Estimating the number of vulnerable children

Technical Paper 6 in Children’s Commissioner project on vulnerable children

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Introduction

This technical paper provides an overview of the methodology and data sources used to obtain aggregate totals for children with different vulnerability types and children from disadvantaged backgrounds.

Previous reports in this work programme examine existing statistics and data estimating the prevalence of 32 groups of vulnerable children in England. In order to provide high level aggregate totals of the number of vulnerable children, we have classified these 32 groups into four broad types of vulnerability. While there are many types of vulnerability, this report focuses on the following:

- Type 1: Children supported or accommodated by the state
- Type 2: Children and young people whose actions put their future at risk
- Type 3: Children with health-related vulnerabilities
- Type 4: Children with family-related vulnerabilities

Each headline vulnerability type includes lower-level groups of vulnerable children, as shown in Table 1.
### Table 1. Vulnerability types and groups of vulnerable children

<table>
<thead>
<tr>
<th>Type 1:</th>
<th>Type 2:</th>
<th>Type 3:</th>
<th>Type 4:</th>
</tr>
</thead>
</table>
| Children supported or accommodated by the state | - Children in need  
- Children who have special educational needs and/or disability (SEND), with an Education, Health and Care (EHC) plan  
- Children involved with the criminal justice system  
- Children in the secure estate or in Secure Children’s Homes  
- Children adopted  
- Young people who ceased to be looked after  
- Children involved in Special Guardianship Orders (SGOs)  
- Potential victims of modern slavery  
- Children with severe and/or complex mental health problems requiring Tier 4 services | - Young people Not in Education, Employment or Training (NEET) 
- Teenage mothers  
- Excluded pupils  
- Children who are members of a gang  
- Children reported missing | - Children with long-standing illness, disability or infirmity  
- Children who have mental health disorders  
- Children who have special educational needs and/or disability (SEND), not on an EHC plan | - Children whose parents use substances problematically  
- Children who are homeless or who are in insecure/unstable housing  
- Children in the “troubled families” programme  
- Young unpaid carers |
Methodology

While every effort has been made to produce headline numbers that are as accurate as possible, it is important to stress that our estimates should be seen as preliminary and approximate.

In order to arrive at the total number of children for each of the four headline vulnerability types, we needed to account for overlaps between the constituent, lower-level groups. For example, several children whose parents use substances problematically are also homeless, and simply adding up the different groups would have given rise to double-counting.

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. 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.

To give an example, no estimate exists on how many gang members are also NEET, but there is related evidence on how many gang members 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 who are also NEET.

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 (SGO) 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. We have specified where the number of children in a vulnerable group reports inflow numbers only.
Results

Type 1 - Children supported or accommodated by the state

This type of vulnerability refers to children who have established vulnerabilities, identified by the state. These children are either accommodated by the state (e.g. children in Secure Children’s Homes (SCHs)) or receive support and services (e.g. Children in Need (CIN)).

Due to the contact with government departments, children in these groups are usually well-represented in the official data. Consequently, the vast majority of figures in Table 2 are collected from official and national statistics.

Table 2. Children supported or accommodated by the state

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Number</th>
<th>Data Source</th>
<th>Data Release Date</th>
<th>Data quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Need (CIN)</td>
<td>Children in need at 31 March 2016</td>
<td>394,400</td>
<td>Characteristics of children in need (Department for Education)</td>
<td>3 November 2016</td>
<td>1a</td>
</tr>
<tr>
<td>Children who have special educational needs and/or disability (with Education, Health and Care (EHC) plan)</td>
<td>Children who have special educational needs and/or disability (with an EHC plan) as at January 2016</td>
<td>236,805</td>
<td>Special educational needs in England (Department for Education)</td>
<td>21 July 2016</td>
<td>1a</td>
</tr>
<tr>
<td>Children involved with the criminal justice system</td>
<td>Young people cautioned or sentenced in England during the year ending 31 March 2016</td>
<td>31,193</td>
<td>Youth Justice Statistics (Ministry of Justice and Youth Justice Board for England and Wales)</td>
<td>26 January 2017</td>
<td>1a</td>
</tr>
<tr>
<td>Children in the secure estate or in Secure Children’s Homes</td>
<td></td>
<td>920</td>
<td>Youth Justice Statistics (Ministry of Justice and Youth Justice Board for England and Wales)</td>
<td>26 January 2017</td>
<td>1a</td>
</tr>
</tbody>
</table>

