The relationship between poverty, child abuse and neglect: an evidence review

Paul Bywaters, Lisa Bunting, Gavin Davidson, Jennifer Hanratty,
Will Mason, Claire McCartan and Nicole Steils

This report examines evidence on two key aspects of the relationship between poverty and child abuse and neglect: how poverty affects a child's chance of being abused or neglected, and the impact abuse or neglect in childhood has on poverty in adult life.

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This report identifies and discusses evidence about two key aspects of the relationship between poverty and child abuse and neglect: the impact of poverty on a child's chance of being abused or neglected and the impact on adult poverty of abuse or neglect in childhood. It explores the economic costs of child abuse and neglect and outlines broad policy implications, with a particular focus on the UK.

Although the evidence is limited in a number of important respects, it is clear that there is a strong association between family poverty and a child's chance of suffering child abuse or neglect. Adverse events in childhood, including abuse and neglect, are associated with a negative effect on adult economic circumstances. However, these associations have been an insufficient focus of official data-gathering, research or policy-making.

This report outlines:

- strengths and weaknesses in the evidence base;
- UK and international evidence about the association between family poverty and child abuse and neglect;
- UK and international evidence about the impact of childhood abuse or neglect on poverty in adulthood;
- evidence about the costs of child abuse and neglect;
- implications for policy-making.

March 2016

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Contents

Glossary of research terms used 1

Executive summary 2

1 Introduction 7

Aims and objectives 7

Key questions 7

Poverty, child abuse and neglect 7

Scale and scope 8

Outline methods and team 9

Previous reviews 10

2 Context: A problematic evidence base 11

Summary 11

Introduction 12

Evidence about child abuse and neglect 12

Child poverty and child abuse and neglect 18

Policy alignment and disjunction 19

3 The impact of poverty on child abuse and neglect 21

Summary 21

The association between poverty and CAN 21

Evidence about the nature of the association between poverty and CAN in the UK 28

4 The impact of child abuse and neglect on adult poverty 35

Summary 35

Introduction 35

CAN and poverty – explanatory models 41

5 The costs of child abuse and neglect 43

Summary 43

Introduction 43

Methodological challenges 44

The costs of child poverty and CAN 45

Costing early and late intervention 45

Reactive and preventive expenditure 46

6 Policy implications 47

A cultural shift in policy on family poverty and child abuse and neglect 47

An improved evidence base 49

A reduction in child abuse and neglect by addressing families' material hardship 50

References 52

Appendix 1: Methods 61

Appendix 2: Categories of maltreatment in official data in the UK 65

Acknowledgements 67

About the authors 68

List of tables

1 Percentage of children in England, Northern Ireland and Wales on child protection plans or registers in year to 31 March 2014 by form of maltreatment 13

2 Rate of children on child protection registers or plans, per 10,000 children aged 0–17, at 31 March 2014 (31 July for Scotland) 14

3 Number of section 47 enquiries and initial child protection conferences carried out by children's social care services, and the number of children who were the subject of a child protection plan (year ending 31 March, England) 15

4 Percentage of registered CAN cases in Gillham *et al.* (1998), Scotland 2009–10, and Gordon and Gibbons (1998) 23

5 Proportion of children on child protection plans (per 10,000 children) in neighbourhood deprivation quintiles (5 = most deprived) in affluent (top third) and disadvantaged (bottom third) local authorities ranked by overall Index of Multiple Deprivation scores, 2011/12 28

Glossary of research terms used

Cross-sectional studies – observational studies that collect information on a group of people at a specific point in time. They are useful for comparing many different variables at the same time, but only give a snapshot and cannot be used for identifying the cause and effect of a behaviour or health outcome.

Cohort studies – studies in which a defined group of people (the cohort) is followed over time. This longitudinal study design can be used to help understand the exposure or event of interest and the eventual outcome. They can be *prospective* (present time and the future) or *retrospective* (present time and past examination of events/outcomes).

Regression analysis – a technique designed to predict values of a dependent variable from knowledge of the values of one or more independent variables. This is used to indicate how much various factors may have contributed to a particular outcome (the dependent variable).

Longitudinal, regression – regression analysis used to examine the variables over different points in time.

Non-parametric regression modelling – these are statistical techniques used when no or few assumptions can be made about the shape or parameter of the population from which the sample is drawn.

Probability sample – methods used to select random samples which are representative of the population.

Longitudinal design – observational studies where subjects are followed over time with continuous or repeated monitoring of variables. They can be used to identify developments or changes in the characteristics of the target population at both group and individual level and can establish the sequence of events of a particular outcome or behaviour.

Executive summary

Introduction

Key questions

This review aimed to investigate two central issues.

- To what extent is there evidence that poverty increases the amount of child abuse and neglect (CAN), and/or affects the nature of child abuse and neglect? How does this occur, how large are these effects and to who do they apply?
- To what extent is there evidence that CAN increases poverty later in life, how large are these effects and to who do they apply?

Within these two issues evidence about equality and diversity were considered throughout. Evidence about the costs of child abuse and neglect was also reviewed.

Scale and scope

According to the NSPCC's summary of official data from the four UK countries (Jütte *et al.*, 2014), in 2012/13 more than 60,000 children were placed on a child protection register (or child protection plan in England), around 1 in 200 children under 18. No official data is available for the UK countries of the number of such children who were living in poverty or how many children were placed on a child protection register at some point in their childhood. Over the past 25 years, between 1 in 4 and 1 in 3 children have been living in families in poverty at any one time, measured as having a household income below 60 per cent of the median (mid-point) income for all UK households. However, no reports on the extent of child poverty in the UK record the proportion who were also experiencing CAN. One important finding of this review is that attempts to understand the relationship between CAN and poverty in the UK are undermined by the lack of even basic data.

Within the data and evidence reported, there are significant differences between the four UK countries – England, Northern Ireland, Scotland and Wales – and internationally. There are substantial differences in the legislative, policy, organisational and practice structures of child protection systems between countries. Devolution is tending to increase the divergence of the UK's systems and policies for addressing both child protection and child poverty. Any attempt to identify a clear set of UK policy prescriptions in relation to CAN has to recognise the political, legal, policy and practice complexities.

Outline methods and team

The first key question was addressed not through a full, systematic review of the international literature, but a rapid evidence review. The review concentrates on studies published in the last ten years, but also considers seminal earlier publications. It focuses on the UK. However, the limited volume, range and quality of UK evidence means that we also selectively considered evidence from elsewhere. Lack of time meant a severe prioritisation of the material identified. The second question, because of its longitudinal focus, was addressed through a systematic review methodology which identified international cohort studies examining the link between childhood abuse and adult economic outcomes.

Previous reviews

There are no previous full systematic reviews which have focused specifically on the two questions that are the subject of this report, as applied to the UK countries. As Dyson (2008) put it, 'although there is a vast amount of research on the impact of poverty and of maltreatment, little work has been done to explore the relationship between the two' (p. 2).

Context: A problematic evidence base

Inadequate attention has been given to developing an evidence base for quantifying and understanding the relationship between poverty and CAN in the UK.

Definitions and measures in official data about CAN

The four UK countries lack a common and consistently applied set of definitions or measures of CAN for use in gathering official statistics. Definitions and measures have also varied over time, making trend data difficult to interpret. These factors also apply to the international evidence. Measures of the numbers (and rates) of children on child protection plans or registers at a point in time and over the previous year in official data are weakened by inconsistencies in recording practice within and between countries.

None of the four UK countries' governments measure the extent of CAN through self-report studies. The relationship between rates of substantiated CAN at a point in time and prevalence over time is not examined in official statistics. No official measure is produced of lifetime exposure to CAN.

Official data on the proportion of children investigated for child protection concerns or placed on child protection plans or registers are not reported for geographical areas smaller than local authorities.

Reported data on children in contact with child protection services usually includes some analysis by age and gender in all four UK countries. There is little reported information about disability and ethnicity, despite the evidence of substantial differences in rates between groups.

Family socio-economic circumstances in official data and community studies of CAN

No data is collected by UK governments on the socio-economic circumstances of families in which children are or have been at risk of significant harm.

Administrative data linkage to match children subject to CAN to databases giving details of family socio-economic circumstances, health or other factors is under-used in the UK.

Two major UK-wide retrospective self-report studies by children, young people and parents of their experiences of CAN have been conducted in the past 15 years. These studies collected some data about the socio-economic circumstances of respondents but only limited analysis has been reported of the relationship between those circumstances and CAN.

Longitudinal cohort studies in the UK have collected little data about CAN. Where data has been collected about families' contacts with children's services, there is usually little detail about the reason for or the nature of the contacts, for example the kind of abuse or neglect experienced.

There have been no comprehensive or representative research studies linking the socio-economic circumstances of individual families to the incidence of CAN in the UK in the past 25 years.

Evidence linking child poverty to CAN

Studies quantifying the nature and extent of child poverty in different social groups and children with different identities have rarely included information about CAN.

Government policies on child poverty and on CAN show insufficient signs of being 'joined up', especially in England.

The impact of poverty on child abuse and neglect

Evidence of the association between poverty and CAN

There is a strong association between families' socio-economic circumstances and the chances that their children will experience CAN. Evidence of this association is found repeatedly across developed countries, types of abuse, definitions, measures and research approaches, and in different child protection systems. This conclusion can be drawn despite the major limitations in the evidence from the UK.

There is a gradient in the relationship between family socio-economic circumstances and rates of CAN across the whole of society; it is not a straightforward divide between families in poverty and those which are not. This finding mirrors evidence about inequities in child health and education. The greater the economic hardship, the greater the likelihood and severity of CAN.

The weak and limited evidence from the UK, and uncertainties about transferring evidence from other countries, particularly the US, where the majority of research has taken place, makes it hard to determine whether or to what extent some groups of children and some forms of CAN are more closely related to socio-economic circumstances than others.

Although there is evidence of 'bias' in child protection systems which affects the proportion of children in different circumstances that have contact with child protection services, this is insufficient to explain the core association between poverty and the prevalence of CAN.

Evidence about the nature of the association between poverty and CAN in the UK

Poverty is neither a necessary nor sufficient factor in the occurrence of CAN. Many children who are not from families in poverty will experience CAN in some form and most children in families who are living in poverty will not experience CAN. CAN is caused by many interlocking factors.

There are a variety of plausible explanatory models for the relationship between family socio-economic circumstances and the prevalence of CAN. The most widely described suggest either a *direct* effect through material hardship or lack of money to buy in support, or an *indirect* effect through parental stress and neighbourhood conditions. Disadvantaging socio-economic circumstances may operate as acute or chronic factors, including their impact on parents' own childhoods. The family stress model is central in most accounts.

The evidence suggests that these direct and indirect impacts of poverty also interact with other factors affecting parenting to increase or reduce the chances of CAN:

- parenting capacity, for example affected by mental and/or physical illness, learning disabilities, (lack of) prior education, shame and stigma;
- family capacity for investment, for example to buy care, respite or better environmental conditions;
- negative adult behaviours, for example domestic violence or substance use, perhaps provoked or exacerbated by family stress;
- positive adult and child behaviours, promoting social support and resilience;
- external neighbourhood factors: the social and physical environment.

These interactions between poverty and other contributory factors are complex and frequently circular. For example, poverty increases the risk of mental ill-health and mental ill-health increases the likelihood of poverty. Parental substance use accompanied by poverty is more likely to lead to contact with child protection services than substance use in a position of affluence.

The conception of poverty as a contributory causal factor is supported by evidence from experimental or quasi-experimental studies in the US that raising the income of families in poverty had a statistically significant impact in reducing CAN rates.

Some recent UK research argues for responding to CAN by placing or keeping children in out-of-home care by emphasising the role of factors such as parental domestic violence, substance misuse, mental and physical illness and learning disability. However, this case is substantially weakened because the studies do not take account of wealth, income or the home or neighbourhood environments when comparing outcomes between children remaining with their birth families and those in out-of-home care.

Evidence suggests that individual practitioners and child protection systems currently pay insufficient direct attention to the role of poverty in CAN.

The impact of child abuse and neglect on adult poverty

There are no good-quality UK studies that directly chart the association between CAN and adult poverty. Being a 'looked-after' child (placed in out-of-home care such as foster or residential care) is strongly associated with a history of CAN and so can be taken as a proxy measure, although with significant reservations. UK research on the link between being 'looked after' and economic outcomes is derived from one key source, the 1970 British Cohort Study. Studies provide evidence that being looked after as a child has a sustained impact on a number of socio-economic outcomes including: reduced income, lower socio-economic status, reduced educational attainment, increased homelessness and unemployment. However, it is not possible to disentangle the effects of maltreatment from the effects of being looked after.

A number of international studies using varied measures of maltreatment and adult economic outcomes support a specific association between child maltreatment and a range of poverty-related outcomes.

Some research suggests differential outcomes depending on abuse type and gender, but the evidence is inconsistent. As none of these are recent projects from the UK, the transferability of their findings is uncertain.

Few studies have investigated the impact of neglect on adult poverty. Those that have indicate that neglect, as with other maltreatment types, has a negative effect on a number of economic outcomes. No work was found on the economic outcomes of emotional abuse.

There is some evidence that ethnic minority children in state care achieve poorer employment and financial outcomes in adulthood than children from the White British population but this may be the result of racism rather than CAN.

There are many suggested mechanisms by which child maltreatment may impact on adult outcomes. Reduced educational attainment, mental and physical health problems and difficulties in adult relationships are highlighted as key factors in producing negative financial outcomes.

The costs of child abuse and neglect

There are no adequate calculations of the costs of CAN in the UK. The weak evidence reflects in part the methodological challenges of cost analysis. There is an absence of transparency about local authority spending on CAN. Data on the costs of children's services also suffers from issues of reliability.

The major review of the costs of child poverty in the UK estimated that two-thirds of the costs of children's social care could be attributed to poverty. This would currently equate to around £5 billion a year. However, the much larger longer term costs for health, education, housing, criminal justice and other services, and the lost potential for wealth creation, were not included. Another recent UK study has estimated that the total costs of 'late intervention' in children's lives amounts to £17 billion a year in England and Wales.

These calculations suggest that the costs of CAN are very substantial, indicating the potential economic value of preventative early support for families, in addition to the human benefits.

Despite widespread advocacy of early intervention, resources for early support services in England have decreased significantly over the past five years. This picture varies across the four UK countries. However, while many early intervention programmes focus on parenting skills and rapid decision-making to move children to alternative families where preventive interventions are deemed to fail, there is little or no evidence of interventions that directly confront the socio-economic difficulties faced by many families where CAN is a concern.

Policy implications

Three main conclusions are drawn from the evidence reviewed:

- there is a lack of joined up thinking and action about poverty and CAN in the UK;
- the UK evidence base is limited, both in terms of official data and research;

- lessening family poverty across the population is likely to have a positive effect on reducing both the extent and severity of CAN in childhood, on the socio-economic consequences of CAN in adult life and on the wider economic costs.

Three strategic policy goals are outlined with indicative actions:

- There should be widespread recognition of the strong association between families' socio-economic circumstances and children's chances of being subject to abuse or neglect. It is essential that this association is framed as a public issue and a matter of avoidable social inequality, not as a further source of shame and pressure on individual disadvantaged families.
- Programmes should be developed and implemented to rectify the limited data and evidence base in the UK on the extent and nature of the association between families' socio-economic circumstances and CAN, the consequences in adult life, and the economic costs, and to test explanatory models through research.
- Effective anti-poverty policies should be developed and connected with policies aimed at reducing inequities in child health and education, explicitly incorporating a focus on their relevance for CAN. In particular, the impact of anti-poverty policies on CAN for different groups of children should be considered and addressed, especially different age groups, disabled children, all ethnic groups and children living in particularly disadvantaged neighbourhoods.

1 Introduction

Aims and objectives

In September 2012, the Joseph Rowntree Foundation launched a new four-year programme to produce evidenced and costed anti-poverty strategies for all age groups and each nation of the UK. JRF commissioned a range of evidence and policy reviews to examine the links between poverty and specific topics and look for evidence about effective solutions in policy and practice.

This paper reports on a rapid review of the evidence about the relationship of child abuse and neglect (CAN) to poverty. It focuses on the UK, but draws on wider evidence and has relevance internationally.

Key questions

The review investigated two central issues:

- To what extent is there evidence that poverty increases the amount of child abuse and neglect, and/or affects the nature of child abuse and neglect? How does this occur, how large are these effects and to who do they apply?
- To what extent is there evidence that child abuse and neglect increases poverty later in life, how large are these effects and to who do they apply?

Within these two issues two factors were considered throughout (although findings on cost are presented separately):

- equality and diversity – how are different groups of children and adults affected, for example children subject to abuse and neglect at different ages, boys and girls, children from different ethnic groups and disabled children;
- cost – what are the economic consequences of these relationships: the cost of raised levels of CAN due to poverty, such as the costs to public and other services of responding to abuse and neglect, and the costs in adult life resulting from the consequences of CAN, for example in terms of poor educational and employment outcomes, damaged mental and physical health, or increased rates of teenage pregnancy or imprisonment.

The report also identifies gaps in evidence and draws overall conclusions about the implications for policy and practice. It is divided into six sections. The introduction outlines the context, scope and methods of the review, sections 2–4 discuss the quality of the evidence base and findings in relation to the impact of poverty on child abuse and neglect and the impact of child abuse and neglect on adult poverty. Section 5 discusses the issues of cost and section 6 considers policy implications.

Poverty, child abuse and neglect

The NSPCC annual report (Jütte *et al.*, 2014, pp. 10 and 13) summarises a widely held perspective on these issues which we conclude is an over-simplification:

> Why are some children at greater risk of abuse and neglect than others? Answering this question is an immense challenge. The evidence on risk is inconsistent and limited. We cannot say that any single factor – or collection of factors – causes maltreatment and we are far from being able to predict who will perpetrate abuse or who will experience it. It *is* nonetheless possible to identify certain contexts and environments that are more frequently associated with child abuse and neglect ....
>
> Although there is no evidence which shows that poverty causes child maltreatment, poverty and child maltreatment share many similar risk factors, and frequently overlap. The impact of the stress associated with poverty and social deprivation on parenting is the most common and widely accepted explanation ....

In arguing for a greater emphasis on preventing CAN and a strategic societal approach, rather than a reliance on social care professionals, the NSPCC report presents family poverty, neighbourhood deprivation and social inequality as different dimensions of one of a number of influences on children's chances of CAN, operating at family, community and societal levels. This is little different from the position taken almost ten years ago in a previous review (Dyson, 2008).

This report attempts to improve awareness and understanding of the issues by:

- identifying with more detail the strengths, gaps and weaknesses in the evidence base;
- updating the evidence from more recent studies;
- examining the evidence for explanatory models linking childhood poverty to CAN and CAN to adult poverty;
- evaluating evidence about the costs to society of CAN and responses to it;
- creating the basis for more concrete and focused policy, practice and research agendas.

Scale and scope

The main recent UK-wide self-report study of 18 to 24-year-olds (Radford *et al.*, 2011) suggested that around 1 in 4 of this age group had experienced some form of severe maltreatment during their childhood and many had experienced multiple adverse events. The rates of neglect reported by 18 to 24-year-olds whose parents were in social classes A to C were half those for social classes D or E, with a somewhat smaller class difference for repeated verbal aggression or coercive sexual acts (60 per cent) and physical violence (70 per cent).

According to the NSPCC's summary of official data from the four UK countries (Jütte et al., 2014), in 2012/13 more than 60,000 children were placed on a child protection register (or child protection plan in England), around 1 in 200 children under 18. No official data is available for the UK countries of the number of those children who were living in poverty or the period prevalence of officially recorded CAN (i.e. how many children were placed on a child protection register at some point in their childhood). Data from the Department for Education (2014a) shows that, in England, around 16,000 children started a period of out-of-home care during 2012/13 attributed to abuse and neglect but some of those would also have been on a child protection plan (CPP) during the year so adding those to the total would involve some unquantifiable double counting. As the NSPCC report makes clear (and we explore below), these statistics are as much illustrations of the limitations of current data collection systems on CAN in the UK, as evidence of the scale of the issue (see also López *et al.*, 2015, for the USA).

