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Emily Keddell

The case for an inequalities perspective in child protection

In 2014, children living in the most deprived 10% of neighbourhoods in Aotearoa New Zealand had 21 times the chance of having a substantiated finding of child abuse than children living in the least deprived 10%, were 35 times more likely to have a family group conference held about them, and over nine times more likely to enter foster care (Keddell, Davie and Barson, 2019). Each step increase in deprivation resulted in a sequentially higher chance of child protection system contact, clearly illustrating the systematic relationship between living in high deprivation areas and contact with the child protection system.

An inequalities perspective on the child protection system

This pattern can be usefully understood using an inequalities perspective (Bywaters, 2015; Bywaters, Brady et al., 2016; Bywaters et al., 2019). Where there appear historical and seemingly intractable patterns of disproportionate representation, social inequalities are considered the underlying contributor. Specifically, in child protection, 'child welfare inequalities can be defined as unequal *chances, experiences and outcomes* of child welfare that are systematically associated with social advantage/disadvantage' (Bywaters, 2015, p.9, emphasis added). An inequalities perspective on the child protection system draws attention away from individual and family-level causes of system contact to consider structural contributors and their underlying inequities (Bywaters, 2015). This perspective highlights – similarly to a health inequities approach – the inherently political nature of the fundamental inequities contributing to the expression of inequalities in system contact; disparities

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in people's experiences once in the child protection system; and differences in the outcomes of it. In doing so, an inequalities perspective draws attention to the policy, community, systems, cultural, institutional and historical contexts, and service-access related elements that mediate the relationships between macro political contexts and family life.

An inequalities perspective focuses on several key concepts. First, the concept of social gradients as opposed to discrete differences or 'gaps' shows how differences between groups are graded, social position-sensitive changes rather than dichotomised categories (ibid.). If there is an angled line of increasing interventions in any system relating to an axis of inequity, this is suggestive of a systematic relationship with that factor. The opening example above describes a social gradient based on deprivation, with the relative differences between each end of the gradient described (Keddell and Davie, 2018).

Second, an inequalities perspective takes a strongly intersectional approach, recognising the interrelated nature of dimensions of inequality such as class, ethnicity, gender, age, location, disability and others (Bywaters, Kwhali et al., 2016). A social gradient might exist based on a single type of inequity, but add another and it becomes more complicated, suggesting interrelated structural or system factors. For example, adding the intersectional element of ethnicity to deprivation shows that increasing deprivation increases the rates for all ethnic groups, but not equally, and nor is the effect equal due to differences in population share in different deprivation quintiles. For example, the Māori rate increases to the highest rate in the most deprived quintile. Population share for Māori also increases as deprivation increases, while the Pākehā population declines. Together, high deprivation and high population share together lead to high Māori rates overall. However, beneath this broad-level finding, the gradient for non-Māori groups – especially Pākehā – is steeper across deprivation levels than for Māori, meaning that disparities between Māori and other groups reduce as deprivation increases, nearly equalising between Māori and Pākehā in the most deprived quintile (Keddell, Davie and

Barson, 2018). This resonates with findings in other countries that show a reduction in ethnic disparities as deprivation increases. In some studies, ethnic group rates equalise or even reverse in high deprivation areas – that is, the majority (white) ethnic group has higher rates than minority groups (Wulzcyn et al., 2013; Putnam-Horstein et al., 2013; Bywaters, Kwhali et al., 2016).

Third, the concept of demand and supply of services helps understand the system-related factors that can operate in tandem with demographic inequities to shape contact in nuanced ways (Bywaters et al., 2018). For example, does greater supply of child protection services result in more

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children in care? Similarly to UK findings, there is some evidence of an 'inverse intervention' rule in Aotearoa, as children in highly deprived small neighbourhoods in less deprived larger regions have a higher rate of placement than equally deprived children in high or mid-deprived regions (Keddell, Davie and Barson, 2019). There are more subtle regional differences, as well. Northland has similar rates of substantiations as Gisborne, but double the placement rate. In Gisborne, placement rates are only 10% of substantiations, but they are over two times higher in Wellington (23%), Hawkes Bay (28%) and Canterbury (35%) (ibid.). These location differences, even among areas with comparable demographics, suggest that contact rate disparities are potentially associated, in part, with demand and supply factors, such as child protection services supplied per population, access to prevention services, and differences in notification norms and processes, site cultures and processes, and court responses to applications (Keddell and Hyslop, 2019a).

Finally, the concepts of the risk-bias debate provide a useful conceptual tool in the Aotearoa New Zealand context to

further understand disproportionality related to class and ethnicity (Cram et al., 2015; Drake et al., 2011). Increases in true risk may be due to over-exposure to family stressors, especially poverty, the detrimental effects of colonisation, and lack of access to culturally responsive and well-matched services (Love, 2017). Interacting with this risk is the effect of multiple types of bias, including exposure bias (poorer neighbourhoods with higher Māori populations are more exposed to notifiers to the child protection system), surveillance bias (heavier surveillance and reporting of families), instrumental bias (differential institutional responses that ratchet Māori into the system more than other groups) and direct bias (referrers and practitioners within the child protection system perceive risk for Māori to be higher than for non-Māori despite similar circumstances) (Keddell and Hyslop, 2019b). These biases are similar to those reported in health settings, affecting pathways into and out of services (Harris et al., 2018).

New 'child-focused' legislation obscures structural determinants

Lack of adoption of an inequalities perspective, and action on structural factors, is in part due to the policy framing of the last four years. This framing drew on highly individualised 'child-focused' discourses, and, while well-intentioned, it made structural determinants invisible. For example, the policy direction emanating from the 'modernising child protection reforms' were laden with the language of child trauma, being child focused, ensuring children have 'safe and loving homes at the earliest opportunity', and increasing resources for children in the permanent care system. These features are not bad per se, but as a package of policy

framings together they lead resource distribution and the nature of intervention in a direction that reinforces a focus on individual children, not the causes of their contact with the system, leading to an 'ambulance at the bottom of the hill' approach. Without an understanding of the structural contributors, responses become targeted at children in a narrow and circumscribed way, excising children from their social and familial contexts both in services and in practice. The reality is, however, that most children are reliant on their family and whānau well-being to ensure their own. The increasing emphasis on psychological harm (trauma) to children within a 'child-focused' discourse makes invisible the causes of poor outcomes as significantly related to social inequities affecting families and whānau, as much as individual trauma inflicted on a child.

Integrating an inequalities perspective amplifies the importance of social policies that prevent child protection contact upstream

The politics of those reforms clearly promoted a view that the child protection system should be residual in nature, acting to assess risk and intervene once a certain threshold has been reached, but not address the known causes of contact: poverty, institutional racism, and lack of access to support services that promote community, social cohesion and humane, relationship-based responses. They disconnected the child protection project from the policy drivers of inequities. An inequalities approach shows their deep interconnections. Overall, an acceptance of the social conditions and structures shaping family life requires a government to enact policy that addresses those factors.

This kind of political reorientation involves a commitment to a meaningful politics of redistribution and the re-building of family-centred social services … Struggling families have an equal social right to meet their children's needs. Policies that provide for adequate basic income, housing and affordable quality child-care facilities are required. A lack of integrated social policy and accessible community support services means that poorer families are funnelled into the child protection system; effectively as a social service of last resort. (Hyslop and Keddell, 2018, p.10)

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