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# Place-based inequalities in children's safeguarding referrals: a multilevel analysis of trends across English local authorities, 2013/14–2021/22

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# Abstract

Referral to children's social care is a key early step in the response to child maltreatment. While national data show rising referral rates, little is known about how local governance structures and local variation in referral practices shape geographic inequalities in access to early safeguarding. This is important as referral sources may reflect different institutional routes into statutory services, and shifts in the referral mix may signal changing opportunities for earlier identification and preventative engagement.

Using longitudinal data from the UK's Department for Education (2013/14–2021/22), we applied multilevel growth models to examine spatial and institutional variation in referral patterns across English local authorities (LAs). We analysed trends by referral source (police, schools, health services, and LA services), assessed correlations between sources, and compared LAs with their statistical neighbours.

Referral rates increased over time, particularly those originating from police. Substantial, source-specific variation between LAs indicates divergent referral trends and potentially inequitable access to early intervention. These findings highlight place-based inequalities in referrals over time that may be related to both organisational structures and geographic context.

These trends may reflect underlying misalignments between referral pathways and service configuration, with implications for how local systems anticipate and respond to child welfare concerns. Understanding how referral trends vary by place and source can inform more equitable approaches to safeguarding, commissioning, and early intervention policy.



# Keywords

Children's social care; safeguarding; referrals; multilevel modelling

# 1. Introduction

Exposure to abuse or neglect is associated with long-term impacts on mental and physical health, including higher rates of morbidity, mortality, harmful health behaviours, and poorer educational and occupational outcomes (Currie & Widom, 2010; Gilbert et al., 2009; Widom et al., 2007). Care leavers, in particular, face marked social and economic disadvantages in early adulthood compared to peers never looked after (Cameron et al., 2018). Early identification and intervention are critical in mitigating these harms, and referral to children's social care (CSC) services represents a key gateway to protective support (Haynes et al., 2025).

In England, safeguarding responsibilities are shared across health services, schools, the police, and local authorities (LAs), within the statutory frameworks set out in the Children Acts of 1989 and 2004. When an individual holds a concern about a child's welfare, this should be shared with children's social care (CSC), and it is recorded as a "contact" or referral. This marks entry to an initial screening/triage stage, often referred to colloquially as the 'front door'. Here, information is reviewed (and, where relevant, checks are made with partner agencies) to determine the most appropriate pathway of support (Hood et al., 2020; Ofsted & Schooling, 2017). These pathways include proceeding to a statutory assessment within CSC or being escalated for urgent safeguarding action. Alternatively, contacts could also be "signposted elsewhere" to support provisions outside of statutory CSC: such as, 'Early Help', universal services, or support led by another agency) (Goldacre et al, 2025). This screening function is analogous to the triage stage in other child welfare systems shaped by mandatory reporting, where the key decision is whether and how concerns progress into statutory child protection processes (Lane & Seltzer, 2023).

Although these processes are guided by national legislation, the structure and delivery of safeguarding responses vary widely by locality. Since the UK government's 2010–2015 decentralisation agenda, increasing autonomy has been granted to LAs in designing and managing safeguarding systems. This has contributed to growing variation in how services are structured and how thresholds for referral are interpreted (Baginsky et al., 2015; MacAlister, 2022; Munro, 2011; OECD, 2019). Differences in how agencies collaborate and share responsibility can lead to inconsistency in referral patterns and outcomes (Emmott et al., 2021; Shorrock et al., 2019). As a result, national-level figures may obscure important local differences in how and why families become known to CSC.

