Exploring inequities in child welfare and child protection services: explaining the 'inverse intervention law'.

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1. INTRODUCTION

This article proposes that reframing differences in the proportion of children subject to child welfare and child protection actions as an issue of inequity opens the way to a new approach to explaining variations in child protection intervention rates. Utilising the example of an apparently paradoxical finding from a recent study of child protection and out-of-home care rates in England, the 'inverse intervention law', described below, it suggests a model which incorporates both elements of the binary bias vs risk debate, while raising further ethical, policy, practice and research questions.

Attempts to record, understand and respond to variations in child welfare and protection reporting, service patterns and outcomes are international, numerous and longstanding. Very large differences have been found across diverse systems in the incidence of reported and substantiated concerns, the proportion of children receiving interventions, decision making, service provision and outcomes (Council of Europe, 2015; Fang et al., 2014; Gilbert, N., 2012; Gilbert, R. et al., 2012; Pösö, Skivenes, & Hestbæk, 2013; Spratt et al., 2014; Tilbury & Thoburn, 2009. These variations are usually reported as differences for children but, of course, they are differences for families too.

This paper focuses on differences in rates of intervention by which we mean the proportion of children receiving safeguarding interventions such as being placed on a child protection register or in out-of-home care. In broad terms, two dimensions of explanations for differences in rates of intervention are commonly identified: risk (or need) and bias (Cram et al., 2015; Jonson-Reid et al., 2009) or, in other words, demand (incidence) or supply (services' responses). Variations in demand may reflect families in differing circumstances or with differing characteristics (Jonson-Reid, 2009; Bradt et al., 2014); differences between racial or ethnic groups or other aspects of identity (Wulczyn et al., 2013; Drake et al.,, 2009; Owen and Statham, 2009), and/or between neighbourhoods (Freisthler et al., 2006; Coulton et al., 2007). Variations in supply may reflect the availability, accessibility, appropriateness and

quality of service provision (Attar-Schwartz et al., 2011; Ben-Arieh, 2010; Dickens et al., 2007; Oliver et al., 2001).

Explanations for variations in demand between families are generally described in terms of two different but interacting perspectives: individual behaviours or structural pressures. The structural perspective is conceived of as pressures on families that are often linked to relative poverty or either at a point in time or over time. Such pressures reflect a range of inequitably distributed economic and associated factors, such as low family income, parental unemployment, parental educational level, housing quality and insecurity, food and energy choice and insecurity, parental and child health and disability (Pelton, 2015). These factors are seen as either having a *direct* material impact on the capacity of families to offer children a good developmental experience (Yang, 2015) or as *indirectly* causing stresses that affect parents' ability to function effectively. Detrimental consequences of stress, such as excessive alcohol or substance use, exposure to intimate partner violence or poor mental health, can be seen as secondary to fundamental causes (Author's own, 2015a; Phelan et al., 2010). In some cases such structural difficulties cross generations increasing the likelihood of a range of behavioural and health factors damaging to family life. The personal and emotional impact of material hardship and inequality, such as feelings of shame or anger, are also part of the mix (Cancian et al., 2013; Featherstone et al., 2014; McDonell et al., 2015). Structural change and community programmes are central to the proposed solutions (McDonell et al., 2015; Pelton, 2015).

The behavioural approach, by comparison, while often acknowledging poverty as a contextual factor, tends to disconnect parenting practices from the economic and social context of the family. Some argue that poverty *is* a key factor but not one that can drive practice. For example, 'With so many children reported for child abuse and neglect each year, we cannot afford to abandon current work with affected children and families while searching for a long-term resolution to poverty' (Jonson-Reid et al., 2009, p. 427). Others argue that poverty cannot be causal because other families in poverty do not exhibit the same parenting behaviours (Narey, 2014; p.11).

Variations in demand according to ethnic group or identity are also the focus of extensive study. In the USA (for example, Harris and Hackett, 2008) it has been

reported repeatedly that Black children are over-represented in the out-of-home care population compared with White children, and similar patterns have been recorded in England (Owen and Statham, 2009; Selwyn and Wijedesa, 2011). Explanations for racial or ethnic differences in intervention rates again commonly reflect the need vs bias dichotomy (Drake et al., 2011). Klein and Merritt (2014, p.96) describe these arguments:

> Inherent to the "Bias Model" is the assumption that minorities do not actually mistreat their children more … (r)ather, their over-representation is understood to be the product of excessive scrutiny by community members and professionals …The "Risk Model", on the other hand, contends that over-represented minorities have more child welfare system contact because they do in fact maltreat their children more often than members of other groups. According to this model, over-represented racial/ethnic groups engage in higher rates of child maltreatment because they are, on average, exposed to more personal and community-level risk factors, such as poverty and unemployment, and tend to have less access to services and supports …'

However, recently, on both sides of the Atlantic, evidence shows that when controlled for deprivation, rates of Black children in out-of-home care may not be raised compared to majority children and that each step increase in deprivation across society has a greater impact on intervention rates for White children than for Black (Author's own et al., 2014a; Putnam-Hornstein et al., 2013; Wulczyn et al., 2013). Moreover, in England, children from Asian backgrounds have much lower rates of both out-of-home care and child protection plans, despite the relatively poor economic circumstances of this population. (There is insufficient room here to discuss the inadequacy of such broad groupings as 'Black' and 'Asian', in which official data is reported in England, for describing the diverse experiences of multiple sub-groups).

These interactions remain to be fully explained. A further suggestion offered for lower intervention rates amongst some minority ethnic groups is that of resistance: that minority communities who see themselves as alienated from or in opposition to majority institutions such as child welfare systems, actively avoid contact with services. Ben-Arieh (2010, p.542) writes that

> The Arab population of Israel is a minority with a history of national and religious conflict with the majority of Israeli society. Social service personnel are perceived not only as "outsiders" but also as representatives of the Jewish state. Haj- Yahia (2000), for example, found that Arab women strongly resist applying to social services and are even more opposed to seeking legal aid or reporting to the police cases of domestic violence and wife abuse….. Such communities are known to have lower reporting rates and a tendency to avoid involving "outsiders" in their internal issues…

This is a position he also ascribes to ultra-Orthodox Jewish populations.