Over the past 25 years, between 1 in 4 and 1 in 3 children have been living in families in poverty at any one time, measuring poverty as having a household income below 60 per cent of the median (mid-point) income for all UK households (MacInnes *et al.*, 2013). However, no reports on the extent of child poverty in the UK records the proportion who were also experiencing CAN. One important finding of this review is that attempts to understand the relationship between CAN and poverty in the UK are undermined by the limitations or absence of even basic data.

Within the data and evidence reported, there are significant differences between the four UK countries and internationally. As Gilbert *et al.* (2011), Gilbert (2012) and Gilbert *et al.* (2012), among others, have pointed out, there are substantial differences in the legislative, policy, organisational and practice structures of child protection systems between countries. This applies within the UK as well. Scotland has a fundamentally different legal system for child protection to England and Wales, Northern Ireland operates through a structure of joint health and social care boards rather than local authorities, and there are subtle but significant differences in data gathering and policy direction found even between England and Wales where the legal framework is broadly the same. However, it is unclear whether these differences are a factor in the substantially lower proportion of children on a child protection register in Scotland – around a third less than in England, Wales or Northern Ireland in 2012/13. It is also unclear why child protection register rates declined in Northern Ireland between 2012 and 2014 while rising in the other countries (see below).

Devolution is tending to increase the divergence of the UK's systems and policies for addressing both child protection and child poverty. Any attempt to identify a clear set of UK-wide policies in relation to CAN has to recognise the political, legal, policy and practice complexities. However, with few exceptions, there is a common pattern. As Parton (2014, pp. 2053–4) puts it: 'Discussions about child protection are largely disconnected from any wider appreciation of what harms children, how their welfare might be improved and how such issues are related to wider social and economic forces. The scandal-driven politics of child protection have encouraged a narrow view of what is at stake in policy-making and in the process the "failures" of child protection are seen to result from problems in the design and operation of child protection systems and the decisions of certain professionals, particularly social workers.' A balance has to be struck between emphasising national differences and recognising common themes and patterns across such differences.

Outline methods and team

The first key question was addressed not through a full, systematic review of the international literature, but a rapid evidence review following the principles of the Rapid Evidence Assessment toolkit (http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance). This approach aims 'to be rigorous and explicit in method ... but make(s) concessions to the breadth or depth of the process by limiting particular aspects of the systematic review process'. The second question, because of its longitudinal focus, was addressed through a systematic review methodology which identified international cohort studies examining the link between childhood abuse and adult economic outcomes. For more details of the methods used see Appendix 1.

The rapid evidence review concentrated on literature published in the last ten years, but also considered seminal publications. It focused on findings for the UK, taking into account the four devolved national systems. However, the limited volume, range and quality of such evidence meant we also considered other evidence. In their systematic review of child maltreatment prevention, Mikton and Butchart (2009) found that 90 per cent of the 296 reviews that met their quality threshold were based in North America, 5.4 per cent in Australasia and just 4.3 per cent in Europe, of which 1.3 per cent were from the UK. Our experience was similar. As one of our European experts commented: 'I mentioned earlier that the research in this area might be very scarce but there seems to be even less than I expected.' We make it clear throughout the report where the research was conducted and, if possible, what we believe the implications are for the UK.

The search and review processes used here were limited in the following respects:

- the geographical range of literature sources considered;
- the limited set of search terms employed;
- the primary sources for screening and prioritising the work reviewed were electronically available abstracts and texts, supplemented only by materials passed directly to us by the expert panel members;
- the relatively limited and simple processes of quality appraisal and synthesis of studies.

Lack of time meant a severe prioritisation of the material identified. Much potentially relevant work, particularly from outside the UK, went unread. Evidence reviewed had to be limited to work that was directly relevant to the focus on poverty and CAN in the UK; general research on the effects of poverty on family life or outcomes for children – either in childhood or later life – was not included in our analysis unless it explicitly addressed the role of CAN within those relationships. For example, we were not able to examine the impact of poverty on factors thought to influence CAN such as domestic violence, substance use or mental illness. The review focused on empirical studies not opinion papers.

The team which carried out the review was primarily drawn from researchers already collaborating on a study of the relationship of socio-economic factors to inequalities in the proportion of children identified as at risk of CAN or in out-of-home care between and within the four UK countries. This two-year project (Child Welfare Inequalities Project – CWIP), which started in April 2015 funded by the Nuffield Foundation (www.coventry.ac.uk/cwip), and an earlier pilot study (www.coventry.ac.uk/child-welfare-inequalities), had already accumulated a substantial body of literature of direct relevance to the first

question: how does poverty impact on the extent and nature of CAN? Two members of the CWIP research team carried out the literature search and analysis for this question.

Members of the CWIP team based in Queen's University, Belfast, had contributed to a recent systematic literature review of the adult consequences of adverse childhood events, including abuse and neglect (Davidson *et al.*, 2012), and with other colleagues they undertook to focus on the issues raised by the second question: what is the impact of child abuse and neglect on adult poverty?

In addition, we recruited a panel of international experts in the relationships between poverty and CAN from Europe, North America and Australasia. These were Professor Poso, University of Tampere, Finland; Dr Lieve Bradt, Ghent University, Belgium; Professor Kristi Slack, University of Wisconsin, USA; Professor Leroy Pelton, University of Nevada, USA; Dr Emily Keddell, University of Otago, New Zealand; Dr Frank Ainsworth, James Cook University, Australia. These colleagues were asked to identify key literature and to review the draft report. Dr Esther Dermott from the University of Bristol supplemented the team's knowledge of CAN with additional expertise in childhood and family poverty.

Working in parallel and collaboratively, the teams in Coventry and Belfast identified key literature on the basis of timeliness, relevance and quality from expert recommendations and database searches, prioritised items to review and analysed the resultant sample of papers.

Previous reviews

There are no previous full systematic reviews which have focused specifically on the two questions that are the subject of this report, as applied to the UK countries. A short research briefing on the relationship between poverty and child maltreatment in the UK was produced by the NSPCC in 2008 (Dyson). One reason for the dearth of UK based reviews may be that, as Dyson put it: 'although there is a vast amount of research on the impact of poverty and of maltreatment, little work has been done to explore the relationship between the two' (p. 2). This is further exemplified in two influential reports by UK parliamentarians, the Field Report (Field, 2010) and the Allen Report (Allen, 2011). The Field Report on 'preventing poor children becoming poor adults' contained no references to child abuse and only one to neglect. The Allen Report on early intervention which aimed 'to give children aged 0–3 the social and emotional bedrock they need to reach their full potential' (p. xiii) contained no mention of poverty in its recommendations.

UK based summary reports on parenting in poverty are also available, for example, Katz *et al.* (2007), while research reports have added to understanding of the impact of poverty on family life through the eyes of parents, for example, Hooper *et al.* (2007) in England, and Daly and Kelly (2015) in Northern Ireland. The two first of these include valuable references to the relationship between poverty and CAN, but in none of these cases was this the focus of the work. The policy and research worlds of poverty and CAN, while sometimes nodding in each other's direction, engage directly with one another surprisingly rarely in the UK.

Davidson *et al*'s (2012) UK based but international review of studies of families experiencing multiple adversities overlaps with our focus on the adult consequences for poverty of CAN, but considered a wider range of both childhood adversities and of adult outcomes. Once again, the specific relationship under investigation here was not the focus.

Internationally, the picture is little different. Although a very substantial volume of work bears on the questions at issue, no full systematic reviews of these two questions exist and reports often centre on a single country rather than the international picture. For example, Wynd's (2014) 'short review' (p. 5), while valuable, addresses the New Zealand context. Pelton's (2015) update of his 1994 study focuses on the US.

2 Context: A problematic evidence base

Summary

- Not enough attention has been given to developing an evidence base for quantifying and understanding the relationship between poverty and CAN in the UK.
- The four UK countries lack a common and consistently applied set of definitions or measures of CAN for use in gathering official statistics. This also applies to the international evidence.
- Measures of the numbers (and rates) of children on child protection plans or registers at a point in time and over the previous year are weakened by inconsistencies in recording practice within and between countries.
- None of the four UK countries' governments measure the extent of CAN through self-report studies. The relationship between rates of substantiated CAN and population prevalence is not examined in annual reports of official statistics.
- No official estimate is produced of lifetime exposure to CAN.
- Reported data on children in contact with child protection services usually includes some analysis by age and gender in all four UK countries. There is little reported information about disability and ethnicity, despite the evidence of substantial differences in rates between groups.
- Official data on the proportion of children investigated for child protection concerns or placed on child protection plans or registers is not reported for geographical areas smaller than local authorities.
- No data is collected by the UK governments on the socio-economic circumstances of families in which children are or have been at risk of significant harm.
- Two major UK-wide retrospective self-report studies by children, young people and parents of their experiences of CAN have been conducted. These studies collected some data about the socio-economic circumstances of respondents but only limited analysis has been reported of the relationship between those circumstances and CAN.
- Longitudinal cohort studies in the UK have collected little data about CAN. Where data has been collected about families' contacts with children's services, there is usually little detail about the reason for, or the nature of, the contacts.
- Administrative data linkage to match children subject to CAN to databases giving details of family socio-economic circumstances, health or other factors is under-used in the UK (Christoffersen, 2000; Bradt *et al.*, 2014).
- There have been no comprehensive research studies linking the socio-economic circumstances of individual families to the incidence of CAN in the UK in the past 25 years.
- Studies quantifying the nature and extent of child poverty in different social groups and children with different identities have rarely included information about CAN.
- Government policies on child poverty and on CAN show insufficient signs of being 'joined up', especially in England.

Introduction

Inadequate attention has been given to developing the evidence base for quantifying and understanding the relationships between poverty and CAN in the UK. One contributory reason is a lack of agreed definitions and measures both between the UK countries and internationally. This leads to problems in comparability, compounded by other major limitations in the focus and coverage of official data collected, even within the UK. This is reinforced by a lack of research internationally, with the US being an exception. As a report by the Organisation for Economic Co-operation and Development (OECD) put it: 'Longitudinal, prospective, and population-based studies of child maltreatment are exceedingly rare' (OECD, 2011, p. 255). This section outlines key limitations in the evidence base. The *findings* of studies and official data are analysed in sections 3 – 5.

Evidence about child abuse and neglect

Definitions

As has been repeatedly reported (for example, Forrester and Harwin, 2000; Munro *et al.*, 2011a; OECD, 2011), there are no established international definitions of CAN, although the generic term 'child maltreatment' is widely recognised (Gilbert *et al.*, 2009). According to the *World Report on Violence and Health* (Krug *et al.*, 2002), child maltreatment refers to 'all forms of physical and/or emotional or sexual abuse, deprivation and neglect of children or commercial or other exploitation resulting in harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power' (Sethi *et al.*, 2014, p. 1). Four main forms of maltreatment are commonly identified (Gilbert *et al.*, 2009): physical, sexual and emotional or psychological abuse, and neglect. Witnessing intimate partner violence is sometimes perceived as not just a risk factor but a form of maltreatment and many reports include other categories or introduce sub-categories. Radford *et al.* (2011) make a further set of distinctions between maltreatment at the hands of parents and others, and between severe and other maltreatment. Others raise the possibility that responsibility for neglect may not be restricted to parents but could include governments who have the power but fail to universally ensure the conditions for adequate parenting (Hooper *et al.*, 2007). In this paper we have not included reports on commercial and sexual exploitation and trafficking, or witnessing violence, as these are not common to current UK government definitions for official data gathering.

In the UK, the terms neglect, physical abuse, sexual abuse and emotional abuse are used in official child protection statistics in all four countries. However, variations in use complicate the process of comparing CAN research and other data. In England an additional category of 'multiple' is also used 'when more than one category of abuse is relevant to the child's current protection plan' (Department for Education (DfE), 2015a, p. 38). However, there is considerable inconsistency in the use of this category between local authorities with many never using it, while it is used by others in more than half the cases (DfE, 2014b).

This dilemma between recording single or multiple forms of CAN is addressed differently in Northern Ireland where a main and sub-category strategy is employed (Department of Health, Social Services and Public Safety (DHSSPS), 2014, p. 55), generating 17 categories (See Appendix 2). In Wales a similar approach is adopted but only eight categories overall are used (NSPCC, 2015). In Scotland, a further overlapping set of distinctions have been made since 2009–10, with several 'concerns' rather than a single reason being recorded for each case, if appropriate, resulting in an average of 2.6 concerns per case conference (Scottish Government, 2015). As can be seen in Appendix 2, this list not only includes the four core abuse categories but what would usually be seen as risk factors such as 'non engaging family' or 'parental substance misuse'.

In addition to these differences in the categories for recording CAN, there are also differences in definitions. For example, in England, physical abuse is defined for these purposes as follows: 'Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer deliberately fabricates symptoms or induces illness in a child' (DfE, 2015a, p. 38). But in Northern Ireland the definition includes the 'actual or likely' occurrence of physical injury and the failure to prevent such injuries (DHSSPS, 2014, p. 55). Sexual abuse in England is defined as 'forcing or enticing a child to take

part in sexual activities' (DfE, 2015a, p. 38) but in Northern Ireland as 'Actual or likely sexual exploitation of a child or adolescent' (DHSSPS, 2014, p. 55). It is unclear whether these and other differences in definition between the four countries result in or reflect differences in identifying or recording instances of abuse in practice.

While concerted efforts have been made between the four countries to enable statistics for looked-after children to be comparable (Welsh Government, 2014a), this has not applied to the same extent to statistics on CAN, despite the government in England commissioning a report on comparability (Munro et al., 2011b). Munro et al.'s call for greater consistency has not been acted on.

The absence of clear, internationally agreed definitions of CAN, differing approaches to the categories used to record child protection data and differences in local practices when interpreting national guidance all make cross-national evidence comparisons problematic. For example, how is the following data in Table 1 (drawn from DfE, 2015b; DHSSPS, 2014, Welsh Government, 2014b) to be interpreted? Are these real differences in the occurrence of abuse and neglect or differences in law, definition and practice? This uncertainty about basic data makes it much more difficult to be clear about the relationship to poverty.

Table 1: Percentage of children in England, Northern Ireland and Wales on child protection plans or registers in year to 31 March 2014, by form of maltreatment

	Physical abuse	Neglect	Emotional abuse	Sexual abuse	Multiple	All
England	10	41	35	5	9	100
Northern Ireland	33	27	12	5	23	100
Wales	11	39	38	5	6	100

Munro *et al.* (2011a) outline further large international differences in the categorisation of abuse and neglect, with the percentage of cases of maltreatment attributed to neglect varying from 28 per cent in Australia to 88 per cent in Norway, and to emotional abuse varying from 6 per cent in the USA to 43 per cent in Canada. With these extreme differences, it cannot be that the same experiences are being counted in comparable ways.

Such category differences make the overarching term 'maltreatment' look more valuable for comparative research, but it is clear that to treat, for example, sexual abuse and neglect as if they were the same phenomena is implausible. It is also true that there is often 'a high degree of overlap between occurrence of different maltreatment types, with emotional abuse being very common in conjunction with other aspects' (Rees *et al.*, 2010, pp. 23–24). Nevertheless, it is impossible, when looking at international evidence, to be confident of comparing like with like in making judgements about the extent to which the specific *categories* of abuse are more or less attributable to poverty or have an impact on adult poverty.

Measuring child abuse and neglect in the UK

There are two main kinds of sources measuring the incidence of CAN nationally and internationally (Gilbert *et al.*, 2009): official statistics, based on the work of agencies who investigate CAN concerns either as welfare services or as part of the criminal justice system, and community studies, based on either the self-reports of victims or their parents, or on cohort studies of populations in contact with child welfare and protection services using case files, the reports of social workers or other survey methods.

Official statistics

There is no official measure of the prevalence of maltreatment in any of the UK countries, only measures of confirmed reports of CAN reflected in the proportion of children who are either on child protection plans (England) or registers. As the Office for Standards in Education, Children's Services and Skills

(Ofsted) (2013a, p. 12) annual report on social care in 2012–13 put it: 'There are no robust and easily comparable measures of the extent of abuse and neglect.' All the UK countries produce data on the number and proportion of children who are on child protection plans or registers on a given day each year (31 March, except in Scotland where the census date is 31 July) or at some time during the preceding year. Such data produces rates many times lower than self-report rates.

The governments also do not provide data on the chances of a child being on a register or plan at any point in their childhood, the period prevalence. Official data reports on the proportion of children currently or recently confirmed as being at risk, not on the proportion who have been at risk of or subject to abuse and neglect at some point in their childhood. This has been a feature of recent reports in the US (Wildeman *et al.*, 2014), Denmark (Fallesen *et al.*, 2014) and Australia (Bilson *et al.*, 2015) showing that period prevalence rates are many times higher than point prevalence rates.

In most countries, whether 'their child abuse reporting systems were characterised by a child protection or a family service orientation' (Gilbert *et al.*, 2011, p. 3), statistics distinguish between reports of abuse and neglect and 'substantiated' cases, following investigation. In these terms, children placed on a child protection plan or register in the UK would be said to be substantiated cases. However, it is unclear what proportion of children placed on child protection plans or registers are deemed to have already suffered abuse or neglect and what proportion were 'likely to suffer … significant harm' as the legislation has it for England and Wales.

Volatility over time

The proportion of children on child protection registers or plans, or subject to child protection investigations, varies considerably between the four UK countries and has been quite volatile over time (Tables 2 and 3). In Northern Ireland the numbers of children on the register fell by almost 20 per cent between 2009 and 2014, but rates increased in all three other countries. It is likely that these large variations reflect child welfare policy and practice differences across the UK, including in recording practices, the impact of particular high profile child protection cases, and changing economic circumstances. As we report below, there have been very large changes in the proportion of CAN cases attributed to different categories of abuse over the past 30 years with big falls in the proportion of physical and sexual abuse attributions and rises in neglect and emotional abuse, now the dominant categories. Again comparisons over time require considerable caution.

Table 2: Rate of children on child protection registers or plans, per 10,000 children aged 0–17, at 31 March 2014 (31 July for Scotland)

	Number	Rate per 10,000 children	Increase since 2009
England	48,300	42.1	+ 41.6
Northern Ireland	1,914	44.3	-19.5
Scotland	1,406	27.8	+ 7.5
Wales	3,135	49.5	+ 24.9

Sources: DfE, 2014b; DHSSPS, 2014; Scottish Government, 2015; Welsh Government, 2014b

The numbers and proportions of children investigated over concerns about CAN is also subject to substantial changes over time, as the data from England also confirms.

Table 3: Number of section 47 enquiries and initial child protection conferences carried out by children's social care services, and the number of children who were the subject of a child protection plan (year ending 31 March, England)

Section 47 enquiries and initial child protection conferences	2009/10	2010/11	2011/12	2012/13	2013/14
Number of children subject to s.47 enquiries which started during the year ending 31 March	89,300	111,700	124,600	127,100	142,500
Rate per 10,000 children aged under 18 years	79.5	99.0	109.9	111.5	124.1
Number of children who were the subject of an initial child protection conference which started during the year ending 31 March	43,900	53,000	56,200	60,100	65,200
Rate per 10,000 children aged under 18 years	39.1	47.0	49.6	52.7	56.8
Children who were the subject of a child protection plan					
Children who were the subject of a plan at 31 March	39,100	42,700	42,900	43,100	48,300
Rate per 10,000 children aged under 18 years	34.8	37.9	37.8	37.9	42.1
Of which:					
Number who had been the subject of a plan for 3 or more months	28,400	30,200	30,600	30,900	33,100
Number who had had reviews carried out within the required timescales	27,500	29,300	29,600	29,700	31,300
Percentage who had had reviews carried out within the required timescales	96.8	97.1	96.7	96.2	94.6
Children who became the subject of a plan during the year	44,300	49,000	52,100	52,700	59,800
Rate per 10,000 children aged under 18 years	39.4	43.4	46.0	46.2	52.1
Of which:					
Number who became the subject of a plan for the second or subsequent	6,000	6,500	7,200	7,900	9,400

time Percentage who became the subject of a plan for the second or subsequent time	13.4	13.3	13.8	14.9	15.8
Children who ceased being the subject of a plan during the year	37,900	45,500	51,600	52,100	54,400
Rate per 10,000 children aged under 18 years	33.7	40.3	45.5	45.7	47.4

Source: (DfE, 2014b, Table A2)

Child protection registers as a measure of prevalence

The proportion of children on child protection plans at a point in time or over time is only one element of official data on children who are deemed to have been subject to abuse and neglect. Almost two-thirds of looked-after children in out-of-home care in England at 31 March 2014 were attributed to abuse and neglect (DfE, 2014a). When children become looked after in England, Wales and Northern Ireland, they are removed from the child protection register or plan as they are no longer considered at risk. In Scotland there is more overlap between categories as more looked-after children are placed at home on supervision orders. Some children will go directly into out-of-home care as a result of abuse or neglect without being placed on a child protection plan or register as an interim or preventive measure.