Understanding geographic variation in referral rates is critical for assessing equity in access to protective services. Previous studies have demonstrated large and persistent differences between LAs in both overall referral volumes and referral rates from specific sources such as health services (Emmott et al., 2021). While these differences may reflect variation in organisational arrangements, professional cultures, or population risk, they also raise concerns about spatial inequity, whereby children in similar circumstances may have differing chances of early intervention depending on where they live (Bywaters et al., 2015, 2016). This is reflected in what has been termed the 'inverse intervention law': children from neighbourhoods that are equally deprived are more likely to experience intervention from CSC if the neighbourhood is located in a LA that is more affluent, overall (Bywaters et al., 2015; Webb et al., 2020). The consequence of the presence of phenomena like the inverse intervention law, and similar inequalities (such as the complex intersection of ethnicity and

poverty in relation to child welfare outcomes) (Bywaters, et al. 2019; Webb, et al. 2020b), is that children face differential outcomes linked to immutable characteristics or the circumstances of their birth (Bywaters, 2015).

There are many possible explanations why such inequalities might emerge in the child protection process, but the topic remains somewhat undertheorised. One explanation is a mismatch between the provision of support (sometimes called 'supply') for families and children at earlier stages of problems, and a lack of preventative support in general, intermixed with a rising demand for services that meet ever more complex needs of families and individual children. Here, such inequalities may arise when supply and demand are experienced unequally across localities. Specifically, this may take the form of differential provision of funding for services according to the needs of the population (Webb, 2022), which alters supply, and increasing rates of child poverty and a growing complexity of family needs which changes demand (Hood et al. 2020b). Relatedly, the rationing (Devaney, 2019) that is consciously or unconsciously introduced in periods of austerity, or otherwise in under-funded public services, can create an entry point for certain biases or prejudices to manifest in the delivery of services (see, for example, Hastings, 2009, study of environmental services provision).

Outside of the structural or systemic viewpoint of child welfare inequalities, there has been some evidence of bias in the decision-making, risk profiling, and moralistic judgements of parents by social workers. This was found in association with the 'race' of the parent in an experimental vignette study in the United States (Middel, et al. 2022), and of indigenous parents in a survey experiment in Aotearoa New Zealand (Keddell & Hyslop, 2019). The authors of these studies cite the unintended consequences of 'race-blind' or 'colour-blind' approaches to child protection social work, that failure to engage with or challenge unconscious biases that social workers may hold.

However, child protection services are not delivered in a vacuum, and, especially with regard to the initial referral of children and families to children's social services, the structural and systemic biases in systems *surrounding* children's social services, and their subsequent impact on children's social services, has likely received less attention than warranted. The picture is somewhat clearer in the United States, where mandatory reporting policies have been scrutinised for being subject to bias, especially when it comes to reporters' ability to differentiate between poverty and neglect (Pyland, Williams & Mollen, 2024). Similar concerns have been raised, also in the United States, around disparities in the assessment of abuse along both racial and socioeconomic lines in healthcare settings, measured in many studies by lack of or only public medical insurance, (Lane & Seltzer, 2023). Social workers and children's services have comparatively little sight of the entire population they serve, in contrast to schools, health, and police services, and as such even if it were possible for children's social services to be completely free of bias and prejudice, the inequities of such may still manifest as a consequence to child protection's close proximity to other public services. Therefore, the source of referrals to children's services warrants as much attention as the services themselves, if we wish to reduce and ultimately eliminate unjust child welfare inequalities.

The pathways through which children and families are referred to safeguarding services matter because referral source is not simply an administrative detail: it signals where and

how concerns first come to professional attention, and therefore the likely opportunities for earlier identification and engagement. Services with routine, universal contact with children and families (such as schools and health services) may be better positioned to notice emerging patterns of need and are more able to respond before difficulties escalate (Haynes et al., 2025), whereas police involvement more often follows incidents or crises that bring a family to immediate attention (Ford et al., 2020). Overreliance on one referral source (such as the police) may therefore indicate a more reactive rather than preventative system, potentially limiting opportunities for earlier support (Ford et al., 2020). Moreover, if changes in referral pathways outpace the design of local services, then 'front door' responses may become poorly aligned with emerging patterns of need.

Existing research has established the presence and importance of geographic variation in rates of referral from different referral sources (Emmott, et al. 2021). However, our current understanding of the subject does not account for variation in trends over time — are all local authorities in England on the same trajectory when it comes to the make-up of their referrals, or is the composition of referrals into the child protection system becoming radically different depending on the place a family resides?

