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## Screen, ration and churn: demand management and the crisis in children's social care

### **Abstract**

This paper presents findings from a quantitative study of the national datasets for statutory children's social care services in England. The aim of the study was to examine how demand management varied in local authorities with differing levels of area deprivation. 152 LA census returns and other statistical indicators covering the period 2014-17 were combined into a single dataset. Statistical analysis was undertaken to explore trends over time and correlations between indicators that might indicate patterns in the way demand was managed. Findings showed that high levels of deprivation have continued to be strongly linked to high levels of activity and that local authorities have continued to increase their use of protective interventions relative to referrals. Evidence was found for three interconnected mechanisms, through which local authorities tended to manage demand for services: screening, rationing and workforce churn. The paper describes these mechanisms and comments on their significance for the current crisis of demand in the sector.

**Keywords:** children's social care, child protection, demand, intervention, management, quantitative analysis

## Introduction

Children's social care (CSC) comprises a range of services including children's centres, early intervention and family support, services to protect children from abuse and neglect, as well as services for children in public care (looked after children). CSC services in England are mainly provided by local authorities (LAs), although a more mixed picture of provision has begun to emerge in recent years. This paper is mainly concerned with the safeguarding remit of CSC, i.e. assessments and interventions following referral to statutory services up to the point of a court order or other provision for permanent care of a child. This covers activity such as child and family assessments, children in need (CIN) plans, child protection (CP) investigations, CP case conferences, (CP) plans, and care proceedings. Services for looked after children overlap with safeguarding, particularly when these arrangements are short-term or temporary, but also constitute a distinct tier of provision for the minority of children who cannot remain with their birth families.

At the time of writing, CSC services in England are widely reported to be in (or near) crisis, due to a combination of rising demand and large cuts to central government funding (ADCS, 2017; LGA, 2017; Thomas, 2018). These pressures have disproportionately affected more deprived LAs, where child poverty has risen faster and changes to funding formulas have reduced the resources available to LAs (Webb and Bywaters, 2018). The cuts have not been evenly distributed; spending on early intervention (e.g. family support) has been slashed since 2011, while funding for late intervention (e.g. CP investigations) has actually increased (Action for Children *et al.*, 2017). Before considering these trends further, it is worth emphasising the sheer scale of referrals to CSC services, which according to a recent study now have contact with more than one in five children before their fifth birthday (Bilson and Martin, 2016). As Devine and Parker (2015) point out, such figures represent a huge increase from the levels recorded in 1992, when comparable data started to be collected. Nonetheless, the most significant trend in recent years has not been an increase in referrals but rather the acceleration in CP and court work (Hood *et al.*, 2016a; Bilson *et al.*, 2017). Allied to an already-high level of referrals, demand for 'late intervention' is placing unsustainable pressure on LA budgets.

These trends largely affect children and families living in poverty, the main recipients of child welfare services. Most cases of child abuse involve the assessment of neglect and emotional abuse (DfE, 2017), which are cumulative in their developmental impact and tend to intersect with the adverse consequences of poverty and social exclusion (Thoburn *et al.*, 2000). Recent research has shown that

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neighbourhood deprivation significantly affects a child's chances of being subject to a CP intervention (Bywaters *et al.*, 2018). The connection with structural disadvantage is perhaps the most worrying aspect of the rebalancing of services towards CP at the expense of preventative work, along with the wider social impact on families and communities (Broadhurst and Mason, 2017). When it comes to protective services, levels of demand – in the sense of claims on an agency's resources – are more than just a reflection of deprivation-related risk factors or need in the community. The regulatory functions of CSC, through which agencies help to enforce socially acceptable standards of parental care and other aspects of family life, are sensitive to the attitudes and perceptions of many stakeholders, including service users, practitioners, managers, politicians, the media, and the general public. There are many ways in which demand can be managed, and the interests and priorities of stakeholders may not necessarily be aligned. It is therefore important to explore demand management both as a concept and as an empirical phenomenon in CSC.

### **Demand management in children's social care**

Demand for CSC starts off as a referral, often from other services in the community, and is assessed at various points to determine eligibility for different types of provision. Families may be reluctant to share their problems with child welfare agencies and indeed may disagree with the 'need' for a service as defined by referrers at the initial point of contact or subsequently in professional assessments and reports. Nonetheless, referrals are managed on the basis of assessment via a series of 'filters and funnels' (Gibbons *et al.*, 1995; Hood *et al.*, 2016a). These are internal thresholds designed to screen out or retain cases at different levels of need and risk. Although services are configured differently in different LAs, certain common thresholds are suggested by the legislative underpinning of CSC, as described below. LAs collect administrative data on cases that meet (and do not meet) these thresholds and report them to the Department for Education (DfE) on an annual basis. Statistics on care proceedings are collected and reported by the Children and Family Court Advisory and Support Service (CAFCASS). The main exception is data on pre-proceedings work, which at the time of writing is neither routinely collected nor publicly reported except in research (Masson and Dickens, 2013). The main thresholds following referral to CSC are summarised below in Table 1:

*Table 1. Thresholds following referral to CSC*

Threshold	Comments
No Further Action (NFA)	Following initial screening the referral is closed without further assessment.
Statutory Assessment	A child and family assessment is undertaken on the new referral. Prior to 2013, this would have been called an 'initial assessment'.
Assessed Not CIN	Following assessment, the child is found not to be 'in need'. Such cases may be referred to a non-statutory service or 'early help' provision
Children in Need (CIN)	Following assessment, the child is found to be 'in need' as defined in Section 17 of the 1989 Children Act (CA1989). CIN often have complex needs and are entitled to receive a statutory service, usually a multi-agency plan coordinated by a social worker. CIN plans are reviewed regularly in a multi-agency meeting involving the family, whose consent is required.
Child Protection (CP)	Section 47 of the CA1989 sets out the local authority's duty to investigate, which includes cases where they have 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'. This duty overrides consent (although statutory guidance emphasises that agencies should seek to work in partnership with families). CP interventions encompass strategy meetings, Section 47 investigations, CP case conferences and CP plans. CP plans are reviewed in multi-agency ('core group') meetings as well as in CP conferences.
Public law outline (PLO)	Statutory guidance (DfE, 2014) sets out the duties of local authorities who are considering applying to court to ask for a Care Order or Supervision Order in respect of a child. This is sometimes described as 'initiating care proceedings'. Care proceedings should take no longer than 26 weeks, although the PLO also encompasses pre-proceedings work with the family. A court will only make a Care or Supervision Order if it is satisfied that the threshold criteria in Section 31 of the CA1989 have been met, so the local authority will have regard to these criteria when deciding whether or not to initiate care proceedings

These thresholds serve a dual purpose. First they ensure that CSC services comply with the legislation and statutory guidance. For example, the distinction between services provided under Sections 17 and 47 of the 1989 Children Act serves as a legal marker of the shift from consent to coercion, prevention to protection, family support to parental policing. Decisions relating to this threshold tend to be made by professionals and managers, while the threshold criteria in Section 31 require legal advice and ultimately a court order. Underpinning these thresholds is a set of legal checks and balances, which seek to ensure that children are supported by the state and protected from abuse while guarding against draconian and disproportionate interference in private family life. In this way, thresholds can be seen as an effort to manage what Devine (2015) has called the 'welfare-policing' dichotomy in CSC.

