

Social work, poverty, and child welfare interventions

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Funding information

Nuffield Foundation, Grant/Award Number:
Child Welfare Inequalities

Abstract

The relationship between children's material circumstances and child abuse and neglect raises a series of questions for policy, practice, and practitioners. Children and families in poverty are significantly more likely to be the subject of state intervention. This article, based on a unique mixed-methods study of social work interventions and the influence of poverty, highlights a narrative from practitioners that argues that, as many poor families do not harm their children, it is stigmatizing to discuss a link between poverty and child abuse and neglect. The data reveal that poverty has become invisible in practice, in part justified by avoiding stigma but also because of a lack of up-to-date research knowledge and investment by some social workers in an "underclass" discourse. We argue, in light of the evidence that poverty is a contributory factor in the risk of harm, that it is vital that social work engages with the evidence and in critical reflection about intervening in the context of poverty. We identify the need for fresh approaches to the harms children and families face in order to support practices that engage confidently with the consequences of poverty and deprivation.

KEYWORDS

care, child protection, child welfare inequalities, poverty, social work

1 | INTRODUCTION

The relationship between poverty and child abuse and neglect (CAN) and between levels of poverty and children's chances of formal state intervention has received attention nationally and internationally, prompted by a growing evidence base (Berger & Waldfogel, 2011; Bywaters et al., 2016; Pelton, 2015). As part of a UK study of child welfare inequalities, this article considers findings about how social workers describe, discuss, and are influenced by the social and economic circumstances of children when arriving at decisions to intervene because of care and protection concerns. The article draws on a unique mixed-methods comparative study of frontline practice in England and Scotland. Evidence from Bywaters et al. (2014a; CWIP, 2017) sets out the variable rates of care and protection interventions across and within the UK and identifies that the primary determinant of these unequal rates is children's social and economic circumstances. Detailed findings from the analysis of these quantitative data are reported elsewhere (CWIP, 2017). For the purposes of this article, it

is sufficient to note that the data demonstrated that "deprivation was the largest contributory factor in children's chances of being looked after and the most powerful factor in variations between LAs" (local authorities; CWIP, 2017, p. 2). A review of the literature indicates that this is an international and national phenomenon (Bywaters et al., 2016). Expressed starkly, children in the most deprived 10% of UK neighbourhoods are over 10 times more likely to be in out-of-home care than children in the 10% least deprived neighbourhoods. Such inequities raise profound ethical, policy, and practice questions for social work, given that social work intervention can be argued to be a particularly acute representation of the underpinning settlement between the family and the state (Morris, White, Doherty, & Warwick, 2015).

This article discusses the findings from fieldwork in 14 sites within six LAs. The data suggest that social work has arrived at some complex and contradictory positions in responding to poverty, that this reveals broader social and cultural influences, and that fresh conceptual and applied approaches are needed, given the systematic and structural nature of the relationship between interventions and deprivation.

The authors wish to acknowledge the Nuffield Foundation, funders of the study

2 | CHILD PROTECTION PRACTICE AND POVERTY

Inadequate attention has been given to developing an evidence base for quantifying and understanding the relationship between poverty and CAN in the UK. There are currently no data collected by UK governments on the socio-economic circumstances of the families of children in the child protection system (Bywaters et al., 2016). Inconsistencies in national definitions and measures of CAN also significantly undermine attempts to explore the epidemiology of CAN across the UK and internationally. Though some landmark UK studies have evidenced an association between indicators of poverty and CAN (Bywaters, Brady, Sparks, & Bos, 2014a, 2014b; 2017a; Sidebotham, Heron, & Golding, 2002; Sidebotham & Heron, 2006) and children's out-of-home care (Bebbington & Miles, 1989), the UK evidence base remains underdeveloped.

Internationally, a growing body of evidence (largely from the US) shows that income and other measures of poverty are inversely correlated with CAN (Berger & Waldfogel, 2011; Pelton, 2015). U.S. and European studies have evidenced associations between child maltreatment and various indicators of family poverty. For example, by studying associations between changes in a state's minimum wage and child maltreatment rates, Raissian and Bullinger (2017) found that even modest increases to the minimum wage lead to a statistically significant reductions in overall child maltreatment reports. Hence, though the UK research base is underdeveloped, international evidence of an association between poverty and CAN is strong and can be found across developed countries, types of abuse, definitions, measures, and research approaches (Bywaters et al., 2016).