This matters for efforts to address child welfare inequalities, because referral sources reflect different institutional pathways into statutory services and different opportunities for early identification and preventative engagement. We therefore examine how referral-source patterns have changed nationally and how those changes vary between local authorities in England. Specifically, we ask:

(1) How have referral rates from major sources changed nationally between 2013/14 and 2021/22?

(2) How much do these trends vary between local authorities, and do trends in one source correlate with trends in others?

(3) Do contrasting referral-source trajectories persist when comparing statistically similar ('neighbour') authorities?

Drawing on national administrative data, we analyse trends in referral rates from key sources, assess correlations between trends and compare statistical neighbours to explore whether differences in referral patterns can be linked to underlying structural or contextual factors. Our analysis may suggest that authorities have not only varied, but may have diverged systematically in their reliance on different referral sources. This reframes local variation as a structural equity issue: a child's likelihood of becoming visible to safeguarding services depends as much on the local referral configuration as on their underlying need, with significant consequences for national policy and system consistency.

# 2. Methods

To assess changes in referral patterns, we used the publicly available Children in Need (CIN) Census (Department for Education, 2024). The CIN Census is a case-based dataset which collects information regarding children referred to CSC services in England each year, as well as any cases for which LAs were continuing to provide a service at the beginning of the year (Emmott et al., 2019; IFS, 2025).

Our CIN sample included a total of 5,624,533 referrals recorded between the financial years 2013/14 and 2021/22. In line with prior research in this area (Webb et al., 2024), referrals from the City of London and the Isles of Scilly were not included due to their small resident populations. The CIN Census at LA level between 2013-14 and 2021-22 should represent nine observations for each of 150 included LAs, totalling 1,350 observations. However, a small proportion of data is often censored or omitted due to low counts, LA mergers, boundary changes, or incomplete returns. We identified six instances of missing observations.

We used the Office for National Statistics mid-year population estimates for children aged between 0 and 16 years to calculate the rates of referrals per 10,000 children for each of the different referral source types (Office for National Statistics, 2024). Based on preliminary data analysis, we chose to focus on the four services types with the highest average numbers of referrals: police, schools, health services, and LA services. Within the CIN census, referrals from school and education services are reported separately, however preliminary data analysis revealed possible inconsistency in how referrals are attributed to each source. We therefore chose to summate these values to better reflect referrals coming from the education sector in general. In the instance of missing data from only one of these two sources, we assumed the missing datapoint was zero.

We used multilevel growth models to estimate trends in referral source rates over time (Grimm et al., 2016). LAs were used as the geographic unit of analysis, reflecting both administrative responsibility for safeguarding and meaningful variation in local service structures.

We first established the overall trend in referral rates for each source across all LAs before introducing random slopes and random intercepts to the model to estimate variance in change over time.

To explore the extent to which referrals from one source may suppress or exacerbate referrals from other sources, we conducted post-hoc analysis of the association between random slopes for each referral source using both bivariate statistics and visualisation.

Finally, we contrasted eight LAs with particularly strong trends over time to their closest statistical neighbour according to the LA Interactive Tool (Department for Education, 2025) to explore whether underlying LA characteristics may explain differences.

# 3. Results

Between 2013/14 and 2021/22, nationwide mean referrals from all sources ranged between 588 and 620 referrals per 10,000 children, with the exception of 2020/21, where the mean referral rate dropped to 565 referrals per 10,000 children, due to decreased referrals from schools during the COVID-19 pandemic (Garstang et al., 2020). Of the main sources of referral, police consistently accounted for the most referrals, followed by schools and education services. Descriptive statistics for all years, 2013-14, and 2021-22 are presented in Table 1. Yearly referral figures are presented in Supplementary Figure 1.