1 For more details on the categories of data quality, see Appendix.
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Number</th>
<th>Source</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children adopted during 2016 (inflow)</td>
<td>All CLA who were adopted during the year ending 31 March 2016</td>
<td>4,690</td>
<td>Children looked after in England including adoption</td>
<td>29 September 2016</td>
<td>1a</td>
</tr>
<tr>
<td>Young people who ceased to be looked after aged 16-18</td>
<td></td>
<td>16,569</td>
<td>Children looked after in England including adoption</td>
<td>29 September 2016</td>
<td>2b – based on 1a</td>
</tr>
<tr>
<td>Children involved in Special Guardianship Orders (SGO) (inflow)</td>
<td>Children involved in SGOs during 2016 (England/Wales)</td>
<td>7,323</td>
<td>Family Court Statistics</td>
<td>30 March 2017</td>
<td>1a</td>
</tr>
<tr>
<td>Children who have been reported as potential victims of modern slavery</td>
<td>Children who have been reported as potential victims of modern slavery during 2016</td>
<td>1,204</td>
<td>National Referral Mechanism (NRM) Statistics – End of Year Summary 2016</td>
<td>29 March 2017</td>
<td>1b</td>
</tr>
<tr>
<td>Children with severe and/or complex mental health problems requiring Tier 4 services</td>
<td>Tier 4 services are aimed at children and adolescents with severe and/or complex problems and they can be offered in residential, day patient or outpatient settings.</td>
<td>9,095</td>
<td>National Child and Maternal Health Intelligence Network.</td>
<td>1996</td>
<td>2b</td>
</tr>
</tbody>
</table>

**Estimated total**: 580,000
**Children in Need**

The figure for Children in Need (CIN) also includes Children Looked After (CLA), children who are subject to a Child Protection Plan (CPP), children who have experienced trauma/abuse and reported to the social care services (i.e. CIN with abuse or neglect as a primary category of need) and Unaccompanied Asylum Seeking Children (UASC) who are looked after by the Local Authority (LA).

**Children in the secure estate or SCHs**

Children can be detained for criminal activities, their own safety, mental health issues (under the Mental Health Act) or immigration. No information was found for children in mental health detention and at 31 December 2016, there were no children in immigration detention\(^2\). The number reported in Table 2 includes children in youth custody as reported in the Youth Justice Statistics, and children placed in Secure Children’s Homes by a LA on welfare grounds, as reported by Department for Education (DfE).

**Young people who ceased to be looked after aged 16 to 18**

While the annual statistics for Children Looked After in England report the number of children leaving care, no information for the stock of care leavers is available, i.e. the number of all children aged 16 to 18 who have left care recently. The figure reported is an estimate produced by adding the number of children who left care in 2014 at the age of 16, those who left care in 2015 at the age 16 and 17 and those who left care in 2016 aged 16 to 18. This is estimate should be treated with caution as it is expected to be inflated due to the fact that some children return to care.

**Children with severe and/or complex mental health problems requiring Tier 4 services**

The estimate of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tier 4 has been provided by Kurtz (1996) and reported by the National Child and Maternal Health Intelligence Network of the Public Health for England. The figure reported is an estimate for the population of children and young people aged 17 and under using the mid-2014 population estimates reported by the ONS.

**Overlaps**

“Special Education in England” statistics report that 20.7% of CIN (excluding CLA) aged 5 to 16 (who were matched within the National Pupil Database (NPD)) and 27% of CLA (excluding those who also have a CPP), have SEN and an EHC plan. The overlap between CIN and children with Special Education Needs and an EHC plan was calculated using the above figures. The overlap calculated (67,060) is an estimate, rather than an accurate figure, as not all children were matched within the National Pupil Database and also the number of children who are looked after and have a CPP at the same time is not known.