In addition to family socio-economic position and ethnicity, or identity more broadly, the third main dimension that is widely discussed is the influence of locality or neighbourhood. In some research, neighbourhood deprivation is used as a proxy for family disadvantage when data linking family circumstances to intervention rates are not readily available – as in England (Author's own et al, 2014b). It is also possible that correlations between neighbourhood deprivation and intervention rates reflect what Coulton et al., (2007) call 'selection': that families liable to maltreat their children have features which result in them being clustered in disadvantaged neighbourhoods either from choice or lack of choice. However, many researchers have identified evidence suggesting that neighbourhood factors can act independently from and in addition to the circumstances or selection of families. (Freisthler et al. 2006) ,Once again, Coulton et al.'s (2007) analysis (like others') implies that differential intervention rates result from a combination of demand and supply.

In summary, factors seen as contributing to the demand side explanations of variations in intervention rates include families' structural position and/or behaviours, the impact of aspects of identity, especially ethnicity, and the additional role of neighbourhood resources and processes. Different understandings of how these factors produce variations are apparent for all three variables, and of course, they will often operate together in multi-faceted ways.

It is also the case that all three variables have a relationship with supply side factors: the availability, accessibility, appropriateness and quality of services. Again the arguments run in different ways. Raised intervention rates in disadvantaged areas may

result from greater surveillance if services are more concentrated, so that fewer children with needs may be missed, or in more affluent areas because services may be more plentiful relative to need and/or because disadvantaged families are more visible (and perhaps stigmatised). Raised rates for Black children may result from biased assumptions by service providers about the parenting capacity of Black parents, while lower rates amongst other minority groups may result from assumptions about enhanced extended family support or community cohesion. For example, Ben-Arieh (2010) argues that the higher rates of child protection concerns found in Jewish neighbourhoods compared to Arab neighbourhoods, despite the greater material deprivation of Arab families in Israel, results from the greater concentration of services in Jewish areas. Discriminatory policies and inequitable structures, therefore, result both in more services being put into Jewish areas and in greater hardship amongst Arab families, but the (perhaps) paradoxical consequence for child protection intervention rates is that more Jewish children are the subject of an intervention. Broadly speaking, then, there are three issues at stake here: the volume of service provision; how well aligned services are to the needs and expectations of the population in question and how accessible services are, for example, in rural compared to urban areas.

In their review of the impact of neighbourhood factors on intervention rates, Coulton et al. (2007, p.1119) include supply side factors alongside 'selection' and 'behavioural' factors. Intervention rates can be a product of 'how maltreatment is defined, recognized, and reported, leading to variation in child maltreatment reports, but not necessarily child maltreatment behaviors.' Here again, how this works out in practice may operate in different ways. On the one hand, neighbourhoods where disadvantage is concentrated may attract stigma, so that service professionals and others who may report suspected maltreatment are at risk of assuming abuse or neglect because of their perception of the neighbourhood (Coulton et al., 2007). On the other hand, as Klein and Merritt (2014, p.102) report, workers in disadvantaged areas may become de-sensistised or differently sensitised to factors involving poverty and ethnicity, 'whereby White children living in poor communities were more likely to be reported to CPS than Black children living in poor communities, but White children living in non-poor communities were less likely to be reported to CPS than Black children living in non-poor communities.'

Accounts of variations in intervention rates (and in patterns of intervention and outcomes), are therefore complex, multi-faceted and sometimes apparently paradoxical, in the sense that similar arguments can be used to explain both raised and reduced rates of intervention in particular populations. This complexity reflects, in part, the realities of family life and of policy and practice in this field. A further dimension of this complexity is advanced by Rolock (2011, p.1532):

> One issue that clouds this discussion is that there is no clear standard for child welfare involvement. One cannot say, for instance, that because less than 1% of children in the United States are in foster care that this is the correct percentage—nor is there any evidence that this percentage should necessarily be higher or lower. While it is often assumed that less contact with the child welfare system is good, both under and over representation of specific ethnic or racial groups should raise questions...'

In the remainder of this article, explanations for another apparently paradoxical finding, the 'inverse intervention law' (Author's own et al., 2014b) are explored in some detail utilising the conceptual framework of demand and supply outlined above. A theoretical model for understanding intervention rates is proposed and discussed. But, first, we wish to locate the arguments in the context of an inequities perspective.

2. WHY AN INEQUITIES APPROACH?

As one of the authors has argued elsewhere (Author's own, 2015a), the language of 'differences' and 'variations', or even 'disproportionalities' and 'disparities' in intervention rates can be read to imply that whether intervention rates are higher or lower is either random, rather than structured, – a 'post-code lottery', or not so much an ethical or structural issue as a technical or managerial matter arising from inconsistency in service provision (Oliver et al, 2001; Dickens et al, 2007). Seeing variations as inequities, we argue, changes the terms of the debate with implications for policy and practice.

Inequities in child welfare and child protection can be defined as follows:

> Child welfare 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 dis/advantage and are unjust and avoidable.

This definition highlights the key components of inequity: a difference that is both avoidable or remediable and unjust. The injustice comes from the difference being systematically related to social position (as Pelton (2015) argues, children do not choose to be born to parents in poverty), involving an invasive or coercive intervention in family life not compensated for by other benefits. Moreover, UN Human Rights declarations and conventions imply that it is not only children who are entitled to support and protection by the state. Parents' autonomy and rights are also to be protected both *by* the state and *from* the state. The international human rights framework makes clear that it is unjust in principle for children to be removed from families in poverty and placed in wealthier families even if the long term outcome for the child might appear to be better. These human rights principles, taken together, arguably privilege supporting parents to protect children over removal to an alternative placement except in the most extreme circumstances. The UN Declaration on Human Rights (UNDHR) makes clear the presumption for childhood being based in the family: 'The family is the natural and fundamental group unit of society and is entitled to protection by society and the State' (Article 16, 3).

At least five important consequences follow from a shift in language and conception from variations to inequities. First, it reveals and emphasises the (admittedly complex) moral imperative of preventing and reducing structurally related differences in the factors leading to interventions, patterns of service provision, decision making and outcomes. Whilst there is a significant economic case for the contribution of child welfare to greater equity in (and improved) child wellbeing (Fang et al., 2012; 2014), the case for greater equity is fundamentally an ethical concern underpinned by the values of commitment to human rights and social justice, reflected in international conventions to which most nations are signatories**.**

Second, this argument also makes clear the difference between two alternative goals. Making practice consistent, while it would seem to be a good in its own right, is not necessarily the same as making practice more equal, less influenced by social inequities. For example, the effective implementation of policies which emphasise early and speedy decision making to remove children from their parents if they cannot

quickly respond, but which fail to tackle the underlying structural causes of parenting difficulties, may result in a more consistent but less socially just set of interventions (Author's own, 2015a).

