

A research agenda for research using administrative data

Children at Risk of Poor Outcomes Community Catalyst Research Agenda

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 **Foundations**

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The ADR England Research Community Catalyst: Children at Risk of Poor Outcomes project has built a community of researchers and analysts focused on children and young people supported by early intervention services or children's social care in the UK. This community serves as a vital point of connection, information sharing, and coaching, and provide national strategic leadership for administrative data and research in this field.

The project is co-funded by ADR England and Foundations – What Works Centre for Children and Families and is a collaboration between Swansea University, Lancaster University, Imperial College London, University College London, and the University of Sussex. The project is also supported by Barnardo's, Data to Insight, Children's Commissioner's Office and the Nuffield Family Justice Observatory.

This agenda lays out key recommendations and priorities based on a comprehensive scoping review of the evidence and stakeholder consultation. These topics are considered the most pressing areas for the research community in the field of children's social care.

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Overview

Administrative data is an invaluable resource for research concerning children's involvement with statutory children's social care services. ADR UK (Administrative Data Research UK) has invested in the creation of a number of flagship linked datasets, which provide vital resources for researchers keen to understand questions about why and which children are involved with children's statutory social care services (CSC), the contributions of partner health, education and criminal justice agencies, and outcomes for this population of children.

This document sets out research priorities for future studies, based on a [comprehensive review of the published quantitative literature specific to CSC](#), and a detailed [national consultation with stakeholders](#). A key finding from our review and consultation was the need to balance research on children in care, with analysis of their pre- and post- care journeys, and understand their interactions with a range of agencies across sectors. This does not mean that further research on children in care is not needed, rather, our recommendation is that further investment in understanding the current challenges facing families at the level of the household, and what works to prevent children entering care, should be prioritised. Stakeholders were also emphatic about the importance of collaborative research and further development of national data assets.

Key recommendations for the research community are therefore as follows:

- ▶ **Deliver cross-sector evidence** about children's pathways through services and outcomes
- ▶ Deliver evidence that **interrogates and informs earlier intervention and prevention**, as well as improving outcomes for children already in care
- ▶ **Collaborate to produce evidence** in both research design & analysis but also in the use of national and regional data assets
- ▶ Accelerate the use of flagship datasets & continue to **develop these datasets so that they can be used to tackle neglected topics**

Research priorities are set out as higher-level statements to indicate the kinds of topics and questions that future studies should address, to fill important knowledge gaps. We also list data sources that are relevant to the questions posed and highlight where new datasets would need to be compiled to address the questions (denoted by an asterisk (*)) and/or discussed in footnotes). Research teams will need to complete further work to fine-tune the focus of new studies, in respect of the project feasibility, the datasets to be used, and their scope and quality.

Some of the questions align with government departments' Areas of Research Interest, and we would advise the research community to also make use of the following documents: [Department for Education's \(DfE\) areas of research interest](#), [Department of Health and Social Care's \(DHSC\) areas of research interest](#), [Ministry of Justice's \(MoJ\) areas of research interest](#) and the [Department for Work and Pensions' \(DWP\) areas of research interest](#) (includes areas of research focused on vulnerable/low-income families).

Where there are major evidence gaps, stakeholders agree that descriptive profiling studies are an important starting point. Such studies provide insights into which children and families are involved with CSC and their journeys through services.

Section A: Priorities for new research: topics and questions

1. Early Help and Children in Need

It is difficult to capture the types of help provided to families to prevent CSC involvement or to prevent escalation of concerns once children are involved with CSC. However, at present, ADR UK flagship studies are under-utilised in this respect.

- What can we learn about the nature and impact of different forms of early help to children and families, across social care, health and education?
- Are there commonalities/differences by local authority or region, in respect of the provision of early help services?
- Are there commonalities/differences by local authority or region, in respect of child in need plans (child characteristics, duration of plans, escalation i.e. to become a child in care) and child outcomes?
- Are there differences by child or family characteristics in respect of timing (early or late) of CSC involvement and journeys through the system (profiles)? (i.e., what proportion of children are not known to children's services prior to entering care and who are these children?)
- What are the longer-term outcomes (health, social care, criminal justice, education and employment) for children who have been subject to child in need or child protection plans? What are the physical health trajectories and outcomes of these children?