Research in social work also demonstrates a growing interest in the theory and practice of working with families in poverty (Gupta, 2017). For example, the "poverty-aware social work paradigm" developed by Krumer-Nevo (2016) offers theoretical advances through updated connection between social work and the developing body of poverty knowledge termed new welfare theorizing. Krumer-Nevo, Gorodzeisky, and Saar-Heiman (2016) have also reported on the problem of family debt for social work practice, arguing for increasing professional cognizance of debt management and the role indebtedness plays in families' lives. Participatory research has demonstrated the value of knowledge-exchange processes and learning from families with experience of poverty and child protection. A recent evaluation of a federal welfare rights project in Belgium reported positively on one initiative where prior service users, with personal experience of poverty, were employed to work directly with citizens and social administrators in an advisory capacity (De Corte, Roose, Bradt, & Roets, 2017). The value of such approaches is evidenced further by studies showing the consequences of service users' experiences not being adequately considered. Gupta, Blumhardt, and ATD Fourth World (2017) work with low-income family members reported experiences of both stigmatizing and othering social work practice that intensified the shame and suffering of poverty.

However, in the UK and internationally, there are remarkably few studies of the influence of socio-economic factors on social work decision making. This article discusses the findings from one such study and explores the implications for child welfare inequalities.

3 | METHODS

The UK four-nation study examined the relationship between intervention rates and children's socio-economic conditions. As part of this larger study, the case studies reported in this article used mixed methods to examine the interplay between children's socio-economic circumstances and social work decisions to intervene. The case study strand addressed two research questions:

1. What is the interplay between decisions to intervene in children's lives and their social, economic, and material circumstances?
2. What are the relative strengths of the variables that influence the unequal rates in decisions to intervene?

Technical details describing the methods adopted for this study are presented elsewhere in the research reports (CWIP, 2017). In summary, data gathering took place throughout 2016 and included the collection of detailed site demographics; visual data (maps, mapping exercises, and photographs); quantitative data about supply and demand (including referral rates, caseloads, social work ratios, and expenditure data), six to eight family case studies per site; observational data (gathered through periods of immersion in the teams); and comparable qualitative data, collected with standardized tools.

Fieldwork took place within six LAs in England and Scotland, a carefully selected mix of highly deprived and less deprived LAs. Each LA hosted a comparator case study site (the primary site) plus satellite sites examining practice in the most and least deprived localities. The primary comparator sites were carefully selected to ensure comparability in terms of population size and indicators of deprivation. Using the satellite sites, attention during fieldwork was also paid to the most and least deprived neighbourhoods within each LA; though for some LAs, our comparator site was the most deprived. Table 1 sets out the approach to selecting case study sites. All sites have been assigned pseudonyms in accordance with conventional ethical standards.

Fieldwork included a minimum of 5 days of immersive participant observation within social work teams. Researchers were located principally within duty and assessment teams, though time was also spent observing longer term safeguarding teams and others such as those operating multiagency safeguarding hubs. Throughout fieldwork, researchers observed various meetings (including strategy meetings, initial child protection conferences, and looked-after child reviews); gathered ethnographic field notes; collated case narratives; conducted semistructured interviews with key informants; and held focus groups with social workers,

TABLE 1 The comparator case study sites

Pseudonym	High/low deprivation LA	Country
Swardside	Low deprivation LA	England
Seamside	High deprivation LA	England
Riverside	High deprivation LA	England
Marshside	Low deprivation LA	England
Lochside	Low deprivation LA	Scotland
Highside	Low deprivation LA	Scotland

Note. LA = local authority.

senior practitioners, early help workers, and team managers. These were organized around a standardized vignette, used across all the comparator sites detailing a case at two stages of investigation. Though vignettes are not without methodological flaws, they are advantageous in that they offer standardized stimulus for group discussion (Hughes & Huby, 2002), facilitating comparative analysis across sites, LAs, and countries.

Data collection was shaped by a model for understanding unequal intervention rates that built upon the findings from the earlier Coventry study (Bywaters et al., 2014) as set out in Figure 1.

Data were analysed using a coding structure that incorporated a mix of preset codes derived from overarching research questions and data-driven codes that emerged from initial analysis. The coding used a mix of preset codes derived from the overarching research questions and data-driven codes that emerged from initial analysis. All data (qualitative and quantitative) were coded and allocated to themes. Analysis was organized using a framework approach (Ritchie & Spencer, 1994). This highly systematic method works well for the categorization and organization of unwieldy qualitative data (Gale, Health, Cameron, Rashid, & Redwood, 2013). The matrix output, associated with the framework method, also facilitated the thematic and comparative analysis required for the study.

