



### **Final Report**

# The Relationship Between Poverty and Child Abuse and Neglect: New Evidence

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### **Executive Summary**

### **Key Points**

This review reports on the implications of international evidence about the relationship between poverty and child abuse and neglect (CAN) published in the last five years. It updates a previous review published by the Joseph Rowntree Foundation (Bywaters et al., 2016a).

Underlying social and economic inequalities in developed economies have continued to widen. In England this has been accompanied by record levels of children in out-of-home care, with more than one child in 60 being investigated for abuse or neglect each year.

Major reviews of children's social care in England and Scotland have affirmed that **family poverty** and inequality are key drivers of harm to children. The international evidence base for this is much stronger than in 2016. The 90 papers reviewed include 17 quasi-experimental studies which found that changes in the economic conditions of family life alone – without any other factors – impact on rates of abuse and neglect. Increases in income reduced rates significantly. Economic shocks increased abuse and neglect except when families were protected by welfare benefits. This is substantial new evidence for a contributory causal relationship between the economic circumstances of families and CAN.

Deep poverty, growing rapidly in the UK in recent years, and persistent poverty are more damaging for children's safety and development than a low income or temporary difficulties. Insecurity and unpredictability of income, often the result of benefits administration practises, housing and employment, compound the problems of parenting with an inadequate income.

The gender, age, ethnicity, and health or disability of children and parents influence the ways in which adverse economic conditions affect family life. More attention should be given to these structural patterns in research, policy and practice.

Child protection systems and services are too rarely engaging effectively with the impact of income, employment and housing conditions on families and children. Nor do policies, systems and practice adequately recognise how economic conditions are inextricably connected to factors more often highlighted: mental health, domestic violence and abuse and addictions. A lack of recognition of parents' difficulties in meeting children's basic needs compounds parents' feelings of shame and stigma. In turn, this reduces the chances of child protection services establishing effective relationships with families under pressure.

Child protection system responses sometimes interact with policies covering housing, benefits and employment to exacerbate economic and other pressures on parents while making recovery and the reunification of separated families more difficult.

There is a steep social gradient in rates of substantiated abuse and neglect. This reinforces the relevance of the investment and stress models of the impact of economic and other factors on family life. As yet, almost no research has studied better off families, although in England half of all





substantiated abuse and neglect cases occur in families living outside the most deprived 20% of small neighbourhoods.

Recent research about neighbourhood factors has focused more on social relations than on the impact of the local environment and available resources. There is insufficient overall certainty to draw clear conclusions, but there is evidence of complex interactions between personal economic status and neighbourhood conditions.

The focus of child protection systems and practice on the behaviour and circumstances of individuals and families deflects attention from social structures and the responsibility of the state for - and its potential for preventing - child abuse and neglect.

Limitations in the evidence base and data systems are identified.

The review concludes with key recommendations for action: redistributive national macroeconomic and social policies, a child protection system that actively engages with family poverty and a strategic research agenda.

### **Introduction and Background**

- 1. The aim of this literature review is to bring up to date and extend a previous review of evidence about the relationship between poverty and child abuse and neglect (CAN), carried out in 2015 (Bywaters et al., 2016a). It does not cover the outcomes of child maltreatment or the relationship between poverty and CAN in low and middle-income countries.
- 2. Although the report focuses mainly on the English context, the evidence drawn upon is international. Indeed, there is a clear commonality and interrelatedness of concerns and future directions being sought globally, which have been highlighted recently in several editorials and special editions of journals (Berger & Slack, 2021; Bywaters et al., 2019a; Slack et al., 2017a).
- **3.** There are **three main reasons** for this update: a substantial volume of new research, rising levels of severe child poverty in the UK and mounting pressures on children's social care. These reasons have been reinforced by the impact of the COVID-19 pandemic and the current cost of living crisis.
- 4. It is now widely accepted that 'poverty is a contributory causal factor in CAN' (Bywaters et al., 2016a, p.33). The objectives of this further review are to consider varied evidence about the nature, strength and timing of the relationship between different aspects of poverty and inequality and various forms of CAN. As a by-product of this work, the review reports on three other issues flagged up in 2016: data availability and limitations; methodological developments in research; and limitations and gaps in the research base.
- 5. Overall, the rates of relative family poverty in the UK have been fairly constant for about twenty years at around 22%. But the numbers living in deep poverty or destitution have been rising rapidly over recent years (Joseph Rowntree Foundation, 2022). This is reflected in escalating food bank use (700,000 or 2.5% of all UK households in 2019/20) and the growing numbers of families housed in temporary accommodation, including 125,000 children in 2020. Children are more likely to be living in poverty than adults. Over 30% of all





children in the UK are currently living in poverty. Family poverty is closely associated with other factors related to abuse and neglect, such as parental mental health and domestic violence.

- 6. Over the five-year period 2015/16 to 2019/20, the numbers and proportion of children on Child Protection Plans (CPPs) in England on March 31st grew initially, but more slowly compared to the steep rise in the previous years, before falling back a little after 2018. Over 200,000 children around 1 in 60 were investigated because of safeguarding concerns in 2019/20, up by 125% since 2009/10. The number of children in out-of-home care is at record levels, partly as a result of an almost doubling of the numbers of 16-17 year olds entering care annually across the decade. Due to the high proportion of children who are in care because of abuse or neglect, we take out-of-home care as a proxy measure of CAN in this report. Although the age pattern of children in care has shifted towards this older group, the proportion of children whose time in care is attributed to abuse or neglect rose from 52% in 2009/10 to 61% by 2020/21. In a vicious cycle, partly resulting from these demand pressures, service provision has moved away from prevention and family support and towards more mandatory forms of late intervention across the last decade. However, there are also some limited signs in the UK of new national and local child protection services' initiatives to tackle poverty.
- 7. There are many elements to bear in mind when reading the evidence about poverty and CAN. Family, neighbourhood and national factors influence the relationships between CAN and poverty. Both CAN and poverty are defined and measured in a variety of different ways in the literature. Family socio-economic circumstances have many dimensions and are affected by the insecurity and instability of resources, as well as their adequacy. The social gradient of family economic circumstances rather than a binary divide between those in or not in poverty is another important consideration, as are issues of intersectionality: including gender, age, ethnicity and disability. A focus on poverty can imply that policies directed only at families living in poverty should be constructed, leaving other families and social structures untouched, whereas a focus on inequalities suggests that policy change should address the relationships between more and less well off families, the distribution of income and wealth as well as poverty.

## Understanding the Relationship Between Poverty and Child Abuse and Neglect

8. The causes of maltreatment are multi-factorial and often contested. Neither poverty nor any other single factor is necessary or sufficient for CAN to occur. We view poverty not as a stand-alone factor in CAN, one of a list alongside others, but as intrinsic to other contributory factors, such as parental mental health or domestic abuse and violence. The most widely referenced explanations for the relationship between family poverty and CAN are the investment (Duncan et al., 2014) and family stress (Conger et al., 2000) models, alternatives which are not mutually exclusive. The investment model focuses on the adequacy of the resources families have to ensure their children's development and health. The family stress model focuses on the psychological consequences of inadequate resources. Feelings of shame and stigma often exacerbate stress. Neighbourhood level factors, including relational variables such as social cohesion and social control, are also hypothesised as independently relevant. Some authors emphasise the significance of social





inequalities. Official rates of CAN are influenced by processes of identification and decision making, both system conditions and the attitudes and behaviours of front line managers and practitioners, including the possibility of bias. Issues of a lack of recognition felt by families may compound inequalities in the distribution of resources available to them (Fraser, 1995; 1997; 2000). Recognition, in this sense, is seen as essential to people's sense of efficacy and self worth, involving affirmation, acknowledgement, understanding and respect. While the concept of recognition can risk placing too much emphasis on interpersonal relations (Garrett, 2013), the theory of social harms (Pemberton, 2016), like the theory of fundamental causes (Phelan et al., 2010), shifts the focus onto underlying social structures and 'the detrimental activities of local and national states and of corporations on the welfare of individuals' (Dorling et al., 2008, p.14) This view is reflected in the 'social model of child protection' (Featherstone et al., 2018).

### **Methods and Papers Identified**

- 9. The aims and objectives of the review were addressed through a critical literature review of international literature using systematic methods, excluding lower and middle income countries. Individual experts from a number of countries were also contacted directly. Grey literature searches were conducted by the NSPCC into materials held in their archive. To be included in our final sample, papers had to provide novel empirical, peer reviewed evidence that was directly relevant to the focus on poverty and CAN in children under the age of 18 and to be published in English between 1.1.2016 and 31.7.2021.
- 10. In total, 90 papers were identified <sup>1</sup>. These included 7 meta-analyses, systematic or scoping reviews, 67 quantitative papers, and 17 qualitative papers. These are described in detail within Tables <u>4</u>, <u>5</u> and <u>6</u> respectively. The reviews and quantitative papers are heavily weighted towards evidence from the USA; the national origins of the qualitative papers are much more widely spread. A brief snapshot of the key findings of each paper, indicating whether relationships between aspects of poverty and CAN are statistically significant or not, is also provided in Tables <u>7</u>, <u>8</u>, <u>9</u> and <u>10</u>.

### **Findings and Discussion**

- 11. The review confirmed a substantial increase in the volume and quality of published research into the relationship between poverty and CAN over the last five years. The work draws on a wider range of academic disciplines than in 2016 and was based in 15 different developed countries.
- **12.** The very different economic, legal, and social policy contexts of child protection in different countries and the complex issues of definition and measurement present major challenges to cross-national replication. Readers need to be cautious about transferring findings from one time and place to another.

<sup>&</sup>lt;sup>1</sup>The total is 90 as there was one mixed methods paper included as a quantitative and qualitative paper.





