

Conceptualising vulnerability

A discussion paper

**Research in Practice,
National Children's Bureau**

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To note: This discussion paper captures emerging insights from the first stages of the project [Conceptualising Vulnerability project commissioned by Ofsted](#). Its intention is to share thinking to date, and surface some of the questions and considerations that will be explored further.

It is important to be clear that this discussion paper is not an Ofsted publication and does not reflect Ofsted policy. It was independently authored by members of the project team within Research in Practice.

Executive summary

This research explores how the education and social care sectors understand vulnerability, and how Ofsted can better understand vulnerability and its complexity, to assess and evaluate inclusive practice when inspecting or regulating across its remits.

The evidence and insights gathered through the rapid literature review and Round 1 stakeholder engagement suggest there could be benefits to conceptualising vulnerability from a broader, more nuanced perspective.

Current approaches to defining vulnerability (and consequently, 'inclusion') do not always fully capture the multi-dimensional, intersecting and dynamic nature of vulnerabilities affecting many children, learners and their families. Currently applied categories include children with special educational needs and/or disabilities, those being supported by statutory social care services, or those accessing free school meals. These factors are important and must **not** be overlooked. Categorising children as **either** 'vulnerable' **or** 'not vulnerable' risks excluding those outside defined groups. There could be a tendency to assume that **only** those categorised as 'vulnerable' require attention. Relying on categories and individuated data points in this way can overlook the broader systemic factors that can contribute to vulnerability and so can mean missed opportunities for inclusive practice.

We propose a draft, interim, definition of vulnerability which draws on bioecological and social perspectives. We expect this to evolve as we will test this working definition of vulnerability through a second round of stakeholder engagement, to ensure rich and robust feedback. This working definition is as follows:

'Vulnerability is a multi-dimensional and dynamic construct; it is about a person's susceptibility to deleterious/negative outcomes and experiences, and is driven by complex social, economic, interpersonal and individual factors.'

'Vulnerability is not a trait – it is a state we move in and out of, that affects everyone in different ways. Importantly, it's about what is within us and what is around us.'

We propose a 'social' or 'bioecological' conceptualisation of vulnerability. This would better capture the true breadth of children and learners' lived experiences and the efforts of the education and social care sectors to respond to their vulnerabilities.

This approach does present some challenge and complexity, not least issues of capacity and measurement, and these will be the key focus of Round 2 activities in this research.

Introduction

This project aims to explore how vulnerability is currently understood in the education and social care sectors, and the strengths and limitations of different understandings. It aims to explore how Ofsted can better understand vulnerability and its complexity, in order to assess and evaluate inclusive practice when inspecting or regulating the education and social care sectors. The project involves a rapid review of relevant literature, stakeholder engagement with professionals across the education and social care sectors, and consultation with children, young people, parents/carers, and with Ofsted. In this discussion paper we expand on themes highlighted in the [rapid literature review](#), drawing in insights gleaned through Round 1 stakeholder engagement. For further information about the project's methodology and stakeholder engagement, see the Annex.

Ofsted's current approach to identifying vulnerability and disadvantage differs across early years, schools, further education and local authority children's social care. Except in the social care remit, the tendency is to apply relatively narrow constructs of disadvantage and vulnerability, such as referring to children with special education needs and/or disabilities (SEND) and those eligible for pupil premium funding and free school meals. There are good reasons for this, including the importance of targeting support on those who evidence suggests face significant challenges.

The term 'vulnerable' is somewhat problematic, despite being widely used. Within inspection and regulation, as with much of the policy literature, vulnerability is not defined as a concept which is used to identify children and learners. Instead, seemingly, the approach is to identify groups of children and learners as vulnerable and then use these lists to retroactively (sometimes tacitly) determine what 'vulnerability' means. This approach relies on categories of risk and vulnerability, and measurable individualised indicators, such as free school meals (FSM) or pupil premium eligibility or care status. The focus on individuated data points offers an important mechanism for ensuring comparability and therefore accountability. It is entirely right that settings and services are required to demonstrate they are paying particular attention to those children and learners that evidence shows are likely to face poorer outcomes. The aforementioned lists exist for good reason. However, these indicators often serve as inadequate proxies for need. A criteria-led framing can exclude many facing 'hidden', undisclosed or overlooked vulnerabilities,¹ and so does not fully capture the multidimensional, intersecting and complex range of vulnerabilities that may affect children, learners and their families. There could be a tendency to assume that **only** those categorised as 'vulnerable' require attention, and this can exclude many children and learners.

The theoretical literature invites a broader, more nuanced understanding of vulnerability that captures its dynamic and multifaceted nature and recognises the environmental and systemic factors that can contribute to a child's vulnerability. Bronfenbrenner's bioecological model of human development and examples of 'social models' offer potential frameworks for an expanded conceptualisation of vulnerability which consider individual needs, interpersonal relationships **and** the wide-ranging environmental and structural factors shaping children and young people's lives.²

1 'Childhood vulnerability in England 2019', Children's Commissioner, July 2019; <https://www.childrenscommissioner.gov.uk/resource/childhood-vulnerability-in-england-2019>

2 U Bronfenbrenner and P Morris, 'The bioecological model of human development', in 'Handbook of child psychology: vol. 1. theoretical models of human development', edited by W Damon and R Lerner, Wiley, 2007, pages 793 to 828.