The same thresholds also serve a second purpose, which is to manage demand. A reference point here is the tiered system of public health, which is divided into universal/primary,

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specialist/secondary and acute/tertiary care (Hood, 2015). The dichotomy of care and control is replaced by a vertical continuum of need and risk. Each successive tier corresponds to a different level of need, so that more complex and acute cases are referred 'up' to appropriate specialists in the higher tiers, targeting expertise and resources at those children who most need it (Hardiker *et al.*, 1991). Since higher tier services are more expensive, managing demand is also a way of managing cost. CSC can be considered a specialist tier of provision within children's services as a whole, since it usually requires a referral from another agency, but also operates its own internal tiers, which correspond to the thresholds listed above. Once a referral is accepted, a child is moved between different teams and social workers depending on how their level of need and risk is assessed and acted on. 'Eligibility' for CP and other types of higher tier provision, e.g. family recovery projects, requires the child to be judged at risk of harm. When this risk is no longer present, the child is 'stepped down' to less intensive (and intrusive) services with a view to closing their involvement with CSC. Intervention pathways therefore range from very brief (a referral receives no further action) to very lengthy (multiple assessments, care plans, escalations, and step-downs across different thresholds over several months or even years).

In a filter-and-funnel system, demand management may or may not correspond to the intentions of the legislation. For example, in their study of administrative data on CSC, Hood *et al.* (2016a) found evidence that patterns of service provision varied in LAs according to their level of demand. LAs (LAs) with higher levels of deprivation experienced higher levels of demand at every threshold described above. High-deprivation-high-demand LAs tended to screen out more referrals, divert more cases to non-statutory services, step down CIN and CP plans more quickly, were less likely to work longer term with families, and had higher rates of re-referrals within 12 months, compared to low-deprivation-low-demand LAs. These patterns were connected with expenditure and workforce indicators. Spending on children's safety per LA child population was found to be higher in more deprived areas, while LAs with high levels of spending tended to have higher numbers of CIN per social worker and higher rates of agency workers. The findings suggested that these were characteristic ways of managing demand. However, since the study's design was exploratory and some of the indicators had only been reported for two years, further empirical work was undertaken as described below.

## Methods

This study posed the following research questions:

1. What were the changes in demand for, and provision of, CSC services from 2014 – 2017, compared with the previous five years?
2. How did patterns of service provision vary in relation to deprivation-related demand, expenditure and workforce indicators?
3. What does the analysis of trends and correlations tell us about how CSC services manage demand?

The research questions were addressed through a study of national data returns for English LAs, largely replicating the methods described in Hood *et al.* (2016a). These statistics are collected annually by the Department for Education and Cafcass (for care proceedings) and published in aggregated form for each LA. For this study, indicators relating to demand and provision were sourced from the CIN Census, and are listed below in Table 2 (with reference to the thresholds in Table 1). Indicators relating to deprivation levels, expenditure and workforce were taken from other sources as listed in Table 3. All years of expenditure were adjusted for inflation using the 2016-17 GDP deflator index published by the government (HM Treasury, 2017). For a more comprehensive overview of these statistical returns see Hood *et al.* (2016a: 928).

*Table 2. Indicators of demand and provision at different thresholds*

Threshold	Indicator (Source: CIN Census)	Years available
0. Referral	Number of referrals	2009-17
	Referrals within 12 months of a prior referral	2009-17
1. No further action	Referrals not assessed	2011-17
2. Assessment carried out	Continuous Assessments	2013-17
3. Assessed but not CIN	Referrals assessed but deemed not CIN	2011-17
4. Child in Need (CIN)	Number of children starting an episode of need	2009-17
	Number of Children in Need (CIN) at March 31 <sup>st</sup>	2009-17
	Number of CIN during the year	2009-17
	Number of CIN ending an episode of need	2009-17
	CIN Cease times (<3 months, 3-5 months, 6-11 months, 1-2 years, 2+ years)	2009-17
5. Child Protection	Numbers of Section 47 investigations	2009-17
	Number of CP conferences	2009-17
	Number of CP plans at March 31 <sup>st</sup>	2009-17
	Number of CP plans that started during the year	2009-17
	Number of CP plans ceased	2009-17

6. Public Law Outline (PLO)	CP plan cease times (<3 months, 3-5 months, 6-11 months, 1-2 years, 2+ years)	2009-17
	CP plans where children had a prior CP plan	2009-17
	Number of care proceedings during year	2009-17
	Number of care orders that started during year	2009-17
	Number of Looked After Children on care orders	2009-17

Table 3. Other indicators

Type	Indicator	Source	Years available
Deprivation	Index of Multiple Deprivation (IMD) <sup>1</sup>	Office for National Statistics (2015)	2015
Expenditure	Total Spend on children <sup>2</sup>	Section 251 outturn	2013-17
	Spend on children's safety <sup>3</sup>	Section 251 outturn	2013-17
Workforce	CIN per social worker	Children's Social Care Workforce data collection (CSCW)	2013-17
	Social work vacancies <sup>4</sup>	CSCW	2013-17
	Turnover of social workers <sup>4</sup>	CSCW	2013-17
	Agency workers <sup>4</sup>	CSCW	2013-17
	Caseloads <sup>5</sup>	CSCW	2015-17

