

Summary: Use of administrative data to understand children's involvement with children's statutory social care services

*Children at Risk of Poor Outcomes Community Catalyst
Summary Report*

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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 summary report is a condensed version of our full scoping review. It discusses the administrative datasets used by researchers to examine children who have been involved with children's statutory social services, key and consistent findings, and the evidence gaps highlighted in the scoping review.

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Introduction

A scoping review was completed by the team leading the ADR England Research Community Catalyst: Children at Risk of Poor Outcomes. The review aimed to establish the scope of studies using administrative data to understand children's involvement with children's statutory social care (CSC), and to identify priorities for new research.

The review has included studies focused on children involved with child in need (CIN) and child protection (CP) services, and children looked after (CLA)/children in care¹. Where studies have focused on relevant interventions from early help services, these were also included.

The full report and the list of references [can be found on the ADR UK website](#). This comprehensive review of published literature, [alongside a national consultation with stakeholders](#), has been used to produce research priorities for future studies, set out in the [research agenda](#).

¹ A child in need (child receiving care and support in Wales) is a child who has been assessed by a social worker and found to be in need of help and protection because of risks to their health or development, for example, neglect or because they are disabled. Children subject to a child protection plan (England)/register (Wales, Scotland and Northern Ireland) are at risk of significant harm and are in receipt of a protection plan. Their registration means that practitioners are aware of their risk of harm. The most vulnerable of these are children looked after; a child who is in the care of the local authority, or provided with accommodation for a continuous period of more than 24 hours. We recognise that the terminology and categorisation of children involved with CSC is complex and shifting, and have used typical terminology at the time of writing.

Scope of the research and datasets used

There has been a **steep increase in use of administrative data** in the UK in recent years for research focused on children involved with statutory services and partner agencies. The volume of research has increased since 2010, but with the highest volume of studies published since 2020.

Taking the volume of studies as a whole (2000 – 2023), the larger proportion of studies have used linked datasets (65%), with a smaller proportion using single or standalone datasets (35%). The volume of studies using linked datasets is greatest in England, when comparing the four nations of the UK.

The datasets used most frequently to ascertain children's involvement with children's social services include the children in need and/or children looked after censuses (57%, data held by, or provided by, the government or local authorities, available within trusted research environments or secondary data. Two of these studies also included case records of court proceedings); the National Pupil Database (NPD, 20%) and the Children and Family Court Advisory and Support Service dataset (CAFCASS, 14%; two of which also used CIN and CLA census data).

Key findings from the research

1. Deprivation and children's services involvement

There is consistent evidence that children involved with social care services will typically be from families living in deprived areas. A growing body of evidence has used administrative data to evidence a clear social gradient, with **elevated rates of CIN, CP and CLA children observed in more deprived areas.** The evidence is strongest in relation to children's entry to care.

Analysis of the relationship between deprivation and children's social care involvement are typically descriptive and use area level measures.

A far smaller number of studies have examined the relationship between **household level deprivation and children's social care involvement.** Given widespread concerns about household level hardship, this is a clear avenue for future research using administrative data. Questions about the type, severity and persistence of deprivation at the household level are insufficiently addressed.

2. Ethnicity and children's services involvement

Overall, there is sufficient evidence to indicate some concerning ethnic disparities regarding children's entry to care and care experience. **Rates of service use for children categorised as 'Mixed' or 'Black' or 'Other' are higher, whereas for Asian children, rates of service involvement are lower across CIN, CP and CLA populations compared to children categorised as 'White'.** By far the largest volume of studies in respect of ethnicity and statutory service use are focused on children in care compared to CIN and CP.

Studies examining the ethnicity of children in care have moved beyond descriptive questions of rates of service use, to probe questions about pathways and outcomes of care experience. Studies have examined **placement type, placement moves and reunification.** However, **evidence against specific questions is derived from either a single or very small number of studies, indicating the need for further research.**

Research specifically concerning children who are Unaccompanied Asylum Seekers (UASC) is scant. More frequently, this category of children are simply included among a wider category of children according to ethnicity, which limits evidence specific to UASC. This mirrors the limited information about UASC provided within official statistics. **Overall, quantitative knowledge about UASC is very limited, studies are few in number and are regionally based.**

3. Age of child and service involvement

Age at service contact/entry has been examined in a small number of research studies. Regarding both CIN and CP services, **it is the youngest children who are more likely to be referred to and involved in these statutory services.** For children subject to child protection plans, rates are highest for the youngest children, with older children being far less likely to be CP.

Children who are late entrants to care **experience the most problematic care trajectories. A concerning proportion of these older children have not been known to services prior to care entry.**

4. Parental risk/vulnerability and children's service involvement

There is a substantial volume of literature on a range of maternal risk factors associated with children's involvement in statutory social care services. Most studies use blunt categories to identify maternal need/risks, providing limited information about the duration or combinations of needs/risks in respect of service involvement - or service inputs.

