

# Family poverty and the care system

What is the connection between family poverty (and/or the cost-of-living crisis) and children entering the care system in England?

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## Information regarding this publication

### Disclaimer

All information in this document was gathered between April 2023 and October 2024, during the Conservative Party's time in government. Any reference to "government" pertains to the Conservative Party, unless specifically referring to the Labour government. Policies and statistics may change under the current Labour government or future administrations.

The report focuses on England but includes some examples from other parts of the UK. The methodology is based on a literature review conducted by the research assistant volunteer, with findings and conclusions drawn from existing research and publications available at the time of the review. No primary data collection was conducted for this project. As such, the report reflects the scope and limitations of the reviewed literature and may not account for recent developments or new empirical data.

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## Executive Summary

The relationship between poverty and children entering care has not been well explored. There is limited evidence in the literature which directly or indirectly links poverty to the care system. From the limited evidence available, research suggests there is a relationship between poverty and children entering care ([Bennett et al., 2022](#); [Bywaters et al., 2020](#); [Elliott et al., 2019](#)). However, the question of '*what is the relationship between poverty and children entering care?*' is not a straightforward one with a clear causation. Rather, it involves a complex interplay of various factors that intertwine poverty and the care system together.

These factors include abuse and neglect, deprivation, health and disability, race, and welfare support and policies. This report explores these factors to shed light on child poverty, examine the link between poverty and children entering care, highlight government policies, and research gaps in existing literature. Additionally, the report shares recommendations that, if implemented, could improve the care system for both children and families.

### Abuse, Neglect, & the care system:

Abuse and neglect are the most common reasons for children entering care, or being placed on a child protection plan ([Office of National Statistics \[ONS\], 2020](#); [ONS, 2022a](#)). The literature indicates a clear link between abuse, neglect, poverty and the interventions children receive in care ([Bywaters et al., 2020](#); [Bywaters et al., 2022](#)).

Two main explanations for this relationship [include](#):

- a) Material deprivation by poverty, which can lead to parental stress, potentially resulting in child abuse or mental health issues that contribute to neglect.
- b) Material deprivation leading to unintentional neglect.

The 'toxic trio' refers to factors including parental mental illness or learning disability, domestic violence, and substance abuse ([Skinner et al., 2023](#)). Stressors such as the toxic trio are frequently cited as explanations for abuse and neglect, and often included in assessments ([Department for Education \[DfE\], 2019](#); [Skinner et al., 2021](#)). Despite the significance of these factors, the focus on these factors tends to overshadow the critical issues of poverty, income, employment, and housing deprivation, which are often overlooked as 'contextual factors' in assessments ([Skinner et al., 2023](#)).

Deprivation significantly influences the extent of Local Authorities' (LAs) involvement in child protection plans and the number of children entering care ([Bywaters et al., 2020](#); [Featherstone et al., 2019](#)). However, the child welfare system has a tendency to confuse poverty and material deprivation with neglect ([Pelton, 2015](#)). The cost-of-living crisis is causing more families to struggle to provide their children's essential needs.

Government services should shift their mentality regarding poverty. Specifically, the government must recognise poverty as a significant driving force behind children entering care, and not merely view it as a contextual factor.

The children's social care system should aim to avoid the risk-aversion strategy and ensure it has enough resources to achieve this, including increased investment in LAs and social services. Children should not have to rely on the 'postcode lottery' to access the support they need. Greater support and resources are essential for the care system to effectively address the impacts of poverty.

Literature is over-focused on the toxic trio ([Skinner et al., 2021](#)). There needs to be research into the 'contextual factors' such as poverty, structural inequalities in the care system, housing, employment, and how these are linked to the care system.

### Education:

Education accounts for one of the largest deprivation gaps for children in care compared to those not in care ([ONS, 2022a](#)). There is insufficient evidence to understand how a parent's lack of education influences poverty and the likelihood of children entering care. However, it is clear in the literature that poverty has a detrimental impact on education. Research shows notable disparities in cognitive abilities, literacy, numeracy, social skills, emotional development and overall well-being between children from affluent and impoverished backgrounds ([Goodman & Gregg, 2010](#)). These differences become apparent early in life and tend to widen as children progress through their educational journeys ([Goodman & Gregg, 2010](#); [Luke & O'Higgins, 2018](#)).

Looked-after children tend to have lower educational achievement compared to those not in care ([Luke & O'Higgins, 2018](#)). However, the care system can serve as a protective factor for educational attainment. Additionally, several other factors such - such as the duration of stay in care, special educational needs (SEN), neighbourhood deprivation, absenteeism, exclusions, school changes ([Luke & O'Higgins, 2018](#)) - along with parental aspirations play a more important role in influencing educational outcomes ([Goodman & Gregg, 2010](#)).

Individuals with lower levels of formal education are more vulnerable to long-term social and economic disadvantages. A lack of formal education can predict a person's chances of living in poverty, social mobility, health, and employment ([Goodman & Gregg, 2010](#); [Luke & o'Higgins, 2018](#); [ONS, 2016](#)). Lower educational attainment perpetuates the cycle of poverty, which together with the rising child poverty rates are likely to fuel children entering care, or being subject to care interventions ([Bennett et al., 2022](#)).

The government should implement strategies that promote educational aspirations for parents and children, and provide additional educational resources to children living in impoverished areas ([Goodman & Gregg, 2010](#); [Luke & O'Higgins, 2018](#)). The Family Hub and Start for Life programme could play a significant role in meeting a child's educational needs.

Also, evaluating the effectiveness of the Family Hub services on poverty and education will be beneficial in fulfilling these needs. Moreover, further research is needed to understand the impact of educational deprivation on the likelihood of children entering care.

### Deprivation, policy, and the fraying support of the state:

In the UK, there is a social gradient linking the likelihood of children entering care to levels of deprivation ([Bywaters et al., 2020](#)). Government's policies play an important role in shaping the extent of poverty and deprivation in the country. The government's policies contribute to the level of poverty and deprivation in the UK.

The [figures](#) for 2020/21 reveal a troubling reality:

- 3.9 million children living in relative poverty,
- 3.3 million in absolute poverty,
- 2.7 million in deep poverty,
- 1.4 million in very deep poverty,
- 2.3 million in material deprivation,
- and 1.3 million living in food insecurity

The fraying support of the state over time including the benefits freeze, two-child policy, and benefits cap, has drawn significant criticism for exacerbating child poverty. These policies disproportionately impact certain groups that are already at risk of poverty, such as low paid workers, single parents, and minority groups ([Child poverty and Action Group \[CPAG\], 2022](#); [Goddard, 2022](#); [Stewart et al., 2022](#)).

The ongoing cost-of-living crisis and rising inflation have pushed families deeper into deprivation of essential resources like food and fuel ([Cooper, 2023](#)), with projections indicating that relative child poverty will continue to rise in the long run ([Francis-Devine, 2023](#)). Currently, there is limited research on how the cost-of-living crisis will affect the number of children entering care. However, previous studies on the relationship between poverty and the care system suggest that this crisis is likely to result in more children being placed into care (see [Bennet et al., 2022](#); [Bywaters et al., 2020](#); [Elliott et al., 2019](#)).

We recommend abolishing the two-child policy and the benefits cap to protect and reduce children in poverty. The government must take action to help those impacted by the cost-of-living crisis to prevent more children entering care. The government should focus on the long-term reliefs such as uprating of benefits. Benefits should be uprated based on the Households Cost Index (8.2%), rather than the Customer Price Index (6.7%).

Additionally, Universal Credit (UC) should include an essentials guarantee to directly support households reliant on UC ([Trussell Trust & Joseph Rowntree Foundation \[JRF\], 2024](#)). Furthermore, there is a need for research to explore the connection between the cost-of-living crisis and children entering care, as well as looked-after children and children in need.

### Health deprivation, disability, and the care system:

There is a social gradient linking health and deprivation in the UK. Individuals from the most deprived areas in England experience poorer health and have lower life expectancies ([ONS, 2022b](#)). Deprivation gaps vary across England ([Baker, 2019](#)) and are influenced by health determinants such as access to care, housing, and employment, which can lead to poorer health outcomes ([Watt et al., 2022](#)).

According to the ONS ([2022a](#)), health issues represent the most significant form of recorded deprivation in children entering the care system. Nearly half (49%) of children entered care were living in households affected by health and disability deprivation ([ONS, 2022a](#)). Looked-after children exhibit higher rates of SEN compared to children in need or the general population ([DfE, 2024](#)), along with increased prevalence of mental health conditions ([Bronsard et al., 2016](#)). Both disabled and non-disabled children primarily enter the care system due to abuse and neglect, however, a range of other factors such as poor adjustment, lack of economic and social resources, parental illness etc, which can cause a breakdown in parental capacity ([Kelly et al., 2016](#)).

There is limited information available about the relationship between health, disability, poverty and looked-after children, making it difficult to draw definitive conclusions. However, it is evident that poverty increases an individual's risk of poor health and unmet healthcare needs ([World Health Organisation \[WHO\], 2023](#)). Moreover, disabled people have a higher poverty rate of 29% compared to 9% for non-disabled people, and they are more likely to experience very deep poverty ([JRF, 2023a](#)). The health and disabilities of looked-after children are influenced by environmental and social inequalities. These inequalities, which include neighbourhood deprivation and poverty, have been associated with children entering care ([Bennett et al., 2022](#); [Bywaters et al., 2020](#)).

Further research is needed to explore the connections between health, disability, poverty, and looked-after children. However, to produce this kind of research, changes are necessary in the way LAs and social workers collect and record data. We recommend the consistent application of the Equality Act (2010) definition of disability in social care data and research, along with consistent data collection for disabled looked-after children, moving beyond the primary needs-based approach used in social care ([Gledhill-Baker, 2022](#)). The inadequate documentation of disability has led to the under-representation and limited understanding of disabled looked-after children ([Gledhill-Baker, 2022](#)). By accurately recording these details, we can enhance our understanding of disabled looked-after children and develop tailored strategies and interventions to better support them.

## Race and Ethnicity:

There are profound race and socio-economic inequities within the social care system ([Bywaters et al., 2016](#)), resulting in a failure to provide necessary services to children in need of them ([Bywaters & CWIP, 2020](#)). Ethnicity and deprivation are the two primary factors driving inequalities in social care interventions ([Bywaters et al., 2014](#)). Before considering deprivation, data suggests mixed-race children experience the highest rates of being classified as children in need and receiving social care interventions, followed by black, white and Asian children. Specifically, according to data for social care interventions, black children are overrepresented and Asian children are underrepresented ([Bywaters et al., 2014](#)).

However, when taking deprivation into account, white and mixed-race children are overrepresented across all three intervention categories, which include children in need, child protection orders, and looked-after children ([Bywaters et al., 2014](#)). In the most deprived neighbourhoods, white children have higher rates of social care interventions. Conversely, in less deprived neighbourhoods, all Black sub-categories have higher child welfare interventions compared to White British children ([Bywaters & CWIP, 2020](#)). Asian children remain unrepresented regardless of deprivation ([Bywaters et al., 2014](#)). It is evident that both ethnicity and poverty influence child welfare interventions.

To address these inequalities we recommend that LAs and social workers implement clear anti-poverty and anti-racist policies and practices ([Webb et al., 2020](#)). Moreover, there needs to be a better understanding of the rates of looked-after children in relation to race and deprivation ([Bywaters et al., 2016](#)). There are limitations in the collection of parental socio-economic data and racial information that need to be addressed. We recommend that social services, researchers and policy makers adopt a wider set of ethnicity categories outside the main five (White, Asian, mixed, black or other). Service users should be allowed to self-identify their ethnicity whenever possible, and LAs should gather more information about parental data and families' socio-economic position ([Bywaters et al., 2019](#)). This approach would enhance our understanding of the relationship between ethnicity, looked-after children, and poverty, and highlight the necessity to allocate resources accordingly.