Proposed definition(s) of vulnerability

Key tensions in defining, determining and responding to vulnerability

Whilst we do not propose eradicating or replacing the term 'vulnerable', we do recognise it is potentially problematic. As several focus group participants and some members of the project's Academic Reference Panel noted, it is a word we might commonly use about others, but rarely would we want it used about ourselves. The word 'vulnerable' carries potential stigma and can frame groups or individuals as being 'other',³ whereas it could be argued that everyone has the potential to be vulnerable at times. Using the term 'vulnerable' as an individualistic construct – something a person **is** – can exacerbate the stigma and blame already facing many marginalised children, young people and families.⁴ The term can sometimes be 'associated with negative conditions and implies weakness' and applied in ways that can feel 'patronising and oppressive'.^{5,6} Young people have described how 'being labelled vulnerable can heighten this sense of fear... and yet, they can do nothing about being in a vulnerable category'.⁷

It is interesting to note that The Care Act 2014 intentionally avoids the term 'vulnerable', because it can be perceived as 'an inherent characteristic of a person...stigmatising, dated, negative and disempowering'.⁸ Subsequently, the Care Act 2014 uses the term 'adults with care and support needs'. In 2024, The Royal College of Midwives took a similar step in renaming their universal Maternity Disadvantage Assessment Tool (MatDAT) from its original iteration of Maternity Vulnerability Assessment Tool.⁹ This divergent approach to language between sectors supporting people aged over and under 18 is most obviously relevant for those settings and services working with young people aged over 18, such as Further Education and Skills providers, 0 to 25 SEND services and care-leaving services, but perhaps also offers a provocation to the wider child and family sector.

We do not propose the solution is a simple change in terminology; as one professional cautioned, any replacement term could soon come to carry similar stigma. Some focus group participants did offer alternative framing to vulnerability, such as 'unmet needs' or 'experiencing barriers' to learning, safety, and/or achieving potential. Similarly, many participants declined to use the term 'inclusion' and instead used the term 'belonging'. This perspective echoes findings of a recent study with secondary schools, with half the sample explicitly rejecting the term 'inclusion' and instead emphasising their goal was to 'create a sense of belonging – of students being seen, known, cared for, understood and supported in ways which best met their needs – from which inclusion was an outcome'.¹⁰

3 K Brown, K Ecclestone and N Emmel, 'The many faces of vulnerability', in 'Social Policy and Society', Volume 16, 2017, pages 497 to 510; <https://doi.org/10.1017/S1474746416000610>

4 K Brown, K Ecclestone and N Emmel, 'The many faces of vulnerability', in 'Social Policy and Society', Volume 16, 2017, pages 497 to 510; <https://doi.org/10.1017/S1474746416000610>

5 E Vironkannas, S Liuski and M Kuronen, 'The contested concept of vulnerability: a literature review', 'European Journal of Social Work', Volume 23, 2020, pages 327 to 339, quote on page 14; <https://doi.org/10.1080/13691457.2018.1508001>

6 K Brown, "'Vulnerability': handle with care", in 'Ethics and Social Welfare', Volume 5, 2011, pages 313 to 321, quote on page 314; <https://doi.org/10.1080/17496535.2011.597165>

7 'Coronavirus: children and young people's views on what it means to be "vulnerable"', National Children's Bureau, July 2020; <https://www.ncb.org.uk/about-us/media-centre/news-opinion/coronavirus-children-and-young-peoples-views-what-it-means-be>

8 'Adult social care', The Law Commission, May 2011, quote on page 114; <https://lawcom.gov.uk/project/adult-social-care/>

9 Maternity Disadvantage Assessment Tool steering group member, email to authors, 13 November 2024.

10 T Greany, J Pennacchia, J Graham and E Bernardes, 'Belonging schools: how do relatively more inclusive secondary schools approach and practice inclusion?', Teach First, April 2023, quote on page 4; <https://www.teachfirst.org.uk/belonging-schools>

Importantly, professionals we engaged acknowledged that the term 'vulnerable' can be useful for some families, not least as being indicative of a threshold being met for accessing services. Vulnerability was used by professionals as a means to allocate scarce resources: 'we have to tick the boxes to release the support'.¹¹ Participants highlighted some positive reasons why the term was rejected; one example included LGBT learners resisting the label of 'vulnerable', viewing themselves as well-supported and able to celebrate diversity within their college.

It is not only the terminology that presents challenge, but the subjectivity at play. As Brown argues, a divide can emerge between those deemed 'worthy' of protection, and those who are seen as 'difficult' or who are considered to 'put themselves at risk'.^{12,13} Professional subjectivity influences who is deemed to be 'vulnerable'; for instance, externalised behaviour might not be recognised as an expression of vulnerability and might be responded to punitively in some settings.

Many children and young people do not conform to subjective notions of vulnerability in which there is a clear non-agentic, passive 'victim'. As noted by some participants, Black children and young people can be perceived and treated as being more mature, and therefore responsible for the harms they are experiencing, than their white peers (a phenomenon known as 'adulthoodification').¹⁴ Such distinctions can create a troubling hierarchy within vulnerability classifications, where some of those facing risk and harm are seen as culpable rather than vulnerable. These biases can lead to the exclusion of these young people from protective systems.¹⁵ Conversely, younger children, or others who may be viewed as passive including some disabled children, are often afforded little voice and agency. Disempowerment can compound vulnerabilities, with, for example, disabled children facing significant barriers to disclosing abuse,¹⁶ and/or younger children not being seen or heard by professionals.¹⁷ Presenting behaviour may influence identification: 'There is also a danger of those who show emotions in a very extroverted manner almost overshadowing (for want of a better word) those who perhaps shut down. For safety reasons and classroom management it is understandable why... but I worry others are missed'.¹⁸

As highlighted in relation to safeguarding young people, an 'eligibility lens' can serve not to include but to exclude.¹⁹ Vulnerability status currently relies on measurable indicators and categories. These indicators are imprecise proxies for need, with research noting the limitations of FSM eligibility as a measure.²⁰ Put simply, whilst it is clearly important to know how many children in a

11 Focus Group 4, Round 1 stakeholder engagement, quote from participant.

12 K Brown, "'Vulnerability': handle with care", in 'Ethics and Social Welfare', Volume 5, 2011, pages 313 to 321; <https://doi.org/10.1080/17496535.2011.597165>

13 K Brown, 'Vulnerability & young people: Care and social control in policy and practice', Policy Press, 2015.

14 J Davis and N Marsh, 'The myth of the universal child', in 'Safeguarding young people: risk, rights, relationships and resilience', edited by D Holmes, Jessica Kingsley Publishers, 2022, pages 111 to 128.

