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Let's stop feeding the risk monster: towards a social model of 'child protection'

Introduction

In this article we argue that it is time to question a child protection project that colludes with a view that the greatest threats to children's safety and well-being are posed by their parents' or carers' intentional negligence or abuse. This project has created systems that convert the need for help into evidence of risk, and operate with a crudely reductive and punitive understanding of the relationship between 'private troubles and public issues' (Wright Mills. 1959).

The article begins with an account of the nature of the child protection system and how it currently operates. We then analyse how policy and practice has developed and outline how and why we consider a social model of 'child protection' has the potential to help challenge dominant perspectives.

Our article aims to contribute to a growing body of literature calling for reform of the systems for dealing with families where there are need and safety issues. We draw from analyses and innovations that have been undertaken, or are in progress, across a range of countries (see Lonne et al, 2009; 2016). But we also draw loosely from a framework that has not hitherto been used in this area of work: the social model. The social model has challenged thinking across a range of fields, including disability and mental health, leading to change in policy and practice. It has proved particularly compatible with the 'social' in social work and provided a philosophy and framework for articulating practices that challenge dominant biomedical models and their narrow focus on individual impairments, disease and risk. The social model specifically draws attention to the economic, environmental and cultural barriers faced by people with differing levels of (dis)ability. We explore its utility for 'child protection'; an area of work in England that is dominated by a focus on risk and risk aversion. This area has paid limited attention to the economic, environmental and cultural barriers to ensuring children and young people are cared for safely within families and communities and obscures the social determinants of much of the harms they experience. Drawing on analyses of policy, practice and empirical studies, we advance this new framework at the conceptual, political and practice levels.

Are we looking in the right places or at the right issues?

A growing body of research across what have become known as Anglophone countries with similar systems (Lonne et al, 2009) suggests that there has been a considerable increase in the numbers of families experiencing investigations for suspected abuse in the last decades (Bilson et al, 2015, Devine and Parker, 2015, Trocme et al, 2014). Further interrogation suggests that the vast majority

of such investigations do not uncover actual abuse and/or result in help being offered to families (Trocme et al, 2014).   Such findings echo those from as far as back as 1995, when researchers called for a refocusing of systems in England and Wales (DOH, 1995) in order to move away from practices that were preoccupied with detecting abuse, ignored need and frequently left families alienated and frightened. It is salutary to reflect upon this two decades later and to note how little progress has apparently been made in the intervening decades.   For example,, trends in England and Wales indicate that child protection investigations increased by 79.4% over the period 2009/2010 to 2014/2015 (DfE, 2015 a and b). While the numbers on child protection plans did rise, this rise of 40.5% fell far below those actually investigated. Moreover, because there are no statistics on the numbers who move from investigation to help or support services, it is difficult to assess how any needs that were uncovered in the course of an investigation are dealt with.

Bilson et al.'s (2015) study provides data on children in West Australia from their birth in 1990 or 1991 until their eighteenth birthday in relation to prevalence rates of children being reported, investigated and found to have been maltreated. A key finding is that over 13 per cent of **all** children in West Australia born in 1990 and 1991 were reported to child protection services before reaching the age of eighteen, although 71 per cent of them were not found to have been maltreated. There was also a disturbing increase in child protection reports of Aboriginal children and Torres Strait Islanders with an estimate that almost half of those born in 2004 had been reported before their fifth birthday.

Trocme et al (2014) analyzed data from the 1998, 2003 and 2008 Canadian Incidence Study (CIS) of reported child abuse and neglect and compared the profile of children who were reported for an urgent child protection investigation *versus* any other investigation or assessment. As a proportion of all investigations, urgent protection cases had dropped from 28% of all investigations in 1998, to 19% in 2003, to 15% in 2008. Results from the CIS 2008 analysis revealed that 7% of cases involved neglect of a child under four, 4% of cases involved sexual abuse, 2% of cases involved physical abuse of a child under four and 1% of cases involved children who had sustained severe enough physical harm that medical treatment was required. The other 85% of cases of investigated maltreatment involved situations where concerns appear to focus less on immediate safety and more on the long-term effects of a range of problems faced by families such as intimate partner abuse. Finally, Melton (2016) notes that in the US only about one in six recorded referrals resulted in a finding that abuse or neglect had occurred.

  An over-zealous system?

