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Version: Accepted Version

Article:
Bywaters, P., Scourfield, J., Webb, C. et al. (2019) Paradoxical evidence on ethnic inequities in child welfare: towards a research agenda. Children and Youth Services Review, 96. pp. 145-154. ISSN: 0190-7409

https://doi.org/10.1016/j.childyouth.2018.11.042

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Paradoxical evidence on ethnic inequities in child welfare: towards a research agenda

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Acknowledgements

The authors wish to acknowledge the support of the Nuffield Foundation, which funded the work reported here (Grant/Award Number: KID/41925). The Nuffield Foundation is an endowed charitable trust that aims to improve social wellbeing in the widest sense. It funds research and innovation in education and social policy and also works to build capacity in education, science, and social science research. The views expressed are those of the authors and not necessarily those of the Foundation. More information is available at www.nuffieldfoundation.org.

Keywords

Disparity, inequity, ethnicity, child abuse and neglect, out-of-home care

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Abstract

This paper aims to compare developments in theory and evidence about ethnic disparities in the USA with findings from the Child Welfare Inequalities Project in England with a view to identifying key issues for a future research agenda. It has a particular focus on the relevance of the concept of the Hispanic Paradox for disparate intervention rates between ethnic populations in England. Three key theoretical dimensions for explaining such disparities are identified and outlined: artefactual, demand and supply factors. Findings from the study in England are then introduced to explore the relevance of these dimensions in a data set of over 14,000 individual children who were either on child protection plans (with substantiated child abuse or neglect) or who were 'looked after children: in out-of-home care at the 31st March 2015. While some ethnic populations were experiencing much more difficult average socio-economic circumstances (SEC) than others (using deprivation scores for small neighbourhoods as a proxy measure of family SEC), such factors were only a partial explanation for differential intervention rates between ethnic groups. Overall, large differences in intervention rates were found between ethnic categories and sub-categories which also confounded simply attributing disparities to either cultural differences, such as family patterns, or to individual or institutionalised discrimination. The potential for cost saving if intervention rates could match those ethnic groups with the lowest levels of service use would be considerable. More research is needed to ensure that data is comprehensive, reliable and valid, that there is better understanding of how socio-economic factors affect service demand and what characteristics of different ethnic populations and different approaches o service provision contribute to differential intervention rates.

1. Introduction

Progress has been made in recent years, particularly but by no means exclusively in the USA (for example, Fallon et al., 2013; Arruabarrena et al., 2016; Hyslop and Keddell, 2018), to move beyond a simplistic bias vs need approach to explaining ethnic disparities in child maltreatment and/or out-of-home care. The development of key measures, analysis of large data sets, and the elaboration of theories to explain disparities have taken the issues forward. Underlying this progress is a concern with social justice. As Maguire-Jack et al. (2015, 2) put it, given the 'disproportionate representation of Black and Hispanic children among child maltreatment victims and the significant sequelae for victims, it is essential we understand why racial disparities occur.'

The intention of this paper is to compare developments in theory and evidence about ethnic disparities in the USA with new work in England, with the underlying objective of identifying key questions for next steps in research. It draws on the work of the Child Welfare Inequalities Project (CWIP) in the United Kingdom (www.coventry.ac.uk/CWIP), presenting new findings and discussing their implications. The central focus is on apparent paradoxes in the evidence including the so-called 'Hispanic paradox' (Franzini et al., 2001; Gonzalez-Burchard, 2005; Acevedo-Garcia and Bates, 2008), first observed in relation to population health, and parallel evidence in England. This is the finding that, in the USA, despite high levels of poverty and poor access to health services, child health in the Hispanic population is relatively good compared to White children on a variety of measures. Similarly, Hispanic children have been found to have substantially lower rates of child maltreatment and placement in out-of-home care services than White or Black children, once their socio-economic circumstances have been taken into account (Puttnam-Hornstein et al., 2013; Kim and Drake, 2018). (In this paper we follow the United Kingdom convention in capitalising the terms White, Black, and Asian.) This has led to the hypothesis that there is a protective effect for children arising from some

aspects of Hispanic communities' social arrangements or culture. A similar position appears to be the case in England with recent studies of national (Owen and Statham, 2009), regional (Bywaters et al., 2017) and local (Biehal et al., 2018) data reporting that children categorised as 'Asian' had much lower levels of involvement with child protection services than White children, despite higher poverty rates. But, in the UK, less attention has been paid to ethnicity in children's services research and both evidence and theory are correspondingly less well developed.

In the American literature, some authors distinguish between 'disparity', as implying the presence of discrimination or biased treatment, and 'disproportionality' which simply records the fact of difference (Hill, 2006). But practice is not consistent. While Owen and Statham (2009) drew on the concepts of disparity and disproportionality, Bywaters et al. (2015, p. 100) argued for an explicit focus on inequity defined as follows: 'Child welfare inequity occurs when children and/or their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural social dis/advantage and are unjust and avoidable.' This definition emphasises the structural links between social position and different rates of involvement with children's services, but crucially requires that observed differences are 'unjust and avoidable' to reach the threshold of inequity.

However, whether the language of disparity or inequity is preferred, the key focus of this article is on differential rates in both the occurrence of difficult or damaged childhoods, including maltreatment, and of child welfare service interventions, between ethnic groups. At this stage, it is not possible to simply outline policy actions that should result because the identified inequities are too little understood. Hence the attempt to draw conclusions about next steps for research.

A key weakness in such discussions of children's services is the lack of clarity about whether higher or lower rates of intervention are better for children in the short or longer term. It is sometimes suggested that if more children from a particular group face difficult circumstances, it cannot be unjust if more such children are found in out-of-home care, in fact quite the reverse. However, the counter argument is that the injustice comes not from the higher rates of intervention per se but from the inequities in childhood circumstances which lead to damaged child well-being and hence to higher intervention rates.

The focus of attention in much of the literature is on identifying groups of children who are disadvantaged or discriminated against, but there may also be positive lessons to learn if lower rates imply that some communities may be more effective than others in bringing up children. Talking in such terms reveals the controversial nature of this subject, but that should encourage rather than deter engagement with the issues.