In the looked-after children (LAC) data for England, as in the children in need census, local authorities are required to indicate just one main 'category of need' which best explains why a child is looked after. These categories are:

- abuse or neglect;
- child's disability;
- parents illness or disability;
- family in acute stress;
- family dysfunction;
- socially unacceptable behaviour;
- low income;
- absent parenting.

However, these are of limited value. The families of most LAC have faced multiple difficulties and the use of a single category is unhelpful and possibly misleading. For example, the 'low income' category has fallen into almost total disuse. The category is not a record of cases where the family was experiencing low income, but only of those where low income was deemed the sole or predominant reason for the care episode, a model which renders invisible the integral connectedness between poverty and other factors in family lives, evidenced later in this paper.

As many LAC have also been subject to abuse and neglect in the past (and some may be experiencing abuse in the present), the total figure for children who have been subject to CAN across their childhoods would need to include many LAC. This is in addition to those children who disappear from the statistics because they are adopted or subject to residence or guardianship orders (England and Wales).

Issues of identity

The child protection and LAC data collected by governments focuses on two key components: the children involved with the child protection system and management of the system. Some data is collected in each country about the age, gender and ethnicity of children, as well as whether they are disabled, but

once again the patterns of recording and reporting are very variable. For example, in England, no data is *reported* concerning whether children on child protection plans are disabled, despite evidence that disabled children are likely to be over-represented (Stalker *et al.*, 2015; Taylor *et al.*, 2015b; 2015c). The data on age, gender and ethnicity is only reported for England as a whole, and not at local authority level, with the categories for age (grouped, rather than by year of age) and ethnicity (using only five very broad classifications: White, Mixed, Asian or Asian British, Black or Black British, and Other) being a further limitation on their value. The Scottish Government publishes data about the gender of the children on the child protection register, and whether they are aged under five, but with no further detail on age, disability or ethnicity, even when this has been collected.

Socio-economic circumstances

While the official data collected and/or published about *children* is limited, data about the *parents and families* of children engaged with the child protection systems in the UK is almost completely absent. No data is collected in any of the four UK countries about the socio-economic circumstances of the families of children on child protection plans or registers or who are looked after. Official data does not allow for the production of any population data about the poverty or otherwise of children who have experienced abuse and neglect.

The OECD (2011), WHO (Sethi *et al.*, 2014) and the Committee on Social Affairs, Health and Sustainable Development (2015, para 8.6) have all recently called for better and consistent child protection data systems across Europe, including the systematic collection and reporting of data about the economic circumstances of families. The final Munro Report (Munro, 2012, section 5.5 to 5.11) on child protection in England also called for better performance information including a variety of population level 'public health' data, the first of which was 'children in poverty'. However, this has not been enacted through the DfE data collection systems. Following the Munro Report a new category of data has been collected in England for all children in need, the 'primary need code' (DfE, 2015a, p. 26). These codes require a recording of the 'main reason why a child started to receive services', but again only one is permitted. The codes include 'low income'. However, as with the LAC data, the low income category is not a measure of family poverty but only of 'children ... whose needs primarily arise from being dependent on an income below the standard state entitlements' (p. 28). Not only does the category refer solely to children where the *primary need* arises from low income, the definition of low income is that of families whose income is below the state benefit entitlement, not any of the usual measures of poverty. It is likely that this category, like its equivalent for LAC, will fall rapidly into disuse.

It is also the case that no data is reported in government statistics about the neighbourhoods in which children at risk of or suffering CAN are living (Bywaters *et al.*, 2014a). Data is only reported in all four countries at the level of local authorities (health and social care boards in Northern Ireland) or above.

Community studies

Three main kinds of studies have reported on the socio-economic circumstances of UK families where child abuse or neglect is suspected or confirmed: surveys or representative samples of the population based on self-report; the analysis of longitudinal datasets; and focused research studies.

Self-report studies

Given the stigma and shame associated with both poverty and CAN, and issues of the accuracy of recall, self-report studies have their own limitations which must be borne in mind. Nevertheless they add to understanding of prevalence. The NSPCC has published the results of two large, UK-wide, randomised surveys of self-reported (or for children under ten, parent reported) experiences of all four main kinds of child maltreatment. The first (Cawson *et al.*, 2000, and May-Chahal and Cawson, 2005) asked 2,869 people aged 18–24 (a 69 per cent response rate) for details of their *current* employment status and used the data to analyse some findings by social class. It collected no details of the socio-economic circumstances when the maltreatment occurred, although, as the authors suggest, it would be reasonable to expect only limited mobility between social classes by the age of 24. The analysis by social class was further complicated by the fact that many respondents were students, all classified C1 whatever their background. Only limited details of the analysis by social class are provided. The second study, reported in

Radford *et al.* (2011) and Radford *et al.* (2013), collected data about the current financial circumstances and housing conditions of both 18–24-year-olds (sample size 1,761) and the parents of children under 11 (2,160) or between 11 and 17 (2,275). However, while confirming a relationship between disadvantage and self-report rates, there is again little detailed analysis of the relationship between prevalence, severity and socio-economic conditions in these reports. There are no other comprehensive retrospective self-report surveys of child maltreatment covering the UK as a whole since 2000.

Longitudinal studies

Longitudinal cohorts in the UK have had limited exposure as sources of evidence on child maltreatment because of the limited data collected and the difficulties of data linkage (Henderson *et al.*, 2014; 2015). The major relevant study (Sidebotham *et al.*, 2002; Sidebotham and Heron, 2006), analysed data from the Avon longitudinal study of parents and children (ALSPAC) matched to records of child protection investigations. Although valuable and discussed later, this study was limited to one area of England and a restricted age range of children.

Other research studies

In addition to these self-report and longitudinal studies, only a remarkably small number of other published studies have directly examined the relationship between poverty and CAN, although the existence of such an association is widely assumed. The study most commonly referred to was by Bebbington and Miles (1989). This involved a survey of the circumstances of all children entering out-of-home care during a six month period in 1987, in 13 out of (then) 108 social services authorities in England. Ten of the thirteen authorities provided full data, resulting in data being collected on 2,528 children out of 32,000 who entered care in England during the year. Measures of the family circumstances were provided by social workers for 86 per cent of the cases: their source of income, type of home ownership, crowding and the neighbourhood in which they lived. While this study provided graphic evidence of a relationship between material disadvantage and entering care, it was not a direct study of CAN and did not report on that link. Disadvantage was measured by simple either/or questions, such as whether or not the interviewee was on benefit, rather than allowing for an analysis of the range of family socio-economic circumstances. However, although over 25 years old, it is the last large-scale attempt at a survey of the socio-economic circumstances of children on the receiving end of powerful child welfare interventions in England (or in Northern Ireland, Scotland or Wales).

Since that time other studies of the workings of child welfare services have either relied on data from official statistics, with the limitations discussed above, or case files, or have reported only impressionistically on the circumstances of the children concerned. For example, Sinclair *et al.*'s (2007) study of 3,872 children looked after in 2003–4 in seven English local authorities used official data supplemented by an analysis of case files. They comment on the role of poverty and poor housing in decision-making about admission to care, but are unable to give systematic information about the families' socio-economic circumstances as it was not recorded consistently, if at all, in files. As in the case of Bebbington and Miles' study, the focus was not on abuse and neglect as such, although this was the explicit concern of a subsequent analysis of a small sub-group of the sample (Wade *et al.*, 2011). Ward *et al.*'s (2012) study of 57 babies and very young children at risk of abuse and neglect relied on case files for details of the family circumstances and reported, 'financial difficulties were substantial enough to be recorded on case files as a risk factor for five families, although it must be remembered that poverty was endemic in the lives of many of the others and in the communities in which they lived' (p. 62). All of these studies focused on England.

There has been no comprehensive, large-scale, representative survey of the socio-economic circumstances of children subject to abuse and neglect in any of the UK countries or the UK as a whole.

Child poverty and child abuse and neglect

In contextualising the evidence about child poverty, this paper does not explore the extensive discussion of competing definitions and policy approaches to child poverty; we consider these only where they bear directly on abuse and neglect. Similarly we do not outline in detail the extent and nature of child poverty in the UK countries, which is the subject of other work, except where these issues bear on CAN.

Definitions and measures

In establishing this review, JRF adopted a 'working definition of poverty (as) when your resources (especially your material resources) are substantially below your needs (including social participation)'. JRF has argued that there is no single best measure of poverty. While income is of central significance, other aspects, particularly the costs of living, have a place.

This broad definition operates against a background of a growing lack of consensus among policy-makers and others in the UK about how poverty should be defined and measured. In research circles, the development of multiple ways of measuring poverty has been the central theme of recent years. As the final report of the Economic and Social Research Council (ESRC) funded poverty and social exclusion in the UK project details, many overlapping indicators contain relevant measures:

- lacking individual socially perceived necessities;
- rates of poverty based on low income, deprivation, and combined measures;
- subjective measures;
- the characteristics of poor children;
- intra-household sharing;
- child poverty and social exclusion.

(Main and Bradshaw, 2014).

It is not the purpose of this paper to argue for or against different approaches to definition and measurement, only to recognise these alternative contested approaches and consider their relevance to evidence about the relationship of poverty to CAN. Most research we read linking poverty with CAN does not address the complex arguments about how poverty is defined, experienced and measured.

Policy alignment and disjunction

There is a significant disjunction between the policy worlds of CAN and child poverty. While there is an extensive government policy and legal framework addressing child poverty in the UK as a whole and in the devolved governments of Scotland and Wales (UK Children's Commissioners, 2015), links between poverty strategy and CAN are rarely made. In none of the three poverty strategy documents (HM Government, 2014; Scottish Government, 2014a; Welsh Government, 2015) is there a reference to child maltreatment, with the exception of a brief mention in an appendix to the UK-wide strategy in a section on domestic violence. CAN are not routinely perceived or discussed as markers of child poverty or a focus of anti-poverty policy interventions, unlike poor child health (Marmot, 2010) and poor educational outcomes (Ofsted, 2013b). The links between poverty, early intervention and child maltreatment are similarly under-developed, perhaps because of a concern not to stigmatise parents living in poverty.

Policy initiatives to address child poverty across the devolved administrations of the UK have recently been reviewed by McCormick (2013). In Northern Ireland and Scotland the policy focus has been on child poverty whereas in Wales a broader approach to poverty in general has been taken. McCormick (2013) classified the approaches available through devolution into four main types: resource allocation; reduce costs; raise awareness and take-up of support; and regulate to improve services. He also used the Scottish Government's categorisation of anti-poverty strategies as: pockets (addressing the money in people's pockets); prospects (focusing on the life chances of children) and places (targeting areas of disadvantage). He concluded that, despite the differences in approach: 'Each country shows that devolution contributes to the goal of ending poverty but that more can be done within existing powers. For example, we know that improving childcare support, addressing fuel poverty and increasing the supply of affordable housing can have clear anti-poverty effects. The single biggest risk to progress is common to all: as welfare reform continues, benefit cuts and growing use of tougher sanctions will increase demand for hardship support' (p. 51).

In the two recent English government policy documents outlining the DfE's priorities for research into child protection (2014c) and children in care (2014d) there is no mention of poverty, deprivation or inequality as significant factors, either to suggest that there is already sufficient evidence or as a gap to be filled. There is almost no consideration of the underlying factors leading to family stress or dysfunction. The only references to prevention focus on the better identification of children at risk of or suffering harm with a view to more speedy interventions; tertiary rather than primary or secondary prevention. The model is one of children at risk because of 'impair(ed) parental capacity to meet their needs' (DfE, 2014b, p. 6), drawing on evidence reported as focusing on 'drug and alcohol misuse, domestic violence, mental illness and learning disabilities' rather than on factors associated with such conditions as contributory influences or consequences, or operating independently, including poverty. In this formulation of English research priorities, poverty is written out despite the repeated evidence of links to poverty indicated in the research summary which underpins the dominant focus on parental capacity (Cleaver *et al.*, 2011).

While the identification of children at risk and risks to children are understandably at the heart of child protection policies in all the UK countries, the context in which CAN policies and guidance are located can be seen to vary across the four countries. For example, the Welsh Government (2013) guidance document on child protection contextualises references to parental mental illness, substance misuse, learning disabilities and domestic violence with a paragraph on 'social exclusion' (p. 141) which emphasises that families may face chronic poverty, social isolation, racism and the problems associated with living in disadvantaged areas, such as high crime, poor housing, childcare, transport and education services, and limited employment opportunities.' The National Guidance for Child Protection in Scotland (Scottish Government, 2014b) emphasises the value of the 'My World Triangle' as a starting point for assessment, one dimension of which is the wider environment including income, housing and employment. No such contextualisation, indeed no reference to poverty, deprivation, disadvantage, income or employment, is found in the latest English guidance (DfE, 2015b). There has been a clear shift in the last decade in England from the progressive universalism of 'Every Child Matters' to a focus on parental responsibility and capacity disconnected from the social context in which parenting takes place (Gove, 2012).

3 The impact of poverty on child abuse and neglect

To what extent is there evidence that poverty increases the amount of child abuse and neglect, and/or affects the nature of child abuse and neglect? How does this occur, how large are these effects and to whom do they apply?

Summary

- There is a strong association between families' socio-economic circumstances and the chances that their children will experience CAN. This association exists across developed countries, types of abuse, definitions, measures and research approaches to both poverty and CAN, and different child protection systems. This conclusion can be drawn despite major limitations in the evidence from the UK.
- The relationship is a gradient between family socio-economic circumstances and rates of CAN across the whole of society, not a simple divide between families in poverty and those which are not. This finding mirrors evidence about inequities in child health and educational outcomes. The greater the economic hardship the greater the likelihood and severity of CAN.
- The limited evidence from the UK, and uncertainties about transferring evidence from other countries, particularly the US where the majority of research has taken place, makes it hard to determine whether or to what extent some groups of children and some forms of CAN are more closely related to socio-economic circumstances than others.
- Although there is evidence of 'bias' in child protection systems which affects the proportion of children in different circumstances that have contact with child protection services, this is insufficient to explain or undermine the core association between poverty and the prevalence of CAN.

The association between poverty and CAN

Introduction

There is a substantial body of evidence of a strong association between family poverty and the likelihood of a child experiencing CAN. As Pelton (2015, p. 30) recently concluded, in a review of more than 30 years of studies: 'There is overwhelming evidence that poverty and low income are strongly related to child abuse and neglect as well as to the severity of maltreatment.' This relationship is reiterated in recent UK reviews of different aspects of child maltreatment (for example, Katz *et al.*, 2007; Dyson, 2008; Cleaver *et al.*, 2011; British Medical Association (BMA), 2013; Brandon *et al.*, 2014, Taylor *et al.*, 2015a).

The evidence is arguably more convincing because it occurs internationally, over time, for children of different ages, genders, health status and ethnicities, for different forms, definitions and measures of CAN and of poverty, and is ascertained by different research methods. As Macmillan (2009, p. 661–2) has written: 'There is considerable variation in the measurement of both child maltreatment and socioeconomic status. This is not necessarily bad as cross-item replication is fundamental to theory testing and a vibrant science. I am much more confident in a theory which receives support (no matter how varied the effects are) across a wide range of measures.'

UK evidence

However, there has been a striking failure to develop the evidence base for this association *in the UK*. While all relevant research underlines the existence of the association between poverty and CAN, it is often insufficiently robust in terms of methods and lacking in detail. The dependence on research from the US has been repeatedly commented on (Dyson, 2008; Cooper and Stewart, 2013; Stoltenborgh *et al*., 2015). As reported above, in none of the four UK countries does the official data collected on CAN include information about family circumstances. The two major UK-wide self-report studies (Cawson *et al*., 2000; Chahal-May and Cawson, 2005; Radford *et al*., 2011; 2013) both conclude that there is a relationship between socio-economic disadvantage and the extent and severity of CAN, but the methodology and analysis make it difficult to identify details. There is no information about differences in the relationship of socio-economic circumstances to CAN for different UK countries or ethnic groups.

The often quoted Bebbington and Miles (1989) study in England also shows links between family economic circumstances and children being in out-of-home care. A substantial proportion of such children would have been looked after because of CAN but there is no information about the extent of the overlap, or what forms of CAN were involved. Oliver *et al*. (2001) and Dickens *et al*. (2007), reporting on variations between English local authorities in rates of children on child protection registers or being looked after, or starting to be looked after, respectively, exemplify many recent UK research studies in that they report on a central general relationship with deprivation, but provide no detail.

Other studies also relying on official data or on case files have reported the association between CAN and poverty but lack comprehensive data or detail. In some cases this is despite a clear attempt to do so. For example, although Hayes and Spratt (2009) report on aspects of the socio-economic circumstances of 300 families in Northern Ireland referred to child welfare services between 2001 and 2003, there is no data on income and information about employment status and home ownership is missing in a substantial minority of cases. Similarly, Gordon and Gibbons' (1998) study of 1,752 children referred to six London boroughs and two counties in 1991–1992 because of CAN, and their analysis of decisions whether to place them on the child protection register, also relied on data from case records which were incomplete in relation to income and employment in over a third of cases. However, a high proportion (57 per cent) of the two-thirds of households where the information was recorded were in receipt of social security and 56 per cent had no wage earner. Households referred because of possible neglect were more likely to have markers of socio-economic difficulty recorded than those investigated because of possible physical or sexual abuse.

However, as with Gillham *et al*.'s (1998) study in Glasgow (see below), care must to taken in transferring such findings to the present day. There is evidence of radical changes in the patterns of substantiated abuse between the study date and current practice. In Gordon and Gibbons' (1998) study, 78 per cent of cases were recorded as being referred for physical (48 per cent) or sexual (30 per cent) abuse and 22 per cent for neglect. In the most recent year for which data is available (2014), only 16 per cent of cases were identified as involving physical (11 per cent) or sexual (5 per cent) abuse, with neglect (42 per cent) and emotional abuse (33 per cent) now the dominant categories. As Radford *et al*. (2011, p. 107) comment: 'studies of trends in officially registered child abuse are vulnerable to changes in the criteria for registration, child protection policy and child protection practice. It is, therefore, necessary to treat with caution the relevance of the study's findings on socio-economic circumstances for the current child protection system.'

This leaves only a handful of substantial UK studies carried out in the past 25 years that aimed to examine the relationship between socio-economic circumstances, including poverty, and CAN. The major longitudinal study is reported in Sidebotham *et al*. (2002) and Sidebotham and Heron (2006). This followed a cohort of 14,256 children born to mothers resident in the Avon district of England between 1 April 1991 and 31 December 1992. By age six, 281 children were known to have been investigated for possible maltreatment and 115 (0.8 per cent) to have been placed on a child protection register at some time. The study population was analysed, among other things, for the relationship of deprivation to the chances of investigation and registration. Deprivation was measured in terms of: 'paternal unemployment ... overcrowding ... car ownership as a proxy measure of income; and non-ownership of a home as a proxy indicator of wealth and an indicator of residential insecurity' (2002, p. 1,246). The study concluded that 'the indicators of poverty come out as the strongest risk factor both for investigation and registration'

(Sidebotham *et al.*, 2002, p. 513), with the odds ratio being higher for investigation (11.02) than for registration (3.24). Parental background factors – being young, poorly educated and from a background in poverty – increased the chances of children being vulnerable to CAN, while stronger social support for mothers reduced the risk. The sample size was insufficient to distinguish between different forms or severity of CAN or for children of different identities such as race, gender or disability.