### Is the relationship between poverty and CAN confirmed by the studies?

- **13.** The seven reviews and meta-analyses provide strong evidence that poverty, measured in multiple ways, is associated with increased levels of one or more forms of CAN. The causal nature of this relationship was confirmed by the quasi-experimental studies (see para. 17).
- 14. Every study of the association between poverty and CAN focusing on data about family characteristics and influences found statistically significant evidence of a relationship, influencing at least one type of CAN. There were a few examples of specific variables not being confirmed in individual studies but no overall pattern to these which would lead to their being discounted. This applies for a variety of measures of socio-economic circumstances (SEC), whether single factors, such as income or employment, or multiple factors. It also applies for a low level of resources, insecure or fluctuating resources and for a variety of measures and definitions of CAN. The impact of poverty in many studies was substantial, not marginal.
- 15. Many papers explore the relationship between socio-economic conditions and other influences, as 'poverty ... impacts on every aspect of family life' (Mason et al., 2021a, p.7). Poverty should not be viewed just as one of a list of factors, but as inextricably connected to other factors with relevance for CAN, such as caregivers' substance use, mental and physical health, having been a victim of domestic violence, imprisonment or past placement in foster care. Qualitative studies add to the picture, finding evidence of anxiety, depression, familial conflicts, sleep disorders, lack of energy and vitality, and hopelessness. A small number of studies point to gender differences in the impact of economic conditions on mothers or fathers and the consequences for CAN. Ethnic differences were less visible in these studies than might be expected given their scale and significance.
- 16. Neighbourhood studies found some evidence that living in an area where a high proportion of households exhibited a negative indicator, such as poverty, unemployment or unoccupied housing, had an additional effect on maltreatment. In addition, studies explored whether relational aspects of neighbourhoods, such as social cohesion and social control, were factors in CAN. The material conditions of high poverty neighbourhoods have not been an explicit focus of these studies. Detailed findings emerge but the discussion illustrates the complexity involved in disentangling family and neighbourhood factors.

### What do the quasi-experimental studies tell us?

17. Sixteen of the 18 quasi-experimental papers analyse data from one or more States in the USA. All found some evidence of a causal relationship between changes in family economic conditions and maltreatment rates. Positive effects were found for income increases and negative effects for income reduction, instability, and unemployment. There was also evidence that economic shocks were mitigated by welfare receipt. Two papers, Schneider et al. (2017) and Lindo et al. (2018), found different results for changes in economic conditions depending on whether they affected men or women, fathers or mothers. Lindo et al. (2018) presents evidence suggesting that increased male unemployment may have negative effects for children but increased female unemployment may have benefits in terms of reduced maltreatment or make no obvious difference, a finding worth further study.





### Is poverty more strongly associated with some kinds of CAN than others?

18. There are a growing number of attempts to differentiate the associations between different manifestations of poverty and different kinds of abuse and neglect. This is an area ripe for further work, although trying to differentiate between closely connected phenomena such as income, employment and housing may be, in the end, a distraction from the overall impact of gross economic inequalities, however manifested. The studies in this review do not clearly confirm either the hypothesis that neglect, or some aspects of neglect, is more closely associated with poverty than abuse, or that sexual abuse is less associated with poverty than other kinds of CAN.

### Does the duration of poverty make a difference?

**19.** Two studies support the suggestion that longer duration in poverty has a detrimental effect on the likelihood of CAN. When duration in poverty-related programs increased from 0 to 9 years, the number of maltreatment reports increased by between 2.5 and 3.7 times (Kim & Drake, 2016).

### Can benefits protect against maltreatment?

20. Three quasi-experimental studies provide specific evidence of the protective effects of additional income in the form of welfare benefits. For example, Cai (2021) found that negative income shocks of 30% were only associated with increased CPS investigations over a two to four year follow up period in the absence of protective social welfare benefits. Without compensatory benefits, shocks were associated with a 27% increase in any investigation, a 38% increase in physical abuse investigations, and a 25% increase in neglect investigations. By comparison, negative earnings shocks that were accompanied by an income supplement had no association with CPS involvement.

#### Is there a social gradient in the relationship between SEC and CAN?

21. Inequalities in care rates between local authorities linked to socio-economic conditions have been widening in the UK over the past 14 years (Bennett et al., 2020a) Successive studies in the UK countries (Bywaters et al., 2020) have reported that a child in the most deprived decile (10%) of small neighbourhoods is over ten times more likely to be on a child protection plan (CPP) or in out of home care (CLA) than a child in the least deprived decile, both markers of CAN. Webb et al. (2020a) confirmed the strength of this social gradient using multi-level modelling: an increase of one standard deviation in Index of Multiple Deprivation score for small neighbourhoods was associated with a 74% increase in the expected CPP rate, and a 70% increase in the expected CLA rate. Broadly similar findings are reported in Aotearoa/New Zealand and in other UK based, US and Norwegian studies. This points to the need for explanations of differential rates between wealthy and very wealthy families as well as for families in greater or lesser degrees of poverty.

### How do aspects of identity intersect with poverty?

**22.** Age is a significant factor in the strength of the relationship between poverty and CAN. The impact of poverty on CAN in families with young children appears to be particularly strong





and the social gradient steeper. Esposito et al. (2017a; 2021) suggest that parental socioeconomic circumstances are key to younger children, but young people's behaviour is a central factor for older children. However, this may obscure young people's vulnerabilities, for example, in the face of adults grooming them for drug distribution, sexual exploitation or trafficking. Exactly how poverty plays out across different ages in childhood has not yet been examined.

- **23.** Child's gender and, particularly, the interaction of gender with age, ethnicity and socioeconomic status is an issue worth addressing, but is under-explored at present.
- 24. Many studies control for ethnicity rather than examining in detail the way that it plays out in relation to child protection. Ethnicity is also measured in different ways in different studies and/or countries. Where data exists, they tend to confirm higher rates of reported or substantiated maltreatment amongst Black than White populations in the US and the UK. Webb et al. (2020a) reported significant differences between sub-categories of ethnic groups in England, but these were complex and differed both based on the intensity of child protection intervention and the level of deprivation. At average levels of deprivation 6 ethnic minority populations had significantly different levels of child protection interventions when compared to White British populations, but there were no simple universal patterns. Detlaff and Boyd (2020, p.256) argue that in the US 'efforts to address disproportionality have stalled.' The attention paid to quantifying or understanding the rates amongst Hispanic and other minority group children linked to poverty in US studies, including Native American children, was minimal in this period. However, indigenous children in several countries are overrepresented amongst both disadvantaged children and children in contact with child protection services. Much more work, especially studies involving members of minority communities as co-producers, is needed to understand these patterns and construct policies to equalise rates.
- **25.** No studies examined the intersection of child health or disability with poverty as a factor for maltreatment. This is a clear gap in the literature.

### How do supply factors influence the relationships between poverty, inequality and CAN?

- 26. In England, local authorities with low average deprivation were found to have been intervening more frequently than local authorities with high average deprivation when equivalent neighbourhoods are compared. This was described as the 'inverse intervention law' (Bywaters et al., 2015). The finding has been subsequently confirmed, for England, in terms of there being a steeper social gradient in low deprivation local authorities compared to high deprivation local authorities (Hood et al., 2021; Webb et al., 2020a). This may reflect, in part, differential spending relative to need. The lack of household level socio-economic data makes confirmation difficult.
- 27. Webb et al. (2020b) subsequently identified an even stronger statistical pattern in England, an 'inequalities intervention law'. Local authorities with high inequality but low deprivation had a social gradient in children looked after rates five times greater than that of local authorities with low inequality and high deprivation. It is hypothesised that this might be, in part, due to a greater sense of stigma for families living in poverty when those around them are better off, compared to areas that are more equal.





### Does social work practice mitigate or exacerbate the relationship between poverty and CAN?

- 28. It cannot be taken for granted that social services involvement with families where there are child protection concerns mitigates the effects of poverty, although it may. Fauske et al. (2018) found that, in Norway, parents who were unemployed and marginalised were least likely to feel they were 'taken seriously, ...seen, ...(or) heard' (p.5) by social services. Salariat or intermediate occupation families were more likely to agree with social workers' perceptions of their family situations. However, Hood et al. (2020a) reported UK social workers finding it more difficult to engage middle class parents, a greater tendency for disguised compliance and the potential for social workers to feel intimidated by parents who were wealthy or well educated. Studies in various countries found that social workers commonly did not prioritise poverty in their direct work with families (for example, Morris et al., 2018). They reported that social workers often felt that they lacked the skills to deal with family finances, and/or had ambivalent attitudes to families' poverty, creating barriers in their relationships with families. This can add to parents' feeling that they may be blamed and shamed, mistrusted, rejected and unrecognised, or threatened.
- 29. Evaluations of social workers holding budgets to spend on supporting families provide evidence of the complexities involved (Saar-Heiman & Krumer-Nevo, 2021). However, an evaluation of a programme to support mothers with both material and relationship issues following child removal found improved emotional well-being, greater housing and financial security, increased engagement in education, employment and specialist services and improvements in key relationships in women's lives, including with their children (Broadhurst & Mason, 2020). There is also some evidence that involvement with children's services can make poverty worse and harder to escape from because of the interaction between policies on entitlements to social security and housing and the actions of children's services, such as child removal.

### What does this new evidence tell us about explaining the relationship between poverty and CAN?

- **30.** The Investment Model. The international evidence about the social gradient in child protection points to the significance of what parents with money can purchase as well as what those without cannot afford, although none of these studies examined maltreatment in average- or high-income families, an important gap. Different kinds of investment may be required at different points across the age range. Several diverse sources, including Hood et al. (2020a), provide suggestive evidence that poverty is a greater risk factor for CAN in the early years than in adolescence.
- **31.** The Family Stress Model. The papers provide more evidence that parenting in poverty is highly stressful not only because of inadequate income itself but because of the associated shame and stigma. The stress is also implicated in many of the mediating factors which link poverty and maltreatment. However, these recent studies have not provided a definitive understanding of what kinds of factors (for example, the level of income, the security and stability of income, inequality in income or the pressures of low paid work or benefit claims) are particularly stressful or whether there are particular pathways that link stress to maltreatment. The gendered context of income and wealth in families is highlighted by





- Lindo et al. (2018), showing that the impact of employment on family life and children's safety may depend at least in part on whether it is the mother or father who is affected.
- **32.** Neighbourhood Factors. Recent studies reinforce the idea that factors at the neighbourhood level influence rates of maltreatment over and above household level factors but without conclusively clarifying which factors affect outcomes in what ways.
- **33**. Intersectionality. This has received some attention but neither child gender nor disability are a focus of these studies. Work to explain the impact of children's age and ethnicity on the relationship between poverty and CAN remains limited.
- **34.** Social Harms. The theoretical framework within which most of the papers operate largely takes for granted the characterisation of a range of difficulties in children's lives in terms of abuse and neglect and a conception of child protection that sees the primary causes of maltreatment lying within families, or in the consequences of factors, such as poverty, that affect families. However, there is a growing critique of current child welfare policies and practices in which the relationship between poverty and CAN can be characterised as reflecting the unequal distribution of economic resources, compounded by lack of 'recognition' (Fraser, 1995).

