reflect, reduce or reinforce social inequalities?

# Out-of-home care rates: a product of demand and supply

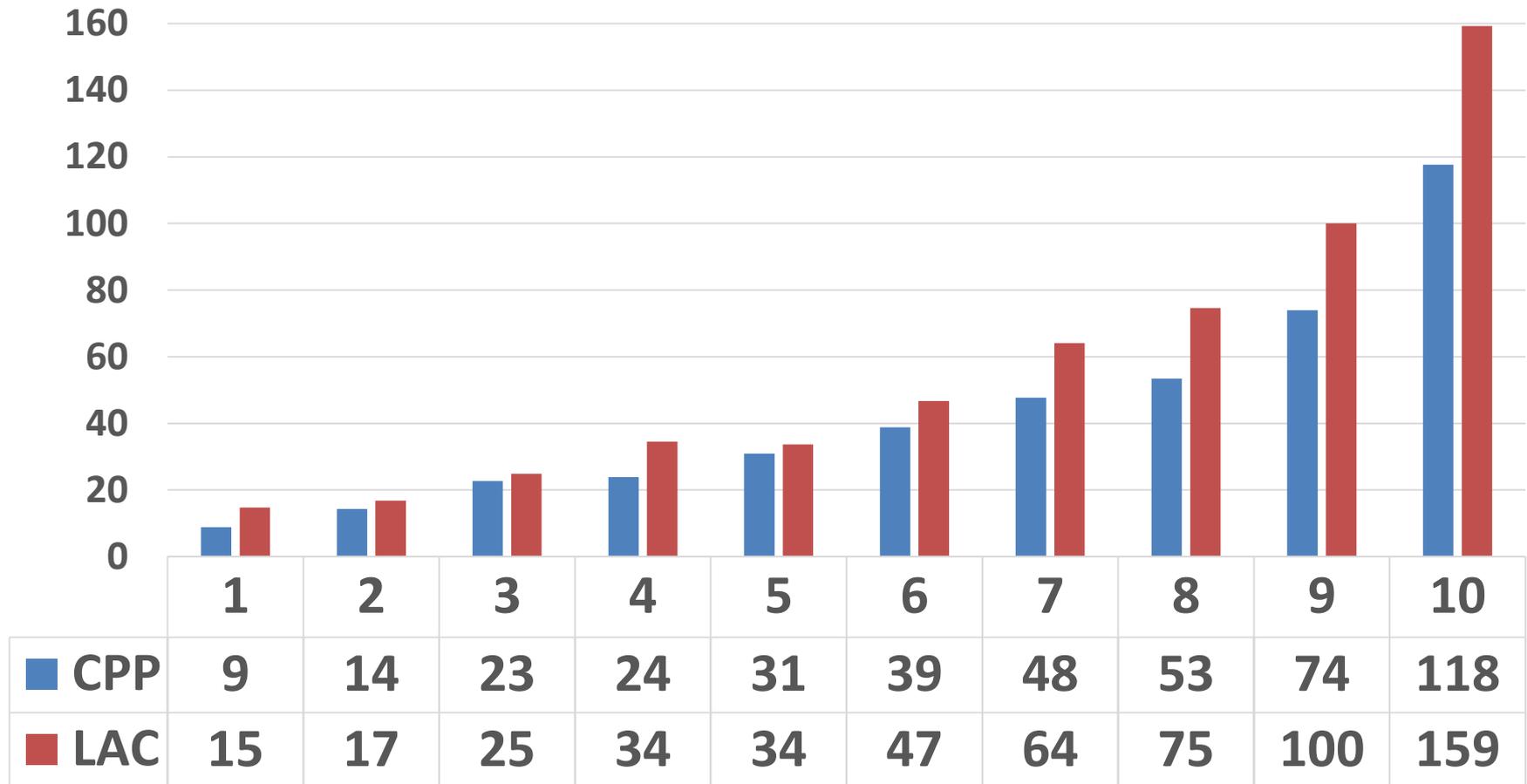
## DEMAND

- Socio-economic circumstances of families
- Conditions in neighbourhoods
- Community or cultural factors, including alternative responses to problems