2. Household level hardship¹ and children's CSC involvement

To complement research which uses area-level measures of deprivation to understand children's social care involvement, new research with a household focus is needed. In addition, it is important to probe stakeholder concerns that household level hardship is increasing, and a key driver of social care involvement.

- What is the nature of household level hardship, for children involved with CSC?
- Are patterns of household level hardship changing for CSC children over time, or are there any distinct spatial patterns?
- Is it possible to identify any patterns in respect of child and family characteristics, household level hardship and CSC involvement?
- Is it possible to identify a relationship between household level hardship and the type or duration of CSC involvement? What are the longitudinal associations between hardship and CSC involvement?
- Is there evidence that an improvement in household level hardship or interventions that reduce household level hardship also decrease the risk of CSC involvement?

¹ At present, research examining household level hardship can be addressed to an extent. Previous work uses provisioning of Free School Meals (FSM) as a proxy for household level deprivation. It is also possible to use information collected as part of the Census 2021 as an indicator, although researchers should be aware of the limitations, as discussed here:

https://adrwales.org/wp-content/uploads/2024/09/Data-Explained-Census_and_WIMD.pdf

We are aware that the DWP are developing a new poverty measure called 'Below Average Resources' which will provide a view of available resources at the household level: <https://www.gov.uk/government/statistics/below-average-resources-developing-a-new-poverty-measure/below-average-resources-developing-a-new-poverty-measure>

3. Family Mental Health

Studies of mental health prevalence often produce analyses which are specific to either children, or parents. However, stakeholders have raised concerns about the overall burden of mental health need within families, in the context of increased family stress.

- What is the nature of mental health needs at the level of the CSC family (child, siblings, parents)? Are mental health needs changing in nature or frequency over time?
- Are there regional/spatial differences in levels of mental health needs among CSC families?
- What can be learned about health service utilisation among CSC children, siblings, families, and outcomes of this service utilisation?
- What can be learned about other vulnerabilities/needs, co-occurring with mental health, for example, SEND?

4. SEND

Increasing rates of SEND were widely reported by stakeholders, but without necessarily having a precise picture of prevalence. Thus, new research is needed to ascertain the profile of SEND for children involved with CSC, and how these profiles compare to children not involved with CSC or are changing over time.

- What is the nature of SEND at the level of the CSC family (child, siblings)? Are the needs of the child changing in nature or frequency over time?
- Are there regional differences in levels of SEND need among CSC children/families?
- What can be learned about service utilisation (specialist education provision) among CSC children, siblings, families and outcomes with SEND?
- What can be learned about other vulnerabilities/needs, co-occurring with SEND, for example mental health, school disengagement?
- Is there variability among schools in how they approach special educational needs (SEND) and issues like school exclusions and those who are electively home educated?

5. School Disengagement²

In the context of increasing concern about school disengagement, and the potential long reach of the Covid-19 pandemic in this respect, further research with a specific focus on CSC children is needed:

- What is the profile of CSC children who are not engaging with schooling? (child and family characteristics)
- Is it possible to differentiate the population of CSC children who are not engaging with schooling?
- How do these profiles compare with the broader population of children not involved with CSC?
- What is the pattern of risk/vulnerability factors for CSC children recording school disengagement?
- Is it possible to identify patterns of school disengagement for CSC children?
- Is school disengagement more prevalent among children in need (CIN), children on a child protection plan (CP), or children looked after (CLA)? Or the duration of disengagement episodes?
- Is school disengagement one of a number of vulnerability factors for children?
- Is school disengagement changing over time?
- Is it possible to identify spatial patterns of school disengagement?
- At the level of the individual child, is there evidence that CSC involvement is associated with a deterioration or improvement in school engagement? Is there evidence that CSC involvement, alongside support from other sectors, improves school engagement?

² There has been some work examining the feasibility of using administrative data to estimate the number of children missing from education, although this is promising, we welcome the legislation of the Children Not in School Bill, a compulsory register of children not in school:

<https://www.gov.wales/estimating-numbers-children-not-state-education-using-linked-administrative-data-html>

6. Services and Workforce³

From detailed review of the published literature, there are clear gaps in knowledge about services and workforce; stakeholders also emphasised the importance of further research with this focus with an emphasis on filling the gaps about the services that children and their families receive.