### The Impact of the Pandemic

35. The negative economic consequences of the pandemic, which have been particularly severe for families in poverty and disadvantaged groups, have led to concerns about the potential impact on CAN. Mixed evidence is emerging internationally about trends in actual rates of CAN during the pandemic. Recent administrative data for England for the year to April 2021 shows a continuing slight fall in CPPs and entries to care, in line with previous years. There are three possible reasons for this: the unprecedented temporary government support for family finances and businesses together with local community action may have mitigated the economic effects; there may be a delay in the time it takes for trends to be seen in the data and/or there may have been changes in the levels of under-reporting. At the time of writing, it is impossible to reach secure conclusions about the impact of the pandemic.

#### **Conclusions and Future Directions**

- **36.** There has been a considerable increase in the volume of research about poverty and child abuse and neglect in the past five years, in the range of disciplines engaged with the issues and the quality of the methods employed in analysing the evidence, although there remain significant limitations and gaps.
- **37.** While not always producing consistent results in detail, the overall conclusion is that recent research has substantially strengthened the evidence about the contributory causal relationship between poverty and CAN identified in the 2016 report. The impacts of poverty on CAN are large in scale. The depth and duration of poverty are also important.
- **38.** Numerous studies demonstrate that population level income increases for families in poverty, for example, from higher benefits, reduce the chances of child maltreatment. While economic shocks, such as a sudden loss of income or employment, are shown to have





- negative impacts on children. Welfare receipts are shown to mitigate the effects of family level economic shocks.
- **39.** Poverty is pervasive in its practical and psychological consequences for families and family relationships. Insecurity and instability compound the problems of managing family life when resources are inadequate. The interaction of employment with gender roles emerges strikingly from one recent study as having significance for CAN. Poor quality housing adds significantly to the issues of availability, affordability, and location for families in poverty.
- **40.** Poverty is closely interconnected with factors sometimes given greater prominence as causal for CAN, such as poor parental mental health and domestic violence. Poverty increases the chances of such troubles and is also a consequence of them, making them harder to leave behind or resolve, in order to build a solid foundation for family life. Other factors, such as debt and debt management, gambling, the physical health or disability of parents or children and, in the US, in particular, imprisonment, are also connected but much less the focus of attention.
- **41.** There is not a binary divide between families in poverty and those who are not. The evidence is for a social gradient in child abuse and neglect which runs across all families and places. The infrastructure for family life purchased by wealthier parents is scarcely mentioned in this body of research.
- **42.** Neighbourhood factors, including the concentration of poverty, social cohesion, and social control, can reduce or exacerbate the effects of individual family poverty in a number of ways which require further investigation. No neighbourhood level interventions to reduce CAN were evaluated in these studies.
- 43. Most studies of CAN focus on family and neighbourhood level factors. How abuse and neglect are conceptualised and government policies which create or maintain poverty and inequality, or which fail to regulate economic markets in ways that protect families and their relationships, receive much less attention. The policies and practices that have the stated intentions of protecting children and improving their lives sometimes exacerbate both poverty itself and the shame and stigma that accompanies it. When children go into care, too often the way social policies are framed mean further material losses for parents, as well as emotional damage not addressed through additional support, which reduces the chances of reunification. Some programmes offering support to parents show that this does not have to be the case.
- 44. Child protection practitioners find it hard to incorporate ways of talking with families about complex and emotive issues surrounding poverty or to help families deal with or exit poverty. Frequently, families' socioeconomic status is not seen as core business, with agency priorities, structures and models of practice shown to be an obstacle to poverty aware practice. As a result, parents too often feel a lack of recognition, that their concerns and priorities are not understood or heard, and view services as a source of threat rather than help.
- **45.** There tends to be a 'one size fits all' approach to service planning and delivery which does not pay sufficient attention to intersectionality or to inequalities of place. Evidence suggests insufficient attention is paid to the different roles played by mothers and fathers





in relation to securing and spending money, employment and time use, child care and protection roles and responsibilities.

#### Limitations

- **46.** Research in some countries, including the UK, is severely hindered by the lack of almost any individual level data about the parents of children in contact with children's services and about the socio-economic circumstances of their households.
- **47.** There is a lack of an internationally agreed consistent approach to the definition and measurement of CAN. There are similar difficulties for comparative research over definitions and measures of poverty.
- **48.** There is very little research which examines the impact of programmes designed to reduce CAN by addressing families' socio-economic circumstances.
- **49.** There are no examples of research being co-produced with parents or children.

#### Future Directions for Research

- **50.** A number of issues for future research have been suggested by this review:
- Comparative Studies
- Data and Data Systems
- Replications
- Studies that Differentiate Between Children and Between Parents
- Studies which Differentiate Between Maltreatment Types and Sub-Types
- Studies that Differentiate Between Facets of Poverty
- Qualitative and Mixed Methods Studies that Incorporate the Voices of Parents, Children, and Young People
- Studies of Parental Stress, Shame, and Stigma
- Studies of the Impact of Policies and Practices
- Studies of Inequalities
- Studies of Interventions
- Research that is co-produced

### Future Directions for Policy and Practice

51. The significance of a range of economic and social policies for the safety and well-being of children is underlined by the quasi-experimental studies, backed by other research providing long term evidence linking the economic conditions of family life with rates of CAN. Changing the framing of child abuse and neglect towards a greater emphasis on structural factors may be a necessary step towards policy change. Measures based on redistribution and recognition, for example to repair holes in and amend the ethos of the welfare safety net, could be expected to prevent harm to children. Structural measures to address the social determinants of social inequalities, such as those proposed for health inequalities by Marmot (Marmot et al., 2020a; 2020b), are also highly relevant to CAN.





- **52.** A review of the unintended consequences of contradictory policies which can undermine rather than support families would be valuable. Policies which set the structural context of children's social care services should be 'poverty-proofed'. These policies include the level and distribution of funding, data collection and analysis, inspection and regulation, the role of the courts and social work education.
- 53. Research on the poverty aware paradigm (Krumer-Nevo, 2016) and the social model of child protection (Featherstone et al., 2018) has provided some useful beginning evidence about practice. The authors propose moving away from a narrow focus on parental risk to ways in which society, communities and families can provide environments where harm is minimised, and children enabled to flourish. However, as of yet, recommendations about the multiple ways in which practice can better engage with families' material circumstances are largely untested by research, particularly in terms of their capacity to change outcomes for children and their families. Evaluations of experiments which gave social workers power to spend money directly raise significant moral issues while demonstrating that such an approach is far from a simple technical fix (Saar-Heiman & Krumer-Nevo, 2021). Research has shed little light to date on possible alternatives to the essentially individualistic, case-by-case approach that is embedded in contemporary practice in most locations and the power imbalance between service providers and families.

### **Last Word**

**54.** There is much more evidence of the relationship of poverty and CAN than there was five years ago. Large and significant gaps in knowledge remain, but the groundwork that has been undertaken means that **three key recommendations** can be suggested.

The first is that an essential element in policy to reduce harm due to CAN should be **national** 'levelling up' policies that cut family poverty, especially deep and persistent poverty, and insecurities affecting income, housing and employment. At present, some policies, particularly those on benefits, housing and immigration, conflict with the principle that the welfare of children should be paramount.

Second, the children's social care system needs to **engage much more effectively with children's and families' basic material needs** as a key factor for child protection. Too often families feel misunderstood, blamed, mistrusted and threatened rather than helped.

Third, there is a need for a major programme of research. This requires a national strategy for collecting and analysing data and a programme of research funding linked to key questions about poverty, inequality and intersectionality. The perspectives of parents, children and young people should be a core component of such research.





### **Chapter 1: Introduction, Aims and Context**

### 1.1 The Case for an Update

In March 2016, the Joseph Rowntree (JRF) and Nuffield Foundations published a review of research on the relationship between poverty and child abuse and neglect (CAN) with a particular focus on England (Bywaters et al., 2016a). It identified and discussed 'evidence about two key aspects ....: the impact of poverty on a child's chance of being abused or neglected and the impact on adult poverty of abuse or neglect in childhood.' It explored the economic costs and policy implications for the United Kingdom (UK). The report has been widely read and cited. Five years on, there is a strong case for updating the report or, at least, the larger part of the report that focused on poverty and CAN. There are several reasons for this.

There has been a substantial amount of new research of relevance. These include publications of the UK-wide Child Welfare Inequalities Project (see Bywaters et al., 2020) and the special issues of the journals, 'Children and Youth Services Review', edited by Slack, Berger and Noyes (2017a) on 'The Economic Causes and Consequences of Child Maltreatment', and of 'Social Sciences', edited by Bywaters, Featherstone and Morris (2019a) on 'Child Protection and Social Inequality'. The growing body of research on the influence of socio-economic factors in childhood is reflected in several systematic and narrative reviews of evidence, for example, covering socio-economic factors influencing adverse childhood experiences (Courtin et al., 2019; Lacey & Minnis, 2020), the effect of household income on children's outcomes generally (Cooper & Stewart, 2020) and the relationship between socio-economic status and child psychopathology (Peverill et al., 2021). Some of this evidence is relevant to the narrower focus of this review on CAN.

Second, there is growing concern about rising levels of child poverty in the UK, following a decade of austerity policies which have had a particularly harsh effect on women and their children (Joseph Rowntree Foundation, 2021). This concern has been further fuelled by the COVID-19 pandemic, which has both exposed and exacerbated socio-economic inequalities affecting children (Joseph Rowntree Foundation, 2021), and the housing crisis, with over 125,000 homeless children now living in temporary accommodation (Shelter, 2020). The UK's austerity policies have echoes in many other developed economies' responses to the global financial crisis.

