# The Educational Outcomes of Children Referred to Children's Social Care: A Revolving Doors Report

Action for Children's "**Revolving Doors**" project is a series of research reports investigating outcomes and care journeys for children who are referred to children's social care, including those that do not meet thresholds for statutory support. More information on this project can be found at https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/.

## Executive Summary

There is widespread political consensus on the importance of boosting school attainment. Enabling more children to do well at school will help more children develop skills and expand their opportunities, whilst also contributing to a more skilled workforce and stronger economy in the long term.

However, a growing number of children are facing challenges that can hold them back and prevent them from achieving their potential in the classroom. Alongside soaring mental health challenges, and a growing number of children with Special Educational Needs and Disabilities, demand for children's social care is rising, with more children than ever going into care, and child protection investigations rising by 70% in the last decade.

But despite the recent Independent Review of Children's Social Care calling for a 'radical reset' of the creaking system, neither the Government nor the opposition has yet committed to long term funding needed for reform. Children's policy remains dominated by educational targets and school reform.

Action for Children partnered with specialist education consultants FFT Education Datalab to investigate for the first time the educational attainment of children that are referred to children's social care in England at any point during their childhood. We found that:

- Between 2019 and 2021, children with a social care referral were more than twice as likely to fail their English or Maths GCSEs than children without a social care referral.

- Overall, more than half (53%) of children with a social care referral failed either English or Maths at GCSE, which means they have to re-sit these exams before they turn 18. This is compared to only 24% of children without a social care referral that failed at least one of these exams.

- If children with a social care referral achieved at the same rate as those without one, an additional 35,500 children would pass these key GCSEs every year. This is equivalent to 232 children for every local authority in England, a number greater than the size of an average secondary school year group.

To investigate interaction between social care and educational outcomes over a longer period of time, we undertook a deep dive into the 2004/05 birth cohort, following their social care and education records through their whole childhood up until they took their GCSEs in 2021. We found that:

- Approximately 25% of the cohort, equating to 151,000 children, were referred to children's social care at some point before the end of the 2020/21 school year in which they were expected to sit their GCSEs.

- Of those referred to children's social care, just over half got support from the statutory social care system on their first referral. 1 in 6 (17%) got support at a time after their first referral, and 1 in 3 (32%) never got support at any point (in most cases, because they were never deemed to be 'in need').

- Children who didn't get support the first time they were referred had significantly worse GCSE outcomes than those who got support the first time they were referred, and those that never got support at all.

- Overall, 58% of children in our cohort with a social care referral were persistently absent at some point in their school career, meaning they missed 10% or more of their classes in a school year. 31% of children with a referral were suspended from school at some point, and 3% were permanently excluded.

## Recommendations

These findings highlight that too many children are held back by challenges in their personal or family lives. If the Government or Opposition are to meet their targets for school attainment, there is a pressing need to strengthen out-of-classroom support to ensure that all children arrive at the school-gate healthy, happy, and ready to learn. We recommend:

1. The Government and Opposition commit to investing to roll out family help services across all local authorities in England beyond 2025, as was recommended by the Independent Review of Children's Social Care.

2. Schools and local authority social work teams should work together to pilot a new approach for working with families that interact with the social care system. This could involve providing joined up education recovery plans both in and out of school, including for children that don't meet the threshold for statutory support.

3. There is a significant overlap between interaction with children's social care and socioeconomic disadvantage. The government should alleviate the pressure on families by uprating the child element of universal credit by £15 a week and lifting the two-child limit and benefit cap that punish larger and more vulnerable families.

## Background

In July 2023, the Labour Party leader Keir Starmer set out his vision for breaking down barriers to opportunity, one of five missions the Opposition is setting out before the upcoming General Election. Too many children are held back, the Labour Party argues, because they leave school without the essential reading, writing or maths skills that enable them to thrive as adults and in the workplace.[1] The proposed antidote to this is for the next Government to put in place plans to see a 'sustained rise in young people's school outcomes over the next decade', delivered by reforming early years provision and delivering a 'broader education', holding schools to the 'highest standard'.

The Labour party is not alone in focusing on school attainment as an important driver of life chances. In March 2022, the Conservative Government released its long-awaited plan for schools. Alongside a plethora of policy announcements, the white paper entitled "Strong Schools with Great Teachers for your Child" set ambitious new targets for educational attainment for Key stages 2 and 4.[2]

- By 2030, 90% of primary aged children should meet the expected standards for reading, writing and numeracy, up from 65% in 2019.
- For Key Stage 4 children, the Government announced an ambition to raise the average GCSE grade in English and Maths to a Grade 5, equivalent to a strong pass, by 2030.

But despite cross-party support for improving attainment, actual reform to education has been slow-moving. In the year and half since publication, the Government has delayed or scrapped swathes of proposed policy for schools, including the promised 'Schools Bill', due for debate at the end of 2022, which would have implemented keys aspects of the white paper reforms. This turbulence has been exacerbated by a lack of continuity in leadership at the Department for Education, which has seen five different Secretaries of State since the white paper was first published.