Third, an inequity approach points up limitations in the way the bias vs need debate is sometimes constructed. It can be used to imply that if raised intervention rates result because services are biased in their decision making (and/or in how services are structured and provided) this is clearly wrong, but if it is because of greater 'need' in a population it is not. As Rolock (2011, p.1536) puts it, 'Disparities can be warranted when, for instance, there are actual differences in risks and needs; disparity is of concern when it is based on bias'. But if the differences in risk and need are based on unjust social structures, surely that is also a matter 'of concern'. For example, inequities in life expectancy are not accepted just because they reflect social position.

Fourth, an inequities perspective focuses attention on the social gradient in child safeguarding, rather than just on families in poverty. Parents who live in poverty face greater pressures and may have fewer resources to support the demanding task of parenting, but unmanageable pressures of a variety of kinds can exist across the social scale, with detrimental consequences for children. Focusing only on families in poverty, rather than inequity between families, risks both victim blaming in disadvantaged families and children in more advantaged situations missing out of needed support.

Hence, fifth, combating inequity in child wellbeing and its extreme manifestation in child maltreatment, points to different policy responses. These would include a focus on the experience of populations of children as well as on individuals and policy goals that are explicitly aimed at reducing inequities between children and between families in addition to avoiding individually damaged childhoods. For example, in England we have witnessed a significant rise in unfounded child protection investigations (Author's own, 2015a). In a climate of reduced funding such activity draws much needed resources away from early help and into investigative practices. Thus, the focus on the individual child forces out considerations of whole population experiences.

3. CHILD WELFARE INEQUITIES: THE 'INVERSE INTERVENTION LAW'

Many of the issues discussed above are exemplified by examining a key finding from a recent study in England, funded by the Nuffield Foundation, which illustrates the interaction of supply and demand factors in the generation of inequities in intervention rates between LAs and between neighbourhoods within LAs (Author's own et al., 2014a; 2014b). In essence the study found that there was an inverse relationship between deprivation scores and intervention rates at the LA level. When we compared equally deprived or advantaged neighbourhoods in different local authorities, LAs with low overall deprivation scores had higher child welfare intervention rates than LAs with high deprivation scores. In the following discussions we examine this finding and its implications for policy and practice.

3.1 Methods

Data were provided by 13 local authorities (LAs) in the English midlands about all children in their area who were either on a child protection plan (CPP) or being looked after in out-of-home care (LAC) on March 31st 2012. The LAs are a mixture of urban boroughs and more rural counties responsible for providing or commissioning statutory children's services. Nearly 1.2 million children aged 0-17 live in these LAs, 10.5% of all children in England. The sample included 4546 children on a CPP (10.6% of the national total) and 7210 children in out-of-home care (11.3% of the national total). Each LA reported on the age, gender, broad ethnic group and disability of each child on a CPP or who was being looked after on the given date. This data mirrored that routinely provided annually by LAs to produce national statistics, and used the definitions outlined in the national guidance. In addition, LAs identified the neighbourhood in which each child lived or, for LAC, of their family at the point when they entered the care system. The neighbourhoods, known as lower super output areas or LSOAs, have an average of 1500 residents and are an element of the national structure of geographies on which official statistics are based.

Having amalgamated the data on individual children into the 3252 LSOAs in our 13 local authorities, we analysed the relationships between rates of intervention and deprivation using child population (age 0-17) counts drawn from the 2011 Census and Index of Multiple Deprivation (IMD) scores published in 2010. The IMD is a broad measure of deprivation encompassing 7 key dimensions and 38 indicators, not solely a measure of income (https://www.gov.uk/government/statistics/english-indices-of-

deprivation-2010). The primary form of analysis involved grouping neighbourhoods into deciles or quintiles in terms of the national IMD scores. In subsequent tables and charts showing results for quintiles 1 to 5, quintile 1 refers to all those neighbourhoods in the sample which were amongst the 20% least deprived neighbourhoods nationally. Quintile 5 refers to those neighbourhoods in the sample which were amongst the 20% most deprived neighbourhoods nationally. In some examples, the data are analysed in terms of 10 deprivation deciles and the same principle applies. This creates equivalence in terms of deprivation across LAs at the neighbourhood level. For much of this paper, data was analysed at the next level geography, multiples of small neighbourhoods (Middle Layer Super Output Areas – MSOAs), because of small numbers in relevant cells once several variables are being considered together. MSOAs have an average population of 7200. The study methods are described in detail in an earlier paper (Author's own et al., 2014a).

3.2 The 'Inverse Intervention Law'

The central, entirely expected, finding of this study was that overall a child's chances of being on a child protection plan or in out-of-home care increases with deprivation. This applies both at the level of individual neighbourhoods, where the rate in decile 10 for both CPP and LAC was 11 times greater than in decile 1, and also at the level of whole LAs, where the correlation between combined CPP and LAC rates and IMD scores was r = 0.64 (once a child became looked after in out-of-home care, a child protection plan would cease so there was no overlap in these children).

However, when we compared neighbourhoods in the same IMD deciles between LAs we found that more affluent LAs overall had much higher intervention rates than disadvantaged LAs. In other words, after controlling for neighbourhood deprivation, there was an inverse relationship between deprivation scores and intervention rates at the LA level. When we compared equally deprived or advantaged neighbourhoods in different local authorities, LAs with low overall deprivation scores had higher CPP and LAC rates than LAs with high deprivation scores.

Insert Figure 1

This is illustrated in Figure 1 above: Warwickshire has the lowest overall IMD score, Birmingham the highest. While there are substantial fluctuations in the performance

of individual LAs with children in this most disadvantaged decile of neighbourhoods, the higher the overall LA deprivation score, the lower the child protection plan rate. This did not apply only at the 10th decile shown in Figure 1, but across all deciles. There was a strong negative correlation between overall LA deprivation scores and rates of CPP and LAC at each decile by deprivation Pearson correlation coefficients were calculated between the overall IMD score for the LA and the child care rates at each decile of deprivation. In every case the correlation was negative. For both CPP and LAC, 7 of the 10 coefficients achieved statistical significance ($p<0.05$).

Insert Table 1 here.

Another way of showing this (for quintiles) is by comparing LAs in the top third nationally by deprivation (i.e. the most advantaged third) with those in the bottom third by deprivation. In our sample there were 6 LAs in the most deprived third overall and 5 in the most advantaged third. As Table 2 shows, LAs in the most deprived (bottom) third had higher average CPP and LAC rates than those in the most affluent (top) third but, comparing like with like, in every deprivation quintile, the more deprived LAs had lower intervention rates. Paired t-tests were carried out between the child care rates summarised in tables 1 and 2. Rates were significantly ($p<0.05$) higher in the more affluent LAs, except for overall CPP rates which just failed to achieve significance ($p=0.054$).

