



On measuring the number of vulnerable children in England

JULY 2017

Foreword



“Before beginning a Hunt, it is wise to ask someone what you are looking for before you begin looking for it.”

A.A. Milne, *Winnie the Pooh*

Work out how many vulnerable children there are in this country today... Four months, 12 experts, 500 pages and 4 spreadsheets later, and our answer is: we don't know.

It isn't for lack of trying, as this report and its associated technical papers show. The term 'vulnerable' is used in so many different ways – from 'disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances', to children with 'complex needs' or those living below the poverty line - that as soon as you think you've got a grip on it, it floats back out of view.

In one sense of course, all children are vulnerable. What we are trying to pin down here is the group of children who carry with them risks and difficulties which make it much harder for them to succeed in life, to be happy and healthy and have a chance at a good future. Initially we identified 32 groups of children recognised as vulnerable in policy discussions. From children in care to children with special educational needs or the children of parents with limited parenting capacity, these span the social lattice of the country. Alcoholism and drug dependence, abuse, slavery, poverty, ill health and unemployment – all the adult ills are reflected here.

And then we tried to count them. The difficulties were legion. One problem is that many children are in multiple groups, and these are impossible to identify. Another is that some groups are just not measured (e.g., children receiving poor parenting), or very hard to measure. Another is that definitions and the way groups are quantified leave considerable uncertainty. For example, we have an estimate from 2004 No.10 Strategy Unit paper of 945,000 children with a parent with an “alcohol problem” based on a broad definition. However, it is not clear what that figure is today nor exactly how much those alcohol problems impact on children. Therefore for now we have used a more recent and much more conservative estimate of 15,000 based on parents receiving treatment for alcohol addiction.

The figures that we do know about are shocking enough – more than half a million children so vulnerable that the state has to step in; 700,000 in 'high risk' family situations such as living with drug or alcohol addicted parents or in temporary accommodation; at least 800,000 with mental health disorders.

So why bother to define them more closely, to count them more accurately, to insist on knowing more about the links between the different categories of risk – the children who appear in multiple vulnerable groups? We bother because we as a society need to know who these children are, how many they are, and what their different outcomes are, if we are to have any hope of beginning to address their needs.

If even official bodies, the holders of government data and the change-makers, cannot agree on a number between 15,000 and 900,000 for children with alcoholic parents, what hope for policies which truly reflect the scale of the problems and can start to tackle them?

We hope this work provokes a debate and prompts policy-makers to think about the definitions they use to identify vulnerable children and how that affects the way they count them. I want this project eventually to become a living document demonstrating our progress as a country in tracking and addressing child vulnerability.

We can trace in minute detail in this country the academic progress of a child from age 4 to age 18 and beyond. Yet when it comes to describing and assessing the scale of negative factors in a child's life which will hamper their progress, we flounder. This has to change.

A handwritten signature in black ink, reading "Anne Longfield". The signature is written in a cursive style with a horizontal line underneath.

Anne Longfield OBE , Children's Commissioner for England

On measuring the number of vulnerable children

We provide in this report preliminary and experimental estimates of the number of vulnerable children. By “vulnerability¹” we mean here the additional needs or barriers children face may make them likely to live healthy, happy, safe lives, or less likely to have successful transitions to adulthood. Vulnerability can take a wide range of different forms, including physical and mental health difficulties, family problems, and risks of abuse of harm.

We have attempted to measure vulnerability in a range of ways to capture the diversity of meanings attached to the word. There are many different indicators used in different ways by different government departments, agencies and others, leading to confusion about the nature and prevalence of types of vulnerability. Behind the confusion are unidentified and invisible children, suffering a variety of harms and risks. Society and Government will respond more effectively to these issues if there is more clarity about how many children are vulnerable in which ways.

In future versions of this work the label of vulnerability may change. We will consult on this conceptual framework and undertake more analytical work before publishing improved estimates later this year.

As part of this work, we also intend to shed light on children who are “invisible” to the system or whose needs are hidden in some way. This can mean a number of things, such as children who are:

- > Missing;
- > Not known to services – the child is not recorded in information systems used by relevant authorities;
- > Part of a group for which there are no official statistics;
- > Part of a group for which there are only very limited or poor quality studies on views, experiences and outcomes, so their views and concerns are not heard;
- > Part of a group that attracts little policy or media interest.

