



Rees Centre



CHILDREN'S SOCIAL CARE DATA USER GROUP MEETING

Monday 26th April 2021: 1pm – 3pm

FIRST SESSION		
13.00-13.05	Welcome and introductions	Nikki Luke, Rees Centre, University of Oxford
13.05-13.25	Conceptual differences between need and activity and data considerations	Peter Fitzsimons, Department for Education
13.25-13.45	Building a data wafer and what you can use it for: integrating the CSC data with area-based measures of need	Calum Webb, University of Sheffield
BREAK		
SECOND SESSION		

13.55-14.15	Contextual safeguarding: using child-level data to inform adolescent safeguarding	Rashid Jussa, Waltham Forest Council and Chair of Children's Services National Performance and Information Management Group (CS-NPIG)
14.15-14.35	The Children's Vulnerability Framework	Leon Feinstein, University of Oxford
14.35-14.50	Guided discussion	Jenny Woodman, Thomas Coram Research Unit, UCL Social Research Institute
14.50-15.00	Wrap-up and close	

NOTES FROM MEETING

- **Conceptual challenges to measuring need**

Please add additional text and/or signposts to relevant literature

1. Demand, need and activity are different concepts and not necessarily overlapping. Some activity will not be driven by need. Demand is a difficult concept for non-voluntary statutory services. See Peter Fitzsimons slides, Venn diagram.
2. Service activity / receipt of services or support is often a poor indicator of need. For example, survey evidence suggests child poverty has increased while % of pupils eligible for free school meals has fallen over time. So free school meals is not a good measure of need over time. See Peter Fitzsimons slides.
3. The concept of 'need' raises many questions. Need for *what*? This implicates specific services/interventions in the concept of need. Can the concept (and measure) of need be broad and widely applicable across child populations or should it always be very specific to the outcome in question? Should we, for example always be making sure

our indicators of need (reflecting our conceptualisation) actually predict the outcome of interest, which would be a way of making sense of the huge amount of data available, e.g. 72 indicators available in the Vulnerability Framework (see Leon Feinstein's presentation).

4. The different ways of conceptualising vulnerability/need have implications for how interventions are designed (i.e. whether interventions are designed to target individuals or to operate at a more structural level).

- **Ways and examples of measuring (or taking into account) need or vulnerability**

Please add additional text and examples of studies, with annotation highlighting relevance

Aggregate indicators of need

5. Neighbourhood (e.g. LSOA) and local authority level indicators of need should not necessarily be considered as a poor substitute for individual level indicators. Area level data opens up a wealth of information to capture family context and conditions and can facilitate investigation into the fact that place itself impacts on our lives. Calum Webb's presentation has a list of indicators/data at different levels. Place can be more influential than individual/household circumstance and can also moderate individual-level relationships between variables. Small area estimation may be a way of moving away from reliance on activity based measures, which are not stable or accurate proxies. See Calum Webb's presentation.
6. However, large LAs are so varied that an LA level analysis can hide a lot of the detail and LAs will structure their team around areas of higher need, which you can't see at LA level.
7. Multi-level modelling can address the methodological issues of mixing data at different levels (e.g. individual, LSOA, local authority level), free courses available e.g. Bristol: <http://www.bristol.ac.uk/cmm/learning/online-course/> The collinearity of indicators of need/vulnerability at an area-level make the case for multi-dimensional indicators of poverty or need using associations between variables as a feature of the analysis, as also argued in social science theory. See Calum Webb's presentation. We can test for collinearity.

Individual data to identify LAs with similar need

8. Individual level data can be used to identify local authorities who are similar in population characteristics but different in intervention approach/outcomes in

order to facilitate sharing of best practice / learning from one another for specific issues (e.g. Adolescent vulnerability). See Rashid Jussa's presentation. This can be done (with support for the logistics and legalities) between local authorities in a region, from the ground up - see Rashid Jussa's presentation. Or potentially by researchers using national level to identify pairs or groups of local authorities who have key similarities in populations and underlying need (and context, e.g. rural/urban).

Specific data sources

9. There are plans to make the pan-London data for the adolescent vulnerability project (Rassid Jussa's presentation) available to researchers but not fully worked through yet. DataSHIELD might be a good platform <https://www.datashield.org/> or secure portal on London Datastore.
10. Cohort study data (e.g. those being run by DfE) could potentially be linked to individual level CSC data to better characterise need in children.
11. Section 251 data (spend data) is designed more as an accountancy tool than as data that can be used to understand the associations between spend and outcomes (or spend and need). It does not reflect the complexity and nuance in CSC. There was interest among the group in collaborating on a project to improve the utility of Section 251 data for analysis, possibly collaborating with a group of willing local authorities and scaling up using a national/regional template.
12. Scotland has linked data for all 32 LAs that will soon be available to researchers through ADR funding. Currently trying to get a health indicator included in Scottish CSC datasets.
13. Health service indicators can be used to characterise child and family need e.g. hospital admissions for alcohol/self-harm and health data is being linked to CSC data.
 - Newly linked health-education-social care data for England: ECHILD dataset <https://www.adruk.org/our-work/browse-all-projects/echild-linking-childrens-health-and-education-data-for-england-142/> So far this is just hospital admissions (not mental health or A&E) but ADR UK are working with DfE and NHS-D to support further linkages to the ECHILD database - with a view to this including mental health data

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- University of Bristol, researchers are in the process of linking Hospital Episode Statistics and Mental Health Data with Children's Social Care Data and the NPD (funded by the Nuffield Foundation)
- Family Justice Data Partnership (funded by Nuffield FJO) have access to family justice data linked to health data for Wales, via SAIL Databank - currently doing analysis for children and adults involved in the family courts.
- Suggestion that DfE should include NHS number in CSC data to facilitate linkage (currently being used in CPIS and Deprivation of Liberty Safeguards)

14. Individual-level Covid-19 Infection Survey data for England is now accessible (on application) via the ONS Secure Research Service - see here (link to data catalogue on right hand side, scroll down to see link):
<https://www.ons.gov.uk/aboutus/whatwedo/statistics/requestingstatistics/approvedresearcherscheme>

Exemplar papers:

Please add!

15. Marçal and Maguire-Jack, 2021: [Housing insecurity and adolescent well-being: Relationships with child welfare and criminal justice involvement](#)
Uses Structural Equation Modelling to test pathways between housing insecurity to adolescent depression and delinquency via contact with the criminal justice and child welfare systems.