Regarding the number of young offenders who were also CIN and/or SEND, in 2013 a governmental publication (Children in Care in England: Statistics. House of Commons Briefing Paper Number 04470) estimated that 6% of CLA (4,226) had received a conviction or a final warning or reprimand during the year, while for the general population, it was 1%. Due to limited information, we assumed that children with SEND and the rest of CIN have the same probability to convict a crime as any other child (i.e. 1%).

According to the “Children Looked After in England including adoption” statistics, the number of children aged 16-18 adopted during the year 31 March 2016 is between 0 and 5 (the exact number is not reported for protecting confidentiality). Consequently, we assumed that there is not a significant overlap between “children who ceased to be looked after aged 16-18” and “children adopted in 2016”. The same source reports that in 2016, 93% of care leavers aged 17 and 18 years old were still in contact with the LA, while only 1% no longer required services (the remaining 6% either refused contact with the LA or they are not in touch). Accordingly, the overlap between CIN and children who ceased to be looked after was estimated to be 93% of children who ceased to be looked after (15,409).

Finally, as children who ceased to be looked after were recently in care and since there is no information on the relationship between them and children with SEND and young offenders, we assumed that the probability of care leavers falling into these categories should be the same as the probability of CLA. Consequently, 6% of children who ceased to be looked after were estimated to also be young offenders (994) and 27% to have SEND (4,474).

No information was found for children who were potential victims of modern slavery, children who were involved in SGO, adopted children and children requiring Tier 4 services and their interaction with other groups but this is not expected to affect significantly the headline figure as their number is very small (between 0.2% and 1.5% of the headline figure).
Type 2 - Children and young people whose actions put their futures at risk

This type of vulnerability refers to children with risky behaviours that might affect their future outcomes and lives. The number of excluded pupils, young people not in employment, education or training (NEET) and children reported missing are recorded or estimated in official statistics. The figures for the remaining groups are based on non-official estimates.

Table 3. Children and young people whose actions put their futures at risk

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Number</th>
<th>Data Source</th>
<th>Data Release Date</th>
<th>Data quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people not in employment, education or training (NEET)</td>
<td>Young people NEET aged 16-18 years old</td>
<td>121,000</td>
<td>NEET statistics quarterly brief – Department for Education (Department for Education)</td>
<td>23 February 2017</td>
<td>1a</td>
</tr>
<tr>
<td>Teenage mothers</td>
<td>Teenage mothers aged 19 and under living with their children in 2016</td>
<td>36,000</td>
<td>Alma estimate using Households Below Average Income (Department for Work and Pensions)</td>
<td>HBAI - 16 March 2017</td>
<td>2b - based on 1a</td>
</tr>
<tr>
<td>Excluded pupils</td>
<td>Including fixed period and permanent exclusions</td>
<td>159,860</td>
<td>Permanent and fixed period exclusions in England (Department for Education)</td>
<td>21 July 2016</td>
<td>1a</td>
</tr>
<tr>
<td>Young people who are involved in gangs</td>
<td>Children aged 10-18 who are members of a street gang</td>
<td>46,053</td>
<td>Proportion of children aged 10-15 who were involved in gangs, 2013/14 (Office for National Statistics)</td>
<td>23 November 2015</td>
<td>2b - based on 1b</td>
</tr>
</tbody>
</table>

3 The classification key is: 1a - National statistics, 1b - Official statistics, 2a - Non-official statistics based on direct measurement, including surveys, 2b - Non-official statistics based on indirect measurement, including modelling. National statistics and official statistics are considered the most reliable.
### Children reported missing

It should be noted that this figure refers to the number of individual children reported missing during the financial year 2014/2015. The majority of children in these statistics are found within a few days (with most found within a few hours) of being reported missing. The number of children who have been missing for more than a few days is expected to be low. For example, during 2014/15, just 5% of all cases involved people missing for more than 7 days. Consequently, the figure in Table 3 represents children with cases of different levels of severity and it should be treated with caution.