15 C Firmin, 'Contextual safeguarding and child protection: rewriting the rules', Routledge, 2020.

16 'Independent inquiry child sexual abuse: the report of the independent inquiry into child sexual abuse', Home Office, October 2022; <https://www.gov.uk/government/publications/iicsa-report-of-the-independent-inquiry-into-child-sexual-abuse>

17 'Voice of the child: learning from case reviews', NSPCC, May 2024; <https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/voice-child>

18 Focus Group 7, Round 1 stakeholder engagement, quote from participant.

19 C Cocker, D Holmes and A Cooper, 'Transitional safeguarding', Policy Press, 2024, quote on page 8.

20 T Campbell and K Cooper, 'What's cooking? A review of evidence and discussion on the free school meals (FSM) measure in the National Pupil Database', Education Policy Institute, 2024; <https://epi.org.uk/publications-and-research/whats-cooking-a-review-of-evidence-and-discussion-on-the-free-school-meals-fsm-measure-in-the-national-pupil-database>

setting are accessing and/or eligible for FSM, counting them does not tell us how many children are hungry. Similarly, measures based on those receiving support can distort the true picture due to a range of factors. These include, for example, diagnosis delays for children with SEND,²¹ Global Majority families facing barriers to accessing early help services,²² and some services applying high thresholds or access criteria as a response to resource constraints.²³ Rigid criteria-driven constructs of vulnerability, and categorising children as **either** 'vulnerable' **or** 'not vulnerable' oversimplifies nuanced experiences, risking exclusion of those with 'hidden' or undisclosed vulnerabilities. These can include young carers, those with incarcerated parents, or those affected by parental substance abuse, precarious housing, or those with gender-related distress. As one focus group participant noted: 'The list approach can lead to unhelpful competition between different disadvantaged groups – who is top and bottom of the list, who is on and not on the list.'²⁴

The categorisation approach may reinforce siloed working, with each professional or agency focused on the aspect of a child or learner's life that speaks to their specific remit. Whilst right that professionals exercise their specific expertise within a clear mandate, this can hinder more holistic responses to need. Further challenge and complexity arise in considering the response to vulnerability, as professional intervention is not wholly benign. As noted in the [rapid literature review](#) and focus groups, professional intervention intended to reduce vulnerability can also exacerbate it or replace one manifestation of vulnerability with another. For instance, removing a child from their home or care placement may be required to address immediate safety concerns but can also lead to emotional distress, educational disruption and loss of community ties. Part-time timetables were another example given of how a well-intended intervention can create further disadvantage in future. This raises the notion of 'iatrogenic intervention' – a term used in health to describe medical issues caused or worsened by medical treatment. There are parallels here with zemiological perspectives, notably a recent analysis about the impact of relocating young people facing extra-familial harm.²⁵ Tellingly, the work is titled 'When helping hurts'. In addressing vulnerabilities, we might strive to 'do no harm',²⁶ but this is not always possible.

Resources and capacity cannot go unmentioned. Lack of capacity and under-resourcing were key challenges consistently highlighted by stakeholders. Focus group participants described delays in support, high thresholds which normalise very high levels of need, and reactive service delivery as often leaving children, young people and families without timely help. These pressures can exacerbate vulnerabilities:

'Who do we make more vulnerable through an inconsistent service provision? So that child who hasn't had supervision or hasn't been visited in timescale, that's an additional kind of layer of vulnerability... our systems can create vulnerability.'²⁷

21 'Supporting SEND', Ofsted, May 2021; <https://www.gov.uk/government/publications/supporting-send>

22 S Waddell, M Sorgenfrei, G Freeman, M Gordon, M Steele and H Wilson, 'Improving the way family support services work for minority ethnic families', Early Intervention Foundation, June 2022; <https://www.eif.org.uk/report/improving-the-way-family-support-services-work-for-minority-ethnic-families>

23 All Party Parliamentary Group for Children, 'Storing up trouble: a postcode lottery of children's social care', National Children's Bureau, 2018; <https://www.ncb.org.uk/resources/all-resources/filter/poverty-inequality/storing-trouble-postcode-lottery-childrens-social>

24 Round 1 stakeholder engagement meeting, quote from contributor.

25 L E Wroe, 'When helping hurts: a zemiological analysis of a child protection intervention in adolescence—implications for a critical child protection studies', 'Social Sciences', Volume 11, 2022, pages 263 to 280; <https://doi.org/10.3390/socsci11060263>

26 Round 1 stakeholder engagement meeting with Ofsted, 11 November 2024, quote from contributor.

27 Focus Group 1, Round 1 stakeholder engagement, quote from participant.

Intersections between sectors and policy discourses were noted by participants as points at which vulnerabilities could be exacerbated. The disconnect between SEND, inclusion and behaviour policies were noted by focus group participants as one example where contradictory or conflicting imperatives can play out within the education sector. Professionals described inconsistencies between behaviour management approaches, with one education-based participant remarking that schools are inclusive 'unless you wore the wrong shoes'.²⁸ Another participant highlighted the challenges of collaborative working between social care and education: 'sometimes you can find they're kind of working against each other. So, I think there is something to test about the strength of that partnership working around that child.'²⁹ Practical issues, such as inadequate data sharing between schools and FE colleges, or between education and social care, can further impede effective collaboration. Professionals highlighted rigid curriculums, the funding 'cliff-edge', and a focus on attainment over pastoral care as additional barriers. Staff turnover and lack of experience were noted as factors that can impede the professional response. Professionals across sectors highlighted perceived increased vulnerability among children. They felt this is driven by increasingly complex needs, the pandemic's ongoing impact, poverty and the cost-of-living crisis, and technology-related challenges (including online harms). The demand was described as sometimes overwhelming under-resourced services, particularly in SEND: 'SEND is collapsing; CAMHS isn't far behind... The system isn't resourced and there's not enough capacity [so] the level of need is impossible to meet.'³⁰

Many Round 1 focus group participants described reactive, underfunded systems unable to respond at the point where children and families need help: 'that thing of like you're not vulnerable enough yet.'³¹ Taken as a whole, this narrative points to a clear need for reforms to how vulnerability is defined, determined and responded to.

