This article is an abridged text of Brigid Featherstone’s keynote address given on day two of the AIFS 2018 Conference.

We’ve had many false dawns in child protection. We’ve had many messiahs. We’ve had many new stories. We’ve had many ‘Oh, this will solve it’ promises. Thus, by arguing for a new story, I am worried that I will contribute to even more disillusionment and disappointment.

However, I am also hopeful. The Bulgarian writer Maria Popova once said: ‘Critical thinking without hope is cynicism but hope without critical thinking is naivety’ (Solnit, 2016, p. xi/ii). This paper will report on the state of child protection policies and practices from a place of both critical thinking and hope.

We can do better than we’re doing in protecting children. That is not to disrespect the people who work so hard, who care so much, and the enormous amounts of effort and goodwill that go into current practices. However, there is a lot of evidence to suggest we can do better for families and we will do better if we interrogate some of our really fundamental assumptions and tell a new story, framed in a new way.

Telling stories is what human beings do. We tell stories about where we come from, where we are going, how we understand what’s happened to us. Indeed, it is argued that the ability not only to tell a story to make sense of your life but to be heard and recognised is absolutely core to being able to live well in the world. When we have troubles and difficulties, being able to understand them, make sense of them and tell that story to somebody is crucial.

The reason I’m so passionate about the need to do better is that I carry with me every day the stories of mothers and fathers and young people who become involved with the child protection system. They recount that when they told stories of shame, of hurt, of disappointment, of trouble, of violence to practitioners that these were often returned to them in an unrecognisable form; in a form that talked about risk, about categories and about outcomes (see Featherstone, Gupta, Morris, & White, 2018).
FRAMING A STORY

In 2016 ‘post-truth’ was selected by the Oxford English dictionary as the word of the year. What it referred to was the way in which stories that seemed to bear very little reality to evidence or truth could be successful. With this in mind, many people have been asking that if we can’t go out there with the facts or the evidence and get people to believe us, well, what hope is there?

Some have turned to people such as George Lakoff (2014) and his work on framing. He’s written about the way in which, when people are provided with statistics or evidence, some are able to hear it because it fits with their pre-existing frames about how they see the world. For example, when I provide statistics on how many of the people in poverty in England today are working, most of my colleagues and friends will find that easy to hear and be angry about it. However, if I say it to another group of people they may say, ‘Well they’re not maybe working hard enough’, or ‘They haven’t got the right qualifications’, or they will simply not believe me because of their framing of poverty as something that is caused by poor individual choices.

There are different oppositional frames at play here and just hoping that you as an academic or you as policy maker can go out there and tell multiple audiences that this is what we found in our research and that it’ll change hearts and minds is not going to work. It’s not the way human beings process information and it’s also not the way we develop our moral identities as part of particular kinds of tribes or groups. There has, therefore, developed a real interest in how to tell stories that are rooted in the evidence, that are ethical, that appeal to different value systems and are morally compelling.

CHILD PROTECTION’S CURRENT STORY

The current framing in child protection is that child abuse and neglect are interfamilial problems and that they’re usually caused by things parents and carers do or don’t do. Indeed, our current framing goes something like this:

- The harms children and young people need protecting from are normally located within individual families and are caused by actions of omission or commission by parents and/or other adult caretakers.
- These actions/inactions are due to factors ranging from poor attachment patterns, dysfunctional family patterns, parenting capacity, faulty learning styles to poor/dangerous lifestyle choices.
- The assessment of risk and parenting capacity is ‘core business’ and interventions are focused on effecting change in family functioning.
- Developing procedures, expert risk assessment and multi-agency working are central to protecting children.

This framing contains all the essential elements of a good story. Within it can be found victims (children) and villains (parents but sometimes professionals). There is a plot (saving children from abuse). There is a moral (follow the procedures and communicate with other professionals).

This story fits with important values: those concerned with protecting the vulnerable, protecting those who have no voice, often babies and little children; trying to make a better world for them and ensuring that we don’t repeat the horrible injustices of a world where children have not been heard.

PROBLEMS WITH THE CURRENT STORY

However, this type of framing is troubled by a number of developments. Firstly, there are several issues that are not dealt with in that frame – crucially poverty and inequality. Secondly, those who experience our services are telling us all the time now in different ways that the story doesn’t work for them.