Third, pressures on children's social care in England have continued to mount with increasing numbers of children in care across all age groups as of March 31st. This rise was most acute amongst 16-17 year olds with the number of older adolescents entering care in 2019-20 almost double that of 2009-10, according to Department for Education data (Department for Education, 2021a). Entries to care fell slightly for younger age groups in the years after 2016-17. These and other concerns about the system have resulted in the government establishing an Independent Care Review which began work in March 2021 with a remit of 'tak(ing) a fundamental look at the needs, experiences and outcomes of the children (social care) supports, and what is needed to make a real difference' (Independent Review of Children's Social Care, 2021).





An up to date and accurate picture of the evidence on the impact of poverty and family socioeconomic resources more widely is a necessary element of the debate about the future direction of children's social care services, not only in England but internationally.

### 1.2 Background and Context

The COVID-19 Pandemic has thrown into sharp relief the impact of poverty on family life and, in particular, on adult health and children's educational progress. As Paul Johnson and colleagues at the Institute for Fiscal Studies, wrote at the end of 2020, '(COVID-19) has cruelly exposed huge variations in how easily we are able to weather threats to livelihoods, to educational progress, to physical and mental health. These disparities have been closely correlated with pre-existing inequalities between groups according to their education, income, location and ethnicity – in ways that are often hard to disentangle, but depressingly familiar' (Johnson et al., 2020, p.2).

Less easy to quantify at this point in time is the impact on child abuse and neglect, as we discuss further in Chapter 6. Recently published administrative data for England covering April 2020 to March 2021 has shown a relatively small change in the previous trends in key indicators such as the proportion of children on child protection plans or in out-of-home care (Department for Education, 2021a; 2021b). However, given the steep social gradient in the incidence of UK child protection, the additional pressures on families in already straitened circumstances are bound to have had a negative impact (Bywaters, 2020) and evidence of this is emerging in a variety of forms (Featherstone, 2021). Some effects may only be seen in the longer term. Whether this results in a raised incidence of officially recorded and substantiated abuse and neglect remains uncertain, as services as well as families have been affected and in some places there have been remarkable community responses to families' needs (Tiratelli, 2020).

However, the lessons are not entirely negative. On the one hand, poverty became a more widespread and deeper experience with an increase in unemployment of almost 700,000 by the winter of 2020, the numbers of workers furloughed peaking at 5.1 million in January 2021 and the nature of the home space more important for relationships and mental health (Featherstone, 2021; HMRC, 2021; Legatum Institute, 2020). The experience of lockdown has been clearly patterned by the inequitable distribution of many kinds of resources which sustain family life and relationships, including:

- Income and employment
- Indoor and outdoor space at home
- Access to IT
- Security of tenure
- Having savings to draw on
- Pre-existing health conditions
- One or two parents
- Extended family and friends
- Local community strengths

Such resources reflect the social structures which powerfully influence people's life chances, in childhood and adult life, and are intersected by other dimensions of identity such as gender, disability, and ethnicity (Marmot et al., 2020a; 2020b). The pandemic has also revealed how precarious many families' circumstances are, exemplified by the immediate effect of lockdown: an





89% increase in emergency food parcels given out by the Trussell Trust in April 2020 over the previous year (Trussel Trust, 2020).

On the other hand, the government's actions have clearly demonstrated that austerity policies are a choice rather than inevitable. Policy decisions were taken in 2020 not only to help struggling businesses but individuals and families in poverty through major interventions such as the furlough scheme, benefits increases and the relaxation of welfare sanctions, on a temporary basis. The pandemic also drew a considerable local and community response, with a supportive public mood for families who were struggling. This public support was seen in the activity of a plethora of preexisting and newly formed organisations of local communities and individuals which provided food and a wide range of other forms of practical and emotional help and support (Tiratelli, 2020). There is also some evidence that formal organisations like children's social care services have responded with flexibility and speed, for example, in some places playing a role in providing emergency material and practical help and finding that this was welcomed by families who would normally be reluctant to be contacted (Research in Practice, 2020). Featherstone (2021, p.18) suggests that a number of features of 'traditional' social work may have re-emerged, including 'regular (if remote) contact with clients; accessibility (through technology) to clients; an emphasis on early initiatives to prevent problems escalating; and a focus on community action'. However, this has to be balanced against the raising of concerns about there being less protection for children because of their absence from schools or child care services and the curtailment of face to face contacts, and whether reduced surveillance has been costly for children or not.

Despite this complex set of interconnected issues, it is widely accepted that the pandemic has both drawn attention to and exacerbated pre-existing social inequalities, rather than creating new social fault lines (Marmot et al., 2020b). The multiple impacts of the pandemic and responses to it exemplify the inter-sectional nature of structural social divisions that are experienced differently by men and women, by disabled and non-disabled people, by people from different ethnic groups and of different ages. This has underlined the sense that poverty in its many guises, experienced under the skin (Schmidt et al., 2021), visible on the body, a marker of social status and an ever-ready subject in culture wars, is a crucial dimension of family life.

### 1.3 Aims and Objectives

These longer term and immediate issues are the backdrop for this study, the central aim of which is to: bring up to date and extend a previous review of evidence about the relationship between poverty and child abuse and neglect (CAN), carried out in 2015 (Bywaters et al., 2016a). It also aims to:

- Make recommendations about the policy and practice implications of current knowledge and
- Identify key gaps in the evidence, providing the basis for an agenda for future research and data systems

This review does not aim to explore the outcomes of child maltreatment or explore the relationship between poverty and CAN in Low and Middle-income countries.

In the previous review, the central question was, in essence, whether or not there is a relationship between poverty and CAN. The context at that time, in terms of the political and professional





discourse in the UK, was one in which the role of poverty was being substantially downplayed, or even denied. Other factors, mainly focused on the individual behaviours of parents, were foregrounded, with poverty being seen – at best - as one of a list of factors associated with the incidence of CAN without evidence of a causal relationship. In policy, practice and research, poverty and CAN were often disconnected. As the report put it (Bywaters et al., 2016a, p.48), this was apparent in 'the absence of a focus on families' circumstances in assessment protocols or decision-making about CAN, and in the dearth of policies and programmes that directly address the financial and material circumstances of families in contact with children's services. It is equally apparent in the near total absence of discussion of CAN in most policy documents and research reports on child poverty.' A central obstacle to understanding, evidenced in the report, was the paucity of high-quality research and reliable comprehensive data about the relationship between poverty and child maltreatment in the UK, compounded by inconsistent definitions and measures.

However, notwithstanding these limitations, the central conclusion of the 2016 review was that there was a sufficient weight and variety of evidence to support the position that 'poverty is a contributory causal factor in CAN' (Bywaters et al., 2016a, p.33). The report also emphasised the connections between poverty and other factors influencing CAN. Poverty was conceptualised not just as one factor amongst others, one of a list, but as inextricably connected to other factors which influence the experience and outcomes of family life (Lacey & Minnis, 2020). Addressing family poverty, it was argued, 'is likely to have a positive effect on reducing both the extent and severity of CAN in childhood, on the socio-economic consequences of CAN in adult life and on the wider economic costs' (Bywaters et al., 2016a, p.50).

In 2021, this position has achieved a degree of acceptance in the UK, and internationally. For example, in 2019, the Scottish Independent Care Review stated in 'The Promise' (p.17) that, 'It is impossible to review Scotland's 'care system' without properly considering the pervasive impact of poverty. Children growing up in poverty are overrepresented on the child protection register and are more likely to be removed from their families.' The English Association of Directors of Children's Services (2021, p.70) reported that, 'The impact of welfare reforms and the lack of affordable secure housing have increased the numbers of children living in poverty and at risk of adverse childhood experiences. This is, respondents believe, a significant determinant of increased demand for early help and social care services.' The English Independent Review of Children's Social Care, in its 'Case for Change' document concluded, 'We have now reached a point where the weight of evidence showing a relationship between poverty, child abuse and neglect (Bywaters et al., 2016a), and state intervention in family life is strong enough to warrant widespread acceptance. The acceptance of this significant impact of deprivation should lead us away from framing the differences as 'variations' in children's social care intervention and instead frame them as 'child welfare inequalities' (Independent Review of Children's Social Care, 2021, p.23).

Therefore, the value in a further report lies not in re-running that core question of whether there is a causal relationship but in building on that foundation to explore evidence about the nature of the relationship: the complex connections between poverty, other factors and CAN. What can that evidence tell us about how better to understand those connections and how to intervene to reduce poverty and its impact on children's chances of maltreatment, and its consequences?





Therefore, the **objectives** of this review are to consider evidence about:

- The nature, strength and timing of the relationship between different aspects of
  poverty and various forms of CAN. For example, the relative influence of different aspects
  of poverty such as levels of income, benefits or debt, the quality of housing and employment
  and insecure or unstable resources; the significance of psychological accompaniments of
  poverty such as stigma and shame; and how quickly poverty impacts on family relationships
  and behaviours
- The social gradient and inequality: what can be learnt from studying the relationship between all levels of income, wealth and CAN
- Interconnectedness: ways in which other factors, such as health, or inter-personal conflict, and wider social structural factors, such as misogyny or racism, connect poverty with CAN
- Intersectionality: how the relationship between poverty and CAN is influenced by the
  identity and structural position of a child or family (for example, ethnicity, age or disability)
  and responses to their position and identity
- Understanding: theories aiming to explain the relationship between poverty and CAN, for example, investment (Duncan et al., 2017) and family stress (Conger et al., 2000) models, the theory of social harm, the roles of social capital, capability and inequality
- Interventions: the short-, mid- and long-term outcomes of poverty-related interventions for the incidence and outcomes of CAN

As a by-product of this work, the review will report on three other issues flagged up in 2016:

- Data availability and limitations
- Methodological developments in research and limitations
- Gaps in the research base

### 1.4 What Has Happened to Family Poverty?

A significant development in measuring poverty in the UK since 2015 has been the work of the Social Metrics Commission (2020). The Commission (SMC) was set up in 2016 following the UK government's decision in 2015 to no longer support an official measure of poverty and abandon targets for reducing poverty. It aimed to produce a measure that 'both better reflected the nature and experiences of poverty that different families in the UK have, and which could be used to build a consensus around poverty measurement and action in the UK' (p.8). The new measure combines elements of absolute and relative perspectives on poverty which it defines as 'the extent to which the material resources that someone has available to them now are sufficient to meet the material needs that they currently have' (p.17). This definition is then extended to take into account three further crucial dimensions of poverty:

- The depth of poverty: how far families are above or below the poverty line
- The persistence of poverty: how long families have been in poverty
- The lived experience of poverty: factors that impact on how families' experience poverty

All of these dimensions are potentially helpful in developing more sophisticated understandings of the relationships between poverty and CAN, and policies to reduce CAN. Based on this work, the





SMC has reported that – before the pandemic – overall poverty rates in the UK had been fairly constant for twenty years with about 22% of the population living in poverty. This equated to 14.4 million people in 2020. Half of these have been in persistent poverty, lasting two or three years or more. Moreover, poverty was much more likely to affect children than adults. There were 4.5 million children in poverty, 33% of all children.