From 'trait' to 'state': bioecological and social models of vulnerability

Children's lives are influenced by multiple systems – family, peers, community, society and institutions – each with its own pressures and capacities. An individualistic framing can inadvertently obscure the structural drivers of vulnerability and disadvantage.^{32,33} Bioecological perspectives consider multiple levels of interaction between an individual and their environment, over time. For example, Bronfenbrenner's 'bioecological model' views development as shaped by the ongoing interplay between personal characteristics (such as cognitive resources) and environmental factors, from proximal influences like family and school, to wider societal factors including socio-legal constructs.^{34,35} A bioecological model of vulnerability might invite similar, more rounded, understandings of how vulnerability is experienced and evolves over time.

28 Focus Group 2, Round 1 stakeholder engagement, quote from participant.

29 Focus Group 4, Round 1 stakeholder engagement, quote from participant.

30 Focus Group 3, Round 1 stakeholder engagement, quote from participant.

31 Focus Group 4, Round 1 stakeholder engagement, quote from participant.

32 K Brown, "'Vulnerability': handle with care", in 'Ethics and Social Welfare', Volume 5, 2011, pages 313 to 21; <https://doi.org/10.1080/17496535.2011.597165>

33 A Hollomotz, 'Beyond "vulnerability": an ecological model approach to conceptualizing risk of sexual violence against people with learning difficulties', 'British Journal of Social Work', Volume 39, 2009, pages 99 to 112; <https://doi.org/10.1093/bjsw/bcm091>

34 U Bronfenbrenner and S J Ceci, 'Nature-nurture reconceptualized in developmental perspective: a bio-ecological model', 'Psychological Review', Volume 10, 1994, pages 568 to 586; <https://doi.org/10.1037/0033-295X.101.4.568>

35 U Bronfenbrenner, 'Making human beings human: bioecological perspectives on human development', Sage, 2005.

Paying attention to a child or learner's environmental influences is not a novel proposition. Almost a quarter of a century ago, the Framework for the Assessment of Children in Need and Their Families viewed children's needs in the context of parental capacity and wider family factors.³⁶ However, the Framework doesn't take account of structural issues such as legal frameworks, discriminatory systems, institutional policies and societal inequities. Viewing the domains as distinct obscures the interaction and intersections between them. More recent research highlights that individual and/or familial factors are significantly shaped by wider systemic factors such as socioeconomic inequalities and policy decisions.^{37,38,39}

Round 1 focus group participants across sectors broadly supported a more ecological understanding of vulnerability. They noted that vulnerability is not an inherent fixed trait nor solely a matter of personal or family circumstances (important though these are) but often arises from interactions with larger social and institutional factors. Vulnerability was described as a complex 'continuum rather than a binary concept'.⁴⁰ Vulnerability was described as contextual and often influenced by geographic and intergenerational factors, with societal issues such as racism, ableism, and poverty disproportionately affecting some children and families. The literature and stakeholder perspectives highlight that vulnerability is both cumulative and accumulative, in that it is both compounded by multiple factors and can escalate when systems are not able to respond effectively. One participant described 'the acceleration of vulnerability factors in an accumulative way... when a family has protective factors in place the vulnerability has a shorter timescale and shallower impact. A family without protective factors might experience the same situation (for example, a parent's redundancy) [and] the impact may be deeper and longer, with longer-lasting impact'.⁴¹ Taking a bioecological perspective expands the professional gaze from individual characteristics and family functioning to the ways societal structures, policies, and institutions may directly or indirectly contribute to vulnerability. This perspective mirrors a general trend to take a more contextual view of vulnerability. The European Agency of Special Education and Inclusive Education, for example, has recommended moving away from identifying groups of learners vulnerable to exclusion using a prescriptive categorical approach (typically informed by a medical model) to considerations of wider social and circumstantial factors.⁴²

A 'social model of vulnerability' offers a slightly different, though complementary, perspective to the bioecological model. The social model of disability foregrounds the processes and mechanisms by which society disables people and argues that the emphasis must be on changing society and dismantling barriers to inclusion. This social perspective invites us to shift our understanding of vulnerability as an 'innate' trait to a conceptualisation of vulnerability which 'rejects the individual pathology model' and instead understands vulnerability as arising from a lack of sufficient support for needs.⁴³

36 'Framework for the assessment of children in need and their families', Department of Health, Department for Education and Employment and Home Office, 2000; <https://bettercarenetwork.org/toolkit/individual-assessments-care-planning-and-family-reunification/assessment-forms-and-guidance/framework-for-the-assessment-of-children-in-need-and-their-families>

37 P Bywaters, G Skinner, A Cooper, E Kennedy and A Malik, 'The relationship between poverty and child abuse and neglect: new evidence', Nuffield Foundation, 2022; <https://www.nuffieldfoundation.org/news/relationship-between-poverty-and-child-abuse-and-neglect>

38 B Featherstone, A Gupta, K Morris and J Warner. 'Let's stop feeding the risk monster: towards a social model of "child protection"', 'Families, Relationships and Societies', Volume 7, 2018, pages 7 to 22; <https://doi.org/10.1332/204674316X14552878034622>

39 L Billingham and K Irwin-Rogers, 'Against youth violence: a social harms perspective', Policy Press, 2022.

40 Focus Group 3, Round 1 stakeholder engagement, quote from participant.

41 Focus Group 7, Round 1 stakeholder engagement, quote from participant.

42 European Agency for Special Needs and Inclusive Education, 'Legislative definitions around learners' needs: a snapshot of European country approaches', 2022; <https://www.european-agency.org/resources/publications/Legislative-Definitions-report>

43 M Oliver, 'Social work with disabled people', Macmillan, 1983, quote on page 27.

Drawing parallels with the social model of disability, some participants noted that it is not the individual characteristics that automatically render a person vulnerable, but the availability and efficacy (or not) of protective, inclusive and enabling structures. This echoes research arguing for a 'social model of child protection', which means a shift from focusing only on individual risk and responsibilities to exploring and acting upon the 'economic, environmental and cultural barriers to ensuring children are cared for safely, and their relational needs and identities respected'.⁴⁴ In a similar vein, a 'social harms' model for youth violence considers the conditions that lead to children and young people carrying knives and harming others.⁴⁵ The emphasis on social justice is a key feature of a social model, and this requires a sharp focus on structures and attitudes that marginalise people.