Despite this, the attainment targets have survived with additional financial support for schools being committed in the 2023 Spring Budget.[3] But, as both the Government and Opposition have noted, achieving sustained improvement in school attainment will rely significantly on factors outside the classroom. Challenges include:

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[1] Labour Party, *Breaking Down Barriers to Opportunity*, 2023. Available at https://labour.org.uk/wp-content/uploads/2023/07/Mission-breaking-down-barriers.pdf

[2] Department for Education, *Opportunity got all: strong schools with great teachers for your child*, 2022. Available at https://www.gov.uk/government/publications/opportunity-for-all-strong-schools-with-great-teachers-for-your-child

[3] HM Treasury, *Spring Budget,* 2023. Available at https://www.gov.uk/government/publications/spring-budget-2023

- NHS England figures show that the proportion of 5-16 years olds that suffer from a 'probable mental health disorder' rose by 50% between 2017 and 2022, equivalent to an extra half a million children in England alone.[4]
- In addition, there are 517,000 children in England on Education, Health and Care Plans (EHCPs), designed to support children with complex special educational needs or a disability (SEND).[5] This figure has risen 9% since 2022 and has increased year on year since statistics began in 2010.
- The persistently high rate of child poverty, currently at 31% in England, has also been shown to be negatively affecting overall school attainment.[6]

*The role of children's social care*

One critical area that has received comparatively little attention as a 'beyond the school gate' barrier to educational attainment is interaction with the social care system. At any one time in England, there are more than 400,000 children in need, meaning that social workers have assessed that their health and development is impaired by their social circumstances, the highest number since 2018.[7] Many more children are recipients of 'early help' services, such as parenting classes or activity and play groups, which are designed to support children and families at a lower threshold of need. At the acute end of social care, there are record numbers of children in care in England, and the number of child protection investigations rose by 70% between 2013 and 2022.

Much like SEND and mental health, the recent story of children's social care is one of a service under immense strain. The Independent Review of Children's Social Care, published in 2022, identified a system at breaking point with local authorities who provide that care facing spiraling costs. It recommended urgent investment of more than £2 billion in services that help keep families together before their problem gets too big to manage.[8] Without investing to save, the Review argued, total costs of delivering children's social care would rise from £10bn to 15bn per year, and the numbers of children in care would rise to 100,000 from 80,000 today.

The government's social care reform plan, "Stable Homes, Built on Love", picked up these recommendations, but scaled back their ambition, trialing the new approach in 12 local authorities for the first two years, with few spending or implementation

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[4] NHS Digital, *Mental Health of Children and Young People 2022,* 2022. Available at https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey/part-1---mental-health

[5] *Education, Health and Care Plans (2022),* 2023. Available at https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans

[6] Joseph Rowntree Foundation, *UK Poverty 2023*, 2023. Available at https://www.jrf.org.uk/sites/default/files/jrf/uk_poverty_2023_-_the_essential_guide_to_understanding_poverty_in_the_uk_0_0.pdf

[7] *Characteristics of Children in Need (2022), 2023.* Available at https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need

[8] *Final Report of the Independent Review of Children's Social Care,* 2022. Available at webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrenssocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf

commitments beyond this.[9] Analysis by Alma economics, working in partnership with Action for Children and other charity partners, found that these implementation delays will cost the taxpayer an additional £1bn over the next ten years, with an additional 4000 children in care.[10]

But despite the pressing problems facing children's social care, there is as yet little political urgency to act. Although both of the major political parties in England have recognized the importance of beyond-the-school-gate support, neither have made long term commitments to investing in the services that support families and children that are struggling. The current government's plans for children's social care make no commitments for the period after 2025, with the vast majority of local authorities receiving no additional support or funding in the intervening period. Similarly, the Labour Party has made few commitments to reform children's social care, beyond a few generalities about supporting kinship and foster carers, and addressing private sector profiteering in the residential homes market.

If attainment is to continue to be the centerpiece of government policy for children after the next general election, we cannot continue to ignore the vital role that children's social care plays in enabling children to enter the school gates happy, healthy, and ready to learn.

**The Research**

We set out to investigate the educational disadvantage faced by children who are referred to children's social care at some point during their childhood. To undertake this research Action for Children partnered with specialist education data consultants FFT Education DataLab.

Outcomes for children in need and looked after children are published in an annual data release for the Department for Education[11] and were the subject of a detailed study by the Nuffield Foundation, in partnership with the universities of Bristol and Oxford.[12] These projects both show a persistent outcomes gap for children receiving support from the social care system. However, the characteristics and outcomes of the broader population of children who interact with children's social care, for example those have multiple referrals without meeting the threshold for statutory support, are less well known.

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[9] Department for Education, *Stable Homes Built on Love*, 2023. Available at
https://www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love
[10] Action for Children et al, *The Cost of Delaying Reform to Children's Social Care,* 2023. Available at
https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/the-cost-of-delaying-reform-to-childrens-social-care/
[11] *Outcomes for children in need, including children looked after by local authorities in England (2022)*, 2023, Available at https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england
[12] David Berridge et al, *Children in need and children in care: educational attainment and progress*, University of Bristol, 2020. Available at  https://www.bristol.ac.uk/policybristol/policy-briefings/children-in-need-and-in-care-education-progress/

Our research focuses on the broad population of children who have had a social care referral at any point in their childhood. Our assumption is that a social care referral can often be an indicator that there are emergent problems in the child's home life, even in cases where the child doesn't meet the threshold for support under law. Indeed, many children and families who do not meet the statutory threshold still receive support from the local authority, through 'early help' or 'family support' services.