## Conclusions:

This work aims to explore the relationship between poverty and children entering care. Despite the limited information and research constraints in the existing literature, evidence suggests a connection between poverty and children entering care. Additionally, factors such as abuse and neglect, education deprivation, policies, the fraying support of the state, health deprivation, race and ethnicity all contribute to this relationship. These factors should not be merely viewed as 'contextual factors'; rather, as factors that either directly or indirectly influence the link between child poverty and children entering care. Each factor exacerbates the cycle of poverty, highlighting the complex interplay at work. This report provides recommendations for further research and policy changes based on the literature (see [Recommendations](#)).



## The context of poverty and what does it mean?

Poverty can be classified into four categories based on the circumstantial deprivation experienced by children:

- Relative Poverty refers to the proportion of children living in families whose income is below 60% of the median for that year, adjusted for inflation in real terms.
- Absolute Poverty describes children in households with incomes below 60% of the median, also adjusted for inflation in real terms.
- Deep Poverty includes children in households earning less than 50% of the median yearly income.
- Very Deep Poverty applies to children in households earning less than 40% of the median yearly income.

([Action for Children, 2023a](#); [Cooper, 2023](#))

Additional measures can be valuable for tracking specific hardships or lack of access to resources. These include food insecurity (defined as households experiencing low and very low food security), and child material deprivation (which refers to children's lack of essential resources such as clothing and warmth) ([Action for Children, 2023a](#)).

At present, there is no systematic and consistent measure of poverty. Instead, poverty is assessed based on the aforementioned definitions and other measures including family resources survey, cost of living vulnerability measure, index of multiple deprivation, Universal credit (UC) data, and free school meal data ([Fogden, 2022](#)). Each of these measures has its advantages and disadvantages. Yet, ultimately, their focus on incomes, along with rapid inflation, means they struggle to accurately monitor the constantly shifting poverty line, deprivation, and affordable living costs ([Fogden, 2022](#)).

When talking about poverty and measuring poverty, it is important to remember that it exists on a social gradient ([Bywaters et al., 2022](#)). This means that people who are less socioeconomically advantaged, have less access to resources compared to those who are more advantaged. This disparity is further complicated by intersectional factors such as gender, race, and disability, which can exacerbate the challenges faced by marginalised groups.

The terms 'absolute', 'relative', 'deep' and 'very deep' poverty serve to categorise individuals based on their economic conditions. However, the definitions alone do not capture the full picture. Other critical factors must be considered, including neighbourhood, gender, race, disability ([Bywaters et al., 2022](#)), education, housing, culture, community, and health ([AAFP, 2021](#)). These elements interact in complex ways to influence both poverty levels and access to resources ([Griggs and Walker, 2008](#)).

## The Context of Children's Social Care

### What is the care system?

The UK's children's social care system refers to a network of services and support designed to safeguard and promote the well-being of children and young people who are at risk or in need. It encompasses various types of care and intervention provided by LAs, charities, and private organisations ([Children's Society, 2022](#)).

The children's social care system is governed and informed by different pieces of legislation ([Foster, 2024](#)), including the **Children Act 1989**, the **Children (Leaving Care) Act 2000**, the **Children Act 2004**, the **Children and Families Act 2014**, and the **Children and Social Work Act 2017**.

According to **s 17 of the Children Act 1989**, LAs must "safeguard and promote the welfare of children within their area who are in need". A child is in need if:

- a. They are unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by a local authority.
- b. Their health or development is likely to be significantly impaired, or further impaired, without such services.
- c. They are disabled.

In England, a child can be admitted to care under various circumstances primarily through voluntary arrangements under **section 20 of the Children Act 1989**, or through court orders under **sections 31 and 38 of the Children Act 1989** when significant harm is a concern.

Additionally, investigations under **section 47 of the Children Act 1989** can lead to the need for care if the child's safety is at risk. According to section 47, if a child is suspected of suffering or likely to suffer significant harm, LAs must make enquiries to decide if they should take any action to safeguard and promote the welfare of the child. When a child is placed in care due to concerns about significant harm, a child protection plan may be put in place to outline the support and services required to ensure the child's safety and wellbeing.

The **Children Act 2004** builds upon the Children Act 1989 and emphasises the importance of safeguarding children. It provides the framework for integrated services and multi-agency cooperation in child protection which can influence decisions about admissions to care.

The **United Nations Convention on the Rights of the Child (UNCRC) 1989**, which the UK is a signatory to, underlines the importance of considering the child's views and rights in all decisions affecting them, including care placements.

There are several statutory instruments and guidance documents that outline how LAs should implement the provisions of the **Children Act 1989**, including the **Care Planning, Placement and Case Review (England) Regulations 2010** and accompanying statutory guidance.

Children between 0-17 years of age placed within the care of their LA for 24 hours or more are referred to as 'looked-after children' or 'children in care' ([National Society for the Prevention of Cruelty to Children \[NSPCC\], 2024](#)). Scotland expanded its definition of 'looked-after children' to include those remaining in the family home while maintaining regular contact with social services ([NSPCC, 2024](#)).

Looked-after children can be placed with foster parents, in residential children's homes, or in other residential settings ([NSPCC, 2024](#)).

- **Foster Care:** Foster care is a temporary or long-term arrangement for children whose parents are unable to care for them. Foster care can take many forms including living with relatives, foster families, or group care ([James, 2016](#)). There is a distinction between residential care and treatment foster care. Residential care involves staff members caring for small groups of children, while treatment foster care is a family-based placement with "parents" who are especially trained to foster children ([James, 2016](#)). This arrangement enables treatment foster parents to provide specialised emotional, behavioural, and psychological care for children who need it ([James, 2016](#)).
- **Residential Children's Homes:** Residential children's homes are small to large group homes for children and adolescents (0-17 years) usually run by LAs. Children are placed under the supervision of professionally trained staff. All residential children's homes must adhere to Ofsted's 'Quality Standards', and undergo annual inspections by Ofsted ([DfE, 2015](#)). These homes must be registered and meet all requirements under the Care Standards Act (2000), the Care Standards Act (2000) (Registration)(England) Regulations 2010 and the Children's Homes (England) Regulations 2015 ([Ofsted, 2023](#)).
- **Other residential settings:** Other residential settings include places such as registered special schools, hospitals or other secure units ([NSPCC, 2024](#)).

The majority of children in need of care are placed in foster care (63%), followed by children's residential homes (19%), and independent/semi-independent accommodation (10%) ([ONS, 2022a](#)).

Since 2022, placing children in unregulated accommodation has been banned for those 15 years and under ([Gov.uk, 2023](#)). However, this has not been extended to 16-and-17-year olds, despite 29 children dying in semi-independent settings over a five year period ([Croxtton, 2022](#)).

Here at Together Trust, we have called for an outright ban on such settings for all children in care aged up to 18 as part of the [Keep Caring to 18 campaigning group](#).

## Why do children enter care?

Children typically enter care due to a variety of factors. The most commonly stated reasons include abuse or neglect, family dysfunction, child disabilities, and parental disabilities ([ONS, 2022a](#)).

Certain groups of children are at higher risk of entering the care system, [including](#):

- Children living in socially rented housing
- Families experiencing challenges related to employment, education, health / disability, and housing deprivation
- Single-parent families
- Families who do not own their own home
- Large families
- Black and mixed-race families
- Children who consistently exhibit disruptive behaviour
- Children with higher rates of school absenteeism, exclusions, and suspensions

Other factors, such as ethnicity and sex, can influence the reasons children enter care. For example, Asian and Asian British children are more likely to enter care due to abuse and neglect ([ONS, 2022a](#)). Additionally, girls are more likely to enter the care system due to abuse and neglect compared to boys. In contrast, boys are more likely to enter the care system due to disability, socially unacceptable behaviour, and absent parenting ([ONS, 2022a](#)).

While low income is not commonly cited as a reason for children entering care, poverty and financial insecurity often contribute to families and children becoming involved with the care system ([ONS, 2022a](#)). Immediate factors such as family breakdown, illness, and abuse usually take precedence for safety reasons ([ONS, 2022a](#)).

However, research shows that 8 in 10 children experiencing at least one form of deprivation - such as related to employment, education, health/disability, and housing - entered care ([ONS, 2022a](#)).

The [statistics](#) show a significant disparity in experiences of deprivation between children in care and those not in care:

- 49% vs 25% for health and disability deprivation
- 39% vs 16% for education deprivation
- 33% vs 16% for employment deprivation
- 24% vs 15% for housing deprivation

Deprivation clearly influences whether children and families are known to social services or enter the care system. Since the start of the ongoing cost of living crisis in 2021, the annual inflation rate peaked at 11.1% in October 2022 ([Harari et al., 2024](#)). Although it decreased in the subsequent months, inflation has continued to

rise since the start of 2023, reaching 10.1% in January and 10.4% in February ([Harari et al., 2024](#)). This financial pressure on essential items such as food, energy, and gas prices is likely to exacerbate the connection between child poverty and the care system.

Current statistics on poverty indicate that 3.9 million children live in poverty ([JRF, 2023a](#)). Moreover, [Action for Children](#) estimates that 50% of these children have a disabled parent, are a disabled child, come from a single-parent household, and/or have a parent working part-time while caring for a young child (aged 3-10 years).

A recent study by [Bennett et al.](#) found an additional 10,000+ children (estimated between 6,447-14,567) under the age of 16 entered the care system due to rising poverty rates between 2015 and 2020. The study highlighted that for every 100,000 children, a 1% point increase in child poverty was associated with five additional children entering care ([2022](#)).

The aforementioned evidence suggests that child poverty may be linked to children entering the care system. However, there has been limited research on the socio-economic background of children and families known to the care system, or those entering care, largely due to a lack of recognition of poverty's role in the care system by those in governance. Specifically, in 2016 the DfE's strategy for children's social care did not include the term 'poverty' in its report ([Bennet et al., 2022](#)).

To effectively address these issues and implement the necessary socio-economic changes ([Bennet et al., 2022](#)), there must be a broader recognition of the connections between deprivation, poverty and children entering the care system.

### **What is the connection between looked-after children and poverty?**

The answer to this question is complex and requires a discussion of multiple factors that link poverty and the care system. There is limited evidence and a large gap in the literature connecting these two issues. Additionally, there seems to be discomfort and stigma associated with linking poverty and the care system, including factors such as abuse, disability, race, and gender, which intertwine in the ongoing cycle of poverty.

This discomfort is somewhat warranted, as research can perpetuate stigma against those living in poverty. It is crucial to recognise the impact that research can have on wider society. For example, the concept of the 'underclass' has permeated societal views and shaped expectations of what it means to be poor or to be involved in the care system, resulting in negative consequences for those perceived as belonging to the 'underclass' ([De Vries et al., 2022](#)). Despite these challenges, it is essential to pose difficult questions to improve the lives of children and families in the UK.

The government's hesitation in discussing poverty, let alone its connection to the care system is evident in their publications. For example, the DfE's 2016 strategy for children's social care did not include the word 'poverty' in its report ([Bennet et al., 2022](#)). Moreover, Morris et al., ([2018](#)) found that social workers directly involved in child welfare interventions due to abuse and neglect recognise that poverty is an

occupational hazard. Despite the uneasiness associated with the link between poverty and child maltreatment by social workers, poverty is so heavily saturated into their occupation, that it becomes hard to critically engage with ([Morris et al., 2018](#)).

Social workers employ a non-stigmatising practice when engaging with those in poverty, focusing on individual risk adverse management due to the associated stigma ([Morris et al., 2018](#)). However, barriers such as lack of resources and large caseloads, prevent social workers from engaging holistically with families ([Morris et al., 2018](#)). The stigmatisation of poverty, work pressure, resources and a risk aversion strategy means attention to poverty is often undermined ([Morris et al., 2018](#)).