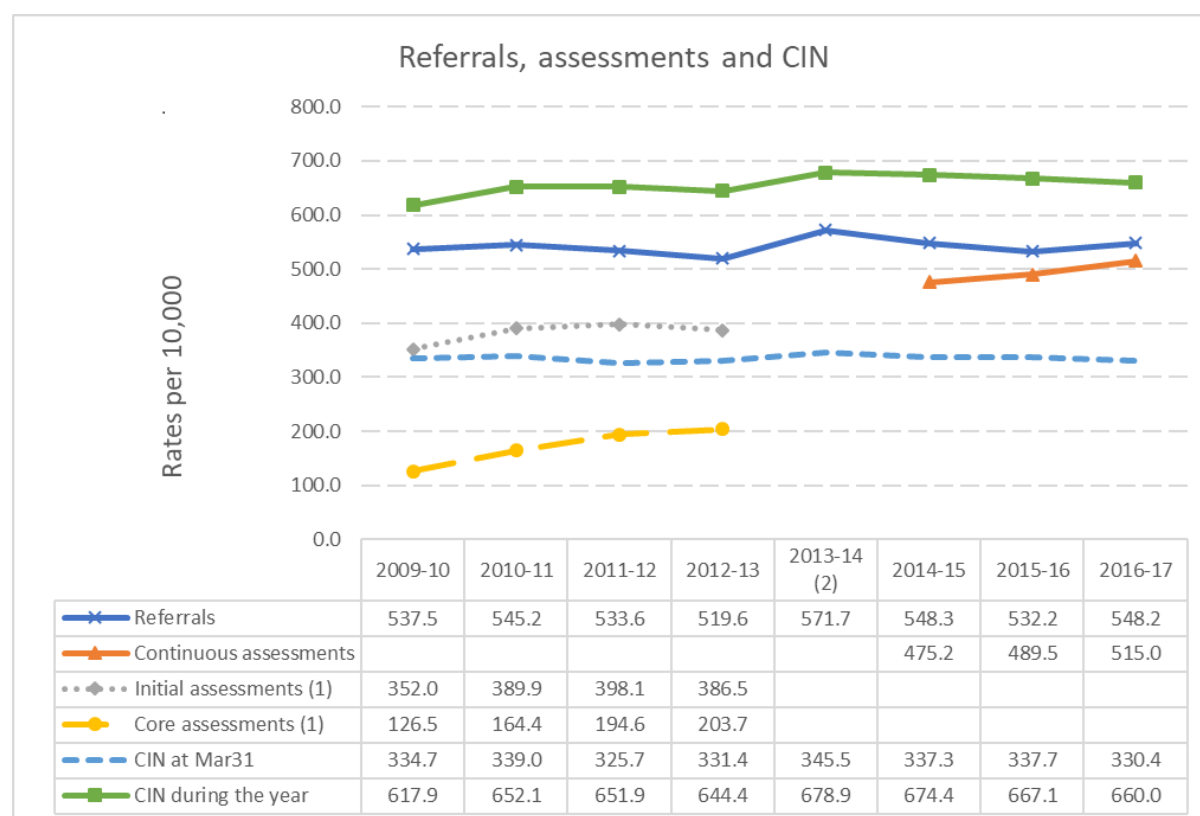
The demand indicators from Table 2 were converted to rates per 10,000 child population, confidence ratings for CIN censuses checked for each variable and records with the lowest rating reviewed for the extent of missing data and implausibly high or low entries that might undermine the analysis. For the trend analysis, key indicators for all LAs were plotted over time to identify continuities and changes. For the correlation analysis, Spearman's rank correlations were used to establish associations between key variables. The analysis was run separately for each year in order to check for stability in the period in question (2014-17). P-values were obtained for the correlations, effectively testing if they could have arisen by chance from an uncorrelated population. Results from the analysis of trends and correlations were compared with the previous five years (2009-14), a period seen as broadly comparable in terms of the consistency of reporting requirements. In doing so, there was an a-priori interest in checking the findings of Hood *et al.* (2016a), who had suggested that patterns of provision linked to levels of deprivation-related demand were connected also to indicators of expenditure and workforce stability.

## Findings

## Analysis of trends

Trends in demand indicators over the three-year period 2014 – 2017 were compared with the previous five years where data was available. The results are summarised below with respect to the key thresholds following referral.

Figure 1: Referrals, Children in Need (CIN) and Assessments



### Notes

(1) Initial and core assessments were replaced during 2013-14 with continuous (child and family) assessments

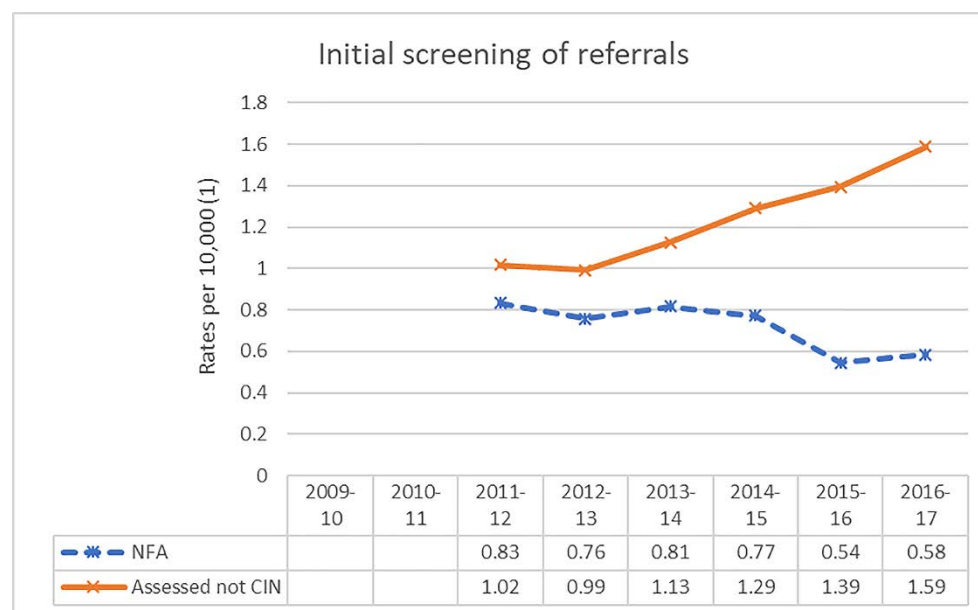
(2) Figures for assessments in 2013-14 are not shown as this was a transition year between initial/core and continuous assessments.

Figure 1 shows that referral rates remained stable over the period 2014-17 and were only slightly higher in 2017 than in 2009. A similar picture emerges of children in need, annual rates of which barely changed over the eight year period shown here. Rates of 'continuous' child and family assessments, on the other hand, increased by 8% over the three years for which data were available.



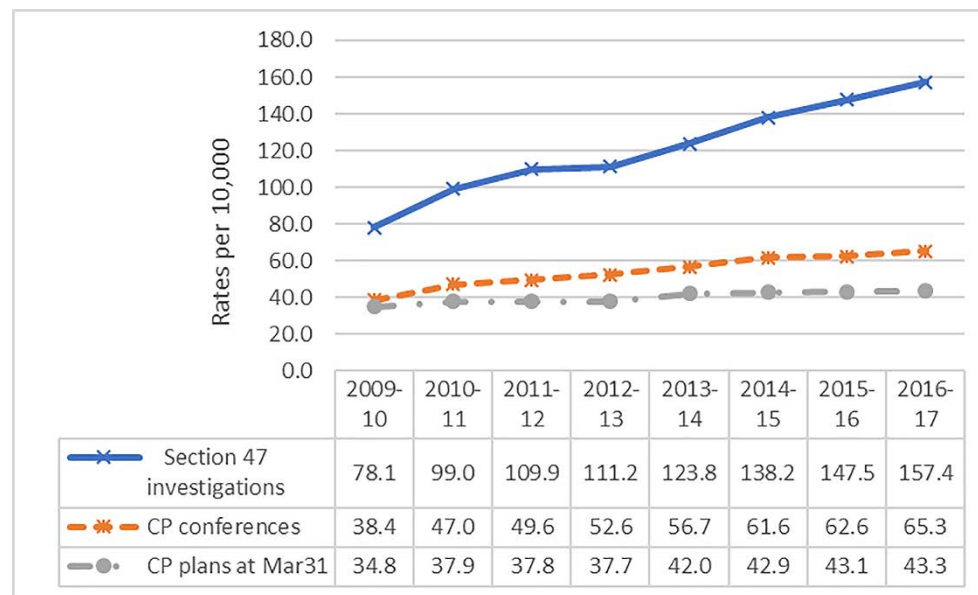
This trend has its counterpart in the screening that follows referral, which is illustrated in Figure 2. Rates of referrals leading to no further action decreased over the five year period for which data were available, although the figure in 2016-17 was slightly higher than in the previous year. In contrast, rates of children assessed as not meeting the threshold for CIN rose over the same period, particularly following the introduction of the continuous assessment.