Ethical agreement was secured from the Association of Directors of Children's Services and the host universities, and all data were anonymized to ensure that confidentiality was maintained.

4 | THE FINDINGS

4.1 | Deprived localities: The sites for social work practice

All six comparator case study sites were ranked amongst the most deprived 20% of wards in England or Scotland (ONS, 2015). Though the sites varied in their characteristics, general trends can be identified. Patterns of economic activity were similar across the sites. Employment rates were low, and between 47% and 52% of all residents over 16 were either self-employed, unemployed (but economically active),

homemakers, or students. Those in work were most likely to be employed in elementary occupations (ONS, 2011), and respondents commented on an increase in precarious employment and 0-hr contracts across the sites.

Practitioners working in the sites routinely acknowledged that the case study sites were areas of high deprivation and usual sites of practice. Poverty was described by practitioners (once prompted by questioning) as entrenched, systemic, and "generational." The case study sites were also largely framed as areas in decline, with low levels of environmental cleanliness and high rates of antisocial behaviour, such as littering and street drinking. "Marshside," one of the more rural sites, was described by a group manager as having "pockets of crime and poverty" with examples of "families where there is shoplifting [and] children aren't being fed properly." One social worker described the "Riverside" site as "proper inner-city ... you are talking terraced houses, narrow streets, you know, rubbish in the streets, kids playing and things like that." The respondents in "Highside" reflected on the drug culture in the site where the "local chipper" was used for buying and selling drugs.

Indeed, despite each site's individual local identity, the categorization of these places as "no-go areas" both across practice narratives and local imaginaries amounted to powerful constructions of what Wacquant (2008) has called "territorial stigma," that is, the symbolic degradation imposed upon people and urban spaces through their associations with moral degeneracy and risk. In two of the four English sites (Riverside and "Swardside"), respondents described how the strength of territorial stigmatization had motivated people on the housing list to refuse accommodation allocated to them within these areas.

The case study sites were recognized by respondents as generating high social work demand. Here, demand is defined as referrals (including self-referrals and referrals from other agencies) to children's services, reflecting the purpose of the service from the users' point of view (Hood, Goldacre, Grant, & Jones, 2016; Seddon, 2008). "Lochside" was described by the respondents as "busy, this is where a lot of the more needy families live." None of our respondents were

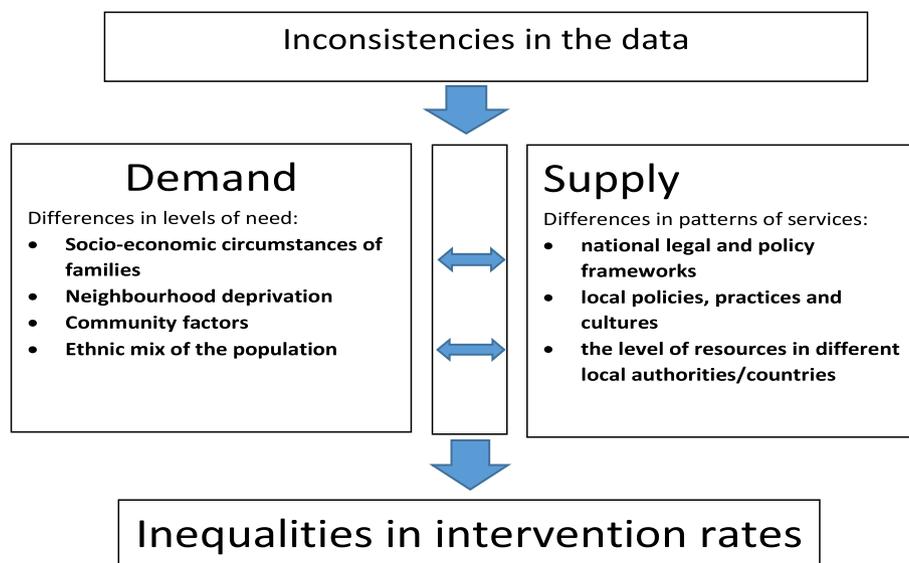


FIGURE 1 Understanding Unequal Rates [Colour figure can be viewed at wileyonlinelibrary.com]

surprised by the selection of sites, and all recognized the sites as a home to a high proportion of families involved with children's services. As a group manager from the Swardside estate put it,

... we absolutely work primarily with families who you would probably consider to be working class. Who live on, who often live on very low income and state benefits.