Throughout it must be borne in mind that in the US, as in the UK, ethnic labels such as 'Hispanic' or 'Latino', 'Black' or 'Asian' are ascribed to populations with diverse backgrounds and circumstances, for example, first generation migrants from multiple nations and citizens resident for many generations. Insufficient attention is still given in policy, research and practice to differences of history, culture, circumstance and experience and the resultant over-simplifications are often built into data collection and reporting systems.

2. Theorising Ethnic Inequities in Child Welfare

In their summary of explanatory theories, Maguire Jack et al. (2015) address Black-White and Hispanic-White disparities separately. They seek to explain the predominant evidence that - very broadly - can be summarised as follows:

- there is a strong relationship between family or neighbourhood socio-economic circumstances and either maltreatment rates or out-of-home care rates for children from all ethnic backgrounds; and
- when family or neighbourhood poverty is controlled for, both Black and Hispanic children experience lower rates of child protection intervention than White children but Black children's rates are higher than those for Hispanic children.

The same can be said for England, with 'Asian' substituted for 'Hispanic' (Bywaters et al., 2017). Put another way, while socio-economic factors are a necessary element in understanding maltreatment or intervention rates they are insufficient to explain all significant differences between ethnic groups (Bywaters et al., 2018a).

While we agree with Maguire Jack et al. (op cit.) that it is critical to unpick the subtle and multiple issues involved in ethnic disparities, including analysing the various factors affecting different ethnic groups, we suggest that it is helpful to recast the explanatory arguments in a single overarching framework with three elements (Figure 1):

- artefactual issues: data quality and coverage;
- demand: factors affecting family lives and children's wellbeing; and
- supply: factors affecting service responses.

We propose this framework in a spirit of testing out rather than asserting its value. This paper is an attempt to open up conversations about theory, methods and evidence about ethnic inequalities.

2.1 Artefactual issues

The data issues are concerned with whether apparent evidence of difference is an artefact of the validity and reliability of the information collected or processed, rather than 'real'. For example, Franzini et al. (2001) found that some health data sets were based on the inaccurate assumption that Hispanic identity could be assessed from an historic list of Spanish surnames developed decades earlier by the US Bureau of the Census. The proportions of African children in state out-of-home care in England may be – in one sense – artificially low because of a wider use of private fostering arrangements which are unrecorded in official data (Bernard and Gupta, 2008). Further examples of potential artefactual issues in an English context are discussed below. One aspect to consider is the different histories and current structural positions of children described as 'Black' in an American or British context. In comparing evidence about Black children each side of the Atlantic, are we comparing like with like?

Figure 1: Theorising Ethnic Inequalities in Child Welfare

Artefactual Factors	Inaccurate identification of ethnic identity	
	Limitations in data on out-of-home care	
	Limitations in accurately identifying family and neighbourhood socio-economic circumstances	
Demand Factors	Socio-economic circumstances	Family or household level
		Community or neighbourhood level
	Family or cultural factors	'Weak' family forms
		Extended family support

	Alternative sources of support	
	Resistance/resilience/refusal	
	Inequity in addition to disadvantage	
Supply Factors	Institutional racism or bias	
	Rationing	
	Visibility	
	Surveillance	

2.2 Demand Factors

Demand factors, frequently described in terms of levels of risk, are those social, economic, environmental and political conditions affecting childhoods which may result in differential levels of need in different populations, irrespective of service provision. There are two main strands to this element. The first is that the socio-economic conditions in which children are brought up are unequally distributed so that some ethnic populations have higher levels of maltreatment or need than others, leading to higher intervention rates. This disadvantage may be at the level of the individual family or the neighbourhood. Current and past racism affecting ethnic minorities in the USA and the UK results in higher proportions of Black, Hispanic, Native American and British Asian families living in poverty and/or impoverished environments than White children. As Maguire Jack et al. (2015) point out for the US, disparities in the proportion of Black to White Americans who live in disadvantaged neighbourhoods are even greater than disparities in rates of household poverty. Drake and Rank's (2009) 'differential assortment' theory suggests that this may result from a reduced capacity of Black families to move away from disadvantaged areas compared to White families because of a variety of discriminatory obstacles. An alternative explanation could be that Black families choose to stay in neighbourhoods where they are more likely to receive support from family, friends or community organisations and/or less negative discrimination. In either case White families in disadvantaged neighbourhoods may be more likely than minority families to be living there because of more extensive additional difficulties.

The second strand theorised as affecting levels of demand between ethnic groups is family or cultural factors. For example, Maguire Jack et al. (2015, p. 3) mention 'protective social and cultural dynamics (e.g., familism, religiosity, salutary health behavior)'. McGlade et al. (2014) attribute the 'healthy Latino paradox' to cultural support for maternity, healthy eating traditions and a cultural expectation of self-less devotion to the mother role. More detailed attention to exactly what is the content of these proposed factors and how they might generate differential intervention rates is required.

Mirroring such unsatisfactory generalisations, in England there have been two contrasting approaches to linking maltreatment to family culture. For Black populations, primarily, there is a long (racist) history of assuming that family forms are weak with, for example, high proportions of single mothers, absent fathers and an over-use of physical discipline (Bernard and Harris, 2016; Gupta and Featherstone, 2016). This view was advanced to explain the widely held perception that Black children were over-represented in out-of-home care. It obviously cannot also explain the more recent evidence that Black children are, in fact, under-represented in care, once poverty levels are taken into account (Bywaters et al., 2017). Meanwhile, predominantly for Asian populations, there has been a contrasting set of assumptions about a strong extended family culture, sometimes characterised in the phrase 'they look after their own', which has been advanced at times to explain, if not justify, limited take-up of services (Dominelli, 1997). In both cases, insufficient child research has been carried out in the last twenty years either to substantiate these generalised claims of

family forms that differ from assumed majority norms, or to link them to children's services interventions, key issues which require addressing, as Bernard and Harris (2016) underline.