The estimates presented here are preliminary and experimental for two reasons:

1. The term vulnerability is used in many different ways, and more conceptual work is required to improve the definition and precision of the construct that is to be measured;
2. The data that we have are limited with important gaps in measurement that we point to below.

We are at an early stage of reviewing the literature and available data, so some of the gaps in the analysis thus far reflect limitations of what we have done rather than definitive gaps in measurement. However, by providing preliminary and experimental estimates we aim to highlight the known – and substantial - degree of vulnerability in childhood, and shine a light on some important gaps and limitations.

¹ See Technical Papers 1 and 2 for more detail on our definitions of vulnerability and a short review of the literature.

It is important to say that in some sense all children are vulnerable, if one considers vulnerability in relation to an issue like grooming for sexual abuse, or the possibility of the emergency of parental health issues undermining the parents' capacity to provide adequate care. It is also important to say that in focusing on risk and vulnerability we do not intend to neglect assets and protective factors. It is a firm foundation of most social policy that risk and protective factors must be seen in combination. That will be an important refinement of future work.

We have identified an initial set of 32 groups of children that in public discourse and policy have come to be associated with forms of vulnerability or risk. (See Technical Paper 2 for more detail on the choice of approach and selection of groups.) We then tested the degree to which the number of children in each group can be assessed reliably from publicly available data. We wanted to know whether the relations between the groups are sufficiently understood that we can measure or estimate the numbers of children across groups, recognising that children may have multiple simultaneous "vulnerabilities." We have also reviewed what is known about the potential life, health and wellbeing outcomes among children in different groups. Finally, we have reviewed qualitative literature on the views, perspectives and experiences of children in five vulnerable groups that we thought were under-researched.

This is a long term programme of work which publishes for the first time on July 4 with a first, very preliminary set of definitions and estimates of the nature and scale of childhood vulnerability. It provides a framework for our work to come. We hope that this work will in due course become a 'living document', publicly tracking the most up to date information on the scale of child vulnerability in England, and what we know of the outcomes and experiences of vulnerable groups.

Our aspiration is that by better defining and monitoring the questions of numbers and outcomes, supported by engagement with children and young people, we can ensure that children's voices are better heard, risks are better addressed and opportunities built on. We hope that this work can support and stimulate local and national government, the voluntary sector and others in their identification of vulnerability and response to it.

Methods for the preliminary work

This work has been carried out by the Children’s Commissioner’s Office supported by four groups of consultants and experts who have responded to our call for rapid and high quality review and analysis.

We provide on our website a set of technical reports:

1. A paper on the recent history of attempts to define vulnerability [Coram]
2. A paper that sets out a framework and initial list of 32 groups [Cordis Bright]
3. An assessment of the numbers of children in 29 of the 32 groups [Alma Economics]
4. An assessment of the outcomes of children in 29 of the 32 groups [Cordis Bright]
5. An assessment of the numbers of children with health vulnerabilities (3 of the 32 groups), and of the health outcomes associated with the other 29 groups [Aldaba]
6. Preliminary headline estimates of the overall numbers of vulnerable children [Alma]

We reviewed ways in which vulnerability or associated notions such as complex needs, risk, resilience, deprivation and poverty have been applied in policy terms in UK social policy over the last two decades. These terms are widely applied in policy and practice but sometimes without clear definition in terms of the characteristics of the children concerned, or how the different terms and indicators relate to each other.

We then selected 32 groups based on the most established terms used in policy and practice. These 32 groups are not fixed and have been used only to test the approach and produce preliminary and experimental estimates. The 32 groups do include important and well-established groups, so we are confident that we have identified many of the children that should be included in an estimate of vulnerability. That said, we are also aware that there are important groups missing from the set of 32, that some groups could be specified in more precise and useful ways, and that the underlying data have multiple weaknesses.

This set of 32 groups include very diverse forms of vulnerability ranging from the direct experience of slavery or trafficking to risk factors like having a parent with a mental health condition or being in a low income household; from being taken into care to being a member of a gang. The set of groups is deliberately diverse to span the terrain of what it might mean to be vulnerable, and to test the approach.

For each group we have undertaken rapid reviews of what is known about how many children are in the group and what evidence is known on their life, health and wellbeing outcomes as they transition into adulthood.

The 32 groups are set out in Table 1, together with our initial estimates of the numbers in each group based on provisional definitions.

