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Title: *Understanding out of home care rates in Northern Ireland: a thematic analysis of mixed methods case studies*

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Understanding out of home care rates in Northern Ireland: a thematic analysis of mixed methods case studies

Abstract

Research exploring inequalities in UK child welfare interventions has produced counterintuitive findings with respect to Northern Ireland (NI). Despite experiencing the highest levels of deprivation, NI also displays the lowest rates of children in care of all the UK nations. With reference to wider evidence in the field of child welfare inequalities this article details the findings of two exploratory mixed methods case studies, located within NI Health and Social Care Trusts. Drawing on the narratives offered by child and family social workers, a series of possible explanations for NI's significantly lower out of home care rates are considered. We suggest the operation of intersecting factors at multiple levels, including: social work systems and practices, early help systems and structures, communities and families. These findings extend understandings of NI's out of home care rates, whilst raising broader questions for social work research and practice.

Keywords: child welfare, children looked after, inequality, poverty, community

This article summarises the findings of an in-depth, exploratory study of care and protection rates in Northern Ireland (NI); part of a larger scale study of inequalities in child welfare, the Child Welfare Inequalities Project (CWIP). The CWIP established an unequal pattern of child welfare intervention rates across the four UK nations and found that families' socio-economic circumstances were the largest contributory factor in children's chances of being 'looked after' in foster or residential care (Bywaters *et al.*, 2017; 2018). There remains a lack of systematic data collection by governments on the social and economic circumstances of children coming into care (McGhee *et al.*, 2017). Prior to the linking of children's services data with adjusted IMD scores, offered by CWIP, very few UK studies had examined evidence of an association between poverty, child abuse and neglect (Bebbington and Miles, 1989; Gillham *et al.*, 1998; Sidebotham *et al.*, 2002).

The CWIP also identified that significant variations between nations could not be explained by socio-economic circumstances alone. In particular, NI was noteworthy as having the highest levels of deprivation but the lowest rates of children in foster or residential care. Comparing the four nations using adjusted IMD scores, Abel *et al.* (2016: 5) found that 36.6 per cent of the population in NI live in the 20 per cent most deprived neighbourhoods in the UK compared to 19.5, 18.2, and 21.9 per cent of the population in England, Scotland, and Wales, respectively. Our findings (Bywaters *et al.*, 2018; Elliott, 2020), alongside other international evidence (Keddell *et al.*, 2019), demonstrate that higher rates of deprivation normally result in higher rates of child welfare intervention. However, official data reveal that foster and residential care rates in NI are almost 50 per cent lower than in England, over 75 per cent lower than in Wales and over 130 per cent lower than in Scotland (Bywaters *et al.*, 2018).

Policy and legal differences between nations, and differences in the nature of quantitative data pose challenges for comparative analysis (Bunting *et al.*, 2017; Bywaters *et al.*, 2018). Yet, the level of NI interventions suggests that there is value in better understanding practice in that nation. This is particularly so given established concerns about the numbers of

children within UK care and protection systems (The Care Crisis 2018). Set against this context, alongside growing international research examining the influences of poverty and race for families involvement with child protection systems (Pelton, 2015; Doidge *et al.*, 2017; Esposito *et al.*, 2017; Maguire-Jack and Font, 2017; Kim and Drake, 2018; Keddell *et al.*, 2019) this article presents findings from two mixed methods case studies of social work practice in NI.

This is the first study of its kind to qualitatively examine the comparatively low rates of foster and residential care in NI, compared with other UK nations. We offer a thematic analysis of intersecting explanations, advancing understandings of why the observed out of home care rates might differ so substantially and counterintuitively. As such, this article presents contributions to the national and wider literature, raising areas for further research associated with: social work systems and practices, early help systems and structures, communities, and families.

Child and family social work in Northern Ireland

Social work in NI shares many commonalities with other regions of the UK (Das *et al.*, 2016). For example, it has a professional identity and is regulated by the NI Social Care Council (NISCC). All social workers are regulated and the majority are employed in statutory services provided through five geographical Health and Social Care Trusts (HSCTs).