- What can be learned about the qualifications, experience, sickness/absence, turnover and vacancy rates among practitioners working in CSC?
- Is there a relationship between spend on CIN and CP children, and patterns of entry to care?
- What is the profile of practitioners working with CIN and CP children, in respect of qualifications and turnover?
- What is the quality of CSC services? Are services fit for purpose?
- How do services support family units, adolescents in care and care leavers housing and social needs?
- Are children who transition from CSC to adult services receiving adequate support?
- Is there variability in service receipt and availability across localities?
- Does social worker case load impact on quality-of-service provision?

³ There is a lack of service information held within the CIN censuses, particularly in relation to the type, frequency and duration of any services. In regard to workforce data, we do note that the annual statistics published by the government from the children's social care workforce survey may provide some useful insights.

7. Dual System Involvement

ADR UK flagship datasets enable completely novel analysis of dual system⁴ involvement, because datasets are linked across government departments, including the Ministry of Justice. Capturing a more holistic picture of child and family involvement across services was a key stakeholder priority.

- What is the nature of dual system involvement at the level of the CSC family (child, siblings, parents)? Is criminal involvement changing in frequency or severity over time? Is there an association between criminal involvement and type/duration of CSC involvement?
- Are there differences by child characteristics in respect of dual system involvement? (i.e. compared to children only involved in CSC or the wider population of children not involved with CSC)
- What is the pattern of risk/vulnerability factors for CSC children and families involved in the criminal justice system?
- Is there evidence of intergenerational transmission of criminal justice involvement?

⁴ Here dual system involvement refers to a child or young person involved in the juvenile justice system and the child welfare system.

8. Domestic Violence/Abuse⁵

Domestic violence/abuse (DVA) remains something of a blind spot within the ADR UK community. There is a major challenge in piecing together and linking the scattered information about domestic abuse, hence, foundational work to identify data sources and their linkages is required, bringing together relevant experts. A new national data asset would enable the following kinds of questions to be answered:

- What is the nature, severity and longevity of DVA among CSC families?
- How does DVA impact CSC involvement and with what outcomes?
- What can be learned about other co-occurring vulnerabilities?
- How/does DVA in the household impact care placement and experience (type, stability, duration, reunification)?
- How does DVA in the household affect the mental health of the child, sibling and parent?
- What are the longer-term outcomes (health, social care, education, criminal justice and employment) for children involved with CSC whose households have a history of DVA?
- What can we learn about CSC or partner agency interventions and outcomes for children involved with CSC services?

⁵ Healthcare datasets can be used to help identify domestic violence and abuse, however relying on healthcare data alone is likely to underestimate the true extent and nature because it is commonly underreported. Linkage to the Police National Computer database, the ONS Crime Survey and extracts from specialist domestic violence/abuse support services would provide a more coherent picture.

9. Minority Groups

The review of the published literature and stakeholders were in agreement in regard to the lack of high-quality evidence examining minority groups and unaccompanied asylum-seeking children.

Further work with a focus on minority groups at a local authority and national level is needed:

- Are there ethnic disparities regarding children's involvement with CSC?
- Are there regional differences in the number of unaccompanied asylum-seeking children (UASC) involved with CSC?
- What are the challenges faced by minority groups within CSC?
- Are there differences regarding outcomes (educational, health, employment, criminal justice) amongst minority groups? How are these impacted by care experience (duration, type, stability)?
- Does health and social care service utilisation differ for minority/majority groups?
- Are there differences in the number of children from minority groups 'ageing out' of care compared to majority peers? Is this because there are differences in support networks?

10. Extra Familial Harms*

Stakeholders sense difficulties in accurately capturing referral, intervention and outcome information in relation to children at risk of or who are experiencing extra familial harms (including criminal/sexual exploitation, radicalisation, grooming, gang activity, cyberbullying). New research exploring co-occurring risks exist in relation extra familial harm within CSC, and intervention outcomes information, would be welcome.