Once prompted to discuss poverty, poor home conditions, fuel poverty, and access to food were raised as stresses experienced by families in the case study sites. The comparator sites and the highly deprived sites revealed largely similar types of need (however, the highly deprived sites did hold the highest intensity of need.) High levels of debt and rent arrears were common in the child protection cases we observed, and food-bank usage was described as increasing. The Lochside team manager viewed deprivation as interlinked with a number of "chronic" issues:

... when you are looking at issues of poverty and deprivation a lot of them are interlinked like high unemployment, poor health, poor diet, poor nutrition, whether you are smoking, whether you are breastfeeding. All of these are interlinked and the only way to change any one of them is to work on them closely, to work on all of them.

One "Seaside" respondent described the impact of poverty as "oppressive," pointing out that it was not uncommon to have "parents who can't read and write coming to (Initial Child Protection) conference." Riverside social workers commented on "really really horrible examples of children and bad teeth" in the case study site. During the interview, the team manager for the Riverside site also noted that it was "unusual to have a family where one of the parents are working."

Our data suggest that the relationships between service demand, poverty, and place—the socio-economic geographies of practice—were so familiar that for many, they came to constitute a normative backdrop, something unremarkable and unremarked upon. For example, low-income families with "low education" and "no aspirations" were framed by a (Marshside) group manager as the "traditional" type of families accessing children's services. Another Marshside respondent failed to comment on the relationship between deprivation and social work demand because it was assumed to be "so integral" to the "toxic trio" of domestic violence, mental health, and substance misuse issues that framed social work narratives about family need.

4.2 | Poverty and practice: The abstract and the action

Once prompted by researchers, respondents acknowledged that poverty, unemployment, poor housing, domestic abuse, substance misuse, and mental health were prevalent and interconnected issues. Practitioners were able to articulate how they had developed their own analysis of the relationship between socio-economic conditions and the harms that families experienced. However, it also became evident that there were various mechanisms by which attention to family poverty was obscured, blocked, or avoided in individual case work and social work decision making. This generated an apparent

disconnect between the "abstract and the action" in social work practice, where any hypotheses about the consequences of poor socio-economic circumstances failed to manifest itself in family assessments, case work, and decision making (see also Krumer-Nevo, 2016). It is to a discussion of these processes that the article now turns.

4.2.1 | Attention to poverty undermined: The role of organizational constraints

Social workers rarely considered the root causes of family troubles and the role socio-economic hardships played in these. Even when prompted, the focus was on midstream consequences (poor housing, schools, and local conditions) rather than wider discussion of systemic inequalities and broader socio-political influences. Analysis of the case study data revealed how various system pressures, such as caseloads, timescales, and budget cuts, undermined social workers' attempts to engage with the roots of family troubles. Our case study respondents described how resourcing issues, such as the "squeezing" of budgets, imposed pressure on social workers to get cases moving "in one direction or the other," allowing

less and less chance for social workers to just get alongside families in the way that we might, that we might have done a few years ago (Riverside social worker).

One Highside team leader reflected on issues of demand and supply commenting, "... demand has increased but we haven't." This, it was argued, compromised social workers' ability to build holistic understandings of family circumstances through case work. During focus group discussions in Highside, one senior practitioner recognized the need for better understanding of families' circumstances. When asked if this was difficult to do, she responded,

Yeah it can be because I suppose we are all really busy. You're going from one thing to the next and to get the time to actually sit and unpick it can be difficult, but if you do it can be quite helpful to sit and think more wider about what it is people are doing and what the issues are. We don't always have the luxury of having the time to do that and we have to respond to need and to risk first and foremost and the other things are additional but they come afterwards.

Respondents such as independent reviewing officers were particularly critical of assessments of low-income families, and the opportunity to offer families support with socio-economic conditions. Across Swardside and Seaside, independent reviewing officers were clear that tight decision-making timescales constrained social workers in their ability to engage with the complexities of family poverty. As a consequence, child-protection conference reports were described as missing attention to the context of family suffering.

The data also revealed system and organizational pressures that influenced practice cultures leading to the discounting of families' economic circumstances. As one Riverside social worker explained,

We also do a lot of signposting families to foodbanks, or we can issue foodbank vouchers. But we tend, if we can, we are more than fully committed doing what we would

consider our core business, which is doing parenting skills, parenting capacity change type of things. And this other stuff, whilst in a perfect world we should be doing it, and doing it with family, the reality is that the work load people would say "you need to be doing other things, getting other people to do that sort of thing for them, you can't, you haven't got the capacity and if you do it, you run the risk of drowning."