Das *et al.* (2016) have argued that historically the occupational spaces of social work have been shaped by tensions and dynamics particular to the NI context and that sectarianism and conflict have had a profound impact upon how social work has developed. During these difficult periods social workers focused on delivering services in a non-sectarian way, trying to ignore issues of sectarianism. "This strategy enabled social workers to reach clients as well as protect themselves while working in a deeply divided context" (Das *et al.*, 2016: 378). Das *et al.* (2016) note that there was a withdrawal from community work and an emphasis on individual client based work. Specifically they argue that social work developed as a

closed profession assuming expertise over clients without engaging them at a community level.

Outside of social work the community sector grew with funding provided for peace initiatives and by the European Union. However, this community work was often siloed in the sense of being located within rather than across communities and:

In spite of strong attention to the promotion of cultural, political and religious pluralism and to the equality agenda, there is evidence that NI remains a divided society which affects everyone (Das *et al.*, 2016: 381)

In recent years policy developments have emerged placing prevention, early intervention and inequality as central issues. As Bunting *et al.* (2017) note, the themes of early intervention, integrated children's services provision and the development of whole family support approaches emerged in England particularly under New Labour and have been common to policy development across Scotland, Wales and NI. But, while policies under the rubric of Every Child Matters (ECM) largely disappeared under Coalition and Conservative Governments in England, equivalent children's strategies in the devolved administrations have remained central to family policy and service provision. In NI, for example, the regional Children and Young People's Strategic Partnership (CYPSP) published NI's first ever Children and Young People's Plan in 2011 and established family support hubs across NI to provide better access to and coordination of statutory and community support (Bunting *et al.*, 2017). NI (alongside Wales and Scotland) also has specific child anti-poverty strategies, which underpin family policy and reaffirm a commitment to support families and communities experiencing difficulties through a range of provisions. Scotland, in particular, has made significant in-roads in reducing the proportion of children living in poverty. Though rates in Wales and NI share the same downward trajectory, they have tended to be more volatile over time remaining higher than in England or Scotland (Bunting *et al.*, 2017).

The study

A large research team, based across seven UK universities, carried out the CWIP. This study was organised around two work streams:

- A quantitative work stream (Work Stream A) comparing child welfare intervention rates with area level indicators of multiple deprivation
- A series of mixed methods case studies (Work Stream B) carried out in England [n=4], Scotland [n=2] and subsequently in NI [n=2]

Each of the case studies (Work Stream B) were embedded within host Local Authorities (LA) or Health and Social Care Trusts (HSCT). Fieldwork was standardised, as far as possible, and aimed to address two overarching 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 unequal rates in decisions to intervene?

Research activities in each case study took place in child and family social work offices.

Fieldwork involved a range of activities including: (i) practice observations; (ii) semi-structured interviews; (iii) focus groups, using a standardised vignette; (iv) mapping of decision-making processes; and, (v) analysis of routinely collected child protection data.

Interview and focus group schedules were designed to concentrate on one carefully selected geographical location. These 'primary sites' were introduced to respondents at the beginning of each case study and were deemed comparable - across the case studies - in terms of their population size and level of deprivation. Additional fieldwork, in the form of follow up interviews, observations and focus groups also took place with the child and family social work teams covering the most and least deprived wards within each LA/HSCT. As such, each completed case study produced data concerning one 'primary site' that could be compared across cases in England [n=4], Scotland [n=2] and NI [n=2], alongside some

additional qualitative data reflecting social work narratives in the most and least deprived wards of the host LA/HSCT. In the NI case studies considered below, the duty, assessment and longer-term social work teams responsible for the ‘primary sites’ were also the teams responsible for the most and least deprived wards within the HSCT. Table 1 presents an overview of the data collected across the two HSCTs.