Multilevel regression model estimates are presented in Table 2. While the overall trend in referrals from all sources was negative (β = -1.1, 95% CI: -6.6, 4.4), referrals from the four largest sources were found to have increased on average between 2013/14 and 2021/22. The fastest rate of increase was referrals from police, which grew at a rate of 4.6 additional referrals per 10,000 per year (β = 4.6, 95% CI: 2.9, 6.3), distantly followed by referrals from schools and education services (β = 1.2, 95% CI: -0.01, 2.5), which were growing at only around a quarter of the rate of those from police. Referrals from health services (β = 0.7, 95% CI: -0.4, 1.6) and LA services (such as children's centres) (β = 0.6, 95% CI: -0.4, 1.6) grew at rate that was half as fast as referrals from schools and one eighth as fast as the growth in referrals from police.

There was substantial variance in the trends in referrals between LAs for the four major referral sources. Variance in trends in referrals from the police ($\sigma^2$ = 76.2) was 1.8 times higher than variance in trends in referrals from schools ($\sigma^2$ = 42.7); 2.1 times higher than variance in growth in referrals from health services ($\sigma^2$ = 36); and 2.8 times higher than variance in growth in referrals from LA services. This variance implies that, for example, across 95% of LAs we would expect to see trends ranging from a 12.8 per 10,000 decrease in referrals from police per year all the way to a 22.1 per 10,000 increase in referrals from police per year between 2013-14 and 2021-22. While less dramatic than the variance in trends in referrals from police, variance in trends in from other sources such as health would similarly range from a 11.3 per 10,000 decrease to a 12.7 per 10,000 increase. This variation in trends is visualised in Figure 1.

Further, correlations between the random intercepts and random slopes suggest that LAs with lower referral rates in 2013-14 were more likely to have rates that were growing faster over time, but this effect was most prominent for health services ($\rho$ = -0.70). This is usually to be expected, as the number of referrals reaches a limit the closer to zero they are. However, the correlation between random intercepts and slopes was far smaller for referrals from police ($\rho$ = -0.43), implying that even LAs with already high rates of referral from the police were still likely to have high growth over time in referral rates.

Bivariate correlations and visualisations of the relationship between trends across different sources are presented in Figure 2. While there was, overall, a positive correlation across trends in all referral sources, these ranged from 0.34 between police and LA services to 0.75 between school/education services and health. To put this another way, trends in one referral source could only explain between 11.6% to 56.25% of variance in any other referral source (Mean $R^2$ = 0.3). This implies that, for many LAs, trends in referrals are likely to be unequal in respect to their source and, over time, will result in significant changes to the profile of children and families being referred.

At the local level, there were distinct changes in the percentage of referrals attributed to each source, and this was also seen between statistical neighbours (Supplementary Table 1). All LA proportional changes between 2014-2022 in source of referral are shown in Supplementary Table 2. For example, between 2013-14 and 2021-22, the proportion of all referrals in Bradford that came from the police changed from 16.4% to 37.1%. The

proportion of referrals from schools and education services changed from 24.1% to 17.9%; from 16.2% to 14.2% for health services; and from 17.2% to 9.3% for LA services. By contrast, in their closest statistical neighbour Rochdale, referrals from police, schools and education services, health services and LA services changed from 27.0%, 19.8%, 12.7% and 13.4%, to 35.5%, 22.0%, 14.1% and 12.6%, respectively, representing an entirely different profile for referrals.

# 4. Discussion and Conclusions

## 4.1 Discussion

Our analyses show that trends in referrals differ markedly by source and by local authority. Understanding these referral routes is important for early intervention because they reflect different points of professional contact, and therefore different opportunities to identify concerns and engage families before difficulties escalate. Where local systems become more dependent on incident-driven gateways, a greater share of identification occurs at crisis points, and ‘front door’ responses and interfaces with ‘Early Help’ may need to adapt accordingly.