[Bennett et al., \(2022\)](#) conducted one of the first large scale quantitative studies to suggest that rising child poverty rates might be leading to an increased number of children entering the care system across the UK. The study estimated that between 1% and 8% - an additional 10,000+ - of children under 16 entering care were linked to the rising rates of child poverty.

Neighbourhood deprivation has also been associated with children and families being involved in care interventions ([Bywaters et al., 2020](#)). All four countries across the United Kingdom exhibited varying levels of deprivation, but all showed significant and strong links ( $r_s > 0.95$ ,  $p < 0.001$ ) between neighbourhood deprivation and child welfare interventions ([Bywaters et al., 2020](#)).

There was a notable social gradient between neighbourhood deprivation, children with child protection concerns, and looked- after children ([Bywaters et al., 2020](#)).

Every increase in deprivation for these children was accompanied by higher rates of care welfare intervention ([Bywaters et al., 2020](#)). The inequalities between the most and least deprived were substantial ([Bywaters et al., 2020](#)). For example, children in the 10% most deprived neighbourhoods were over 10 times more likely to receive child welfare interventions, compared to children in the 10% least deprived neighbourhoods ([Bywaters et al., 2020](#)).

Similarly, Elliott et al conducted an analysis using administrative data of looked-after children in Wales from 2008 to 2014. Over the years, it was consistently demonstrated that an increase in relative deprivation was linked to a higher rate of children being placed in out-of-home care ([Elliott et al., 2020](#)).

Despite the limited evidence in the literature, we will attempt to unravel the relationship between family poverty and children entering care. In this section, I analyse factors including abuse and neglect, deprivation, health and disability, race, gender, welfare support, and policies, to better understand the nature of the relationship between poverty and children entering the care system.

## Abuse, Neglect & the care system

The most common reason for a child entering the care system or being placed on a child protection plan is abuse with neglect (41– 43%) and emotional abuse (32%) being the highest types of reported abuse ([National Institute of Health and Care Excellence, 2017](#); [ONS, 2022a](#); [ONS, 2020](#)).

The literature clearly indicates that there is a relationship between child abuse, neglect, poverty, and children receiving care interventions ([Bywaters et al., 2020](#); [Bywaters et al., 2022](#)). Importantly, poverty does not predetermine neglect, as most parents in poverty do not abuse their children ([McSherry, 2004](#)). Instead, poverty should be considered one of the factors related to abuse and neglect ([Bywaters et al., 2022](#)).

There are two main [theoretical explanations](#) that connect poverty and neglect/abuse:

1. Material deprivation caused by poverty leads to parental stress, which can result in child abuse or mental health struggles which lead to neglect.
2. Material deprivation which leads to lack of health and safety, inadequate housing, insufficient food, and inadequate clothing, can lead to unintentional hazards or accidental, consequently resulting in neglect.

In relation to the **first theory**, there has been increasing research and political discussion over the years regarding the stressors that lead to abuse, neglect, child protection orders, and out-of-home care, particularly regarding the toxic trio.

The toxic trio refers to factors including parental mental illness, learning disabilities, domestic violence and substance abuse ([Skinner et al., 2023](#)). The presence of these factors can be identified in assessments. Poverty is not viewed as a single casual factor leading to child abuse and neglect; rather, it is considered a contributing factor alongside other factors such as the toxic trio ([Font & Maquire-Jack, 2020](#)).

In 2019, half of the assessments reported domestic violence, 43% included reports of parental mental illness, 20% reported the presence of alcohol abuse, and slightly less was reported for drug misuse ([DfE, 2019](#); [Skinner et al., 2021](#)). Undoubtedly, the toxic trio is an important factor in the lives of children involved in social care interventions. However, the dominance of discourse around the toxic trio has led to other factors being overlooked ([Skinner et al., 2023](#)).

Skinner et al., ([2023](#)) found that most of the studies outlined in the paper did not discuss parental socio-economic status or other associated factors such as housing quality, housing stability, and homelessness, nor how any of these factors contributed to family stress even with available data. Furthermore, there is no commentary on the intersectionality surrounding the socio-economic factors or the toxic trio that leads to neglect and abuse ([Skinner et al., 2023](#)).

Additionally, factors such as poverty, income, employment and housing instability are often excluded or seen as contextual in assessments ([Skinner et al., 2023](#)). Skinner et al., ([2023](#)) found there is insufficient evidence for the toxic trio to dominate the conversation about the relationship between poverty, abuse, and neglect.

This oversight is largely due to the social care services' risk aversion strategies and a lack of resources to deal with deprivations that contribute to abuse and neglect ([Morris et al., 2018](#)). Specifically, social workers tend to focus on immediate problems as they do not have the authority to address social and economic factors that contribute to neglect. Legislation continues to frame families known to social services as social problems or a consequence of poor choices ([Featherstone et al., 2016](#); [McSherry, 2004](#); [Swift, 1991](#)).

Social and economic factors, such as employment, housing, and access to resources, can have consequences for children ([Skinner et al., 2023](#)). For example, child poverty rates ([Bennett et al., 2022](#); [McCabe et al., 2024](#)), deprivation ([Elliott et al., 2019](#)), and neighbourhood deprivation ([Bywaters et al., 2020](#)) are linked to a rise in children receiving out-of-home care and child protection concerns/orders. The reliance of language and ideas such as the toxic trio within research and social care is unhelpful ([Skinner et al., 2023](#)), and shifts the focus away from the individual as a social subject ([Featherstone et al., 2016](#)).

Regarding the **second theory** mentioned, material deprivation and other social and economic deprivations, such as housing, can lead to neglect and the involvement of children's social services. Deprivation plays a clear role in determining the level of involvement LAs have in issuing child protection plans and in children entering care.

As previously discussed, there is a social gradient between these factors. For each step toward increased deprivation, there is a corresponding increase in the number of looked-after children and child protection plans across the UK ([Bywaters et al., 2020](#)).

Less deprived LAs intervene more frequently in deprived areas, than more deprived LAs do ([Featherstone et al., 2019](#)). Specifically, more affluent LAs implement higher rate of child protection plans and interventions for looked-after children in deprived areas, compared to those in more deprived LAs ([Featherstone et al., 2019](#)). For instance, children in Blackpool are 12 times more likely to receive care or child protection plans than children in Richmond ([Featherstone et al., 2016](#)).

Deprivation and a postcode lottery of resources clearly play a role in determining whether families become involved with the social services. The safety and well-being of children are of the utmost importance. However, the child welfare system has a tendency to confuse poverty and material deprivation with neglect ([Pelton, 2015](#)).



According to the UK government, the definition of neglect is “the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.” ([DfE, 2014](#)). Neglect includes issues such as substance abuse in pregnancy, and not providing adequate resources in the following categories: food, clothing, housing, supervision, medical care and treatment, emotional well-being, and education ([DfE, 2014](#); [NSPCC, 2023](#)).

The cost-of-living crisis has further pushed families struggling with poverty into further deprivation of basic resources. [Barnardo’s analysis](#) of the impact of the cost-of-living crisis found that:

- 1 in 4 parents struggle to provide sufficient food for their children.
- 1 in 10 parents could not provide their child with appropriate bedding.
- 1 in 3 parents worry about homelessness or losing housing.

These statistics show how the increasing pressures of the cost-of-living crisis are preventing parents from providing essentials for their children. Despite the limited research on this matter, there is some evidence to suggest that losses and gains in income has an impact on abuse and neglect experienced by children ([Pelton, 2015](#); [Ryan & Schuerman, 2004](#)). Support with housing and cash assistance for essential supplies can reduce the risk of child placement and maltreatment ([Pelton, 2015](#); [Ryan & Schuerman, 2004](#)).

This section will not focus extensively on the welfare state’s financial policies. In the next section, titled “Deprivation, the social gradient and the fraying support of the state”, I discuss the policies that uphold deprivation, poverty, and their links to the care system.

From the evidence presented above, I can conclude there is a relationship between abuse, neglect, poverty, and children receiving care intervention ([Bywaters et al., 2020](#); [Bywaters et al., 2022](#)). To this day, abuse and neglect remain the main reasons for children becoming involved with the care system. However, focusing on factors like the toxic trio has inappropriately dominated the political and research world ([Skinner et al., 2023](#)).

There needs to be greater intersectional research and political consideration regarding contextual factors such as poverty, income, housing, and employment. Moreover, there should be a recalibration of the children’s social care system to provide greater support and better resources (e.g., housing and food support) to those in need, rather than relying on a ‘postcode lottery’ to assist children and families. Finally, there needs to be a shift towards recognising structural inequalities in children and family social care, and providing social services with the resources to address these factors ([Featherstone et al., 2016](#)).

## Education

According to the ONS (2022a), the largest deprivation gaps between children entering care and those not in care were education and health. Education deprivation refers to situations where none of the household members have a Level 2 qualification or where no one is in full-time education between the ages of 16-18 (ONS, 2022a). Over a quarter (39%) of children entering care were living in educationally deprived households, compared to children not in care (25%; ONS, 2022a). There is no research clarifying how a parent's lack of education mediates family poverty and the likelihood of children entering care. However, there is a body of evidence on how poverty affects education for children both in and out of care, and how being in care impacts a child's education.

Poverty significantly affects educational outcomes. Children from low-income families and lower social classes tend to have lower educational aspirations (Griggs and Walker, 2008), less enriching home learning environments, limited access to material resources (e.g., Wi-Fi and computers), and lower scores on GCSEs. In general, children from poorer families have lower educational attainment compared to their peers (Goodman & Gregg, 2010).

Moreover, Nieuwenhuis et al., (2021) found that young children (ages 13-14) exposed to longer periods of neighbourhood and school poverty exhibited lower educational attainment. Evidence shows gaps in cognitive, social, emotional development, and well-being between children from affluent and impoverished backgrounds (Goodman & Gregg, 2010).

These gaps can begin as early as age 3 and continue to widen by age 5 (Goodman & Gregg, 2010). This gap persists and grows during primary and secondary school years. By age 11, 97% of children from the wealthiest fifth (the richest 20% or 1/5 of the population) have reached their expected academic level according to government standards (Goodman & Gregg, 2010).

However, only around three-quarters of children from the poorest fifth achieved their expected levels (Goodman & Gregg, 2010). By the end of high school, only 21% of children in the poorest fifth had attained five good GCSEs compared to 75% of the children from the richest fifth (Goodman & Gregg, 2010).

Generally, looked-after children fall behind in educational attainment, cognitive abilities, and literacy and numeracy skills. Also, they do not perform as well in their GCSEs compared to the general population (Luke & O'Higgins, 2018). This attainment gap is not the result of the care system itself. Those who are in care for longer (2+ years), outperform those in shorter stays (less than 2 years; Luke & O'Higgins, 2018). Furthermore, both longer- and shorter-stay children outperform children in need. Children in need are more likely to be autistic, have learning disabilities, and poorer socio-economic status, which will likely contribute to their educational attainment (Luke & O'Higgins, 2018).

Similarly, looked-after children are more likely to have behavioural, emotional, social needs, as well as learning disabilities, and they often experience greater neighbourhood deprivation ([Luke & O'Higgins, 2018](#); [ONS, 2023a](#)). For example, looked-after children who remain in care longer are more likely to have SEN ([ONS, 2023a](#)).

However, when children stay in care for extended periods, risk factors contributing to lower educational attainment, such as absences, exclusions and school changes, decrease ([Luke & O'Higgins, 2018](#)). While care is a factor in predicting a child's educational attainment, other more important factors, including socio-economic status, previous educational experiences, and personality characteristics, appear to play a more crucial role ([Luke & O'Higgins, 2018](#)).