Table 1: Overview of data collected across the NI case studies

HSCT(1)		HSCT(2)	
<i>Method</i>	<i>Source</i>	<i>Method</i>	<i>Source</i>
Semi-structured Interviews (X11)	<ul style="list-style-type: none"> - Social workers (X7) - Senior social workers (X1) - Social work managers (X3) 	Semi-structured Interviews (X9)	<ul style="list-style-type: none"> - Senior Social workers (X2) - Social work managers (X7)
Focus groups (X3)	<ul style="list-style-type: none"> - Duty team (4 Pps) - Assessment team (6 Pps) - Longer term team (3 Pps) 	Focus groups (X3)	<ul style="list-style-type: none"> - Duty & assessment team 1 (5 Pps) - Duty & assessment team 2 (5 Pps) - Longer term team (7 Pps)
Participant observation	5 days (40 hours) immersion across duty, assessment and longer term teams	Participant observation	5 days (40 hours) immersion across duty, assessment and longer term teams
Family case narratives (X10)	CPP & LAC cases	Family case narratives (X10)	CPP & LAC cases
Decision making flowcharts (X1)	Visual mapping of local decision-making processes with practitioners and managers	Decision making flowcharts (X1)	Visual mapping of local decision-making processes with practitioners and managers

All data were organised according to the framework method. ‘Framework’ is an analytical approach developed originally for applied social policy research (Richie and Spencer, 1994). Its defining feature is a table or ‘matrix’ of organised data. Within the matrix output, thematically coded data are presented in a tabular format, where each column represents

separate codes and each row represents separate cases (LAs/HSCTs). We constructed our matrix using Microsoft Excel Online and hosted it using a secure cloud content manager, accessible only to the research team. Initial codes were generated using a hybrid method of theoretical and inductive coding (Braun and Clarke, 2006). This analysis was then reviewed, resulting in the renaming and amalgamation of some overlapping codes. These revised codes produced the basis for the matrix output (Mason *et al.*, 2020). Individual cells within the matrix output contained summarised data. This format works well for comparative analysis, because it allows for summarised data to be traversed easily and systematically compared by case and by code (Mason *et al.*, 2020). Within the matrix output hyperlinks were added to each cell directing researchers to “code documents”. Code documents were constructed systematically and contained all of the relevant data under each code. This adaptation allowed for both the expedient comparison of summarised data, alongside more rigorous thematic analysis of coded data sets via the linked code documents.

To preserve anonymity in what follows, all sites have been given pseudonyms and each trust is referred to as HSCT(A) or HSCT(B). All of the CWIP fieldwork and analysis received ethical approval by the relevant Universities and LAs/HSCTs.

Understanding out of home care rates in NI: four explanatory themes

Analysis of our exploratory case studies raised a number of intersecting explanations for the significantly lower out of home care rates observed in NI. The explanatory themes offered in what follows are not exhaustive (*see study limitations*). Nonetheless, they do seek to advance understandings of NIs foster and residential care rates, alongside cross national UK comparisons of child welfare inequalities by suggesting the operation of intersecting factors at multiple levels. The following sections will address each of these factors in turn.

Social work systems and practices

Comparisons of child welfare inequalities in England and Scotland have revealed surprising consistency with reference to social work practice (Morris *et al.*, 2018). Despite this, the

rates of both child protection registration and out of home care across the two nations consistently differ (Bunting *et al.*, 2017; McGhee *et al.*, 2018). Such disparities have led to conclusions that practice alone cannot explain cross national differences in UK child welfare intervention rates, where poverty is understood to be a principal and driving factor (Bywaters *et al.*, 2016). Other systemic factors, such as expenditure on Children's and Young People's services must also be at play (Webb and Bywaters, 2018). However, practice remains integral to the delivery of child welfare services, with likely significant consequences for the production of intervention rates. Our NI case studies have revealed cross national similarities *and* differences in social work practice that may be instructive for understanding the significantly lower out of home care rates observed.

Social workers in NI demonstrated comparatively high levels of routine poverty awareness. Respondents routinely acknowledged the *contextual* relevance of poverty for families. Though, as this article will demonstrate, that contextual recognition did not always feature in social work assessment and decision-making.