 In England, on n the rare occasions when it suggested that the system's activities are too zealous it is argued that it is all worth it because children are less likely to die here than in many other countries. And indeed there is some evidence to support this as we explore later. When, as is much more frequent, there is criticism because a child has died, the same argument is rarely if ever used and, indeed, it is also rare to find anyone who will stand up and question whether it is possible to stop such events happening and, indeed, whether the price we pay for

trying to stop such things happening might be too high (Warner, 2015).

As Pritchard and Williams (2010) note, the kinds of child deaths that exercise the media and politicians are becoming rarer. A recent study by the NSPCC (Jutte et al, 2015) also notes that the numbers of children dying as a result of homicide or assault are in long-term decline. In 2013, the rate of deaths due to assault and undetermined intent in Northern Ireland was 5.6 per million, followed by 3.8 per million in England and Wales and 3.5 per million in Scotland. The rate has declined in all four nations since the 1980s – by 59 per cent in Scotland, 48 per cent in Northern Ireland and by 60 per cent in England and Wales. This is a steeper decline than that suggested by the homicide data analysed. The five-year average child homicide rate in 2013/14 was highest in Wales, at seven per million under 18 year olds, compared with 5.6 per million in Scotland, 5.5 per million in England and 2.8 per million in Northern Ireland. Overall child homicide rates have decreased for all UK nations, although in Wales it has been rising since a low of 4.3 per million in 2007/8. Children under one year continue to be more at risk of being killed at the hands of another person than any other age group in England and Wales. In 2013/14 there were 23.9 homicides per million children under one in England and Wales, compared to an average of 9.2 per million for all age groups.

Such reductions are of course to be celebrated but are Pritchard and Williams correct to suggest this is down to the activities of the child protection system? The evidence is not at all clear cut (Gilbert et al, 2009). Moreover, it is important to note that in terms of the mortality rates for children and young people, overall, there is far less reason to celebrate. It would appear that not all children are equal either in relation to their chances of dying early or indeed in relation to the attention their deaths will receive. Wolfe et al (2014) note that every year, an estimated 2,000 additional children die in the UK compared to the best performing country in their comparative study, Sweden a much more equal society than the UK with far less poverty. Their research showed that over half of the deaths in childhood occur during the first year of a child's life, and are strongly influenced by pre-term delivery and low birth weight; with risk factors including maternal age, smoking and disadvantaged circumstances. Suicide remains a leading cause of death in young people in the UK, and the number of deaths due to intentional injuries and self-harm have not declined in 30 years. After the age of one, injury is the most frequent cause of death; over three quarters of deaths due to injury in the age bracket of 10-18 year olds are related to traffic incidents. Poorer children are much more likely to live in more dangerous areas and accidents generally are more common in poorer households.

Wolfe et (2014) note that comparing how children fare in different countries shows that children in the UK are amongst the more deprived in Western Europe and this is reflected in mortality rates; there is a higher mortality rate among children under five years old who live in countries with a high proportion of deprived households. The lowest mortality rates are in the Nordic countries, with the lowest proportions of deprived households (see also Viner et al, 2014).

In summary we would want to pose some seldom addressed questions, Child

protection has become inextricably linked with the failure of professionals to prevent children dying at the hands of parents of carers. However, the numbers of such deaths are very low and appear to be in long -term decline. Comparatively speaking many more children and young people are dying from what would appear to be avoidable reasons such as poverty and associated issues. Why the lack of attention to this from across society, including those constituencies concerned with child protection? Why are its social determinants obscured in the emphasis on parental intentionality and culpability?

From the needy parent to the parent as rational, responsibilised actor

Parton (1985) offers an analysis of how the problem of child abuse emerged in the 1960s onto the policy and practice agendas. He notes that the 19th Century child saving era lasted until World War One when child abuse disappeared until it was 'discovered' by Henry Kempe, a paediatrician, and his colleagues in Denver. This was an expert led process, led by doctors in hospital, far removed from communities where families sought to raise children. It was argued that the basic ingredients of parental behaviour arose predominantly from parents' own lack of empathic mothering (Featherstone 1997). This was more significant than any other factor such as socio-economic status or living conditions. These perspectives encouraged the development of long-term nurturing relationships between workers and service users with the aim of satisfying unmet dependency needs on the part of parents and providing them with (re)parenting. Walkerdine and Lucey (1989) provided an understanding of the social democratic context in which these perspectives were formed. They noted that a strong movement in the 1940s and 50s tried to produce a possibility of social reform through the agency of the mother. In order to promote reform, after the horrors of World War 2, the pessimism of Social Darwinism was countered by an environmentalism, which emphasised the possibility of social reform through love and nurturance.