Poverty impacts both looked-after children and children in need, affecting them in broader contexts (e.g. health) as well as in terms of their educational attainment. However, the educational aspirations of parents and children seem to have a more profound impact. Children from poorer backgrounds are less likely to view themselves as academic and believe that school results will affect their lives ([Goodman & Gregg, 2010](#)).

At age 11, the most significant factor in predicting educational attainment is parental aspirations and attitudes toward their child's educational attainment ([Goodman & Gregg, 2010](#)). These aspirations and attitudes are socially graded and tend to relate to a family's socio-economic position ([Goodman & Gregg, 2010](#)).

For example, [Goodman & Gregg \(2010\)](#) found that the majority (81%) of mothers from the richest fifth hoped their child would go to university, compared to the minority (37%) of the mothers in the poorest fifth (the poorest 20% or 1/5 of the population studied).

Low aspirations and attitudes among parents and children can lead to lower education attainment, compared to families with higher educational aspirations who provide resources for their child's education (e.g., tuition, computers, and Wi-Fi; [Goodman & Gregg, 2010](#)).

Individuals with less formal education are more vulnerable to long-term social and economic disadvantages ([Luke & O'Higgins, 2018](#)). The main drivers of future poverty are childhood poverty and poor educational outcomes ([HM Government, 2014](#)). These drivers are influenced by factors such as parental qualifications, parental health, child health, the home learning environment, and child non-cognitive skills (including aspirations). The level of education an individual attains over their lifetime can predict their chances of living in poverty, experiencing material deprivation ([ONS, 2016](#)), and facing poorer health, unemployment, and crime ([Luke & O'Higgins, 2018](#)). Education is also a major contributor to social mobility ([Goodman & Gregg, 2010](#)).

All of the aforementioned factors perpetuate the cycle of poverty, which, together with the rising child poverty rates, is likely to fuel the number of children entering care or being subject to care interventions ([Bennett et al., 2022](#)).

We recommend that the government and LAs deploy strategies to improve parental and child educational aspirations, encourage parents to read to their children at a young age, provide home educational resources for less affluent families, and implement strategies to offset the effects of neighbourhood deprivation on children living in impoverished areas ([Goodman & Gregg, 2010](#); [Luke & O'Higgins, 2018](#)).

The care system and LAs need to make improvements in preventing unregulated education, securing places for looked-after children in schools that meet their needs, and boosting educational, training and employment outcomes for care leavers ([House of Commons Education Committee, 2022](#); [Thompson, 2022](#)). Also, the government must improve the quality and depth of LA data, as well as the stability of placements ([O'Sullivan & Westerman, 2007](#)).

Family Hubs as part of the Family Hubs and Start for Life programme could contribute to meeting a child's educational needs by enhancing aspirations and resources. The use of Family Hubs would help reduce educational disparities by identifying deprived children and those in need at an early stage ([HM Government, 2022](#)).

Preventative early holistic interventions for families and children will aid in improving a child's educational, physical, emotional, cognitive and social outcomes. Such interventions include support for perinatal mental health, parental relationships, and early communication, language, and literacy skills ([HM Government, 2022](#)).

## Deprivation, policy, and the fraying support of the state

Evidence suggests that child poverty may contribute to the rising rates of children entering care ([Bennet et al., 2022](#)). As mentioned earlier, there is a strong social gradient between the likelihood of child welfare interventions and deprivation in the UK ([Bywaters et al., 2020](#)). Child protection concerns and the number of children entering care increase with each step toward deprivation ([Bywaters et al., 2020](#); [Elliott et al., 2019](#)).

Policies in different countries affect the quality of life of their populations and contribute to the levels of deprivation and poverty within those countries. The UK has policies that both support prosperity and exacerbate deprivation. According to HM Treasury ([2022](#)) and HM Government ([2023](#)), the UK government currently has the following policies in place in England to help those living in poverty:

- Further funds worth [£26 billion](#) are being designated to vulnerable working-age and disabled households in 2023/24. Benefits will now be aligned with September inflation (10.1%).
- Additional uprating of benefits by 6.7% from [April 2024](#). In 2024/25, UC will increase by 6.7% and will include the following amounts:
  - £311.68 per month for single people aged under 25

- £393.45 per month for single people aged 25 and over
- £489.23 per month for joint claimants both aged under 25
- £617.60 per month for joint claimants both aged 25 and over
- [Additional Cost of Living Payments](#) will be paid to eligible households.
  - In 2023/24, up to £900 will be paid to those receiving UC, income-based Jobseekers Allowance, income-related Employment and Support Allowance, Income Support, Pension Credit, Working Tax Credit, and Child Tax Credit.
  - Fortunately, these payments will not affect the benefit cap, or any existing benefits a household receives.
  - Eligible households will receive three Cost of Living Payments of £301, £300 and £299
  - Pensioners will receive an additional £300 and will receive an increase on their state pension based on inflation (10.1%).
- Pensioners rates will increase by 8.5% from [April 2024](#). Full rates for pensions will be:
  - £221.20 per week for the new State Pension
  - £169.50 per week for the basic State Pension
- The [National Living Wage](#) was increased in April 2023 by 9.7% for all age groups.
  - There will be a further increase in National Living Wage in April 2024 by 9.8%.
- Eligible households will receive extra disability [Cost of Living payments](#) worth £150 to assist with additional costs. This extra payment will not be included in the benefit cap. This applies to those eligible for or claiming:
  - Disability living allowance
  - Personal independence payment
  - Attendance allowance
  - Scottish disability benefit
  - Armed forces independence payment
  - Constant attendance allowance
  - War pension mobility supplement
- [Local Housing Allowance](#) set to increase by £7 billion.
- [National Insurance](#) set to be cut from 12% to 10%.
- [Benefit cap levels](#) will increase for families with or without children for 2023/2024.
  - The benefits cap will remain frozen at these levels in 2024/2025 .
  - The benefit cap levels for Greater London will rise from £23,000 to £25,323, and from £20,000 to £22,020 nationally.
  - The benefit cap for single households without children will rise from £15,410 to £16,967 in Greater London and from £13,400 to £14,753 nationally.

- The [Household Support Extension](#) will provide an additional £1 billion in 2023/23 to help with essential household costs.
- The [Energy price guarantee](#) has fixed the cost of energy bills to be equivalent to £3,000 a year.

Despite the policies put in place to prevent and tackle child poverty, there are still many children and families living in poverty.

Compared to 2018/2019, in 2020/21 there has been a decline in relative child poverty (29% vs 27%), absolute child poverty (26% vs 23%), deep child poverty (20% vs 19%), very deep child poverty (13% vs 10%), and child material deprivation (18% vs 16%) ([Action for Children, 2023a](#)).

In 2020/21, 3.9 million children were living in relative poverty, 3.3 million in absolute poverty, 2.7 million in deep poverty, 1.4 million in very deep poverty, 2.3 million in material deprivation, and 1.3 million in food insecurity ([Action for Children, 2023a](#)).

In 2022/23, it was estimated that 30% of children were living in relative low income and 25% were living in absolute low income households after housing costs ([Brown, 2024](#)). In fact, 100,000 more children were drawn into relative poverty (after housing costs), with poorer families descending deeper into poverty ([CPAG, 2024](#)).

There has not been a consistent fall in the rates of poverty since the first half of Blair's Labour administration. In the UK, there persists a concerning trend of poverty deepening. In 2021/22, 6 million people were experiencing very deep poverty ([JRF, 2024](#)), and in 2022/23 absolute low income increased by 600,000 people (after housing costs; [Francis-Devine, 2024](#)).

This situation [disproportionately](#) affected some children more than others:

- Families with a youngest child under 5 comprised 36% of all children living in poverty
- 47% of children in Asian and British Asian families are in poverty, 51% of children in Black/ African/ Caribbean and Black British families, and 24% of children in white families
- 44% of children in lone parent families were in poverty
- 34% of children living in families where someone is disabled were in poverty

According to UNICEF figures, the UK has seen a 20% increase in child poverty between 2014-2021 ([Rees et al., 2023](#)). Comparatively, other countries such as Poland, Slovenia, Latvia, and Lithuania have reduced child poverty by more than 30% ([Rees et al., 2023](#)).

Although these policies are a step in the right direction, the government needs to address the eroding social security system which contributes to trapping many families and children in poverty ([Trussell Trust & JRF, 2023](#)). Over time, the decline in real terms working age benefits; due to benefits caps and freezes, has weakened the social security net that low-income families depend upon ([Action for Children, 2023a](#)).

## Two-Child Policy and the Benefits Cap

Since the 2013 coalition government, there have been several policies that have pushed families further into poverty and have helped fray the social security system in place to help those in need, including:

- the two-child policy and
- the benefits cap

The two-child policy limits families from claiming more than two children on their UC or child tax credit (born after April 2017). There are a few exceptions to this limit, including rape or coercive relationships, adopted children, multiple births, disabled children, and children at risk of going into care ([CPAG, the Church of England & Benefit Changes & Bigger Families, 2022](#)).

Table 1: Child Benefits under the Two-Child Policy 2023/2024 and 2024/2025

How much you will get	Extra monthly payment under Universal Credit 2023/2024	Extra monthly payment under Universal Credit 2024/2025	Child Benefit Weekly Rates 2023/2024	Child Benefit Weekly Rates 2024/2025
<b>First child</b>	<b>£315.00</b> (born before 6 April 2017)  <b>£269.58</b> (born on or after 6 April 2017)	<b>£333.33</b> (born before 6 April 2017)  <b>£287.92</b> (born on or after 6 April 2017)	<b>£24.00</b>	<b>£25.60</b>
<b>Second child/ subsequent eligible children</b>	<b>£269.58</b> per child	<b>£287.92</b> per child	<b>£15.90</b> per child	<b>£16.95</b> per child

([HM Government, n.da](#); [HM Revenue & Customs, 2024](#))

In 2024/2025, Child Benefit increased by 6.7%, in line with the Customer Price Index. This means the payment will be £25.60 per week for the first child and £16.95 per week for every subsequent child ([Kirke-Wade & Harker, 2023](#)).

The child benefits count towards a household's benefits cap. The benefits cap limits the amount of welfare individuals can receive. The benefits cap will remain frozen at these levels in 2024/2025 ([Kirke-Wade & Harker, 2023](#)).

Those who do not fall under the exceptions, are limited to ([HM Government, n.db](#)):

- £1,835 per month for couples and single parents with children outside Greater London.
- £1,229.42 per month for single adults outside Greater London.
- £2,110.25 per month for couples and single parents with children in Greater London.
- £1,413.92 per month for single adults in Greater London.

The government introduced the child policy and the benefits cap to promote 'fairness' within the welfare system, to reduce poverty, welfare dependency and worklessness ([DWP, 2015](#)).

Both policies have been criticised by over 50 organisations including the Child Action Poverty Group, the Church of England, Women's Aid, Refugee Council, Action for Children, the Trussell Trust, the Children's Society, the Trades Union Congress and the JRF ([Weaver, 2023](#)). The Supreme Court ([Gingerbread, 2018](#)) found that the original benefits cap breached the UK's international obligations under the UN Convention on the Rights of the Child ([2015] UKSC 16). The two-child policy has been dubbed by the [CPAG](#) as the biggest driver to the rising rate of child poverty.

This policy currently affects 1.1 million children from 318,000 households ([Goddard, 2022](#)). In addition, over the 5 years since its introduction, it has affected an estimated 1.4 million children from 400,000 households ([CPAG, 2022](#)).