At least three other subsidiary explanatory themes relating to differential levels of demand have also not been adequately explored. One is the possibility that some communities have greater recourse to alternative sources of support that operate without much contact with public services responsible for child protection. Hence children's needs may be met without them being identified by governmental children's services. For example, some religious organisations provide strong social provision for members, whether in geographical or identity communities. The second theme is the possibility that some ethnic communities are more resistant to state surveillance than others and are effective in remaining relatively invisible. The concept of resistance to service involvement is sometimes characterised equivocally or even negatively in social work literature (Forrester et al., 2012). However, a reluctance to engage with state services which may prioritise identifying risk over family support or may provide inappropriate services for some minorities may be a sign of resilience or just refusal (Warren, 2005). Need may be present but not visible or not recognised. A third possibility is that the scale of inequality within an area – the size of the gap between the best and worst off - is an additional and separate factor to the level of family or neighbourhood socio-economic conditions, a proposition discussed by Eckenrode (2014) and underlined by Maguire Jack et al.'s (2015) evidence. In other words, crudely, a poor family with poor neighbours may experience less stress and better support than a poor family with wealthy neighbours.

2.3 Supply Factors

Supply factors are those actions of service providers and systems, including wider political and policy frameworks and public discourse, which may contribute to different responses being given to children in similar circumstances but from different ethnic groups. As with demand factors, these are theorised to take a number of forms. First, the simplest version of this is worker bias directly affecting decision-making but a more potent form of this argument is the presence of institutionalised racist processes influencing all aspects of provision and actors within it. Second, recent work both sides of the Atlantic has shown that service provision is rationed, with decisions to escalate cases or provide services subject to financial constraints (McLaughlin and Jonson-Reid, 2017). Such rationing may not fall equally between populations (Webb and Bywaters, 2018).

Third, issues of reach/access may mean that some populations are more likely to be visible to scrutiny than others. For example, there is a suggestion that low take-up and/or low provision of pre-school health and child care provision means that Hispanic families are less likely to come into contact with service providers who would refer or report child welfare problems. As Maguire Jack et al. (2015) exemplify, these access limitations may result from conflicts around migration and citizenship status with undocumented families likely to be ineligible for services, while the negative publicity and policies around migration make minority families as a whole less likely to participate in public programmes. Similar evidence from England has been apparent in the experiences of ethnic minority residents, entitled to services as British citizens but subject to 'hostile environment' Home Office policies which have made them unable to claim such entitlements, with negative consequences for employment, benefits, housing, health care and travel (Sim and Mackie, 2018). Many barriers to equal access have been identified. Fourth, similar to but distinct from the last point, some populations or neighbourhoods may be subject to greater surveillance than others because of assumptions or perceptions about differential levels of risk.

As this summary has implied, and Maguire Jack et al. also argue, the existence of and explanations for the Hispanic paradox are likely to be neither simple nor universal; factors influencing ethnic

inequities are multiple and complex. Moving beyond over-simple approaches to large disparities between ethnic groups requires both better theory and better evidence. Having outlined an extended theoretical framework, we now turn to the new evidence from England as a test case. The evidence bears on some but not all of these hypothesised elements.

3. Methods

The Child Welfare Inequalities Project (www.coventry.ac.uk/CWIP) funded by the Nuffield Foundation (Grant reference: KID 41935) is a research programme which aimed to identify and understand inequalities in the proportion of children on child protection registers or plans or who were being looked after in out-of-home care in 55 local authorities (LAs) or Trusts across the four United Kingdom countries: England, Northern Ireland, Scotland and Wales. Ethical approval was secured from the Coventry University Research Ethics Committee and from the national Association of Directors of Children's Services, as well as from the participating local authorities. LAs are responsible for the provision of children's services in their area, albeit within national legal and policy frameworks and whilst receiving substantial central government funding. The project built upon a large pilot study conducted in thirteen LAs in the West Midlands region of England, including data on ethnicity previously reported (Bywaters et al., 2017). The project was seen as providing the building blocks for future research on child welfare inequalities by establishing and testing core definitions, data availability and validity, measures and analytical techniques. Findings therefore include the outcomes of these processes alongside quantitative and qualitative data, as seen in the section on artefactual issues below (4.1).

The quantitative element of the programme involved the analysis of basic data (age, gender and ethnicity) about children who were either on a child protection plan (n = 6310) or who were in out-of-home care (n = 8090), i.e. 'children looked after' in English legal terminology, on March 31st 2015. A child is placed on a child protection plan following an assessment and multi-agency decision making process where there is considered to be a substantiated risk to their health or development. The individual socio-economic circumstances of children were not available (see below) so, as a proxy measure, the Index of Multiple Deprivation (IMD) score for the small neighbourhood in which they lived was used. In the case of looked after children, the neighbourhood from which the child was admitted to care was used. These small neighbourhoods, middle layer super output areas or MSOAs, contained average populations of around 7500 of whom roughly 20% were aged 0-17. IMD scores for all MSOAs in England were ranked and divided into quintiles, from the least deprived twenty percent of MSOAs nationally, quintile 1, to the most deprived twenty percent nationally, quintile 5. Child welfare interventions were analysed as rates per 10,000 children.

Because no quantitative data were available on ethnicity in the Northern Ireland sample, and the numbers of children from ethnic minorities are small in Scotland and Wales, the descriptive data presented here are from the representative sample of 18 local authorities in England where 26 per cent of the 1.4 million children aged 0 – 17 in the population were identified in ethnic categories other than White British, including 5 per cent as 'Mixed'; 10 per cent as 'Asian' and 5 per cent as Black (See Table 1). The 18 LAs included around 12% of the population in England, were spread through the 10 regions and included a range of councils covering predominantly rural and overwhelmingly urban environments, with a range of average levels of deprivation and proportions of ethnic minority children in their populations.

Table 1: CWIP Sample: Population Aged 0-17 by Ethnic Category and Deprivation Quintile, Number and Percentage of Total, Source: 2011 Census. Quintile 1 is least deprived.