Table 1. Headline numbers for vulnerable groups (England)

	Group	Definition	Number of children	Data source
1	Children Looked After (CLA)	Children looked after at 31 March 2016	70,440	Children looked after in England including adoption
2	Children who are subject to a Child Protection Plan (CPP)	Children who were the subject of a CPP at 31 March 2016	50,310	Characteristics of children in need
3	Children in the secure estate and Secure children's homes	Children in the secure estate (February 2017)	824	Youth custody data
		Children in Secure Children's Homes (SCHs) (31 March 2016)	192	Secure children's homes statistics
4	Children in Need (CIN)	Children in need at 31 March 2016	394,400	Characteristics of children in need
5	Unaccompanied Asylum Seeking Children (UASC)	UASC looked after at 31 March 2016	4,210	Children looked after in England including adoption
6	Care Leavers	Children who ceased to be looked after during 2015-2016	31,710	Children looked after in England including adoption
		Care leavers aged 17 years old at 31 March 2016	910	Children looked after in England including adoption
7	Children who are subject to a Special Guardianship Order (SGO)	Children involved in Special Guardianship Orders during Q1- Q4 2016 in England and Wales	7,323	Family court statistics
8	Adopted children	All CLA who were adopted during the year ending 31 March 2016	4,690	Children looked after in England including adoption

Group	Definition	Number of children	Data source	
9	Children who have special educational needs and/or disability (SEND)	1,228,785	Department for Education, Special educational needs in England: January 2016	
10	Children who have mental health difficulties	805,950	Authors' calculations based on population estimates and ONS survey "Mental health of children and young people in Great Britain," (2004)	
11	Children who have physical health issues	1,478,487	General Lifestyle Survey (2011)	
12	Children in workless families	1,148,000	Children living in long-term workless households: UK	
		Children living in workless households (December 2016)	1,057,142	Working and workless households in the UK
13	Children in low-income families	1,141,598	Schools, pupils and their characteristics	
		Children in relative poverty	2,100,000	Households below average income
		Children in material deprivation and low income	1,368,000	Households below average income
		Children in material deprivation and severe low income	456,000	Households below average income
		Children in absolute poverty	2,000,000	Households below average income
		Children in persistent low income	1,357,278	Income dynamics

Group	Definition	Number of children	Data source
14	Children who are homeless or who are in insecure/unstable housing	118,960	Statutory homelessness and prevention and relief
15	Children not meeting the threshold for social worker intervention (Pre-section 17)	158,060	Characteristics of children in need
16	Teenage parents	885	Births by parents' characteristics in England and Wales
	Teenage mothers - Births by age of the mother (2015)	5,788	Births by mothers' usual area of residence in UK
17	Children in non-intact families	3,043,000	Families and households in the UK
18	Undocumented children and children without legal identity/ regular immigration status	120,000	No Way Out, No Way in (Sigona and Hughes, 2012)
19	Young carers	171,024	2011 Census updated using authors' estimates
20	Children in troubled families	407,924	National Evaluation of the Troubled Families Programme 2015 – 2020

Group	Definition	Number of children	Data source
21 Children whose parents use substances problematically	Children under 18 years old living with adults in contact with drug treatment (2011/12)	103,742	Statistics for drug treatment activity in England – parents and children who live with their children under-18 in 2011/12
	Children under-16 years old affected by parental alcohol problems (2004) – estimates for 2015	945,919	Prime Ministers Strategy Unit (PMSU) (2004) Alcohol Harm Reduction Strategy for England, Cabinet Office
22 Children whose parents may have limited parenting capacity	No headline figure		
23 Young people Not in Education, Employment or Training (NEET)	NEET aged 16-18 years old at the end of 2016	121,000	NEET Quarterly Brief
24 Excluded children	Pupil enrolments with one or more fixed period exclusions (academic year 2014/2015)	154,060	Permanent and fixed period exclusions in England
	Permanent exclusions (academic year 2014/2015)	5,800	Permanent and fixed period exclusions in England
25 Children involved with the criminal justice system/young offenders	Young people cautioned or sentenced during the year ending 31 March 2016	31,193	Youth justice statistics
26 Children in gangs	Children aged 10-18 who are members of a street gang	46,053	Proportion of children aged 10-15 who were involved in gangs, 2013/14 (ONS)

