International Journal of Population Data Science

Journal Website: www.ijpds.org

Hospital contacts of children involved with children's social care services in England: a data linkage study using ECHILD.

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Little is known about how and when children involved with children's social care (CSC) access healthcare. We describe timing and number of hospital contacts two years before and after first CSC involvement for Children in Need (CiN), children under a Child Protection Plan (CPP) and Children Looked After (CLA).

This retrospective cohort study used ECHILD, a linked collection of administrative health, education, and social care records. We included children involved with CSC between April 2009 and March 2018. We quantified NHS hospital contacts—planned and unplanned admissions, A&E visits, and outpatient appointments—two years before and after first CSC involvement for CiN, CPP, and CLA. We also measured admissions for stress-related presentations, chronic conditions, and adversity, using ICD-10 codes. We used paired statistical tests to examine differences in hospital contacts before and after CSC involvement and plotted the mean number of contacts over time to explore timing of them.

Our study included 1,161,390 CIN, 252,890 CPP and 147,790 CLA. CLA had the highest frequency of hospital contacts. Hospital contacts peaked at the time of CSC referral for all groups, with sharp increases seen in the 30-days before and after referral. For CLA, the mean number of hospital contacts per child rose from 0.20 pre-referral to 0.37 in the 30-days prior to CSC involvement. The overall number of hospital contacts was greater in the two years following CSC involvement compared to the two years prior, particularly for CPP. The largest increase after CSC involvement was seen for number A&E attendances, rising by >20% for all groups. Unplanned hospital admissions decreased among CLA, and missed outpatient appointments decreased for CPP and CLA, following CSC involvement.

We highlight the timing and differences in hospital contacts two years before and after CSC involvement, showing important differences by CSC status and over time. More research is needed to understand mechanisms behind these patterns and to inform how health and social care services can collaborate to effectively support children.

https://doi.org/10.23889/ijpds.v10i3.3081