Parton (1985) suggested that a number of assumptions about how the problem could be explained have had a significant influence on the nature of the societal response. He argued that a disease model of child abuse was the dominant perspective and noted that when a disease model is applied to child abuse:

'it is assumed that child abuse is an illness of sufficient unity to be put into a diagnostic category in its own right and that…. the pathology resides primarily in the parents but manifests itself in the relationship with the child. While allowing that in some cases it may be an expression of family stress, it is psychological or interpersonal family factors which are seen as of prime importance in the etiology. There is a defect in the character structure or personality which, perhaps in the presence of added stress, gives rise to physical expression (p, 132)

Early analyses came under fire largely as a result of three developments: radical social work, the 'rediscovery' of child sexual abuse and the responses to child deaths (Featherstone, 1997). The radical social work movement in the 1970s argued for attention to poverty and associated issues such as poor housing.

Indeed, Parton was foremost among the critics and focused attention on the role of the state and professionals as definers of social problems and highlighted the problem with constructing the issues as one of individual psychology or familial dynamics.

The rediscovery of sexual abuse seemed to challenge some of Parton's analysis as he acknowledged. Survivors and feminists were concerned to argue the following; sexual abuse occurs in all classes and is not linked to poverty or stress, not the result of individual pathology and/or relational dynamics in families. However, feminists were adamant that it was rooted in social factors such as gendered power relations and dominant constructions of masculinity that reinforced oppressive behaviours towards women and children. This it was considered a social issue emphatically with its roots lying in particular sets of social arrangements and belief systems (Featherstone, 1997).

Throughout the 1980s, responses to a series of high profile child deaths eclipsed concerns to understand **why** children experienced harm or indeed how harm was defined. The responses intensified a shift towards risk aversion and promoted increasingly complex systems comprising audit and confidence measures. One of the few attempts in the 1980s to understand **why** dovetailed with a growing focus in a neo-liberal society on individual responsibility. Dale et al (1986) argued there were dangerous families where children were abused as a result of triangular relationships between the perpetrator, the child and the parent who failed to protect. They argued against the goal of developing long-term therapeutic relationships or providing reparative parenting or material aid and in favour of individuals and families taking responsibility for their lives. Control was an important aspect of the social work task.

While their particular model of work was not replicated outside some specialist NSPCC projects, Dale et al.'s ideas spoke to, and reinforced, the wider policy trends of the times and these are central to the themes of today. In the 1980s the focus on individual responsibility took hold in a context of the rolling back of state welfare. Thus earlier 'depth' discourses that sought to understand why people behaved as they did were supplanted by what Howe (1996) called 'surface' concerns and crucially concerns with performance: the performance of service users and increasingly of services and social workers themselves.

While the toxic embrace of risk aversion, audit and responsibilisation has been challenged consistently, we still operate in a context where need is understood through a risk lens (despite the development of reforms such as 'differential response' (Featherstone, et al. 2014), and responsibility continues to be conflated with conscious intentionality. Relationship based practice has been very important in challenging instrumental audit based encounters but has stayed within a paradigm that focuses on the reparative potential of the relationship between worker and individual family. Others have evolved strengths-based approaches, such as Signs of Safety and restorative approaches. Their long-term potential to shift practices in risk saturated contexts remains to be seen. Moreover, as Roose et al. (2012) argue strengths-based models can reinforce a process of individualization if the social, political, and economic

contexts within which the families exist are not explicitly recognized and addressed.

Our discussion of the social model outlined below suggests the importance of situating such approaches within wider contexts. Before turning to address this, we offer some further reflections on why a shift to a social model is so urgently needed.

A double whammy: a system that is both punitive and neglectful?

The categories of maltreatment outlined in *Working Together to Safeguard Children* (DfE, 2015c), are emotional abuse, neglect, physical abuse and sexual abuse. Neglect is now the most common reason for a child to be subject to a child protection plan (CPP) (Jutte et al, 2015). At 31 March 2014 the breakdown between the categories was 43 % for neglect; 33 % emotional abuse; 10 % physical abuse; 9 % multiple reasons; and 5 % sexual abuse (Jutte et al, 2015: 57). Thus neglect and emotional abuse constituted over 75% of the reasons for a plan. Both these areas, we suggest, highlight our concerns about whether the current 'child abuse' lens is either an appropriate or socially just one.

