



Exploring inequities in child welfare and child protection services: Explaining the ‘inverse intervention law’

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ABSTRACT

Attempts to record, understand and respond to variations in child welfare and protection reporting, service patterns and outcomes are international, numerous and longstanding. Reframing such variations as an issue of inequity between children and between families opens the way to a new approach to explaining the profound difference in intervention rates between and within countries and administrative districts. Recent accounts of variation have frequently been based on the idea that there is a binary division between bias and risk (or need). Here we propose seeing supply (bias) and demand (risk) factors as two aspects of a single system, both framed, in part, by social structures. A recent finding from a study of intervention rates in England, the ‘inverse intervention law’, is used to illustrate the complex ways in which a range of factors interact to produce intervention rates. In turn, this analysis raises profound moral, policy, practice and research questions about current child welfare and child protection services.

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1. Introduction

This article proposes that reframing differences in the proportion of children subject to child welfare and child protection actions as an issue of inequity opens the way to a new approach to explaining variations in child protection intervention rates. Utilising the example of an apparently paradoxical finding from a recent study of child protection and out-of-home care rates in England, the ‘inverse intervention law’, described below, it suggests a model which incorporates both elements of the binary bias vs risk debate, while raising further ethical, policy, practice and research questions.

Attempts to record, understand and respond to variations in child welfare and protection reporting, service patterns and outcomes are international, numerous and longstanding. Very large differences have been found across diverse systems in the incidence of reported and substantiated concerns, the proportion of children receiving interventions, decision making, service provision and outcomes (Council of Europe, 2015; Fang et al., 2014; Gilbert, 2012; Gilbert et al., 2012; Pösö, Skivenes, & Hestbæk, 2013; Spratt et al., 2014; Tilbury & Thoburn, 2009). These variations are usually reported as differences for children but, of course, they are differences for families too.

This paper focuses on differences in rates of intervention by which we mean the proportion of children receiving safeguarding interventions such as being placed on a child protection register or in out-of-home care. In broad terms, two dimensions of explanations for differences in rates of intervention are commonly identified: risk (or need) and bias (Cram, Gulliver, Ota, & Wilson, 2015; Jonson-Reid, Drake, & Kohl, 2009) or, in other words, demand (incidence) or supply (services' responses). Variations in demand may reflect families in differing circumstances or with differing characteristics (Bradt, Roets, Roose, Rosseel, & Bie, 2014; Jonson-Reid et al., 2009); differences between racial or ethnic groups or other aspects of identity (Drake, Lee, & Jonson-Reid, 2009; Owen & Statham, 2009; Wulczyn, Gibbons, Snowden, & Lery, 2013), and/or between neighbourhoods (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Freisthler, Merritt, & LaScala, 2006). Variations in supply may reflect the availability, accessibility, appropriateness and quality of service provision (Attar-Schwartz, Ben-Arieh, & Khoury-Kassabri, 2011; Ben-Arieh, 2010; Dickens, Howell, Thoburn, & Schofield, 2007; Oliver, Owen, Statham, & Moss, 2001).

Explanations for variations in demand between families are generally described in terms of two different but interacting perspectives: individual behaviours or structural pressures. The structural perspective is conceived of as pressures on families that are often linked to relative poverty or either at a point in time or over time. Such pressures reflect a range of inequitably distributed economic and associated factors,

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such as low family income, parental unemployment, parental educational level, housing quality and insecurity, food and energy choice and insecurity, parental and child health and disability (Pelton, 2015). These factors are seen as either having a *direct* material impact on the capacity of families to offer children a good developmental experience (Yang, 2014) or as *indirectly* causing stresses that affect parents' ability to function effectively. Detrimental consequences of stress, such as excessive alcohol or substance use, exposure to intimate partner violence or poor mental health, can be seen as secondary to fundamental causes (Bywaters, 2015a; Phelan, Link, & Tehranifar, 2010). In some cases such structural difficulties cross generations increasing the likelihood of a range of behavioural and health factors damaging to family life. The personal and emotional impact of material hardship and inequality, such as feelings of shame or anger, are also part of the mix (Cancian, Yang, & Slack, 2013; Featherstone, White, & Morris, 2014; McDonnell, Ben-Arieh, & Melton, 2015). Structural change and community programmes are central to the proposed solutions (McDonnell et al., 2015; Pelton, 2015).

The behavioural approach, by comparison, while often acknowledging poverty as a contextual factor, tends to disconnect parenting practices from the economic and social context of the family. Some argue that poverty is a key factor but not one that can drive practice. For example, 'With so many children reported for child abuse and neglect each year, we cannot afford to abandon current work with affected children and families while searching for a long-term resolution to poverty' (Jonson-Reid et al., 2009, p. 427). Others argue that poverty cannot be causal because other families in poverty do not exhibit the same parenting behaviours (Narey, 2014, p.11).