Benefit changes in NI were said to be exacerbating financial issues for the poorest families. NI has experienced a delayed implementation of UK welfare reforms, alongside “agreeing to set aside £585 million for four years ending 2020 to “top up” reductions in benefit payments” (NIAO, 2019: 3). Despite this, there was a strong sense that welfare reforms and benefit changes orchestrated by the Westminster Government were beginning to take effect, with significant impacts for families.

I think in terms of people's lives, the benefit cuts are only just starting to come in here... I think they started last year in [12.31] and they're coming to Newtown now, if you're a new claimant now you go on to universal credit. So we haven't seen that, you know, people having their incomes slashed (HSCT(A))

In an account reflecting the most damaging human impacts of recent welfare reforms, one social worker explained how she had seen “people presenting... who [were] virtually suicidal

because their benefits have been stopped for review". These comments echo psycho political critiques of the manifold harms associated with austerity (internalisation, shame, anxiety) (Mills, 2017), indicating a potential deepening of consequences for NI, as mitigation measures end in 2020 (NIAO, 2019).

Poverty aware practice

Social workers described high levels of unmet need and shared advanced understandings of the complex relationships between poverty and other difficulties.

If you live in poverty, that impacts on every aspect of family life. So mental ill health, stress, anxiety, all of those factors come into play... Poor people are living on their stressors and as a consequence of their poverty that might result in them being less able to cope and if they're less able to cope as parents, the consequence might be you know, more possibility of them maybe losing it with their child and finding it hard or finding basic parenting much more of a challenge (HSCT(A)).

References to poverty were often tied up with the practical support that social workers and family support workers could offer. For example, respondents completing longer term work with families commented on the routine use of Article 18 monies as part of the support available. Article 18 payments are available as part of the general duty, under the Children (NI) Order 1995 to 'safeguard and promote the welfare of children...who are in need' (Article 18(1)(a)). The Department of Health in NI (Morrison *et al.*, 2018) have encouraged social workers to consider making cash grants under both Article 18 of the Children Order and Article 15 of the Health and Personal Social Services (NI) Order 1972 which is a wider general social welfare provision to provide assistance, including cash in exceptional circumstances, to persons in need. Providing utilities like oil to heat family homes at Christmas was said to be particularly common, as was the provision of travel bursaries to help families attend contact sessions and support meetings.

This observation contrasts with our English and Scottish data, where social workers positioned even very low levels of financial support – like reclaiming bus fare – as difficult to access and steeped in bureaucracy.

Poverty aware systems?

Our evidence suggests that attention to poverty was structured in to social work systems and practices in ways that contrasted with the England and Scottish sites. For example, at the time of the fieldwork all social workers carrying out child and family (UNOCINI) assessments reported a duty to signpost *Make the Call*; a free income maximisation service providing benefit needs assessments. Recent figures published by the Department for Communities (2019) show that “£37.1 million in additional annual benefits was generated [by Make the Call] for 7,765 people in 2018/19” making recipients better off on average by £92 per week. It is likely that the formal inclusion of poverty related questions within UNOCINI assessment packs prompted higher poverty attention in NI compared with England and Scotland, where similar duties did not feature in single assessment materials.

However, further analysis also indicates that duties to signpost *Make the Call* did not substantially shift the prioritisation of anti-poverty thinking in social work decision making. Rather than promoting deeper poverty reflection, respondents’ accounts suggest that benefit maximisation signposting was seen as an additional task to fit in alongside the business of responding to concerns articulated within social work referrals. As with England and Scotland, social workers in both NI sites clarified that their primary concern was safeguarding and, though poverty may feature, it was rarely seen as inextricably connected to the quality of relationships or parenting in the home. As one (HSCT(B)) social worker put it: “... you know, the level of deprivation that people are maybe living in, that won’t be – you understand that our primary concern is safeguarding...”. Despite appearing as one of the standardised questions on the child and family assessment form, some remained clear that discussions about employment with families were rare, unless there were very obvious

concerns signalling poverty. On other occasions, respondents were explicit about their inattention to poverty:

...unless it's explicitly mentioned in the referral or you really notice something when you go out to the house, I'm rarely asking people "what are your finances like"
(HSCT(A))

Despite showing higher levels of poverty awareness, these data evidence a familiar tendency for NI social workers to position families' socio-economic circumstances as secondary to the 'core business' of risk assessment and safeguarding. At the level of child and family assessment, where highly consequential decisions are made, our data suggest that immediate risk based referral information takes priority, in ways that can demote and compromise anti-poverty practice.