These apparently paradoxical results can occur because the population of children is differently distributed in the more advantaged and less advantaged LAs. In the most disadvantaged third of LAs, 64% of all children were living in the most deprived 20% of neighbourhoods nationally but in the most advantaged LAs, only 10% of children were. It is the distribution of the child population weighted by the rate in each quintile which produces the average rate in each LA or group of LAs.

What does this mean at the level of the individual child or family? If you assume that families in equally deprived small neighbourhoods in different local authorities are themselves equally disadvantaged, then the table suggests that families in a LA that is in the most affluent third overall have approximately twice the chance of having one of their children placed on a child protection plan as a similar family in a LA that is in the most deprived third, at any point in time. The chances of one of their children being looked after in out-of-home care is at least 40% higher in the affluent LAs. Is

this because the families in the equivalent neighbourhoods are, for some reason, actually more disadvantaged in the affluent LAs, or because the neighbourhoods in the more affluent LAs are more difficult to live in – at every level – or because the services in the different LAs are treating families differently for any given level of neighbourhood deprivation?

3.3 Ethnicity and the inverse intervention relationship

One possible explanation for this inverse relationship might be the lower intervention rates for Asian and Black children than for white children, in our sample, after controlling for neighbourhood deprivation. Given that almost all the Asian and Black children in the sample are in the LAs in the bottom third by deprivation (over 200,000 compared to fewer than 25,000 in the top third LAs) could the inverse intervention law just be a demographic artefact? In comparing equivalent neighbourhoods in affluent and disadvantaged LAs are we comparing like with like? If we controlled for ethnicity would the inverse relationship disappear?

To test for this possibility we examined the relationship between affluent and disadvantaged LAs for White children only. However, the rates for White children show the same consistent inverse pattern (Table 3) albeit that excluding children from minority ethnic groups narrows the gap a little. In other words ethnicity is a factor, but it is an insufficient factor to remove the statistical association.

Insert Table 2 here.

Once again, average rates in the most disadvantaged third of LAs are higher than in the most advantaged third, but within each quintile the pattern is inverted. Indeed, the relationship is stronger for White children: there is an inverse correlation between overall LA deprivation scores and rates (as in Table 1, above) for White children in all 10 deciles for both CPP and LAC. Such a correlation is not found for the other ethnic groups, but this result has to be treated with some caution because of the relatively small numbers of ethnic minority children in the sample. However, it is possible that there is a real difference between ethnic groups. This would fit with the argument and evidence from the USA (Wulczyn et al., 2013) that increasing deprivation has a greater effect on rates for White children than for children of other ethnic groups. In other words the gradient is steeper for White children. This is an issue requiring

further exploration, especially as the data presented is using neighbourhood as a proxy for family deprivation and this may not apply consistently across ethnic groupings.

Another way of presenting the evidence that the gradient for White children is steeper than for other ethnic groups is seen in Figure 2. Particularly in quintiles 4 and 5 where most Asian and Black children live, the incremental relationship between neighbourhood deprivation and intervention rates is greater for White than Black and Asian children.

Insert Figure 2 here

4. EXPLAINING THE INVERSE INTERVENTION 'LAW'

So, to summarise, there were two main findings. Firstly, local authorities that were more affluent overall, measured by IMD scores, were placing a significantly larger proportion of children on CPPs or in out-of-home than more disadvantaged LAs, if you compare neighbourhoods with equivalent levels of deprivation. Secondly, this inverse relationship between overall LA deprivation and rates was strong and significant for White children, but not statistically significant, or even not apparent for children from Black and Asian minority ethnic groups, although the quality and size of the data set might be a factor here. Differences in the ethnic demography between more and less affluent LAs have an impact on the size of the inverse relationship in White children but are insufficient to account for it.

How are such findings to be understood? A number of possible explanations can be suggested, drawing on previous literature and informal soundings with practitioners and managers, but confirmation depends on further research. The first factor to consider is that this is a false or chance result of the particular sample of LAs in the study. Only 13 LAs (out of around 150 in England) were included, with only 11 in either the top or bottom third of all LAs by deprivation. All were in the West Midlands region, an area of higher deprivation than the national average. The result needs confirmation (or otherwise) in a more representative sample. However, the results were remarkably consistent across the LAs and across all the deciles of neighbourhood deprivation. This gives greater confidence in the validity of the result.

Secondly, is this an artefact of the data set used? The data analysed related neighbourhood deprivation not family disadvantage to intervention rates. It may be

that neighbourhood IMD scores are a weak proxy for family disadvantage and that intervention rates in more affluent neighbourhoods do not reflect intervention with more advantaged families but disadvantaged families living in such neighbourhoods. However, while that might contribute to explaining the gradient in CPP and LAC interventions, it is unclear how it could explain the inverse intervention relationship. Even if individual disadvantaged families are spread across all neighbourhoods, why should there be more disadvantaged families in every decile of small neighbourhoods in the affluent LAs than in the deprived LAs?

If the inverse relationship is provisionally accepted as real, a number of explanations can be suggested. Once again these can be divided into demand and supply factors. For demand factors to explain the relationship, abuse and neglect would have to be greater in affluent LAs than in disadvantaged LAs, in equivalent neighbourhoods. For supply factors to explain the relationship, levels of abuse and neglect in equivalent neighbourhoods would be similar but service provision would be different between affluent and disadvantaged LAs. Of course, both demand and supply factors may be operating and in different directions.

4.1 Demand Factors

There are four possible reasons why 'demand' might be higher in affluent LAs, after controlling for neighbourhood deprivation. The first two are factors affecting families. The first suggestion, drawing on the work on Wilkinson and Pickett (2009), is that in addition to the material impact of relative hardship, psychological factors, sometimes described as '*shame*', deepen the impact of deprivation. Shame is a perception that results from a negative ascription of your own situation against comparators. It is possible that being disadvantaged in a relatively affluent area makes shame more likely (Featherstone et al., 2014). Second, and linked to this, is the idea that a greater degree of *inequity* in a population increases the pressure on disadvantaged families over and above the pressure of their material circumstances. Eckenrode et al. (2014) reported that greater income inequality in US counties was systematically related to elevated child maltreatment rates. This issue has not been studied in England, but as Eckenrode et al. argue, this possibility is supported by a range of studies of child health, so it might be expected to apply to abuse and neglect.