Our findings demonstrate a marked increase in referrals from the police, outpacing those from schools and health services. Referral source is an imperfect proxy for severity or for the presence/absence of earlier support, and police involvement may generate safeguarding notifications across a range of concern levels, many of which are triaged and do not proceed to statutory intervention. Nonetheless, the rise in police-originated referrals is consistent with a shift towards more reactive, incident-driven routes into statutory children’s social care, particularly in local authorities where school- or health-based referrals have stagnated (Firmin, 2017). For example, in cases of domestic abuse, police are more likely to be involved when harm is acute or incidents have escalated, whereas education or health professionals may be better positioned to identify earlier signs of neglect or vulnerability (Dowling et al., 2018). If local safeguarding systems become increasingly reliant on police-led referrals, they may have fewer opportunities to engage families earlier and respond to need before it escalates, undermining the preventive intent of early intervention policy.

Our results indicate that health service referrals are increasing at a slower rate in contrast to police, schools and LAs. This raises questions about the accessibility of health professionals and their role in early safeguarding. Previous work has suggested that, whilst initiatives such as ‘Early Help’ intended to focus on targeted prevention, they have instead become a similar model of ‘screen and intervene’ to focus on poorer families disproportionately more likely to be referred (Ford et al., 2020; Lucas & Archard, 2021). The consequences of such widening inequalities could be significant, potentially exacerbating existing disparities in health outcomes and access to support (Butchart et al., 2006).

Previous research has highlighted the large variations in referral rates from health services which exist across LAs in England (Emmott et al., 2021). Investigations on the demand for CSC throughout the UK has shown evidence of a social gradient in the relationship in

referrals to statutory services, highlighting the estimated impact of ‘supply-side’, larger scale policy impacts over ‘demand-side’ need (Goldacre & Hood, 2022).

However, while national data indicate rising referrals to children’s social care (Jay et al., 2025), our findings show substantial and unequal variation in referral sources across local authorities over time. This divergence is not easily explained by changes in population need alone. This raises concerns about spatial equity: children in similar circumstances may have very different chances of being referred depending on where they live and the type of abuse, neglect, or mistreatment they experience because of how trends in referrals from different sources have developed in their local area. Given the lack of discernible pattern and increasing variations between LAs, this could imply that, nationwide, there are rapidly diverging local needs in CSC, or that children and families are experiencing rapid divergence in the routes by which they become known to social services. This is further demonstrated when considering comparisons between statistical neighbours.

Changes in local profiles of need are masked when considering only the national picture. For a statistically average LA, the proportion of referrals from across police, schools, health services, and LA services has only changed from 24%, 16%, 14% and 12% respectively in 2013-14 to 30%, 22%, 15%, and 13% respectively in 2021-22, which, to most observers, would suggest little meaningful change in the underlying profile. However, the reality for local services responsible for the delivery of support for families is that the needs of those families or, at the very least, their routes to the child protection system are likely to have changed profoundly, to the extent that their ‘front door’ provision may no longer meet their service users’ needs.

In some cases, LAs with faster growing rates of referrals from one source had similarly positive growth in referrals from their other main sources. In terms of service design, this would reflect only a resourcing issue — increased demand that requires increased supply of services (Hood et al., 2016). However, if referral trends from different sources are not highly correlated, this raises concerns about shifting needs, risks, and referral pathways within CSC over time. The reasons behind a police referral may require a qualitatively different service response than those behind referrals from schools or health services. Significant changes in referral patterns over time suggest that local CSC procedures and practices must also evolve.

Taken together, our findings indicate that local safeguarding systems are not simply diverse in structure but are drifting apart in systematic ways. Divergence in referral sources means that children’s opportunities to come into contact with protective services are conditioned by local institutional configurations as much as by their circumstances. Recognising this as a matter of equity, rather than mere variation, is essential: without national attention to the consistency of referral pathways, families in different areas will continue to face unequal chances of timely protection. For policymakers, this underscores the need to monitor referral mixes alongside volumes and to consider interventions that promote greater alignment across local authorities.