The following risk/vulnerability factors are associated with children's involvement with statutory social care services: i) demographic factors such as age at motherhood/fatherhood, ethnicity, deprivation and employment status, ii) health and family factors (e.g., mental health, substance misuse, domestic violence, learning disability), iii) educational outcomes (low attainment) and iv) criminal offences.

Research on domestic abuse is very limited, despite the fact that domestic abuse is a key reason why children are involved with CSC services.

There are limited studies focused on fathers.

There is some limited descriptive evidence which demonstrates a pattern of **intergenerational vulnerability/risk**. A high proportion of parents whose child were taken into care were known to have been in care themselves as children.

5. Children's involvement with statutory social care services: rates and trends

Studies have shown that the rate of CIN referrals and number of children categorised as CIN have remained **relatively constant since 2012**. Regarding trends for CP children, there has been a **steady increase in the number of these children** in England, Wales and Northern Ireland. **Rates of CP children are considerably lower in Scotland.**

At present, there is limited evidence about **children's journeys into and through statutory services and the effectiveness of these services**. **To-date, there have been fewer opportunities to track children's journeys through CIN and CP elements of statutory services in particular, given data availability.**

6. Children entering care

There is consistent evidence of the **rising rate of children and young people entering care in England, Wales and Northern Ireland**. Scotland's rates of CLA are falling, although they remain markedly higher than the rest of the UK.

An important finding to emerge from research using administrative data was the **divide between the North and South of England**. Care entry rates are **highest in the North of England and lowest in London and the South East of England**. In Wales, higher rates of care entry were found in more urban areas such as Swansea and Cardiff, and local authorities within the Valleys.

7. Rates and spend

There is limited research evidence on the relationship between spend and children in care:

- A single mixed-methods study has shown that local authorities with higher levels of CIN demand and deprivation have a tendency to *ration* i.e. spend less on children in need
- Studies have captured the impact of spending cuts on services by combining data sources, including administrative data and qualitative data.

8. Understanding children in care, including routes into care (care proceedings)

By far the greatest volume of studies in our final sample were focused on children in care. There is also a growing body of literature on different routes into care, including care proceedings.

The majority of children enter care for the **first time through a voluntary arrangement**, however, within a short space of time, an application for an interim care order is frequently made by local authorities.

In England, Northern Ireland and Wales, the number of applications for care orders has increased while voluntary arrangements have decreased. Whereas in Scotland, the number of voluntary arrangements has remained stable.

Type of placement is a critical factor that affects placement stability. Children placed with relatives or friends are less likely to experience placement changes compared to children placed in non-familial care such as residential care. **Children's pre-care characteristics are however a key factor in placement decisions.**

There is a high proportion of children who experience multiple placement moves, **with a concerning increase in instability for younger children in England.** Permanency placements such as kinship care and adoption appear to be associated with better outcomes including mental health and educational attainment, compared to other types of non-parental care.

Quantitative studies of reunification are limited in the context of a far larger volume of studies on children in care, with key elements of practice, such as support for contact (family time) difficult to capture through national datasets.

9. Educational outcomes

Several studies have consistently reported that children involved with children's social care experience **educational disadvantage regarding attainment, attendance, absence and exclusions, and school moves** compared to children in the general population.

These disadvantages appear **worse for children looked after than CIN and CP children**, however, evidence is **less consistent when taking into account age at entry and duration in care**. Children who enter care at a younger age and who are in care for longer (12+months) tend to perform better than children who enter care later or for a short period (<12 months).

Instability and discontinuities in care are risk factors for poor educational outcomes. There is strong evidence that placement stability is a protective factor, reducing the risk of school absences and exclusions. **Placement type** has also been shown to affect outcomes. Children in family-based care (foster care and kinship care) have higher rates of attainment than children in residential care.

A high proportion of special educational need and disabilities (SEND) have been consistently identified among children involved with children's social care services, **in particular among CLA**. Studies have found variation in the type of SEND support provided, depending on the child's involvement with social services and their age at the time of SEND provisioning.

Fewer studies have analysed children with disabilities, with a single study reporting poor data quality regarding disabilities (i.e. missing data).

10. Health outcomes

Most of the research on health outcomes for children involved with statutory social care services, has focused on children mental health, rather than physical health. Studies across all four home nations have found an over-representation of **children in care with elevated rates and risk of self-harm, suicide and mental health problems.** Studies also show a concerning number of these children will experience delay or difficulties in accessing specialised mental health services.

Placement instability and poor mental health are interconnected factors, with children's mental health contributing to placement breakdown.

Increased risks of self-harm and suicide persist over the lifetime.

A small number of studies have examined physical health among children involved with social services. The prevalence of chronic health conditions such as diabetes (type 1), asthma, and epilepsy are similar to children in the general population, **however, children looked after are more likely to be hospitalised for these conditions.** There was also evidence of **elevated and repeated risk of hospitalisation for preventable conditions including injuries and poisonings.**

There was **limited evidence of higher rates of teenage pregnancy among girls and women with care experience compared to those without care experience.**

11. Criminal justice outcomes

The newly linked Ministry of Justice and Department for Education dataset has resulted in a number of studies examining criminal justice outcomes, although there is still more work to be done.