Taking account of the structural factors including discrimination that can drive and exacerbate vulnerability is not a radical proposition either. It might sound challenging for individual settings to counter such systemic issues, but as far back as 1994 UNESCO and over 300 global educationalists asserted that 'regular schools with [an] inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all'.⁴⁶

The policy mindset emerging is in line with the increased understanding about the relationship between structural factors and vulnerabilities. Racial disparities in health outcomes are well-evidenced, with intersecting drivers including economic deprivation, inequitable access to services and structural racism. Discrimination has very recently been highlighted as an area where government departments and relevant public bodies must do more, particularly for children in care and care leavers.⁴⁷ A renewed focus on child poverty and its structural drivers has been announced by the government, with a Ministerial Child Poverty Taskforce established to drive actions relating to income, social security, household costs and support from public services.⁴⁸ By recognising the social determinants of vulnerability, we can better understand how structural inequities create and perpetuate adversity, exclusion and poorer life chances. This 'upstream' approach allows us to move beyond locating vulnerability as something within individual children or families and toward recognising the systemic barriers that prevent people from thriving – including the actions of professionals and policy-makers.

We propose a working definition of vulnerability which draws on bioecological and social perspectives, recognising the multidimensional influences and temporal nature of vulnerability. This working definition is as follows:

'Vulnerability is a multi-dimensional and dynamic construct; it is about a person's susceptibility to deleterious/negative outcomes and experiences, and is driven by complex social, economic, interpersonal and individual factors.'

'Vulnerability is not a trait – it is a state we move in and out of, that affects everyone in different ways. Importantly, it is about what is within us and what is around us.'

We will test this working definition through a second round of stakeholder engagement, including with children, young people and parents. This will ensure any amendments are informed by rich and robust feedback and evidence, including exploring how best to acknowledge the universality of vulnerability: 'the definition must make it plain that this is a universal state - a possibility facing everyone'.⁴⁹

44 B Featherstone, A Gupta, K Morris and S White. 'Protecting children: a social model', Policy Press, 2018, quote on page 10.

45 L Billingham and K Irwin-Rogers, 'Against youth violence: a social harms perspective', Policy Press, 2022, quote on page 2.

46 'The Salamanca statement and framework for action on special needs education', UNESCO, 1994, quote from Article 2, page viii; <https://unesdoc.unesco.org/ark:/48223/pf000009842>

47 'Keeping children safe, helping families thrive: breaking down barriers to opportunity', Department for Education, November 2024; <https://www.gov.uk/government/publications/keeping-children-safe-helping-families-thrive#:~:text=Keeping%20children%20safe%2C%20helping%20families,care%2C%20rather%20than%20residential%20care>

48 'Child poverty taskforce terms of reference', HM Government, 2024; <https://www.gov.uk/government/groups/child-poverty-taskforce#:~:text=Child%20poverty%20taskforce.%20The%20role%20of%20the%20taskforce%20is%20to>

49 Focus Group 5, Round 1 stakeholder engagement, quote from participant.

Considerations around working definition

Taking a bioecological or social view of vulnerability presents some challenges for practice, inspection and regulation, as well as many opportunities. Deeper exploration of these is the focus of Round 2 stakeholder engagement, with initial ideas explored here.

This project does not seek to define 'outcomes' and, naturally, different sectors have different emphases. For this project, we drew on work by the Common Outcomes for Children and Young People Collaborative which tries to capture the common outcomes to aspire to for every child and young person.⁵⁰ This offers an emerging framework within which each professional or agency can locate their work. These outcomes are that every child should be safe, healthy, happy, learning and engaged in their community. These common outcomes were included in the Children's Commissioner's 2022 Family Review⁵¹ and the framework continues to be developed.

Implications for practice

A meaningful definition of vulnerability cannot rely solely on what is currently measured, nor do we advocate for simply adding to current categories of those deemed to be vulnerable. Some Round 1 focus group participants acknowledged that broad definitions might capture everyone, and risk missing children who need specific additional support. Some professionals could be concerned that lack of a clear, fixed definition and categories of who should be included as 'vulnerable' might hinder collaboration across agencies and schools, complicating decisions about eligibility and/or information sharing. It will be essential to emphasise that adopting a more ecological or social lens must **not** ignore the individual and interpersonal factors in a child's life; recognising these needs can be vital to securing the additional support necessary to thrive.

Some participants noted the potential risk of fostering an 'excuse culture'. It is possible that some professionals may be concerned that their setting or service cannot meet the needs of an even more diverse group of children and learners than current definitions require of them. However, most participants agreed that a good setting or service continuously and consciously adapts to the needs of those it serves. This perspective is reflected in international guidelines regarding educational inclusion: 'It is not our education systems that have a right to certain types of children. Therefore, it is the school system of a country that must be adjusted to meet the needs of all children.'⁵²

Broadening understandings of vulnerability to include wider social and environmental factors could risk increasing the number of children and young people subjected to professional monitoring. This requires careful thought, as many families are already over-surveilled yet under-supported.⁵³ With services already stretched thin, it will be crucial to focus on meaningful support rather than simply widening the scope of scrutiny. Power and relationships are key here. Work on epistemic injustice in child and adolescent mental health points to the importance of an open discussion and the development of a trusting relationship for individuals disclosing vulnerabilities.⁵⁴

50 'Common outcomes framework', Common Outcomes for Children and Young People Collaborative, 2024; <https://www.commonoutcomes.org.uk/>

51 'Outcomes Framework: Annex to a positive approach to parenting: Part 2 of the Independent Family Review', Children's Commissioner, 2022; <https://www.childrenscommissioner.gov.uk/resource/a-positive-approach-to-parenting-part-2-of-the-independent-family-review>