Sample Population	Deprivation Quintiles						% of
	1	2	3	4	5	ALL	total
White British	223672	257620	171516	162279	217041	1032128	74
White Irish	929	981	1010	989	695	4604	0
White Romany/Irish Traveller	457	611	339	440	770	2617	0
White Other	7884	10563	9123	14455	19562	61587	4
Mixed White and Black Caribbean	2329	2737	3072	5001	10514	23653	2
Mixed White and Black African	1145	1449	1464	2213	4388	10659	1
Mixed White and Asian	4188	4255	3083	3778	4947	20251	1
Mixed Other	2229	2681	2424	3421	5108	15863	1
Asian Indian	8045	9462	9406	10440	11842	49195	4
Asian Pakistani	2442	3399	3636	7592	14597	31666	2
Asian Bangladeshi	704	811	1256	3422	8576	14769	1
Chinese	1404	1685	966	1200	1939	7194	1
Asian Other	3003	5458	6666	7558	7522	30207	2
Black African	1674	2564	4320	8333	20814	37705	3
Black Caribbean	514	933	2073	3837	7975	15332	1
Black Other	569	1196	2108	3686	7516	15075	1
Other 'other'	1626	2585	4085	8404	9568	26268	2
All	262814	308990	226547	247048	353374	1398773	100

Findings

4.1 Artefactual Issues: Data Quality and Coverage

There are five key matters which require consideration when judging the reliability and validity of the data recording processes in England for the purposes of assessing ethnic inequalities. The first is the problem of the categories used, although no categorisation system can be perfect. With slight variations, two sets of categories are used to record ethnicity in England. Most commonly, ethnic identities are collapsed into five broad headings: White, Mixed, Asian, Black and Other. These categories are based on a wider set of sub-categories in each of the five over-arching headings (see Table 1). The categories are used in the national census which informs most statistical data collection relating to ethnicity in England. It can immediately be seen that both the narrow and wider categories are problematic because they create a set of headings which may neither relate to key identities people hold for themselves nor to those ascribed by others (Thoburn, 2016). For example, even within the sub-categories such headings as 'Black African' include people whose identities encompass many nations, religions and allegiances (Bernard and Gupta, 2008). For some English will be a first language, for others it will not. These differences within categories may be important to people's sense of identity, reflected in their socio-economic circumstances and lead to differential treatment by state and non-state actors. Whether Black people identify as African, Caribbean or Other can be a personal/political decision or one which depends on the context in which the question is being asked. The 'Mixed' category is particularly problematic. It is unclear whether, when or how frequently children who might be considered, for example, to be in the 'Mixed White and Black Caribbean' or 'Mixed White and Black African' categories, may choose simply to identify themselves or be identified by others as Black. Similarly it is unknown whether people with Mixed Asian and White heritage may identify themselves as Asian – or White. It is also

not known how social workers responsible for recording data on the ethnicity of children will record the ethnicity of a child whose parents have differing ethnicities. Because the Mixed heritage category is particularly unreliable but in unknown ways, relatively little attention is paid to the intervention rates for Mixed heritage children in our subsequent analysis, although the evidence consistently suggests relatively high rates of intervention overall and after controlling for deprivation.

The second key issue is the consistency of the process by which children have their identities categorised in children's services data returns. It is unclear to what extent these identities are self-determined or ascribed by those recording the data or how consistent this decision making is between LAs. The main positive fact about the data is that almost all children do have an ascribed ethnic identity: there are relatively few for whom no ethnic category is recorded.

Third, the absence of any information about the parents or households of the children identified in children's services data presents a key problem. The two main annual returns which provide the data published by the Department for Education in England, one on 'Children in Need' and the other on 'Children Looked After' focus almost exclusively on children and service processes. There are neither socio-demographic data about parents (age, marital status, family size, religion, first language, migration status) nor are there socio-economic data (income size, sources and security, employment, education, health, housing type and quality). There are also no large scale representative studies of these factors for the parents of children in contact with children's services. This makes judgements about the impact of socio-economic factors difficult and evidentially weak.

Fourth, and linked to the previous point, it is unclear whether the method of ascribing socio-economic status by linking children's home addresses to IMD ranks is equally valid for ethnic majority and minority families. Factors discussed above (2.2) may constrain geographical mobility more significantly for minority than majority families. Data on children's service contact (see Tables below) show a much less clear social gradient for children from minority categories than for the White British majority. This may be evidence that ascribing individual family socio-economic status to their MSOA is a less accurate proxy measure for minority than for majority families. In the absence of individual studies of socio-economic status, results based on neighbourhood deprivation as a marker of individual socio-economic status must be treated with caution.

Finally, in order to calculate the proportion of children in different ethnic categories who are receiving CP or CLA interventions, up-to-date demographic data are required about the wider child population. However, while overall population data are updated annually in mid-year estimates produced by the Office of National Statistics, there are no updated data at neighbourhood or even LA level by ethnic category. In order to calculate intervention rates, therefore, the most recent available population data are from the 2011 Census. However, the estimates produced by the Ethpop project of the University of Leeds (https://www.ethpop.org/index.html) suggests that for some ethnic categories the child population increased by over 20% between the Census and 2016 while for others it remained constant or fell. Using the 2011 Census as the denominator in calculating rates is, therefore, becoming increasingly inaccurate.

4.2 Demand

As has widely been reported in the USA and previously reported for England in the West Midlands study, rates of substantiated child maltreatment or out-of-home care are significantly related to the socio-economic circumstances of families. While overall out-of-home care rates for Black children are higher than those for White (Table 3), they reflect the much greater proportion of Black than

White children in the UK (or the USA) living in disadvantaged socio-economic circumstances. As Table 2 shows, around half of all Black children in the representative sample were living in the most deprived 20 per cent of neighbourhoods in England at the time of the 2011 census, compared to only around one in five White British children. Indian children had an economic profile not too dissimilar to White British children but, overall, Pakistani and, especially, Bangladeshi children were much more likely to be living in disadvantaged circumstances.

Table 2: CWIP Sample: Population Aged 0-17 by Ethnic Category and Deprivation Quintile, Percentage of Total, Source: 2011 Census and IMD 2015. Quintile 1 is least deprived.