In the current framing, the explanations for why children are having troubles, why they’re maltreated, why their parents are dealing poorly with them, is routinely seen through a very individual gaze. It’s a gaze about what happens in this home. Not on this street. Not in this neighbourhood. Not in this community but this home.

CHILD PROTECTION INTERVENTIONS AND POVERTY

The findings of a large research project in the UK (Child Welfare Inequalities Project, 2017) disturbs this framing. Professor Bywaters was the lead investigator on this (see www.nuffieldfoundation.org/inequalities-child-welfare-intervention-rates) Nuffield-funded project. The project aimed to quantify and begin to understand inequalities in the proportions of children who were either subject to child protection plans or ‘looked after’ in out-of-home care.

It found that children in some places are much more likely to be looked after than children in other places, and in each local authority (LA) these differences were systematically linked to how poor they and their families are. In England, children in the most deprived 10% of small neighbourhoods were over 10 times more likely to be looked after or on a child protection plan than children in the least deprived 10%. In every LA studied there was a strong social gradient in rates of intervention.
Deprivation was the largest contributory factor in children’s chances of being looked after and the most powerful factor in variations between LAs. This was seen for children of different age groups, boys as well as girls, and children on child protection plans as well as those looked after. There were also very big inequalities between ethnic groups that can only be understood when deprivation is also taken into account.

INEQUALITIES IN HEALTH AND WELLBEING

The Child Welfare Inequalities Project (2017) identified differences in terms of rates of removal between children in particular areas of England and across the UK. The underlying factors paralleled inequalities in health and education with long-term consequences for health and wellbeing in later life. For example, if you map the inequalities in their chances of coming into care between children in Blackpool, UK, and children in Wokingham, UK, onto other areas of inequalities such as mental health issues or life expectancy, the children in Blackpool who were more likely to be removed, were also more likely to have their parents die 10 years earlier than those in places like Wokingham. We found that Blackpool, a decaying seaside town whose good days are very far behind it in many ways, had the highest level of prescription drugs use in the whole country and the highest rates of self-reported mental health difficulties (see Featherstone et al., 2018).

Unfortunately, these connections are not made in the child protection system. What we have is a universalising approach where the same conversations and the same visits are being carried out by social workers to individual houses and individual people in Blackpool as they are to those in Wokingham. There is a menu of programs, often standardised parenting programs, being applied, irrespective of context, irrespective of what it is like to be a young mother in Blackpool or a young mother in Wokingham, irrespective of how these experiences differed or didn’t.

POVERTY AND SHAME

Another poorly addressed issue in child protection concerns the shame attached to poverty. A host of international research evidence suggests that poverty is experienced as shameful and it is particularly so, according to Wilkinson and Pickett (2009), in countries that are deeply unequal; for example, countries such as England. These are likely to have high levels of division and distrust and a lack of social cohesion.

Crucially all the issues we deal with as individualised issues in child protection such as mental health difficulties, substance misuse difficulties and drug and alcohol problems are all much more prevalent in unequal societies. However, such socially generated issues are dealt with within an individual frame in child protection. They are reduced to issues of choice, motivation or character.

The need for change particularly in relation to understanding shame is reinforced by the stories from those who experience our systems and services. Many of our child protection practices reproduce the shame attached to poverty (see Featherstone et al., 2018).

FRAMING A NEW STORY FOR CHILD PROTECTION

It is time to craft a new story and it goes something like this:

• Currently there are inequalities in children’s chances of living safely within their families.
• These inequalities are directly related to deprivation and other forms of inequality such as in physical and mental health.
• Anti-poverty strategies need to be joined up with child protection strategies locally and nationally.
• The social determinants of many of the harms experienced by individuals and within families need to be recognised, understood and tackled.
• Social and collective strategies need to be integrated with practices directed at individual families.
• To protect children and promote their welfare we need to re-focus services on the contexts in which they live with their families.

I would suggest that this story must be harnessed to a broader purpose. As Dingwall, Eekelaar, & Murray (1983) wrote over 30 years ago: ‘Child protection is not a matter of finding better checklists or new models of psychopathology. It’s not a matter of technical fixes. The proper decision is a decision about what constitutes a good society for families and for children.’
REFERENCES


**Professor Brid Featherstone** is Head of Department (Behavioural and Social Sciences) at the University of Huddersfield. She can be contacted at b.m.featherstone@hud.ac.uk