- What are pathways into and through CSC for children at risk of extra familial harms/experiencing extra familial harms? Do these children tend to be subject to CIN, CP or CLA involvement? For what duration?
- Is extra familial harm a primary reason for entry into CSC for children or are there patterns of co-occurring risk/vulnerability factors (e.g., mental health, school disengagement, historical abuse, involvement in the criminal justice system)?
- Are there regional differences in the recorded numbers of children at risk of/experiencing extra familial harms?
- What CSC interventions are most prevalent for supporting and safeguarding children at risk of/experiencing extra familial harms?

11. Evaluation

Administrative data research can contribute to the evaluation of policy and practice, as highlighted by a [recent review from the Office for National Statistics](#). Such evaluations are crucial for informed policymaking and practice development, providing essential evidence on whether policy changes or practice interventions are successful. Evaluative evidence can ensure that policy decisions and service investments are based on solid empirical evidence.

Section B: Dataset requirements

Ongoing work by ADR UK has produced linked research datasets from administrative data. Researchers can access de-identified data sources via dedicated trusted research environments (TREs), a secure computing environment. ADR UK works in partnership with major data infrastructure groups across all four UK nations, including the Office for National Statistics Secure Research Service ([ONS SRS](#), England), the Secure Anonymised Information Linkage Databank ([SAIL](#) at Swansea University, Wales), Northern Ireland Statistics and Research Agency ([NISRA](#), Northern Ireland), the Public Health Scotland electronic Data Research and Innovation Service ([eDRIS](#), Scotland). [Find out more information about the TREs and how data can be accessed.](#)

[View a catalogue of ADR UK datasets.](#) The most relevant datasets for addressing the topics and questions outlined above, regarding children involved with children's social care, are shown in the table below.

Table 1: Key ADR UK Flagship Datasets

Country	Dataset
England	Growing up in England
	Education and Child Health Insights from Linked Data
	Longitudinal Educational Outcomes
	Ministry of Justice and Department for Education linked dataset
	Data First: Family Court linked to Cafcass and Census 2021
Scotland	Looked After Children Longitudinal Dataset
	Children Protection Linkage data
Wales	Children in Need Census
	Children Receiving Care and Support Census
	Looked After Children Dataset
	Data First: Family Court
	Ministry of Justice and Department for Education linked dataset

The ADR UK datasets lay a foundation of national data resources, which can then be augmented as needed by local datasets, national cohort and longitudinal studies (e.g. [the Centre for Longitudinal Studies](#) and [Understanding Society](#)) and other administrative datasets.

Conditions for use vary across the TREs, with some facilitating access to linked data, while others are open to applications to use standalone datasets. Regarding some key priorities, there is also a need to compile new datasets, for example, in relation to domestic abuse, CRCS services and workforce, household level hardship and extra familial harm. Thus, we recommend researchers assess the feasibility of their project by encouraging the use of documentation about the [datasets](#); [synthetic data](#) (where it exists); [community support](#); and data owner expertise. ADR UK continues to expand its portfolio of new datasets made available for research for the public good, as well as making updates to existing datasets.

We do however note some remaining key challenges/recommendations identified by stakeholders:

- Linking datasets can be problematic due to the lack of consistent personal identifiers, limiting comprehensive data analysis across different sectors.
- Specific to CSC research, Unique Pupil Numbers are often used for data linkage, limiting insights on pre-school aged children.
- Better collaboration is needed across sectors to standardise definitions and coding to deliver greater consistency in how data is recorded, used and interpreted across datasets.
- Regional and local datasets provide more granular detailed insights compared to national data, offering valuable knowledge about early help services. These are underutilised, as are data sources from the third sector.
- Large-scale evaluation of standard services (versus specific interventions) is undermined by the lack of data on the quality and nature of service inputs, especially in social work and care. The need for better data on services is especially pressing given ongoing transformation to CSC services, following implementation of the recommendations of the Independent Review of Children's Social Care.
- Capturing qualitative evidence, e.g. from key stakeholders and those with care experience etc., is critical in enabling co-production research in this area.

Some of these challenges have previously been articulated in the [Independent review of children's social care](#) and are set out in the [Department for Education Children's social care data and digital strategy](#).

About

The [ADR England Community Catalyst: Children at Risk of Poor Outcomes](#) project aims to support a community of researchers and analysts focused on children and young people supported by early intervention services or children's social care in the UK. The work is co-funded by [ADR England](#) and [Foundations: What Works Centre for Children and Families](#).

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