But, crucially, the number of people living in deep poverty (>50% below the poverty line) has increased by 40% or 1.3 million people since 2000, to a total of 4.5 million. This trend is also reflected in the Joseph Rowntree Foundation's (JRF) measure of 'destitution' (Fitzpatrick et al., 2016, p.2). People are considered destitute if:

- **a)** They, or their children, have lacked two or more of these six essentials over the past month, because they cannot afford them:
  - a. Shelter (have slept rough for one or more nights)
  - b. Food (have had fewer than two meals a day for two or more days)
  - c. Heating their home (have been unable to do this for five or more days)
  - d. Lighting their home (have been unable to do this for five or more days)
  - e. Clothing and footwear (appropriate for weather)
  - f. Basic toiletries (soap, shampoo, toothpaste, toothbrush)

OR

**b)** Their income is so extremely low that they are unable to purchase these essentials for themselves.

As with deep poverty, the numbers of children living in families in destitution has been rising rapidly. In 2015, 312,000 children were destitute. The number increased by 76% over the following four years so that, in 2019, 550,000 children had a period of destitution (Fitzpatrick et al., 2020).

This increasing number of children experiencing deep poverty or destitution is reflected in the growing numbers living in families driven to use food banks: an estimated 700,000 households in 2019/20 (Bramley et al., 2021). Of these, the 370,000 households supported by the Trust alone included 320,000 children, so the estimated total number of children would be over 600,000. People aged 16-24 who report food insecurity are unlikely to be referred to food banks so the number of care leavers who are going hungry is unknown.

Some groups of people are more likely than others to experience poverty or destitution. Half of all families in poverty contain someone who is disabled (SMC, 2020) and 75% of food bank users have someone with a health problem in their household (Bramley et al., 2021). Poverty rates are higher in ethnic minority families with, for example, 46% of families with a Black/African/Caribbean/Black British head of household and 39% of Asian headed households living in poverty compared to 19% of families with a White household head (SMC, 2020). Families in poverty overwhelmingly (70%) live in social or rented housing and, of these, a growing proportion (33%) are now renting privately. These and other intersections have to be a significant part of the discussion.

Table 1, adapted from the Social Metrics Commission (2020, p.66), also underlines the higher chances that people in poverty have of suffering from poor physical and – particularly – mental ill health. This evidence also contradicts the common assumption that people in poverty are





particularly likely to drink or abuse drugs. Compared to better off adults or youths, those in poverty were less likely to have drunk to excess or taken illegal drugs. Only the level of smoking was higher for people living in poverty.

Table 1. Social Metrics Commission: Chances of Individuals in Poverty Suffering from Poor Physical and Mental Health

	Proportion of people in poverty who have the characteristic listed %	Proportion of people not in poverty who have the characteristic listed %
One or more adults in family with poor self-reported physical health	24	21
One or more adults in family with poor self-reported mental health	34	24
One or more adults in family with low life satisfaction	17	13
One or more adults in family with low health satisfaction	24	19
One or more youths in family has drunk to excess in last four weeks	45	62
One or more adults in family has drunk to excess in the last year	58	67
One or more adults in family smokes cigarettes (not incl. e- cigarettes)	36	20
One or more youths in family has used or taken illegal drugs at least once in the last year	15	25

What are the reasons for the high rates of poverty and deep poverty? Even prior to COVID-19, incomes were falling in the UK and were falling fastest for those on the lowest incomes. Despite historically high levels of employment, income was not increasing with growing numbers of families dependent on in-work benefits. But a principal direct cause of the rise in deep and persistent poverty was the benefits freeze for four years from 2016, which followed several years of below inflation increases in benefits rates (Joseph Rowntree Foundation, 2021). Prior to the universal credit uplift during the pandemic when households were temporarily given an additional £20 per week, benefits had not increased in line with inflation since 2012. As Bramley et al. (2021, p.13) put it in their analysis of food bank use, 'Not having sufficient income from the social security safety net





is the first and most significant factor. This is more often due to how the social security system is designed (who is eligible for what support and how much benefit income is received by people eligible) than due to operational errors with benefit administration.'

This top line cause affecting benefits levels across the board was exacerbated for particular groups by so-called 'welfare reforms' and the hostile environment of benefits administration. Larger families with children and in particular regions, especially London, were particularly likely to be affected by the benefits cap and the two-child policy. In 2015, 20,000 households were affected by the benefits cap. Numbers rose to 80,000 before the pandemic and to 180,000 by November 2020 (Department for Work and Pensions, 2020). In 2020, 911,000 children were in families with three or more children not receiving a child element for one or more children in their family (HMRC, 2020).

Three quarters of all food bank use is found to result from a problem with the benefits system (Bramley et al., 2021). The main design features of the social security system which negatively affected people referred to food banks over 2019/20 were found to be: the five week wait for the first Universal Credit (UC) payment, the very low rates of UC standard allowance, deductions from UC to repay UC advances and other debts, low Local Housing Allowance (LHA) rates and LHA caps, 'bedroom tax', and the structure and process of the Personal Independence Payment (PIP) assessment affecting disabled people.

Bramley et al. (2021) also report that such built-in features of the benefits system were more likely to be associated with food bank use when families were experiencing ill-health or adverse life experiences (such as household separation or eviction), and lacked informal and/or formal support. Such adverse experiences and ill-health often worsened people's financial situation through creating extra expenses and undermining their capacity to navigate the benefit system. In some cases, benefit problems clearly also exacerbated health conditions, such as obesity (Mason et al., 2021b) and life expectancy (Marmot, 2020b).

Other aspects of the UK benefits regime mean that substantial numbers and proportions of claimants do not receive the full level of payments for their needs including claimants who receive erroneous disability assessments, families with no recourse to public funds (Jolly, 2019) and those subject to benefits sanctions. The application of sanctions is often sudden and undermines the capacity of parents to manage limited income, often driving food bank use. In turn this reinforces the stigma and shame which accompany poverty, and are argued to be structurally embedded in welfare and poverty reduction programmes which emphasise individual responsibility (Roelen, 2017).

For low-income families with one or more adults in employment, working conditions can also be incompatible with stability and security. Contracts of employment based on zero hours with little control over anti-social shifts and without sick pay entitlements can add to parents' stress and lack of control over their income (Gingerbread, 2018; McKnight et al., 2016; Nomaguchi & Johnson, 2016).

As described above and in Chapter 6, once the COVID-19 lock down began a raft of temporary measures was instituted by the UK government which mitigated the harshest effects of the benefits system (Macklay et al., 2020). All these measures drew attention to the disciplinary role of welfare policies designed to 'make work pay' by depressing the level and security of benefits and by increasing stigma, against a background of employment related policies also designed to reduce the bargaining power of less skilled workers (Tomlinson, 2019).





The deepening poverty seen across the last decade, despite high levels of employment before the pandemic, has been exacerbated by austerity related cuts in a range of potential sources of support for families: services dealing with health and mental health, drug use and addictions, domestic violence, access to justice, Sure Start children's centres and youth services, as well as by the growing housing crisis (Cross et al., 2021). Overall spending on children's education in schools fell by 9% in real terms between 2009–10 and 2019–20, with the most deprived schools facing much larger cuts (14%) than least deprived schools (9%) and the pupil premium not keeping pace with inflation (Farquharson et al., 2021).

### 1.5 What Has Happened to CAN?

As the 2015 review reported, measuring the prevalence of CAN in a population is not straightforward. For example, retrospective self-reports by adults about their childhoods commonly suggest higher numbers than have been substantiated in official statistics (Radford et al., 2011; 2013). Bilson and Martin (2017) estimate that roughly one in five children in England will have been referred to children's social care by the age of five, with social workers identifying concerns over abuse or neglect for one child in nine. In Scotland, even higher rates of child protection investigations have been found (Bilson, 2021). The social gradient in social care rates (Bywaters, 2020) means that concerns about CAN would have been identified in an estimated one child in four in the most deprived 20% of neighbourhoods by age 5.

A Child Protection Plan (CPP) is required by law in England when a statutory Child Protection Conference decides that a child has suffered serious harm, or is at risk of suffering serious harm. This is often considered as reflecting a concern that has been investigated and substantiated and as a relatively consistent measure year on year, with the distinction between being at risk of harm and having suffered serious harm being obscured. However, changing perceptions and practices mean that what is considered abuse or neglect can vary substantially, over time. For example, it is only relatively recently that domestic abuse and violence has been understood as harming children (Mullender et al., 2002). More recently still, definitions of abuse and neglect have expanded to include the new category of child sexual exploitation (Jay, 2014). In addition, CPP rates reflect the actions of agencies and professionals involved in making decisions about CAN, as well as the incidence in the community, and this varies in ways that reflect wider social structures (Webb et al., 2020b). However, provided these considerations are kept in mind, being placed on a CPP remains a valuable marker of prevalence in England.

Over the five-year period 2015/16 to 2019/20, the numbers and proportion of children on CPPs in England on March 31<sup>st</sup> grew, but grew more slowly compared to the steep rise in the previous years. Department for Education (2021b) statistics drawn from the children in need census show that 66,380 children started a period on a Protection Plan in the year to March 2020, up from 62,210 in 2015/16 and 44,300 in 2010, a 50% increase over the decade. Numbers and rates rose to 2018 before falling back a little. The fall continued in 2020/21, possibly in part a marker of lower levels of surveillance as a result of COVID-19.