There are also at least two possible neighbourhood factors that may contribute to inequities in demand. It might be the case that *informal community support* mechanisms are stronger in disadvantaged LAs either because of a sense of shared difficulty or for other reasons, perhaps including environmental factors. On the other hand, romanticising impoverished communities is to be avoided. Or, in terms of demand, *community resistance* to involvement with state services might be stronger in more disadvantaged neighbourhoods or social groups. This has been suggested as a factor in the lower than expected rates of child maltreatment found in Arab districts in Israel reported above (Ben-Arieh, 2010; 2014)

4.2 Supply Factors

There are also several possible ways in which supply factors might influence intervention rates to produce the inverse relationship. The first three are all concerned with potential differences in how families are viewed and treated by staff and others reporting or responding to reports of maltreatment. One possibility is that disadvantaged families experiencing major difficulties in caring for their children are more *visible* in LAs where there are more affluent and coping families and so are more likely to be brought to the attention of children's services. In areas of widespread disadvantage, struggling families may not stand out so clearly from others. Second, linked to this is the possibility, that people who may make or respond to referrals in disadvantaged areas become *desensitised* to family problems, so that there is an under-reporting of cases and/or an inappropriate lack of response. Another way of describing this is that the (formal or informal) thresholds for intervention are lower in areas where people are habituated to severe family disadvantage. A third possible difference is that *attitudes* to disadvantaged families vary between affluent and deprived LAs and that this feeds through to processes of referral, assessment and intervention. Such differences might reflect social, cultural and historical constructions of 'normal' family life in different kinds of communities, for example, between metropolitan boroughs and rural counties (Bradt et al., 2014).

Another major group of factors which might contribute concern the impact of *differential resourcing*, namely the possibility that more affluent LAs are able to spend more on higher levels of intervention. In England, the allocation of funds for children's services from central government to LAs is weighted by a measure of

deprivation in recognition of the additional demands that will result. Although more deprived LAs spend more per child (CIPFA, 2014), it is unclear whether the resource differences are sufficient to reflect differential need. The comparative analysis of LA expenditures on children's services is notoriously difficult as changes in budget lines and inclusion criteria in different LA accounts make both point-in-time and trend data almost impossible to assess. Nor does this argument imply that relatively affluent LAs have sufficient resources to meet needs – they may not - only that they may be more able to meet need than disadvantaged LAs.

But if more affluent LAs did have more resources relative to demand than disadvantaged LAs, a series of mechanisms by which this might contribute to the inverse relationship could be identified as theoretical possibilities. First, the differential intervention rates could result from a greater *quantity, quality and/or experience of staff* in more affluent LAs. Second, *services may have to be rationed more tightly* in disadvantaged LAs, including the expensive processes of child protection investigations and out-of-home care provision, so that intervention thresholds are interpreted differently. Third, *services that support families* may be less easily accessed or of poorer quality in affluent LAs even if they cost more, for example, because of lower concentration of population in rural areas, so more children are at risk.

4.3 Explaining the difference between White and Ethnic Minority children.

There are some difficulties in the data here which need to be taken into account. The categories, White, Black and Asian are very broad and encompass groups with very different histories and current circumstances (Cram et al., 2015). But, leaving those major problems on one side, why might the inverse relationship be evident for White but not for Black and Asian families? Alternative explanations can again be divided into demand and supply factors. As with the earlier discussion, these are not presented as our conclusions rather as possibilities to be explored in further research.

In terms of demand, first, it may be the case that *a wider range of Black and Asian families live in disadvantaged areas* than is the case for White families, because of a desire to live in communities with more families of a similar background or because of structural and other social obstacles to Black and Asian families moving into more affluent areas. In other words, there may be less difference in the material

circumstances of Black and Asian families in more or less affluent neighbourhoods than there is for White families. A comparison between neighbourhoods is not the same as a comparison between families. Second, *White families in the most disadvantaged areas in affluent LAs may experience more shame* than Black and Asian families because their points of comparison may be different. Black and Asian families may see themselves as much like other families of their own ethnic background and be less concerned about current economic circumstances, whereas White families in disadvantaged neighbourhoods may be more conscious of their own relatively difficult position compared to White families higher up the social ladder. Third, *the relative strengths of nuclear and extended families in the different broad ethnic groups might be different*. If it is true that Black and Asian parents can call on more informal support than White or Mixed heritage families, then this might be a protective factor against the impact of deprivation.

In terms of supply, the lack of clear difference in Black and Asian intervention rates between affluent and deprived LAs might be because *services are not reaching children who need child welfare interventions* and/or that *service provision for Black and Asian families is particularly weak in more affluent rural LAs* where they are in a small minority.

5. DISCUSSION AND CONCLUSION

We have argued that intervention rates result from a combination of demand and supply factors in any given situation, from a small neighbourhood to a local authority area or a whole country. The broad model can be seen in Figure 3 (attached separately below). Demand or need for services – the proportion of children suffering from maltreatment - is proposed as primarily a product of family circumstances, now and historically, mitigated or exacerbated by community factors. Underlying these factors are social structures affecting people's social position and life chances, including social class and race and incorporating a historical legacy as Cram et al (2015) argue. Demand interacts with the supply of services – both child welfare services and other formal and informal resources which may result in referrals or reports of children at risk – to produce intervention rates.

Thus variations in rates should not be seen as reflecting *either* need *or* bias but rather a combination of the two elements. Both the perception that children are at risk and

the capacity for services to intervene are necessary for children to be placed on child protection plans or in out-of-home care. The inverse intervention relationship may be explained in terms of these two broad factors operating in conjunction with one another, although this model requires empirical confirmation. In both affluent and disadvantaged LAs, children in more deprived neighbourhoods will show higher levels of need. Deprivation always impacts on childhoods. But in more affluent LAs, it may be primarily the greater level of service provision that results in higher rates of intervention than in disadvantaged LAs at any given level of neighbourhood deprivation. Ethnicity appears to operate as a modifying factor, though whether this is because of demand or supply factors is less clear, from the data available.

This provisional explanation for the inverse intervention law reinforces rather than undermines the importance of structural factors on child welfare intervention rates. Relative structural advantage or disadvantage affecting neighbourhoods and – we assume – families, impacts on demand or need across the whole population. And relative structural advantage or disadvantage also impacts on supply, if it is correct that more affluent LAs receive a disproportionate allocation of expenditure relative to need. Furthermore the social structuring of ethnicity, and probably of identity more broadly, acts as a consistent modifying factor. Of course, there will be local differences in culture and community, in policy and practice that affect both demand and supply but repeatedly, and internationally, it is social structures that generate inequities in child wellbeing, and that are reflected in extreme state interventions such as placing a child on a child protection plan or in out-of-home care.