The evidence indicates **higher rates of youth cautions, offending, prolific offending** (four or more cautions or convictions) **and serious violence offences** among children involved in public law proceedings and children looked after. Often these children are known to children's social care services and have an **Education, Health and Care plan before their first serious offence**.

There was also some evidence of **bias in criminal justice punishments**. Children looked after were more likely to **receive harsher sentences** compared to children with no involvement in children's social care. **Ethnicity** also affected the severity of sentencing, whereby Black and Mixed care-experienced children were nearly twice as likely to receive custodial sentences compared to White care-experienced children.

12. Post-16 outcomes and care leavers

There is a consensus that care leavers are more likely to be '**not in education, employment or training**' and are **less likely to attend higher education**. This translates to **lower earnings on average and higher out-of-work benefits**. These findings were more pronounced for children looked after compared to CIN and CP children.

More positively, a high proportion of children who have been looked after by the state engage in some form of **further education** or **attend higher education when they are older**.

Although there were very few studies, there was some concerning evidence which demonstrated that demographics, including **deprivation and ethnicity**, had an impact on educational and economic activity. **Deprivation was associated with worse labour market outcomes**. White and Mixed ethnic groups had the lowest rates of education, employment or training, while Black care leavers were more likely to be long-term unemployed. Further work is needed to explore this in more detail.

There were inconsistencies around whether **components of care** (age at care entry, type of placement, placement instability) were associated with care leavers' educational and labour market outcomes.

13. Life chances – taking a longer view of outcomes

Few studies have followed care-leavers beyond young adulthood (<25 years). Of those that have, increased risk of premature mortality (due to external causes), poor health, and poor socioeconomic circumstances **persist up to 40 years later.**

There was some evidence to suggest that **placement type** contributed to disparities in outcomes during adulthood.

14. Interventions to improve child outcomes

There has been limited use of administrative data to investigate interventions/ programmes designed to prevent adverse child outcomes. Of the studies to date, findings were mixed regarding the success of intervention programmes.

The Parents under Pressure (PuP) programme demonstrated some success in reducing the number of children who became known to children's social services. A second study reported reduced exclusions among CIN or CLA enrolled in the HeadStart programme.

By contrast the Family Nurse Partnership had **no impact** on reducing the number of referrals to children's social services, registered as CIN, given a CP or become a CLA. Children involved in the programme were more likely to have a 'good level' of child development compared to children not enrolled in the programme, but follow-up found this was short-lived.

Evidence gaps

This review has demonstrated the wide breadth of research which has used routinely collected administrative data, and the contribution of this body of work to our understanding of children's involvement with statutory social care services. However, there are still some significant gaps in the evidence.

Research is largely focused on children looked after, with limited research on CIN and CP children. While we know that a large proportion of CIN will become looked after, we do not know *why*, nor *why some do not*. We also need a clearer view of children's **longitudinal trajectories through children's social care and partner health, education and criminal justice services. To bring research more closely in line with a prevention agenda, it is important to support new studies focused on CIN and CP, as well as care.**

Regarding health, the majority of research focuses on **mental health**. There are very few studies which examine physical health, in particular, longer-term health outcomes and health service utilisation. Again, there is very little evidence regarding **domestic abuse**. This is surprising, given the central role that domestic abuse plays in a child's involvement with children's social services. With regards to SEND, there is a paucity of research examining the scale and impact it has on educational outcomes such as exclusions, school disengagement and post-16 outcomes for children involved with social care services.

The limited research on criminal justice is largely focused on the child's involvement, in particular youth offending. There is a lack of literature examining the involvement of parents, the wider family, and a longer-term follow-up among care leavers. The former being of importance given the potential disruption to caregiver relationships for children.

Children who are in minority groups such as unaccompanied asylum seeking children (UASC) or ethnic minorities are infrequently the centre of in-depth research. There is very little evidence exploring holistic and longitudinal trajectories through care. We also found no research which specifically explored religion among children involved with CSC. This is a major shortfall; however, it can be challenging to study these populations because of data availability and poor data quality. Further work is also needed to improve the way that information is collected. There is scope to combine qualitative and quantitative research to fill evidence gaps.

The use of administrative data for evaluation purposes is in its infancy. Further research is needed to identify, assess and document the value of administrative data for evaluation purposes, as well as limitations.

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Authors

Dr Grace Bailey, Swansea
University

Professor Karen
Broadhurst, Lancaster
University

Kat Tranter, Lancaster
University

Professor Lisa Holmes,
University of Sussex

Professor Katie Harron,
University College
London

Dr Dougal Hargreaves,
Imperial College London

Professor Jenny
Woodman, University
College London

Professor Lucy Griffiths,
Swansea University

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