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**Children's Social Care - Quickly Explained**

If a child is experiencing significant personal difficulties, or there are challenges in their home life which could harm their wellbeing, they might be referred to children's social care. Anyone can refer a child to children's social care, but most commonly referrals are made by professionals who know the children or the family, such as school workers, police, or youth workers.

**Child in Need:** After a referral is made, a local authority social worker will carry out an assessment of the child's needs. Under law, if the social worker determines that the child's circumstances are preventing them from 'achieving or maintaining a reasonable level of health or development' then that child will become a 'child in need' and the social worker will create a plan to support the child and the family to help manage the issue. This is called a "Child in Need" plan, or sometimes called a Section 17 plan.

**Child Protection Plan**: Where social workers deem that there is a risk of a child coming to significant harm, then they will launch a child protection investigation, otherwise known as a Section 47 enquiry. After accounting for all the evidence, if it is decided that the child could come to harm, social workers may choose to create a Child Protection Plan to safeguard the child from harm. Families must comply with these plans.

**Children in Care:** In the most serious cases, local authorities might apply to the courts for a care order, which if granted, enables the local authority to remove the child from the care of their family. The local authority then becomes responsible for looking after this child, by placing them in foster care or in a children's home. These children are known as 'looked after children' or 'children in care'. All looked after children and those with child protection plans are counted as 'children in need'.

**Early Help**: In some cases, after a child is referred to children's social care, social workers may decide that the child's needs are not high enough to meet the threshold for support from children's social care. In some cases, local authorities might refer these children on to 'non-statutory' services, sometimes called 'early help' services, which can provide support for children and families at lower levels of need. Data on the numbers of children and families receiving this type of support is not routinely collected or reported by the government.

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Our research proceeded as follows:

1. **Define the population of children that received a social care referral in their childhood, using data from the Child in Need Census (CINC).**

   The CINC is a national dataset of children's social care activity in England, completed via annual data returns from local authorities. Each time a new children's social care referral is made, a new record is created in the CINC.

Every pupil in state education in England is identified by a Unique Pupil Number (UPN). When completing the CINC returns, local authorities are required to provide the UPN of the children in the dataset. This is the primary way researchers can identify each child's social care records and link the CINC dataset to education data to compare outcomes across different groups.

This research focuses primarily on the cohort of children born in the 2004/05 academic year, between 1st September 2004 and August 31st 2005. These children will have been expected to complete their Key Stage 4 exams in 2021 and represent the youngest cohort of children for which full social care and education records were available in national data at the time of analysis. Where outcomes of children not in this birth cohort are reported here, this will be clearly indicated.

2. **Use CINC data to define sub-populations of children who received support from children's social care services following a referral.**

When a referral for a child is made, the outcome of that referral, such as whether the child received support from social care services, is recorded in the CINC. However, over time, reporting practices have changed and they differ between localities. This makes it challenging to define the group of children that received support. The approach taken here was to define all referrals marked as 'No Further Action' or 'Child not in need' as not resulting in support from children's social care. For some entries, this data was missing. In such cases, where there was no additional evidence in the CINC that support was provided, we assume that the referral did not result in support.

We also found that many referral entries were duplicated in the CINC. Where dates for two referrals for the same child overlapped, this was collapsed into a single referral. Where either the start or end date of the referrals was missing, a representative date was assigned using information from referrals with similar outcomes, placing greater weight on records from the same local authority and reporting year.

Once the outcomes of referrals in the CINC dataset were defined, referrals were collated to the child-level using the UPN. In particular, we identify three groups:

- **First-timers** – Children who received support on their first referral to children's social care.
- **Some-Timers** – Children who did not receive support the first time they were referred but did subsequently.
- **No support** – Children who never received support following any social care referral.

3. **Compare educational outcomes across the different groups of children in our study.**

Using the National Pupil Database, we link the child-level social care record data to education and school outcomes. Specifically, we compare outcomes across:

- English and Maths GCSE Results – whether the child received a Grade 4, equivalent to a pass in both GCSE English and Maths.
- Attainment 8 scores – defined as the average grade achieved across eight eligible Key Stage 4 qualifications, as defined by Department for Education.
- Histories of absence, suspension, and exclusion – whether the child was ever persistently absent, meaning they missed at least 10% of sessions in an academic year, and whether they were ever suspended or permanently excluded from school.

**Findings**

*Referrals and Support*

Since 2008/09 an average of 327,000 children in England receive a referral to children's social care every year. In the 2004/05 birth cohort, this equated to an average of over 24,000 children per year from the point at which the cohort entered school in 2009 to the year they were expected to complete their GCSEs in 2021.