However, if more affluent LAs do have more resources, relatively, it is still necessary to explain why those resources result in higher rates of the most extreme (and costly) forms of intervention rather than more effective prevention. This resource based explanation might mean that rates of CPP and LAC are unnecessarily high in more affluent LAs or that the way resources are used – the balance between prevention and intervention – is not working as well as it could. Alternatively it may be that the advantaged LAs are better able to response to need, that rates are too low in the more disadvantaged LAs. The possible mechanisms for this would include disadvantaged LAs using thresholds as rationing mechanisms and simply refusing to intervene in situations that would be the focus of action if more resources were available.To disentangle any of these theoretical positions, we need to be able to answer four

critical questions. Firstly: **whether the circumstances and characteristics of families coming to the attention of children's services in different LAs are equivalent or different. (**Are the same kinds of families (by material circumstances and the age, ethnicity, gender, disability levels of children), with the same kinds of difficulties, the focus of interventions in more and less affluent LAs? Or are children's services in more affluent areas dealing with different kinds of family problems to those faced in disadvantaged areas? Does this apply equally to Black, Asian, and White children?) Secondly: **whether the relationship between disadvantage and family struggles is different in different areas**. (Is it easier for parents to cope with disadvantage and provide a good enough upbringing for children if they are living in a disadvantaged area, if there is less immediate inequality or less shame? How does this play out in different ethnic communities?) Thirdly: **whether families' or communities' responses to children's services are different in different areas**. (May some families in affluent neighbourhoods expect more from children's services than those in disadvantaged areas; may families in some communities be more likely to actively work to keep children's services at bay, perhaps because of negative past experience? Is this different in different ethnic communities?) And finally: **whether service responses are different in different areas**. (Do children and families receive similar or different responses from local services depending on the affluence or otherwise of the LA in which they live? Do children from different ethnic communities receive different service responses?)

In conclusion, this aspect of child welfare inequities reinforces the question posed by Rolock (2011), above, and others: are higher rates or lower rates markers of better outcomes for children and their parents? Given the very large inequities in children's chances of receiving a powerful state intervention in their lives, including removal from home and a permanent alternative placement, or the risk of remaining in adverse circumstances, there is an urgent requirement for better measures by which to judge the effectiveness of expensive child welfare interventions and systems. If we cannot judge whether more or less children should be subject to child protection measures or placed in out-of-home care, we cannot justify the very great powers that legislation confers on child welfare services.

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REFERENCES

Author's own et al. (2014a)

Author's own et al. (2014b)

Author's own (2015a)

Ben-Arieh, A. (2010) Localities, Social Services and Child Abuse: The Role of Community Characteristics in Social Services Allocation and Child Abuse Reporting. Children and Youth Services Review 32, 4, 536–543.

Bradt, L., Roets, G., Roose, R., Rosseel, Y., & Bie, M.B. (2014) Poverty and Decision Making in Child Welfare and Protection: Deepening the Bias – Need Debate. *British Journal of Social Work*, doi:10.1093/bjsw/bcu086

Cancian, M., Yang, M.-Y., & Slack, K.S. (2013) The Effect of Additional Child Support Income on the Risk of Child Maltreatment. *Social Service Review* 87, 3, 417–437.

CIPFA (2014) *Research on Children's Services Spending and Budgeting – Section 251 Returns Report - Stage One Feedback from Initial Fieldwork and Interim Conclusions.* London: CIPFA. http://www.local.gov.uk/documents/10180/11719/CIPFA+Section+251+Project+Stage+1+Report+-+FINAL.pdf/68449541-284c-4421-b5c3-bd14d343e274

Coulton, C.J., Crampton, D.S., Irwin, M., Spilsbury, J.C., & Korbin, J.E. (2007) How Neighborhoods Influence Child Maltreatment: A Review of the Literature and Alternative Pathways. *Child Abuse & Neglect* 31, 11-12, 1117–42.

Council of Europe (2015) *Social Services in Europe: Legislation and Practice of the Removal of Children from Their Families in Council of Europe Member States*. 15 (January), Report to the Parliamentary Assembly Committee on Social Affairs, Health and Social Development, 1–16.

Cram, F., Gulliver, P., Ota, R., & Wilson, M. (2015) Understanding Overrepresentation of Indigenous Children in Child Welfare Data: An Application of the Drake Risk and Bias Models. *Child Maltreatment* doi: 10.1177/1077559515580392

Dickens, J., Howell, D., Thoburn, J. & Schofield, G. (2007) Children starting to be looked after by local authorities in England: an analysis of inter-authority variation and case-centred decision making. *British Journal of Social Work* 37, 4, 597-617.

Drake, B., Lee, S.M., & Jonson-Reid, M. (2009) Race and Child Maltreatment Reporting: Are Blacks Overrepresented? *Children and Youth Services Review* 31, 3, 309–316.

Eckenrode, J., Smith, E.G., McCarthy, M.E., & Dineen, M. (2014) 'Income Inequality and Child Maltreatment in the United States. *Pediatrics* 133, 3, 454–61.

Fang, X., Brown, D.S., Florence, C.S., & Mercy, J. (2012) 'The Economic Burden of Child Maltreatment in the United States and Implications for Prevention *Child Abuse & Neglect* 36. 2, 156–165.

Fang, X., Fry, D.A., Ji, K., Finkelhor, D., Chen, J., & Dunne, M.P. (2014) The Burden of Child Maltreatment in China: A Systematic Review. *Bulletin of the World Health Organisation* 93,176–185. doi.org/10.2471/BLT.14.140970

Featherstone, B., White, S. & Morris, K. (2014) *Reimagining Child Protection,*.Bristol: Policy Press.

Freisthler, B., Merritt, D.H., & LaScala, E. (2006) Understanding the Ecology of Child Maltreatment: A Review of the Literature and Directions for Future Research. *Child Maltreatment* 11, 263–280

Gilbert, N. (2012) A Comparative Study of Child Welfare Systems: Abstract Orientations and Concrete Results. *Children and Youth Services Review* 34, 3, 532–536.

Gilbert, R., Fluke, J., O'Donnell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P., Janson, S., & Sidebotham, P. (2012) Child Maltreatment: Variation in Trends and Policies in Six Developed Countries. *The Lancet* 379, 9817, 758–72.

Harris, M.S. & Hackett, W. (2008) Decision Points in Child Welfare: An Action Research Model to Address Disproportionality. *Children and Youth Services Review* 30, 2, 199–215.

