

R067: The changing relationship between disadvantage and child welfare interventions – QUB

Despite recent advances made in our understanding of the factors driving referrals to child and family social work, subsequent child welfare interventions and associations with deprivation, there are still significant limitations to the current evidence base. Much of the current research has involved only the English child protection system and there is a lack of longitudinal analyses examining historical trends in the association between child welfare interventions and deprivation, as well repeated periods of service use over time. This project will address these gaps by linking child welfare data (SOSCARE data, years 2010-2021) with area level deprivation indicators of poverty (through the family of origin postcode). This will allow for the identification of historical trends in child welfare interventions, and their association with deprivation, which can then be linked to NI policy and practice developments. Importantly, it will also expand on the current evidence base by tracking cases within the system to identify patterns of repeat referrals, investigations, registrations and admissions to care, and how these are related to deprivation and other child, family and case characteristics. We know that the proportion of repeated referrals to children's social care is substantial and has significant resource implications, but it remains unknown the extent to which this pattern is mirrored within repeat assessment, re-registration rates or repeat admissions to care, or what the driving forces behind this might be or the role deprivation plays. Such information can potentially inform future work force planning as well as helping to target service provision toward the key groups which utilize child and family social work services most frequently.

Rationale: Over the past decade in the UK there has been increasing interest in using children's social care data to better understand the factors which drive child welfare intervention rates e.g. children designated as in 'in need'; those subject to child protection processes, and those admitted into state care. Focusing on area level deprivation, the UK wide Child Welfare Inequalities project (CWIP: Bywaters et al., 2018 & 2020) found the lower the socioeconomic status of the child, the more likely they were to be on a child protection plan or be admitted to care. While the relationship between intervention and deprivation was evident across each of the four UK nations, it was less strong in NI, despite NI having much higher overall levels of deprivation (Bunting et al., 2017, Bywaters et al., 2018). Several reasons for these differences, both positive and negative, were posited: greater awareness and consideration of poverty by NI social workers and greater availability of support services through integrated Family Support Hubs; and significantly higher referral rates in NI leading to reduced assessment and intervention.

More recent research using longitudinal designs based on national children's social care return. (Hood et al., 2016 & 2020), has highlighted how high demand, high deprivation Local Authorities (LAs) in England experience greater financial pressures than low deprivation LAs, leading them to screen more cases out, work with families for shorter periods, spend less on family support cases and experience greater workforce churn. Additionally, Troncoso's (2017) research with a cohort of children referred to children's social care in 2010-2011 found that over half (55%) were referred back into the system at least once during a 6-year follow-up period, with 8% of the same cohort experiencing being in care at some point during this time period. Although unable to test for the role played by deprivation, Troncoso (2017) found that the likelihood of children returning to the system increased rapidly in local authorities with more than 10 children in need per social worker. Despite recent advances made in our understanding of the factors driving referrals to child and family social work and subsequent child welfare interventions, there are still significant limitations to the current evidence. Outside of the work of the CWIP, recent research has tended to focus on the English child protection system (Hood et al., 2016; Hood et al., 2020; Troncoso, 2017) and research exploring longitudinal trends in NI is lacking. Equally, existing

UK longitudinal research tracking repeated social work involvement with individual children has focused primarily on re-referrals and more complex analysis of the differing patterns and levels of social work involvement, and the association with deprivation, is needed.

To address these gaps this study aims to answer three specific research questions:

1] How has the relationship between area level indicators of deprivation and child welfare interventions changed over the time period 2010-2021?

2] Have the reductions in child welfare referrals since 2015/16 strengthened or weakened the relationship between deprivation and child welfare interventions (i.e. are the differences observed between NI and other UK nations linked to better practice/services or higher referral levels); and

3] To what extent do child have repeated contact with child and family social work over time (2010-2021), through re-referrals, re-registration on the child protection register and re-admission to care rates, and how is this associated with deprivation and other child, family and case characteristics?