*Figure 2. Initial screening following referral*



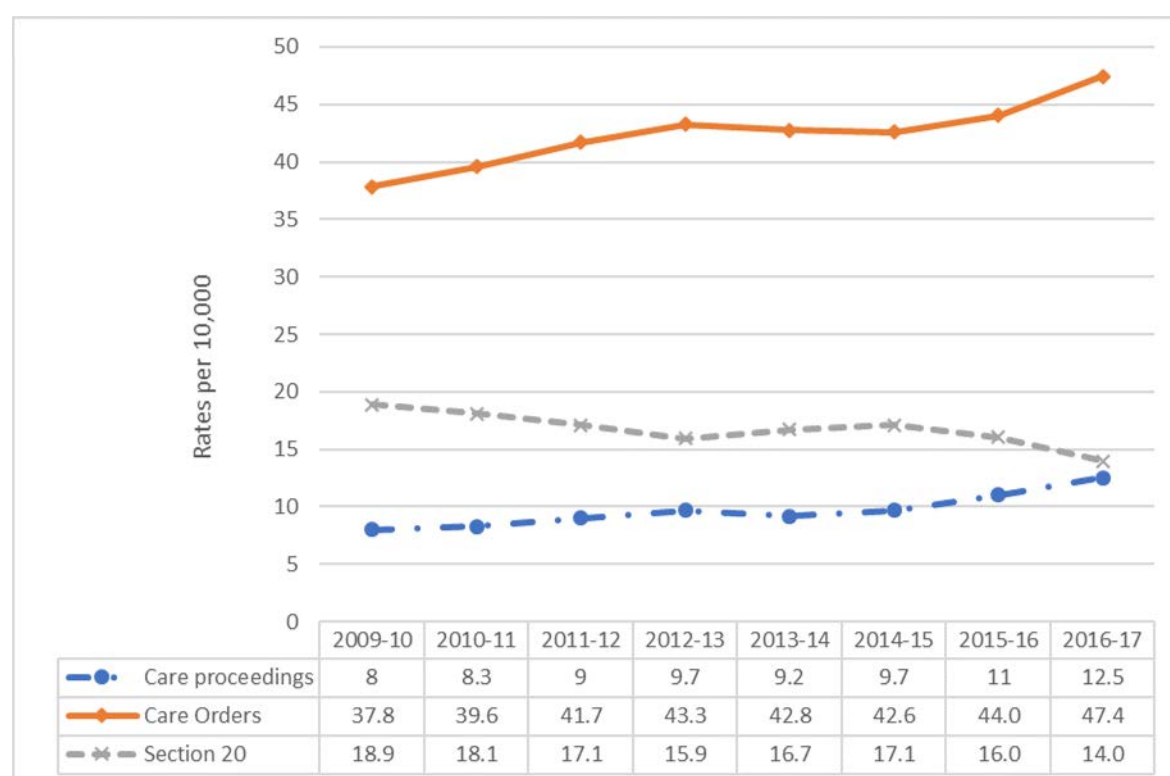
Trends for rates of CP interventions, which are illustrated in Figure 3, showed a steady rise in CP plans and CP conferences and a sharp rise in investigations. Rates of CP plans and conferences rose steadily from 2009-14 and then more gradually from 2014-17. Rates of Section 47 investigations in 2017 were more than double those in 2009. Overall, use of CP interventions has continued to outpace referrals and rates of CIN over the past three years.

*Figure 3. CP interventions*



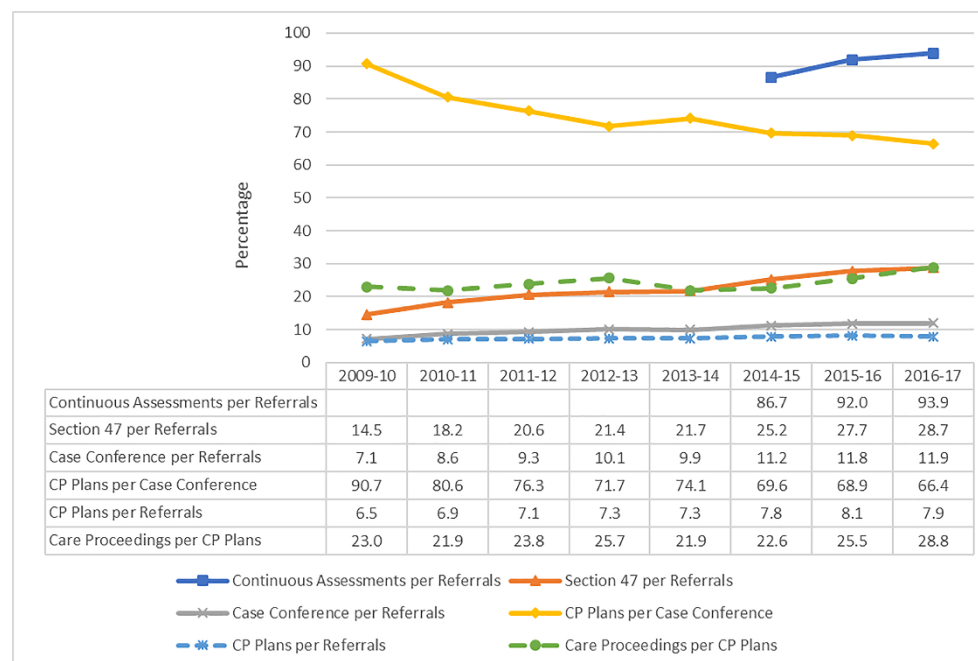
Statistics for Looked After Children (LAC) are illustrated in Figure 4. They show that rates of Care Orders and care proceedings rose steadily from 2014-17, and with one exception have increased every year since 2009. A contrasting trend was shown by accommodation under Section 20 (of the CA1989), which is a voluntary arrangement in which out-of-home care is subject to consent by the child's parents. This form of care declined from 2014-17, reversing a slight rise in the previous two years; rates of Section 20 accommodations in 2017 were 26% lower than in 2009.