We have used data from 2014/2015 as the Missing Persons Data Report 2015/16 has been temporarily withdrawn while it is checked for potential inaccuracies.

### Teenage mothers

While we have access to reliable national statistics on the number of teenage mothers who give birth each year, there is limited data on the stock of teenage mothers in England. To provide an estimate of the stock we examined the number of mothers aged 19 and under living in the same household as their children in the HBAI dataset. This is likely an underestimate as there will be mothers who do not live with their children who should be included in this group.

### Young people who are involved in gangs

We do not have a reliable or comprehensive national figure for the number of gangs, or the number of young people involved or associated with gangs in England. In 2015, ONS estimated, using data from the Crime Survey for England and Wales (CSEW), that 0.9% of all children aged 10 to 15 in England and Wales are members of a street gang. Regarding young people aged 16 to 24 years old, 5.4% of them are estimated to be members of a gang. We extrapolated these percentages using the mid-2015 ONS population data to estimate that approximately 32,517 young people aged 10 to 15 and 13,536 young people aged 16-18 are members of street gangs.

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4 This statistic refers to all cases, including adults and children.
Overlaps

Calculating the overlaps for this type was challenging due to the lack of disaggregated information available and quality of the data sources.

In terms of young people NEET and teenage mothers, we calculated the overlap using figures provided by the Department for Work and Pensions, which suggested that 31.5% of teenage mothers were in education, employment or training in 2005-2007\textsuperscript{5}. Consequently, we estimated that around 25,000 teenage mothers are NEET. As such a large proportion of teenage mothers are not in education, we expect the number of teenage mothers that are also excluded pupils to be small.

There is generally limited reliable information regarding the profile of young people involved in gangs, however various survey-based studies and research papers can provide an indication of certain factors. Bennett & Holloway (2004) conducted a multi-site survey of gang and non-gang members across the UK using data from the New English and Welsh Arrestee Drug Abuse Monitoring programme \textsuperscript{6}. The study found that 89 percent of gang members had left full time education and 46 percent were unemployed. It should be noted that 77 percent of gang members in this survey were 17-24 years old. Based on these results, we estimated that roughly 50 percent of gang members would also be NEET. The survey also found that the majority of gang members were male (96%), which suggests that the overlap between teenage mothers and young people involved in gangs is likely to be fairly small.

A report published by Catch-22 noted the lack of data collected regarding the link between gang involvement and young people going missing. However, based on data from the Missing People database from August 2013 to July 2014, it was estimated that approximately 2% of cases were found to be ‘very likely’ linked to gang involvement.\textsuperscript{7} This overlap accounts for approximately 1,100 children.

We also note that excluded pupils cannot be NEET. While exclusions from school can indicate a higher risk of being NEET in later years, excluded pupils are still considered in education.


Type 3 - Children with health-related vulnerabilities

This type of vulnerability refers to any health-related issue that might affect a child’s life, outcomes and opportunities, including physical health issues, mental health difficulties and special educational needs and/or disabilities (SEND).

Table 4. Children with health-related vulnerabilities

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Number</th>
<th>Data Source</th>
<th>Data Release Date</th>
<th>Data quality(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who have physical health issues</td>
<td>Children aged 0-17 with a long-standing illness, disability or infirmity</td>
<td>1,478,487</td>
<td>General Lifestyle Survey (2011)</td>
<td>7 March 2013</td>
<td>2b - based on 1a (using 2016 ONS population estimates)</td>
</tr>
<tr>
<td>Children who have special educational needs and/or disability (without an EHC plan)</td>
<td>Receiving SEND support</td>
<td>991,980</td>
<td>Special Educational Needs in England (Department for Education)</td>
<td>21 July 2016</td>
<td>1a</td>
</tr>
<tr>
<td>Estimated total</td>
<td></td>
<td>2,300,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^a\) For more details on the categories of data quality, see Appendix.
**Children who have physical health issues**

To obtain the overall figure we used the weighted prevalence rates for long-standing illness, disability or infirmity for children aged 0-4 (9%) and children aged 5-15 (14%). For young people aged 16-17, we assumed the prevalence would be similar to children aged 5-15. The next age category in the data was 16-44, which was considered less accurate for this estimate. We used ONS population estimates from 2016 to obtain the number of children for these three age categories and added the total.