## SUPPLY

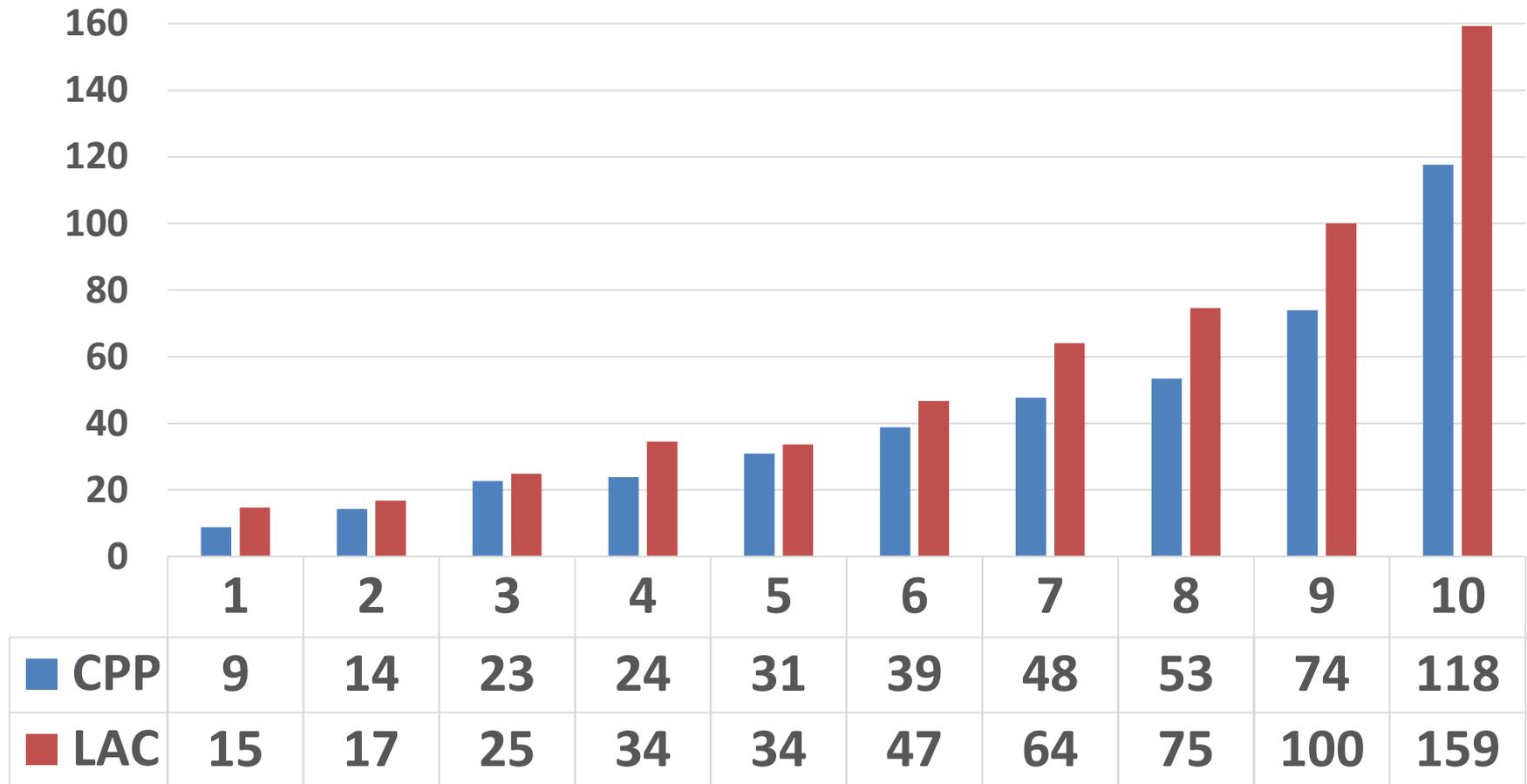
- Local services' priorities, leadership and culture
- Local funding levels and rationing decisions
- National factors – legal system, structures, ideology, priorities, funding and culture.