By the time all children in this birth cohort had turned 16, more than 151,000 children had received a social care referral at some point in their childhood. This equates to 25% of the approximately 610,000 children born in England during the 2004/05 school year.[13]

**Table 1: Numbers of children receiving a children social care referral and support from children's social care services, 2008/09 to 2020/21**

| Census year of referral start | All pupils | | | 2004/05 birth cohort | | |
|---|---|---|---|---|---|---|
| | no. referrals | % referrals w support | no.pupils | no. referrals | % referrals w support | no.pupils |
| pre-2008/09 | 233,130 | 54.4% | 216,520 | 8,370 | 58.5% | 7,930 |
| 2008/09* | 289,630 | 61.2% | 259,520 | 14,980 | 61.8% | 13,340 |
| 2009/10 | 418,000 | 46.5% | 346,390 | 30,560 | 45.9% | 25,130 |
| 2010/11 | 359,540 | 49.5% | 298,950 | 26,660 | 49.2% | 21,910 |
| 2011/12 | 344,440 | 53.6% | 291,040 | 26,600 | 53.3% | 22,250 |

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[13] We estimate the number of births in the 04/05 school year by taking a weighted average of live births in England in the 2004 and 2005 calendar years. However it is important to note that the number of children in the 04/05 birth cohort will fluctuate year on year due to migration and other factors.

| | | | | | | |
|---|---|---|---|---|---|---|
| 2012/13 | 357,810 | 58.1% | 303,500 | 26,870 | 57.3% | 22,710 |
| 2013/14 | 405,730 | 55.4% | 345,110 | 29,480 | 54.6% | 25,020 |
| 2014/15 | 390,920 | 52.7% | 334,870 | 27,320 | 52.7% | 23,470 |
| 2015/16 | 386,070 | 52.0% | 334,340 | 26,570 | 51.5% | 23,110 |
| 2016/17 | 398,160 | 50.6% | 344,720 | 27,080 | 49.4% | 23,440 |
| 2017/18 | 406,590 | 50.8% | 353,230 | 28,860 | 50.4% | 24,970 |
| 2018/19 | 409,870 | 52.7% | 355,710 | 29,970 | 52.7% | 25,850 |
| 2019/20 | 403,880 | 53.0% | 351,120 | 31,290 | 53.3% | 26,920 |
| 2020/21** | 365,200 | 38.1% | 318,020 | 28,950 | 37.3% | 24,960 |
| **Total** | **5,168,960** | **51.8%** | **2,584,520** | **363,550** | **51.2%** | **151,420** |

*Data collection in 2009/09 began in October, rather than April, resulting in a lower number of referrals.*

*\*\* The reported rate of referrals resulting in support is lower in 2020/21 due to a portion of referrals remaining open at the end of the 2021/22 census year, and thus not being counted as resulting in support due to the way this is defined in the data.*

Averaging across all years of this study, just over 50% of referrals made to children's social care resulted in identifiable support being provided by the local authority. Relatedly, in both the 2004/05 cohort, as well as the full cohort of children in the dataset, just over 50% of children who received a referral got support from social care services the first time they were referred.

**Table 2: Number and proportion of children by time at which support was first provided.**

| Group | Description | no. pupils | | | % pupils | |
|---|---|---|---|---|---|---|
| | | all pupils* | 2004/05 cohort | | all pupils | 2004/05 cohort |
| First-timers | Support provided on first referral | 1,247,840 | 76,650 | | 52.5% | 50.6% |
| Some-timers | Support provided other than on first referral | 312,260 | 25,710 | | 13.1% | 17.0% |
| No support | No support provided | 816,850 | 49,060 | | 34.4% | 32.4% |
| **Total** | | **2,376,950** | **151,420** | | **-** | **-** |

*\* This table does not include referrals where children were older than compulsory school age. As such, the total number of pupils is slightly lower than the figure reported in Table 1.*

As Table 2 demonstrates, of the 102,360 children in the 2004/05 birth cohort that got support from children's social care at some point in their childhood, 75% of these children got this support the very first time they were referred.

The flip side of this is that of the 74,770 children that did not receive help the first time they were referred, the significant majority of this group (66%) went on to not get support from children's social care at any stage, either because they were not

referred again, or because they were not deemed to meet the threshold for support at any subsequent referrals.

Figure 1 below breaks down the numbers of referrals experienced by children in each group. Of all the groups, the "Some-Timers" experienced the highest number of referrals on average, with over a third of children in this group receiving 5 or more social care referrals over their childhood. By contrast, only 13% of children that received support on their first referral would go on to have 5 or more referrals.

This points to the importance of ensuring that support is provided as soon as an issue is identified, to reduce persistent disadvantage.