In terms of neglect, many scholars have raised serious concerns about how it is understood and dealt with currently. First let us look at its definition, a definition that has expanded dramatically over decades:

The official definition of neglect is:

- The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.
- Once a child is born, neglect may involve a parent or carer failing to:
- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or   ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (DfE, 2015c)

A number of interconnected issues need addressing: the relationship between poverty and neglect and how child protection systems translate 'public issues' into private troubles and, in so doing, convert them into evidence of intentionally troublesome/risky behavior by parents.

It can be argued that the range of harms experienced by children living in poverty indicate poverty itself should be seen as a form of societal neglect (Hooper *et al.,* 2007). This argument seems particularly apt in a context where the policy response to the global financial crash in 2008 has involved widespread

cuts to welfare and public expenditure with devastating consequences for many, especially the most vulnerable. Let us recall one element of the definition of neglect above:

Once a child is born, neglect may involve a parent or carer failing to:

- *provide adequate food, clothing and shelter*

According to research by Hirsch (2015) for the Joseph Rowntree Foundation 39% of people in households with children now live below the Minimum Income Standard. The figure has risen by over a third since 2008/09. Families with children are now at greater risk than any other group of not having an inadequate income. Over recent years there has been a rapid growth in food banks with an estimated rise of 54% between 2012/2013 and 2013/2014 (Perry et al., 2014). Moreover, the number of homeless families living in bed and breakfast has risen by 300% over the last few years (Gayle, 2015). So in essence whole groups of parents could be, and, indeed, some are being, judged neglectful in the current climate as evidenced by the staggering rise in referrals and removals (Featherstone, 2015).

Within the literature on child protection, the association between poverty and neglect has been highlighted over the years (Stevenson, 1998; Baldwin and Spencer 2005; Pelton, 2014). But there has been ambivalence about this with repeated concerns raised about the meanings attached to such an association. Such concerns betray adherence to a trope that neglect is predominantly an intentional act or choice made by individuals. For example, it is often asserted that the majority of people in poverty do not neglect their children. This assertion not only supports notions of intentionality but also misunderstands the complexity of how how parental identities are formed and maintained over time in the context of constraint and challenge.

Moreover, the research evidence from Bywaters (2015) is that a child in Blackpool is 12 times more likely to be the subject of care and protection interventions than a child living in Richmond. This suggests the need for a recalibration of the relationship between agency and structure so that practices by individuals in relation to whether they can house and adequately feed their children, for example, are not reduced to crude assessments of poor choices. The research by Bywaters is the most recent evidence of a clear link between deprivation and a child's life chances in relation to their ability to live with their family of origin. Looking at the social patterning of such inequalities across his study, for example, obliges us to question a focus solely on parental risks or culpability.

The logic of much government policy in recent years is, however, to argue that parents in Blackpool are not willing to take responsibility for their children, unlike parents in Richmond, and, moreover, to point to the differing levels of deprivation in both areas is to excuse such parents and betray their children. As Michael Gove the former Minister for Education (2013) put it:

In too many cases, social work training involves idealistic students being told that the individuals with whom they will work have been disempowered by society. They will be encouraged to see these individuals as victims of social injustice whose fate is overwhelmingly decreed by the economic forces and inherent inequalities which scar our society. This analysis is, sadly, as widespread as it is pernicious. It robs individuals of the power of agency and breaks the link between an individual's actions and the consequences. It risks explaining away substance abuse, domestic violence and personal irresponsibility, rather than doing away with them.

It is perhaps not surprising but still a concern that there has been no government research commissioned on the causes or consequences of poverty and inequality for children's safety and protection especially in the current climate of austerity and no apparent attention paid to the rigorous evidence base from public health and the social sciences.