As more children are being born under the two-child policy, an estimated 3 million children will be affected ([CPAG, 2022](#)). The two-child policy has forced many families to reduce essentials, forced parents to skip meals, and prevented them from adequately heating their homes ([CPAG, 2022](#)). Moreover, the two-child policy has been criticised for disproportionately affecting certain groups including:

- Low paid workers: 56% of parents affected by the policy are low paid workers
- Households in rented accommodation
- Single parents: Of those who are affected by the policy, 40% are female single parents, 5% are male single parents and 55% are from couple families
- Minority groups: Households from a Pakistani, Bangladeshi, Black, Muslim, Jewish, Roma and Traveler Communities

([CPAG, 2022](#); [Goddard, 2022](#); [Stewart et al., 2022](#))



The two-child policy puts at risk larger families with three or more children and low/no-earning single parents in rented accommodation with at least one child under 5 ([Stewart et al., 2022](#)). Also, it puts at greater risk families and children who are already vulnerable to poverty ([Sefton et al., 2019](#)). For example, larger families affected by the cost-of-living crisis are projected to make up the majority of those living in relative poverty by 2026/27 ([Corlett et al., 2022](#)). This could be further exacerbated by the continuation of the benefits cap and the two-child policy.

Previous attempts to abolish the two-child policy have failed, and the policy has been defended as 'fair' and 'proportionate' ([Goddard, 2022](#)). This policy stands on the assumption that its presence encourages larger families to seek additional work and better family planning ([Goddard, 2022](#)). However, there is no evidence showing that this policy actually encourages that ([Goddard, 2022](#)).

Compensating for the child element loss of the UC or child tax is significantly difficult ([Sefton et al., 2019](#)). For example, for a single parent with three children to compensate for the child element loss, they would have to increase working hours from 16 to 40 hours per week (£11.50 per hour), with the assumption that increased work hours would lead to more travel and childcare costs ([Sefton et al., 2019](#)).

Both policies ignore the barriers to work, which affect large and single-parent families the most ([Goddard, 2022](#)). It is estimated that 1.5 to 1.9 million children living in deprived households face at least one barrier to taking on additional paid work ([Action for Children, 2023a](#)).

Barriers to work for these families include:

- Reduced financial gain from the welfare system when entering paid work
- Increased struggle to escape in-work poverty
- Caring responsibilities for children (especially in situations with at least three children under 5, or with ill mental/mental health, disability; ([Stewart et al., 2022](#)),
- Refugee status ([Sefton et al., 2019](#))

The government must abolish the two-child policy and the benefits cap. Based on research and the projections of various organisations, this policy will only further plunge more children into poverty. Due to this policy, 3 million children are at risk of poverty ([CPAG, 2022](#)).

Abolishing the benefits cap would target those in the poorest households and would pull 250,000 children out of deep poverty ([CPAG, 2023](#)). Similarly, removing the two-child limit would push 250,000 children out of poverty and 850,000 into less deep poverty ([CPAG, 2023](#)).

Other research suggests that abolishing the two-child limit of UC and/or child tax credit will protect children from poverty and will remove 300,000 children from poverty and 300,000 from deeper poverty ([Tucker, 2019](#)). Removing the benefits

cap is estimated to reduce 50,000 children in poverty and 100,000 children in deeper poverty ([Tucker, 2019](#)). Abolishing both policies would lead to a reduction of 300,000-500,000 children in poverty and deeper poverty ([Tucker, 2019](#)).

## Inflation, Debt, Universal Credit, and the Cost-of-Living Crisis

The cost-of-living has continued to rise from 2021 to 2022. In October 2022, the annual inflation rate reached a 41-year high of 11.1% ([Harari et al., 2024](#)). Fortunately, inflation has fallen to 2.3% in the 12 months to April 2024 ([ONS, 2024](#)). Despite this fall in inflation, the cost-of-living crisis will continue whether or not inflation falls to the Bank of England's 2% target ([New Economics Foundation, 2023](#)).

The rise in inflation during the cost-of-living crisis has led to an increased cost of consumer goods, including essentials (e.g., food, and energy; [Harari et al., 2024](#)). For example, between May 2021 and May 2024, food prices rose by 30.6%, whereas it took 13 years (January 2008 – May 2021) for average food prices to inflate to the same degree ([Harari et al., 2024](#)).

Between June and July 2023, the cost-of-living has affected 67% of adults in Great Britain compared to the previous month ([ONS, 2023b](#)). Based on opinion polls, this increase in the cost-of-living was commonly cited as affecting food (97%), gas and electricity (69%) and fuel (40%; [ONS, 2023b](#)).

The cost-of-living crisis will sink more struggling families into further deprivation of essential resources and poverty ([Cooper, 2023](#)). It has affected poverty rates in the UK and has sunk more children into poverty, with relative child poverty set to continue to rise in the long run ([Francis-Devine, 2023](#)). In 2020/21, the UK saw a decrease in poverty compared to the previous year (2018/19; [Action for Children, 2023a](#)).

However, since the start of the cost-of-living crisis in 2021, child poverty has increased. In 2020/21, an estimated 3.9 million children were in poverty ([JRF, 2023a](#)). Unfortunately, the child poverty rate in the UK did not continue the declining trend from 2020/21. In 2021/22, child poverty was estimated at 4.2 million and returned to its pre-pandemic levels ([Action for children, 2023b](#)). In 2022/23, children in relative low income hit 4.3 million (after housing costs; [Brown, 2024](#)).

As stated at the beginning of this section, living in poverty increases a child's chances of entering the care system. In England, children in the 10% most deprived neighbourhoods were over 10 times more likely to receive child welfare intervention compared to children in the 10% least deprived neighbourhoods ([Bywaters et al., 2020](#)).

Considering the links between poverty and the care system identified in previous research ([Bennet et al., 2022](#); [Bywaters et al., 2020](#); [Elliott et al., 2019](#)), it is not unjust to speculate that the pressures of the cost-of-living crisis, which are pushing people into further deprivation, will push more children into care. The children's social care system is already at breaking point. There is a lack of placements, which causes instability in placements, schools, and relationships ([Become, 2022](#)). This has been exacerbated by years of underinvestment, the use of independent, high-charging children's homes, and insufficient staff and resources ([Become, 2022](#)).

The government must take action to help those affected by the cost-of-living crisis and prevent more children entering care due to poverty. The UK government has responded to the cost-of living crisis and poverty with the policies detailed above.

### Further fund worth £26 billion are being designated to vulnerable working age and disabled households in 2023/24

Benefits will now line up for September inflation (10.1%)

*(HM Treasury, 2022)*

To protect vulnerable households, benefits inflation needs to align with real-terms inflation and the amount needed to afford essentials. Due to the legacy of the benefits freeze and cuts, this is not always the case. Because of the benefits freeze, introduced in 2013, the amount households receive is not in line with real-term inflation rates ([Action for Children, 2023a](#)).

For example, in 2023, benefits would be worth 4.8% to 7.3% less if they had been uprated as normal between 2013 to 2023 ([Action for Children, 2023a](#)).

- Standard UC for people under and over 25 years of age is down by 5.3%,
- UC child element and child tax credit (child element) is down by 4.8%,
- UC child element for those born after April 2017 is down by 7.3%,
- child benefit for the first child is down 5.4%, and 5% for additional children

([Action for Children, 2023a](#)).

In April 2024, benefits were uprated by 6.7% in line with the September 2023 inflation rate. However, UC payments do not cover essential payments in a household. Analysis by the Trussell Trust and JRF ([2024](#)) foundations showed that UC needs to be at least £120 per week for single households, and £200 per week for couples to cover essentials. Even under the previously updated rate (10.1%), single households will be £35 below the amount needed for living essentials, under 25s will be receiving £53 short of what they need per week, and couples will receive £66 less ([McRae, 2023](#); [Trussell Trust & JRF, 2024](#)). An updated analysis by Trussell Trust & JRF ([2024](#)) shows that even with uprating the benefits by 6.7% in April 2024, there is still a £29 gap for single households and a £57 gap for couple households to cover essentials.

Most people on UC are going without essentials. Currently, 5.7 million people are on UC, who are the most vulnerable to debt, food insecurity, food bank use, and living without essentials ([Trussell Trust & JRF, 2023](#); [Weal, 2022](#)). For example, most people referred to Trussell Trust food banks claim a means-tested benefit with 70% of those claiming UC ([Bull et al., 2023](#)). The Trussell Trust found more than half (58%) of those claiming UC had experienced food insecurity in the last year ([Bull et al., 2023](#)).

Therefore, the suggested increase to UC mentioned above would be a massive help for those people, even though it will only cover essentials ([Trussell Trust & JRF, 2023](#)).

During the COVID-19 pandemic, the temporary uplift of £20 in addition to the standard UC contributed to the temporary reduction in the rate of poverty in the UK in 2020/21 ([JRF, 2023a](#); [Trussell Trust & JRF, 2023](#)). This uplift helped lift 400,000 children out of poverty ([Action for Children, 2023b](#)) and helped target those most vulnerable to poverty, including larger families ([JRF, 2023a](#); [Trussell Trust & JRF, 2023](#)). Other temporary uplifts such as the cost-of-living payments which were introduced to counter high energy bills led to reductions in food banks usage and demand for advice from the Citizens Advice Service ([Trussell Trust & JRF, 2023](#)).

The uplifts in financial support made a real difference to those most vulnerable to the financial struggles of the pandemic and the current cost of living crisis. The government should introduce policies on mitigating the impact of the cost-of-living crisis on those who are most vulnerable, to stop children from being taken into care.

### Recommendations:

- Increase the UC by £20 per week. This can help pull 400,000 children out of poverty ([Action for Children, 2023b](#)).
- Set the UC to at least £120 per week for single households and £200 per week for couples, to enable them to cover essentials ([Trussell Trust & JRF, 2024](#)).
- Integrate an essentials guarantee policy into UC policy as outlined by the Trussell Trust & JRF, ([2023;2024](#)), and review it annually. This would provide a core support system for households on UC, and directly address material deprivation ([Trussell Trust & JRF, 2024](#)).

Implementing these recommendations will help more children escape relative poverty, reducing the chances of becoming involved with the care system.

When considering the essentials guarantee, it is important to factor in the impact of debt. Over time, the erosion of the social security net and inadequate income has led to a reliance on debt among vulnerable households ([Tims & Wright, 2024](#)). This reliance includes overdrafts, credit card debt, banks, and payday lenders ([Tims & Wright, 2024](#)).

As of May 2023, nearly 6 million low-income households were in unsecured debt, totalling around £14.2 billion ([JRF, 2023b](#)). This is an astounding £2500 per household ([JRF, 2023b](#)). Research by JRF ([2023b](#)), shows that 2.3 million low-income households need to borrow money in order to pay for essentials (e.g. rent), with over half of those using credit for bills going without three or more essentials ([JRF, 2023b](#)).

In May 2023, the New Economic Foundation found that 2.3 million people on UC were automatically receiving debt reductions from their standard allowance, which contributes to essentials such as food and bills ([Tims & Wright, 2024](#)). Each year, the DWP deducts £1.6 billion for debt repayments in low-income households ([Tims & Wright, 2024](#)). These reductions further erode the social security net needed to support struggling families, and perpetuate the debt cycle that pushes people deeper into poverty ([Tims & Wright, 2024](#)).

Although debt deductions are capped at 25%, this still affects low-income families' ability to afford essentials. Even with the average deduction in standard UC allowance, the reduced UC falls short of what is needed to cover essentials and the essentials guarantee ([Tims & Wright, 2024](#)).

Current practices such as the two-child policy, benefits cap, and debt reductions to UC undermine the critical support UC provides to low-income households during the current cost-of-living crisis.