Partly because of the paucity of data about the economic circumstances of families in contact with the child protection system, a number of studies have used measures of area or neighbourhood deprivation as proxies for family circumstances. Gillham *et al.* (1998) correlated variance between Glasgow areas in the rates of registered cases of physical and sexual abuse and neglect with male and female unemployment rates and other indicators of poverty, such as data on free school meals and means-tested clothing grants, in 22 localities. Their analysis of 5,551 referrals and 1,450 registered cases of abuse and neglect between 1991 and 1993 found strongly significant correlations between neighbourhood deprivation and levels of male unemployment and registered child physical abuse, and less strong correlations with measures of neighbourhood poverty or with sexual abuse or neglect. However, the relative proportions of different kinds of CAN cases in the early 1990s are greatly at odds with the pattern for Scotland in the most recent year when similar categories were recorded (Table 4). As with Gordon and Gibbons' (1998) research, it seems likely that either very different practices in the reporting and categorisation of cases were operating in the 1990s than is the case today, or profound changes in patterns of substantiated CAN have occurred, reinforcing the need for more up-to-date evidence. In another Scottish study of suspected non-accidental head injury in children under two, Mok *et al.* (2010) also found evidence of a correlation with neighbourhood deprivation scores after controlling for access to services.

Table 4: Percentage of registered CAN cases in Gillham *et al.* (1998), Scotland 2009–10 and Gordon and Gibbons (1998)

	Gillham *et al.* 1991–3 (%)	Scotland 2009–10* (%)	Gordon and Gibbons 1991–2 (%)
Physical abuse	56	22	48
Sexual abuse	21	7	30
Neglect	23	44	22
Emotional abuse, failure to thrive and Unknown	Not included	26	Not included

*Source: http://www.gov.scot/Publications/2010/09/27113315/13

Using a similar methodology, Winter and Connolly (2005) studied the relationship between 342 referrals to some childcare social work teams in Northern Ireland between 1998 and 2000 and deprivation scores for the nine wards in which the children lived. They also found that differences in referral rates for either 'child protection', 'childcare concerns' or 'family support' between wards were closely related to ward deprivation scores.

Most recently, Bywaters *et al.* (2014a; 2014b) analysed the relationship between deprivation scores for small neighbourhoods (Lower Super Output Areas, average population 1,500) and the proportion of children on child protection plans (CPP) in 13 local authorities in the English West Midlands, covering 10.5 per cent of all children in England, 4,963 of whom were on CPPs on 31 March 2012. Here again, area deprivation scores (Index of Multiple Deprivation, derived from over 30 indicators), were used as proxies for family socio-economic circumstances, a significant methodological limitation. They reported that CPP rates in neighbourhoods among the most deprived 10 per cent in England as a whole were almost 11 times higher than rates in the most advantaged 10 per cent (decile) of neighbourhoods. Because children were also three times more likely to be living in deprived than affluent neighbourhoods there were more than 36 children on CPPs living in the most deprived decile of neighbourhoods for each child in the least deprived decile.

This study collected data on the age, gender and ethnicity of the children involved and whether they were recorded as being disabled or not. There was no detectable difference in the age distribution of CPPs for neighbourhoods with different levels of deprivation and little difference for gender, although the usual small excess of boys over girls was reversed in the most deprived decile. Data on disability were deemed unreliable, as local authority recording practices seemed the best explanation for very large variations. The ethnicity data was also weakened by the practice of grouping under very broad ethnic categories: White, Mixed, Asian or Asian British, Black or Black British, and Other, with little certainty about how consistently judgements are made, for example, about whether to describe a child as of Mixed or Black identity. (Subsequently, we use these categories to discuss the UK evidence, as there is no more nuanced evidence available. When we refer to Asian children or groups we mean Asian or Asian British, and when we refer to Black children or groups, we mean Black or Black British.) However, the study did show that the interpretation of data about inequities in CPP rates between ethnic groups had to take deprivation into account to make sense, as so much higher a proportion of Mixed, Asian and Black children, than White children, lived in the most deprived neighbourhoods. Without controlling for deprivation, the rates for different ethnic groups are misleading.

Harman and Kaur (2011a; 2011b) plotted changes in the annual rates of children on child protection plans (CPP) in 14 local authorities in the English West Midlands between 2001/2 and 2010/11 against changes in the annual rate of people on Jobseeker's Allowance (JSA), a measure of unemployment. Regression analysis suggested that 83 per cent of the changes in CPP rates could be attributed to changes in JSA rates.

We have outlined the findings of these studies in some detail because, together with three other local studies from the 1990s linking neighbourhood deprivation to CAN already reported in Dyson (2008), they are the only substantial studies we found which bore directly on the question of the relationship to poverty or deprivation to the extent of CAN in the four UK countries in the last 25 years. It will be apparent what a very limited evidence base this is. While it remains the case that 'everyone in the business knows' (Schorr, 1992, p. 8) that there is a relationship between family poverty and CAN, the fact is that this relationship has been almost entirely unresearched in the recent past in the UK. As a result, drawing detailed conclusions about the extent to which poverty is a factor in the occurrence and prevalence of CAN in the UK is not possible.

International studies

Outside the UK a large body of research over a substantial period of time shows that income and other measures of poverty are inversely correlated with CAN. The large majority of this is based in the US where very different economic and child protection systems operate (Berger and Waldfogel, 2011; Brandon *et al.*, 2014; Pelton, 2015; Conrad-Hiebner and Scanlon, 2015). For example, Beimers and Coulton (2011) used census, employment, child maltreatment and public assistance use data from Ohio to investigate the extent to which employment and employment income affect the risk of maltreatment among families leaving the federal Temporary Assistance for Needy Families programme (TANF). Their analysis found that for 'each additional $100 in income earned the hazard of a substantiated or indicated finding of child maltreatment decreased by 2.2 per cent in the month in which the income was earned' (p. 1,117). Other recent American studies have identified associations between child maltreatment and a range of indicators of family poverty such as: low levels of parental consumer confidence (Brooks-Gunn *et al.*, 2013), home foreclosure (Berger *et al.*, 2015), family income (Dettlaff *et al.*, 2011), Medicaid and food stamp support (Carter and Myers (2007), low parental educational achievement (Gilbert *et al.*, 2009; Cancian *et al.*, 2010), and non-standard parental working hours (Han *et al.*, 2013). Other studies have examined the relationship of CAN to income inequality (Eckenrode *et al.*,2014), and neighbourhood poverty (for example, Freisthler *et al.*, 2006; Dym Bartlett *et al.*, 2014). European studies have also identified associations between parental child maltreatment behaviours and indicators of poverty such as: households with five or six members (Bradt *et al.*, 2014) and households characterised by long-term unemployment (Christoffersen, 2000).

The substantial evidence of a significant relationship between socio-economic factors and CAN is supported by UK qualitative studies of the lives of families living in poverty, such as Hooper *et al.* (2007), discussed below. Internationally, many more self-report studies of incidence and prevalence have focused

on sexual abuse than neglect, the opposite of currently recorded reasons for children being placed on CPPs or registers in the UK.

Social gradient in CAN

While some studies focus on a simple distinction between families living in poverty and those that are not, there is a social gradient in CAN, just as there is for child health and education (Donkin *et al.*, 2014). That is to say, at a population level each incremental increase in family socio-economic disadvantage correlates with an increased chance of CAN. Evidence for this is found from many sources, including Radford *et al.* (2011) and Bywaters *et al.* (2014a) for the UK, and from international studies (for example, McDaniel and Slack, 2005; Beimers and Coulton, 2011; Pelton, 2015).

Poverty and CAN and identity

Age and gender

Although CPP and child protection register rates at a point in time decrease with age, the relationship between poverty and CAN appears from unreported evidence from Bywaters *et al.*'s (2014b) study of the English West Midlands to be fairly constant across age groups and between girls and boys. The social gradient in CAN in this study is similar for children of different ages and for both genders. However, as Rees *et al.* (2010) argue the nature of CAN among older children has received relatively little attention compared with young children but reflects a different range of issues.

Disability

Jütte *et al.* (2014) report that child disability was one of the greatest risk factors associated with maltreatment in the UK. Similar findings were reported by Connell *et al.* (2007) for the US, who concluded that a combination of low socio-economic means and child disability presented the highest risk of re-referral to child protection services. Stalker *et al.* (2015, p. 127), echoing meta-analyses by Jones *et al.* (2012), Stalker and McArthur (2012) and Brandon *et al.* (2012), conclude that the international literature demonstrates that 'disabled children are more likely to be abused than their non-disabled peers', perhaps by a factor of three or four times. Several authors also argue that abuse among children with disabilities often remained undetected or unrecorded in the UK (Stalker, *et al.*, 2015; Brandon *et al.*, 2012; Taylor *et al.*, 2015b; Ofsted, 2012). Stalker *et al.* (2015, p.133) relate this to forms of poverty and social isolation among disabled children, and low awareness and misunderstanding of the forms of maltreatment by professionals. While they do not make the link, there is also substantial evidence (for example, Spencer *et al.*, 2015) for the UK and internationally, that disabled children are much more likely to be living in economically disadvantaged families. The interactions between poverty, CAN rates and childhood disability are not yet sufficiently examined in the UK child protection literature

Ethnicity

The extent of the association between poverty and CAN and the steepness of the gradient appear to vary for different ethnic groups on both sides of the Atlantic, although once again the UK data is very limited. The only recent substantial study (Owen and Statham, 2009) of disproportionality and disparity between ethnic groups in rates of CAN in the UK, other than Bywaters *et al.* (2014b), contained no details of families' socio-economic circumstances.

Bywaters *et al.* (2014b) found that CPP rates among Black and Asian children were substantially lower than for White children and those identified as having Mixed ethnicity, once the population was controlled for neighbourhood deprivation. In the most disadvantaged 20 per cent of neighbourhoods, where more than two thirds of Asian children and more than three quarters of Black children in the English West Midlands sample lived, the CPP rates for White and Mixed heritage children were more than double those for Black children and more than three times those for Asian children. Ethnicity is clearly a very important additional factor to poverty in explaining CPP rates in England, at least. Rates for Black and Asian children also appeared to increase relatively less, as neighbourhood deprivation scores rose, than rates for White children and those of Mixed ethnicity: the gradient appeared to be less steep for Black and Asian children. However, the small numbers of children from Black and Asian families in the low deprivation neighbourhoods means that this finding needs to be confirmed.

Somewhat surprisingly given the very different history and current circumstances in the US and the UK, similar evidence has been found for ethnic groups in the US in more robust studies, reported, for example, by Wulczyn *et al.* (2013). This is part of a much wider debate in the research literature, particularly in the US, about whether the apparently higher rates of CAN in Black children compared with White (and the lower rates for Asian children) disappear once socio-economic circumstances are taken into account. The detail of the US evidence is too extensive and complex to be reported here while transferability remains uncertain. It is unclear to what extent differences between ethnic groups reflect reporting and recording practices, a differential resistance to engagement with public authorities or differences in prevalence, perhaps due to family or social support structures. Crudely, the research question to be answered is: do families from some ethnic groups have more effective ways of managing the impact of poverty on CAN than others or are children subject to CAN in minority groups less likely to be processed by child protection services than those in the majority population? Or may both factors contribute?

Poverty and type of abuse

As UK evidence on poverty and CAN is so limited and definitions and the categorisation of CAN so variable internationally and over time, identifying the specific relationships of different forms of abuse and neglect to poverty is profoundly problematic. At best it depends largely on non-UK studies which themselves adopt differing measures. For example, it is hard to interpret the findings of a US study of 'physical neglect' (Carter and Myers, 2007) when it is unclear how that term relates to UK practice or categories.

In Dyson's review (2008, p. 5) it was suggested that both sexual and emotional abuse may be less strongly related to poverty than other forms of CAN and the suggestion that sexual abuse is less closely related to poverty than other forms is found more widely, if inconsistently. However, Dyson supports this argument with reference to only one UK publication on sexual abuse (Tuck, 1995) and one on emotional abuse (Thoburn *et al.*, 2000), both of which appear to contradict the general conclusion. Unreported evidence from the large study by Bywaters *et al.* (2014a; 2014b) suggests that the gradient was only a little less steep for sexual abuse and physical abuse than it was for neglect or emotional abuse. CPP rates in neighbourhoods among the most deprived 20 per cent in England were nine times higher than in the most affluent quintile for emotional abuse, seven times higher for neglect and six times higher for physical and sexual abuse. Again it must be remembered that this study was not based on data for individual family circumstances. We would conclude that the case that sexual abuse is less strongly linked to poverty in the UK is, at best, unproven. Evidence about the extent of the association of other forms of abuse and neglect to poverty is inconsistent internationally. The Fourth National Incidence Study in the US (Sedlak *et al.*, 2010) suggested from 2005–2006 data that neglect was more highly associated with poverty than various kinds of abuse, but this finding cannot be simply transferred to the UK because of the dual problems of definitions and welfare systems discussed earlier.

Bias versus need

A further major debate in the literature focuses on whether the excess of reported cases of CAN in economically disadvantaged populations is due to 'bias or need' (Jonson-Reid *et al.*, 2009; Bradt *et al.*, 2014) or, as Bywaters *et al.* (2015) recently put it, the differential supply of and demand for services. In other words, is the association between substantiated cases of CAN and poverty the result of bias in the system or does it reflect a 'real' difference in the prevalence of abuse and neglect in the population. At least four versions of the argument about systemic bias can be identified in the literature:

- services may be disproportionately allocated to areas of higher deprivation and so may identify more cases;
- families in poverty may be more visible to referring agencies such as schools (perhaps especially where they live in areas which are generally more affluent) and so may be more likely to be reported;
- staff reporting or assessing possible cases of CAN may hold biased assumptions about the relative capacity of families living in poverty to look after their children safely;

- class based assumptions about family patterns may be deeply embedded in child protection systems (Bywaters *et al.*, 2015).

The profound changes over time in the proportion of children said to be experiencing different forms of CAN also raises questions about what is being counted in official statistics and how it relates to children's experience: has net-widening been taking place? As we reported earlier, the proportion of substantiated CAN cases attributed to either physical or sexual abuse in the early 1990s was 78 per cent in an English sample and 77 per cent in a Scottish study. Just 20 years later the proportions had dropped to 19 per cent in England as a whole (DfE, 2010) and 29 per cent in Scotland. Radford *et al.*'s (2011) self-report study also found reductions in physical and sexual abuse. Alongside that, changes in rates of neglect, the inclusion of emotional abuse as a category and the idea that viewing domestic violence should be a further new category of abuse raise as many questions about how *practice* has changed as how *childhoods* have changed. Similarly, there has been a very large growth in investigations of reports of abuse accompanied by a much smaller increase in substantiated cases. In England, between 2007/8 and 2013/14 the number of child protection investigations (Section 47) increased by 86 per cent, initial case conferences by 62 per cent and children placed on a CPP by 40 per cent. This profound shift in the balance of investigated to substantiated CAN suggests that changes in practice are a major factor. Whether this is resulting in better outcomes for children as a whole is unknown, but investigation of unsubstantiated cases is drawing resources away from family support.

In summary, although not presented in detail here, there is clear evidence that child protection systems do differentially identify and intervene in families in different circumstances and over different time periods (Bywaters *et al.*, 2015). This applies across countries, local authorities and between ethnic groups and communities and can result in substantial differences in officially recorded rates of CAN. Despite this, the evidence of an underlying association between socio-economic circumstances and CAN is not explained by differences in policy and practice (Sedlak *et al.*, 2010). As Jonson-Reid *et al.* (2009, p. 422) put it: 'The over-representation of poor children is driven largely by the presence of increased risk among the poor children that come to the attention of child welfare rather than high levels of systemic class bias.'

Neighbourhood factors

Coulton *et al.* (2007) critically reviewed the literature – again predominantly from the US – on neighbourhoods and child maltreatment published in English between 1975 and 2005. Their summary suggests that the most consistent results find associations between rates of child maltreatment and indicators of the economic status or resources of the neighbourhood including income level (Deccio *et al.*, 1994), median residential housing property value (Ernst, 2000), poverty rates and low economic status (Zuravin and Taylor, 1987; Dym Bartlett *et al.*, 2014). These findings align with other reviews which have also documented a relationship between rates of child maltreatment and neighbourhood poverty, housing stress and drug and alcohol availability (Freisthler *et al.*, 2006; Maguire-Jack and Font, 2014). Neighbourhood effects, such as the availability of social support or a risk laden physical or social environment, are an additional factor to family circumstances, but the reviews suggest it is probably a relatively small one. However, the studies identified within these review articles were often not able to reveal *how* neighbourhood influences child maltreatment behaviours, a key shortfall of neighbourhood research in general.

The main English study (Bywaters *et al.*, 2014a; 2015) reported an unexpected finding which they described as an 'inverse intervention law'. 'When we compared equally deprived or advantaged neighbourhoods in different local authorities, authorities with low overall deprivation scores had higher child welfare intervention rates than authorities with high deprivation scores' (Bywaters *et al.*, 2015; p. 101). As Table 5 shows, these were large systematic differences between more and less deprived local authority areas. Rates in advantaged local authorities were roughly double those in disadvantaged authorities across every quintile of neighbourhood deprivation. A child in an advantaged authority had twice the chance being on a CPP as a child in a disadvantaged authority once you controlled for neighbourhood deprivation.

Table 5: Proportion of children on child protection plans (per 10,000 children) in neighbourhood deprivation quintiles (5 = most deprived) in affluent (top third) and disadvantaged (bottom third) local authorities ranked by overall Index of Multiple Deprivation scores, 2011/12

Quintile	1	2	3	4	5	All
Bottom third local authorities	3.3	9.3	19.8	29.1	51.0	40.5
Top third local authorities	10.6	20.7	31.6	57.1	101.9	33.8

The reasons for this finding are uncertain but seem likely to be partly related to a relatively higher level of service provision for a given level of demand, working through into lower thresholds for intervention at every level of neighbourhood deprivation. It is unknown whether outcomes for children were better in the advantaged, high intervention local authorities or in the deprived, low intervention local authorities. A further study to replicate and explore this finding is underway across the four UK countries.

Inequity as an independent factor

In their US study, Eckenrode *et al.* (2014) used county-level data to examine the relationship between income inequality and child maltreatment, using the Gini Coefficient (the most commonly used measure) as the measure of inequality. Non-parametric regression modelling of county-level data extracted for all 3,142 US counties between 2005 and 2009 and child maltreatment data obtained from the US Children's Bureau's National Child Abuse and Neglect Data System found significant associations between levels of income inequality across US counties and higher county level rates of child maltreatment. These findings resonate with other studies that indicate an association between inequality and CAN. For example Gilbert *et al.* (2011) investigated child maltreatment variation in trends and policies across England, Sweden, Western Australia, Manitoba and New Zealand. Their study identified lower levels of maltreatment incidence in Sweden than in the USA which were 'consistent with lower rates of child poverty and parent risk factors and policies providing higher levels of universal support for parenting in Sweden' (Gilbert *et al.*, 2011, p. 379). These studies suggest that, compared with countries with higher levels of inequality, countries with lower levels of inequality are likely to enjoy lower rates of CAN, but again this requires more extensive evidence.

Evidence about the nature of the association between poverty and CAN in the UK

Summary

- Poverty is neither a necessary nor sufficient factor in the occurrence of CAN. Many children who are not from families in poverty will experience CAN in some form and many children in families who are living in poverty will not experience CAN. There can be many factors causing CAN. Poverty is only one factor, but perhaps the most pervasive.
- There are a variety of explanatory models for the relationship between family socio-economic circumstances and the prevalence of CAN. The most widely described suggest either a direct effect through material hardship or lack of money for investment in support, or an indirect effect through parental stress and neighbourhood conditions. Disadvantaging socio-economic circumstances may operate as acute or chronic factors, including by their impact on parents' own childhoods. The family stress model is central in most accounts.
- The evidence suggests that direct and indirect impacts of poverty can both operate separately and also interact with other factors to increase or reduce the chances of CAN. Examples of these other factors include:

- parenting capacity, for example, affected by mental and/or physical illness, learning disabilities, (lack of) education, shame and stigma
- family capacity for investment, for example to buy care, respite or better environmental conditions
- negative adult behaviours, for example domestic violence or substance abuse
- positive adult and child behaviours, promoting resilience, for example in individuals, the nuclear family, the extended family and friends, communities
- external neighbourhood factors: the social and physical environment.