Local authorities may need to re-evaluate how their ‘front door’ safeguarding systems are configured in relation to evolving referral patterns. Services originally designed around education or health pathways may no longer match the profile of families becoming known

through policing routes. This raises important questions about whether current systems are responsive to emerging local patterns of risk, and whether safeguarding interventions remain proportionate, accessible, and equitable across different places. It is also important to consider the apparent inequity for families experiencing similar circumstances, who as a result of living in different local areas may be more or less likely to receive an early referral.

## 4.2 Limitations

Despite the clear and significant variation in referral rates across LAs, implications for the overall system remain unclear. On one hand, greater variation may reflect services being adapted to meet the different needs of the population within a LA over time, but on the other hand, variation may imply families and children receive differential treatment and interventions depending on where they live. Determining which of these hypotheses is more accurate is vital for assessing the success or failure of decentralisation and devolution. We have very little systematically collected data about the organisation of ‘front door’ services within LAs, and research into child protection investigation and care outcomes rarely considers the original source of referral in favour of focusing on the category of abuse and neglect—though the type of suspected abuse or neglect is likely related to the source of referral, these are nevertheless different contributing factors that further research might differentiate between.

One of the limitations of using data on referrals is that what is counted as a referral in each LA may differ; for example, some notifications may first be assessed by a multi-agency safeguarding hub and then only counted as a referral to children’s social services if they are then escalated to the relevant social work team. However, the source and nature of a referral may have consequences for the handling and final outcome of a case and, as such, understanding how referrals have changed over time is important for shaping responses to safeguarding children.

## 4.3 Conclusion

This study extends current knowledge by demonstrating not only that referrals to children’s social care have risen overall, but that their source and rate of change differ substantially between local authorities. These place-based divergences—examined here using multilevel modelling—reveal how local variation in institutional structures and referral practices may shape children's exposure to early safeguarding support. Such variation risks undermining the principle that families should receive timely and proportionate support regardless of where they live, in part because local referral routes shape who becomes visible to statutory services and when. To promote equitable access and responsive service design, it is essential that social care systems attend to the local dynamics of referral pathways as they evolve.

# Data Availability Statement

The data used in this study are derived from publicly available administrative datasets. Referral data were sourced from the Department for Education’s *Children in Need (CIN) Census* for England, available via the UK Government’s Explore Education Statistics portal:

https://explore-education-statistics.service.gov.uk/. Local authority population estimates for children aged 0–16 were obtained from the Office for National Statistics: https://www.ons.gov.uk/. All data are aggregated at the local authority level and do not contain any identifiable information.

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For the purpose of Open Access, the authors have applied a CC BY public copyright licence to any Author Accepted Manuscript version arising from this submission.

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Table 1: Mean annual referrals per 10,000 children between 2013/14 to 2021/22, from all sources and each of the four main sources.

| | Mean Annual Referral Rate (SD) All Years | Mean Annual Referral Rate (SD) 2013-2014 | Mean Annual Referral Rate (SD) 2021-2022 | N (Missing) |
|---|---|---|---|---|
| **Referral source** | | | | |
| All sources | 602.6 (217.5) | 620.4 (232.4) | 615.4 (224.3) | 1317 (4) |
| Health services | 88.5 (39.3) | 87.1 (45.6) | 89.5 (36.3) | 1315 (6) |
| Schools and education services | 113.9 (50.7) | 101.5 (46.2) | 133.0 (60.6) | 1317 (4) |
| Police | 172.0 (75.5) | 150.3 (72.5) | 186.7 (77.8) | 1316 (5) |
| Local authority services | 85.9 (39.0) | 81.1 (43.9) | 86.9 (36.1) | 1317 (4) |

Table 2: Multilevel model regression analyses of each source, 2013/14-2021/22.