At a minimum, the government should reduce debt deductions to 15% ([Tims & Wright, 2024](#)). For greater impact, the government should set a legal minimum for UC based on the essentials guarantee ([Trussell Trust & JRF, 2024](#)). The standard allowance should always meet this essentials guarantee, and any deductions should not be allowed to reduce support below the essentials guarantee ([Trussell Trust & JRF, 2024](#)).

### **Additional cost-of-living payments will be paid to eligible households**

In 2023/24, up to £900 will be paid for those receiving UC, income-based job seekers allowance, income-related employment and support allowance, income support, pension credit, working tax credit and child tax credit. Fortunately, these payments will not affect the benefit cap or impact any existing benefits a household receives. Eligible households will receive three cost-of-living payments of £301, £300 and £299.

*(Department for Work and Pensions, 2023)*

The cost-of-living crisis has led to high inflation prices and the increased prices for essential goods. According to a report by the JRF, between October and November 2022, 7.2 million people (62%) in the bottom 40% of income were going without essentials ([Earwaker, 2022](#)). As a result, some people are experiencing hunger, skipping meals, unable to keep their homes warm, and falling behind on household bills ([Earwaker, 2022](#)).

In comparison, in May 2022, the number of people in the bottom 40% of income going without essentials was below 7 million ([Earwaker, 2022](#)).

Moreover, 67% of households in the lowest 20% of income went without at least one essential in May 2022. By October and November 2022, this had risen to 75%, with those in the lowest 20% of income either going without essentials, or experiencing food insecurity ([Earwaker, 2022](#)). Since May 2022, the number of people going without essentials has increased, despite the support provided through cost-of-living payments, the energy cap, and support scheme ([Earwaker, 2022](#)).

Those most vulnerable to falling behind on bills and going without essentials include disabled people, those receiving UC, those in private rented accommodation, young adults, and individuals from black, Asian, and mixed ethnicity households ([Earwaker, 2022](#)).

There is a notable resemblance between this list and the demographics of families and children more likely to become involved with the care system. Specifically, families at higher risk of involvement with the care system are those in social housing, those without home ownership, those with greater health or disability deprivation, black and mixed-race families, larger families, and single-parent households ([ONS, 2022a](#); see The Context of Children's Social Care).

Those most likely to fall behind on bills, go without essentials, and become known to the care system are all impacted by the social security net designed to support them. Despite the recent 10.1% rise in benefits in April 2023 and the 6.7% rise in April 2024; current benefit levels remain insufficient to cover essential costs ([Earwaker, 2022](#); [Trussell Trust & JRF, 2024](#)). Even with the cost-of-living payments, over 2 million low-income households are in debt, having borrowed money or used credit cards to pay for essential bills, such as rent ([Earwaker, 2022](#)).

As the cost-of-living crisis is expected to persist, more children are at risk of falling into deeper poverty ([Barnardo's, 2022](#)). The cost-of-living payments offer only a temporary solution for those most vulnerable to deprivation and poverty, with no plans to extend them beyond the final payment in February 2024. While these payments were a step in the right direction, they cannot fully mitigate the effects of debt, the legacy of the benefits freeze, and the ongoing fraying of the social net that millions of families and children in poverty depend on. The UC is failing to protect those most vulnerable to poverty ([Earwaker, 2022](#)).

Policies must prioritise addressing the impact of the cost-of-living crisis on those most at risk. The government has announced plans to “reward work, reform welfare, and grow the economy”, including uprating benefits by 6.7%, increasing pensions, and raising local housing allowances from April 2024 ([HM Government, 2023](#)). Additional measures include a rise in the national minimum wage and a reduction in national insurance. These increases are designed to help those struggling with the cost-of-living crisis, as they are aligned with the Customers Prices Index (6.7%).

However, the Customer Prices Index does not fully reflect the extent of the current cost-of-living crisis, but rather serves as a tool for policymakers to target inflation ([Cuffe, 2023](#)). The Customers Prices Index is not an effective measure of the cost-of-living during the crisis. From the 12 months to September 2023, the Customers Price Index recorded an inflation rate of 6.7%, while the Households Price Index found an inflation rate of 8.2% ([ONS, 2023c](#)).

The Households Price Index is a matrix that shows the impact of changing prices and costs across different population subgroups ([ONS, 2023c](#)), contrasting with the Customer Price Index, which reflects “how the prices of goods and services consumed by all households in the UK change over time” ([ONS, 2023c](#), pp. 3).

While the Households Price Index is designed to complement the Customer Prices Index ([ONS, 2023c](#)), it often provides a clearer picture of the ongoing cost-of-living crisis ([Cuffe, 2023](#)).

Although the two indices may report similar inflation rates at times, the Customer Price Index has underestimated inflation during the cost-of-living crisis ([Royal Statistical Society, 2023](#)). The Household Price Index can better capture differences in household costs across various income groups. For example, between July and September 2023, annual inflation rates for low-income households (8.2%) and high-income households (8.3%) were quite similar ([ONS, 2023c](#)).

However, in October 2022, the inflation rate for low-income households (13.5%) was significantly higher than high-income households (11.5%; [ONS, 2023c](#)) due to rising electricity, gas, and fuel prices ([ONS, 2023c](#)). Meanwhile, higher mortgage interest payments contributed to higher inflation in higher-income homes ([ONS, 2023c](#)). The Customer Price Index gives less weight to the spending patterns of lower-income households, who allocate a larger portion of their income to essentials like food, fuel, and energy ([Cuffe, 2023](#)).

Raising benefits in line with the Households Cost Index (8.2%; [ONS, 2023c](#)) would be beneficial. This index better reflects household costs and the price of essentials, ensuring people can afford basic necessities even after deductions. The basic rate of UC should allow individuals to meet essential costs, even after deductions ([Earwaker, 2022](#)). Uplifting UC by £20 could significantly reduce child poverty, with estimates suggesting it would have a 40% greater impact on poverty reduction than recent changes to UK work allowances and taper rates ([Ray-Chaudhuri et al., 2023](#)). The changes in work allowances and taper rates do not benefit households without work ([Ray-Chaudhuri et al., 2023](#)).

## Health deprivation, disability, and the care system

According to the ONS (2022a), education and health were the largest areas of deprivation for children entering care compared to those not in care. Health and disability deprivation refers to a household in which any of its members has a long-term health problem, or their health is classified as “bad” or “very bad” (ONS, 2022a). Based on the 2011 census, nearly half (49%) of children entering care were living in a household affected by health and disability deprivation, making it the most significant form of recorded deprivation among children entering the care system (ONS, 2022a).

### What is the relationship between health and poverty?

Child Poverty is a key determinant of health inequalities (McCabe et al., 2024; Pearce et al., 2019). A recent analysis of the impact of child poverty on health outcomes and inequalities found that greater reductions in child poverty were associated with improvements in health outcomes, and reductions in health inequalities, including infant deaths, children entering care, hospital admissions for childhood nutritional anaemia, and childhood emergency hospital admissions (McCabe et al., 2024). Reducing child poverty by 35% between 2024 and 2033 is estimated to reduce the number of children entering care by 4, 694 (McCabe et al., 2024).

In England, health and deprivation exist on a social gradient (Williams et al., 2022), with a systematic relationship between deprivation and health outcomes (Williams et al., 2022). Specifically, individuals in the most deprived areas of England experience poorer health and have lower life expectancy compared to those living in the least deprived areas (ONS, 2022b). For example, between 2018 and 2020, the healthy life expectancy at birth for females in the least deprived areas (70.7 years) was nearly 20 years longer than those in the most deprived areas (51.9 years; ONS, 2022b).

Additionally, an analysis of NHS data found that those in the most deprived households were 57% more likely to suffer from a serious mental illness (Baker, 2019). The same analysis revealed significant percentage gaps for other health conditions between the most and least deprived households, including, chronic lung disease (58%), obesity (51%), diabetes (45%), epilepsy (32%), and peripheral arterial disease (31%; Baker, 2019).



Deprivation gaps in England vary across regions ([Baker, 2019](#)), and are influenced by a range of health inequalities and broader determinants of health, including those listed below:

- Access to care and quality of care: While the inequality gap is narrowing in some areas of healthcare, those in the most deprived areas still receive poorer quality NHS care and experience poorer health outcomes compared to those in the least deprived areas ([Quality Watch, n.d](#)). Specifically, individuals in the most deprived areas face greater difficulty in securing GP appointments, longer waiting times in A&E departments, and lower recovery rates in IAPT services ([Quality Watch, n.d](#)).
- Region: Poverty is the primary driver of inequality between children in the North of England and the rest of the country ([Barnes et al., 2023](#)). The rising cost-of-living is expected to lead to both immediate and long-term negative health outcomes ([Barnes et al., 2023](#)).
- Behavioural risks to health: Lower income influences health-related behaviour, such as smoking and poor diet, which contribute to ill health and premature death ([Griggs & Walker, 2008](#)).
- Income: Poverty increases the risk of both physical and mental health problems. In the UK, it is estimated that over 600,000 disabled people live on £10 or less per week for food and other expenses ([JRF, 2022](#)). Additionally, more than half of these individuals experience anxiety and depression due to financial concerns ([JRF, 2022](#)).
- Food insecurity: In 2021/2022, food insecurity affected 15% of people in the UK ([Francis-Devine, 2023](#)). Between October 2022 and January 2023, a survey by the Food Standards Agency ([FSA, 2023](#)) revealed that food insecurity had risen to 25% in England, Wales, and Northern Ireland. Food insecurity impacts both physical and mental health. Notably, 26% of parents struggling to provide sufficient food due to the cost-of-living crisis, reported that their children's mental health has worsened as a result ([Barnardos, 2022](#)).
- Quality of housing: Poor-quality and overcrowded housing has been linked to physical health problems, such as respiratory issues, and mental health problems, such as depression ([Williams et al., 2022](#)).
- Access to quality green space: While access to quality green space supports well-being, green spaces are not evenly distributed across England ([The Countryside Charity, 2022](#)). Northern England has fewer local green spaces compared to Midlands or the South of England ([The Countryside Charity, 2022](#)). The most deprived areas and ethnically diverse communities, which are more likely to experience poorer health outcomes, are less likely to have access to local green spaces ([Mell & Whitten, 2022](#)).
- Education: Children from lower-income households are more likely to have SEN and lower educational aspirations compared to their more affluent

peers ([Griggs & Walker, 2008](#)). This disparity affects academic success, future employment and overall health ([Griggs & Walker, 2008](#)). For example, individuals with a university degree are estimated to live at least five years longer than those with lower levels of education. ([Williams et al., 2022](#))

- Employment, exposure to hazards at work, and job security: Children from lower-income households are more likely to be unemployed and work in unskilled and lower-paid jobs, compared to their more affluent peers ([Griggs & Walker, 2008](#)). Unemployment has negative consequences for mental and physical health, including lower life expectancy ([Williams et al., 2022](#)).
- Adverse Childhood Experiences (ACEs), trauma, and relationships: Positive relationships with parents or guardians can help mitigate the negative effects of poverty. However, individuals with ACEs are three times more likely to live in poverty and these experiences can have a cumulative negative impact on physical and mental health ([Royal College of Paediatrics and Child Health, 2022](#)). ACEs are linked to a range of health issues, including chronic illness, insomnia, contractions of sexually transmitted diseases, obesity, autoimmune and gastrointestinal diseases, pulmonary disease, cardiovascular disease, and cancer ([Zarse et al., 2019](#)).
- Race: In general, Pakistani, Bangladeshi, and Black Caribbean individuals experience higher levels of ill-health compared to their white counterparts, and may have less access to preventative care ([Watt et al., 2022](#)). While Pakistani and Bangladeshi groups in England do not have a higher likelihood of cardiovascular disease compared to the white population, they do have the highest rates of the condition ([Watt et al., 2022](#)). Additionally, Pakistani and Bangladeshi groups are less likely to be diagnosed with atrial fibrillation — a risk factor for cardiovascular disease — resulting in reduced access to preventative primary care ([Watt et al., 2022](#)).
- Gender: In the most deprived areas, both males and females live fewer years and experience more of those years in poorer health ([Watt et al., 2022](#)). While females generally have a greater life expectancy than males, they are expected to spend a significantly larger portion of their lives in poor health (52%; [Watt et al., 2022](#)). Moreover, transgender individuals are more likely to experience poorer mental health, and younger transgender and non-binary people are more likely to experience long-term disabilities or illnesses ([Murray, 2022](#)).
- Sexuality: LGBTQI+ individuals often encounter persistent heterosexist and heteronormative barriers in accessing care, leading to poorer diagnosis and treatment experiences compared to cis-heterosexual individuals ([McDermott et al., 2021](#)).