Figure 4. Care proceedings and looked after children



Another way of comparing these trends is to calculate the proportion of activity in one part of the system that is evident elsewhere following assessment, investigation or case conference. Figure 5 illustrates changes in the ratio between types of demand and provision at different thresholds. It shows a rise between 2014 and 2017 in the proportion of assessments, CP conferences, and Section 47 investigations relative to referrals. This has been a sustained trend since 2009. The proportion of care proceedings relative to CP plans fluctuated somewhat during 2009-13 but then rose steadily from 2014-17. Interestingly, the proportion of CP plans relative to referrals did not vary much from 2014-17, but remained at a higher level during this period than in the previous five years. Meanwhile, the proportion of CP plans relative to CP conferences decreased every year from 2014-17, continuing a steady drop from the levels seen in 2009.

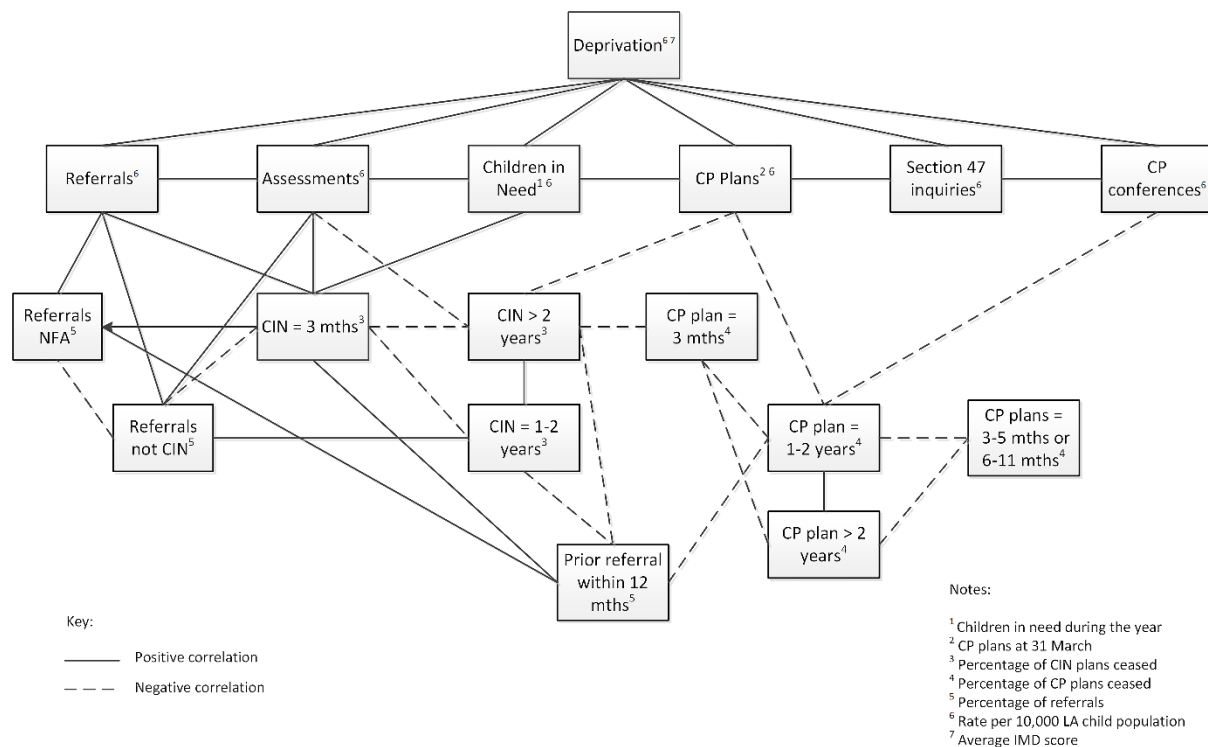
Figure 5. Ratios of demand and provision at different thresholds



## Analysis of correlations

Correlation analysis focused on the period 2014-17, and findings were subsequently compared with those reported by Hood *et al.* (2016a). The results reported below concern associations found to be significant ( $p < 0.05$ ) across all three years (2014-17), or in two out of three years where the same type of correlation (i.e. positive or negative) had been significant in all previous years. As expected, demand indicators across a range of thresholds correlated positively with each other and with LA deprivation levels. Patterns of service provision were also found to vary according to levels of deprivation-related demand. These variations are illustrated in Figure 6 below.

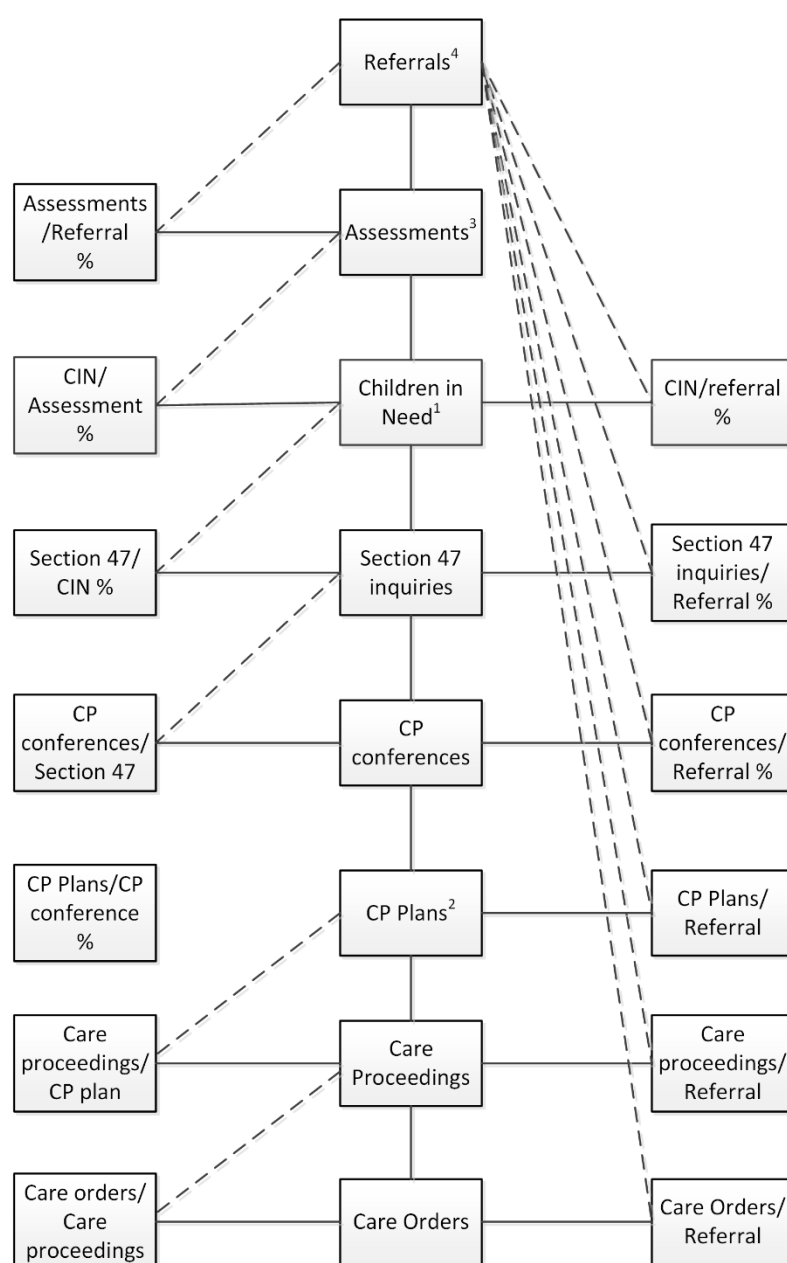
Figure 6. Variation in service provision linked to demand