- The conception of poverty as a contributory causal factor is supported by evidence from experimental or quasi-experimental studies in the US that raising the income of families in poverty had a statistically significant impact on CAN rates.
- Significant UK evidence emphasises the role of factors such as parental domestic violence, substance misuse, mental and physical illness and learning disability in the outcomes of out-of-home care or return from care of children subject to CAN. However, this evidence is weakened by a failure to control for wealth, income or the home or neighbourhood environments in comparisons between birth families and out-of-home care.
- Evidence suggests that individual practitioners and child protection systems currently pay insufficient direct attention to the role of poverty in CAN, which is often seen as either a background factor or as additional evidence of risk, rather than a problem that parents need support with.

Poverty and CAN: explanatory models

The recent NSPCC annual report (Jütte, 2014, p. 13) on CAN in the UK states that: 'Although there is no evidence which shows that poverty causes child maltreatment, poverty and child maltreatment share many similar risk factors, and frequently overlap.' However the evidence, including qualitative and quasi-experimental studies, suggests that this position is an over-simplification.

It is clear that poverty is neither a *necessary nor sufficient* factor in the occurrence of CAN. Many children in families who are living in poverty will not experience CAN. Many children who are not from families in poverty will experience CAN. CAN – like almost all social phenomena – is caused by multiple factors, some more pervasive and powerful than others, factors which interact in different ways at different times and in different circumstances. It could equally be said that neither domestic violence nor substance abuse are necessary or sufficient factors in the occurrence of CAN. As Cleaver *et al.* (2011, p. 135) put it: 'In the majority of cases, families were experiencing a multitude of difficulties such as the co-existence of domestic violence and learning disability, poor mental health, poverty, and deprivation. It should, therefore, not be assumed that children's needs were solely the result of a single ... disorder.'

It is not possible to conduct prospective experimental studies of the relationship of CAN to poverty for ethical reasons and so the case for poverty having a causal role in CAN rates depends upon a combination of contributory evidence and reasoning. The argument has four elements:

- extensive evidence of an association between poverty and the prevalence of CAN across time, geography and method (presented above);
- emerging explanatory models linking poverty (or socio-economic circumstances) to CAN;
- indicative evidence from quasi-experimental intervention studies that increased income results in reduced levels of CAN;
- evidence that alternative explanations also fail to meet the standard of being sufficient and necessary conditions.

A number of models linking poverty with the prevalence of CAN have been suggested (for example, Coulton *et al.*, 2007; Cooper and Stewart, 2013; Donkin *et al.*, 2014; Pelton, 2015). Broadly speaking they propose that poverty either acts:

- *directly* on families through material hardship or lack of money for investment in material and social support

  or

- *indirectly* through parental stress resulting from lack of resources, shame and stigma (including possibly from the effects of inequity) with neighbourhood conditions also having a potentially positive or negative influence.

Of course, both direct *and* indirect factors may be at play. While they may be logically separable, in practice they will usually interact.

Qualitative studies play a valuable role in model building and testing. In the major relevant UK study, Hooper *et al.* (2007) interviewed parents and children aged 5 to 11 from 70 UK low-income households, some living in affluent and others in disadvantaged neighbourhoods. A central finding of the study is the difficulty of disentangling the direct effects of material hardship and neighbourhood conditions from the indirect effects of parental stress. Hooper *et al.* (p. 2) report that poverty meant 'going without what the vast majority of people in the UK take for granted... a cooked meal every day for adults or toys for children ...deodorant'. Poverty has a direct effect on childhoods. Donkin *et al.* (2014) also review the direct effects of poverty on birth weights, on infant feeding, on the capacity for buying toys and books, healthy housing and good quality childcare.

Other studies, from the US, have also revealed the heightened vulnerability of poor families to additional negative events. For example, McDaniel and Slack (2005) found a significantly raised risk of investigation for CAN among families in poverty who moved house, had a second child or had a child who was expelled from school. One feature of poverty is that sudden events with financial consequences, such as needing clothes to attend a funeral, the breakdown of household equipment, sudden unemployment or under-employment (Lindo *et al.*, 2013), non-arrival or delays of social security benefits or welfare sanctions (Slack *et al.*, 2007) can be particularly damaging as there is no margin for disturbances to the household economy.

As Hooper *et al.* (2007) describe it, poverty also means the stresses of 'constant prioritising and juggling ... (going) into debt for essential items ...demanding and stressful (relationships with) agencies over benefits'. Parents often felt 'trapped ... guilty ... stigma and feelings of low social value'. Such stresses were exacerbated in disadvantaged neighbourhoods by worse housing conditions, fear of crime and feelings of lack of safety and in more affluent areas by reduced access to affordable activities and amenities that other families nearby were using. Under such circumstances, other adversities – such as domestic violence, relationship breakdown, bereavement and mental health problems – currently and across parents' lifetimes added to difficulties in parenting while also, in addition to poverty directly, making access to social support more difficult. The knock-on effects on or of children's behaviours added to the difficulties. Under such circumstances, the likelihood of some parents turning to damaging sources of support, such as substance misuse, or relieving stress through violence, or experiencing mental ill-health were increased while the ability to mitigate the effects of substance use, violence or mental illness on children were reduced.

While there is, therefore, good qualitative evidence about how family poverty and neighbourhood disadvantage can act both directly and indirectly on the prevalence of CAN in ways that are difficult to disentangle, poverty often slides out of focus in policy and practice. Underpinning current child protection practice throughout the UK, an influential research review (Cleaver *et al.*, 2011) has emphasised the importance of particular factors affecting some parents: mental illness, learning disabilities, substance misuse and domestic violence. Often known as the 'toxic trio', because learning disabilities and mental illness are conflated or learning disabilities are excluded, these four kinds of issues are themselves a complex mix of sometimes interacting elements. As is often the case when research is widely referenced, much of the subtlety and caution reported in the original texts are lost when translated into good practice guidance (for example, Staffordshire Child Safeguarding Board, 2011). One element of this loss is the link to other underlying factors affecting families, and to services. The introduction to Cleaver *et al.* (2011) underlines the importance of the socio-economic conditions in which parents sometimes operate, including housing problems, unemployment and poverty, but the conclusion begins by reinforcing the interlocking toxic quartet, with poverty having been reduced to a

secondary factor making children more 'vulnerable' (p. 200) to the four conditions. It is a simple move from this formulation to seeing poverty as an additional, but background, risk factor rather than either a frontline factor in its own right or a factor integrally connected to those labelled as 'toxic'.

The NSPCC's 2014 analysis (Jütte, 2014) of factors that influence a child's risk of CAN adopts the model of three circles of influence around the child: the family, the wider community and societal structures. At the family level they include poverty as one of a list of key factors: child's physical or mental disability; low parental capacity; domestic violence; poverty; parental learning disability; parental history of being abused as a child; parental mental ill-health; parental substance misuse. Inequality and ethnicity are conceived as societal factors. However, while poverty is a distinct factor, it also is a contributory or complicating factor in other items in the list. A family with a disabled child is more likely to live in poverty and to have additional demands on its budget (Spencer *et al.*, 2015). The risk of mental ill-health is associated with poverty while, in turn, mental ill-health impacts on family income (Goldie *et al.*, undated). Domestic violence is associated with mental ill-health, substance misuse and poverty (Farmer and Callan, 2012). Adverse events in childhood impact on adult poverty through impaired educational performance (see below), creating a cycle of difficulty affecting some parents.

Rather than seeing poverty as just a background factor, or as just one kind of risk alongside others, the evidence from Hooper *et al.* (2007) reinforces a model of the connectedness of socio-economic circumstances with other factors influencing parenting across the life course. They go on to summarise the complexity of the interactions between poverty and other factors in calling for further research, for example (p. 96):

- parents' experiences of violence and abuse are much more complex than implied by 'cycle of abuse' arguments, and ... are interwoven with poverty in a range of ways;
- spoiled identities associated with poverty and other life experiences, may contribute to social isolation;
- the need for recognition and respect, often denied people living in poverty and those who experience other forms of adversity, especially violence and abuse, may make children's behaviour problems difficult to bear or manage;
- lack of resources (along with other factors such as drug use or mental health problems) may impact on the risks taken with children's supervision;
- the impact of the child as an actor whose expressed wishes (e.g. regarding contact with non-resident fathers) and responses to distress (e.g. by running away, self-harming or being violent to siblings) may impede parents' capacity to protect both that child and others, especially when financial, social and personal resources are overstretched;
- the role of services, where negative experiences may compound family members' isolation and powerlessness.

The complexity and subtlety of these interactions make it understandable that simple quantitative relationships between measures of socio-economic circumstances and CAN are elusive. But this should not be confused with thinking that poverty is less important than such factors as domestic violence or mental ill-health or that poverty is not a major factor that affects parenting capacity and children's experiences.

Experimental intervention studies involving financial help

While the large majority of research about poverty and CAN provides evidence only of correlations, there are some recent studies with experimental methodologies, all carried out in the US, which take the argument further. In their review of the economic determinants and consequences of child maltreatment, Berger and Waldfogel (2011) refer to three such studies (Shook and Testa, 1997; Fein and Lee, 2003; Cancian *et al.*, 2013) which have taken advantage of variations in family income brought about by changes in social benefits programmes to generate experimental and control groups.

In the state of Illinois, Shook and Testa (1997) investigated variations in benefit receipt to test the efficacy of a programme which provided short-term cash assistance to some families at risk of having a

child placed in foster care, but not to other similar families. Shook and Testa (1997) found that the 45 eligible families who received cash assistance were less likely to experience child removal over the subsequent 15 month period than the 79 eligible families who did not (26.7 per cent versus 39.2 per cent, respectively). The overall average number of days in substitute care during this period was also significantly lower (80 versus 211, respectively). The average net saving per family over the 15 months was $1,455 after deducting the average cash expenditures per family of $584. Few details are given about the reasons why these families were enrolled on the programme. However, it would appear that eligibility excluded more severe cases of neglect and physical or sexual abuse, even though there was a high risk of out-of-home care for the children.

Fein and Lee (2003) presented an experimental evaluation of Delaware's 'A Better Chance Welfare Reform Program' (ABC) in the mid-1990s which offered employment services and relied heavily on sanctions to encourage welfare recipients to obtain employment and co-operate with child support enforcement. To measure the impact of this programme on families' economic and social wellbeing the Delaware Division of Social Services (DSS) randomly assigned half of ongoing recipients to a treatment group that was fully subject to ABC policies and half to a control group that continued under the less stringent rules. Fein and Lee (2003) were able to exploit this experimental design to investigate the impact of ABC policies since programme exposure represented the only systematic source of difference in participants' experiences. Their analyses of the population of families randomly assigned to ABC (n=2,138) or the comparison group (n=1,821) during ABC's first and third (but not second) years showed statistically significant increases in substantiated child neglect cases for those families signed up to the harsher ABC programme. No significant impacts were found for other kinds of maltreatment (physical/emotional/sexual abuse). The findings also indicated that incidence of neglect increased for both voluntary and involuntary leavers in the months preceding welfare exits (although the increase in neglect was greatest for sanctioned families). They suggested that, perhaps, the transition off welfare can make it difficult for some parents to meet their children's needs.

Cancian *et al.* (2013) used data from a randomised experimental evaluation of a state child support demonstration programme in Wisconsin to explore the causal role of income supplementation on the risk of child welfare system involvement. The Wisconsin Works (W-2) programme is a cash assistance programme designed to mimic regular employment. For example, W-2 benefits are not adjusted for family size (just as wages in regular employment are not generally adjusted) and benefits are reduced for each hour of mandated activities missed (just as earnings are generally tied directly to hours worked). A unique aspect of Wisconsin's welfare reform was the full passing on and disregard of child support paid on behalf of families receiving W-2 benefits. For those in the experimental group, every dollar of current child support paid by the non-resident father was passed on to the mother, and the child support was disregarded in determining her TANF cash benefit. 'For example, a mother in the experimental group receiving a cash benefit of $673 per month, and also due $200 per month in child support, could receive a total of $873 in child support and TANF. In contrast, those assigned to the control group received the greater of $50, or 41 per cent of child support paid. A mother in the control group with a cash benefit of $673 who is receiving child support of $200 would receive a total of $755 in child support and TANF' (Cancian *et al.*, 2013, p. 6).

Cancian *et al.* (2013) found that mothers in the experimental group families who received more child support were significantly less likely to have a substantiated report for child maltreatment ($p<.05$). Importantly, even with what were very modest income differences (approximately $100 a month) the experimental group was estimated to be about 10 per cent less likely than the control group to have a maltreatment report.

A fourth experimental study in Milwaukee – around project GAIN (Getting Access to Income Now) – was reported in private correspondence with one of the lead researchers, Professor Slack, in 2014. GAIN is designed to help families where there is a risk of child maltreatment to access economic resources, reduce financial stress, and increase stability for children and adults. The target population is families investigated by child protective services (CPS) in Milwaukee, but for who no ongoing services are provided following an initial assessment. Rates of re-report among families deflected from CPS are quite high and many of these families will have CPS cases eventually opened (Drake *et al.*, 2003). Key features of GAIN include:

- a comprehensive eligibility assessment for an array of public and private economic supports and assistance accessing these resources;
- collaborative work with a GAIN financial support specialist to identify financial goals and steps to achieve them, and improve financial decision-making;
- in some cases, access to one-time emergency cash supplements to alleviate immediate financial stressors.

The combination of these three 'pillars' was predicted to increase family financial stability and income level and, in turn, to improve family functioning overall through reduced parenting stress and mental health problems, improved parenting skills and self-efficacy.

Preliminary data from the first year did not show an effect on subsequent CPS involvement. However, for the sub-group of families (around 15 per cent) who have a history of CPS involvement the effect was quite large. For those families with at least one prior substantiated CPS report, the treatment and control group had rates of subsequent investigated CPS reports over a one-year period of 15.8 per cent and 25.8 per cent ($p < .05$), respectively. The rates of subsequent substantiated CPS reports are 2.3 per cent and 4.2 per cent for the treatment and control groups, respectively (NS), and the rates of subsequent placement of one or more children were 3.6 per cent and 4.1 per cent, respectively (NS). The author comments: 'Given that the particular subgroup for whom the intervention appears to be most effective is, arguably, a group that generates higher administrative and programme costs for CPS, these findings are particularly noteworthy.'

These four quasi-experimental studies support the earlier evidence of an association between poverty and CAN, and of the impact on families and children of living in poverty in building the case that poverty is a contributory causal factor in CAN: programmes which by design or chance give some families at risk better economic circumstances show lower levels of abuse and neglect. Even though all based in the US, these studies suggest that increasing families' economic wellbeing and security has a beneficial impact on maltreatment rates. In the context of a range of UK benefits policies which employ sanctions and limits of various kinds and inefficiencies in delivery which reduce incomes below standard benefit rates or cause unpredictable short-term fluctuations in income, these are important indicative findings.

Other experimental intervention studies

Nelson and Caplan (2014) undertook a literature review exploring different primary programmes that aimed to prevent child physical abuse and neglect (only physical abuse not sexual abuse or other forms of maltreatment), only taking into account projects for children between 0 and 12 years old and those that included controlled studies of the prevention programmes (n = 12) published between 2000 and 2013. They found that overall prevention programmes show a positive impact on CAN, however effect sizes were often small, and some programmes showed no impact (Nelson and Caplan, 2014, p. 11). Similarly, Mikton and Butchart (2009) reviewed seven intervention programmes aiming to prevent child maltreatment and found that those had mixed results with regard to the prevention of child maltreatment as only four reviews showed positive impact. The main studies which appeared to show positive outcomes for CAN were either parenting education programmes or home visiting programmes. It is unclear from the review what attention was paid in any of these programmes to family socio-economic circumstances.

A number of recent UK studies have followed up children identified as being at risk and in contact with children's services. To take four examples, Ward *et al.*(2012) followed up to age 3, 43 children who were identified as being at significant harm before their first birthday; Forrester and Harwin (2006) report on outcomes for 185 children two years after concerns were identified because of parental substance misuse; Lutman and Farmer (2013) and Biehal *et al.* (2015) report on the outcomes for children returned home after a period being looked after in out-of-home care because of neglect or maltreatment more generally, respectively. In all cases researchers found evidence to support the finding that children who remain away from their parents in alternative families appear to have better outcomes on a variety of measures than those who remain at or were returned to their parental home. However, in none of these studies is there any systematic evidence about the role of socio-economic circumstances on these outcomes. There is no evidence presented about the relative income, wealth, housing conditions,

employment, other material resources or neighbourhood circumstances of the parental homes or out-of-home care. However, foster carers are not only likely to have had better physical and financial resources but would also have been paid a weekly allowance which was not available to parents. The studies' conclusions are undermined because they do not demonstrate that the socio-economic circumstances of 'home' and 'care' were equivalent.

Alternative community based approaches to preventing CAN are also reported, for example, the Strong Communities intervention in South Carolina (McDonell *et al.*,2015) which had the aim of preventing child maltreatment and increasing child safety. This was done not by a focus on better identification and investigation of individual cases but by strengthening 'communities so that every child and every parent would know that if they had reason to celebrate, worry, or grieve, someone would notice, and someone would care' (p. 2). The model employed was a mass engagement approach working through volunteers and local organisations to '"keep kids safe" by watching out for one another' (p. 3). New volunteer based family support services were also created focused on families with very young children. The authors conclude that in a comparison with a control area, there was strong overall evidence for the effectiveness of the programme: self-reported neglectful parenting decreased for participants in the Strong Communities programme while it increased in comparison areas; indications of physical abuse and child neglect had declined faster in the Strong Communities areas; confirmed cases of neglect decreased in both areas, but slightly less than in the intervention area. However, here again, little attention was apparently given to families' economic circumstances.

This may reflect the lack of systematic data in case files, on both sides of the Atlantic, itself reflecting and reinforcing the absence of poverty as a focus of concern for child protection practice. Schiettecat *et al.* (2014) reviewed international literature to explore how social work is situated with regard to families living in poverty and whether families need child or family social work. They conclude that '[t]he focus of social work has shifted to the wellbeing of the child whereas interventions are also increasingly targeted at individual parents who are held responsible in realising preventive goals for their children. The focus, in other words, is not on preventing parents from being poor and on supporting the wellbeing of both parents and children, but rather on stressing the individual responsibility of parents in poverty situations to enable their children to take their future place in a meritocratic society' (Schiettecat *et al.*, 2014, p. 9–10).

4 The impact of child abuse and neglect on adult poverty

To what extent is there evidence that child abuse and neglect increases poverty later in life, how large are these effects and to who do they apply?

Summary

- There are no good-quality UK studies that directly chart the association between CAN and adult poverty. Research on the link between being looked after in state care in childhood and economic outcomes is derived from one key source, the 1970 British Cohort Study. Being a looked-after child is strongly associated with a history of CAN. Studies provide evidence that being looked after as a child has a sustained impact on a number of socio-economic outcomes including: reduced income, lower socio-economic status, reduced educational attainment, increased homelessness and unemployment. However, it is not possible from these studies to disentangle the effects of maltreatment from the effects of being looked after.
- A number of international studies using varied measures of maltreatment and adult economic outcomes support a specific association between child maltreatment and a similar range of poverty-related outcomes.
- Some studies suggest differential outcomes depending on abuse type and gender. As none of these are recent studies from the UK, the transferability of their findings is uncertain.
- Few studies have investigated the impact of neglect on adult poverty. Those that have indicate that neglect, as with other maltreatment types, has a negative effect on a number of economic outcomes. No studies were found on the economic outcomes of emotional abuse.
- There is some evidence that non-white children in state care achieve poorer employment and financial outcomes in adulthood than white children but this may be the result of racism rather than CAN.
- There are many mechanisms by which child maltreatment may have an impact on adult outcomes – reduced educational attainment, mental and physical health problems and difficulties in adult relationships are highlighted as key factors in producing negative financial outcomes.

