REPORT 1

A public health approach to child protection

It is the children of the poor who are taken into care, yet there is no evidence that their parents pose more risk. A system built to investigate and remove should become one that supports every family before harm is done.

Dr Charlotte Ritchie October 2026 England Reading time 18 minutes

Child Protection: A Public Health Approach · Report 1 · October 2026
Based on chapter 4 of *Child Protection – A Public Health Approach: Reducing the Numbers in Care* (2021), with framing from the preface and chapters 2 and 3, updated with 2023–26 figures and law.

In brief

- The number of children in care in England has risen by 72% since 1994, to 81,770. There is no clear evidence that this has reduced the number of children who die at their parents' hands.
- Time and again it is the poorest whose children are taken into care, while their wealthier counterparts rarely come under the spotlight. The evidence for more harmful parenting in any one social class is scant.
- Income determines agency: childcare, counselling, secure housing, help at home. Those with low or no incomes are assessed by social workers instead.
- Domestic violence, drug and alcohol misuse, poor mental health and psychosis can all be addressed through relatively inexpensive public health approaches.
- We set out how the current cycle works, what a different model would look like, and the changes needed to make it happen.

81,770

children looked after in England, 31 March 2025

DfE 2025

£9bn

spent on children in care in 2024–25, against £1.9bn on family support

DfE 2025

10×

more likely to be in care or on a protection plan in the poorest tenth of neighbourhoods than in the richest (UK)

Bywaters et al. 2020

1 It is time for change

When I began training as a social worker in 1995, the Cleveland inquiry into child sexual abuse was still fresh in everyone's minds, along with the scandals of children's homes in North Wales, Leicestershire and Staffordshire, and the deaths of children such as Maria Colwell and Jasmine Beckford. Every one of those tragedies led to tighter procedures, and to more children being placed in the care of the state.

On 31 March 2025, 81,770 children were looked after by councils in England, 72% more than in 1994.[1] Yet the number of children who die from abuse or neglect has not obviously fallen. In 2003 the Health Secretary told Parliament that about 80 children a year died this way; the best later estimate, for 2009–10, was around 85 violent and maltreatment-related deaths a year.[2] Placing thousands of children in care has not been shown to make them safer. So what are we doing?

We know the outcomes for many children in care: the many thousands who end up in our prisons, our homeless shelters and, as adults, our graveyards. It is not all tragedy. Many go on to lead fulfilling lives. But we are concerned here with the thousands whose lives are blighted, or at worst, lost.

> Care is not the answer for most children. Universal support, and a public health approach, is.

Public health works on the causes of harm across a whole population, not just on the people who are already ill. Applied to children and families, it means support that is inclusive, universal, accessible and welcomed by parents, rather than a system targeted at particular families and driven by the fear of the worst case.

2 Why are poor parents more vulnerable?

Time and again it is the poorest whose children are taken into care. Across the UK, children in the most deprived tenth of neighbourhoods are over ten times more likely to be in care or on a child protection plan than children in the least deprived tenth.[3] In England today, the most deprived fifth of council areas have 84 children in care for every 10,000 children; the least deprived fifth have 48.[4]

Yet the evidence that any one social class parents worse than another is scant. In a study of 391 young people aged 13 to 15, Ritchie and Buchanan found that parenting was similar across social classes, but that pupils at private schools reported *more* negative parenting in 11 categories. In six of them the difference was statistically significant:

Young people reporting that…	Private school pupils	Pupils at schools in special measures
Dad is not interested in me	12.5%	5.0%
Dad sometimes frightens me	33.8%	16.7%
Mum sometimes frightens me	16.9%	10.0%
Dad treats me unkindly	9.2%	1.7%
Dad is not loving	16.9%	11.7%
Dad sometimes hits me quite hard	10.8%	5.0%

Negative parenting also tended to go with higher scores on the Goodman Strengths and Difficulties Questionnaire, a sign of greater risk of psychological distress.

For most of the children entering care, vulnerability is linked overwhelmingly to poverty and unequal access to opportunity and support. The crises that bring families to the attention of social services, violence, heavy drinking, a psychotic episode, are for the poor often triggered by the situation in which they find themselves: in

debt, with no security of tenure, more physical and mental health problems, more children to provide for and less opportunity to do so. Those reading this report have agency; they feel able to act in most spheres of their lives. Those on low incomes often feel powerless.

Wealth inequality means being unable to afford what most of the country takes for granted: counselling, babysitters, nannies, holidays, glasses, safe cars, housing in a good area. It means having to ask the state for help, letting the state set the terms of that help, and running the risk that in seeking it, the state will take the children.

3 The cycle, and how to break it

The seemingly easy solution, still practised 150 years after Dr Barnardo, is to take the child out of the home. But in the long term the child is frequently damaged by care, and the cycle continues into the next generation.