**Figure 1: Percentage of children receiving one or more referrals, by the time at which they first received support from children's social care. (2005/05 birth cohort)**
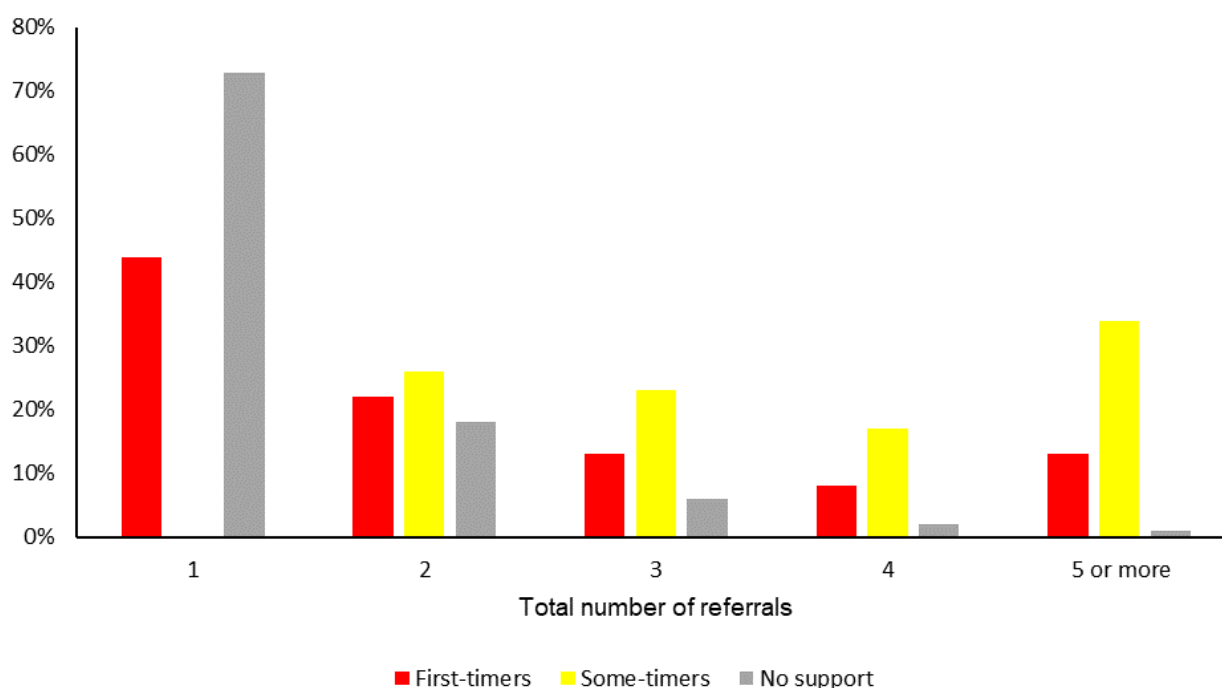


An interesting finding from this analysis is that there are relatively few children who receive multiple referrals to children's social care without ever getting support. Only 3% of the children in the "No support" group had more than three referrals throughout their childhood. In almost all cases, multiple referrals to children's social care will lead to the child getting support.

## *Education Outcomes*

Table 4 below displays attainment data for all children who completed their Key Stage 4 exams in mainstream education between 2019 and 2021. Across the three years, children with a social care referral performed significantly worse than their peers that had no interaction with children's social care services at any point during their childhood, with less than 50% of the 369,550 children with a referral achieving the passing grades in English and Maths.

**Table 4: Education outcomes of children in mainstream state-maintained education between 2019 and 2021, by social care history \***

| | Grade 4+ in English and Maths | 2019 | 2020 | 2021 | Total |
|---|---|---|---|---|---|
| Children with a social care referral | Achieved | 46,150 | 61,290 | 66,420 | **173,860** |
| | Did not achieve | 66,900 | 63,570 | 65,220 | **195,690** |
| | % Achieved | 41% | 49% | 50% | **47%** |
| | % Not Achieved | 59% | 51% | 50% | **53%** |
| | | | | | |
| Children without a social care referral | Achieved | 304,262 | 339,055 | 349,400 | **992,717** |
| | Did not achieve | 122,734 | 98,079 | 94,823 | **315,636** |
| | % Achieved | 71% | 78% | 79% | **76%** |
| | % Not Achieved | 29% | 22% | 21% | **24%** |
| | | | | | |
| **Total** | | **540,046** | **561,994** | **575,863** | |

\* The total number of children with a social care referral for the 2021 exam year is lower than the figures reported for the 04/05 birth cohort in Tables 1-3. This reflects the fact that some children with a social care referral did not complete Key Stage 4 in the expected year, or at all, or completed it outside of the mainstream state sector meaning data is not available or directly comparable.

We see significant rise in attainment between 2019 and 2021 in both social care and non-social care groups due to grade inflation caused by teacher-assessed grading in the first year of the Covid-19 pandemic. This then continued in 2021, with grades remaining high to prevent that graduating class from suffering significant adverse effects of a sudden grade deflation.

Nevertheless, across the three years, children with a social care referral were more than twice as likely to fail either their English and Maths GCSE than their non-social care peers. 53% of children with a referral at some point in their childhood failed to

achieve a Grade 4 or higher in both English and Maths, compared to 24% of those without a social care referral at any point.

Figure 2 demonstrates the overrepresentation of children with a social care referral among the cohort that failed one of their key GCSEs. Only 22% of children sitting their GCSEs in mainstream schools between 2019 and 2021 had a social care referral at some point in their childhood. However, 38% of all children that failed to get a passing grade in either English or Maths during this period did.

