Costing statement: When to suspect child maltreatment

Introduction

Limited data are available on the direct (associated with the initial immediate treatment) and indirect (associated long-term effects of maltreatment) financial costs associated with child maltreatment in the UK.

In 1996 the annual cost of child maltreatment in the UK was estimated to be £735 million (National Commission of Inquiry into the Prevention of Child Abuse 1996).

Using secondary sources, Courtney (1999) estimated the direct costs arising from child maltreatment in the USA, including counselling and welfare services, at $14 billion. Wang and Holton (2007) estimated the total cost of child maltreatment in the USA to be $103.8 billion in 2007, made up of $33.1 billion in direct costs and $70.7 billion in indirect costs. The range in estimates demonstrates the challenges and uncertainty in estimating the direct and indirect costs of child maltreatment. However, both sets of data clearly demonstrate that the economic costs associated with child maltreatment are substantial.

Prevalence

Estimating the prevalence of child maltreatment as a method of establishing service need and expected levels of investigations and referrals is challenging. Child maltreatment is inherently difficult to define because children can be harmed in many different contexts, of which abuse, whether physical, sexual or emotional, is only one (National Society for the Prevention of Cruelty to Children [NSPCC] 2000). The different forms of maltreatment
(defined in the scope of the child maltreatment guideline as neglect, emotional abuse, physical abuse, sexual abuse and fabricated or induced illness alone or in combination) are often interlinked and overlapping, making it difficult to estimate the total number of maltreated children (NSPCC 2000).

There are approximately 9.6 million children and young people aged 16 years and younger in England (NHS Information Centre for Health and Social Care 2008). Cawson (2002) reported that:

- 7% of children experienced serious physical abuse at the hands of their parents or carers during childhood.
- 1% of children aged under 16 experienced sexual abuse by a parent or carer. A further 3% of children aged under 16 experienced sexual abuse by another relative during childhood, with the abuse involving contact in 2% and non-contact in 1%.

(The figures estimated by Cawson (2002) include some overlap between the different groups and represent the prevalence during childhood and not annual incidence.)

The Department for Children, Schools and Families (DCSF) records the number of social services referrals and assessments, and the number of children and young people who are the subject of a child protection plan. In the 12 months to 31 March 2008 there were 538,500 referrals to social services departments compared with 545,000 in the previous 12 months (DCSF 2008). The number of referrals only represents those children identified as ‘at risk’ of maltreatment and as such is likely to underestimate the number of children being maltreated, conversely not all children ‘at risk’ will be maltreated.

**Resource impact**

**Direct costs**

Estimating the budget impact (both costs and savings) following publication of the guidance is subject to significant uncertainty. It is not known how the
guidance will influence the levels of suspicion of child maltreatment and how in turn this might affect further referrals and investigations. If additional referrals and investigations are undertaken, a proportion may be found not to relate to maltreatment. The time and resources used for assessment are comparable whether maltreatment is found probable or excluded. For those situations found to be related to maltreatment, the full cost of any interventions undertaken is unknown, difficult to estimate and likely to vary on an individual basis.

It is reasonable to assume that if the guidance results in additional cases of child maltreatment being suspected, the initial direct costs associated with detection and intervention will increase.

These costs are likely to be incurred by a number of sectors:

- Social services assessments and interventions are likely to incur costs through case conferences, monitoring and administration costs.

- Possible costs to the NHS include the costs of professional time in preparing reports, attending case meetings, supervision and participation in child protection plans. The hourly GP cost has been estimated at £150 (Curtis 2007). NHS costs may include ‘resource heavy’ assessments; these are usually medical but may also include assessments by psychologists and psychiatrists.

- Costs to education may, for example, include the cost of teachers leaving the classroom to attend case conferences. The daily cost of a supply teacher if the post needs backfilling is thought to range from £150 to £250 per day.

- The costs of taking a child into care are considerable. The weekly cost of looking after a child following maltreatment is estimated at £696 (Curtis 2007).

It should be highlighted that early identification may lead to significant downstream savings.
**Indirect costs and savings**

People who are maltreated as children may have an increased risk of the following*:

- drug and alcohol misuse
- juvenile delinquency/conduct disorders
- juvenile or adult criminal behaviour, possibly leading to imprisonment
- mental health problems
- homelessness
- imprisonment
- generational costs.

* This is intended to be illustrative and should not be taken as an exhaustive list.

Not all people who are maltreated as children will develop the problems listed above. However, for those people who do, the financial costs to them and society can be substantial. The following indicative costs are provided as examples; these costs are not solely attributable to child maltreatment. It is reasonable to assume some overlap between the costs identified and early identification may help reduce these costs.

**Drug and alcohol misuse**

- In England and Wales in 2003–04, class A drug use was estimated to cost around £15.4 billion in economic and social terms, or around £44,231 per year per problematic user (Gordon et al. 2006).
- Alcohol-related problems are estimated to cost the country up to £20 billion a year. The cost to the NHS of alcohol-related injuries and illnesses is £1.7 billion; alcohol-related crime, assault and disorder cost a further £7.3 billion. The cost to the economy of lost productivity through absence from work and illness is estimated at up to £6.4 billion. Some of the other human and social costs are estimated at £4.7 billion (Cabinet Office 2003).

**Conduct disorders**

- Studies have investigated the difference between public service use by individuals with and without conduct disorders. The studies have reported
that between the ages of 10 and 28 years individuals with conduct disorders cost public services almost 10 times more. This relates to an actual cost of £70,019 compared with £7423 (Scott et al. 2001).

Mental health problems

- The public service costs associated with mental health problems (including dementia) are estimated at £22.5 billion; the total costs including lost earnings are estimated at £48.6 billion (McCrone et al. 2008).

Imprisonment

- The cost per night of keeping an individual prisoner in a prison establishment is estimated at £66, or approximately £24,090 per year (National Audit Office 2005). The average cost of building a new prison place is around £100,000 (Hansard 2003).

- The average annual cost of a young person in the youth justice system is estimated at around £40,000, excluding the wider societal costs of crime (Barrett and Byford 2006).

Summary

The NICE clinical guideline ‘When to suspect child maltreatment’ may have significant resource impact on both the initial costs of investigating suspected child maltreatment and any interventions delivered. These upfront direct costs may be offset by significant downstream savings. However, for reasons outlined above, it is not possible to quantify the costs or savings.
References


9. NHS Information Centre for Health and Social Care (IC) 2008