52 B Lindqvist, UN-Rapporteur, 1994, quoted in 'Guidelines for inclusion: ensuring access to education for all', UNESCO, 2005, quoted on page 13; <https://unesdoc.unesco.org/ark:/48223/pf0000140224>

53 A Bilson and E Hunter Munro, 'Adoption and child protection trends for children aged under five in England: increasing investigations and hidden separation of children from their parents', 'Children and Youth Services Review', Volume 96, 2019, pages 204 to 211; <https://doi.org/10.1016/j.childyouth.2018.11.052>

54 M Larkin, R McCabe, L Bortolotti, M Broome, S Craythorne, R Temple, M Lim, C Fadashe, C Sims, O Sharples and J Cottrell, 'Being understood: epistemic injustice towards young people seeking support for their mental health', in 'Epistemic justice in mental healthcare: recognising agency and promoting virtues across the life span', Edited by L Bortolotti, Springer, 2024, pages 1 to 22.

It is equally important that a more ecological construct would not simply translate into additional burden for setting and services or for inspection and regulation. This is not about holding individual settings responsible for issues far beyond their control. No individual education setting can eradicate poverty or homelessness; no single local authority can eliminate racism. Rather, this perspective offers a means of recognising and encouraging each setting or service's role in mediating structural barriers and their unique contribution to whole-system change. The most effective support and practice will 'consider intersectionality, always, and be led by community need.'⁵⁵ This is not always easy; some participants noted that national academies chains can lack knowledge about local context.

Many participants advocated for a whole-setting or whole-community approach that foregrounds nurture and belonging, rather than discrete interventions. This ensures no child or learner is overlooked simply because they do not fit predefined categories of vulnerability or are unable to express their needs in ways that fit into neat boxes. A universal approach could help to avoid stigma, and functions as the proverbial 'rising tide that lifts all boats' by benefiting all children and young people. One participant cited New Zealand's Māori education philosophy that 'what is good for Māori learners is ultimately good for everyone.'⁵⁶ This approach reflects the principle of 'proportionate universalism', a concept used in relation to health inequalities:

'Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism. Such an approach centres on the responsibility of settings and services to support each individual's unique needs, while helping to mediate and mitigate difficulties and instability arising from their wider social and environmental contexts.'⁵⁷

Fundamental to a bioecological approach is the degree to which settings and services genuinely understand each child, with professional curiosity and relational practice being core values. Identifying vulnerability requires understanding a child's unique context, as well as the dynamic and temporal nature of factors like trauma, which vary in onset, duration, and intensity. Participants emphasised the need for collaborative, strengths-based, trauma-informed approaches that focus on resilience, strengths, and protective factors. Belonging was identified by many as a key protective factor against vulnerability, providing children and young people with a sense of connection, safety, and value within their communities. Practitioners' relationships and insights were described as essential for identifying and supporting those experiencing vulnerabilities: 'practitioners are the resource themselves, they are the agents of change'.⁵⁸ This relational approach does not mean ignoring empirical, verifiable data:

'When we talk about "knowing" children and learners, this has an analytical element to it... The systematic identification of barriers to success. Then, for it to become inclusion or belonging, the systematic removal of these barriers.'⁵⁹

This requires that settings and services are highly attuned to the needs of those they serve, steeped in local context and wider knowledge, and with an aspirational mindset. As one participant noted, it relies on: 'A deep understanding of the children and families that we work with, to support them to be all they can and might be.'⁶⁰

55 Focus Group 5, Round 1 stakeholder engagement, quote from participant.

56 Focus Group 1, Round 1 stakeholder engagement, quote from participant.

57 M Marmot, J Allen, P Goldblatt, T Boyce, D McNeish, M Grady and I Geddes. 'Fair society, healthy lives: the Marmot review', Institute of Health Equity, February 2010, quote on page 15; <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

58 Focus Group 4, Round 1 stakeholder engagement, quote from participant.

59 Round 1 stakeholder engagement meeting with Ofsted, 25 November 2024, quote from contributor.

60 Focus Group 7, Round 1 stakeholder engagement, quote from participant.

Potential considerations for inspection and regulation

A social or bioecological definition of vulnerability acknowledges that any child or learner may experience vulnerabilities at any point in time. While standardised measurement is a vital aspect of a robust inspection and regulation approach, what is easily measurable isn't always what matters most to children, young people and their families, nor is it always a reliable indicator of need. Within inspection practice, individuated data points and trends should be the starting point of the enquiry process, not the end point. Meaningful inspection includes exploratory and qualitative approaches to enquiry, alongside investigation of quantitative data.

There is another potential tension here, between reliability and validity. A framework which prioritises standardisation and reproducibility may score highly on reliability and consistency and feel 'fair'. However, its validity – the extent to which it is meaningful and accurate – may be compromised. A balance would need to be struck here in order that inspection practices are equitable and transparent, whilst being purposeful and responsive to context. The goal, as with practice, is for decision-making to be defensible but never defensive. This invites us to be thoughtful about reasonable levels of 'consistency', guarding against misinterpretation by the sector. A helpful framing might be to ensure **coherence**, being clear this is not the same as 'cookie-cutter' **consistency**.

In the interests of transparency and comparability, there must always be a 'common core' of metrics and measures considered within inspection and regulation frameworks. Thereafter, inspection can dig deeper into local context, interrogating the quality of thinking, and exploring adaptability to emerging needs and barriers. These ideas will be explored further in Round 2 (see potential lines of enquiry in annex). This is not a departure, according to one Ofsted colleague: 'We have long said that the data should be the start of the conversation, not the end.'⁶¹ This requires meaningful indicators, that recognise a setting's core mandate, attending to what is measurable **and** what children and learners say matters. This was articulated by one education professional:

'I am much more interested in [...] qual measures of when and where and how do you feel safe and unsafe in your school? When and where and how do you experience joy and when and how and where are you experiencing success?'⁶²

Recognising the resource pressures, care must be taken to ensure that expanding our perspective of vulnerability does not translate into unrealistic expectations. As noted, countering structural drivers of vulnerability is not the responsibility of any setting or service alone. Wherever a setting or service is striving to influence factors beyond their direct control and can show they are proactively considering issues that may exceed their immediate core business in the interests of children and learners, this should be recognised and celebrated. Arguably, this can be done alongside holding settings and services to account and need not detract from or dilute expected standards.