Introduction

This section explores the evidence that child abuse and neglect have an impact on the extent and nature of poverty in adult life. As for the question considered in the previous section, the central limitation of the evidence on this issue is that prospective experimental approaches are not possible for ethical reasons. This means that any attribution of direct causality must be viewed with caution. It would also be extremely difficult for a single study to include all the necessary factors and so most focus on some aspect of the issues. 'This means there may be incomplete understanding of the inputs (the range of adverse experiences in childhood), the processes (how these may affect people) and the outcomes (across domains in adulthood)' (Davidson *et al.*, 2010, p. 384). In particular, it is usually difficult to clearly distinguish the consequences of CAN itself, from the consequences of *responses to CAN*, such as periods in out-of-home care. Nevertheless, although it consists mainly of cross-sectional studies, there is a range of evidence including cohort studies which provide us with important evidence about the associations and possible relationships between CAN and adult outcomes, including poverty.

UK evidence

Unfortunately, as with the question considered in Section 3 above, there is a striking lack of UK based research which directly investigates the link between childhood experience of abuse and neglect and subsequent poverty-related factors such as income, employment, housing and education. Nor are there any official data which attempt to link current socio-economic status, deprivation and poverty with adverse childhood experiences. However, the review did identify two UK cohort studies (Knapp *et al.*, 2011; Viner and Taylor, 2005) which examined later outcomes for children who had been looked after as children (LAC). These are reported here because of the paucity of alternative UK evidence, but with three substantial cautions. First, many children who have suffered CAN will not have contact with the care system. These studies cannot hope to disentangle the effects of being a looked-after child from the effects of CAN alone. Second, not all children who became looked after by the state will have done so because of abuse and neglect, although this is often stated as the primary reason. Third, adult outcomes may result from experiences 'in care' (or other intervening factors) rather than prior abuse or neglect.

Knapp *et al.* (2011) and Viner and Taylor (2005) used data from the 1970 British birth cohort study (BCS) to investigate the link between looked-after status and adult outcomes of more than 11,000 children followed up to the age of 30. Knapp *et al.* (2011) focused on antisocial conduct, attention deficit and anxiety problems in childhood and their possible association with economic outcomes 20 years later. These childhood variables were identified from interviews with parents and teachers and from medical examinations completed at age ten. Parental report of whether the child had ever been taken into care was also included in the analysis together with the adult socio-economic outcome measures of self-reported occupation and earnings. Regression analysis was used to control for a range of childhood factors including: cognitive skills attainment; self-esteem; health problems; educational factors; and residence in relatively disadvantaged neighbourhoods. Parental education, parental hours of work and family income were also used to control for family socio-economic status during childhood. The study found that factors predicting economic activity included: lower family income, higher number of children in household, living in a disadvantaged neighbourhood, low staff–pupil ratio at school and low cognitive attainment. Being taken into care before the age of ten was found to be predictive of economic inactivity at age 30 for men and women and reduced earnings for men.

Viner and Taylor (2005) concentrated specifically on the looked-after status of the sample and a range of adult health and social outcomes at age 30. They looked at data from the BCS at age 5, 11, 16 and 30 (n= 11,261). Annual net income was used as the socio-economic outcome indicator and analysis controlled for father's social class in childhood, mother's educational status, and adult social class. The study looked at a range of variables including ethnicity, occupation, current income, educational and vocational achievements, marital history and age at first pregnancy, drug and alcohol use, accidents, school exclusion, crime, and self-rated general health. They found that a history of state care was associated with significantly poorer economic outcomes, a history of homelessness in both genders and a twofold risk of current unemployment in men.

These two UK studies do provide relatively strong evidence that being looked after as a child has a sustained impact on a number of socio-economic outcomes but cannot provide a distinct evidential link to CAN, even where that was the factor leading to out-of-home care. Moreover, the data was first collected more than 45 years ago so its applicability to contemporary society and child welfare systems may be limited.

International studies

The review also identified a number of international studies which provide insight into the relationship between child maltreatment and economic outcomes.

Studies using looked-after samples

Two of the international studies, as in the UK, used samples of children either looked after by the state or in contact with child protection services. Stewart *et al.* (2014) focused on young people aged 17, in contact with the child welfare system on 31 December 1998 in three states in the US. It compared employment outcomes over multiple time points (up to the age of 24 across two states and up to age 30

in one state) with a low income sample of the same age from a national longitudinal survey. The sample size was approximately 48,000. Physical abuse, sexual abuse and neglect were assessed from data held in welfare records; socio-economic status by employment, earnings and employment stability. In the analysis, controls were introduced for gender, race, work experience, rural, and county unemployment rate. The abuse and foster placement history variables were also included in regression models for the leaving care group and parental socio-economic status was controlled for through comparison of the looked-after group with a national low-income sample. In keeping with the findings from UK research, results showed that looked-after status was related to more negative outcomes and, although most young people leaving care did work at some point between the ages of 18 and 24, their rates of employment at 24 were 6 to 12 per cent lower across states than low-income youth and 27 to 31 per cent lower than the national comparison group. The rate of employment worsened considerably by age 30 for young people leaving care and was 15 per cent lower than the low-income group. It concluded that the employment, earnings and employment outcomes for young people leaving care were not as good as their peers.

Sulimani-Aidan *et al.*'s (2013) Israeli study also focused on care leavers, this time using sample of 238 who were followed for one year after leaving residential care. While this found that many care leavers in Israel experience financial difficulties, it was limited by small sample size and the absence of a control for family background and/or socio-economic status during childhood. Nevertheless, findings are in keeping with those from the larger, more reliable UK and US studies already discussed.

Studies focusing on specific forms of childhood abuse or neglect

While the studies based on samples of looked-after children cannot make a direct link between child abuse and economic outcomes, the review identified a further seven international papers which did provide data on specific forms of childhood abuse and economic outcomes. While the categorisations and measurement of child abuse and/or neglect varied considerably between studies, as did the outcomes measures, the findings allow for some consideration of how different forms of abuse might relate to different outcomes.

Physical abuse and witnessing violence

The evidence provided by Christoffersen and Soothill (2003) is particularly strong given that it involves an extremely large sample of 84,765 Danish children born in 1966, followed for more than 25 years. Although the primary focus was the study of the long-term consequences of parental alcohol abuse, it addressed a wide range of childhood variables, including physical abuse of child by parents and the child being placed in residential or foster care, and outcomes. Outcomes measures included life resources such as education and employment. Being a victim of parental violence was measured using hospital admissions/records and/or parental convictions for violent crime while economic outcomes were measured using official employment records and welfare receipt records. The analyses controlled for parents' economic and social situation, health status, unemployment, education, criminality, evidence of drug addiction and mental health, and child in care status. The authors found that parental alcohol abuse had an effect on the employment prospects of children and that parental alcohol abuse was itself strongly associated with physical abuse of children: parental physical violence occurred 4.5 times more often in families with alcohol abuse than in families without. Both fathers' and mothers' alcohol abuse was also associated with family separation and the children going into residential care.

In contrast, one US study points to neighbourhood violence as predictive of adult unemployment rather than parental physical abuse or violence. Covey *et al.* (2013) studied a nationally representative sample of 1,500 individuals who were 11–17 years old in 1976–1977. They focused on the effects of adolescent physical abuse, perceptions of neighbourhood violence, and witnessing parental violence on adult socio-economic status, all measured by single-item self-report. Adult socio-economic status was measured by self-reported marital status, educational attainment, employment, income, and wealth (net worth). In the analysis, the authors controlled for gender, race, urban/rural, family structure and social position. Both physical abuse and witnessing parental violence had a negative impact on adult income and net worth while parental physical abuse only predicted reduced time in education and perceptions of neighbourhood violence predicted unemployment. While reliant on a much smaller sample size than the Danish study, these findings point to parental physical abuse and/or violence having a negative impact on

a number of economic indicators, as well as a differential response depending on the type of abuse experienced and the outcome measure used.

Sexual abuse

American research examining childhood sexual abuse (CSA) indicates that high school seniors who experienced CSA had reduced education attainment and employment compared to non-abused peers. Schilling *et al.* (2007) investigated the impact of self-reported sexual assault with a probability sample of 1,093 high school seniors (aged 17–18) from nine state schools in Boston. The sexual abuse was measured by three questions and the socio-economic outcomes were measured approximately two years later by self-reported employment status and unwanted work disruption. Although the primary outcome variable in this study was depressed mood, analyses included a range of possible mediating variables including transitions to further education and employment. Results revealed lower educational attainment among sexually abused women with fewer attending four-year colleges (20 per cent versus 44.1 per cent), although their representation at two-year colleges was comparable (16.9 per cent versus 14.6 per cent). Sexually abused women reported less enjoyment of school and slightly more conflict at school as well as more conflict and slightly less enjoyment at work than non-abused peers.

A New Zealand study found that those reporting CSA were more likely to experience a decline in adult socio-economic status from that of their family of origin, compared with controls. In the first of three studies reporting on the finding Mullen *et al.* (1994) examined the association of CSA with a range of social, interpersonal and sexual difficulties in adult life. A random sample of 2,250 women was selected from the electoral roll of the city of Dunedin and asked to complete a postal questionnaire about their experiences of abuse and a range of other variables including general health, mental health, demographics and social support. 1,376 completed the postal questionnaire. Samples of those who reported a history of CSA (n=248) and those who did not (n=244) were invited for interview in more depth about a range of factors. Regression was used to control for difficulties in the family of origin and social background. Results showed that the CSA group, as a whole, were no more likely to have come from homes of lower socio-economic status but when the subjects' current socio-economic status was compared with that of their parents, there was found to have been a decline in 23.7 per cent of those with a history of CSA compared with 11.9 per cent of controls. However, in further analyses of the New Zealand study data aimed at determining 'whether CSA was the specific factor responsible for later disorder or whether CSA merely signalled those families which had other problems that were more directly pathogenic' (Romans *et al.*, 1997, p. 327-8), the authors concluded that CSA tends to be combined with a number of other risk factors and that it has no unique association with any specific outcome but rather is a risk factor for a wide range of outcomes. Although both the New Zealand and American studies are both limited by relatively small samples, and the American study by an extremely short follow-up period, they suggest the possibility of a somewhat different association between CSA and economic outcomes than physical abuse and a limited association with socio-economic status specifically in relation to women.

Comparing abuse types

Similarly, a number of comparative studies also examine whether different types of abuse produce different outcomes. Mullen *et al.* (1996), again using data from the Dunedin study in New Zealand, reported that when including both physical and sexual abuse in analysis, and after adjusting for a range of childhood risk factors, the relationship between either abuse type and a decline in later socio-economic status was no longer significant. However, a Canadian study (Tanaka *et al.*, 2011) which looked at both physical abuse and sexual abuse found that physical abuse had a negative impact on annual income in a way that CSA did not. Tanaka *et al.* (2011) followed 1,893 children over 18 years from age 4–16 to age 21–35 and used self-report to measure childhood experiences of violence and socio-economic outcomes including employment status, annual personal income and other income sources such as employment insurance benefit and child tax. The analyses controlled for a range of childhood economic and demographic variables. Results showed a significant association between severe CPA and reduced personal income. Adults with severe childhood physical abuse had 30 per cent less annual income compared with those who had experienced CSA or who had not experienced childhood physical abuse.

Strøm *et al.* (2013) examined the relationship between exposure to physical violence, sexual abuse, or bullying in high school and work participation in early adulthood. They used a longitudinal design with 11,874 young people in Norway age 15–16 and then followed up at age 23–24. The measure of childhood abuse and neglect was self-reported sexual abuse, physical abuse and or bullying in the past year. The socio-economic variables at follow-up were participation in work, income, and receipt of welfare benefits. Individuals exposed to abuse reported more disadvantaged circumstances compared with the individuals not exposed to abuse. Consistent with the findings of Tanaka *et al.* (2011), bullying and physical abuse had a strong negative association with later work participation but sexual abuse did not, although victims of sexual abuse were more likely to live with someone who had lost a job, have lower family income, and fall below the federal poverty line.

Studies using general measures of childhood abuse and neglect

As well as research looking at specific forms of child maltreatment, the review identified five studies which investigated the impact of general measures of maltreatment on economic outcomes. Three of these studies (Currie and Spatz Widom, 2010; Mersky and Topitzes, 2010; Vinnerljung *et al.*, 2006) used a generic measure of child maltreatment identified from court substantiated reports or contact with child protection services and all indicated an association between maltreatment and a range of outcomes including reduced earnings, less education, lower employment rates, reduced levels of home ownership, high levels of debt, lower skilled job status, and high levels of benefit receipt.

Currie and Spatz Widom's (2010) American study examined the long-term consequences of CAN on adult economic wellbeing through matched samples of maltreated and non-maltreated children (n=1,575) from 1967–1971 in one Midwestern metropolitan county. The two groups were followed up in 1989–1995 and 2003–2004. CAN was measured by court substantiated reports of abuse and neglect from 1967 to 1971 and socio-economic status was measured at the 2003–2004 follow-up by self-report of a range of measures of income, employment and wealth. Regression analyses controlled for childhood socio-economic circumstances and maternal socio-economic status. Results showed that the experience of maltreatment was associated with reduced peak earnings of about $5,000 a year. At the age of 29 participants with histories of childhood maltreatment had obtained a year less of education on average, had lower scores on an IQ test and were less likely to have a skilled job, compared with controls. Disadvantages persisted into middle age and individuals with histories of abuse and neglect were about 14 per cent less likely to be employed and significantly less likely to have a bank account, stock, a vehicle, or a home, compared with matched controls. Unusually this study also looked specifically at neglect and found almost all of the long-term outcomes assessed, with the exception of having 0a bank account and having non-mortgage debt, indicated that neglected children experienced worse economic consequences in young and middle adulthood than the controls.

Mersky and Topitzes (2010) compared the early adult outcomes of maltreated and non-maltreated children. They used a prospective longitudinal design with a sample of approximately 1,400 people who were included in the Chicago Longitudinal Study which recruited a random sample of low-income, ethnic minority children who grew up in high-poverty neighbourhoods and attended government-funded kindergarten programmes in the Chicago public schools in 1985–1986. They used data at age 10 and followed up at age 22–24. The measure of CAN was from court and social services records. The socio-economic outcomes were employment and income data from social security records and self-report. They controlled for a wide range of other variables affecting childhood socio-economic circumstances and found 'that verified maltreatment victims fared significantly worse than participants without an indicated maltreatment report on indicators of educational and economic attainment, criminal offending, and behavioural and mental health.' (p. 1,086). Specifically, maltreated participants were significantly less likely to average at least $12,000 in earnings as young adults (32.7 per cent versus 21.5 per cent). The maltreated group was also significantly more likely to have been in prison by age 24 (13.9 per cent versus 31.5 per cent) and report significantly higher rates of substance misuse (9.2 per cent versus 15.8 per cent) and depression (24.0 per cent versus 33.3 per cent) between ages 22 and 24.

Vinnerljung *et al.* (2006) also followed, over a period of 21 to 26 years, a sample of 2,232 children who had been known to child protection services in Stockholm, and compared them with the general population of children using administrative datasets. Their focus was on comparing outcomes between those that received services (n=161); those referred who did not receive services (n=110) and those who

had no contact with child protection services (n=1,961). The outcomes included welfare benefit receipt. After controlling for gender, family background, and types of problems, service provision was related to a decrease in the number of criminal offences between age 21 and 25, but an increase in the number of months on social welfare at age 25 as well as a number of other negative outcomes in young adulthood.

An additional international study investigated the relationship between generic measures of childhood adversity and poverty-related outcomes. Harkonmäki *et al.* (2007) looked at longitudinal data on a large, representative sample (n=8,817) of the non-retired Finnish population, aged 40–54, to see if childhood adversities predicted retirement on the grounds of disability within the five year follow-up period. Adverse events included serious conflicts in the family and frequent fear of a family member. They concluded that high levels of childhood adversity, including family conflict, predict lower levels of adult socio-economic status and higher levels of disability retirement. However it is difficult to identify the specific contribution of child maltreatment to adult poverty given the generic nature of the abuse adversity measure and the lack of a control for childhood socio-economic status in the analysis.

CAN, poverty and identity

Gender

Several international studies and one from the UK point to differences in adult outcomes related to gender. While Viner and Taylor (2005) found that a history of state care was associated with significantly poorer social class outcomes and a history of homelessness in both genders they identified a twofold risk of current unemployment in men but not women. Men but not women with a history of public care were significantly less likely to achieve high educational outcomes, and women with a history of care were three times more likely to be permanently excluded from school but not men. Equally, while Tanaka *et al.* (2011) did not find a significant association between physical abuse, sexual abuse and employment overall, they did find a significant association between severe physical abuse and employment for males. While evidence from the UK was limited, Knapp *et al.* (2013) showed some gender disparities with male employees who had experienced being taken into care being particularly disadvantaged with respect to earnings, but not females. However, the authors note that their analysis was unable to take account of differing patterns of employment in which some women do not participate in employment because of childcare and family responsibilities. Similarly, the extent to which these disparities reflect broader inequities in society is unknown.

Using a wider range of economic outcomes, Currie and Spatz Widom's (2010) US study concluded that women appeared to be more negatively affected by the experience of childhood maltreatment than men across a number of outcomes. By young adulthood (approximate age 29), maltreated women in their study had completed fewer years of schooling and had lower IQ test scores compared with the control women, and by middle adulthood they were significantly less likely to be employed, own a bank account, own stock, own a vehicle or their own home, compared with control women. While the picture was much the same for men in young adulthood, by middle adulthood maltreated men were not at a significantly greater risk of negative economic consequences compared with control men. Although the analysis was not able to examine the specific effects of physical and sexual abuse, the long follow-up period used in the study (36 years) suggests that the decreased employment and earning opportunities for men may level off over time but continue to have a significant impact for women. Currie and Spatz Widom (2010) suggest that gender differences might be accounted for by differences in the effects of child abuse and neglect on relationships. This is supported by Strøm *et al.* (2013), as outlined above. Interestingly females in this study were significantly more likely to have experienced multiple forms of abuse than males, suggesting that, as argued by Mullen *et al.* (1994), Mullen *et al.* (1996) and Romans *et al.* (1994), the impact of abuse on financial outcomes for women may be more related to the co-morbidity of sexual abuse with other abuse types and risk factors than sexual abuse in itself.

Ethnicity

Given that race and ethnic identity are themselves linked to differing adult financial and socio-economic outcomes and poverty (HM Government, 2014), the majority of cohort studies identified in this review controlled for ethnicity in their analysis. Only a small number indicated that ethnicity made a significant contribution to adult outcomes. Covey *et al.* (2013) found that not only was physical abuse in

adolescence associated with an average loss of a little over a half year of education, being non-white, living in rural residence (in adulthood), and coming from a lower socio-economic status background were all – unsurprisingly – independently associated with lower educational attainment. Viner and Taylor (2005) also found that non-white children were not only more likely to have been in care but were also more likely to have a later history of homelessness than white children but significantly less likely to leave school without any qualifications. Similarly Stewart *et al.* (2014) found that African American youth who has been in state care had significantly poorer employment and earnings outcomes compared with white youth. In all these studies, separating the impact of childhood maltreatment from the wider societal consequences of racism is not possible.

Disability

Although few studies specifically considered childhood disability and adult outcomes, Knapp *et al.*'s (2011) UK analysis of outcomes for children in state care did include a focus on childhood health problems, particularly mental health problems and antisocial conduct. Their findings indicated associations between antisocial conduct, attention deficit and anxiety problems at age 10, and some or all of the poorer economic outcomes measured at age 30. Generally, the presence of symptoms of mental health problems in childhood were associated with worse employment-related outcomes at age 30, effects which were particularly marked for 10-year-olds with attention deficit problems, with lower employment rates, worse jobs, lower earnings if employed, and lower expected earnings overall. For children with anxiety, the only significant effects were seen in relation to earnings. Males with antisocial conduct at age 10 were less likely than males without such a characteristic to be economically active, but more likely to have higher earnings if in a job, as well as higher expected earnings (taking into account the level of inactivity). There were no differences at age 30 between females with and without antisocial conduct at age 10. These associations remained when including experience of state care as a child in regression analyses, indicating that these childhood adversities contribute to poorer economic outcomes over and above being looked after.