# CPP and LAC Rates per 10,000 children by Deprivation Decile, England IMD, 2015



**1. Inequalities are very large.**

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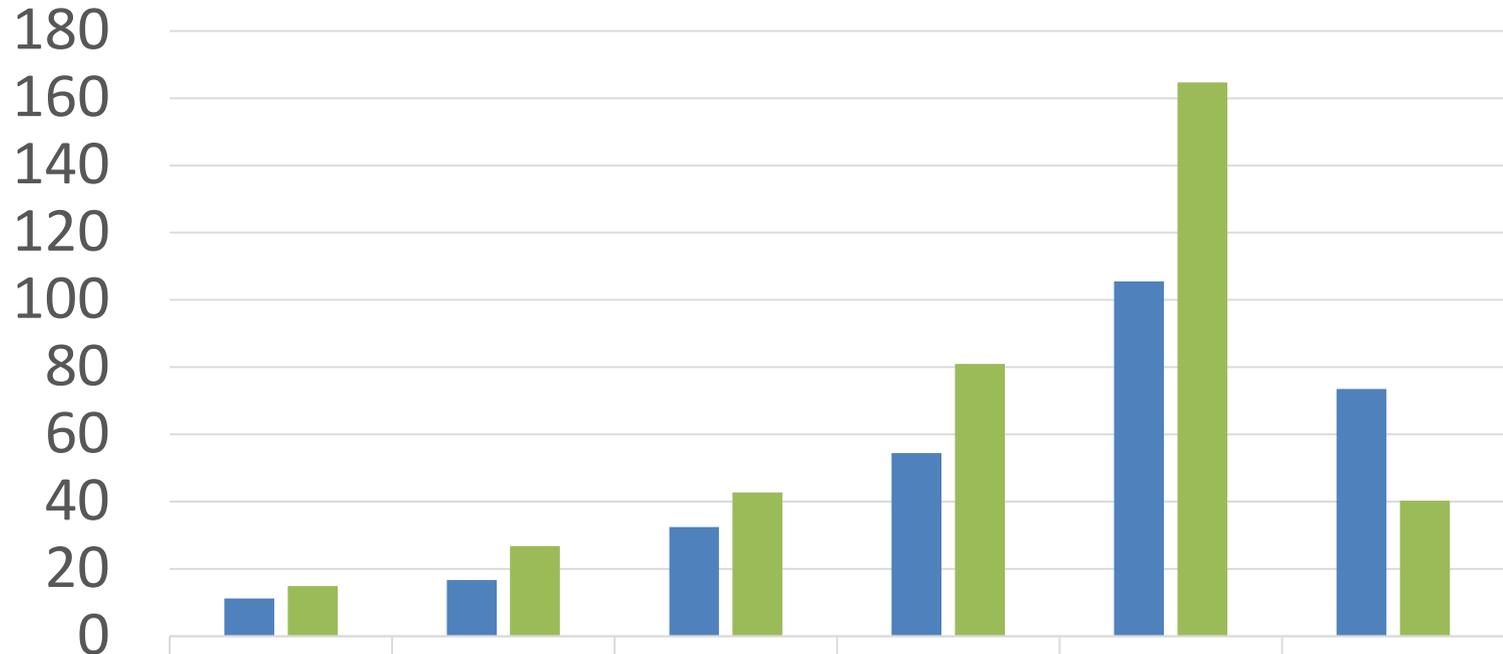
**2. There is a steep social gradient.**

## Ethnicity: CLA Rates per 10,000 by Ethnic Category, and Deprivation, England, 31/3/2015

	1	2	3	4	5	ALL
White	15	28	42	77	162	64
Mixed	27	47	62	103	164	99
Asian	7	18	15	21	34	22
Black	12	97	62	96	92	87
Other	46	90	52	41	111	74

**3.Ethnicity is the second largest demand factor**

# England CLA rates per 10,000 in high and low deprivation LAs



■ High IMD	11	17	32	54	105	73
■ Low IMD	15	27	43	81	165	40

**4. Funding has a significant effect on intervention rates.**

## Children in residential and foster care by neighbourhood deprivation, rate per 10,000 children, 2015

	Deprivation quintiles (1 = least deprived)					ALL
	1	2	3	4	5	
England	13	26	35	61	112	52
NI		17	29	31	48	35
Wales	10	19	35	57	135	62
Scotland	18	34	45	82	188	82

**5. The Country with highest deprivation had lowest rates.**

# Take home messages

1. Please read the detail
2. Child welfare inequalities are very large
3. It's a social gradient not just poverty; money and resources deeply affect family relationships across society.
4. The intersection of ethnicity and family resources is another key factor (in England)
5. How well services are funded but also what services do with the money is crucial. More funding can mean more children in care unless policy and practice focus on reducing inequality and supporting families.

# What does this mean in your working context?

Do you know whether services are reflecting, reducing or reinforcing inequalities?

Are you collecting the data you need?