**Figure 2: Numbers of children passing GCSE English and Maths in mainstream schools, by social care history. Combined 2019-2021 graduating years.**
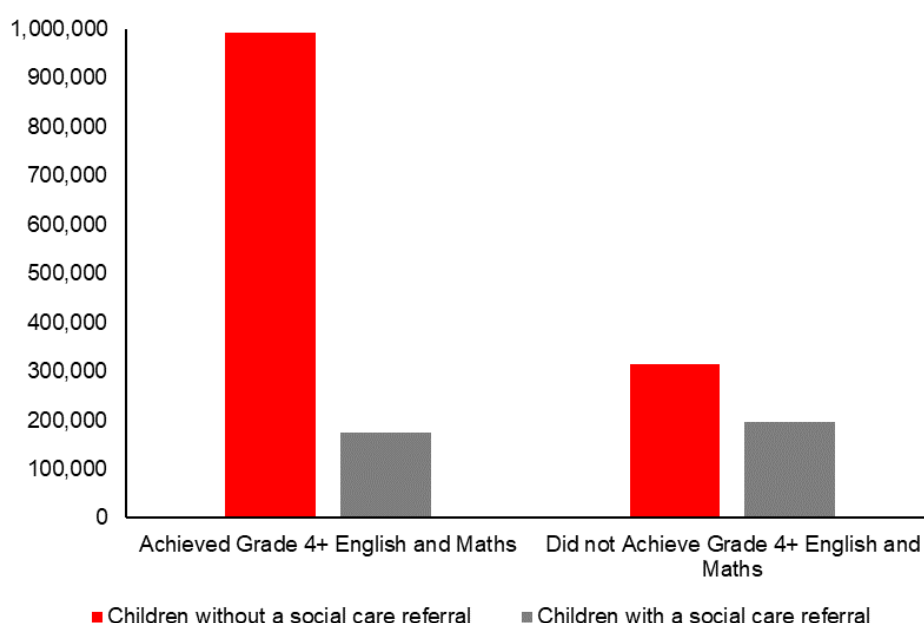


This means that if children with a social care referral achieved at the same rate as those without, there would be an average of 35,500 additional children passing these key GCSEs each year in mainstream schools, or more than 106,000 children over the three years. To put this into perspective, this is roughly 232 children per local authority every year, more than an entire secondary school year group.

We can further break down attainment by the support received by different groups of children that had a social care referral at some point in their childhood. Table 5 shows that of the three groups we identified within the 2004/05 birth cohort, children who did not receive support on their first social care referral have significantly worse outcomes than children who did get support on their first referral.

Children who never got support at any stage had the best educational outcomes of the three groups, however still performed significantly worse on average than children with no referral at all. This indicates that having a social care referral is indicative of challenges in the personal or family life that are sufficient to disrupt education, even when the child's needs are not deemed sufficient to warrant support from children's social care.

**Table 5: Education outcomes by social care history, 2004/05 birth cohort.**

| Group | Description | no. pupils | % in 2021 KS4 cohort | Average Attainment 8 score | % Eng & maths 4+ |
|---|---|---|---|---|---|
| First-timers | Support provided on first referral | 76,650 | 93.5% | 36.1 | 44.0% |
| Some-timers | Support provided other than on first referral | 25,710 | 93.4% | 30.9 | 35.1% |
| No support | No support provided | 49,060 | 94.0% | 40.0 | 51.1% |
| **Total** | | **151,420** | **93.6%** | **36.5** | **44.8%** |

These effects are strongly driven by the number of referrals. As Figure 3 shows, as the number of referrals increase, average educational outcomes at GCSE decreases across all the social care groups we identify. This suggests that the higher average numbers of referrals experienced by the "Some-Timer" group at least partially explains the worse educational outcomes. In practice this may be a signal that the group of children that don't get help on their first referral experience persistent disadvantage in their home lives, resulting in worse social care and school outcomes.