Though this respondent did acknowledge that "in a perfect world," more holistic support would be delivered to families, the narrative evidences a conscious demotion of economic support, compared with risk assessment and parenting capacity work. Notably for this respondent, emphasis on "core business" was framed as a survival mechanism, to protect against the risk of "drowning" in case work. "Sinking" and "drowning" were adjectives that arose consistently across the case studies in respondents' descriptions of social work practice. During a Seaside practice observation, one social worker commented on "overwhelming levels of work," feeling like he needed to make life-changing judgments at the same time as sinking.

Indeed, the message from respondents across the case study sites was that process and procedural demands (timescales in particular), increasing caseloads and risk averse practice cultures, were combined to affect social work priorities in ways that detracted attention from the impact of families' social and economic conditions. This constellation of factors at times led to a punitive narrative, one that located responsibility for economic and social hardships within the family. Parents were held responsible for developing functional (or nonfunctional) ways of dealing with their poverty, as one Marshside respondent made clear,

For me, does poverty impact my decision making? No it doesn't. What impacts of my decision making about families is how they are parenting and what they are able to provide their child with.

The assessment tools used by social workers and/or the practice theories adopted reinforced this notion of core business. The fieldwork observation of investigations, assessments, and of case plans, coupled with the family case studies summarized for each site, suggested that assessment frameworks were either partially used (with minimal attention to socio-economic factors) or directed practice attention to risk factors detached from any social determinants. This is a complex picture of both limited frameworks and partial adoption of frameworks.

4.2.2 | Poverty disappeared: (Mis)using the toxic trio?

The proposition that some harms (mental health, addiction, and domestic violence) cluster together to form a toxic trio (Brandon et al., 2012; Cleaver, 1999) has heavily influenced both social work practice and service design in the UK. In our fieldwork, the term *toxic trio* was routinely and repeatedly used by duty and assessment social workers. The toxic trio has clearly entered the lexicon of social work. Our data indicate that its use functioned as a proxy for the risks in families where there were multiple problems, usually involving violence, drugs and/or alcohol, and fragile relationships (which may or may not involve mental health difficulties). Notably, the harms incorporated in

the social workers' everyday usage of toxic trio in our data did not always include those identified in the research. Indeed, the routine adoption of toxic trio as shorthand for a collection of harms suggested that the notion of toxicity rather than the knowledge of the specific harms has had a greater influence.

Across the sites, social workers were asked to identify patterns in the circumstances of families engaged with children's services. In virtually all cases, respondents addressed this question by listing perceived and specific risk factors, rather than any broader socio-economic trends or circumstances. Poverty was not identified or described as a risk factor for children. Where families' social and economic conditions were acknowledged (usually because of researcher questions), there was a tendency then to revert back to discussion of what was argued to be a toxic trio of risks. This tendency is demonstrated by the following extract, taken from a Seaside focus group:

Deprivation and the pressure is causing problems in relationships and is causing the family to struggle to meet the children's needs ... We have people coming in with no money, or to get food bank vouchers. Erm, yeah and then I suppose it's the downward spiral so you get a lot of the toxic trio so people turning to drink and drug use.

Across the data, respondents reflected on the complexity of family's needs. Highside respondents described "a messy picture [where] families are complex and there are a mish mash of many issues that are interlinked." Cultural explanations of poverty were routinely applied to make sense of the association between poverty and "risk behaviours" such as alcohol consumption. As one Seaside respondent put it,

[Seaside site] is a very white working class. You've got a lot of settled travellers in that area. A lot of working class families and perhaps a normalization to kids playing out in the street. Parents in the road you know sitting down chatting, drinking, smoking. I think there is like a normalization to the "toxic trio."

Notably, this afflation of classed thinking with the cultural expectations commonly attributed to low-income families prompted respondents to drift, at times, into the pathologizing of parental behaviour (both within the family and within the community). Indeed, through their depiction of service users, our respondents demonstrated a tendency to focus on those stigmatizing cultural signifiers associated with underclass narratives. One Lochside respondent reflected specifically on young parents typified as presenting "with very dark dyed hair in a bun pushing a buggy, the guy with his grey joggers and they're screaming at their kids." The same social worker went on to explain:

They've not had positive role models. It's acceptable for a woman to be standing out there screaming "right you little bastard, get right here or I'm going to molip you" ... it's acceptable within the community.