Group	Definition	Number of children	Data source	
27	Children in Need who have childhood experienced trauma/abuse	Children in need at 31 March 2016 due to neglect or abuse	199,720	Characteristics of children in need
28	Children who have been victims of modern slavery	Number of minor potential victims in 2016	1,204	National Referral Mechanism (NRM) Statistics – End of Year Summary 2016
29	Missing children	All children missing during the financial year 2015-2016	56,331	Missing Persons Data Report
30	Absent children	All absent children during the financial year 2015/2016	11,494	Missing Persons Data Report
31	Children with BME background	Children with BME background (2011)	2,894,630	2011 Census
32	Sexual and gender minority children	Sexual minority (LGBT) children aged 16-17 – estimates for 2015	42,000	Sexual identity, UK

Note: See Technical Papers 3 and 5 for more detail on the sources for these estimates and discussion issues in measurement. Where we can we have reported total numbers of children in England in each group, but for some groups only new cases are known (e.g. group 7), or data are not available for England only (e.g. group 18). Where this is the case it is specified in the “definition” column.

The review identified three particularly important technical challenges in assessing the numbers in these groups.

Lack of clarity on definitions.

Some groups have imprecise or unclear definition. For example group 22, “*Children whose parents may have limited parenting capacity*,” has no formal definition or measurable indicator. Similarly, group 11 “*Children who have physical health issues*” could be defined in a range of ways depending on the degree of severity and vulnerability resulting from physical health issues. Therefore, we have estimates ranging from 206,000 children, based on data on the numbers of children with complex needs or life-limiting conditions from the Council for Disabled Children²; to roughly 700,000 children based on an estimate published by the ONS for children who have a *limiting*, longstanding illness, disability or infirmity³; to 1,478,487 children who have a longstanding illness, disability or infirmity in the ONS estimate⁴. This wide range indicates the nature of the difficulties in defining and estimating specific levels of vulnerability. We have used the last of these figures for our headline number.

Hidden or invisible children.

Identifying all children in each group is challenging. Many of our numbers only capture children who are vulnerable *and known to services*. When the data source is official statistics based on a service or authority’s records, children who did not present to services or were not reported to authorities are unlikely to be captured in national statistics, monitoring data or other forms of data.

Double counting.

The groups are not mutually exclusive. This poses a challenge in the estimation of total numbers of vulnerable children, as this cannot be obtained just by adding up the individual figures. A child-level dataset including indicators for all 32 groups would be necessary in order to avoid double counting and accurately gauge the total number of vulnerable children under this definition. We have made estimates below.

We also note two important issues in terms of reporting the data.

Belonging to a vulnerable group does not necessarily mean a child is vulnerable.

There is considerable diversity within each of the 32 groups. The groups outlined in this report identify groups of children that are at risk of poorer outcomes. However, not every child that is in a vulnerable group will experience harm or poorer outcomes, and even if that does arise it may only be at a specific point in time. Some of the identified vulnerable groups would be better understood as risk factors for vulnerability, rather than indicators of vulnerability in and of themselves.

Labelling and stigma.

There are intense political and analytical disputes about the names and concepts in this list, which is why we will consult widely before progressing. For example, we have included “non-intact families” as a group, although it is now widely recognised that a more critical issue as far as the welfare and well-being of most children is concerned is the quality of the relations between the parents, rather

² <https://councilfordisabledchildren.org.uk/help-resources/resources/understanding-needs-disabled-children-complex-needs-or-life-limiting-conditions>

³ Calculated by the ONS using data from the General Lifestyle Survey (2011):

<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/compendium/generallifestylesurvey/2013-03-07>

⁴ General Lifestyle Survey (op. cit.)

than the status of their relationship⁵. The quality of relationship is harder to measure than non-intact status as a measure of disadvantage and in the public debate there is still extensive use of the non-intact measure and so we have used it here. We do so knowing it to be a poor indicator of what matters and with intention to improve on it in future work.

It is also important to stress that we are not suggesting that these metrics become targets or part of the accountability and incentive structure of institutions and service providers. By better understanding the issues of measurement across this wide terrain of measures we can get closer to developing accurate and meaningful measurement of important trends. This can help shine a light on issues and sharpen the hearing of the voices of vulnerable children and their families.

⁵ Harold, G.T., et al., Interparental conflict, parent psychopathology, hostile parenting, and child antisocial behavior: examining the role of maternal versus paternal influences using a novel genetically sensitive research design. *Development and Psychopathology*, 2012. 24(4): p. 1283 – 1295; Early Intervention Foundation: What works to enhance inter-parental relationships and improve outcomes for children. <http://www.eif.org.uk/wp-content/uploads/2016/03/What-Works-To-Enhance-Inter-Parental-Relationships-and-Improve-Outcomes-for-Children.pdf>

What can we say about the overall number of vulnerable children?