Similarly, the numbers and rates of children being subject of a Section 47 (child protection) assessment, or a child protection conference grew more slowly in the second half of the decade than previously. Nevertheless by 2019/20, the numbers of children experiencing assessments, conferences and plans in a year had increased by 110%, 76% and 50% respectively, compared to 2009/10, a huge increase in investigative activity affecting families (See Table 2). The numbers of





false positives – investigations which did not lead to a conference or a CPP – also continued to increase. In 2019/20, over 120,000 children were investigated without a conference resulting, and over 130,000 were investigated without a CPP. One child in every 67 in England was investigated during 2019/20. Approximately one investigation in three resulted in a child protection plan.

Since 2016, the pattern of types of abuse has continued in line with long term trends. By 2019/20 around half of all Plans were ascribed to Neglect and more than a third to Emotional Abuse. The proportions of cases attributed to physical or sexual abuse continue to fall. Over a longer period these trends are even more pronounced. All the rise in numbers of CPPs since 2010 is accounted for by the increased numbers of cases of Emotional Abuse (up 46%) and Neglect (up 30%). Physical Abuse case numbers were down by 40% and Sexual Abuse numbers by over 20%.

Table 2: Changes in numbers and rates of S.47 investigations, Initial Child Protection Conferences and Child Protection Plans in England, 2009/10 - 2019-20. Source: Department for Education, Characteristics of Children in Need

TOT Education, Characteristics of Children in Need				
	2009/10	2014/15	2019/20	% Increase
Number of children subject to s.47 investigations which started during the year ending 31 March	89,300	160,490	201,000	125
Rates per 10,000 children aged 0-17	79.5	138.2	167.2	110
Number of children who were the subject of an initial child protection conference during the year ending 31 March	43,900	71,410	77,470	76
Rates per 10,000 children aged 0-17	39.1	61.6	64.4	65
Number of children who became the subject of a plan during the year	44,300	62,210	66,380	50
Rates per 10,000 children aged 0-17	39.4	53.7	55.2	40

Another trend over the decade concerns the age of children and young people on plans. While the numbers of children aged 0-4 on Plans has remained almost constant, large increases can be seen





in the numbers of older children and young people (See Table 3). The numbers of 16–17-year-olds on Protection Plans tripled.

Table 3: Numbers of Children on Child Protection Plans on 31st March by Age Group, 2010, 2015 and 2020, England. Source: Department for Education Characteristics of Children in Need

Age Group	2010	2015	2020	% Increase
0 to 4	17,970	19,380	17,390	-3
5 to 9	11,980	14,740	14,700	23
10 to 17	11,880	14,520	18,200	53

These changes in age patterns are also reflected in the numbers of children and young people in out-of-home care. In 2019-20, the total number of children in the care system reached a record 80,080, up by almost 10,000 since 31st March 2016 according to Department for Education data (2021a). An increasing proportion of children and young people are entering care because of abuse or neglect: 61% in 2019/20 compared to 52% in 2009/10 (see also Parker & Tunnard, 2021). The largest growth came in the oldest age group (16-17 year olds) who comprised almost a quarter of all children looked after at the end of 2019/20, with significant consequences for demand pressures (Association of Directors of Children's Services (ADCS), 2017). Almost a fifth (n= 3560) of 16-17 year olds in care at the end of March 2021 were unaccompanied asylum seekers. A marker of the pressures on local authorities is that although the numbers of entrants to care has fallen somewhat for all age groups except the over 15s since 2017, the number leaving care has decreased faster.

Changes in patterns by ethnicity are less easily established as population data for children from minority ethnic groups has not been precisely updated since the 2011 census, so rates per 10,000 children have become increasingly inaccurate. Numbers of Mixed heritage and Asian children have increased faster than the increase for White children, but without comparing rates this is hard to interpret. Detailed analysis is not offered in the Department for Education annual reports.

Overall, this pattern of rising rates of late intervention across the decade have been widely commented on, for example, in the Case For Change (Independent Review of Children's Social Care, 2021) and by researchers (Hood et al., 2020a). The shift in emphasis away from prevention and early help and towards more invasive and coercive forms of intervention has been evidenced in local authorities' patterns of expenditure (Webb & Bywaters, 2018; Webb, 2021) despite a stated preference for prevention (ADCS, 2017). Spending on prevention and family support, rather than child protection or children in out-of-home care, fell substantially as a proportion of overall spending across the decade as local authorities struggled to cope with cuts in central government funding. An ADCS (2017, p.1) position statement pointed out that 'the unintended consequence of the government's austerity programme (was) to drive up demand for these services as more and more families find themselves at the point of crisis.' Recent slowing in the growth of intervention rates, despite rising destitution and homelessness, has reflected the necessity for local authorities





to ration services more tightly in order to balance their books, a recognition that trends seen in the first half of the last decade were financially and morally unsustainable (Hood et al., 2020a).

However, in addition to these trends, there have also been signs of the beginnings of a new engagement with poverty by elements of the child protection system. The British Association of Social Workers published an Anti-poverty Practice Guide for Social Work in 2019 echoing a similar publication by the Department of Health in Northern Ireland in 2018. The Department For Education in England has funded three pilot projects to test the impact of devolved budgets which allowed frontline social workers to spend money directly on families to reduce the chances of children entering care (What Works for Children's Social Care, 2020). In Wales, the Government has announced a pilot scheme providing care leavers with a basic income payment of £1600 per month for a duration of 24 months from the month after their 18th birthday (The Welsh Government, 2022). These national initiatives, many small-scale and experimental, have complemented local action by some individual local authorities designed to maximise incomes and advise families in contact with children's services about debt management.

### 1.6 International Relations

Although this introduction has focused largely on the English/UK context, similar themes are evident in developed countries internationally (Cancian et al., 2010; Gilbert et al., 2011; Sedlak et al., 2010), and the commonality of concerns and future directions being sought globally have been highlighted recently in several editorials and special editions (Berger & Slack, 2021; Bywaters et al., 2019a; Slack et al., 2017a).

For example, globally, there is a growing demand for child welfare and pressures on services. Slack et al.'s (2017a) collection of papers identifies that economic factors loom large in most studies, irrespective of geography – both as contextual factors and in micro processes that influence child maltreatment-related outcomes. Slack et al. (2017a) also identifies that income alone does not seem to be a sufficient focal point for efforts to understand the poverty-maltreatment relationship. Indeed, when considering international evidence, it is important to attend to the full spectrum of socioeconomic markers, both at the individual (or family) level as well as the neighbourhood and societal level. Furthermore, there is a recognition of the high costs in human terms, as well as financially, of failing child protection systems, which is exacerbated for some groups, such as indigenous peoples, and some racial minorities (Berger & Slack, 2021; Bywaters et al., 2019a; Slack et al., 2017a).

These common themes are often at least partly identified as resulting from economic and ideological responses to the global financial crisis, i.e. neo-liberal policies which have continued to widen inequalities and not reduce poverty. The current COVID-19 pandemic has triggered lockdown orders, school closures, and extensive losses of employment and income across the globe. Associated social isolation and economic hardship are highly likely to result in increased child maltreatment and child neglect in particular. Although limited exposure to mandated reporters may result in decreased child welfare reporting while lockdowns and school closure orders are in effect (Welch & Haskins, 2020), increases in underlying maltreatment have the potential to drive an influx of child welfare cases once such orders are lifted, particularly given dire predictions for a speedy economic recovery (Berger & Slack, 2021).





There is also a common view centring on the need to refocus on prevention. In many countries, according to Slack et al. (2017a) and Berger and Slack (2021), child welfare systems devote relatively very few resources to child maltreatment prevention. Rather, prevention has traditionally fallen under the purview of other public and private systems, agencies, and funding mechanisms such that the formal system itself is characterised by a predominantly reactive, rather than proactive, mandate and approach (Welch & Haskins, 2020). Recognition of both the consequences and costs of child maltreatment has led to a range of policies and programs in the United States, as in all industrialized countries, to prevent and respond to child abuse and neglect in order to minimize both their occurrence and their adverse consequences (Berger & Slack, 2021). How successful such programmes have been against a background of rising social and economic inequality is less clear.

From these editorials and special editions, it is clear that when exploring the relationship between poverty and child maltreatment, child maltreatment and child welfare systems should not be viewed independently of their geographic and macroeconomic contexts, or independently of other service systems in which children and families interact. Indeed, although it is difficult to make empirical comparisons across countries, and US evidence dominates this field, Berger and Slack (2021) acknowledge that 'While ... services fall under the purview of what is commonly referred to as "the" U.S. child welfare or child protective services "system," they are, in actuality, provided by a multitude of state-, county-, and territorial-administered systems that are characterised by considerable variation in policies and practices', which can be interpreted in more global sense (p.8). Collectively these editorials and special editions go some way to highlighting the similarities and pressures faced internationally in the context of poverty and child maltreatment. This is unsurprising, especially at a time when increasing inequality is a central concern of global social relations, lived out in struggles over migration and climate change, working conditions and housing, and the rise of populist politics. It is arguable that struggles between families and the state over the definition of and responses to child abuse and neglect is one of the clearest manifestations of contemporary conflicts over inequality, power, and social order (Bywaters et al., 2019a).

### 1.7 Reading the Report

The remainder of the report is divided into 6 further chapters:

Chapter 2: Understanding the Relationship Between Poverty and Child Abuse and Neglect

**Chapter 3: Methods and Papers Identified** 

Chapter 4: Findings

**Chapter 5: Discussion** 

Chapter 6: The Impact of the COVID-19

**Chapter 7: Conclusions and Future Directions** 

The Findings chapter is shorter than readers might expect because it does not outline the content of the papers included in the review but provides links to Tables appended to the report where the individual papers are presented in detail. As a result the Discussion chapter provides a quite lengthy exploration of key issues with multiple references to individual papers. We consider it crucial to take





account of COVID-19, especially in thinking about future directions, but found hardly any papers which met our criteria on content and quality. Therefore, the evidence from the pandemic is presented in a separate chapter. In the rest of this section we identify some other key points for readers to keep in mind. To be clear, evidence in this report is in the form of a systematic review, as meta-analyses were beyond the scope of the report.