At the top of Figure 6, deprivation and demand indicators are linked together with solid lines, each of which represents a positive correlation identified every year from 2014-17. On the left, the correlations show that LAs experiencing higher rates of referrals tended to screen out more referrals as requiring no further action (NFA) and were also more likely to assess cases as not CIN. At the same time, LAs (LAs) who screened out more cases as NFA were less likely to screen out as not CIN – indicated by the dotted line (negative correlation) between those two indicators. In the middle of the diagram, the correlations show that LAs with high levels of demand were more likely to close CIN cases earlier (< 3mths), as illustrated by the positive correlations (solid lines) between CIN = 3mths and demand indicators (referrals, assessments, CIN). High demand LAs were also less likely to work longer term with CIN (1-2yrs or >2yrs), as illustrated by the negative correlation (dotted line) between assessments and CIN > 2 yrs. There were signs of a similar pattern with respect to CP plans, which are a subset of CIN. LAs with high rates of CP plans were less likely to have CP plans lasting 1-2yrs while LAs with higher rates of CP plans lasting 1-2yrs were less likely to have plans lasting 3-5mths or 6-11mths. Finally, at the bottom of the diagram, it is shown that LAs who screened out more referrals and worked shorter-term with CIN cases were more likely to have higher rates of re-referrals within 12 months. This is illustrated by the positive correlation (solid line) between prior referrals and CIN = 3 mths, and the negative correlation (dotted line) between prior referrals and CIN > 2yrs.

Rates of demand and provision per LA child population were also correlated with service ratios in different parts of the system. The results are summarised in Figure 7, which shows three distinctive patterns. First, the rate of referrals was found to correlate negatively with all subsequent levels of provision as a proportion of referrals. This is illustrated by the cascade of dashed lines on the right hand side of Figure 7. They essentially show that the more referrals were received, the less work was done with them. Second, the rate of demand at a given threshold was found to correlate positively with the ratio of demand at that threshold as a proportion of demand at an earlier threshold. For example, higher rates of CIN were associated with a higher ratio of CIN per assessment. This is illustrated by the sequence of solid lines connecting rates in the middle to ratios on the left and right. The ratios on the left are based on 'neighbouring' thresholds, e.g. CP case conferences as a proportion of Section 47 investigations, while the ratios on the right all use referral rates as the denominator. The associations show that a higher ratio of activity at one threshold was linked to more work being carried out at the next threshold. The third pattern of correlations is illustrated by the sequence of diagonal dashed lines connecting rates in the middle with ratios based on neighbouring thresholds on the left. These were all negative correlations, which means that high rates of demand at one threshold (e.g. Section 47 investigations) were associated with a lower ratio of activity at the next threshold (e.g. CP conferences as a proportion of investigations). The second and third sets of correlations therefore operate in opposite directions, similarly to a negative feedback loop.

*Figure 7. Variation in ratios of service provision linked to demand*



Notes:

<sup>1</sup> Children in need during the year

<sup>2</sup> CP plans during the year

<sup>3</sup> Continuous assessments 2014-17, core and initial assessments 2009-13

<sup>4</sup> Rate per 10,000 LA child population

The correlations in Figures 6 and 7 provide evidence of a *screening mechanism* for managing demand. Overall, high rates of referrals and demand for CIN services were associated with a greater propensity to screen out children, particularly at the stages of referral and assessment, to close cases earlier and carry out less long term work. High levels of demand at a given point in the system were also associated with more *screening in* at that particular threshold – but were then followed by more screening out at the threshold that immediately followed. For example, LAs with high rates of Section 47 investigations tended to carry out more investigations per CIN but also to hold fewer case

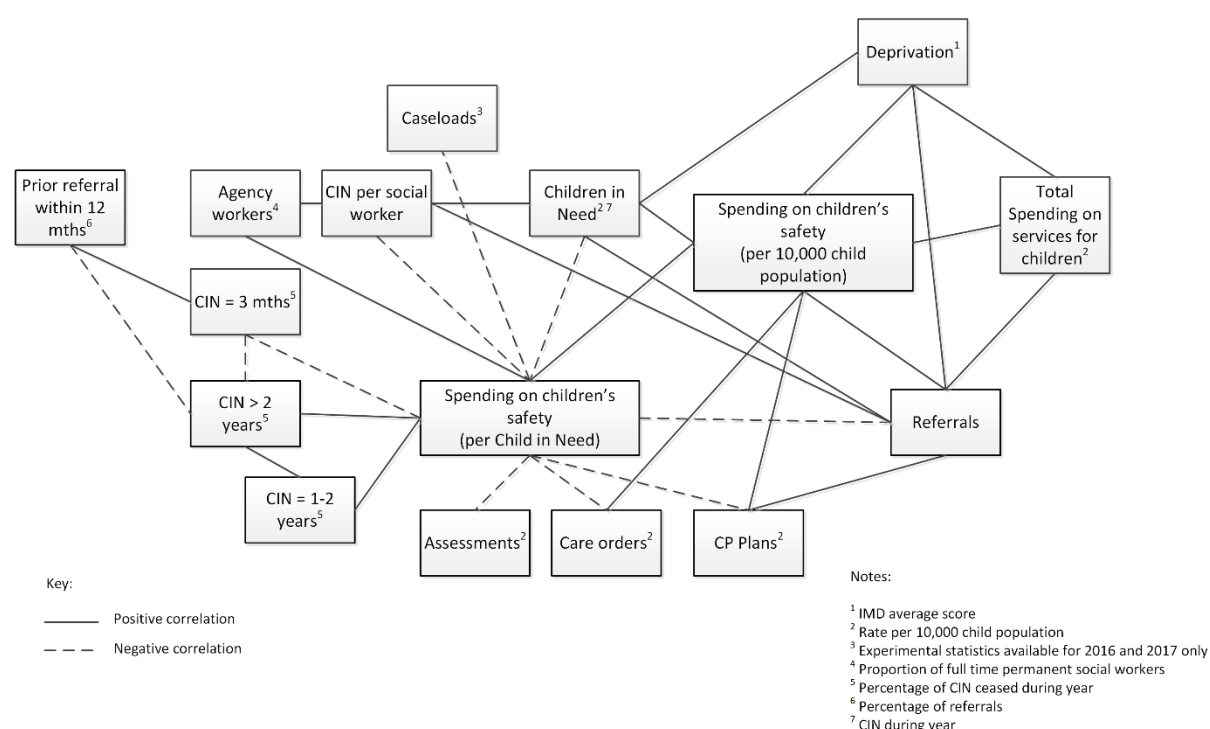
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conferences per investigation. The only exception to this pattern was the ratio of CP plans to CP conferences and CP plans, where significant correlations (with CP plans and CP conferences respectively) were not consistently found every year. Overall, the findings therefore suggest that screening occurred not only in response to external demand (i.e. referrals received from outside the system) but also in response to internal demand (i.e. interventions escalated from inside the system). In turn, rates of re-referrals (within 12 months) were higher not only in LAs that screened out more referrals and closed cases earlier but also in LAs that were less inclined to escalate from CIN to CP.