**Children who have mental health difficulties**

Green et. al (2005) provides the percentage of children with emotional disorders, conduct disorders, hyperkinetic disorders and less common disorders. We used the overall prevalence rates for any of these disorders for 5 to 10 year olds (7.7%) and 11 to 16 year olds (11.5%). We assumed the prevalence rates for 17 year olds would be similar to 16 year olds. The figure reported in Table 4 was calculated by using the ONS population estimates from 2016.

**Overlaps**

The Special Education Needs in England dataset provides an overview of the primary type of need for children receiving SEND support. To calculate the overlap with physical health issues and SEND, we looked at the percentage of children who receive support and their primary type of need is physical disability (2.2%), hearing impairment (1.6%), visual impairment (0.9%) and multi-sensory impairment (0.2%). As the total number of children receiving support is higher than the total numbers reported by primary need, we used these percentages to estimate the overlap between children receiving SEND support and physical health issues. The approximate number of children that have both of these vulnerabilities is 48,600. There are several limitations with this approach. Firstly, it is likely to underestimate the overlap as we are only looking at the primary type of need, and there are inevitably children who have physical health issues as a secondary need. Secondly, the two categories are not necessarily measuring the same thing. The SEND data does not account for long-standing illness or infirmity.

In terms of overlap between SEND and mental health, the SEND data source also notes that for around 17% of children receiving SEND support, the primary type of need is social, emotional and mental health. This overlap accounts for approximately 171,600 children. The limitations previously discussed also apply to this estimate.

The overlap between mental health and physical health issues is slightly more challenging to calculate. We found a range of sources that provided estimates but in general there is a lack of information on mental health issues related to children. Pinquart & Shen (2011) found that 54.8% of children with chronic illnesses show depressive symptoms above the median. In addition, a report from the Centre for Mental Health estimates that 46% of people with a mental health problem have

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a long-term condition\textsuperscript{11}. While neither of these sources provide a directly relevant estimate, we can infer that mental health and physical health outcomes are closely related. We estimate that approximately 50% of children who have physical health issues also have mental health difficulties. The overlap is approximately 739,000 children. It should be emphasised that this estimate is imprecise but our research suggested that the overlap between these groups is significant and consequently important to include.

Type 4 - Children with family-related vulnerabilities

This vulnerability type refers to children who grow up in an environment that might negatively affect their life outcomes and opportunities. Such vulnerabilities may relate to parental behaviour and capacity or housing.

Table 5. Children with family-related vulnerabilities

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Number</th>
<th>Data Source</th>
<th>Data Release Date</th>
<th>Data quality¹²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children whose parents use substances problematically</td>
<td>Children aged 0 to 15 with parents in drug treatment</td>
<td>11,624</td>
<td>Health &amp; Wellbeing – Alcohol &amp; Drugs, Public Health England</td>
<td>2011/12</td>
<td>2b - based on 1b (using ONS mid-2016 population estimates)</td>
</tr>
<tr>
<td></td>
<td>Children aged 0 to 15 with parents in alcohol treatment</td>
<td>15,499</td>
<td>Health &amp; Wellbeing – Alcohol &amp; Drugs, Public Health England</td>
<td>2011/12</td>
<td>2b - based on 1b (using ONS mid-2016 population estimates)</td>
</tr>
<tr>
<td>Children who are homeless or who are in insecure/unstable housing</td>
<td>Children in households in temporary accommodation on 31 December 2016</td>
<td>118,960</td>
<td>Statutory homelessness and prevention and relief (Department for Communities and Local Government - DCLG)</td>
<td>23 March 2017</td>
<td>1a</td>
</tr>
<tr>
<td>Children in the 'troubled families' programme</td>
<td>Children in the programme so far</td>
<td>407,924</td>
<td>National Evaluation of the Troubled Families</td>
<td>4 April 2017</td>
<td>2b - based on 1b</td>
</tr>
</tbody>
</table>