Sample Population (%)	Deprivation Quintiles					
	1	2	3	4	5	ALL
White British	22	25	17	16	21	100
White Irish	20	21	22	21	15	100
White Romany/Irish Traveller	17	23	13	17	29	100
White Other	13	17	15	23	32	100
Mixed White and Black Caribbean	10	12	13	21	44	100
Mixed White and Black African	11	14	14	21	41	100
Mixed White and Asian	21	21	15	19	24	100
Mixed Other	14	17	15	22	32	100
Asian Indian	16	19	19	21	24	100
Asian Pakistani	8	11	11	24	46	100
Asian Bangladeshi	5	5	9	23	58	100
Chinese	20	23	13	17	27	100
Asian Other	10	18	22	25	25	100
Black African	4	7	11	22	55	100
Black Caribbean	3	6	14	25	52	100
Black Other	4	8	14	24	50	100
Other 'other'	6	10	16	32	36	100
All	19	22	16	18	25	100

4.3 Demand and Supply: Overall and in high deprivation neighbourhoods

Overall out-of-home care rates for Black and Mixed Heritage children were substantially higher than those for White children (Table 3) but overall child protection plan rates for Black and White children were similar.

Table 3: CWIP Sample: Children on child protection plans and children looked after by ethnic category, rates per 10,000 children, overall. Source: CWIP Sample and 2011 Census.

All	Children on Child Protection Plans (CP)	Children Looked After (CLA)	Combined: CP + CLA
		Rates	
White	50	64	114
Mixed	84	99	183
Asian	23	22	45
Black	47	87	134

However, in the most deprived 40 per cent of neighbourhoods where three quarters of Black children were living, child protection plan rates were lower for African, Caribbean and Black Other children than for White children (Table 4). Deprivation quintiles are grouped because numbers are small in some cells, especially in low deprivation neighbourhoods.

Table 4: CWIP Sample: Children on child protection plans by ethnic category, and deprivation quintiles, rates per 10,000 children. Source: CWIP Sample and 2011 Census. Quintile 1 is least deprived.

	Deprivation quintiles					
	Lower: 1+2+3		Higher: 4+5		ALL	
	Rates	*N =*	**Rates**	*N =*	**Rates**	***N =***
White British	**25**	*1643*	**92**	*3473*	**50**	*5115*
Asian Indian	**11**	*28*	**12**	*27*	**11**	*56*
Asian Pakistani	**7**	*7*	**43**	*96*	**33**	*103*
Asian Bangladeshi	**16**	*4*	**23**	*27*	**22**	*32*
Asian Other	**29**	*44*	**47**	*70*	**38**	*114*
Black African	**37**	*32*	**29**	*85*	**31**	*117*
Black Caribbean	**34**	*12*	**70**	*82*	**61**	*94*
Black Other	**82**	*32*	**67**	*76*	**71**	*107*
All	**23**	*1831*	**67**	*4031*	**42**	*5862*

Looked after rates (Table 5) were also lower for all these categories, except for Black Caribbean children whose rates were substantially higher than those for White children.

The ratio of looked after rates to child protection plan rates in quintiles 4 and 5 was much higher for African and Caribbean children than for White British children but what underlies this pattern is unknown.

Table 5: CWIP Sample: Children looked after by ethnic category, and deprivation quintiles, rates per 10,000 children. Source: CWIP Sample and 2011 Census. Quintile 1 is least deprived.

	Deprivation quintiles					
	Lower: 1+2+3		Higher: 4+5		All	
	Rates	*N =*	**Rates**	*N =*	**Rates**	*N =*
White British	**32**	*2119*	**120**	*4533*	**64**	*6653*
Asian Indian	**2**	*7*	**11**	*24*	**6**	*31*
Asian Pakistani	**20**	*19*	**20**	*45*	**20**	*64*
Asian Bangladeshi	**28**	*8*	**48**	*58*	**45**	*66*
Asian Other	**33**	*49*	**51**	*77*	**42**	*126*
Black African	**67**	*57*	**76**	*222*	**74**	*279*
Black Caribbean	**81**	*28*	**144**	*170*	**129**	*198*
Black Other	**76**	*30*	**73**	*82*	**74**	*112*
All	**30**	*2317*	**89**	*5351*	**55**	*7667*

Looked after rates (Table 5) were also lower for all these categories, except for Black Caribbean children whose rates were substantially higher than those for White children.

The ratio of looked after rates to child protection plan rates in quintiles 4 and 5 was much higher for African and Caribbean children than for White British children but what underlies this pattern is unknown.

Overall child protection plan and looked after rates for all sub-categories of Asian children were significantly lower than for any other category, including White children. It should be noted that the scale of the inequities between children are very large. Overall (Table 3) White children were around two and a half times more likely to be either on a child protection plan or in out-of-home care than Asian children and Black children were three times as likely. Many other differences in rates are multiples rather than percentage points. When deprivation is factored in, Asian children are five times less likely than White children to be looked after in the most deprived 20 per cent of neighbourhoods. These differences have very considerable implications for expenditure as the proportion of ethnic minority children in local authorities varies from around 80 per cent to almost zero. In a local authority with a large proportion of Asian children demand for children's services could be substantially less than in an equivalent local authority with a large proportion of White or Black Caribbean children.

Although, Black African and Black Other children in high deprivation neighbourhoods (quintiles 4 and 5 combined) have lower rates than White children, this obscures large and varied differences between African, Caribbean and Black Other children (Table 4 and 5). Child protection plan rates for African children are less than half those for the other two Black categories, which are similar, but looked after rates are much higher for Caribbean children than for African or Other children. Overall combined child protection plan and looked after rates for Caribbean children in high deprivation neighbourhoods are more than double those for African children.