There are multiple issues to consider when reading the evidence about the relationships between poverty and CAN. For example, in terms of maltreatment there are issues of:

- **Definition**, including the different **categories** of abuse (physical, sexual, emotional) and neglect and its **sub-categories** (for example, supervisory, educational or material neglect)
- Measurement, including self or other reported, substantiated or unsubstantiated occurrences
- Temporality, including current or past incidence; duration; first, any or recurrent episodes; changes over time

In terms of poverty or the influence of socio-economic conditions or circumstances (SEC), there are again multiple issues to consider. Three main levels are identified in the literature:

- Individual, family or household
- · Neighbourhood or local area
- National

Within each level there are different ways of conceptualising the key issues, particularly whether the focus is on a binary divide between those in poverty or not, or on the social gradient of SEC across whole populations, and measures of inequality.

In addition, there are different dimensions of poverty or SEC to examine, for example, income and wealth, housing or employment, alongside other kinds of resources which may be important, such as individual social capital or neighbourhood social cohesion or social control. It has to be kept in mind that income, housing and employment may all map onto poverty but are not identical and may have different impacts on families. For each of these dimensions, the concern may be with the amount of resource (for example, the size of income), the quality of the resource (for example, how crowded or safe is a family's accommodation) and/or the insecurity or predictability of the resource (for example, the uncertainty of weekly income for workers on zero hours contracts). For some resources, such as formal and informal support, issues of social, economic and geographical accessibility, availability and appropriateness will be important.

Each of these levels and dimensions of SEC generate issues of **definition** and **measurement.** For example, how to define poverty or the quality of work, or measure local inequality or national social security systems.

Understanding the relationship between maltreatment and SEC also involves considering cross-cutting issues of **intersectionality**: how different individuals (or families or populations) are affected by combinations of the factors outlined above. For example, key dimensions for children will include their age, ethnicity or race, health or disability, gender and sexual orientation or identity.

Finally, other **mediating factors**, that is factors which explain the 'how' or 'why' of the relationship between poverty and CAN, also need to be considered. For example, poor parental mental health, domestic violence, substance and alcohol misuse, and the parents' own childhood experiences may all be linked to and exacerbated by poverty. Not only does poverty and insecurity increase the





likelihood of mental ill health and disputes and violence between adults (and children) in households, but may paradoxically increase the chances of adults responding to stress in ways which are further damaging. In turn, all these mediating factors create positive feedback loops, increasing the likelihood of a family being in poverty and their difficulties in escaping from it.

The great complexity of this set of multi-level interlocking factors makes **international comparisons and replications** particularly difficult. For example, both poverty and maltreatment categories are defined differently in different countries, administrative data sets are usually not strictly comparable, and the policy context varies substantially. Great caution has to be exercised in transferring findings between countries.

A central problem throughout is the issue of **determining the incidence of abuse and neglect**, for which no objective measure is possible. All measures, whether dependent on self-reports (e.g. surveys) or other reports (administrative data), whether substantiated or unsubstantiated, are a product of a particular time and culture. For example, self-reported sexual abuse will depend on normative understandings even if prompted by prescribed definitions. Maltreatment that is substantiated through official or even legal processes will only capture some of the actual occurrences of abuse and neglect in a population.

This difficulty in establishing incidence is compounded in the case of officially recorded data by the role played by the services keeping the records. Recorded rates will vary over time and between populations not only because the 'true' incidence may have changed but because the prevalent attitudes of service providers and the definitions they employ also change. There may be perverse incentives to service providers in recording more or fewer cases of abuse and neglect, for example, in demonstrating effectiveness or seeking additional funding. Researchers have also drawn attention to the possibility of bias in assessing and recording maltreatment (Kim et al., 2018). Hence, in making judgements about officially recorded numbers and rates of CAN, it is important to consider both 'demand' and 'supply' factors (Bywaters et al., 2015): the occurrence of abuse and neglect and how that comes to the attention of and is recorded (or not) by agencies charged with identifying and reporting maltreatment.





# Chapter 2: Understanding the Relationship Between Poverty and Child Abuse and Neglect

Implicit in the picture presented above of the factors to consider in reading the report are many different theoretical ideas about how poverty may influence CAN, which we explore and outline in this chapter. In the 2016 report (Bywaters et al., 2016a, p.28) this was very briefly summarised in terms of two main pathways: 'a direct effect through material hardship or lack of money for investment in support, or an indirect effect through parental stress and neighbourhood conditions.' Such factors could either operate independently or, more commonly, through interaction with other factors. Poverty was described as a 'contributory causal factor' in CAN.

As Berger and Waldfogel (2011) argued, most accounts start from the position that the causes of maltreatment are multi-factorial. Neither poverty nor any other single factor is necessary or sufficient for CAN to occur. Maltreatment occurs in families who are not poor and most families who are living in poverty do a good job of bringing up their children most of the time and certainly wish to do so. The evidence below that child abuse and neglect appears to be much more likely when families are poor should not be assumed to be evidence that there is something essentially different about the attitudes or behaviours of parents living in poverty that would still apply if they had more resources. Nor should it be taken to mean that lower maltreatment rates in well off families are the result of the adults being inherently 'better' parents rather than parents who are operating in a more advantageous context.

This simple division between the direct and indirect effects of family and neighbourhood poverty on the likelihood of maltreatment deserves some elaboration and critique. As we identified above, the main lines of explanation distinguish between family or household level poverty, neighbourhood poverty and national poverty. It is the first two of these that we concentrate on here. As mentioned earlier, this review focuses only on CAN in developed economies.

Cooper and Stewart (2020) introduce their systematic review of causal relationships between household income and children's outcomes by referencing two main explanatory models: the 'investment' model (Duncan et al., 2014) and the 'family stress model' (Conger et al., 2000). The investment model focuses on the capacity of parents to buy goods and services which enable children to thrive and succeed which depends on the distribution of resources within societies. Families who are destitute or homeless lack the resources to meet some of even the most basic of their children's needs for food, shelter, clothing and warmth. That this is a widespread experience in the UK now, was evidenced above. Families in poverty will also find it very difficult to secure other important assets for a good childhood like IT equipment, indoor and outdoor space, a healthy diet, private transport, presents, outings and holidays, at least without going into debt (Mahony & Pople, 2018). The investment model also has the potential to explain why there is a social gradient in child outcomes generally and child maltreatment, in particular, because it points to a range of advantages that can be purchased with increasing family income and wealth. This includes the capacity to buy childcare, out of school activities, private education or additional tutoring, to purchase housing away from pollution and other risks and which provides access to successful schools, and to use contacts to secure advantages in accessing employment and other opportunities (Lareau, 2000; 2003; 2015). Wealth will also allow parents to secure credit at lower rates of interest and, if necessary, to purchase legal advice to contest accusations of abuse and neglect. Wealth brings social status as well as material benefits. In other words, as Cooper and Stewart (2020) argue, wealthier families are likely to have greater access to a range of forms of human, social and cultural capital, the accompaniments of money as well as money itself.





The family stress model points to the impact of poverty on parents' emotional wellbeing, and hence on their capacity to parent, and on nuclear and extended family relationships. Masarik and Conger (2017) develop the concept of family stress, hypothesising that economic hardship influences children's development through a series of connections. Hardship creates economic pressure. Pressure leads to psychological distress and, in turn, to relationship problems and disrupted parenting and, finally, to problems in children's development and adjustment (Loman & Siegal, 2021).

Poverty is associated with poor mental health and depression, in particular. As Daly and Kelly (2015) found, in their study of 'everyday life on a low income', poverty brings a need for eternal watchfulness about money, leading to tensions and rows and sometimes to coping activities which damage parents' health, such as smoking, excessive drinking or gambling. Such stresses are exacerbated by the external context of a family life in poverty, the wider public culture of stigma and shame around 'welfare' and feelings of being 'other', reinforced in numerous microexperiences in everyday life when the lack of income is exposed, for example, by how your children are dressed or their being unable to join in social activities. The shame associated with poverty is described by Daly and Kelly (2015, p.160) as 'a negative emotion "deep within yourself". Shame, then, is not about what one does, but what one is.' It involves both how you judge yourself and the anticipation of how you will be judged by others, associated with feelings of disempowerment and lack of agency which feed self-doubt and inferiority. Encounters with officials and organisations (such as benefits offices, children's services or food banks, which may be necessary sources of help) expose parents to these feelings of shame and stigma as they have to account for their circumstances and behaviours and may be visible while they wait in line.

Some studies have suggested that parents under pressure and in distress may be more likely to parent harshly and insensitively, implying that parental behaviours and attitudes are the key mechanism (Font & Maguire-Jack, (2020a). Others have argued that parents' capacities and choices are constrained by poverty, for example, when the time available to spend with children conflicts with the needs of work that is vital to the family finances, or when the disciplinary control options are reduced because there are no treats to withhold or separate rooms to which a child can be sent.

Of course, as Cooper and Stewart (2020) also point out, these two 'explanations' - investment and stress - are not mutually exclusive, in fact they are likely to interact. A number of allied factors may also be in play. Such factors include:

- The depth and duration of poverty (or wealth)
- Sudden changes in economic circumstances (shocks) as well as the level of resources available
- Whether the economic resources parents have access to are secure and predictable

Neighbourhood level factors are hypothesised by Maguire-Jack et al. (2021a, p.96) to also exert a 'profound influence on families, in terms of safety, resource availability, job prospects, social capital, walkability, norms, and interactions between neighbours', over and above the effects of family level poverty (see also Caldwell et al., 2021). Once again, the mechanisms for how neighbourhoods matter can be divided into two broad camps: the resources available in a neighbourhood and the social relations between people in a neighbourhood. However, Munford et al. (2022) suggest three aspects of neighbourhoods to take into account. Compositional Factors reflect the characteristics and behaviours of individuals in an area. Contextual Factors include area-





level economic factors, social aspects, including services, the environment, social cohesion, the area's reputation and the physical environment. All of these are influenced by the wider Policy Factors which are beyond the control of local actors.