In order to provide higher level aggregate totals of the number of vulnerable children we have classified the 32 groups into four broad types of vulnerability, starting from the most severe types to less severe types. Table 2 provides these experimental estimates. See Technical paper 6 for detail of how the aggregate totals were estimated from the numbers in the 32 groups, drawing on some other sources and taking double-counting into account as much as possible.

Table 2a. Summary aggregate totals of vulnerable children in England

Vulnerability type	Estimated number of children in England
Type 1. Children directly supported or accommodated (or previously accommodated) by the state	580,000
Type 2. Children and young people whose actions put their futures at risk	370,000
Type 3. Children with health-related vulnerabilities	2,300,000
Type 4. Children with family-related vulnerabilities	670,000

Table 2b. Aggregate totals of vulnerable children in England, detail

Vulnerability Type 1. Children directly supported or accommodated (or previously accommodated) by the state	Number of children
Children in Need	394,400
Children who have special educational needs and/or disability (SEND) (with Education, Health and Care (EHC) plan)	236,805
Children involved with the criminal justice system	31,193
Children in the secure estate or secure children's homes	936
Children adopted during 2016 (inflow)	4,690
Young people who ceased to be looked after aged 16-18	16,569
Children involved in Special Guardianship Order during 2016 (England/Wales, inflow)	7,323
Children who have been reported as potential victims of modern slavery during 2016 (inflow)	1,204
Children with severe and/or complex mental health problems requiring Tier 4 services	9,095
Estimated total type 1	580,000

Vulnerability Type 2. Children and young people whose actions put their futures at risk	Number of children
Young people Not in Education, Employment or Training aged 16-18 years old	121,000
Teenage mothers aged 19 and under living with their children in 2016	36,000
Excluded pupils (Including fixed period and permanent exclusions)	159,860
Children aged 10-18 who are members of a gang	46,053
Children reported missing in 2014	54,947
Estimated total type 2	370,000

Vulnerability Type 3. Children with health-related vulnerabilities	Number of children
Children aged 0-17 with a long-standing illness, disability or infirmity	1,478,487
Children aged 5-17 who have mental health disorders	805,950
Children who have special educational needs and/or disability (SEND) (Not on an EHC plan)	991,980
Estimated total type 3	2,300,000

Vulnerability Type 4. Children with family- related vulnerabilities	Number of children
Children under 18 years old living with adults in drug treatment (England, 2016)	11,624
Children under 18 years old living with adults in alcohol treatment (England, 2016)	15,499
Children who are homeless or who are in insecure/unstable housing (households in temporary accommodation)	118,960
Children in the 'troubled families' programme	407,924
Young unpaid carers 5 to 17 years old	171,024
Estimated total type 4	670,000

Source: Alma Economics. See Technical report 6

In order to estimate a total for each type, we have tried to remove potential double-counting where possible. For example within type 1 “children directly supported or accommodated (or previously accommodated) by the state,” we estimate the number of SEND children who are also registered as Children in Need and subtract it, so that the overall total for the aggregate group does not double count children who are in both groups. In order to account for these overlaps we used official statistics where possible, but given no official statistics on overlaps existed for most groups we also utilised information from the literature on the co-occurrence of different vulnerabilities to arrive at approximate estimates. Given time constraints, we did not seek to obtain and utilise individual-level datasets that may have helped us estimate overlaps more accurately, at this stage of the work programme.

For example, no estimate exists on how many gang members are also NEET, but there is related evidence on how many children in gangs are not in full-time education, as well as how many are unemployed - together providing us with a rough range of the likely number of gang members in the age group of interest who are also NEET.

There are clearly significant challenges in ensuring that all the double-counting across every group within in each type is dealt with, but our preliminary work has made progress as set out in Technical Paper 6.

More challenging is the issue of double-counting across the four types. We do not know from existing data how many children “who are directly supported or accommodated (or previously accommodated) by the state” (Type 1) also have health-related vulnerabilities (Type 3). Therefore, the four types cannot simply be combined to create one total number of vulnerable children.