This articulation of a "chav" discourse is worth further attention. As Tyler (2008) explains, the representation of the chav alongside its various synonyms and regional variations has become a ubiquitous

term of abuse, positioning White working-class subjects as beyond the pale of respectability. The emergence of the chav as a recent and distinctive “class-cultural phenomenon” (Nayak & Kehily, 2014) has been theorized in terms of the emotional manifestations of social division and markers of judgement, like disgust (Tyler, 2008). Indeed, the evocation of chav imagery and the apparently blasé nature with which it was applied by some respondents is instructive. These data suggest that, though social workers could describe the hardships that might result in behaviours that harm, attention to the toxic trio operated in ways that obscured the “causes of the causes” (Marmot, 2015) through an individualistic focus on risk factors. This was a pattern across all sites, regardless of differences in policy, practice systems, and services.

Where social workers did elevate their analysis beyond the individual, there was a tendency observed to focus on cultures of poverty. In this sense, attention to the toxic trio operated as both an extension of and a facilitator of stigmatizing classed narratives.

4.2.3 | Detachment from poverty

Our analysis identified evidence in case work of a conscious detachment from poverty and distancing from families and their communities. Respondents across the sites voiced reluctance to allow family socio-economic circumstances to affect attention paid to the immediate risks presented to children. This decontextualized approach was framed as equitable practice. For example, in Swardside, respondents were clear that their practice was child focused and risk oriented. As a consequence, they spent little time considering the circumstances of families or recognizing poverty as a risk in and of itself. One Swardside social worker recounted, “No, I don't show up to work thinking everybody here has nothing.” Instead, she reflected on having to respond to what was in front of her, and the behaviours, rather than the circumstances that she might witness.

Other respondents reflected on the use of satellite navigation systems to detach from the geographies of social work practice and to negotiate the journey between home visits without having to think carefully about the site. As the following exchange illustrates,

I quite like that [using Satellite Navigation] because it doesn't, I don't get that hang up of “oh God I'm going to [site] again.”

I think from the Sat Nav point of view I would be the same as you. I would get lost. But also it kind of takes away that when you know like “Urgh I'm on [Name] road again” you probably already have that, a little bit, not consciously but you definitely... some roads you really pick up and you go “urgh here we go again to this place” whereas if you don't know the area it's ... all possibilities isn't it. No one knows. It's like a surprise when you get there.

Indeed, this conscious disengagement from the geography of family circumstances is noteworthy and a particularly striking feature of the data. What respondents appear to voice may be a coping mechanism, or an othering process used to manage the stress of carrying out work that is perceived to be unpleasant (communicated through the phrases “Urgh” and “Oh God”). There is no doubt that the data (from case study summaries of individual families) contained examples of unkempt

homes and poor hygiene. The photographic data from the sites displayed run-down estates, and low income levels and poorly funded services were evident in the limited ways in which the physical environments were maintained. Shops were dilapidated, streets needed repair, and properties had fallen into decline. The social workers unquestionably encountered conditions that would provoke uncomfortable feelings. However, it is how these feelings were framed and processed that is of interest.

Many social workers struggled to decide on the extent to which practice should engage with poverty. Highside respondents tussled with the link between deprivation and social work demand. When asked, “Is there a link between deprivation and child abuse?” most of the respondents answered “yes and no.” The following comment demonstrates this struggle:

I think it does. I'm always careful with this because I don't think deprivation means child maltreatment is a given. I think sometimes people can be very much like “what do you expect they're poor?” but actually there are plenty of people that are taking really good care of their children in difficult circumstances, but clearly it's much easier to look after your children if you have enough money coming in ... it's much easier to be less stressed if you've got good access to diet and a gym maybe. There is a very definite link but I don't like it when people say deprivation equals child maltreatment because I don't think that's right in my opinion, but it is a big contributing factor.

The constant movement between acceptance and denial of the association between poverty and child maltreatment was a feature across the data. This problem was understood through the prism of antioppressive practice, fuelling the ethical dilemmas social workers faced. The reluctance to equate deprivation with “child maltreatment” was because “not all poor people are bad parents” (child protection social worker). Respondents referred to some deprived families as taking “very good care of their children” and some low deprivation families that “neglect and harm their children.” Whereas an area team leader reflected on the difficulties of poverty for families, she also felt that there must be “accountability,” articulating a concern that if poverty is to be depicted as having a causal link to child abuse, this takes away parental responsibility. Such reflections hint at the complex moral and ethical dilemmas that decisions to intervene generate for social workers and the paucity of frameworks for practice that support a robust understanding of the influence of socio-economic determinants, alongside the experiences and consequences of individual harms and adversities.