**Figure 3: Education outcomes by social care history and number of referrals, 2004/05 birth cohort.**
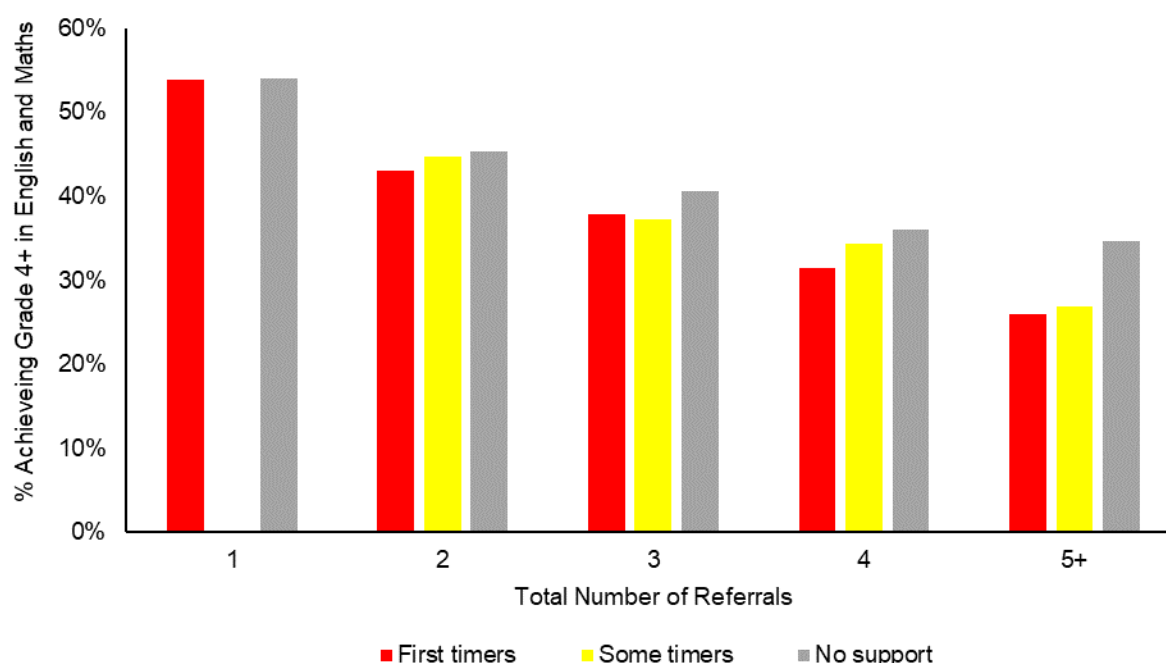
Turning now to other aspects of school records, we see a similar picture. As Table 7 shows, 58% of children with a social care referral in their childhood were persistently absent at some point in their school career, meaning they missed 10% or more of their classes in a given school year. Shockingly, more than 30% of children with a social care referral were suspended from school at some point in their childhood, with 3%, or approximately one in thirty, going on to be permanently excluded.

**Table 7: Absence, suspensions and exclusions by social care history, 2004/5 birth cohort.**

|  | no. pupils | % ever persistent absentee | % ever suspended | % ever perm. excluded |
|---|---|---|---|---|
| First timers | 76,650 | 59.4% | 32.2% | 3.3% |
| Some timers | 25,710 | 69.4% | 41.3% | 4.8% |
| No support | 49,060 | 50.5% | 24.5% | 1.6% |
| **Total** | **151,420** | **58.2%** | **31.2%** | **3.0%** |

As with attainment outcomes, the difference between the groups appears to be related to the number of referrals children receive. Looking at children that have five or more referrals to children's social care over the course of their childhood, nearly 80% were persistently absent from school, and more than 50% are suspended from school at some point.

**Table 8: Absence, suspensions, and exclusions by number of social care referrals, 2004/05 birth cohort.**

| Total referrals | no. pupils | % ever persistent absentee | % ever suspended | % ever perm. excluded |
|---|---|---|---|---|
| 1 | 69,700 | 48.4% | 22.6% | 1.4% |
| 2 | 31,930 | 58.7% | 30.9% | 2.8% |
| 3 | 18,690 | 65.5% | 36.9% | 3.9% |
| 4 | 11,500 | 70.2% | 41.2% | 4.5% |
| 5+ | 19,600 | 78.2% | 51.3% | 6.9% |
| **Total** | **151,420** | **58.2%** | **31.2%** | **3.0%** |

The fact there is a relationship between social care referrals and school suspensions isn't surprising. Behaviour at school can itself be a reason for a social care referral or indeed a sign of trauma. In 11% of cases, a child's suspension and their first referral came in the same academic year. However, overall, the large majority (71%) of the children that had both a social care referral and a school suspension experienced the referral at least year before they went on to be suspended, and 39% were first referred five years before their suspension. This underscores the educational importance of providing support for children facing issues at home, and why it is critical that schools and social care services effectively work together to create a stable environment in which the child can most effectively learn.

## Conclusions and Recommendations

The next government would be right to zero-in on improving school attainment as a key driver of opportunity, social mobility, and long-term economic prosperity.

But, as this research shows, children who interact with the children's social care system experience poorer education outcomes than their peers and form a disproportionately large part of the cohort of children and young adults that are held back by a lack of strong GCSEs.

Improving outcomes for this group has the potential to drive up overall standards and spread opportunity more fairly across the country. But to realize this potential, the government must take an approach to raising standards that goes beyond the classroom and national curriculum. The needs of the group of children that interact with children's social care are varied, and often complex. It covers support for families facing difficulties with mental health or substance abuse, complex trauma, or children needing additional support with learning or managing a disability.

To help this government, and future government to achieve their aims of improving attainment and outcomes for children, we are making the following recommendations.