The literature on poverty and inequality explores both objective but also subjective dimensions. Shame has been described as the "irreducible absolutist core in the idea of poverty" (Sen, 1983:159). This is because shame forms an integral part of the "discursive 'truths'" that directly shape how poverty is perceived and how we then respond to it in policy and practice (Chase and Walker, 2015b: 256). The belief that poverty is shameful and a reflection of individual failings rather than of structural inequalities is a dominant feature of media and policy constructions of poverty and what it means to be poor. Consequently, as well as its material effects, people living in poverty have to live with the shaming attitudes of others towards them, including the highly stigmatising tone of public debates about poverty (Walker, 2014). In a large study of the relationship between poverty and shame conducted across seven countries over a two-year period (2010-12), Walker et al (2013) concluded that adults and children in all of the settings often felt ashamed because of the poverty they experienced. Furthermore, feelings of shame were, in some instances, deliberately fostered by politicians, the media and affluent people. The social and psychological pain of the shame reported by people living in poverty is important for its own sake, but also because shaming discourses are known to actively reduce self-confidence. As Walker et al argue from their study, "To survive on a low income in very challenging conditions requires considerable skill, inventiveness and fortitude", (2013, p.5); qualities that are made all the more necessary when people living in poverty are so readily dismissed as "feckless and lazy". For the British respondents in the study, subjective feelings of shame were especially strongly associated with parenting,

"All interviewees had children to care for and responses of 'feeling guilty', 'feeling rotten', 'awkward', 'useless', 'letting myself down', or 'ashamed' were common in relation to how they viewed their inability to care for their children, sentiments that children and young people were also acutely aware of." (Chase and Walker, 2015a:.164)

The relational aspects of shame have been emphasised in the epidemiological research of Wilkinson and Pickett (2009) on inequality and its consequences. They have identified the growth in inequality as a common feature of diverse

countries over the last decades. This growth has been a central feature of a neo-liberal project adhered to by successive administrations of differing political persuasions (Harvey, 2005). Wilkinson and Pickett (2009) suggest that unequal societies produce endless amounts of work for drug counsellors, social workers and mental health workers as levels of anxiety, social distress and self-medication are high and levels of trust and social cohesion low. Shame is endemic to unequal societies as people internalise how they consider they are perceived by others with whom they have no relationship outside public face encounters displaying their wealth and status.

Despite compelling evidence that mental health difficulties, violence and addiction issues are much more common in societies with high levels of inequality, such as the UK, we find little evidence that this is an issue that is considered in terms of its impact on policy and practice developments in child protection. This is all the more startling given the concern that has emerged around the impact of what has become known as the 'toxic trio' (parental mental health, substance misuse and domestic abuse) on children. The experiences of those trying to parent in a profoundly unequal society are subject to practices that misrecognise symptom for cause rendering the possibilities of meaningful change less likely (Featherstone, et al. 2014).

As we noted above neglect and emotional abuse are the reasons for over three quarters of child protection plans. We have already identified the social determinants of neglect, especially in the context of austerity. What of emotional abuse? Let us look at the definition:

*The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. **It may involve seeing or hearing the ill-treatment of another**. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone* (DfE, 2015c: 95, author emphasis).

At first reading, most of us would feel horror that children would be exposed to many of the behaviours described. But the crucial line is: *It may involve seeing or hearing the ill-treatment of another*. This refers primarily to children seeing or hearing the abuse of their mothers by their fathers or male partners or more rarely vice versa. Across many countries, it is this that is fuelling the increased referrals and protection activities as we noted above (see Trocme et al, 2014) and is related to the legislative and policy developments that have reframed

violence and abusive behavior between adult men and women as a child protection concern. Responses can be indiscriminately punitive. For example, in New York, it took parents and their advocates years to rescind a law that mandated the immediate removal of children if police were called to an incident of domestic abuse where children were present in the home (Tobis, 2013).

We do not deny the harms accruing to children from abusive and violent behaviours between adults. Our argument is that, as with neglect, the social determinants of such practices need to be recognized but are currently obscured by a focus on individualized risk factors. The sheer volume of such violence suggests this is a social phenomenon, not a unique feature of dysfunctional relationships. It is vital that we rethink how domestic abuse is understood and how it is dealt with. There is ample evidence that women may receive a response from services that suggests they are posing a risk to their children by experiencing such harm, and our evidence suggests that it is common for women to be treated as if they are indeed making rational choices to stay with such men. This is both inhumane and often ineffective as women are offered little support to deal with their feelings and receive messages that any ambivalence in such feelings is evidence of their lack of protectiveness for their children. In these circumstances children are often made subject to child protection plans, an action that conveys to women that in experiencing abuse, they are in turn abusing their children. Instructions to women to simply leave violent men are irresponsible when the research evidence suggest that risks are dramatically heightened in such contexts.