Variations in service provision linked to expenditure data were the next set of correlations to be analysed, as summarised below in Figure 8. It shows that higher deprivation levels were linked to higher levels of total spending on services for children and with higher rates of spending on children's safety per LA child population. This was to be expected since these LAs had higher levels of deprivation-related demand, so that higher spending per LA child population was associated with higher rates of CP plans and care orders as well as referrals, assessments and CIN. However, a different pattern of correlations emerged when spending on children's safety was measured *per child in need*. Although there was a positive correlation between both types of expenditure, LAs with higher levels of demand (referrals, assessments, CIN, CP plans and care orders) were actually found to spend *less* on children's safety per child in need. In turn, LAs with higher levels of expenditure per CIN tended to have lower rates of CIN per social worker and lower caseloads (although this last indicator was only available for two years). LAs that spent more on children's safety per CIN were also less likely to close CIN cases early (at 3 months) and more likely to work longer term with CIN (1-2 years or over 2 years). Overall, these correlations are suggestive of a *rationing* mechanism of demand management, serving to reduce expenditure-per-child for those in need of a service.

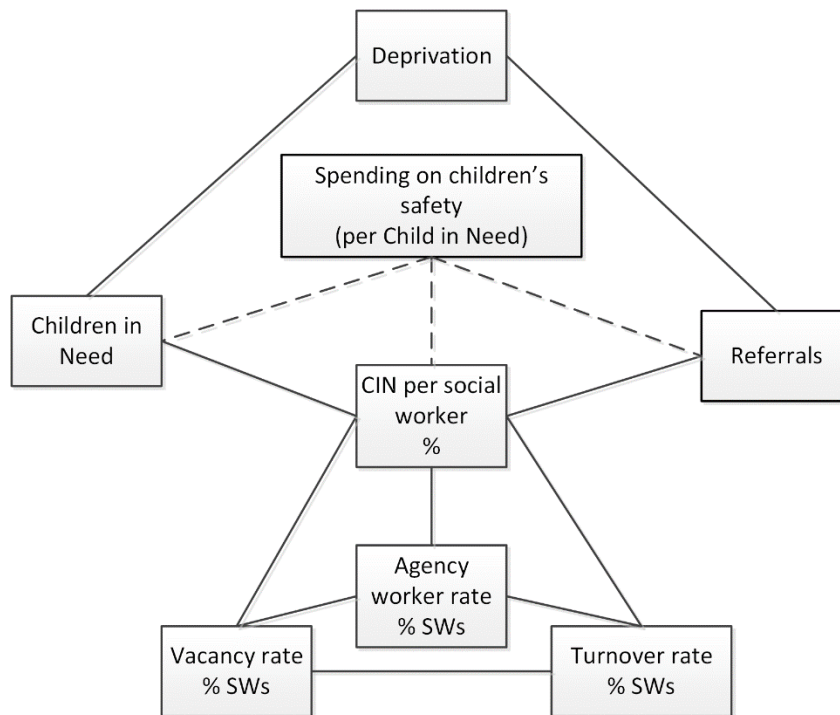
*Figure 8. Variation in service provision linked to expenditure*





Variations in service provision linked to workforce indicators were the final set of correlations to be analysed. The results are summarised below in Figure 9, which shows links between the variations in demand (measured by rates of referrals and CIN), expenditure (measured by spending on children's safety per child in need) and indicators of workforce stability: rates of agency workers, vacancies and turnover of social workers. The three workforce indicators all correlate positively with each other. Higher levels of demand are associated with higher rates of CIN per social worker and lower rates of spending per CIN. In turn, LAs with higher rates of CIN per social tend to have higher rates of agency workers, turnover and vacancies. Overall, these correlations suggest that the rationing response to high levels of demand is connected to a *churn mechanism* of demand management, where churn is understood as workforce instability caused by high rates of turnover, vacancies and agency staff.

Figure 9. Variations in service provision linked to workforce stability



### Summary of findings

- Rates of CP interventions, care proceedings and care orders rose every year from 2014-17, while rates of referrals and CIN remained largely unchanged. The same period saw implementation of the continuous child and family assessment, coinciding with an increase in assessment rates and a higher proportion of referrals receiving an assessment.
- National trends point to continued escalation in the use of CP interventions by LAs since 2009, particularly Section 47 inquiries and case conferences. Although overall rates of CP plans have risen, CP plans as a proportion of case conferences have fallen over this period.
- Rates of care proceedings increased while rates of accommodation under Section 20 decreased during 2014-17, both continuing trends observed since 2009.
- Correlation analysis provided evidence for three interconnected mechanisms of demand management: screening, rationing and workforce churn.
- Screening refers to the tendency for LAs to either escalate (screen in) or filter (screen out) cases at different thresholds, in response to levels of demand. Overall, higher demand was associated with more screening out, particularly at referral and assessment, and shorter timeframes of work for children in need and children on CP plans.
- Higher demand at particular thresholds was associated both with more screening *in* at that threshold but with more screening *out* at the threshold that immediately followed. Such

feedback loops allowed the system to respond not only to external but also internal variations in demand as cases progressed through the system.

- Rationing refers to the tendency for LAs with higher levels of demand to spend less on the children they work with. LAs with more referrals and CIN had lower levels of expenditure per CIN. These LAs also had higher rates of CIN per social worker, higher caseloads, were more likely to close cases early and less likely to work longer term with children.
- Workforce churn arose from the rationing response to high levels of demand, and refers to the tendency for LAs with higher rates of CIN per social worker to have higher rates of agency workers, turnover and vacancies.

## Discussion

The findings reflect the complex relationship between demand (represented by the trends) and demand management (represented by the correlations). When it comes to demand, there is additional evidence of the 'investigative turn' noted by Bilson and Martin (2017). They found that the number of Section 47 inquiries that did *not* result in a CP plan was increasing faster than the number of inquiries, which tallies with the falling ratio of CP plans to conferences reported here. It suggests a greater willingness on the part of CSC services to investigate families, so that some children are being screened out at a later stage than would previously have been the case. Yet interpreting this as evidence of lower thresholds for statutory intervention may underplay the impact of changes to the non-statutory context. In particular, the scale of cuts to preventative services over recent years means that when universal services are worried about a child there will be limited options other than refer them to CSC, and also fewer protective factors when the risk to children is assessed. The resulting pressure is likely to 'push' cases into (and through) the statutory system, despite the LA's best efforts to maintain thresholds and manage demand.