CAN and poverty – explanatory models

As argued above, the development of models which explain associations between childhood poverty and the experience of child abuse and neglect is a complex task which, as with almost all social phenomena, involves multiple factors interacting in different ways at different times and in different circumstances. The question being considered in this section (to what extent is there evidence that child abuse and neglect increases poverty later in life, how large are these effects and to who do they apply?) reverses the explanatory process discussed in relation to the question in Section 3 (to what extent is there evidence that poverty increases the amount of child abuse and neglect, and/or affects the nature of child abuse and neglect? How does this occur, how large are these effects and to whom do they apply?) and takes on a more longitudinal focus in terms of isolating mechanisms by which childhood experiences of poverty may be related to adult economic and financial outcomes. A number of the cohort studies identified in this review explicitly investigated the factors which might mediate between child maltreatment and later outcomes and, as with the first question, this involved a number of factors interacting with each other across a range of domains. Harkonmäki *et al.* (2013) outlined three conceptual models commonly used to consider these associations:

- the latency model which suggests a direct effect of childhood conditions on adult outcomes regardless of conditions during adult life;
- the pathway model which proposes an indirect effect maintaining that childhood conditions affect adult outcomes through adult conditions;
- the cumulative model which assumes that both childhood and adulthood conditions are important to adult outcomes.

Although their research found that the association between childhood adversities (including child abuse) and the risk of disability retirement was reduced after adjusting for low socio-economic status, health-related risk behaviour, depression and use of drugs for somatic diseases, the association still remained significant. The authors argue that this provides support for the latency model in which childhood

adversity has a direct effect on adult outcomes. However, they also observe that since additional adjustments for depression and health-related risk behaviour decreased the odds of disability retirement for childhood adversities more than any other adult risk factor, these factors, at least partly, mediate the effect of adversity.

In focusing specifically on child sexual abuse and outcomes among an adult sample, Schilling *et al.* (2007, p. 119) point to the 'widespread reverberations of these experiences in multiple role domains' including employment, schooling, intimate relationships and mental health. Results suggested a process by which non-supportive intimate relationships exacerbate depressed mood among sexually abused women, over and above the influence of work and school experiences. Supportive intimate relationships on the other hand contribute to the resilience of sexually abused women in adulthood. Schilling *et al.* (2007) found that lower attendance at college explained some of the elevated levels of depressed mood found amongst childhood physical abuse victims and that this group also reported less enjoyment at school. They suggest that 'post-secondary education may synergistically foster success in multiple aspects of adult role functioning by helping high-risk women to increase employment opportunities and delay entry into marriage, and by providing a context for developing positive emotional resources to succeed in those roles' (p120). Likewise Strøm *et al.* (2013), when examining whether high school completion had a mediating effect on the relationship between exposure to physical abuse, violence and/or bullying, found that that the chances of being a high school dropout increased with the amount of abuse to which a person had been exposed. However, in this study high school completion had only a small mediating association with future workplace participation.

Tanaka *et al.*'s (2011) study explored how mental health, physical health and education might mediate later employment and financial outcomes for sexually and physically abused children. As with Harkonmäki *et al*. (2013), the study found that although these factors mediated financial outcomes to a certain extent, the experience of severe childhood physical abuse still accounted for 30 per cent of a reduction in adult income. While physical abuse only predicted employment status in males and not females, again mental health, physical health and education had a partial mediating effect. As with other studies, the authors conclude that while education is clearly important, other potential factors such as difficulty in maintaining employment, life stressors, and other psychological impairment including aggression, antisocial behaviour, and substance use problems, are all likely to play a role. Similarly, research with adults with a history of state care found that this group was significantly less likely to achieve high social status, more likely to have been homeless, have a conviction, have psychological morbidity, and have poor general health. These findings persisted when adjusted for childhood and adult social class and maternal education, again supporting the latency model interpretation that they are an effect of state care in itself rather than reflective of wider aspects of childhood and then adult disadvantage.

5 The costs of child abuse and neglect

Summary

- There are no adequate calculations of the costs of CAN in the UK. This paucity of evidence reflects in part the methodological challenges of cost analysis.
- There is an absence of transparency about local authority spending on CAN. Data on the costs of children's services is unreliable.
- The major review of the costs of child poverty in the UK estimated that two-thirds of the costs of children's social care could be attributed to poverty. This would currently equate to around £5 billion a year. However, the much larger longer-term costs for health, education, housing, criminal justice and other services, and the lost potential for wealth creation were not included. Another recent UK study has estimated that the total short-run cost of 'late intervention' in children's lives amounts to £17 billion a year in England and Wales.
- These calculations suggest that the costs of CAN are substantial, indicating the potential economic value of preventative early support for families, in addition to the human benefits.
- Despite widespread advocacy of early intervention, resources for early support services in England have decreased significantly over the past five years. This picture varies across the four UK countries. However, while many early intervention programmes focus on parenting skills and rapid decision-making to remove children to alternative families where preventive interventions are deemed to fail, there is little or no evidence of interventions that directly confront the socio-economic difficulties faced by many families where CAN is a concern.

Introduction

Childhood costs

In England, the budget for local authority children's social care alone is estimated by the Institute for Fiscal Studies (IFS, private communication) to be £7.25 billion in 2014/15. However, useful data on the overall economic costs of CAN in the UK is difficult to locate. Where some attention has been paid to spending cuts (CIPFA and NSPCC, 2011; Reed, 2012; Jütte *et al.*, 2014; National Children's Bureau and The Children's Society, 2015) this review only identified five UK articles with details on links between child poverty and the costs of CAN (Bramley and Watkins, 2008; Hirsh, 2008; 2013; Saied-Tessier, 2014; Chowdry and Oppenheim, 2015). Internationally the picture is little different. For example: 'There is no comparable national evidence across the OECD on the amount of funding annually set aside for child protection purposes, the number of staff in the child protection sector, their training, the ratio of investigating officers to other staff etc' (OECD, 2011, p. 261).

Adult and longer term costs

Although none of the 16 cohort studies identified as relevant to the question considered in Section 4 set out to specifically investigate the costs of child maltreatment, the majority indicated that there were significant costs to individuals in terms of reduced earnings in adulthood, higher unemployment and increased welfare dependency, with significant effects for the state and the economy more widely. For example, for the US Currie and Spatz Widom (2010) calculated that the experience of maltreatment reduced peak earnings capacity by about $5,000 a year, noting that these losses cumulated over a lifetime are substantial and large relative to the effects of physical health problems such as chronic conditions and activity limitations on employment that have been estimated in previous studies. A number of studies drew on existing literature to highlight the financial and societal costs of issues like mental

health, physical health and criminal activity. For example, Knapp *et al.* (2011) drew attention to UK research (Scott *et al.*, 2001) which has demonstrated that conduct disorders at age 10 generated a cost to public services amounting to approximately £70,000 by age 28, as opposed to costs of approximately £7,000 for children who had no conduct problems. They also highlight US research (Cohen, 1998) which estimated that a single high-risk adolescent could cost society between US$1.7 million and US$2.3 million (in 1997) as a result of criminal offending as a young person and as an adult.

The OECD report (2011) quotes estimates from the US and Australia that child maltreatment costs as much as 1 per cent of GDP. Fang *et al.* (2012, p. 163) 'estimate that the approximately 579,000 new substantiated cases of nonfatal child maltreatment and 1,740 cases of fatal child maltreatment per year in the United States result in a total economic burden of $124 billion'. No equivalent attempt has been made to estimate the annual or longer term costs of CAN in any of the UK countries although, as we report below, one recent report has examined the annual costs of child sexual abuse and two have examined the potential impact of 'early intervention'.

Methodological challenges

The shortage of evidence for the economic costs of CAN reflects in part the methodological challenges of cost analysis. There are real obstacles because of the breadth of costs incurred and because spending on one type of service is difficult to separate from related service spending when investigating CAN. For example, local authority spending on child protection and safeguarding interventions does not account for most of the costs of spending on criminal and antisocial behaviour, child physical and mental health, domestic violence, or substance misuse, all of which could be associated factors. Similarly, as argued above, it is hard to isolate the effects of CAN from other factors when considering adult outcomes affecting education, health, employment and other costs. There are also broader costs to consider 'not just in terms of the hardships experienced by those affected, but also in terms of public expenditure and future economic potential' (Hirsh, 2008, p. 11). For example, victims of child sexual abuse are 'less likely to work and are more likely to earn lower wages than if they had not been abused' (Saied-Tessier, 2014, p. 18). The knock-on costs of CAN may therefore generate lower earnings, impacting national income.

Broadly speaking the costs can be divided into two elements: costs due to the provision of services to people who have been subject to CAN and others affected by them, and costs due to the reduced economic contribution made by some people subject to CAN, including the loss of tax revenue. The NSPCC has provided the closest thing to a framework for estimating the costs of CAN. Drawing on existing literature about the cost of child abuse, they calculated the prevalence costs of child sexual abuse (CSA) incurred in one year (Saied-Tessier, 2014). This calculation took into account the following key impacts (Saied-Tessier, 2014, p. 9):

- health – child mental health (depression only), child suicide and self-harm, adult mental health (depression and post-traumatic stress disorder), adult physical health (from alcohol and drug misuse);
- criminal justice system – criminal justice system costs incurred because of the perpetrator of child sexual abuse, criminal justice system costs incurred because of the former victims of CSA (both juveniles and adults);
- services for children – children's social care (including child protection plans and looked-after children) and allied service costs;
- lost productivity to society – from unemployment and reduced earnings as a result of being a victim of child sexual abuse.

It is important to recognise that these impacts relate to child sexual abuse, which constitute a small minority of instances of CAN as a whole. A comprehensive estimation of the costs of CAN would also need to include the costs of preventive services, costs to the families of victims, and human and emotional costs, which are more difficult to quantify.

To calculate the costs of CAN, therefore, information is needed on the size of the impact, the number of people affected and the costs of each impact in the UK (Saied-Tessier, 2014). However, this is complicated by an absence of transparency about local authority spending on CAN, allied to a lack of policy focus on this issue both within and between UK governments.

Data on the costs of children's services is also unreliable. Current data on children's service costs are taken from Section 251 data (in England) submitted by councils to the Department for Education (Freeman, 2014, p. 3). Directions under Section 251 of the Apprenticeships, Skills, Children and Learning Act (2009) contain financial information about how much the local authority has spent on education, and on children and young people's services (Education Funding Agency (EFA), 2014).

Freeman (2014) observed considerable variation in the recording and use of Section 251 returns across local authorities. He suggests that overall the Section 251 return and analysis system should be simplified and improved in order to minimise administrative burden and maximise the quality of the comparative information that can be derived. 'Further work could then be undertaken to integrate the intelligence on children's service finance metrics, activity and outcome data, together with data from other sources, including the NHS' (Freeman, 2014, p. 14). Freeman's (2014) research shows that, without reform, Section 251 returns are not fit for reliable comparison. These systemic issues compromise estimates of both immediate public service costs and wider lifetime costs attributable to CAN.

The costs of child poverty and CAN

The Joseph Rowntree Foundation has reviewed evidence of the costs of child poverty in England and the UK (Bramley and Watkins, 2008; Hirsh, 2008; 2013). Bramley and Watkins' (2008) research provided estimates of the extra cost to public services imposed by the existence of child poverty. Using the best data available on local spending, they calculated the relationship between child poverty and spending, controlling for factors such as demography and socio-economic status. Their methodology for estimating personal social services costs requires validation as it is does not appear to attempt to disentangle the distribution of funding to local authorities (which already takes deprivation into account) from the level of need in an area. In other words the supply of services may reflect the resources available as much as demand. However, their conclusions are striking, supporting the broader findings of this review: they found an association between poverty and CAN, the existence of a social gradient and the relevance of family stress and investment models to explaining the relationship.

> "This evidence certainly confirms the character of children's personal social services as a service which is almost dominated by the effects of child/family poverty. Our statistical model suggests that over two-thirds of spending may be attributable to poverty. A further analysis of 'excess costs' by type of need suggests a slightly lower total, but still a majority of spending. It might be questioned whether this is a wholly plausible story, by considering what would happen if child poverty were somehow eliminated. It is implausible to expect that all problems of family dysfunction and stress, poor parenting and disability would disappear. These problems do occur in more affluent families but, typically, more (private) resources can be drawn upon to address them."
>
> (Bramley and Watkins, 2008, pp. 15–16)

If two-thirds of the children's social care costs were attributed to poverty, as Bramley and Watkins suggest, this would currently equate to around £5 billion annually in England. However, this would identify costs associated with the impact of poverty only in terms of the immediate demands on children's social care budgets, while the total costs would include a range of other elements.

Costing early and late intervention

Chowdry and Oppenheim's (2015) report for the Early Intervention Foundation presents calculations of a wider range of spending on 'late intervention', offering the best up-to-date evidence on the economic cost of CAN in England and Wales, although CAN is not their precise focus. 'Late intervention' is used as an 'umbrella term for a range of acute or statutory services that are required when children and young people experience significant difficulties in life' (Chowdry and Oppenheim, 2015, p. 5). Drawing on published statistics (see Chowdry, 2015) detailing the quantity of acute services or other late interventions, Chowdry and Oppenheim (2015) estimated the fiscal cost of dealing (each year in England and Wales) with crime and antisocial behaviour, school absence and exclusion, child protection and safeguarding, child injuries and mental health problems, youth substance misuse, and youth economic inactivity. They found:

> "Nearly £17 billion per year is spent in England and Wales by the state on short run late intervention, with the largest single items being the costs of children who are taken into care (LAC), the consequences of domestic violence, and welfare benefits for 18–24-year-olds who are not in education, employment or training (NEET)."
>
> (Chowdry and Oppenheim, 2015, p.6)

According to their estimates, child protection and safeguarding accounted for just over a third (36 per cent) of the total yearly spend on Late Intervention. In 2014–15 it was also found that most of the yearly spending (39 per cent) on late intervention was paid by local government, reflecting the costs of child protection and safeguarding, including £5 billion a year on looked-after children (Chowdry and Oppenheim, 2015). Their estimates suggest that late intervention is both ineffective and inefficient compared with preventative early interventions in the lives of families with support needs. Indeed, they are concerned that the 'costs of late intervention are in danger of stifling investment in early intervention' (p. 28).

Early intervention has received increased attention over the past five years. Since 2010, Jütte *et al.* (2014) identified 84 published early intervention reports. The cross party '1001 Critical Days' manifesto also demonstrates political consensus for the development of early intervention programmes. This manifesto draws largely on neurobiological evidence to substantiate the developmental importance of the first 18 months of life, setting out a vision for holistic services from antenatal to postnatal, accessible to all parents, but particularly those deemed 'at risk' (Leadsom *et al.*, 2013).

The cost effectiveness of early intervention has been supported by research from the Scottish Government (Sturgeon *et al.*, 2010). To estimate the potential savings attributable to early intervention investment this research developed hypothetical pathways for three groups of children (no additional needs, moderate needs and severe additional needs), based on researchers' existing knowledge of provision and policies in Scotland. For each pathway a narrative of typical life events and the associated demand upon public sector services and transfer payments was developed according to information from Scottish Government statistics and research papers outlining case studies for individuals with high levels of need. Pathways were then costed, using Scottish data where possible. Finally, the costs of the baseline pathway were subtracted from the 'moderate' and 'severe' pathways to reach the additional costs associated with 'moderate' or 'severe' needs.

This model demonstrated short-, medium- and long-term savings for early intervention assessment. Assuming that early years interventions from pre-birth to age five were 100 per cent effective – clearly an unlikely scenario – their financial model suggested there are potential net savings 'of up to £37,400 per annum per child in severe cases and of approximately £5,100 per annum for a child with moderate difficulties in the first five years of life' (Sturgeon *et al.*, 2010, p. 3). In the long term, this model suggested that 'failure to effectively intervene to address the complex needs of an individual in early childhood can result in a ninefold increase in direct public costs, when compared with an individual who assesses only universal services' (Sturgeon *et al.*, 2010, p 4).

Over the past five years the English, Welsh, Scottish and Northern Irish governments have embraced the concept of early intervention. However, early intervention can mean different things to different people – or different governments. It is arguable that in England it has become associated with the early identification and removal of children whose parents cannot quickly respond to services' expectations, expectations which may not be accompanied by significant support (Featherstone *et al.*, 2014). Rapid adoption is a key target for local authorities. As mentioned earlier, the Allen Report on Early Intervention in England (Allen, 2011) has no recommendations about poverty, in contrast to the Sturgeon Report for the Scottish Government.

Reactive and preventive expenditure

According to the NSPCC: 'Over this same period and despite the rhetoric, resources available for early intervention have arguably decreased rather than increased' (Jütte *et al.*, 2014, p. 7). After 2010, cuts to early intervention and preventative services have been apparent in England particularly within urban areas and authorities with high proportions of looked-after children (CIPFA and NSPCC, 2011). In contrast social care budgets actually increased in a number of Welsh councils between 2011 and 2012 (CIPFA

and NSPCC, 2011). A recently published report by the National Children's Bureau and The Children's Society (2015) provides details on the impact of austerity in England for local authority early intervention funding. Drawing on Department for Communities and Local Government data to analyse changes to national government funding over the period of the Coalition Government (2010–15) and into 2015–16, this report shows that 'all local authorities saw their early intervention allocation cut by at least half' between 2010–11 and 2015–16 (National Children's Bureau and The Children's Society, 2015, p. 6). As resources decreased, the demands on children's services for child protection investigations and interventions were rising rapidly, as we noted earlier, as were the costs associated with increased numbers of looked-after children.

The increase in 'reactive' as opposed to 'preventative' spending needed to meet this demand has also been considerable. For example, between 2011–12 and 2014–15 the cost of residential care, fostering and other looked-after services in England increased by 10 per cent in real terms to £3.34 billion, just under half the total children's social care budget in England, against a background of a 2.8 per cent fall in overall expenditure (IFS, private communication). This supports the case that despite the rhetoric of support for early intervention in England, in practice expenditure is being transferred from family support to investigation, surveillance and child removal.

Meanwhile, there is no indication that such family support is taking the form of increased concrete or material assistance to families (with housing, income, energy or other costs), rather concentrating on changing patterns of parenting. At the same time, measures such as the removal of the 'spare room subsidy', the benefits cap and the increasing use of sanctions against benefit claimants have increased financial and associated pressures on families in poverty.

Although it would be contrary to the UN Convention on the Rights of the Child, it could be argued that the early removal of children from struggling birth families and their placement for adoption would substantially reduce the long-term costs to the state. This would operate both by transferring costs onto adoptive parents and by removing the need for some remedial services, if adoption were to demonstrably produce better outcomes for children. However, the difficulties of adoption when children have been subject to severe adverse events is increasingly recognised by government expenditure on programmes of support for adoptive parents, for example the £19.3 million initiative announced in 2013 (https://www.gov.uk/government/news/new-193-million-support-fund-for-adoptive-parents). In addition, as identified in Section 3 under *Other experimental intervention studies,* the evidence base for removal is less strong than is sometimes claimed because intervention and comparison families have been in very different socio-economic circumstances. The economic case for adoption or other alternatives remains to be evidenced. Moreover, as the Council of Europe Parliamentary Assembly resolved: 'Financial and material poverty should never be the only justification for the removal of a child from parental care, but should be seen as a signal for the need to provide appropriate support to the family. It is not enough to show that a child could be placed in a more beneficial environment for his upbringing to remove a child from his or her parents and even less to sever family ties completely' (Committee on Social Affairs, Health and Sustainable Development, 2015, p.2).

6 Policy implications

A cultural shift in policy on family poverty and child abuse and neglect

Three key themes can be identified in this review. The first is the lack of joined up thinking and action about poverty and CAN in the UK. Although varied political attitudes to poverty and CAN are seen in the four UK countries, in policy and practice this disjunction remains a common factor. It is apparent in the lack of official data and research evidence, the absence of a focus on families' circumstances in assessment protocols or decision-making about CAN, and in the dearth of policies and programmes that directly address the financial and material circumstances of families in contact with children's services. It is equally apparent in the near total absence of discussion of CAN in most policy documents and research reports on child poverty.