61 Round 1 stakeholder engagement meeting with Ofsted, 11 November 2024, quote from contributor.

62 Focus Group 8, Round 1 stakeholder engagement, quote from participant.

Our working definition calls on practitioners in settings and services to hold a stance of curiosity and compassion. It follows that inspection and regulation frameworks have an important role in setting out an expectation for settings and services to demonstrate deep understanding of – and relational practice with – the children and families they serve. Children, young people and families should be ‘known-by-professionals’ rather than ‘known-to-services’.⁶³ This spirit is already evident in the framework for inspecting local authority children’s services (ILACS), which is more focused on children’s experiences than previous approaches. Bioecological or social understandings of vulnerability call for inspection and regulation approaches that test not simply for compliance, but for intentional curiosity: ‘children are “at risk” in very many different ways (physically, educationally, economically etc). Do leaders really understand the different learners and their individual “risks”?’⁶⁴

This approach asks settings and services to gather, interrogate and share data that might be uncomfortable. Settings need to feel empowered to share examples of where they have tried without success to address complex vulnerabilities; to show how they are experimenting and innovating responsibly; to articulate what they don’t yet know but are determined to find out. Encouraging curiosity and courage of this kind requires a shift in relationship between the sectors and the inspectorate, as has already been trailed in [Ofsted’s response to the Big Listen](#).

63 C Firmin, K Langhoff, R Eyal-Lubling, R A Maglajlic and M Lefevre. “Known to services” or “known by professionals”: relationality at the core of trauma-informed responses to extra-familial harm’, ‘Children and Youth Services Review’, Volume 160, 2024; <https://doi.org/10.1016/j.childyouth.2024.107595>

64 Round 1 stakeholder engagement meeting with Ofsted, 11 November 2024, quote from contributor.

Conclusion

The evidence and insights gathered so far suggest current approaches of determining vulnerability through narrow criteria could and should be improved. Identifying and responding to vulnerability requires a nuanced and flexible understanding of the concept that moves beyond rigid categorisations and labels. We suggest a 'social' or 'bioecological' model is better able to capture the true breadth of children and learners' lived experiences and the important efforts of the education and social care sectors to respond effectively to their vulnerabilities.

Excellent settings and services demonstrate strengths-based, holistic, whole-setting/community approaches alongside paying attention to specific individual needs that relate to and sometimes go beyond widely used applied categories such as SEND or children in care. Many already recognise their role in mitigating the wider structural barriers and social determinants to vulnerability. Robust and skilled inspection and regulation approaches are mixed-methods, evidence-informed and responsive to context. Such approaches mirror the best of practice in education and social care.

Annex

Methodological annex

Round 1 stakeholder engagement comprised nine online focus group workshops, organised by region. The workshops were designed to provide an opportunity to explore emerging ideas from the literature review, consider language and terminology, and shape the discussion paper and future stakeholder engagement activity.

Participant engagement

Workshop participants were recruited via the Association of Directors of Children's Services (ADCS), Regional Schools Commissioners, and via Research in Practice and National Children's Bureau membership networks. Publicity was shared via NCB and Research in Practice social media accounts directing people to the [webpage](#) about the project.

As per ethics approval, focus group participants completed and returned consent forms ahead of being sent the online meeting links for the session.

Attendees

Table 1: Number of attendees by sector and region

Sector	Children's Social Care (including early help / family support)	Education: Early Years	Education: Primary or Secondary School (including alternative provision)	Education: Further Education	Total
FG1 South East	4	1	12	0	17
FG2 North East	3	0	8	3	14
FG3 West Midlands	7	2	6	5	20
FG4 North West	5	6	2	0	13
FG5 London	4	1	9	0	14
FG6 South West	0	5	14	7	26
FG7 East Midlands	3	1	12	11	27
FG8 Yorkshire & the Humber	9	6	12	8	35
FG9 East of England	5	2	20	11	38
Total	40	24	95	45	204

The short timeframe for Round 1 recruitment presented some challenges and planning is underway to increase representation in Round 2. We also intend to undertake proportionate outreach activity, as outlined in the tender submission.

Broad diversity and monitoring data was collected via an anonymous survey link using SmartSurvey. The survey captured sector, age bracket, gender, disability and ethnicity. Breakdowns are below:

Table 2: Detailed sector diversity and monitoring information

Sector	Total
Children's social care: Early help	6
Children's social care: Child protection	6
Children's social care: SEND	7
Children's social care: Looked after children	4
Children's social care: Other	15
Early Years: Local authority	16
Early Years: Independent / Private provider	3
Early Years: Other	0
Education: Primary	19
Education: Secondary	15
Education: Alternative provision	3
Education: Other	40
Further Education: General college	28
Further Education: Specialist college	3
Further Education: Sixth form college	1
Further Education: Independent provider	0
Further Education: Other	0
Total	166

Table 3: Age category diversity and monitoring information

Age Category	19 - 29	30 - 39	40 - 49	50 - 59	60 - 69	Total
Early Years	0	4	6	7	2	19
Education (Primary, Secondary and alternative provision)	2	12	22	31	10	77
Further Education and Skills	0	2	9	17	4	32
Children's Social Care (Including Early Help)	0	13	6	18	1	38
Grand Total	2	31	43	73	17	166

Table 4: Gender diversity and monitoring information

Gender	No Response	Male	Female	Non-binary	Prefer not to say	Prefer to self-describe	Total
Early Years	0	1	18	0	0	0	19
Education (Primary, Secondary and alternative provision)	0	15	61	0	1	0	77
Further Education and Skills	1	3	28	0	0	0	32
Children's Social Care (Including Early Help)	0	4	34	0	0	0	38
Grand Total	1	23	141	0	1	0	166