Jonson-Reid, M., Drake, B., & Kohl, P.L. (2009) Is the Overrepresentation of the Poor in Child Welfare Caseloads due to Bias or Need? *Children and Youth Services Review* 31, 3, 422–427.

Klein, S. & Merritt, D.H. (2014) Neighborhood Racial & Ethnic Diversity as a Predictor of Child Welfare System Involvement. *Children and Youth Services Review* 41, 95–105.

McDonell, J.R., Ben-Arieh, A., & Melton, G.B. (2015) 'Strong Communities for Children: Results of a Multi-Year Community-Based Initiative to Protect Children from Harm. *Child Abuse & Neglect* http://linkinghub.elsevier.com/retrieve/pii/S0145213414003913

Narey, M. (2014). Making the education of social workers consistently effective, Department for Education. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287756/Making_the_education_of_social_workers_consistently_effective.pdf Accessed 10.11.14.

Oliver, C., Owen, C., Statham, J. & Moss, P. (2001) *Facts and Figures: local authority variance on indicators concerning child protection and children looked after*. London: Thomas Coram Research Unit.

Owen, C. & Statham, J. (2009) *Disproportionality in Child Welfare. The Prevalence of Black and Minority Ethnic Children within the 'Looked After' and 'Children in Need' Populations and on Child Protection Registers in England*. London: Institute of Education, University of London.

Pelton, L.H. (2015) The Continuing Role of Material Factors in Child Maltreatment and Placement. *Child Abuse & Neglect* 41, 30–39.

Phelan, J., Link, B. & Tehranifar, P. (2010) Social conditions as fundamental causes of health inequalities: theory, evidence and policy implications, *Journal of Health and Social Behaviour* sppl. Special Issue 51: S28-40.

Pösö, T., Skivenes, M., & Hestbæk, A. (2013) Child Protection Systems within the Danish, Finnish and Norwegian Welfare States — Time for a Child Centric Approach? *European Journal of Social Work* doi:10.1080/13691457.2013.829802

Rolock, N. (2011) New Methodology: Measuring Racial or Ethnic Disparities in Child Welfare. *Children and Youth Services Review* 33, 9, 1531–1537.

Selwyn, J. & Wijedesa, D. (2011) Pathways to adoption for minority ethnic children in England – reasons for entry to care. *Child and Family Social Work* 16, 276-86.

Spratt, T., Nett, J., Bromfield, L., Kindler, H., Ponnert, L., & Hietama, J. (2014) Child Protection in Europe : Development of an International Cross-Comparison Model to Inform National Policies and Practices. *British Journal of Social Work* 1–18 doi: 10.1093/bjsw/bcu109

Tilbury, C. & Thoburn, J. (2009) Using Racial Disproportionality and Disparity Indicators to Measure Child Welfare Outcomes. *Children and Youth Services Review* 31, 10, 1101–1106.

Tudor Hart, J. (1971) The inverse care law. *The Lancet* 297, 7696, 405-12.

Wilkinson, R.G. & Pickett, K.E. (2009). *The spirit level: why more equal societies almost always do better*. London: Allen Lane

Wulczyn, F., Gibbons, R., Snowden, L., & Lery, B. (2013) Poverty, Social Disadvantage, and the Black/white Placement Gap. *Children and Youth Services Review* 35, 1, 65–74.

Yang, M. Y. (2014). The effect of material hardship on child protective service involvement. Child Abuse and Neglect, 41, 113–125. http://doi.org/10.1016/j.chiabu.2014.05.009

Table 1: CPP and LAC rates in affluent (top third) and disadvantaged (bottom third) LAs by IMD score, by neighbourhood deprivation quintiles.

CPP Rates	Quintiles by deprivation					
	1	2	3	4	5	Average
Bottom	3.3	9.3	19.8	29.1	51.0	40.5
Top	10.6	20.7	31.6	57.1	101.9	33.8
LAC Rates	Quintiles by deprivation					Average
	1	2	3	4	5	
Bottom	9.1	14.5	27.8	49.1	82.4	65.5
Top	18.9	29.1	45.9	89.5	114.9	47.5

Table 2: CPP and LAC rates in Affluent (top) and Disadvantaged (bottom) third of LAs, by neighbourhood deprivation quintiles (5 = most deprived).

CPP Rates	Quintiles by Deprivation White children only					
	1	2	3	4	5	Average
Bottom	3.3	9.5	18.3	30.4	68.5	47.4
Top	11.4	20.2	30.2	57.0	107.1	33.4
LAC Rates						
	1	2	3	4	5	Average
Bottom	5.8	15.4	31.1	55.0	113.6	79.7
Top	19.2	28.2	45.5	89.2	123.4	47.2

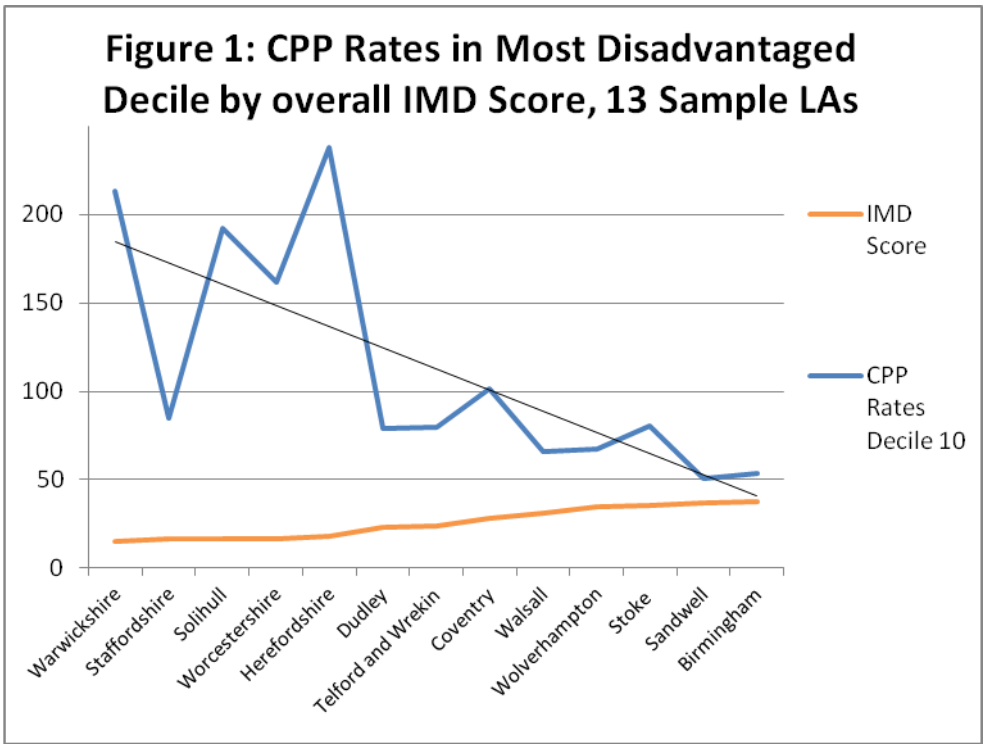


Figure 1: CPP Rates in Most Disadvantaged Decile by overall IMD Score, 13 Sample LAs
200
150
100
50
0
Warwickshire
Staffordshire
Solihull
Worcestershire
Herefordshire
Dudley
Telford and Wrekin
Coventry
Walsall
Wolverhampton
Stoke
Sandwell
Birmingham
IMD Score
CPP Rates Decile 10