Taken together, these data indicate that, though some limitations to poverty aware social work practice are consistent with England and Scottish cases, social work practice in NI does appear to demonstrate: (i) a more consistent framing of poverty as relevant for child and family social work (compared with our English and Scottish data); (ii) some structuring of poverty awareness into routine child protection practice; and, (iii) potentially greater access to and distribution of material resources for families experiencing poverty. There is growing evidence to demonstrate the protective impacts of financial aid and income maximisation on child protection and child removal (Cancian *et al.*, 2013; Raissian and Bullinger, 2017). It is feasible therefore to suggest that systems and practices may hold some bearing on national out of home care rates.

Early help systems and structures

There was some qualitative evidence to suggest that, compared with England, the resourcing of early help services in NI was more proportionate to need. This is in contrast to the contemporary English context, where analysis of LA expenditure has shown that since 2010 early help services in the most deprived LAs received disproportionate funding cuts

(Webb and Bywaters, 2018). Despite some marked differences both within and across the NI sites, the availability of early help was more evident, compared with other UK sites.

Social workers in HSCT(B) described a strong early help offer, and services, including Family Support Hubs (FSH), were widespread and accessible. Respondents described a close working relationship with FSHs and a “step up step down” approach. FSHs could offer tailored packages of support for families and support workers.

They will go out and they'll see the family home and that's probably then where they're obviously your main point here around poverty and deprivation, they're going into this family's home, they're seeing what they have available to them, do you get what I mean, so that's where I think the hub play a massive, massive role
(HSCTS(B))

Social workers in HSCT(B) positioned themselves as “lucky” to have access to a range of services and described the area as having “a high level of community support”. This is in stark contrast to the narratives captured by English and Scottish case studies, which consistently made reference to resource scarcity and the outstripping of supply by demand (Morris *et al.*, 2018).

However, the narrative at HSCT(A) differed in noticeable ways. Here respondents raised real concerns about the changing face of early help, due to emergent funding cuts. The team manager pointed out that:

... a lot of those community and voluntary sectors have had either funding completely slashed or exist with the constant threat of that. So there are definitely not the levels of support services needed by families. Definitely not.

The devolved assembly in NI was mentioned in reference to early help cuts, because decisions around resourcing could not be effectively made. Social workers referenced a “huge decline” in the availability of services over the last year. This caused concern for some who noted that “more and more we don't have places to send families and, the decline... you

know, they're not being replaced by other services" (HSCT(A)). Early help services here were described as increasingly overloaded (with waiting lists of up to nine months), indicating large variations in provision across HSCTs.

Where cross national comparisons were offered, respondents still positioned their context favourably, compared with England. Investment in family support services was cited as a potential reason for the disparity in rates between UK nations. This analysis is supported by the work of others (Featherstone *et al.*, 2018; Morris *et al.*, 2018b) that explores the role of early help in averting family crisis and breakdown. Interestingly, the type of early help cited by respondents included elements of community based 'open door' services such as youth clubs, schools and community hospitals. The increasing narrowing of early help elsewhere in the four nations to services that are arguably alternative help rather than early help may be a contributory factor in higher rates in other nations (Morris *et al.*, 2018b).

Community cohesion and social capital

'Community' featured regularly in social workers' attempts to explain the comparably low foster and residential care rates in NI. In contrast with our English and Scottish data (where deprived neighbourhoods were described in terms of an absence of, or problematised notions of community), the NI data indicate more positive conceptions of community in multiply deprived neighbourhoods, with references to local infrastructure, community cohesion and bonding social ties (Leonard, 2004).