Table 5: Health condition and disability diversity and monitoring information

Do you consider yourself to have a health condition or disability	No	Prefer not to say	Yes	No Response	Total
Early Years	14	0	5	0	19
Education (Primary, Secondary and alternative provision)	65	1	10	1	77
Further Education and Skills	26	0	6	0	32
Children's Social Care (Including Early Help)	28	1	9	0	38
Grand Total	133	2	30	1	166

Table 6: Black, Asian, Indigenous, Mixed Ethnicity Gypsy/Roma Traveller or another minoritised racial group diversity and monitoring information

Do you identify as: Black, Asian, Indigenous, Mixed Ethnicity Gypsy/Roma Traveller or another minoritised racial group?	No	Prefer not to say	Yes	Total
Early Years	18	0	1	19
Education (Primary, Secondary and alternative provision)	74	1	2	77
Further Education and Skills	32	0	0	32
Children's Social Care (Including Early Help)	33	1	4	38
Grand Total	157	2	7	166

There is an over-representation of white participants; we intend to redress this in Round 2 by explicitly encouraging Black and other Global Majority participants (including via special interest groups) and asking Ofsted to do the same via its networks.

Session structure

Regional focus groups comprised mixed levels of seniority, with breakout groups for early years, education, further education and social care professionals to allow for sector-specific discussions. Focus groups all followed the same format and were planned in consultation with Ofsted. Facilitation was designed to achieve shared understanding and identify points of commonality, whilst recognising that stakeholders will bring divergent views and perspectives. A Delphi-type approach (a structured method used to reach group consensus through iterative questioning) was used to formulate workshop plans. An overview of the project and aims were given, alongside a short activity to begin to unpack initial views and perspectives about 'vulnerability'. To ensure consistency, participants were shown a short, recorded presentation offering headlines from the rapid literature review. In small breakout groups of up to eight people, arranged by sector, participants were invited to discuss the key themes that resonated with them in their role, and to highlight areas that the literature may have missed, or considerations not addressed. Groups were then brought back together to hear each other's feedback and comment on what they noticed. Use of the chat function was encouraged as a further means of capturing participants' ideas verbatim.

Data analysis

An iterative approach was taken to analysis, developing and testing key themes as they emerged across each focus group. Facilitators met immediately after every session to share impressions, facilitator notes and transcripts from breakout sessions were reviewed to highlight key themes, areas of convergence with emergent key themes and areas of contention or divergence of perspectives. Illustrative quotes were gathered for use in the discussion paper.

Engagement with Ofsted

Alongside contract management meetings, additional regular meetings have been held with Ofsted policy colleagues to share emerging insights from the rapid literature review and the focus groups.

A specific online focus group was held for Ofsted colleagues, with a bespoke session plan developed in consultation with Ofsted. The purpose was to reflect on the findings emerging from the literature review, explore language and terminology and consider the shape of the discussion paper and future stakeholder engagement activity. Key themes were summarised and are included in this discussion paper and are being used to inform key areas of focus for Round 2.

Initial ideas were also shared with senior colleagues in the Autumn, and the discussion paper was updated further to capture useful points acknowledging the ambitious nature of the work and surfacing the key dilemmas that will be explored further in Round 2.

Lines of enquiry for Round 2 stakeholder engagement (long-list)

What do children, young people, parents /carers think of the way we are thinking about vulnerability?

What would be the most accessible way of articulating the proposed and agreed definition/s?

How does this conceptualisation of vulnerability reflect the children and learners in early years, education, further education and skills, and social care? What are the differences and commonalities between these sectors?

What unintended consequences could arise of applying a bioecological / social model of vulnerability, and how could these be mitigated and monitored?

Does this kind of approach to defining vulnerability conflict with other policy agendas?

Are there any potential contradictions between the practices this kind of definition requires and current approaches to school inclusion, behaviour management, or attendance-focused interventions?

What additional data or metrics would help to understand how vulnerabilities are manifesting for children and learners, and their families? What would afford greatest insight, without creating unreasonable burden?

How are settings currently working with their children, families and communities to understand children and learners' individual contexts? What would need to be done differently, if the proposed definition was applied?

How are settings currently responding to children and learners' dynamic experiences of vulnerability? What would need to be done differently, if the proposed definition was applied?

How could settings and services verifiably demonstrate they are considering vulnerability in ways that take account of children and learners who are not currently defined as 'vulnerable'?

What are the tangible behaviours and actions that settings and services demonstrate (individually and with multi-agency partners) when 'going above and beyond'? How could this be recognised, in context, alongside performance measures?

How can we be sure that every professional understands that the proposed approach is about **both** attending to those children and learners already defined as vulnerable **and** thinking beyond the current categories?

What support or training might professionals need to practice in the way that this conceptualisation of vulnerability asks? What are the differences and commonalities between different sectors, in terms of this support and development.

How could Ofsted evaluate settings and services' effective gathering, analysis and use of data? What does sophisticated and purposeful information use look like? How can settings and services demonstrate they are using data to ask better questions, rather than assuming it offers definitive answers?

How can Ofsted interrogate the quality of thinking that leaders enable within settings and services? How can Ofsted evaluate the depth of knowledge and curiosity settings and services have about those they serve?

What support, training, or permissions might some Ofsted colleagues need to operate in the ways described?

What are the implications of this approach for wider policy actors? What is Ofsted's unique contribution to 'the whole'?

Next steps

The next phase of the project is underway, with the first Round 2 focus group (children and young people) held in late November, with dates already set in early 2025 for all remaining focus groups. The focus is on building consensus on the definition/s and identifying implications for application in evaluating the quality of inclusive practice.

The final report will integrate key findings from the literature review, discussion paper, and both rounds of stakeholder engagement, clearly outlining areas of consensus as well as points of significant divergence. The report will present refined proposals for conceptualising and defining vulnerability, along with recommendations for qualitative and quantitative approaches to evaluate the quality of inclusive practice.

Academic reference panel members

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