The work of Wilkinson and Pickett (2009) proposes a growing distance between the lives of those needing services and those providing services in unequal societies (Bywaters et al. 2014). Such distances matter, producing the spaces for feelings of disgust, and shame to take on added importance. We encountered practice episodes both deeply humane and inhumane. Social workers described putting food-bank provisions into mainstream-supermarket carrier bags to protect a family's dignity when they delivered the food to their home. We also witnessed family members in deeply shaming encounters, including a

mother spending her daily money allowance on fares to attend a meeting about whether her child could be placed for adoption, then having to ask for a cash reimbursement, only to be told she must travel to another office several miles away and complete some paperwork. Beddoe and Keddell (2016) have suggested that the education of social workers must move students on from “outrage” to “informed outrage,” turning indignant reactions to poor family conditions into activism for change. Our data indicate the need for an expanded understanding of this dilemma, as consistent exposure to deprivation appears to result in practitioners recoiling from circumstances and localities. Outrage (if it existed initially) has been replaced by expressions of confusion and disgust.

4.2.4 | Overwhelmed: Poverty as “too big to tackle”

Those limited number of respondents who did aspire to deliver anti-poverty practice described feeling either overwhelmed by poverty or simply unable to change social and material circumstances. Reflecting on the context of increasing service demand and diminishing professional resources, one Swardside respondent asked,

But then how are we meant to support children that are in poverty? ... so I feel like we're deprived. We're working in an industry where our resources are deprived. We're in poverty!

The Lochside respondents felt that it was crucial to be conscious of poverty, but actually, tackling poverty was viewed across the data as “too big a job in one role.” Other social workers appeared resigned to the fact that they could not adequately support families in financial crises:

... so we tend to focus on the parental responses to that deprivation rather than the deprivation itself, because there isn't much we can do about that. Overall, our case study respondents described an occupational environment that was saturated by poverty to such an extent that it ceased to become a topic of critical engagement. Furthermore, as the pressures of diminishing resources, timescales, and risk adverse management bore down on social workers, attention to poverty was routinely obscured, undermined, or abandoned all together. These data indicated a practice culture that is risk oriented and inattentive to the social conditions that both frame and affect parenting capacity and ability. However, this is a complex picture, one that suggests that these characteristics emerge from practice culture and attitudes towards poverty, and/or the perceived incapacity of social workers to tackle poverty, or a combination of these alongside other factors.

5 | CONCLUSION

This article seeks to make a significant contribution to a growing body of research interested in social work with people in poverty (Deka, 2012; Krumer-Nevo, 2016; Krumer-Nevo et al., 2016; Pelton, 2015;

Gupta, 2017). The data we have presented reveal a complex picture of social work responses to poverty and deprivation. The data suggest that irrespective of differences in local policy, expenditure, and deprivation levels, social workers share common discourses on poverty, and these discourses (rooted in organizational and cultural influences) that shape the attention and emphasis poverty merits. Our analysis points to the divergent views that are simultaneously held by practitioners and, consequently, the inevitability of the conflictual positions social work finds itself rehearsing when talking about poverty.

In routine conversations in the English and Scottish sites, poverty was largely unmentioned by social workers, but when prompted, connections are made between harms and poverty. Practice, shaped by organizational culture and the consequences of austerity, is focused on notions of managing individual risk detached from socio-economic conditions. Poverty is the wallpaper of practice: too big to tackle and too familiar to notice. On the one hand, social workers can articulate the relationship between poverty and harm, but on the other hand, their practice takes little if any account of this analysis. In concert with this convoluted position (or maybe as a result), social workers have adopted a number of techniques and frameworks for disengaging with poverty and justify this approach by using notions of equitable and nonstigmatizing practice.

These findings are important for two key reasons. First, our data reveal a social work tendency to explain poverty in cultural terms. All these data contained portrayals that resonate strongly with the socially constructed—and powerful—imagery of poor communities and localities. Though not all social workers talked about the poor in this way, the notion of an underclass that social work must regulate and persuade into respectability (with or without coercion) permeates through the data. What is striking about the fieldwork data is the extent to which this underclass discourse has entered the accounts from social workers about the families and communities with which they work. Social work has long been argued to carry the stigma of those it serves (Ferguson, 2013), but our findings suggest that the profession itself has absorbed and now utilizes wider social and political discourses about the failing poor and the toxicity of needs (Featherstone, White, & Morris, 2014).