Variations in demand according to ethnic group or identity are also the focus of extensive study. In the USA (for example, Harris & Hackett, 2008) it has been reported repeatedly that Black children are over-represented in the out-of-home care population compared with White children, and similar patterns have been recorded in England (Owen & Statham, 2009; Selwyn & Wijedesa, 2011). Explanations for racial or ethnic differences in intervention rates again commonly reflect the need vs bias dichotomy (Drake et al., 2011). Klein and Merritt (2014, p.96) describe these arguments:

'Inherent to the "Bias Model" is the assumption that minorities do not actually mistreat their children more ... (r)ather, their over-representation is understood to be the product of excessive scrutiny by community members and professionals ... The "Risk Model", on the other hand, contends that over-represented minorities have more child welfare system contact because they do in fact maltreat their children more often than members of other groups. According to this model, over-represented racial/ethnic groups engage in higher rates of child maltreatment because they are, on average, exposed to more personal and community-level risk factors, such as poverty and unemployment, and tend to have less access to services and supports...'

However, recently, on both sides of the Atlantic, evidence shows that when controlled for deprivation, rates of Black children in out-of-home care may not be raised compared to majority children and that each step increase in deprivation across society has a greater impact on intervention rates for White children than for Black (Bywaters, Brady, Sparks, & Bos, 2014a; Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013; Wulczyn et al., 2013). Moreover, in England, children from Asian backgrounds have much lower rates of both out-of-home care and child protection plans, despite the relatively poor economic circumstances of this population (there is insufficient room here to discuss the inadequacy of such broad groupings as 'Black' and 'Asian', in which official data is reported in England, for describing the diverse experiences of multiple sub-groups).

These interactions remain to be fully explained. A further suggestion offered for lower intervention rates amongst some minority ethnic groups is that of resistance: that minority communities who see

themselves as alienated from or in opposition to majority institutions such as child welfare systems, actively avoid contact with services. Ben-Arieh (2010, p.542) writes that

The Arab population of Israel is a minority with a history of national and religious conflict with the majority of Israeli society. Social service personnel are perceived not only as "outsiders" but also as representatives of the Jewish state. Haj-Yahia (2000), for example, found that Arab women strongly resist applying to social services and are even more opposed to seeking legal aid or reporting to the police cases of domestic violence and wife abuse.... Such communities are known to have lower reporting rates and a tendency to avoid involving "outsiders" in their internal issues...

This is a position he also ascribes to ultra-Orthodox Jewish populations.

In addition to family socio-economic position and ethnicity, or identity more broadly, the third main dimension that is widely discussed is the influence of locality or neighbourhood. In some research, neighbourhood deprivation is used as a proxy for family disadvantage when data linking family circumstances to intervention rates are not readily available — as in England (Bywaters, Brady, Sparks, & Bos, 2014b). It is also possible that correlations between neighbourhood deprivation and intervention rates reflect what Coulton et al. (2007) call 'selection': that families liable to maltreat their children have features which result in them being clustered in disadvantaged neighbourhoods either from choice or lack of choice. However, many researchers have identified evidence suggesting that neighbourhood factors can act independently from and in addition to the circumstances or selection of families (Freisthler et al., 2006). Once again, Coulton et al.'s (2007) analysis (like others') implies that differential intervention rates result from a combination of demand and supply.

In summary, factors seen as contributing to the demand side explanations of variations in intervention rates include families' structural position and/or behaviours, the impact of aspects of identity, especially ethnicity, and the additional role of neighbourhood resources and processes. Different understandings of how these factors produce variations are apparent for all three variables, and of course, they will often operate together in multi-faceted ways.

It is also the case that all three variables have a relationship with supply side factors: the availability, accessibility, appropriateness and quality of services. Again the arguments run in different ways. Raised intervention rates in disadvantaged areas may result from greater surveillance if services are more concentrated, so that fewer children with needs may be missed, or in more affluent areas because services may be more plentiful relative to need and/or because disadvantaged families are more visible (and perhaps stigmatised). Raised rates for Black children may result from biased assumptions by service providers about the parenting capacity of Black parents, while lower rates amongst other minority groups may result from assumptions about enhanced extended family support or community cohesion. For example, Ben-Arieh (2010) argues that the higher rates of child protection concerns found in Jewish neighbourhoods compared to Arab neighbourhoods, despite the greater material deprivation of Arab families in Israel, result from the greater concentration of services in Jewish areas. Discriminatory policies and inequitable structures, therefore, result both in more services being put into Jewish areas and in greater hardship amongst Arab families, but the (perhaps) paradoxical consequence for child protection intervention rates is that more Jewish children are the subject of an intervention. Broadly speaking, then, there are three issues at stake here: the volume of service provision; how well aligned services are to the needs and expectations of the population in question and how accessible services are, for example, in rural compared to urban areas.

In their review of the impact of neighbourhood factors on intervention rates, Coulton et al. (2007, p.1119) include supply side factors alongside 'selection' and 'behavioural' factors. Intervention rates can be a product

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