| Referral source | All sources | Health services | Schools and education services | Police | Local Authority Services |
|---|---|---|---|---|---|
| **Fixed Effects** | | | **β (95% CI)** | | |
| Intercept | 607.8 (570.0 - 644.6) | 86.1 (79.2 - 93.0) | 109.3 (101.8 - 116.8) | 153.8 (142.8 - 164.7) | 83.5 (77.1 - 90.0) |
| Year (2013-14 = 0) | -1.1 (-6.6 - 4.4) | 0.7 (-0.4 - 1.7) | 1.2 (-0.01 - 2.5) | 4.6 (2.9 - 6.3) | 0.6 (-0.4 - 1.6) |
| **Random Effects** | | | **$\sigma^2$ ($\sigma$)** | | |
| Intercept | 46,492.6 (215.67) | 1,659.3 (40.7) | 1,767.5 (42.7) | 3,873.5 (62.2) | 1,392.6 (37.3) |
| Year (2013-14 = 0) | 919.7 (30.3) | 36.0 (6.0) | 42.7 (6.5) | 76.2 (8.7) | 27.5 (5.2) |
| **Correlations** | | | **ρ** | | |
| Intercept, Year | -0.64 | -0.70 | -0.53 | -0.43 | -0.62 |
| **N** | 1317 | 1315 | 1317 | 1316 | 1317 |

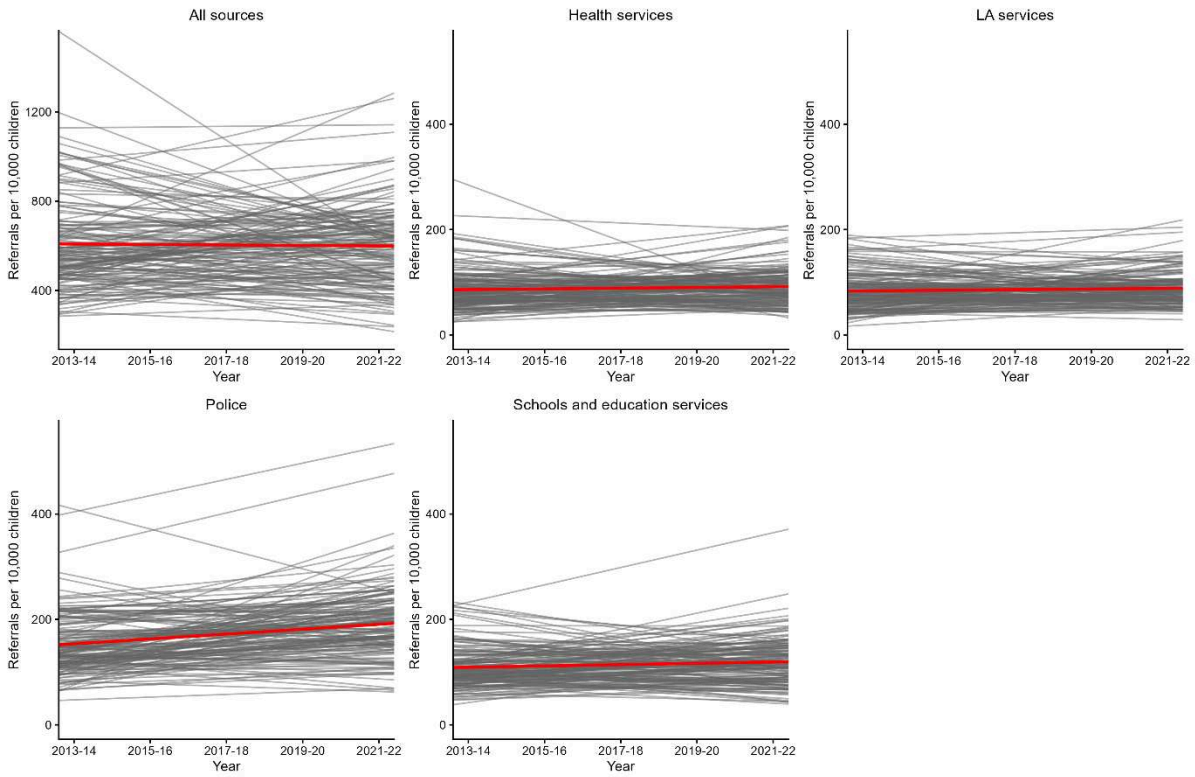


Figure 1 - Visualisations of the random slopes. Each line represents the estimated change in referrals per 10,000 children for one local authority.