Are you offering the right services, in the right places, with the right outcomes?

Would you recommend a friend or relative in trouble to ask for your service's help?

# The Case Studies

## Two overarching questions:

1. What is the interplay between decisions to intervene in children's lives and their social, economic and material circumstances?
2. What are the relative strengths of the variables that influence the unequal rates in decisions to intervene?

## Eight case studies:

1. England (n=4) & Scotland (n=2)
2. Northern Ireland (n=2)

# Headline findings from England & Scotland

- **Poor localities are the usual sites of social work practice – this is an accepted norm**
- The scale and complexity of unmet need and the hollowing out of family support resources form a uniform experience across the sites
- Poverty is ingrained, endemic but usually not visible in practice responses and, though there were differences, this was surprisingly consistent across all the sites
- Social workers don't see anti poverty activity as 'core business' – they say they focus on risk / parenting and that others should be addressing issues of deprivation (food, warmth, shelter)
- At times practice narratives could reflect a focus on personal responsibility over structural determinants

The wallpaper of practice.....



C&FSW: “We are conscious of poverty, but it has been beaten out of us when we became professionals with a capital P”.

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C&FSW: “It’s just been chipped, chipped away. They don’t get rid of it all at once so you almost don’t notice it but you look back at previous reports and you think oh yeah, they [families] used to get all these supports”.

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C&FSW: “...we have to respond to need and to risk first and foremost and the other things are additional but they come afterwards”

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IILSW: We also do a lot of signposting families to foodbanks, or we can issue foodbank vouchers. But we tend, if we can, **we are more than fully committed doing what we would consider our core business, which is doing parenting skills, parenting capacity change type of things.** And this other stuff, whilst in a perfect world we should be doing it, and doing it with family, the reality is that the work load people would say "you need to be doing other things, getting other people to do that sort of thing for them, you can't, you haven't got the capacity and if you do it, **you run the risk of drowning**"

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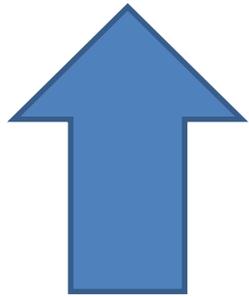
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IRO: “You can give these families £1million and they will still have the same issues. They will still be in the CP system. It’s got nothing to do with deprivation ... Poverty is the outcome not the cause”

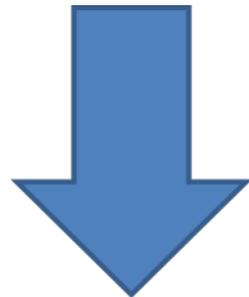


Fundamentally, it was the systemic constraints within which social workers practiced that impeded and frustrated their attempts to support families in the ways that they aspired to.

# Northern Ireland



Higher Deprivation



Lower Intervention

# Differences between NI, England & Scotland in local practices

- Evidence of a higher routine awareness of poverty and deprivation in general practice discussions.
- Routine references to extended family and community capacity to care for children - this is played out in the higher kinship care rates evident in Northern Ireland.
- The history and role of communities was recognised and discussed, and with this there was some evidence of a greater awareness of, and access to, community support services.
- The use of early help services, and engagement of social workers in providing early help was more evident in NI sites.
- Care and protection plans reveal some evidence (albeit uneven across the NI sites) of children's and families' socio-economic circumstances being addressed.

SM(C&FSW) “If you live in poverty, that impacts on every aspect of family life. So mental ill health, stress, anxiety, all of those factors come into play... Poor people are living on their stressors as consequence of their poverty and that might result in them being less able to cope... as parents”

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C&FSW: “There’s a real sense of like, families tend to be really tightknit and stuff around here, they really tend to help out people. People sort of here don't tend to move terribly far from their relatives, so you’ve always got that support network”

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# Concluding reflections

- Social workers often have deep knowledge about poverty & its consequences, but are rarely given adequate resources to engage with this
- There is a continued need to re-connect with the core business for *families*, but the priorities of *systems* can get in the way
- Social ties, networks and communities are crucial to both family support and good social work practice - meeting families 'where they are at'
- Strong connections with preventative/family support services are crucial - relationships between *people* make this possible
- The lower rates of high cost, late intervention in NI are worthy of much further research
- Practice isn't enough - structures and systems need to put deprivation and poverty at the heart of planning and service development



The aim is to re-frame child welfare