Social cohesion and social capital are concepts that feature widely in studies concerned with aspects of neighbourhood or community. Theorists of social capital (Putnam, 1993; Bourdieu, 1986) have established the concept as a means of explaining "features of social organisation such as networks, norms and trust that facilitate co-ordination and co-operation for mutual benefit" (Putnam, 1993: 35). Social cohesion, a related concept, is generally applied to the more mundane features of 'getting by and getting on' in everyday life (Forrest and Kearns, 2001). Maguire-Jack and Showalter (2016) have described social cohesion in

terms of 'mutual trust'. Forrest and Kearns (2001: 2129) have outlined further domains including: (i) common values and civic culture; (ii) social order and social control; (iii) social solidarity and reductions in wealth disparity; (iv) social networks and social capital; and (v) place attachment and identity.

The history of tensions and conflicts between communities in NI has arguably produced unique dynamics in this respect, with strong notions of 'community' defined within and against often highly localised groups. "It is worth noting [here] ... that strongly cohesive neighbourhoods could be in conflict with one another and contribute to a divided and fragmented city" (Forrest and Kearns, 2001: 2128). Indeed, for social workers, the strength of local communities were difficult to separate from histories of sectarianism and conflict, and were speculated to harbour potentially protective effects for children:

I just wonder if community plays a role. While we have been a very polarised society here in terms of sectarianism, you know we've been a conflict society as well and that's maybe polarised certain communities, within those communities, there has been a very strong community and family infrastructure, so communities, supported communities and perhaps that protected children if you like? (HSCT(A))

A growing international evidence base supports the potentially protective functions of neighbourhood-level social processes in relation to families' involvement with child protection systems. Recent U.S. studies have found significant inverse relationships between perceived social cohesion, child abuse and neglect (Maguire-Jack and Showalter, 2016; McLeigh *et al.*, 2018; Nawa *et al.*, 2018) and parental stress (Barnhart and Maguire-Jack, 2016). Uphoff *et al.* (2013: 8) have also argued "bonding social capital between close relations or tight-knit communities, can buffer some of the negative effects of low socioeconomic status on health". It is possible, therefore, that social dynamics manifested at the local level, but associated with NIs broader history of conflict, could have protective

consequences for families, mediated through the strengthening of community cohesion and bonding social ties.

Collective efficacy, understood as the “ability of the collective to act effectively” (Lochner *et al.*, 1999: 261) also featured in respondents’ accounts of the most deprived wards. These communities were said to have histories of campaigning for locally based resources, achieving some level of independence from state support. Again, reported community strengths might be understood in terms of the “isolating side effects of poverty [due to] the wider political situation” in NI (Leonard, 2004).

Social workers described a strong suspicion of the state amongst Catholic communities inhabiting the most deprived neighbourhoods. In both case study sites, such communities were described as “no go” areas for the police, with an acceptance that police accompanied home visits could produce disruption and harm. Other respondents offered ambivalent accounts of community strengths, where strong associations between friends, families and neighbours could be underpinned by occasionally violent or threatening paramilitary activities (McAlister, 2019). These ambivalent accounts can be read in the context of contradictory evidence regarding the protective impacts of ‘informal social control’, which has been associated with lower odds of child abuse and neglect in some studies (Kim and Maguire-Jack, 2015) and has failed to show any such association in others (Barnhart and Maguire-Jack, 2016). To the best of our knowledge, no studies have systematically examined the relationship between social cohesion, informal social control and child maltreatment in NI. Further studies in this area could offer important insights regarding the operation of these factors in NIs unique social context.

Familial dynamics

Extended family support was also framed as a distinctive and protective feature of community life in the most deprived localities. Catholic families, living neighbourhoods with a

high proportion of Catholic residents, were depicted as enjoying a closeness that was both emotional and proximate.