As our analysis suggests, we have arrived at a shaming and punitive system that views need primarily through a risk lens. We now seek to explore more hopeful possibilities.

Another world is possible?

The social model of disability emerged out of activism by physically disabled people in the 1970's. The term was coined by Oliver (1983) and it captured the idea that disabled people were not disadvantaged by physical impairments but by the barriers to well-being that result from social inequalities and the negative attitudes of other people. Over the subsequent decades, the idea of a social model has been extended to learning disability (Barnes 2012), mental health (Beresford 2002) and most recently, end of life care (Brown and Walter, 2014) and dementia (Thomas and Milligan, 2015). Oliver describes the wider application of the social model as follows:

In the broadest sense, the social model of disability is about nothing more complicated than a clear focus on the economic, environmental and cultural barriers encountered by people who are viewed by others as having some sort of impairment – whether physical, mental or intellectual. The barriers disabled people encounter include inaccessible education systems, working environments, inadequate disability benefits, discriminatory health and social support services, inaccessible transport, houses and public buildings and amenities, and the devaluing of disabled people through negative images in the media (2004: 21)

Crucially, the social model has served an essential purpose as a starting point for challenging the dominant biomedical perspective on disability and the focus on individual 'deficits' that this perspective entails. In simple terms, the social model shows how people are 'disabled' by the barriers placed in their way by society rather than by individual features of their bodies or selves more generally. What the social model does *not* do is provide an adequate explanation for why barriers come into existence in the first place. It is not, by itself, as its earliest protagonists recognised, "an explanation, definition or theory" (Finkelstein, 2001, p.6). This point is reiterated by those recently seeking to apply the social model to dementia, when they argue that its main value is as a starting point from which theoretical questions and explanatory frameworks might flow (Thomas and Milligan, 2015). The key theoretical question they pose is concerned with why the social oppression of people with disabilities occurs, with an emphasis on the *social-relational* character of that oppression (p.8)

It is important to be clear that in arguing for a social model for 'child protection' we are not suggesting that the social model of *disability* should be extended to encompass this domain. Instead, we are making the case for applying the key conceptual shift that such a model involves. Principally this means a shift away from a focus on the individual as a rational actor (or more recently an individual whose rationality is destabilised by attachment problems) to an understanding of individuals as social subjects. It requires a focus on the, economic, social and cultural barriers faced by them and their families seeking to flourish and the social-relational nature of the pressures they face. It also involves articulating the need for very different policies and practices to those promoted currently.

Fundamentally the model adopts a different understanding of children's rights to the one that has crept into contemporary policy and practice discourses, a shift from seeing the child as an individual possessor of a bundle of rights to an understanding of the child's relational identity. Melton (2010) argues that the UN Convention on the Rights of the Child fits with international human rights law and a global consensus about what it means to be human. It begins with an affirmation of the inherent dignity, and the equal and inalienable rights, of all members of the human family without distinction of any kind. Children's rights are interwoven and inseparable from those of their parents and family, and community, with cultural connection essential. The rationale for family related rights acknowledges the family and community as a necessary foundation of values and socialisation. Family and relationships are central as they are fundamental to nurturance, identity, purpose, fulfillment and safekeeping. Individual rights lack meaning without social relatedness; relationships are unsatisfying without mutual respect. Accordingly, personal autonomy is maximised in the context of community; social cohesion is most likely when rights talk is taken seriously (see Melton, 2010).

There have been controversies within the disability movement – does a focus on the barriers obscure the material realities of pain and disability? We note complementary questions to be asked here. For example, is there a danger of denying abuse and neglect? We are emphatically not in the business of denial

but we are asking questions about what is considered maltreatment and where the boundaries are drawn around responsibility; questions that have become a lightening rod for tensions of the most profound kind. They force us to think about what can be done and by whom, including the state, to prevent harm to children and promote their well-being; questions that go to the heart of what is a just society.

A social model for supporting families and protecting children

So what could a social model for supporting families and protecting children look like? A social model acknowledges that what is defined as child abuse is socially constructed and historically changing. Based upon research into the social determinants of so many 'family troubles', a social model recognizes that structural inequalities, including poverty, sexism and racism, impact in inter-related ways on people's lives. An individual's agency is recognized but so are the constraints of interlocking structural factors. This approach challenges the child protection narrative that what parents do or do not do is due to rational choices, and asks questions such as:

On a national level:
- Who are the children who come into care or are subject to CPP and what are the links to social inequalities?
- If social deprivation is a common factor how do social policies compound or alleviate suffering?
- How does this relate to UK obligations under the UNCRC?
- What are the state responsibilities if harm is inextricably linked to social determinants?