¹² The classification key is: 1a - National statistics; 1b - Official statistics; 2a - Non-official statistics based on direct measurement, including surveys; 2b - Non-official statistics based on indirect measurement, including modelling. National statistics and official statistics are considered the most reliable.
### Children in the ‘troubled families’ programme

This figure refers to children whose families participate in the “troubled families” programme. The programme targets families with multiple problems, including children not attending school, exposed to domestic violence, with health problems and involved in crime and anti-social behaviour. We estimated the total number of children in the programme by using the average number of dependent children in participating families, which is 2.2 per household.

### Children whose parents use substances problematically

Finding an appropriate measure for children whose parents use substances problematically was challenging as there are various definitions for what constitutes problematic use. As treatment generally suggests severity of substance misuse, we have used this measure but it is likely to be a substantial underestimate as many, if not most, adults who misuse substances do not seek treatment. We obtained the estimates using the prevalence rates reported in Health & Wellbeing – Alcohol & Drugs by Public Health England. The prevalence rates were 110.4 per 100,000 children for parents in drug treatment and 147.2 per 100,000 children for parents in alcohol treatment. We factored up to the total population using the 2016 ONS population estimates.

### Young Carers

We updated the figures from the 2011 Census regarding young carers using pro-rata mid-2015 population estimates.

### Overlaps

The yearly evaluation report of the “troubled families” programme provides guidance on the overlaps between programme participants and various other groups. As many of the outcomes or characteristics in the report are described in terms of households, we calculated the overlaps by
using the number of funded families in the programme (185,420 households) and multiplying with the average number of children per household (2.2 children).\textsuperscript{13}

Approximately 6\% of troubled families are recorded as living in temporary accommodation, suggesting they are homeless households\textsuperscript{14}. Consequently, we estimated that approximately 24,500 children live in temporary accommodation and are also in troubled families.

In addition, around 14\% of troubled families include an adult dependent on alcohol and 4\% of troubled families include an adult receiving treatment for alcohol.\textsuperscript{15} We estimated that around 16,300 children in troubled families live with an adult in alcohol treatment. While this is not exactly the same measure as a parent in alcohol treatment (i.e. it may include a brother or grandparent living in the household), it provides a general indication of the potential overlap between “children in the “troubled families” programme” and “children whose parents use substances problematically”.

A similar figure for the number of troubled families that include an adult in drug treatment was not available. However, we know that 13\% of troubled families include an adult dependent on drugs\textsuperscript{16}. We assumed that the rate of dependency to treatment for drugs is similar to alcohol, and consequently 4\% of troubled families include an adult receiving treatment for drug dependency.

We have not calculated any overlaps for children who are homeless or who are in insecure/unstable housing and children whose parents use substances problematically as we did not find suitable sources documenting the intersection of these issues.

In terms of young carers, there was also limited information available regarding overlaps with any of the groups in this type. It is likely that the headline figure is an overestimate due to these knowledge gaps.


Children from disadvantaged backgrounds

We estimate the number of ‘children from disadvantaged backgrounds’ to be around 5.5 million. This is based on an analysis of the “Households Below Average Income” dataset, which incorporates data from the Family Resources Survey 2015/16. The estimate includes children belonging into one or more of the following groups:

> BME (non-White)
> Lone-parent households
> Low – income families, with household income <60% of the median (before housing costs)

Groups we need to know more about

Due to constraints in data availability, there are many groups of vulnerable children that are not included in the vulnerability types in this report. Groups which lacked official or national statistics include:

> Children in mental health detention
> Children who are homeless or who are in insecure/unstable housing, other than temporary accommodation.
> 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 use substances problematically and are not in contact with treatment services
> Children whose parents have limited parenting capacity
> Children who have experienced trauma and abuse but not reported to social care services
> Children who have been victims of modern slavery but not reported to the National Referral Mechanism
> Absent children
> Sexual and gender minority children
> Children who are exposed to domestic violence
> Children in families where there is inter-parental conflict