There's a real sense of like families tend to be really tight knit and stuff around here, they really tend to help out people. People sort of here don't tend to move terribly far from their relatives, so you've always got that support network (HSCT(A))

In their U.S. study, Molnar *et al.* (2016: 50) found that having a larger network of relatives and friends locally, and having neighbours who get to know each other and their children, was associated with lower odds of maltreatment. U.S. studies of ethnic diversity as a predictor of child welfare system involvement also offer potentially relevant insights with reference to these findings. Klein and Merritt (2014) for example found racial-ethnic heterogeneity predicted higher rates of maltreatment for Black, White and Hispanic groups, indicating a protective ethnic density effect.

Family practices within Catholic neighbourhoods received specific attention in terms of their protective effects. Social workers explained how, when problems escalated, local relatives would be called upon to help. Some noted that it was not uncommon to find extended family members already at the scene when social workers attended emergency home visits. A number of examples were offered to illustrate the role of extended family, both as supports for those experiencing difficulties, and as resources for social workers.

We had a mother, in that case, the granny, at the start was really kind of struggling to get on and help her daughter, because her daughter was kind of putting the barrier up "I don't need any help". But whenever we had kind of talked and did a family conference, the granny was in, making sure that everything was done and kind of ... keeping a tight and monitoring the situation (HSCT(B))

The problematisation of family where help is needed has been a recurrent theme in studies of child protection social work (Featherstone *et al.*, 2014). Our NI data suggest that social workers position the wider family in a less negative frame, and make more positive

assumptions about abilities to help. The availability of extended family for the uptake of caring responsibilities is also reflected in the higher kinship care rates evident in NI. A recent comparison of kinship care across the four UK nations found higher rates of kinship care as a proportion of CLA (31 per cent of all CLA) in NI compared with Scotland (29 per cent), England (11 per cent) and Wales (18 per cent) (McCartan *et al.*, 2018).

Discussion

There is not a straightforward response as to why NI differs so substantially in its child welfare intervention rates, despite experiencing much higher levels of deprivation than other UK nations. Instead, our case studies raise a series of possible intersecting explanations, most of which suggest the need for further studies:

- (i) Family dynamics, including size, practices and geographic proximity may enhance the availability of informal familial support in times of difficulty,
- (ii) Greater resistance to state involvement (attributable to the political history of NI) may have prompted the development of alternative (non-family/non-state) support for children and families in some communities.
- (iii) Social work practice that (i) is attuned to the impacts of material deprivation, (ii) has more resources to offer because of policy decisions, (iii) has a positive social work narrative about family potentials, (iv) has structures which are more closely tied to local communities, may impact upon the rates of child protection and child removal
- (iv) Early help systems and structures, including multi-agency family support hubs may have enhanced the preventative offer in ways that support families before statutory involvement is deemed necessary

Other socio-political, economic and demographic factors will also likely be at play. For example, the value of an inequalities lens warrants further development. Compared with the other UK nations, NI has high rates of poverty but low rates of inequality. Inequality is increasingly recognised as relevant to understanding social problems within societies.

Wilkinson and Pickett's (2009) findings demonstrate a *very strong* link between ill health, social problems and inequality. Though Wilkinson and Pickett (2009: 111) do not address the implications for child abuse and neglect directly, they do argue that where inequality is so clearly linked to poor physical and mental health it is "not a great leap then to think how life in a more hierarchical, mistrustful society might affect intimate, domestic, relationships and family life".

Excluding one or two notable examples (Eckenrode *et al.*, 2014) research on inequalities has not been utilised systematically in terms of its implications for understanding the harms children and their families suffer. NI poses interesting questions for considering the relevance of an inequalities lens. First, it is possible that compared with the other UK nations, lower levels of national inequality could contribute to lower child welfare intervention rates. Second and perhaps paradoxically, NI is characterised by high levels of cohesiveness within communities but divisions between them. Future work in this area could explore this paradox with the potential to offer valuable insights on the possible role of communities in mitigating against some social ills whilst at the same time reproducing others.