Similarly, although overall and for each sub-category, Asian children had lower child protection plan and looked after children rates than White children in high deprivation neighbourhoods, there were substantial differences between Indian, Pakistani and Bangladeshi children. Again these differences were not consistent. Pakistani children were around four times more likely than Indian children to be on a child protection plan, and twice as likely as Bangladeshi children. But it was Bangladeshi children who were four times more likely than Indian children in high deprivation neighbourhoods to be in out-of-home care, around twice as likely as Pakistani children. Similar proportions of Indian children were in out-of-home care and on child protection plans, but half as many Pakistani children were looked after as on plans while twice as many Bangladeshi children were. It is difficult to see that simple explanations based on the strength of Asian extended families can explain these puzzling, if not paradoxical, differences.

These variations result in large differences between Black and Asian children in higher deprivation neighbourhoods where the majority live. For example, Pakistani children are much more likely than African children to be on a child protection plan but much less likely to be looked after.

4.4 Demand and Supply: In low deprivation neighbourhoods

In addition to explaining why disadvantaged White British children were – mostly – more likely to find themselves receiving a children's services intervention, another pattern requires attention. The clear social gradient found for White children – each increase in deprivation being accompanied by an increase in children's services intervention – was much less apparent for children from minority ethnic categories. For example, Table 4 shows that child protection plan rates for Black African, Caribbean and Other children were lower than those for White British children in deprivation quintiles 4 and 5, but substantially higher in the less disadvantaged quintiles 1 to 3. A similar pattern

applies to looked after children, except for Black Caribbean children. This apparently paradoxical finding may be a product of ascribing family circumstances to IMD scores for small neighbourhoods, but it could be possible that it results from greater institutional discrimination in areas where ethnic minority children are relatively few in number. In quintile 5 neighbourhoods, 8 children in 20 were from a minority ethnic group, but in quintile 1 only 3 in 20.

In low deprivation neighbourhoods (quintiles 1 to 3) White British children again had higher intervention rates than Asian children, although the scale of some of the gaps was smaller. However, for Black children both child protection plan and looked after rates were higher than those for White British children, unlike in the high deprivation quintiles. This may reflect greater visibility of ethnic minority children in areas where they are less populous, perhaps accompanied by more discrimination. However, small numbers (for example, fewer than 100 Asian children on child protection plans in these low deprivation neighbourhoods in our sample) make speculation inappropriate. Further analysis on the impact of ethnic population density will be undertaken and reported subsequently. It is interesting that these findings on the social gradient in England reflect similar patterns recently reported from the US (Kim and Drake, 2018).

4.5 Demand and Supply: Age

A further dimension – age – also adds detail to this complex picture. Some caution should be adopted in relying on these data as numbers in some cells are small. However, the consistency of the patterns suggests that further exploration of this issue would be valuable. In England, national published data divide children into four main age groups: 0 – 4; 5 – 9; 10 – 15 and 16 – 17. As can be seen from Table 6, for the majority White British children child protection plan rates on March 31st 2015 steadily decreased with age while looked after rates increased so that overall a very similar proportion of children were on either a child protection plan or were looked after in each age group. However, for Mixed, Asian and Black children, the pattern for CP was different with lower rates for 0 to 4 year olds than for 5 to 9 year olds. This increase between pre-school and junior school age groups was found for Indian, Pakistani, Bangladeshi, African and Caribbean children.

Table 6: CWIP Sample: Children Looked After, on Child Protection Plans and Combined rates per 10,000 by ethnic category and age. Source: CWIP Sample and 2011 Census.

Children Looked After	White	Mixed	Asian	Black
0 TO 4	42	58	7	30
5 TO 9	48	82	13	58
10 TO 15	67	114	27	177
16 to 17	97	174	54	222

Children on Child Protection Plans	White	Mixed	Asian	Black
0 TO 4	67	85	20	50
5 TO 9	53	96	26	53
10 TO 15	34	64	23	70
16 to 17	12	16	5	13

CP + CLA Combined	White	Mixed	Asian	Black
0 TO 4	108	143	28	80
5 TO 9	101	178	39	110

10 TO 15	**101**	**178**	**50**	**247**
16 to 17	**109**	**190**	**59**	**235**

For children looked after at a point in time, rates increased in age across all the 4 broad ethnic categories and the seven White, Asian and Black sub-categories highlighted. But the relative rate of increase across age groups was very different: much smaller for White children than for children from minority ethnic groups. The rate of increase is similar for Asian and Black children with proportionately around seven times more 16 to 17 year olds being looked after than 0 to 4 year olds. Although, overall, looked after rates for Asian children are around a third those for White children, rates in the 0-4 age group are six times lower. Amongst 16-17 year olds, by comparison, Asian rates are less than half those of White children. Although, proportionately, half as many 0 to 4 year old African children as White children were being looked after on March 31st 2015, there were proportionately more than twice as many 16 to 17 year olds. And although White British and Black Caribbean looked after rates for the 0-4 age group were similar, at age 16-17 there were three times as many identified as Caribbean, with one young person in 30 being in out-of-home care.

4.6 Demand and Supply: placement with extended family

One final piece of relevant evidence that emerged from the CWIP study was an examination of the proportion of children who were looked after children in legal terms but, in practice, placed not in foster or residential care but with either one or both parents or with a relative or family friend (Table 7). The proportions of such placements vary considerably between the four UK countries of England, Northern Ireland, Scotland and Wales (Bywaters et al., 2018b). The overall percentage of looked after children in residential or foster care was similar between ethnic groups, between 81% and 85% (Table 7), but there was a sign that there might be differences related to ethnicity and deprivation. Amongst children living in the most deprived quintile, 25% of Asian looked after children were living with a parent, relative or friend compared to 15% or 16% of White and Black children respectively. Numbers were too small in this sample to test whether these differences are significant.

Table 7: CWIP Sample: Percentage of Looked After Children living with parents or with relatives or friends. Source: CWIP sample.

	Living with a parent or parents (%)	**Living with a relative or family friend (%)**	**In foster or residential care (%)**
White	**4**	**11**	**84**
Mixed	**4**	**15**	**81**
Asian	**7**	**10**	**83**
Black	**4**	**11**	**85**

5. Discussion

The level of detail described above can make it difficult to see the wood from the trees. But not to consider the complexity risks the possibility of reaching dubious conclusions such as the simplistic proposition that Black children are over-represented in children social care services. In this discussion, we attempt to clarify how the evidence relates to the theoretical framework proposed above, identify aspects that this evidence does and does not address, and draw out implications for future research agendas.