Another issue to note is the limited availability of information on the number of children in a particular group, also referred to as the ‘stock’ of children. For example, there are official statistics reporting on the number of children who became the subject of a Special Guardianship Order (SGOs) during the past year but there is no information on all children currently with SGOs in England. Where relevant and possible, we have provided estimates of the stock of these groups. We have specified where the headline numbers report inflow numbers only.

Some of the component numbers in Table 2 that form part of the headline, aggregate numbers are different to the summary numbers in Table 1 because different decisions have been taken about the appropriate definition and level of vulnerability to include:

An important group from Table 1 not included in Table 2 is Children in poverty (groups 12 and 13).

This is an important example of wider risk to children from family circumstances including social housing, parental skills and other factors, that we will consider in future work

Children in detention. Table 1 reports the number of children in the secure estate and children in secure children’s homes separately. In Table 2 we combine this number, taking the overlap into account.

Care leavers. Table 2 provides estimates of the number of young people who ceased to be looked after aged 16-18. In Table 1 we have reported “Care leavers aged 17 years old at 31 March 2016”

(from Experimental DfE data). Also, Table 2 includes an estimate of the stock, while Table 1 reports the inflow.

Children who have special educational needs and/or disability (SEND). In Table 2 we have classified children requiring support without EHC plans as children with health-related vulnerabilities (Type 3) and children with EHC plans as children directly supported or accommodated (or previously accommodated) by the state (Type 1).

Teenage parents. We have estimated the stock of teenage mothers in Table 2 using LFS data.

Children whose parents use substances problematically. In Table 1 we have used estimates from 2004 that took a broad definition of parental alcohol problems and estimated the number of children impacted. This gives a total of 945,000. However, for Table 2 we have used more recent and much more conservative estimates of 15,000 based on parents receiving treatment. This provides a lower bound estimate of the true level and in future work we will assess in more detail the true level of vulnerability.

Missing children – the Missing Persons Data Report from 2015/2016 is currently under revision. Consequently, Table 2 uses data from 2014/2015.

Headline estimates on outcomes for the 32 groups

We conducted rapid exploratory research to investigate the risks of poor outcomes (both in childhood and adulthood) that have been associated with being a member of a vulnerable group in childhood. (See Technical Papers 4 and 5 for more information.) This review focussed on identification of findings that showed absolute and differential outcomes compared to other groups or the general population of children and young people. We also assessed the gaps in quantitative research evidence concerning outcomes for vulnerable children and young people.

We considered outcomes in six domains:

1. Educational. Qualifications (e.g. GCSEs, A-level / equivalents, degree, other qualifications), school exclusion, literacy, numeracy, “education and employment status”;
2. Economic. Average income, disposable income, pension, employment / unemployment / economic inactivity, home ownership / renting / homelessness, living in poverty;
3. Social. Positive family relationships / stability of relationships, positive parenting, community attachment, social isolation;
4. Behavioural. Offending, anti-social behaviour, re-offending, victimisation, likelihood of being incarcerated, involvement in risk-taking behaviours;
5. Physical health;
6. Mental health.

The findings are limited to associations between vulnerable groups and outcomes. The review does not include commentary on causation or theories of causation.

The results for specific vulnerable groups amongst the 32 can be seen in Technical Papers 4 and 5. At this stage the data that has been gathered varies considerably both in terms of quality and in how differences are specified. For example, the following three outcome statistics all show some important elements of the vulnerability of specific groups but come from different sorts of studies, at different dates with very different sorts of ways of expressing differences:

Group 1: 10% of looked after children were excluded from school for one or more fixed period in 2014, compared to 2% of all children⁶.

Group 9: Children who have special educational needs and/or disability. Figures from the British Crime Survey 2010-11 show that 39% of 16-34 year olds who had a disability were a victim of crime compared to 28% of 16-34 year olds who did not have a disability, a gap of 11 percentage points⁷.

Group 9. The mental illness regression coefficient for children with special educational needs at age 11 is 0.13. This means that those with special educational needs had an increased likelihood of experiencing mental illness⁸.

In the next iteration of this work we will review a broader range of studies and convert all estimates to a common format.

Where do we still not know enough?

Numbers

While there are good quality statistics on the number of many groups of vulnerable children, there are still pronounced knowledge gaps which need to be addressed. 'Invisible' children, with limited quality data reporting on their circumstances, characteristics or experiences, may be particularly vulnerable. Without an understanding of prevalence, it is difficult to identify the appropriate scale of support required to meet the needs of the population of children in high risk situations.