Limitations

The explanatory themes introduced above have been grounded in detailed qualitative evidence derived from exploratory case studies. However, using this data alone it is not possible to weight the relative explanatory strength of these factors, or indeed to suggest further explanations that are beyond the data. Attempts to do so would be speculative. Additional research could develop and expand the findings offered here through further, systematic consideration of alternative factors alongside studying the interconnections between, and the weighting of, the factors identified.

Robust conclusions about the impact of expenditure on NIs comparatively low out of home care rates is not achievable with the available evidence. Data on expenditure is only available at a national level and only reflects general levels of public spending on personal social services and benefits. Much more detailed understanding of how this expenditure

breaks down, specifically how much is spent on what activities, is required for conclusions to be drawn. However, it is noteworthy that expenditure on personal social services per capita is significantly lower in NI than the other UK countries (HM Treasury, 2019).

Whilst offering rich insights into practice, our case studies cannot fully account for the experiences of residents in the geographical sites identified (though it should be acknowledged that some of the social workers included in the study were themselves residents). Researchers were not granted access to home visits across the case study work. Consequently only a limited understanding of social workers' engagement with families could be garnered and no understanding of families' engagement with social workers. Further research with local residents and the providers of community based supports would enhance our understanding of the potentially protective roles community cohesion, family practices and social capital can play for children and families in NI.

Conclusions

This article has introduced an exploration of child welfare intervention rates in NI. Compared with other UK Nations, NI experiences higher levels of deprivation, but significantly lower rates of out of home care. The lower rates of high cost, late intervention in NI warrant further study, not least because the implications are so significant. If other UK nations had rates similar to those in NI there would be substantially less money spent on the care system, with significantly fewer children looked after, freeing resources for other services. Factors at the societal level, the level of child and family services, and communities and families all appear to intersect in ways that produce lower rates of child welfare intervention.

Without the information required to determine whether or not these rates are positive for children, caution should be taken in arriving at policy and practice messages. Low care rates might mean that children and young people remain at home inappropriately, subject to abuse or neglect, and that higher rates would produce better outcomes. This research was not designed to provide evidence on that issue. However, the conclusions of the Scottish Independent Care Review are salutary:

For lives and futures to change, Scotland must change the way it supports families to stay together... Perpetuation of trauma and failure to support healing where children and families are already experiencing poverty and inequality is reflected in poor outcomes for many who have experience of the 'care system' (Duncan, 2020: 7)

Despite the system being focused, above all else, on protecting against harm, it can prolong the pain from which it is trying to protect. Some children told the Care Review "being taken into care... was among the most traumatising experiences they had ever had" (Duncan, 2020: 7).

Our data indicate the importance of early help, alongside signalling large variations in its provision within and beyond NI. At the least, these findings suggest that the resourcing and provision of early help services should be proportionate to need; a factor that has been compromised by disproportionate spending cuts within high deprivation English LAs (Webb and Bywaters, 2018). Further research could explore the effectiveness of Family Support Hubs in NI as a means of coordinating such provisions to tailor to family needs.

Despite a growing North American evidence base (Kim and Maguire-Jack, 2015; Maguire-Jack and Showalter, 2016; McLeigh *et al.*, 2018; Nawa *et al.*, 2018) the effects of social cohesion, efficacy and capital for children's safety remain under researched in UK contexts. Further studies could build upon the qualitative narratives presented in this article. More detailed examination of family practices amongst some ethnic groups - including the geographic proximity of extended family support - might also extend the observations offered by social workers regarding the protective features of close-knit families.

Though it is clear that child and family social work cannot solely shoulder the responsibility of anti-poverty work, amending the training and conditions of social workers (including caseloads) would enable the more effective delivery of poverty aware social work (Gupta *et al.*, 2018). Comparing accounts from social workers in NI and England also suggests that

straightforward access to small financial supports can enable practitioners to significantly alleviate moments of acute financial stress.

Finally, these case studies raise interesting new questions regarding the impacts of social inequality for children. Further systematic development of an inequalities lens could yield theoretical and practical advancements towards understanding root causes of child maltreatment.

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