5.1 Artefactual issues

The extent of apparent inequity between children from different ethnic backgrounds living in differing socio-economic circumstances underlines the case for much more extensive, detailed and reliable research. These inequities have major potential implications for the allocation of resources within children's social care services and allied social policy areas. If the looked after children rates for all children in England matched those of Asian Indian children, the numbers in care would be decimated: reduced to a tenth of the current level.

This renders more urgent the task of addressing the key data issues which have been identified earlier. Ideally there needs to be:

- work to minimise the limitations of the categorisation system, including consideration of additional dimensions to identity such as religion and first language, as well as testing whether categories are recorded consistently;
- data which records the demographic and socio-economic circumstances in which children in contact with services are being brought up, at the level of the family or household, the community and the neighbourhood;
- in the absence of household level data, research to test whether using neighbourhood IMD scores as a proxy for socio-economic circumstances is equally valid across ethnic categories; and
- accurate and current population data, so that valid comparisons can be made between ethnic categories and sub-categories.

Because of the complexities involved, routine data collection or quantitative research studies need to be of sufficient scale to evaluate the interactions of multiple dimensions such as ethnicity, deprivation and age.

5.2 Demand

Keeping in mind the limitations just discussed, this paper has presented new evidence from a large representative study in England that socio-economic conditions are a central dimension in a child's chances of experiencing a very difficult childhood. In every ethnic sub-category with the exception of the Black Other group, children living in quintiles 4 and 5, the most deprived neighbourhoods, had a greater chance of a high end children's services intervention than children in quintiles 1 to 3. Overall, children in the 40 per cent highest deprivation neighbourhoods were three times more likely to be on a child protection plan or to be in out-of-home care than those in the 60% lowest deprivation neighbourhoods.

Socio-economic conditions are a necessary part of any explanation of ethnic inequities but they are also insufficient as large differences have also been demonstrated between broad ethnic categories and between sub-categories. The new data support previous evidence of an 'Asian paradox'. Although, overall, Asian children in England are much more likely than White British children to be living in deprived neighbourhoods, they are much less likely to find themselves on child protection plans or being looked after. Moreover, when controlled for a proxy measure of family socio-economic circumstances, Asian Indian, Pakistani and Bangladeshi children are less likely to be the subjects of children's services interventions across all socio-economic levels, not only amongst the most disadvantaged families.

However, the data also provide some paradoxical evidence about Black children, particularly as they relate to the Black African and Black Other categories which, together, make up 70 per cent of

children identified as Black. In the most deprived 40 per cent of neighbourhoods (quintiles 4 and 5), protection plan and looked after rates for these two Black sub-categories are significantly lower than for White British children. The headline evidence of Black over-representation in the child protection system is primarily evidence of much greater economic disadvantage. Of course, this economic disadvantage is an issue of social justice in its own right, with significant consequences for child welfare.

There are several aspects of the argument about the relationship of demand to socio-economic conditions which need further exploration. First, why, in the high deprivation neighbourhoods, are maltreatment and out-of-home care rates so different between White British, Asian and Black children (or Hispanic and Black children in the USA). To take the extreme example, in the high deprivation neighbourhoods looked after children rates for Black Caribbean children were over 20 times higher than for Asian Indian children. Why do difficult socio-economic conditions appear to impact differently on different ethnic populations?

Second, why are differences in intervention rates so large between sub-categories within the Asian and Black populations? Black Caribbean children in the higher deprivation neighbourhoods where almost 80 per cent of them were living were twice as likely as Black African children to be either on a child protection plan or in out-of-home care. Asian Bangladeshi children were three times as likely as Asian Indian children to be the subject of these interventions. It would be valuable to explore exactly what it is about the combination of socio-economic context (for example, income, employment, housing, debt, the environment) and ethnic category that contributes to differential child welfare interventions (Slack et al., 2011). A simple model could suggest that a combination of racial discrimination and difficult economic conditions would be expected to create more stress on families in minority ethnic populations leading to higher intervention rates, but this is not what the evidence shows, either between or within ethnic categories.

Just as a simple socio-economic circumstances model cannot adequately explain complex patterns of demand in high deprivation neighbourhoods, neither does a simple ‘extended family’ or ‘culture’ explanation. The degree of difference, after controlling for deprivation, between Indian and Pakistani or Bangladeshi rates is as great as or greater than the difference between Pakistani and Bangladeshi and White British rates. Are extended family support systems likely to be four times stronger in Indian than Bangladeshi families in the high deprivation neighbourhoods? If there are family or cultural factors at work, more work is required to tease out key factors of difference between the sub-categories as well as between minority and majority populations. For example, are patterns of marriage or co-habitation (for example, age at first marriage, marriage partner choice, housing when married, acceptability of separation) different and, if so, in what ways and to what extent? Are patterns of education, health and the nature and security of employment or other income significant factors? Are alternative support systems from extended family members, friends, neighbourhoods or communities differentially distributed? Are levels of substance use, domestic violence, and teenage pregnancy more prevalent in some populations than others, as a result of what causal factors and with what consequences for child welfare?

Our data cannot provide answers to these questions or evidence about patterns of resilience, refusal or resistance within different communities.

5.3 Supply

We did not collect direct evidence about individual or systemic bias in service systems, for example, by testing staff attitudes or decision making. But the evidence about comparative intervention rates

in high deprivation and low deprivation neighbourhoods may suggest that systemic bias occurs when there is a small proportion of ethnic minority children in a population. In the low deprivation neighbourhoods (quintiles 1-3) less than one child in fifty was Black, compared to one in eleven in the high deprivation neighbourhoods and less than one child in 60 was Pakistani or Bangladeshi compared to one in seventeen. Our evidence does suggest there may be a statistical relationship between density and intervention rates. Asian rates are closer to White rates in the low deprivation neighbourhoods than in the high deprivation. Black rates are higher than White in the low deprivation neighbourhoods, but lower in the high deprivation. It might be that ethnic minority children stand out more when they form a smaller proportion of the whole or that staff are more cautious or less skilled in working with ethnic minority families. These are issues which require further testing.