One question, given the trajectory of these trends, is whether the legal distinction between a 'child in need' and a 'child at risk' is becoming blurred in the reality of practice. As Devine (2015) points out, unofficial conflation of these categories would impinge on families' freedom to consent to statutory assessment. The increase in rates of children assessed as 'not CIN', when considered alongside static CIN and escalating CP rates, may point to an erosion in Section 17 provision, so that children who are unlikely to meet the threshold for Section 47 are more likely to be referred to non-statutory provision or 'early help' as opposed to receiving support as CIN. If it were not for the high numbers of children being subjected to statutory assessments, or had non-statutory provision for

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children and young people not been cut so dramatically in recent years, this might even be seen as desirable. As it is, the data on re-referrals show that screening more children out earlier tends to result in more children entering the system at a later date.

The turn to CP over the past eight years could be viewed as part of a cyclical change in political ideology and economic necessity prompted by the financial crisis of 2008, i.e. a gradual return to the protection-oriented system that prevailed in the UK and other Anglophone countries during the 1980s and early 1990s (Gilbert *et al.*, 2011). In the intervening period (i.e. late 1990s to 2008), economic prosperity coincided with an increase in public spending by a centre-left government in the UK (voted out of office in 2010). During this period, CP was subsumed into a broader category of 'safeguarding', incorporating all services for children within a pyramidal model similar to public health (DfE, 2003). The shift to safeguarding created a broader mandate for government (and professional) involvement with families (Parton, 2011), and was associated with a surge in referrals to CSC (Devine and Parker, 2015). Yet the expansion of families' access to CSC was not initially accompanied by a corresponding increase in CP activity; indeed Devine (2017) argues that referral and assessment services were so overwhelmed with 'low level' referrals that they became less effective at identifying abuse. The findings here suggest that in more recent years agencies have been rebalancing towards CP but *at the same level of referrals* (and CIN) built up in previous years when safeguarding was the dominant narrative and preventative services were well resourced. It is now becoming clear that such a policy is unsustainable for services, and ill-suited to help families already hard-hit by austerity measures (O'Hara, 2015).

The institutional and regulatory context of CSC has contributed to this crisis. Services have been shaped by a longstanding scandal-reform cycle, in which public outrage about deaths from child abuse is periodically channelled via media exposure and political posturing into a culture of toxic blame and risk-averse practice (Ayre, 2001; Jones, 2014). Attention should also be paid to the role of Ofsted, a non-ministerial government department that took over inspection of statutory CSC services in 2007. In its most recent three-year cycle of inspections, which coincided with the period examined above, Ofsted found the majority of LAs to be either inadequate or requiring improvement. During this time, anxiety about 'failing' an Ofsted inspection became pervasive (Jones, 2015) and recommendations focused heavily on procedural compliance (Hood *et al.*, 2018). LAs that were rated inadequate also seemed to shift resources towards CP (Hood *et al.*, 2016b). Ofsted's increasingly robust approach to inspections followed widespread criticism of positive ratings given to LAs shortly before scandals erupted about child sexual exploitation (Craven and Tooley, 2016) and

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deaths from child abuse (Elliott, 2009). It could be that the inspectorate itself has been affected by accountability pressures in the sector, reinforcing risk-averse tendencies in the sector and contributing to the shift towards late intervention.

There have been calls for sustainable approaches to managing demand (Thomas, 2018). However, the evidence presented here would suggest that demand management is part of the problem rather than the solution. Its main mechanisms are screening and rationing, which serve to control people's access to services as much as to address their problems (the latter would presumably be called 'meeting demand'). When LAs try to manage demand for statutory provision at the same time as implementing huge cuts for services 'lower down' the safeguarding pyramid, demand can be expected to go up, until it eventually overwhelms the higher tier services that were supposedly being gate-kept and rationed. In this study, demand management was also linked to workforce instability, which elsewhere has been found to increase the likelihood of a poor inspection outcome (Hood *et al.*, 2016b). Similar counterproductive effects have been found in transactional services such as housing repairs or benefits payments, where efforts to manage demand by setting up back-office functions to screen and process requests lead predictably to a deterioration in service quality (from end users' perspective) and agencies becoming overwhelmed with 'failure demand' (Seddon, 2008). Such systems tend to be designed around multiple handovers of work and rely on procedures, targets and audits to manage performance – all longstanding features of CSC (Munro, 2010).

LAs in areas of greater deprivation are under particular pressure, having borne the brunt of government cuts in the context of already high levels of demand (Bywaters *et al.*, 2018). High deprivation LAs are also more likely to receive a poor inspection outcome than low deprivation LAs, particularly when unable to spend more than average (Webb and Bywaters, 2017). A combination of fiscal and social policy therefore seems to be forcing LAs into a vicious cycle of spiralling demand and counterproductive rationing, not helped by institutional anxiety about inspections. For beleaguered directors of children's services, Hobson's Choice beckons – do less demand management and deal with more demand now, or do more demand management and deal with more demand later on? Shifting resources from CP to preventative work and early help sounds like a sensible long term strategy but one difficult to implement in the context of unprecedented demand for CP, acute financial constraints, and the political sensitivity of child abuse. It should also be remembered that when preventative programmes were generously funded during the early 2000s, they were accompanied by an *expansion* of statutory involvement with children and families.

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In systems terms, demand management may be considered a single-loop solution to a crisis that requires a double-loop solution, i.e. a fundamental reappraisal of the assumptions underlying current approaches to CSC. Featherstone *et al.* (2014) argue that current orthodoxies include a transactional model of welfare based around bureaucratic processes, a child-focused orientation that overlooks the importance of families and networks, a preoccupation with risk linked to the pathologizing of groups and individuals, and an oppressive discourse of expertise. This paper has examined the empirical consequences of implementing such an approach in a sector that is now in crisis even on its own terms. The alternative paradigm outlined by Featherstone *et al.* (2014) would see child welfare agencies reconnect with the communities they serve, replacing 'screen and intervene' approaches with relational and developmental models of practice based on an ethics of care. However, while the sector has seen a great deal of innovation over recent years, the continuing crisis suggests that its problems are deep-rooted. It may be time to acknowledge that the 'safeguarding' paradigm heralded by Every Child Matters has finally run its course, a casualty of austerity politics and the bureaucratic, stigmatising system through which social investment was made. If progress is to be made, policymakers will need to disentangle the conflicting and contradictory demands that are pushing CSC services – and LAs – to the brink of collapse.

## Conclusion

This paper has explored demand and demand management in children's social care, focusing on the last three years of national data returns and contextualising results from a historical perspective. The current crisis in demand, whose most visible symptom is the escalation in CP and care proceedings, emerged from an earlier period in which an expanded remit for CSC was predicated on generous government funding of universal and non-statutory services. In the current economic and political climate, the legacy of that period is proving catastrophic for agencies and families alike. It may also be time to question the legality of managing demand on the basis of thresholds intended as a framework of checks and balances for statutory intervention. Solving these issues will require political as well as institutional bravery.

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