Differences in health inequalities affect people's access to quality care. Health inequalities start in childhood and accumulate over time ([Watt et al., 2022](#)). Both indirect and direct influences from these inequalities contribute to a cumulative impact, leading to poorer health outcomes, known as 'allostatic load' ([Watt et al., 2022](#)). The 'allostatic load' associated with factors such as poverty, significantly contributes to poorer health outcomes for individuals from more deprived backgrounds (RCPCH, 2022; [Watt et al., 2022](#)).

### What is the relationship between health/disability, poverty and looked-after children?

Disabled children entering the care system often do so for similar reasons as non-disabled children, with neglect being the most common cause ([Kelly et al., 2016](#)). A study conducted in Northern Ireland revealed that 70% of disabled looked-after children entered care due to neglect, which frequently results from a combination of emotional abuse (53%) and parental struggles (53%; [Kelly et al., 2016](#)).

The same study revealed that a majority of disabled looked-after children (64%) had SEN compared to the general looked-after children population (26%; [Kelly et al., 2016](#)). Among these disabled looked-after children, 64% had multiple conditions, including autism and/or intellectual disabilities ([Kelly et al., 2016](#)).

According to the DfE ([2023](#)), the most common disabilities among looked-after children are social and behavioural (50%), and mental health issues (30%). In 2021-22, the DfE reported that 57.4% of looked-after children had SEN, compared to 48.6% children in need with SEN, and 16.3% of the general population with SEN ([DfE, 2024](#)). Autism was the most prevalent condition, affecting 50% of looked-after children ([DfE, 2024](#)).

Furthermore, children in the welfare system are nearly four times (49%) more likely to experience any mental disorder compared to the general population ([Bronsard et al., 2016](#)). These children are more likely to have ADHD (11%), PTSD (4%), anxiety disorders (18%), depressive disorders (11%), and conduct disorders (20%) compared to the general population ([Bronsard et al., 2016](#)).

Overall, looked-after children are more likely to report educational or neurodevelopmental issues compared to both disadvantaged and those residing in private family homes ([Ford et al., 2007](#)). While disabled and non-disabled children may share similar experiences, several factors contribute to disabled children entering the care system, [including](#):

- Parental Factors
  - Poor adjustment
  - Financial hardship and limited access to economic resources (e.g., poverty and/or specialised equipment and therapy)
  - Limited access to personal social resources
  - Social isolation
  - Parental mental or physical disability

- Parental illness
- Single parenthood
- Child Factors
  - Needs of other siblings
  - High level of needs
  - Challenging behaviour
  - Violent behaviour

All of these factors can lead to a breakdown in parental capacity ([Kelly et al., 2016](#)). These factors are important when examining the circumstances that lead to disabled children entering care.

We are focusing on the impact of poverty. However, understanding the effect of poverty on disabled looked-after children is constrained by three main issues in the literature:

- a) Lack of clear definition of disability: While the Equality Act (2010), provides a definition of disability, identifying and recording a child as disabled within the care system depends on whether the disability was the primary reason for removing the child from the family home, the extent of LA's information on a child's disability, and the social worker's opinion.
- b) Recording based on 'need' code: A child's disability is only recorded based on a 'need' code. Disabled children are usually taken into care due to neglect and/or abuse, which is reported rather than the child's disability itself. This leads to the underrepresentation of disabled looked-after children in statistics and the overall literature.
- c) Limited data sources: In England and Wales, statistics are based on information from LAs and household surveys. These provide a 'restricted view' of the inequalities and issues faced by disabled looked-after children. LAs' data is constrained by a lack of resources and a focus on primary 'need'-based interventions, and neither method actively aims to measure disabled looked-after children.

([Gledhill-Baker, 2022](#))

These constraints and the literature gap create a lack of clarity regarding the relationship between health/disability, poverty and looked-after children. However, it is evident that disabled individuals experience a higher poverty rate (29%) compared to non-disabled individuals (9%), and are more likely to experience very deep poverty ([JRF, 2023a](#)).

Moreover, there is a clear bidirectional relationship between poverty and health/disability ([Griggs and Walker, 2008](#)). Poverty increases the risk of poor health and unmet healthcare needs for disabled people, even when excluding other factors such as education ([WHO, 2023](#)).

While poverty does not directly cause disease, it affects environmental (e.g., housing and community), social (e.g., discrimination), and educational (e.g., access to educational resources) factors, which in turn constrain the prevention and management of diseases and conditions ([AAFP, 2021](#)). For example, children from lower-income families are more likely to experience health problems which are further exacerbated by health inequalities ([Griggs and Walker, 2008](#)).

As previously discussed, child poverty rates and neighbourhood deprivation have been linked to children entering care ([Bennett et al., 2022](#); [Bywaters et al., 2020](#)). The health and disabilities of children entering care are affected by these environmental and social inequalities.

Currently, the government offers the following for families with disabled children:

- Extra child credit for each disabled child
- Disability Living Allowance for children under 16
- Personal Independence Payment for children 16 and over
- Adult Disability Payment (Scotland)
- Family fund grants,
- Disabled Facilities Grant
- Carer's Allowance, and
- Short Break Services

(HM Government [n.dc](#); [n.dd](#))

Moreover, the [SEND and Alternative Provision Improvement plan](#) committed to investing £400 million into LAs 'high-need' budgets, with the overall high-needs budget set to raise to £10.1 billion in 2023/24 ([HM Government, 2023](#)). Specifically, looked-after disabled children should be provided with a care plan and a personal education plan.

We recommend the UK government address the social determinants affecting mental and physical health. Alleviating health inequalities and addressing the broader social determinants, such as removing the two-child limit and benefit cap, would likely lead to improvements in child health and health inequalities ([McCabe et al., 2024](#)).

Poverty disproportionately affects disabled people, compared to those who are not disabled ([JRF, 2023a](#)). Disabled working-age adults are almost twice as likely to experience poverty compared to their non-disabled counterparts ([JRF, 2023a](#)). Furthermore, poverty costs £4.8 billion per year for inpatient care alone, and is estimated to cost the NHS and social care systems £29 billion per year (Fodgen et al., 2022; see [Asaria et al., 2016](#) and [JRF, 2016](#)). Addressing the social determinants that affect health and poverty is not only a compassionate action, but also an economic advantage.

To tackle these social determinants, we recommend:

1. Consistent use of the Equality Act (2010) definition of disability in social care data and implementation.
2. Consistent data collection for disabled looked-after children beyond the primary need-based approach used in social care.
3. Research investigating how health inequalities and poverty affect disabled looked-after children to fill the literature gap.
4. Implementation of strategies to address poverty (see Deprivation, policy, and the fraying support of the state).

## Race & Ethnicity

There is a social gradient in the UK between children entering care and deprivation, meaning that increases or decreases in deprivation correspond to the number of children entering care. Increases in child poverty rates ([Bennett et al., 2022](#)), deprivation ([Elliott et al., 2019](#)), and neighbourhood deprivation ([Bywaters et al., 2020](#)) are linked to a rise in children receiving out-of-home care and child protection concerns/orders.

However, many intersectional factors affect families' and children's experiences with social services, including gender, race, ethnicity, disability, sexuality, poverty, and religion. Ethnicity and deprivation are the two largest determinants that drive inequalities in social care interventions ([Bywaters et al., 2014](#)). In the UK, there are racial disparities in deprivation, social care, and the interventions families receive (e.g., child protection orders and out-of-home care).

Before controlling for deprivation, data suggests that mixed-heritage children have the highest rates of children in need, child protection orders, and looked-after children, followed by black, white and then Asian children ([Bywaters et al., 2014](#)). Without considering deprivation, black children are overrepresented and Asian children are underrepresented in data for social care interventions.

After controlling for deprivation, it is not black children but rather white and mixed-heritage children who are overrepresented in all three intervention categories: children in need, child protection orders, and looked-after children ([Bywaters et al., 2014](#)). For example, compared to White-British children, mixed-heritage children have three times higher rates of children in need, 2.8 times higher rates of child protection orders, and 2.6 higher rates of looked-after children ([Webb et al., 2020](#)). Black children are overrepresented in social care, because they are more likely to live in the most deprived areas compared to white children ([Bywaters et al., 2014](#)).

Asian children are still underrepresented in the data after controlling for deprivation. The disparity between interventions for white and Asian children widens further, with Asian children receiving three times fewer child protection orders and six times fewer looked-after children ([Bywaters et al., 2014](#)).

The underrepresentation of black and Asian children on child protection orders and as looked-after children indicates inequality within the care system. On the contrary, the shift in race representation after controlling for deprivation suggests profound racial and socio-economic inequities within the structure of the social care system ([Bywaters et al., 2016](#)).

Bywaters and CWIP ([2020](#)) investigated 18 LAs in England to examine inequalities in child welfare interventions. The study found that every ethnic sub-category (except black other) living in the most deprived areas has a higher chance of social service interventions compared to less deprived areas ([Bywaters et al., 2019](#)). Minority ethnic groups in England are more likely to experience socio-economic hardship and live in deprived neighbourhoods ([Bywaters & CWIP, 2020](#)). Around three-quarters of black children, 70% of Pakistani children, under 80% of Bangladeshi children, 45% of Asian-Indian children, 44% of Chinese children, and only 47% of White-British children lived in the most deprived 40% of neighbourhoods ([Bywaters & CWIP, 2020](#)).

All children from the most disadvantaged areas are overrepresented in the data for child welfare interventions ([Bywaters et al., 2014](#)). However, when socio-economic disadvantage is accounted for, all minority groups have lower rates of child welfare interventions ([Bywaters & CWIP, 2020](#)).

After accounting for deprivation, white children in the most deprived neighbourhoods have higher rates of child protection plans and looked-after children compared to black children (except Caribbean-heritage children; ([Bywaters & CWIP, 2020](#))). In less deprived neighbourhoods, this pattern is not maintained, and all black sub-categories have higher child welfare intervention rates than White-British children ([Bywaters & CWIP, 2020](#)).

This does not imply that black children have greater needs than those from more deprived neighbourhoods, but rather that there is a failure to provide services to children in need of them ([Bywaters & CWIP, 2020](#)).

There is a social gradient between deprivation and child welfare interventions for White-British children, mixed heritage, Asian-Pakistani, Black-African, and Black-Caribbean children ([Webb et al., 2020](#)). However, this gradient has less influence on child welfare intervention rates for Indian, Bangladeshi and non-Caribbean Black children ([Webb et al., 2020](#)). Ethnic inequalities affecting the rates of child welfare interventions are heavily influenced by socio-economic factors ([Bywaters & CWIP, 2020](#)).