This is not just a matter of connections overlooked or assumptions unspoken. There is a deeply rooted cultural gap to be bridged with a number of disparate origins. Some deny the significance of poverty in a child's chance of experiencing abuse or neglect, or particular kinds of abuse, perhaps to emphasise parental responsibility. Some wish to dissociate poverty from CAN fearing that families in poverty will face dual stigma if there are seen to be connections. Some argue poverty is such a wide-ranging, complex and long-term issue to address that children experiencing CAN cannot wait for action on poverty. Some assert that practitioners dealing with CAN on the frontline have no power to deal with families' socio-economic circumstances. Even when poverty is recognised as an important context of CAN, many of these arguments result in it being seen as an underlying, deep or background factor, rather than a pervasive feature of families' everyday lives with an immediate impact on relationships between parents and children. The cultural gap is embedded in all dimensions of current policy, practice, education and research.

WHAT?

The strategic policy goal is to secure widespread recognition of the strong association between families' socio-economic circumstances and children's chances of being subject to abuse or neglect. It is essential that this association is framed as a public policy issue, a matter of avoidable social inequality, not as a further source of shame and pressure on individual disadvantaged families.

The broad aims are to ensure that:

- all UK, national and local child protection policies include explicit and specific consideration of the impact of families' socio-economic circumstances;
- all anti-poverty policies include the relationship to CAN as a significant dimension.

This overarching approach is relevant to primary, secondary and tertiary levels of prevention of child abuse and neglect. The association between CAN and socio-economic disadvantage has significance for:

- universal actions to address both family poverty and CAN;
- targeted prevention policies designed to strengthen families under socio-economic pressures;
- preventive and restorative interventions with families where risk of CAN is present.

WHO?

Addressing this goal is the responsibility of all who have accountability at different levels for action on poverty and CAN, from governments to frontline practitioners, from researchers to educators, from policy-makers to independent sector campaigners.

HOW?

Indicative action includes the following:

- Those responsible for the curriculums of qualifying and post-qualifying training programmes for the range of frontline staff who deal with CAN should collaborate to develop improved education based on the evidence that family socio-economic circumstances are connected directly and indirectly with CAN, acting separately and in interlocking ways with other factors affecting parents' capacity to support their children's wellbeing.
- Organisations responsible for services to prevent or mitigate CAN, including national and local governments, should develop programmes to re-assess how the relationship between family circumstances and CAN are reflected in their policies and practices.
- National and local government policies which impact on families' socio-economic circumstances should be subject to a risk assessment of their potential impact on CAN. Examples would include taxation, welfare reform, employment, business, education, housing and early years' policies.

An improved evidence base

A second key finding of this review is the limited UK evidence base, both in terms of official data and research. This both reflects and contributes to the dissociation of thought and action on poverty and CAN. However, the consistent evidence of the contributory impact of poverty on children's chances of experiencing CAN and the limited focus that policy and practice currently give to this relationship means that other policy and practice changes should not wait for more detailed evidence to emerge.

WHAT?

The strategic goal is to develop and implement programmes to rectify the limited data and research base in the UK on the extent and nature of the association between families' socio-economic circumstances and CAN, the consequences in adult life, and the economic costs, and to test explanatory models through research programmes.

WHO?

National and local government policy-makers and data strategists and governmental and non-governmental research commissioners and funders.

HOW?

Indicative action includes the following:

- Official data collected on child protection systems in the four UK countries should include a common core dataset that supports comparisons of which children and families are involved, how services intervene and the short-, medium- and long-term outcomes. A UK-wide review of the content of such a data set should be undertaken, with a brief to:
  - identify ways of including information on family socio-economic circumstances or linking data on family circumstances to CAN data
  - link information on families to neighbourhood level geographies
  - develop a compatible and appropriately detailed approach to issues of identity
  - increase data on interventions not currently detailed including children who have been adopted, on Special Guardianship Orders and on Residence Orders, or their equivalent
  - develop improved measures of the longer term economic and social outcomes of child protection systems for individual children beyond the current information about care leavers up to age 21

- address issues of consistency and comprehensiveness in data returns
- agree a common approach to the analysis and publication of the core dataset, including the extent to which comparative and trend analyses would be undertaken and the level of geography at which data would be published or made available for interrogation.

Research commissioners should develop co-ordinated programmes to address the following areas:

- the production, on a regular basis, of measures of the point and period prevalence of CAN in the four UK countries, incorporating both self-report and substantiated measures of CAN;
- the potential for the inclusion of markers of CAN within longitudinal population studies;
- the extent and nature of the association between family socio-economic circumstances and CAN in the UK, paying attention to different facets of poverty, different types of abuse and different groups of children;
- the short and longer term costs of CAN and of policies to address it;
- the development and testing of measures of structural inequities in children's chances of experiencing CAN, in how children with reported CAN from different social groups and areas are treated, and in their outcomes in childhood and adult life;
- the development and testing of measures of the effectiveness of child protection systems and policies, including unintended consequences, at the population level;
- international comparative analyses of legal, policy, practice and contextual aspects of child protection systems;
- trial programmes to test alternative approaches to addressing families' socio-economic circumstances and their consequences for CAN in particular and child population wellbeing generally.

A reduction in child abuse and neglect by addressing families' material hardship

The third major conclusion of this evidence review is that lessening family poverty across the population is likely to have a positive effect on reducing both the extent and severity of CAN in childhood, on the socio-economic consequences of CAN in adult life and on the wider economic costs. Policies to reduce poverty require a multi-dimensional approach that addresses the underlying causes as well as symptoms, and also addresses the multiple impacts of poverty on family life. Such policies are to be found in a range of other JRF reports and are not repeated here. Policies which increase equity in child health and education are also likely to reduce inequities in children's chances of experiencing CAN and such policies should be joined up.

Reducing CAN and reducing recorded CAN are different, if overlapping, objectives. For example, actions to extend the identification of CAN could result in a continuing increase in reports of CAN without necessarily reflecting an increase in CAN or achieving better outcomes for children. Care needs to be taken to choose outcome measures that can identify the danger of net widening, and both intended and unintended outcomes, for children known to be at risk of CAN and the child population as a whole.

WHAT?

The strategic goal is to develop and apply effective anti-poverty policies, to connect such policies with policies aimed at reducing inequities in child health and education, and to explicitly incorporate a focus on their relevance for CAN. In particular, the impact of anti-poverty policies on CAN for different groups of children should be considered and addressed, especially different age groups, disabled children, all ethnic groups and children living in particularly disadvantaged neighbourhoods.

WHO?

The UK-wide government has primary responsibility for policies to reduce family poverty overall. There are also important devolved responsibilities for national and local governments and a wide range of service providers.

HOW?

Indicative action includes the following:

- The application and measurement of UK-wide and national policies to address family poverty.
- National and local governments working with independent sector organisations and professional representatives should develop and test models of frontline practice that address the relationship between poverty and CAN by responding to families' economic circumstances. This will incorporate a focus on such circumstances in assessment, decision-making and record-keeping. It has to be accompanied by the development of clear mechanisms by which agencies can respond effectively to the material needs of families through the actions of frontline staff and the strategic allocation of services and other resources.
- National and local governments should develop models of data gathering and analysis which enable them to identify groups and neighbourhoods at heightened risk of high levels of CAN because of economic disadvantage. These models should be employed to:
  - inform policy-making
  - update the rationale for the allocation of funding and other resources assigned to CAN between and within local authorities
  - review the balance between supportive, investigative and coercive children's services.

Early intervention policies should be reviewed to assess their effectiveness in addressing families' economic circumstances.

Inspection systems should be reviewed to assess their impact on the effectiveness with which services address the influence of families' socio-economic circumstances on CAN.

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Appendix 1: Methods

The work leading to this report involved four main stages:

- search for and identification of relevant literature
- rapid appraisal and prioritisation
- review of research
- report drafted, circulated for comment and revised.

The study was complex because the questions posed in the brief are of multiple kinds, for example, impact and non-impact questions, process, correlation, economic and implementation questions (Rapid Evidence Assessment Toolkit , www.civilservice.gov.uk/networks/gsr/resources-and-guidance). In addition it was anticipated from prior knowledge that few relevant existing systematic reviews, reports of research involving experimental methods or longitudinal cohort studies would be available.

We adopted overlapping but separate review strategies for the two questions because of the nature of the issues and the work available. Question 1 is very broad in scope, asking for evidence not only of a link between poverty and CAN but of the extent and nature of such linkage across different forms of maltreatment and groups of children as well as the costs involved. The limited availability of UK official data and research reports on the socio-economic circumstances of children subject to CAN (see below) meant that evidence had to be drawn from sources dealing indirectly as well as directly with these issues. The research team were thus required to examine a variety of research resources rather than limiting the search by methodology.

A narrower approach was taken to Question 2. Although a similarly wide range of potentially intervening variables are at play in a relationship between CAN and later poverty, the separation of adult outcomes from maltreatment experienced during childhood allowed for the restriction of the review by study design. As prospective experimental studies of maltreated populations are not conducted for ethical reasons it was decided to focus attention primarily on longitudinal cohort studies as they held the greatest potential for establishing evidence of causal relationships.

Question 1

To what extent is there evidence that poverty increases the amount of child abuse and neglect, and/or affects the nature of child abuse and neglect? How does this occur, how large are these effects and to whom do they apply?

Search strategy

Four mechanisms were employed to search for relevant literature.

- The database of literature accumulated for the CWIP project included over 200 items which mention poverty in the context of CAN.
- The UK and International experts each provided a short list of key literature.
- The NSPCC Information Service in London undertook two searches of their databases on behalf of the project. These resulted in the production of two further lists of material. The first list include all references in the NSPCC library online covered by the search strategy, including peer reviewed articles, grey literature, practice resources etc. The second list includes reports from the national case review repository. The repository acts as a single point of access for reports that are produced following the serious case review (SCR) process, which takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. They look at lessons than can help prevent similar incidents from happening in the future.

The same approach was used for both lists:

Keywords: poverty OR 'social deprivation' OR 'low income families' OR 'social exclusion'

AND

Keywords: 'child abuse' OR 'child neglect' OR 'child sexual abuse' OR 'physical abuse'.

No date, geographical or media-type limitations were included in the search.

- A separate search was carried out using this approach in the following electronic databases:
  - Academic Search Complete/Business Source Complete (EBSCO)
  - Emerald
  - Google Scholar

Inclusion criteria

A combined list (of 316 items) was created from the four search strategies adopted. The inclusion criteria were:

- published in English;
- peer reviewed research study or review of studies not opinion or editorial piece;
- published since 2005, together with earlier papers identified in that literature as being of central relevance and quality;
- studies in the UK, Europe, North America and Australasia;
- studies with original empirical data of relevance to the question or reviews of such literature and papers outlining directly relevant policy responses.

Some snowballing was employed when items of clear relevance were discovered while reading other papers. No additional searches were made for grey literature not identifiable online.

Selection of studies and quality assessment

The abstract or summary of each document was scrutinised by one of the two research associates and weighted in terms of the relevance and quality using a five-point rating scale. Results were recorded on an MS Excel spreadsheet. The list was prioritised using the weighting process and the expertise of the team to identify around 100 publications, which was the maximum that could be read and analysed in the time available.

Data extraction and management

Each of the prioritised items was read by one of the research associates and findings recorded on a proforma. For each study the following information was extracted: research aims; methods; population/country/ies; identity coverage (gender/age/disability/ethnicity/social class); definitions of poverty/CAN; details on types of CAN regarding links to poverty; key findings; cost; policy; and knowledge gaps. A summary of key findings was produced by the research associates and used as the basis for the relevant elements of this report.

Question 2

To what extent is there evidence that child abuse and neglect increases poverty later in life, how large are these effects and to who do they apply?

Search strategy

Three mechanisms were used to identify relevant literature.

- The following electronic databases were searched:

- Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and 1946 to current.
- Embase (Ovid), 1974 to current.
- PsycINFO (Ovid), 1806 to current.
- Social Sciences Citation Index (Web of Science)
- Econlit (EBSCOhost).

- Items were identified within the database of literature accumulated for the CWIP project.
- The UK and International experts each provided a short list of key literature.

Inclusion criteria

The inclusion criteria were:

- published in English;
- peer reviewed research study or review of studies not opinion or editorial piece;
- the research design was a longitudinal cohort study;
- the participants were adults maltreated before the age of 18;
- the data included measures of both childhood maltreatment and later socio-economic outcomes;
- all types of maltreatment;
- an inclusive approach was taken to measure socio-economic status. In addition to ,income, other variables such as employment and use of welfare benefits were included.

A search strategy was then developed for each of the databases.

Selection of studies

Records retrieved were imported into EndNoteX4. Duplicates were removed before one reviewer screened each article by title and abstract. To ensure consistency a random selection of 10 per cent of the records was double screened and any disagreements resolved by discussion. The full text of any potentially relevant articles was then retrieved and assessed against the selection criteria.

Quality assessment of studies

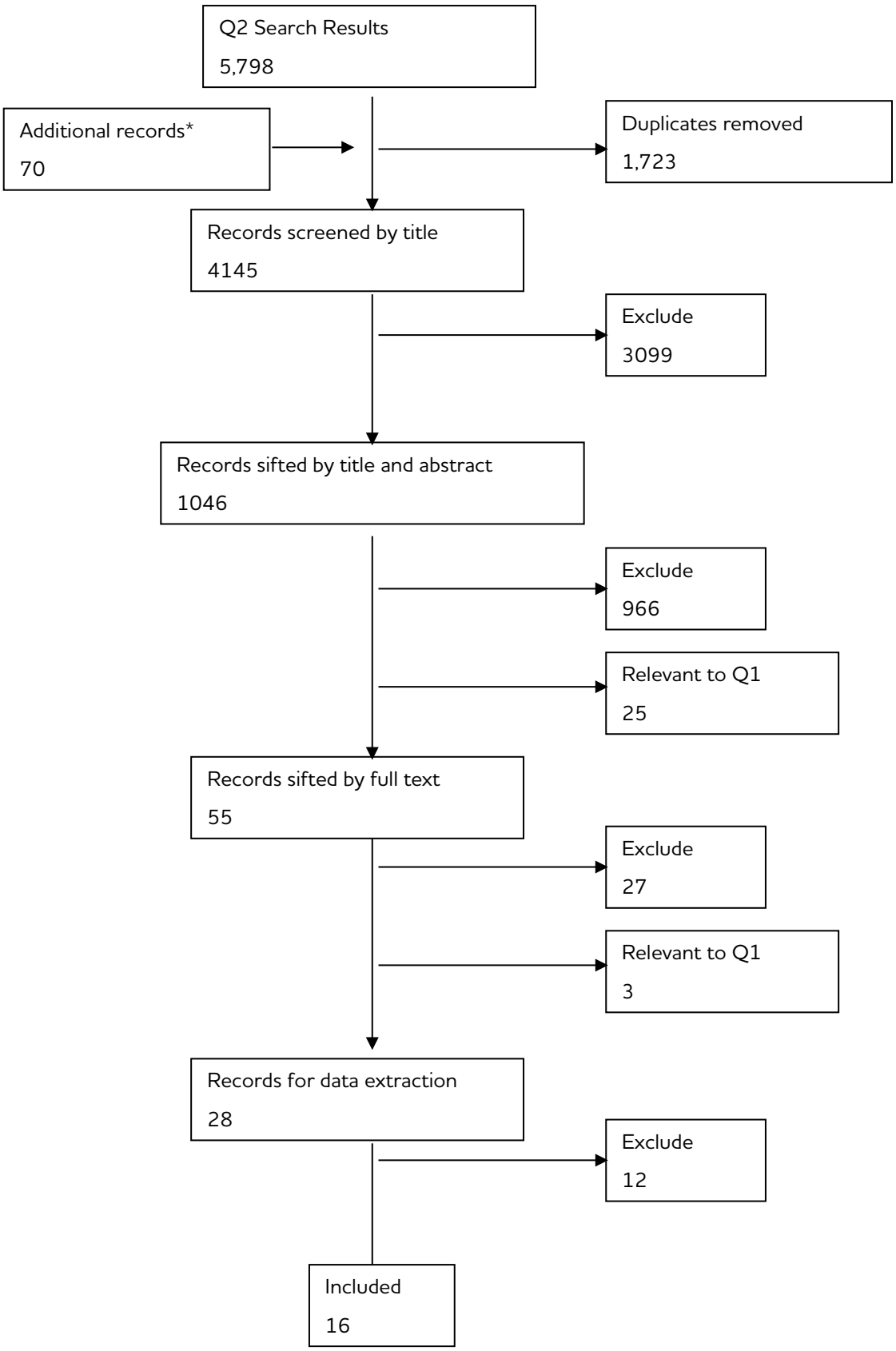
The quality of studies was also assessed using a tool used by Norman et al. (2012). The tool poses a series of questions which can be answered with; definitely yes, probably yes, probably no, definitely no. While the tool does require subjective judgements it allows some structured and consistent assessment of study quality.

Data extraction and management

For each study the following information was extracted: study details; population and setting; child abuse/maltreatment measure; economic outcome measures; key findings; control of confounding variables in study design; and the summary/conclusion. All data extracted was entered into an MS Excel spreadsheet as per Question 1.

Diagram 1 provides a summary of the search and selection process.

Diagram 1: Search and selection process summary



Appendix 2 Categories of maltreatment in official data in the UK

England

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Multiple

Northern Ireland

- Neglect, physical abuse and sexual abuse –
- Main category – neglect
- Main category – physical abuse
- Main category – sexual abuse
- Neglect and physical abuse
- Main category – neglect
- Main category – physical abuse
- Neglect and sexual abuse
- Main category – neglect
- Main category – sexual abuse
- Physical and sexual abuse
- Main category – physical abuse
- Main category – sexual abuse
- Neglect (only)
- Physical abuse (only)
- Sexual abuse (only)
- Emotional abuse (only)

Wales

- Neglect and physical abuse
- Neglect and sexual abuse
- Neglect with physical and sexual abuse
- Physical and sexual abuse without neglect

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

Scotland

- Neglect
- Parental substance misuse
    - drug misuse
    - alcohol misuse
- Parental mental health problems
- Non-engaging family
- Domestic abuse
- Sexual abuse
- Physical abuse
- Emotional abuse
- Child placing themselves at risk
- Child exploitation
- Other concerns

Acknowledgements

Some of the work of this review has been funded by the Nuffield Foundation as part of a larger comparative study (from 2015-17) which aims to map and understand inequalities in child intervention rates across the four UK countries – the Child Welfare Inequalities Project (CWIP). This project is also led by Professor Paul Bywaters. More information is available at www.nuffieldfoundation.org/inequalities-child-welfare-intervention-rates. The Nuffield Foundation is an endowed charitable trust that aims to improve social well-being in the widest sense. It funds research and innovation in education and social policy and also works to build capacity in education, science and social science research. The views expressed in this report are those of the authors and not necessarily those of the Foundation.

The review process has been supported by two groups of experts who have contributed to the work *ex gratia*, in addition to the authors named above. The first group are members of the CWIP team: Geraldine Brady (Coventry University), Brigid Daniel (Stirling University), Brid Featherstone (Open University), Kate Morris (University of Nottingham), Tom Slater (University of Cardiff). The second group are international experts, recruited for their knowledge of the field: Tarja Poso, Finland; Lieve Bradt, Belgium; Frank Ainsworth, Australia; Kristi Slack, USA; Leroy Pelton, USA; Emily Kedell, New Zealand. We have also benefitted from the advice of Dr. Esther Dermott, Reader in Sociology, University of Bristol, recruited to the project to supplement the team's knowledge of child abuse and neglect with her expertise in the relationship between children, parents, poverty and social exclusion. In addition the National Society for the Prevention of Cruelty to Children (NSPCC) Information Service conducted two literature searches on behalf of the project.

Paul Bywaters also wishes to acknowledge his debt to Olwen Haslam, not least for her editing skills.

We are very grateful for all the input from these various individuals and organisations and their commitment to the work, undertaken at very short notice. The responsibility for this report, as ever, lies with the authors.

October 2015

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http://www.qub.ac.uk/schools/SchoolofSociologySocialPolicySocialWork/Staff/AcademicStaff/LisaBunting/

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The Joseph Rowntree Foundation has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy makers, practitioners and service users. The facts presented and views expressed in this report are, however, those of the author[s] and not necessarily those of JRF.

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First published March 2016 by the Joseph Rowntree Foundation

PDF ISBN 978 1 91078 3 320

Cover image: Copyright Nick S, iStock

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