1. **The Government and Opposition parties should commit to investing to roll out family help services across all 153 local authorities in England.**

   The 2022 Independent Review of Children's Social Care recommended that government invest £2 billion over four years in a new multidisciplinary 'family help' service to help children and families manage their problems before they get too big, and children come to harm.[14] This recommendation came in the context of significant cuts over £1.9bn to preventative children's services over the last decade[15], which has resulted in patchy provision with some areas offering preventative 'early help' services to fewer than 1% of local children.[16]

   The Government's response to the Independent Review, published in early 2023, committed to only testing this new service in 12 'pathfinder' areas until 2025, after which no additional funding or delivery commitments were made. Similarly, the Labour party has been quiet on whether it would expand the reform process should it win the next General Election. Estimates by Action

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[14] *Final Report of the Independent Review of Children's Social Care,* 2022. Available at webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrenssocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf

[15] Children's Service Funding Alliance, *Stopping the Spiral*, 2022. Available at https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/stopping-the-spiral/

[16] Action for Children, *Too Little Too Late: Early Help and Early Intervention Spending in England*, 2022. Available at https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/early-help-is-a-critical-public-service/

for Children, in partnership with Alma Economics and other children's charities found that failing to invest in family help services after 2025 would lead to government paying an additional £14bn for children's social care over the next 20 years, with an additional 30,000 children in care.[17] Unpublished estimates from this Alma Economics analysis place the additional social cost of not implementing family help reforms after 2025, for example from lower educational attainment and worse wellbeing, as averaging £750 million per year over the next 20 years, compared to the scenario where family help is implemented across England in 2025.

As this analysis shows, not supporting children and families to manage their problems can takes a huge toll on a child's life chances, and on society in general. The government has part of the solution already. It now needs political will to act on it.

2. **The government should work with local authorities and multi-academy trusts to pilot new ways for schools and local authority family support teams to work together to support students with challenges in their family or personal lives.**

   This research shows there is a clear need to focus on the educational outcomes of children who interact with children's social care services. Aside from lower attainment, this group is disproportionately likely to have issues with attendance and behaviour, with higher numbers of referrals being associated with higher rates of suspension and exclusion. Even children who are referred to social care without ever meeting the threshold for support experience significantly worse outcomes than their peers.

   The Department for Education should appoint at least one of its 'family help' pathfinder areas to trial new ways of providing family support within and around school settings. Options for this include appointing dedicated educational liaison officers within family help teams to help children that are experiencing challenges with attendance, behaviour, attainment, and school transitions. This could also involve developing an education recovery plan for each child that receives a meaningful social care referral. Such innovations already exist in pockets, but the Department for Education can play a leadership role in formalising these initiatives into pilots and embedding them in guidance.

   There may also be a role for placing family support workers in school settings to support children with issues that fall below the threshold for statutory support. A recent pilot study of placing social workers in schools found that this intervention had little effect on the numbers of referrals or child protection enquiries, but participants did indicate that the support that these embedded social workers provided did address unmet needs in the community. Typically,

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[17] Action for Children et al, *The Cost of Delaying Reform to Children's Social Care,* 2023. Available at https://www.actionforchildren.org.uk/our-work-and-impact/policy-work-campaigns-and-research/policy-reports/the-cost-of-delaying-reform-to-childrens-social-care/

social workers work with children at higher levels of risk than family support workers, and the latter have a different role and skill set when it comes to working with children and families with less acute needs, which may make it more appropriate for a school setting. An evaluation of the educational impact of social workers in schools is expected next year, but a government focused on improving educational attainment should also trial and evaluate new models of boosting school outcomes for children who interact with children's social care at lower need thresholds.[18]

3. **The Government should tackle background disadvantage by uprating the child element of Universal Credit by £15 a week and abolish the two-child limit and benefit cap that disproportionately punish larger and more vulnerable families.**

Poverty and material disadvantage is a significant background condition that underpins family stress and children's social care and educational outcomes. Of the 2004/05 birth cohort we studied, 67.4% of the children that had a social care referral were eligible for free school meals at some point in their childhood. Research on the educational attainment of children in need and children in care also found that a significant proportion of parents of children in need found it hard to afford educational essentials, such as uniforms and internet access.[19]

Current government rhetoric around tackling poverty focuses largely on work as way of boosting incomes. However, Action for Children research has shown that at least 1 in 2 children that are in poverty live in households where adults face significant barriers to work.[20] For millions of families, taking on more work simply isn't an option. Our modelling suggests that raising the child element of Universal Credit by £15 a week, combined with abolishing the benefit cap which limits the amount that families receive in social security assistance would lift almost 320,000 children out of poverty at a cost of £4 billion. In addition to this, the government should also scrap the two-child limit on child benefit payments which arbitrarily punishes larger and more vulnerable families and is a key driver of deep poverty. These changes have the potential to not only spread opportunity to millions of families but reduce pressures on a host of public services including education and children's social care.

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[18] What Works Centre for Children's Social Care, *The Social Workers in Schools Trial: An evaluation of school based social work*, 2023. Available at https://whatworks-csc.org.uk/wp-content/uploads/SWIS-Main-Report.pdf

[19] David Berridge et al, *Children in need and children in care: educational attainment and progress*, University of Bristol, 2020. Available at https://www.bristol.ac.uk/policybristol/policy-briefings/children-in-need-and-in-care-education-progress/

[20] Action for Children, *All Worked Out? The Limits of Work as a Route Out of Poverty*, 2023. Available at All worked out? The limits of work as a route out of poverty and hardship | Action For Children