To address these inequalities, we recommend the following research considerations and strategies:

1. Broaden ethnic categories: Most research and documents use five broad ethnic categories: white, Asian, mixed, black or other. These categories limit the interpretation of data and do not capture the different treatment families may receive, or the reasons individuals choose to identify with each category ([Bywaters et al., 2019](#)). Where possible, service users should self-identify their ethnicity within a wider range of categories. This will give a clearer picture of ethnicity when analysing data for research ([Bywaters et al., 2019](#)).
2. Expand parental data collection: There is limited data on parental factors, including socio-economic status, which can be crucial for assessing the relationship between race, looked-after children, and poverty ([Bywaters et al., 2019](#)). LA's and the social care system should collect more comprehensive information on parental data and families' socio-economic positions to better recognise needs and allocate resources accordingly.
3. Improve understanding of race and deprivation: A better understanding of rates of looked-after children in relation to race and deprivation is needed. After controlling for deprivation, the rates of looked-after children and child protection orders change, suggesting structural racial and class inequalities ([Bywaters et al., 2016](#)). While the existing evidence provides a preliminary understanding, more research is needed to explore differences in interventions and outcomes with consideration to race and poverty, avoiding simplistic assumptions about parenting and family patterns ([Bywaters et al., 2016](#)).
4. Establish clear anti-poverty and anti-racist practices: There must be clear guidelines for anti-poverty and anti-racist practices for LAs and social workers. This should include evidence of critical engagement with issues of poverty and race, and how LA's can address and mitigate inequalities ([Webb et al., 2020](#)).



## Recommendations

### Policy

1. **Abuse and neglect:** There is an over-reliance on the toxic trio to explain abuse and neglect in relation to poverty and the welfare system ([Skinner et al., 2023](#)). While the toxic trio is an important factor, its dominance in language, research, and social care is unhelpful. The traits of the toxic trio often overshadow other significant factors, including racism, poverty, income, employment and housing deprivation ([Skinner et al., 2023](#)). There must be a shift in the government's approach to poverty. Poverty should no longer be seen merely as a contextual factor but as a driving force behind children entering care. LAs and the social care system need to pay more attention to these factors and their influence on abuse, neglect, and child welfare interventions. The lack of resources in social work has led to a risk-averse strategy, meaning the social and economic factors contributing to abuse and neglect are not adequately addressed ([Morris et al., 2018](#)). Therefore, greater economic support and better resources, such as housing and food, are essential for those in need.
2. **Education:** Children exposed to higher levels of neighbourhood and school poverty and deprivation tend to have lower educational attainment ([Nieuwenhuis et al., 2021](#)). Gaps in cognitive, social, and emotional development can emerge as early as age 3 and persist into adolescence ([Goodman & Gregg, 2010](#)). Although looked-after children often have lower educational attainment compared to their peers, care itself can act as a protective factor ([Luke & O'Higgins, 2018](#)). However, it is crucial to stop unregulated education, and ensure LAs the power place looked-after children in schools that can meet their needs. Also, strategies must be developed to enhance care leavers' opportunities beyond social care, and prevent placement breakdowns ([House of Commons Education Committee, 2022](#); [Luke & O'Higgins, 2018](#); [O'Sullivan & Westerman, 2007](#); [Thompson, 2022](#)).

The government and LAs must implement strategies to improve parental and child educational aspirations, encourage parents reading to their child at a young age, and provide home educational resources for less affluent families. Strategies should also address the effects of neighbourhood deprivation on children from impoverished areas ([Goodman & Gregg, 2010](#); [Luke & O'Higgins, 2018](#)). Family Hubs and Start for Life Programs can offer holistic interventions to improve children's educational, physical, emotional, cognitive, and social outcomes ([HM Government, 2022](#)). The previous government had proposed an evaluation and research of these programmes (2022), which is essential to determine their effectiveness in reducing educational inequalities. A thorough analysis of the impact these services

have on poverty and education is needed, particularly for families living in deprivation, children in need, and looked-after children.

3. **Deprivation, policy, and the fraying support of the state:** Punitive policies such as the two-child limit and the benefits cap should be abolished. These policies push more families into further poverty and disproportionately affect low-paid workers, renters, single parents, and minority groups ([CPAG, 2022](#); [Goddard, 2022](#); [Stewart et al., 2022](#)). Over 50 organisations have criticised these policies for their harmful impact on families and children living in poverty ([Weaver, 2023](#)). Removing these unjust policies would help reduce the number of children in poverty ([Tucker, 2019](#)).

The cost-of-living crisis and rising inflation have driven more children into poverty ([Francis-Devine, 2023](#)) and put many at risk of falling into deeper poverty ([Barnardo's, 2022](#)). Vulnerable families are accumulating debt, falling behind on bills, and struggling to afford essentials ([Earwaker, 2022](#)). Despite a 10.1% increase in benefits, this is still insufficient to cover essentials ([Earwaker, 2022](#)).

The government's cost-of-living payments provide only a temporary relief, with the final payments scheduled for February 2024 and plans to establish additional cost-of-living payments. Long-term benefit uplifts are necessary to achieve lasting reductions in poverty.

The previous government has proposed measures to “reward work, reform welfare, and grow the economy”, including a 6.7% rise in benefits, increases to pensions and local housing allowances starting in April 2024 ([HM Government, 2023](#)). Other measures included an increase in national wage and decrease in national insurance. While these changes may help those struggling with the cost-of-living crisis, aligning benefits with the Customers Prices Index (6.7%) does not fully account for the severity of the crisis ([Cuffe, 2023](#)). A more appropriate measure would be the Households Cost Index (8.2%; [ONS, 2023c](#)), which better reflects household costs and the costs of essentials.

Furthermore, additional cost-of-living payments should be means-tested to ensure they reach the most deprived ([Ray-Chaudhuri et al., 2023](#)). Raising UC by £20 could lift many children out of poverty ([Action for Children, 2023b](#)).

An essentials-guarantee should also be integrated into UC policy to address maternal deprivation and support households reliant on UC ([Trussell Trust & JRF, 2024](#)). At minimum, the government should reduce debt deductions to 15% ([Tims & Wright, 2024](#)). For greater impact, the government should set a legal minimum for UC based on the essentials guarantee. The standard allowance should always meet this essentials guarantee, and ensure that no deductions bring support below the essentials guarantee ([Trussell Trust & JRF, 2024](#)).

4. **Health deprivation, disability, and the care system:** A clear definition of disability is needed. The Equality Act 2010 provides this definition, which should be applied by social workers when identifying and recording disabilities, regardless of whether disability is the primary reason for the child's removal from the family home ([Gledhill-Baker, 2022](#)). Inadequate documentation has led to the underrepresentation and a limited understanding of disabled looked-after children ([Gledhill-Baker, 2022](#)). Proper recording will enable a more comprehensive view of disabled looked-after children, and allow for more tailored strategies and interventions to meet their needs.

The government must address the social determinants impacting mental and physical health, with a focus on alleviating health inequalities and the wider social determinants. The social determinants include access to and quality of care, behavioural health risks, deprivation, poverty, food insecurity, housing quality, access to green spaces, education, employment, workplace hazards, job security, trauma, and the effects of race, gender, and sexuality ([Griggs and Walker, 2008](#); [Williams et al., 2022](#)).

5. **Race and Ethnicity:** The government should implement clear guidelines on anti-poverty and anti-racist practices for LAs and social workers, including evidence of critical engagement with issues of poverty, race, and how LA's reproduce inequalities ([Webb et al., 2020](#)).
6. **Overall:** There needs to be greater acknowledgement of the structural inequalities impacting children's lives. Poverty should be documented effectively in records related to children's experiences in social care, child welfare interventions, education, and cases of abuse and neglect. It is essential to better recognise the intersectional and contextual factors that are often overlooked with the care system. Acknowledging factors such as poverty and race will provide a clearer understanding of their impact on looked-after children and those living in poverty.

The children's social care system requires recalibration to provide more robust support and resources (e.g., housing and food support) to those who need these, rather than relying on a 'postcode lottery'. The welfare of a child should be determined by their individual needs, rather than the level of deprivation in their neighbourhood.

## Research

1. **Abuse and neglect:** More research is needed to explore the social and economic factors - such as racism, poverty, income, employment, and housing - that contribute to abuse and neglect.
2. **Education:** There is a literature gap regarding the impact of educational deprivation on the likelihood of children entering care. While existing research covers the effects of poverty on education, there is insufficient evidence on how educational deprivation specifically influences child welfare interventions. Addressing this gap is crucial to understanding and mitigating the effects of educational deprivation on child welfare interventions.
3. **Deprivation, policy, and the fraying support of the state:** There is a research gap concerning the link between the ongoing cost-of-living crisis and children entering care. While some studies suggest a connection between poverty and children entering care, this research is limited ([Bennet et al., 2022](#); [Bywaters et al., 2020](#); [Elliott et al., 2019](#)). The cost-of-living crisis will not only impact families but also strain the care system itself. A further reduction in resources for the care system will further strain its resources, and the support it can offer to looked-after children and children in need. Further research is necessary to examine how the cost-of-living crisis affects children in need, looked-after children, and the likelihood of children entering care.
4. **Health deprivation, disability, and the care system:** The relationship between health/disability, poverty and looked-after children is not clear. Also, there is a literature gap concerning how health inequalities and poverty specifically affect disabled looked-after children.
5. **Race and Ethnicity:** Data handling concerning race and ethnicity needs improvement. We recommend moving away from using the four broad ethnic categories and adopting a wider range of categories to allow services users to self-identify where possible ([Bywaters et al., 2019](#)). Collecting more detailed data on race, parental socio-economic factors, looked-after children, and poverty is also crucial ([Bywaters et al., 2019](#)). This will provide a clearer understanding of ethnicity in research analyses, which can then be used to better identify needs and allocate resources effectively.

A better understanding is needed of rates of looked-after children in relation to race and deprivation. After controlling for deprivation, variations in rates of looked-after children and child protection orders indicate structural racial and class inequalities ([Bywaters et al., 2016](#)).

While existing evidence provides a preliminary understanding, more research is required to examine differences in interventions and outcomes with respect to race and poverty, avoiding simplistic assumptions about parenting and family patterns ([Bywaters et al., 2016](#)).

## Conclusion

This research project sought to understand the relationship between poverty and the likelihood of children entering care. Despite research limitations in literature, it appears to be a relationship between poverty and children entering care. The amount of children entering care has been related to rising rates of child poverty ([Bennett et al., 2020](#)), neighbourhood deprivation ([Bywaters et al., 2020](#)), and deprivation ([Elliott et al., 2019](#)). Factors such as abuse, neglect, education deprivation, policy issues, health deprivation, race, ethnicity, and gender all contribute to the relationship between children entering care and child poverty. These factors should not be seen as contextual, but as integral factors that contribute to the relationship between child poverty and children entering care. Each factor contributes to the relationship between poverty and children entering care, as it perpetuates the cycle of poverty.

Based on the findings, we recommend further research on:

- The social and economic factors contributing to abuse and neglect
- The impact of educational and health deprivation on the likelihood of children entering care
- The effects of the cost-of-living crisis on the number of children entering care
- The relationship between race, deprivation, and rates of looked-after children

Additionally, we propose several policy changes, including:

- Ending over-reliance on the toxic trio model to explain abuse and neglect
- Acknowledging poverty as a significant factor in the relationship between poverty and children entering care
- Abolishing the two-child limit and benefits cap
- Introducing essentials guarantee for UC
- Implementing long-term solutions to the cost-of-living crisis
- Adjusting benefits in line with the Households Cost Index
- Developing strategies to enhance parental and child educational aspirations,
- Adopting a more consistent definition of disability
- Addressing the social determinants impacting physical and mental health
- Implementing clear anti-poverty and anti-racist policies within the care system
- Providing better resources for the children's social care system
- Acknowledging and addressing the structural inequalities affecting children's lives

These recommendations aim to raise awareness on child poverty, enhance understanding of its link to children entering care, improve the children's social care system, and serve as a valuable resource for developing more equitable and effective policies.

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