THE CURRENT CYCLE, IN USE SINCE THE MID-19TH CENTURY

A poor parent with poor skills → No early years exposure to better models of parenting → Minimal financial provision for support → Child protection concerns →

Costly child protection investigations, conferences and care proceedings → Care: about £38,100 a year for a fostering placement, £318,400 for a children's home place, plus social work and legal costs → Mental health, homelessness and substance misuse support for the young adult → Poor parenting of the next generation

…and round it goes.

A PROPOSED FUTURE MODEL

A national public health campaign on what parenting involves → Home visiting, like the Family Nurse Partnership, for every new parent who wants it → Free nursery places from age two, optional, as in France → A whole-school approach in every school and early years setting →

Where a child struggles: support, at home if needed → A trained pedagogic workforce and fast links to addiction, mental health services and mother and baby units → An expectation that the family will stay together

The aim: fewer than 10,000 children in care, not 81,770, and a next generation of better-supported parents.

This takes training, it takes resources (although fewer), it takes belief that the poor, like the rich, can be redeemed, and it takes clear policy and professional direction. In 2024–25 councils in England spent £9 billion on children in care and £1.9 billion on family support services.[5] The money exists. It is being spent at the wrong end.

4 Domestic violence

Some children end up in care because the victim, usually the mother, cannot provide a home or a place of safety. For mothers, home is key. It cannot be acceptable that the presumption should always favour the perpetrator, so that it is the mother and children who must protect themselves by flight.

ANNA'S STORY

Anna lives with her partner Shane in a private rented flat. Shane has hit her several times when drunk, and the last time their three-year-old son saw it all. When she asks him to leave, he drags her into the kitchen by her hair and picks up a knife, before throwing it down and storming out.

Anna calls the police. With no witness but her son, no visible bruising and Shane denying it, they take no further action and suggest she see a solicitor about an occupation order. The solicitor says she will need evidence for legal aid: a letter from her GP or social services. Her GP suggests child protection social workers. The social worker assesses Anna's parenting, but never meets Shane, and warns her that if she cannot go to the police or provide evidence, she will have to consider a refuge twenty miles away.

As Anna hesitates, the violence escalates. A neighbour hears her screams. Shane is arrested and her son is taken into care on an emergency protection order. The tenancy is in Shane's name, so Anna moves to the refuge, then to bed and breakfast. Her son is returned to her on a care order for emotional abuse. She is now depressed and close to hospital. Shane, who received a police caution, still lives at the old address with a new partner, who is expecting their first child.

A public health response means acting quickly to remove the abuser, not the family. A domestic violence protection order lasts no more than 28 days.[6] New domestic abuse protection orders, with no maximum duration, are being piloted until November 2026.[7] Women need to be able to obtain an order excluding the abuser within 24 hours, even where the evidence is not yet complete. Someone may suffer an injustice, but it is far better for the parent and child to stay safe in their home than for them to be cast onto the mercies of the welfare state or the charitable sector.

See *Briefing 1: Why children die at their parents' hands* for more on domestic violence.

5 Drugs and alcohol

A wealthy addict can afford au pairs, nannies and a steady supply. A poor addict has neither support nor supply, and often a chaotic life in which caring for anyone is even harder, amid debt, the risk of eviction and offending. When the substance misuse gets too bad, the children go into care. Just as our prisons are full of people who were once in care, so are our streets.

The more challenging option is to open more residential rehab services where parents and children stay together, and to train the workforce so that parents are encouraged and supported to go into treatment with their children. Projects such as Trevi House in Plymouth show it can be done, yet they are few and far between. In a South London study, 82% of mothers in treatment who were involved in care proceedings had their child placed in care; the researchers concluded that treatment services "are not designed to support mothers in retaining the care of their children".[8]

In my own experience, poorly trained and resourced social workers and housing officers are far too quick to take the simple course: evict the mother for dealing or rent arrears and take the children into care. Building for the future takes more thought, but less money.

6 Postnatal depression and psychosis

The key to support for postnatal depression or psychosis is early recognition and positive support. Leaving new mothers of any age to get on with it very soon after birth leaves many isolated, especially lone parents. Even well mothers who have been through the shock of childbirth need warmth and guidance.

Not all women immediately love their children. Feeling inadequate, angry, exhausted or irritated by a newborn is all within the spectrum of parenting, and all parents need to be able to talk about these feelings without fear of judgement.

The Family Nurse Partnership can build a trusting bond between professional and parent, in which difficulties are discussed and early signs of illness noticed. But it is available only to first-time mothers aged up to 24, under local criteria, and several local programmes have closed.[9] It is not good enough for home visiting to be offered only to those deemed vulnerable: many will be missed and others will feel stigmatised. A universal service, invested in by the state, could support every family through a child's first two years.

7 Mental health

We know that mental health problems can be linked to emotional abuse, neglect and, in extremis, injury or death. We also know that the vast majority of parents with mental health problems are excellent parents. So why are proportionally more children taken into care from among the poor?