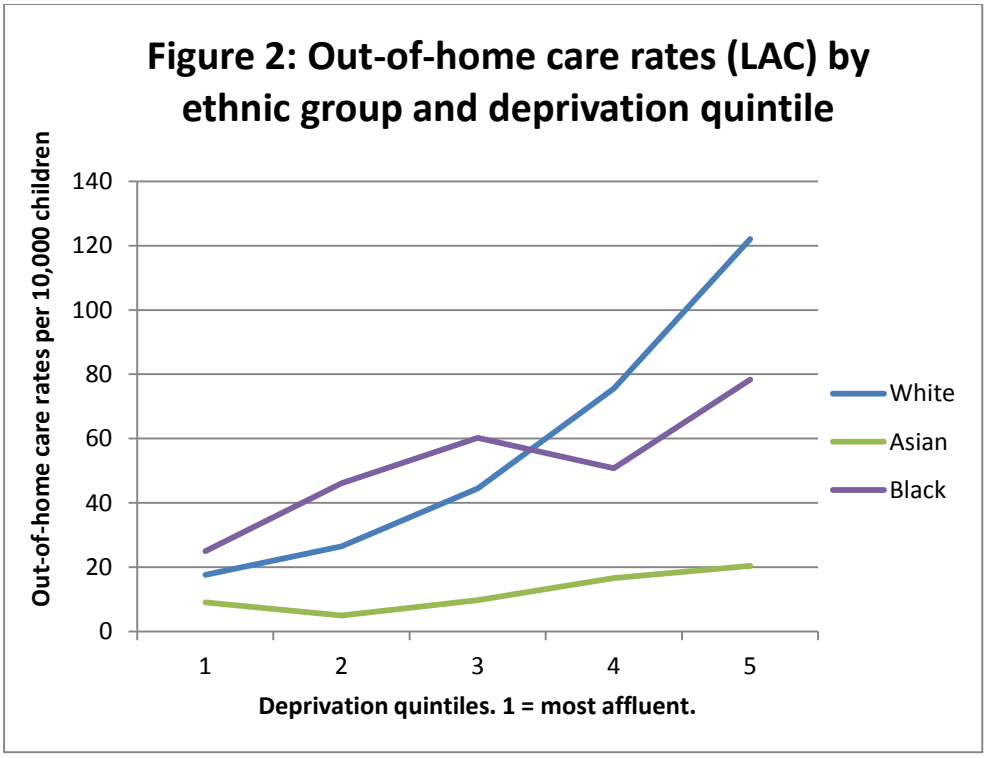
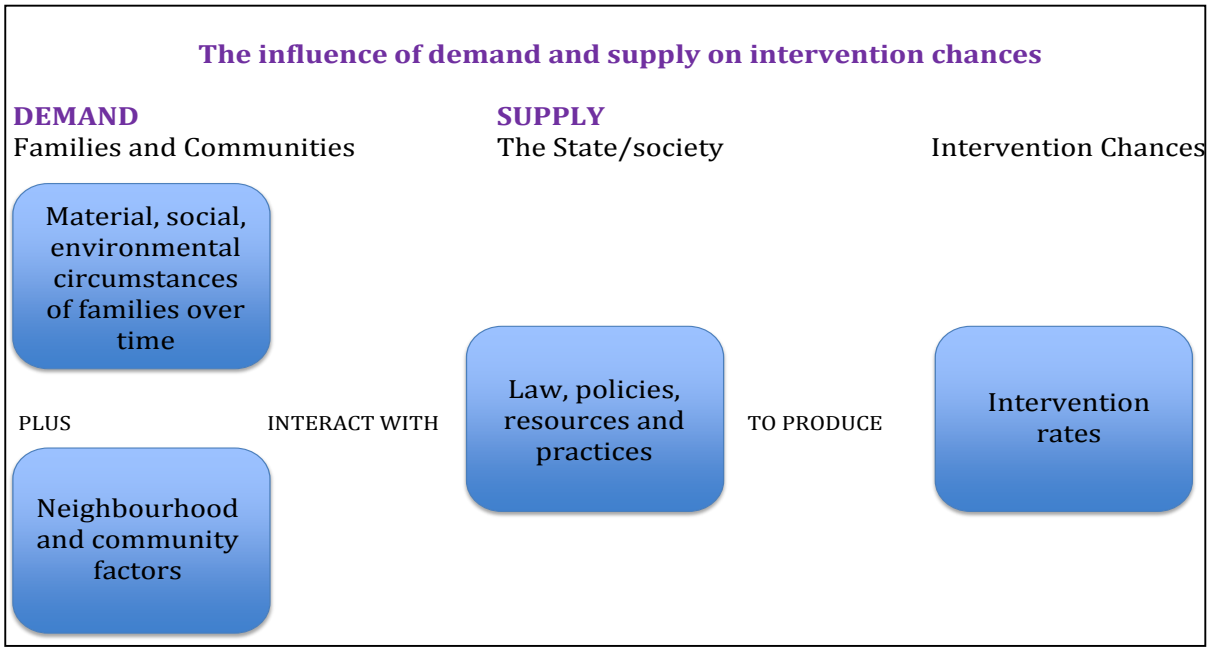


Figure 2: Out-of-home care rates (LAC) by ethnic group and deprivation quintile
Out-of-home care rates per 10,000 children
140
120
100
80
60
40
20
0
1
2
3
4
5
Deprivation quintiles. 1 = most affluent.
White
Asian
Black

Figure 3


The influence of demand and supply on intervention chances
DEMAND
Families and Communities
SUPPLY
The State/society
Intervention Chances
Material, social, environmental circumstances of families over time
PLUS
Neighbourhood and community factors
INTERACT WITH
Law, policies, resources and practices
TO PRODUCE
Intervention rates