In our review, the following groups lacked official or national statistics, often because data are not readily available:

Group 3, Children in mental health detention (a component part of group 3 – children in detention)

Group 14, Children who are homeless or who are in insecure/unstable housing, other than temporary accommodation.

Group 15, Children not meeting the threshold for social worker intervention (Pre-section 17)

Group 19, Undocumented children and children without legal identity/ regular immigration status

⁶ Department of Education (2016). Outcomes for children looked after by LAs: 31 March 2015. London: Department for Education. Available at: <https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-las-31-march-2015> [Accessed 20 April 2017]

⁷ Office for Disability Issues. (2013). Disability Equality Indicators. <http://webarchive.nationalarchives.gov.uk/20131128110838/http://odi.dwp.gov.uk/disability-statistics-and-research/disability-equality-indicators.php>

⁸ Patalay P, et al. Correlates of Mental Illness and Wellbeing in Children: Are They the Same? Results From the UK Millennium Cohort Study. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2016;55(9):771-783

Group 21, Children whose parents use substances problematically and are not in contact with treatment services

Group 22, Children whose parents have limited parenting capacity

Group 26, Children in gangs

Group 27, Children who have experienced trauma and abuse but not reported to social care services

Group 28, Children who have been victims of modern slavery but not reported to the National Referral Mechanism

Group 30, Absent children

Group 32, Sexual and gender minority children

Children who are exposed to domestic violence

Children in families where there is inter-parental conflict

Another common problem is the limited availability of information on the total number of children in a particular group as opposed to the number of new cases in a particular period. For example, official statistics on the number of children who have been adopted (group 8), left care (group 6) or are subject to a Special Guardianship Order (group 7) only report the numbers who entered these groups during the year rather than the total number of all those children. The same issue holds for teenage parents (group 16), as information provided by the ONS is concentrated on teenagers becoming parents each year.

The quality of non-official statistics varies greatly. Some sources provide ongoing updates with robust methodology while others may be one-off studies using limited sample sizes. While official or national statistics still have limitations, the standardisation of practice plays an important role in ensuring quality.

The reasons behind these knowledge gaps vary greatly. Some groups are inherently difficult to track administratively due to the covert or illegal nature of their circumstances, such as undocumented children and children without legal identity/ regular immigration status or children in gangs, although lack of conceptual clarity and movement in and out of groups also account for some of the difficulty of accurate measurement. In other situations, socio-political factors may influence knowledge gaps. For example, collecting information on the sexual and gender identity of children can be a controversial undertaking. Other groups may have vulnerabilities that are simply below the radar or threshold of most services.

Outcomes

There is very little evidence on the long term outcomes in adulthood of children in many vulnerable groups as many of these groups are absent or poorly measured in national studies.

Particular gaps were apparent in the searches completed in this review for the following groups:

Children not meeting the threshold for social worker intervention (Pre-section 17);

Undocumented children and children without legal identity/regular immigration status;

Children whose parents may have limited parenting capacity.

The evidence base for vulnerable groups of children and young people is stronger where there has been a long-term focus and interest from government, policy makers and researchers on the group, e.g. looked after children, NEET / Pre-NEET children, children from minority ethnic populations, and children from “troubled families”.

There appears to be less strong evidence where groups have low numbers in the population (e.g. unaccompanied asylum seeking children, undocumented children and children without legal identity/regular immigration status) or unclear and inconsistent definitions, (e.g. Pre-section 17, children involved in gangs, children in non-intact families.)

Next steps

In summary, we have developed an initial framework for defining vulnerability in childhood that enables us to produce preliminary and experimental estimates of the number of vulnerable children in England. We will now consult on the specific definitions and terms and undertake additional reviews to address key knowledge gaps. This is likely to lead to a broader and amended set of vulnerable groups.

This year we will conduct additional reviews on the topics of vulnerability in infancy, children missing from mainstream education, mental health and pre-section 17 as initial areas of concern identified by this review. We will also conduct additional research to review across a broader literature what is known about outcomes of each of the groups selected for the next stage and consider in a handful of areas how spending by public services relates to the levels and types of vulnerable children in each area.

If you would like to participate in the next stage of the work, please let us know by email to info.request@childrenscommissioner.gsi.gov.uk. We would be particularly delighted to receive comment on the rationale and methods of this first stage of the work, offers of engagement from Local Authorities and other agencies working with relevant data, or from academics, and others with expertise in policy and practice to participate in Advisory Groups for the next stage of the work.



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