Mental illness is linked to an accumulation of stressful life events, and those events fall disproportionately on people with low incomes. From a public health and prevention perspective, medication may damp down symptoms but will not prevent onset. The harder task is to reduce the stresses: poverty, unemployment, low skills, insecure housing and inequality.

A lone mother with a severe mental illness may be desperate for help, yet balk at asking her GP to admit her, or at admitting her slipping grip on reality, for fear that her children will be taken away. There is no one waiting to step into the breach. Where a better-off parent needs respite, admission to hospital or simply time out, there is money for childcare, a nanny or private counselling. They do not go cap in hand to the state, so the state does not interfere.

> **A HOME SUPPORT SERVICE**
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> One solution is for councils to commission or provide a home support service, in effect a nannying service, for families on low incomes in times of crisis. Sounds crazy? Think of the army of carers who support older people at home. It would be needed only where there is a risk to both child and parent, and it should always be available when a parent comes home after hospital treatment for severe psychosis or depression, the period of greatest risk. Children could stay in their own homes, with their own things, at their usual school, and as little disturbed as possible.

Any parent with a severe mental illness should also be asked about thoughts of harming their children, just as we now ask about suicide. Asking does not increase the risk. It gives the parent the chance to talk, and the treatment that can follow. Living in fear that your children may be taken if you say what you are thinking is unhelpful and dangerous.

8 Parents in prison

Many women in prison are mothers. Most are there for non-violent offences; many are survivors of domestic and childhood abuse, and many were once in care themselves. When a mother goes to prison, her home is often lost and her children go into care. On release she is frequently homeless, without the income or housing she needs to have them back. The cycle continues.

Except where prison is needed for the safety of others, there is little reason to lock up mothers. Community sentences, with treatment, training and parenting support, give them and their children a future. Where prison is unavoidable, arrangements for the children and the home should be made at sentencing, and rent should be protected so the children can stay in the home they know.

See *Policy paper 2: Mothers in prison and their children*.

9 Lone parents

Lone parents are more vulnerable to losing their children because they lack the money to pay for support when things become difficult, and often lack a partner or wider family to help at key times. A low-skilled lone parent of a pre-school child may have to live on benefits because part-time or even full-time wages would not cover childcare, and parenting itself is not seen as worthy of pay.

Caring for children under five is work. Society recognises, if not nearly enough, that older and disabled people need care, and supports carers to provide it. The care of children, our future, is treated as worthless by the state. A main carer income, or a basic income, would give parents the security and the agency that better-off families take for granted.

See *Policy paper 3: Paying for parenting*.

10 Recommendations

1. **Shift the focus from protection to universal support**
   Replace a system targeted at investigating particular families with a public health strategy that promotes the wellbeing of all children and families, aiming for fewer than 10,000 children in care.

2. **Give parents agency**
   Make help available on the parent's terms, so that, like their better-off counterparts, they can choose how a problem is resolved without fear of child protection.

3. **Remove the abuser, not the child**
   Fast orders to exclude violent partners, with housing and income that let the mother and children stay at home.

4. **Treatment that keeps families together**
   Residential rehab for parents and children in every region, and treatment linked to family support.

5. **Home visiting and home support for every family**
   Universal home visiting from pregnancy to age two, mother and baby units within reach, and a home support service for families in crisis.

6. **Community sentences for mothers**
   Wherever remotely feasible, mothers should serve community sentences, with support to parent free from addiction and from controlling partners.

7. **Pay for parenting**
   A main carer income, on a sliding scale by the number of children under five and disability, or a basic income that takes account of childcare from birth.

> It is time to think the unthinkable: to stop placing ever more children in care, and to start supporting their families.

Questions for discussion

Q1 What other public health initiatives might meet the needs of parents addicted to drugs or alcohol?

Q2 How can public health policy ensure that fathers take financial and emotional responsibility for their children, and is it what women want?

Q3 What public health initiatives might reduce the prevalence of domestic violence, particularly that perpetrated by men?

Q4 Is there any evidence that child protection works for children and parents, and what would that evidence look like?

Sources

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4. Our analysis of DfE (2025) children looked after by council and MHCLG (2025) English Indices of Deprivation, IDACI. Councils grouped into fifths; pooled rates.
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6. Crime and Security Act 2010, section 28(10).
7. Domestic Abuse Act 2021 (Commencement) amendment regulations, SI 2026/342.
8. King's College London (2024) *Parents in treatment for substance use*. South London data.
9. Office for Health Improvement and Disparities (2026) *Family Nurse Partnership programme* guidance.
10. Ritchie, C. and Buchanan, A., study of 391 young people aged 13 to 15, as reported in Ritchie, C. (2021) *Child Protection – A Public Health Approach*, chapter 4.

Photo

Dr Charlotte Ritchie is a former researcher at the University of Oxford and Deputy Director of its Centre for Research into Parenting and Children. She qualified as a social worker in 1997 and was a Senior Lecturer in Social Work at Oxford Brookes University. She is the author of *Child Protection – A Public Health Approach: Reducing the Numbers in Care*.

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