However, given the limitations in the data outlined above, some caution must be exercised in reaching conclusions. It is possible, for example, that these patterns in the low deprivation neighbourhoods reflect the wider 'Inverse Intervention Law' (Bywaters et al., 2015; Hood et al., 2016) which found that in every quintile of neighbourhood deprivation, low average deprivation local authorities were intervening more frequently than high deprivation ones. Recent evidence suggests that the primary factor underlying the Inverse Intervention Law may be that high average deprivation local authorities have less funding relative to demand than low deprivation local authorities, leading to a greater propensity to deflect referrals away from statutory child protection services (Bywaters et al., 2018a; 2018b). In the low deprivation neighbourhoods (quintiles 1 – 3), less than 20 percent of all children in this representative sample lived in high average deprivation local authorities. But in the high deprivation neighbourhoods (4 - 5) the picture was reversed with almost 80 per cent living in high average deprivation local authorities. So relative levels of funding could be a factor in addition to or rather than ethnic minority population density. This would be evidence of systemic bias not on grounds of ethnicity, but because the allocation of funding between local authorities insufficiently reflected the impact of family socio-economic circumstances on demand. In part this would reflect the findings of Ben Arieh (2014) for Jewish and Arab populations in Israel.

Another systematic difference in the provision of services between ethnic groups was seen in the patterns by age group. There are two main issues here. First, a great deal of emphasis in service provision in recent years has been placed on identifying and intervening with young children, before they reach school age, in order to prevent later problems. For White children, child protection plan rates are highest amongst this age group. But this was not the case for Mixed, Asian or Black children. It is unclear what might be the cause or consequence of this lower level access to early years involvement. No evidence is available from this study about whether this might reflect different patterns of parenting or different levels of extended family support compared to White families. But the range of ethnic categories involved makes a single 'family' or 'culture' explanation unlikely. An alternative explanation might be lower levels of surveillance of ethnic minority children prior to school, perhaps a consequence of reduced levels of access to non-universal pre-school services, but this hypothesis too requires testing.

Care rates on a single day, as our study collected, cumulate with age. The rate includes children who have relatively recently entered care and those who have been in care for extended periods. So rates are usually higher in older age groups. For Asian and Black children the rates in ages 16-17 were over seven times greater than at age 0 – 4, but they were less than two and a half times greater for White children. Our study did not have the data to show to what extent these discrepant ratios were the result of differential rates of entry, length of stay or exit from care. Although some unaccompanied asylum seekers or children trafficked from overseas may increase entry rates in

older children from ethnic minority groups, few of these will be identified as Black Caribbean, the sub-category with the highest 16-17 year old rate. The effect of differential experiences of the education and criminal justice systems may be a factor as children age and the gap between their aspirations and their opportunities becomes increasingly wide. This may affect levels of entry to care. But, alternatively or in addition, children's chances of exit from care may be a key factor. Children can exit care by returning home, entering adoption or special guardianship order status as well as aging out of care. Returning home may be, in part, a function of the resources available to parents. Parents, for example, without recourse to public funds may find it difficult to create the conditions for family re-unification. Most of these parents will be from minority ethnic groups but while their circumstances are profoundly difficult, numbers are relatively small. Access to appropriate housing and employment will also be patterned by ethnicity. Adoption rates have been persistently higher for White children over decades, and our data suggest that, proportionately, around twice as many White as Black children were in care and being processed towards adoption. Adoption was virtually unknown for Indian children in our sample. No published data is available about the ethnicity of children on Special Guardianship Orders whether with previous foster carers or extended family. What institutional or professional decision making processes lie behind these patterns is as yet unclear. Moreover, the relatively high rates of Black and Asian 16 -17 year olds in care suggests a need for further research into the experiences of and outcomes for care leavers which takes ethnicity as a key variable (Barn 2005).

6. Conclusions

The idea of a simple 'Asian paradox' in England to parallel an 'Hispanic paradox' in the USA is not an adequate description of these findings, although Asian Indian, Pakistani and Bangladeshi children were found to have significantly and substantially lower child protection plan and looked after children rates than White British children both when comparing similar socio-economic circumstances and overall. The description seems inadequate in a number of ways. First, in the most disadvantaged 40 per cent of neighbourhoods in England the 'paradox' applied to children in Black African and Black Other categories as well. Second, very large differences were found between the Asian sub-categories and between the Black sub-categories. Third, intervention rates also seemed to be patterned by a combination of ethnicity and age.

The differences in rates and patterns between Indian, Pakistani and Bangladeshi children and between Black African, Caribbean and Black Other children raise questions about under what circumstances it is valuable to continue to group published data on these children into the broad Asian or Black categories. This may obscure more than it reveals, supporting simplistic explanations like the role of extended families while hiding profoundly different circumstances and experiences.

However, sufficient large and significant differences of various kinds were found to reinforce the case for urgent attention to be paid by policy makers and researchers to understanding key issues and to identify areas requiring action. The complexity of the data and the underlying social circumstances is no excuse for a lack of attention in research, policy or practice to the evidence of profound inequities.

None of the broad explanations (for example, artefactual, socio-economic, culture or institutional bias) are supported as single causes. As is entirely to be expected, it is clear that causation is multi-factorial, even in the absence of sufficient data relevant to all arguments.

The inequities identified here should not be viewed as simply negative. Relatively low rates in some ethnic sub-categories may indicate ways in which child abuse and neglect and the separation of children from their parents can be avoided. Lower rates, while always subject to careful consideration of needs missed, should be seen as opportunities for learning about policy and practice.

Nor should the patterns identified be viewed as inevitable. For example, there have been profound changes over the past twenty years in the educational attainment gaps between White and ethnic minority children in England. What is required for children's services is a clear identification of the problem, the will to take action to reduce childhood inequities and a persistent commitment to greater social justice.

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