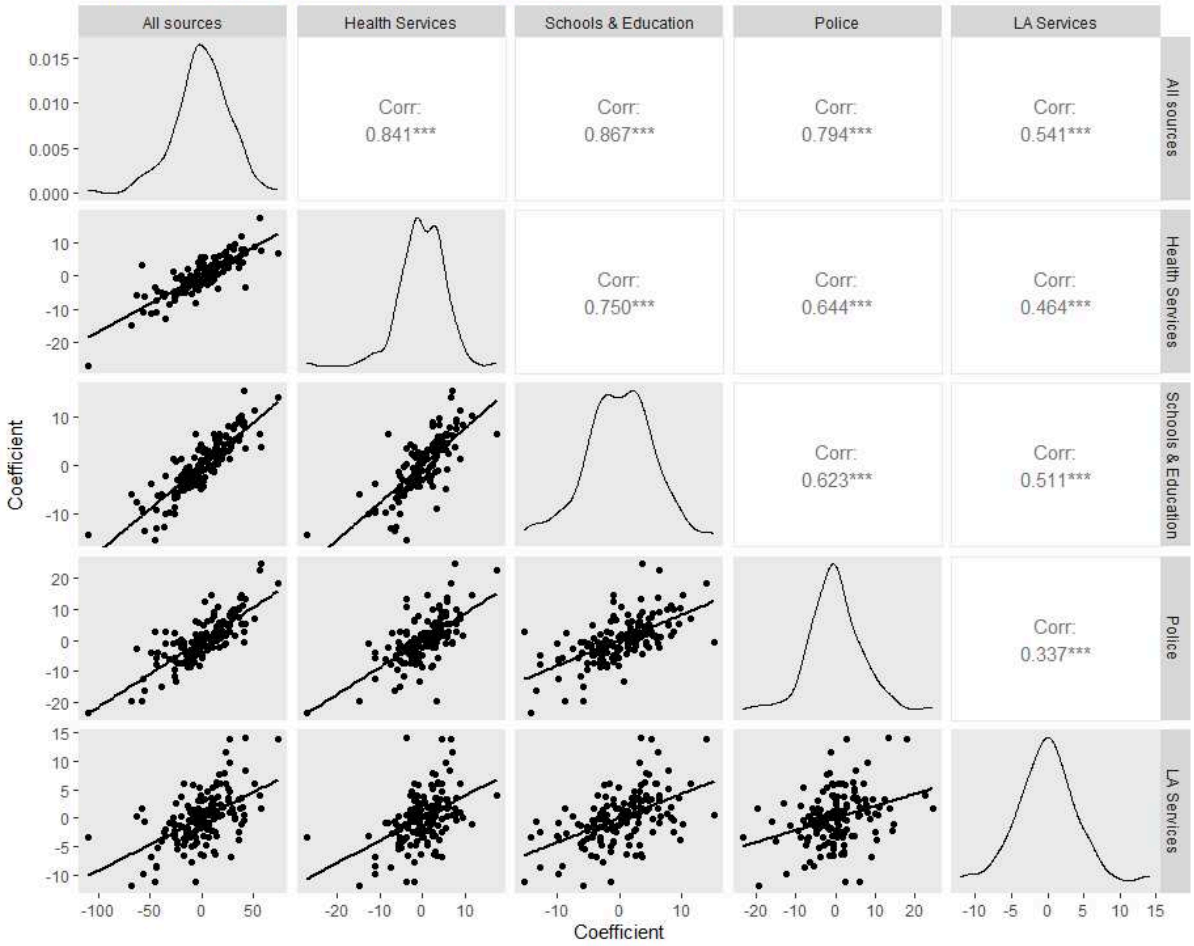


Figure 2 - The correlation coefficient of the calculated regression coefficients between referral sources, and the distribution of coefficients for each source. *** denotes significance of $p < 0.001$.