On a local level:
- Do families have sufficient income to meet basic care needs?
- What are the work opportunities available and is there affordable childcare?
- Is there adequate and affordable housing?
- What do families say they need to care adequately for their children?
- How safe is the environment?
- What formal and community-based support services are there for children, young people and their families?
- How do families experience these services?
- How are marginalized groups within the community consulted and engaged with?
- How can the capacities of families to 'notice and care' (Kimbrough-Melton and Melton, 2015) be supported and strengthened and by whom?

On an organizational/individual practitioner level:
- How can inclusive and non-shaming conversations be held about painful issues?

- How do personal values and assumptions influence our work with children and families?
- What impact do wider political discourses have on belief systems and decision-making processes?
- Are practitioners supported to work relationally and reflect critically on practice?
- How are the psychological and material consequences of poverty and other forms of inequality addressed in work with families?
- How do workers use power? Do they compound or disconfirm feelings of shame and humiliation?
- Are there other ways of working with families beyond individual case work and the home visit?

These are just a few of the relevant questions which of course raise further questions themselves in relation to the visibility and stigma attached to certain areas. They would oblige a different frame and practices by all concerned: policy makers, managers and practitioners and many other different community actors. For example, across the UK, Fairness or Equality Commissions have been set up to work with communities on tackling and reducing inequality at local levels (NEF 2015). These have mobilized politicians alongside a wide variety of actors to conduct audits on pay, housing, education and so on and could be revised to include work on indicators we see as contributing directly to inequalities for children in terms of being to live safely and flourish within their families of origin and communities.

Crucially, practitioners would foster family and community engagement in order to build upon the strengths and capacities for care that exist and counter 'us' and 'them' discourses. Here the work of Kimbrough-Melton and Melton (2015) offers very helpful pointers where outreach workers worked within communities to strengthen their capacities to notice when families were struggling and to care by offering support whether of a material or social type. In turn families supported others as they started to cope better. The parent advocacy projects in New York described by Tobis (2013) offer inspiring examples of parents, who had children removed from their care as a result often of drug addiction, working within the system to reform how it worked with families and to support parents in similar situations to keep their children safely. The practices that were developed placed an emphasis on helping families through the provision a wide range of services and supports and led to a significant reduction in the number of children in foster care. Parents with experience of the child welfare system were involved in the design and delivery of services, for example, as parent advocates working alongside families; and linking with other rights-based organisations to advocate for broader social reforms to address structural inequalities (Tobis, 2013).

The complementarity between the Capability Approach, developed by Amartya Sen, and the social model of disability has been explored by Burchardt (2004), who highlights the central explanatory role given to structural and institutional barriers in both. We suggest that the application of a social model for child

protection can similarly be enhanced by incorporating ideas from the CA. The CA starts from a position of asking what do this child and this family need in order to flourish and how can we ensure their human rights are promoted? (Gupta et al, 2014). A person's capabilities represent the effective freedom of an individual to choose between different functioning combinations and between different kinds of life that she may value and has reason to value. The relational aspect of an individual's well-being is stressed, but not simply in terms of inter-personal relationships, but also in terms of community and wider social structures. There are close connections between adequate social opportunities and how individuals can shape their own lives and help each other (Sen 1999). In terms of the social work relationship, this approach would recognize the power of the professionals to promote strengths and enhance capabilities, but also to diminish and destroy (including the power to 'shame').

Conclusion

We are only too aware that attempts at meaningful reform are destined to fail unless they can successfully challenge the powerful constituencies that deflect all attempts at thinking and talking about what supports children to thrive and flourish into thinking and talking about how professionals in general and social workers, in particular, can be better equipped to detect risk in family homes. Challenging those who want social workers and other professionals to stop all children dying because of actions or inactions by their parents, but often appear supremely indifferent to, or unwilling to engage with, the consequences of wider social policies for children's very survival and life chances, is a huge but vital task. And such a task requires, we suggest, the construction of a coalition for change as has happened in other countries (see Tobis, 2013) and international alliances to promote very different conversations.

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