This infusion of social work poverty talk with an underclass theme is problematic when juxtaposed with the social work commitment to challenging oppressive systems and discourses. The social workers in this study talked about multigenerational workless families, drawing, at times, on highly loaded and stigmatizing images to represent their clients (Nayak & Kehily, 2014; Tyler, 2008). Yet the extent to which such images are rooted in evidence is extremely contested. Research indicates that myths and caricatures have been inculcated into everyday depictions of deprived communities, serving valuable political purposes but at odds with the realities of family lives (Macdonald, Shildrick, & Furlong, 2013; Tyler, 2008). Nonetheless, for the most part, social workers in our fieldwork turned relatively easily to such images and were seemingly comfortable with these depictions.

These data raise complex and challenging questions: Are social workers bearing witness to a hopeless and harmful subculture, or is what they encounter being reframed through the prism of powerful social and political constructs that (re)position economic injustices as individual failings? It is likely that this is not this simple binary choice,

but a complex mix. The communities that social workers serve have suffered the greatest harms and will inevitably bear the greatest scars, and it may well be reasonable to hypothesize that the social work representations hold some truths as families and communities struggle to deal with unrelenting hardship. Equally, social workers currently in the field—given their ages and length of service—will have been exposed to the ascendancy of a highly competitive and individualized social and political context, with its normative influences, and so it may also be reasonable to hypothesize that, as individuals, social workers are not immune from absorbing the strong discourses and imagery that pervade the representation of poor communities and families.

Second, and by paying attention to the challenges of reconciling emotional responses to practice with social work values of regard and respect, the data reveal a position of moral ambiguity inhabited by the respondents. The roots of this moral muddle are obvious; the profession's values of challenging oppression and injustice require social workers to contest the very same discourses they have adopted. Our study suggests that for social workers, poverty presents a series of ethical and practice dilemmas. They resisted including poverty in individual assessments, arguing this to be an approach that avoided stigmatizing families, whilst simultaneously appropriating elements of a stigmatizing underclass discourse, and recoiling from poor localities. They could recognize in the abstract the consequences for families of poverty and deprivation but did not join up or were not supported to connect this abstract analysis with their practice, arguing "core business" to be risk assessments detached from socio-economic conditions.

The absence of a mutually informing relationship between abstract hypotheses about the impact of poverty and social work practice is striking. Our analysis revealed a detachment from poverty, an uneasy understanding of the relationship between poverty and CAN, and organizational systems and cultures that reinforced risk management in preference to engaging holistically with families and communities. There is a complex interplay of professional values, private reactions, and public expectations, structural and systemic forces that result in ethical and practice dilemmas. Critical to addressing these dilemmas is interrogating the disconnection between abstracted understandings and practice actions. In order for social work to move forward in addressing child welfare inequalities, an extended knowledge of the relationship between poverty and harm must be developed, alongside robust frameworks that engage with conceptual understandings of shame, suffering, and the consequences of inequality.

There is an absence of processes, systems, or resources to support social workers in this task of understanding and addressing the consequences of poverty. In the UK, no routine data were collected about the socio-economic circumstances of the families of the children who are the subject of intervention. Without these very basic data, it is difficult to see how social work can understand and respond to the context for their interventions. Though there is a series of practical recommendations that arise from this study, there are also important messages for conceptual and knowledge development. Practically, ensuring that systems and routine practices do not reinforce the suffering and shame caused by poverty is an obvious conclusion. Finding fresh conceptual frameworks that support practice to engage

constructively with poverty is more challenging. Poverty is a child protection matter, and our current child welfare interventions are riven with inequalities. The development of frameworks such as the poverty-aware social work paradigm (Krumer-Nevo, 2016) offers ways forward. The challenge will be encouraging social work to reflect carefully on current practices and the values they reveal and to (re)connect responses to poverty with the professions' enduring commitment to human rights and justice.

ACKNOWLEDGEMENT

The authors wish to acknowledge the Nuffield Foundation, funder of the study.

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How to cite this article: Morris K, Mason W, Bywaters P, et al. Social work, poverty, and child welfare interventions. *Child & Family Social Work*. 2018;23:364–372. <https://doi.org/10.1111/cfs.12423>