Deprived neighbourhoods are likely to have fewer of the material resources available that support family life: cheap accessible shops selling healthy food and other goods, banks, safe and green leisure spaces, public utilities, such as good health care or schools, and cultural centres, such as clubs, cafes and cinemas. They are more likely to have high levels of pollution, poor quality housing and betting shops. These can compound the material hardship that families in poverty face, making resources stretch less far and exacerbating stresses on family life.

It is also hypothesised that social relations within and between communities can be a factor, independent of the level and quality of resources. Maguire-Jack and Showalter (2016, p.31) identify social cohesion and social control as key variables. They define social cohesion in terms of the presence of strong social bonds and the absence of social conflict, and social control as '...norms regarding appropriate behaviors and willingness to intervene'. Such factors affect the availability of informal support for parents themselves and for their children and the likelihood that adults will step in to protect children who are not their own. In addition, whole neighbourhoods may be stigmatised, affecting how others see people who live there and hence wider social relations. However, as Mason et al. (2021a) found, the identity of a neighbourhood may be forged through conflict with other areas and by a culture of resistance, resulting in strong social ties and mutual solidarity because of as well as in spite of material deprivation.

In addition to the level of family poverty and neighbourhood deprivation being proposed as causal factors in CAN, it is argued that the extent of inequality can also be a factor. Wilkinson and Pickett (2009) exemplified this view in 'The Spirit Level', finding international evidence that societies that are more unequal perform worse on a range of social and economic outcome measures. As above, they implicate shame and stigma as key mechanisms, as evaluating yourself by comparison with others in more unequal societies has a greater impact on rising anxiety and reduced self-esteem with consequences for a range of behaviours and outcomes. Crucially, this can include behaviours likely to be judged as risky in children, like substance misuse and criminality. Although they attribute the link between inequality and social outcomes largely to psychological mechanisms, Wilkinson and Pickett (2009, op cit., 33) make it clear that the answer is not 'mass psychotherapy' but measures to reduce unfairness.

However, more commonly, inequalities are attributed to social determinants, with Phelan et al. (2010) identifying 'fundamental causes', in particular, access to social resources such as wealth, income, education and racial privilege. Fundamental causes of health inequalities, or, in our case, inequalities in child abuse and neglect, have to meet one of four criteria. First, they influence multiple outcomes. Second, they affect these outcomes through multiple risk factors. Third, they involve access to resources that can be used to avoid risks or to minimise the consequences of poor health once it occurs. Finally, the association between a fundamental cause and health is reproduced over time via the replacement of intervening mechanisms.

Evidence internationally demonstrates that the social gradient in CAN applies to many different forms of CAN, that the influence of socio-economic conditions operates through multiple intervening variables such as mental health or substance use, that having more resources is protective of abuse and neglect and that, even though rates of substantiated physical and sexual abuse have reduced over time, inequalities are reproduced in the rising number and proportion of neglect, emotional abuse and sexual exploitation cases. Fundamental causes theory can suggest reasons why two countries may have different rates of CAN and a more or less steep social gradient.





The meaning of particular positions in the social hierarchy may be different or the underlying social stratification system may be different. This may be relevant to the contrasts in CAN rates and gradients identified in Mason et al. (2019) between England and Northern Ireland. This exemplifies that fundamental, structural causes are not immutable and they are the characteristics of societies not individuals (Riley, 2020).

An inequality perspective matters because it affects how CAN is understood, what policies aim to achieve, and what actions should be taken. Interventions which target poverty can exacerbate stigma, for example, by focusing attention on parents in poverty (with the danger that attention turns to blame (Clements & Aiello, 2021) while leaving the relationship between poverty and wealth untouched. At a neighbourhood level, this was examined in USA counties by Eckenrode et al. (2014) who found higher levels of substantiated maltreatment associated with greater local inequality (also see Webb et al. (2020a), below). As with investment and stress models, inequality and poverty may not be mutually exclusive explanations of raised rates of maltreatment but may interact, with poverty being more damaging in places which are also more unequal. It may be harder to be poor when all around you are wealthy than when there is a sense of being in the same boat (or the same storm).

All of these factors – family and neighbourhood level poverty and social inequality – may contribute to the incidence of CAN. But official rates of CAN, substantiated through some formal process of assessment or judgement, may be raised for families in poverty or deprived neighbourhoods if those processes are more likely to identify children in poverty as maltreated. In other words, raised rates may partly reflect discriminatory processes, further disadvantaging families in poverty. The effects of official processes on rates has been described as supply factors (Bywaters et al., 2015), representing a wider range of institutionalised issues than just professional 'bias', including processes such as what official data is required to be collected about families, who is employed in child protection services, how work is supervised, how funding is allocated between and within responsible authorities, and the culture and attitudes underlying the children's social care system, reinforced by the focus of inspection regimes. Hood et al (2020a) describe these factors as 'system conditions'. Evidence of the impact of systemic or supply side factors on rates of maltreatment are reported in Webb et al. (2020b) as the inverse intervention and income inequality intervention laws (see below).

However, as part of these structural or institutional factors, the issue of workers' attitudes and capacity to understand the impact of poverty on families remains a live one. In the UK, Morris et al. (2018, p.77) found that practitioners in England and Scotland tended to conceptualise poverty as a distal factor, as the 'wallpaper of practice: too big to tackle and too familiar to notice' (see also Wilkins et al., 2022). Krumer-Nevo (2020) has demonstrated the importance of practitioners' personal understanding of poverty and the deeply held negative perceptions of people in poverty held within most, if not all, developed countries. A recent paper (Dewanckel et al., 2021), published after our cut-off date for inclusion, has characterised practice approaches to families in poverty as largely constructed by, or against, organisational policy expectations.

A number of papers we identify below cite Nancy Fraser's (1995; 1997; 2000) account of injustice as a product of two interacting dimensions: inequalities in wealth and lack of recognition. Such an account helps to see the apparently alternative perspectives – investment vs stress, or demand vs supply factors – as, in fact, integrally connected. Poverty, in this account, is both to be understood for its material essence and for the inseparable lack of recognition, the social devaluing of people in poverty, the psychological and social consequences experienced as stigma and shame.





Fraser's perspective requires that families' experience of poverty in highly unequally structured societies cannot be kept distinct from the role of services, even those which claim to be aiming to support and help parents and children. Her work implies that instead of taking for granted that the welfare services and the national and local policies which they represent are essentially well intended, even if in need of improvement, a critical stance to this assumption is necessary. It requires us to ask whether child protection services reduce inequalities, leave them untouched or may reinforce or exacerbate them.

The concept of social harms (Pemberton, 2016, p.8), like the theory of fundamental causes discussed above, shifts the focus of attention from the individual child or social worker to the system which generates social harms, from interpersonal harms to the harms caused by 'state bodies and corporations, as well as the very organisation of our societies'. It argues that what matters is not whether harms were intended but whether they could be prevented. This way of thinking asks that we shift our gaze from the minutiae of whether this or that kind of poverty is more likely to result in maltreatment to the issue of why so much poverty exists alongside so much wealth. It asks that we look for the causes of maltreatment in a highly unequal society which stigmatises and blames families in poverty and welfare recipients as 'scroungers', in the structures which lead to such inequality and foster damaging narratives about people living in poverty.

The state's role in creating and policing families with 'No Recourse to Public Funds' exemplifies this concept in England. An aspect of the broad national policy of a 'hostile environment' to immigrants, including asylum seekers, this ensures that families cannot access the usual range of income and housing support systems and passes direct responsibility for meeting the needs of families with children onto local authorities, without providing them with additional funding. In turn, local authority responses are characterised by inconsistency and a desire to contain costs in the context of deep cuts to local authority expenditure as part of austerity policies (Jolly, 2019). Jolly (ibid., p.3) argues that the combination of national and local state policies can be seen as amounting to 'statutory neglect', which 'occurs when children have experiences as a result of law or policy that would meet the definition of neglect if as a result of action by a parent or carer'.

At the neighbourhood level, Crossley (2017) describes how not only individuals in poverty, but disadvantaged neighbourhoods are characterised as the causes of their own deprivation, as 'sink estates' or 'no-go areas', as housing 'neighbours from hell' or 'troubled families', as a recent UK Prime Minister put it (UK Government, 2011). As Dorling et al., (2008, p.14) wrote, the social harms perspective focuses on 'the detrimental activities of local and national states and of corporations on the welfare of individuals, whether this be lack of wholesome food, inadequate housing or heating, low income, exposure to various forms of danger...' Similarly, Dettlaff and Boyd (2020) argue that work to understand the disproportionate numbers of Black children and young people in foster care needs to look no further than 'structural racism and acknowledge that, as with other forms of oppression, racism is not merely a personal ideology based on racial prejudice, but a system that involves institutional policies and practices, cultural messages, and individual actions and beliefs' (p.238).

This perspective involves turning the focus of theorising from the search for the factors which would enable services to identify more efficiently and effectively the children at risk of maltreatment in families in poverty to the reasons why structures exist which keep so many families without the resources necessary for healthy child development. It lies at the heart of Featherstone et al.'s (2018) 'social model of child protection'. This model proposes that analysts, policy makers and practitioners should look beyond individuals and families to the root causes and the role of the state, asking who gains from the current construction of individualised maltreatment while the big picture of preventable misery affecting a quarter of all children goes unaddressed. It suggests, too,





that co-production in which full recognition is offered to families, is a necessary element in service redesign (Gupta et al., 2018). As Hilary Cottam (2021) argues, this turns the question on its head. Rather than how do we more accurately identify children who are being harmed, what do families, what do all of us, need to flourish?





# **Chapter 3: Methods and Papers Identified**

## 3.1 Search Strategy

Our research questions were addressed through a comprehensive systematic review of international literature. We conducted an initial search in 4 computer-based literature indexes using a TITLE-ABSTRACT-KEYWORD strategy within Web of Science (including SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, BKCI-S, BKCI-SSH, ESCI, CCR-EXPANDED, IC), Embase (Ovid), PsycINFO and PubMed (including MEDLINE) through 2016-July 31st 2021 published in English. Keywords were developed through searching relevant papers already known to us and extracting their stated keywords. Keyword variations were then trialled through a series of searches within the four search engines. Please see Supplementary Material 1 for an outline of this process.

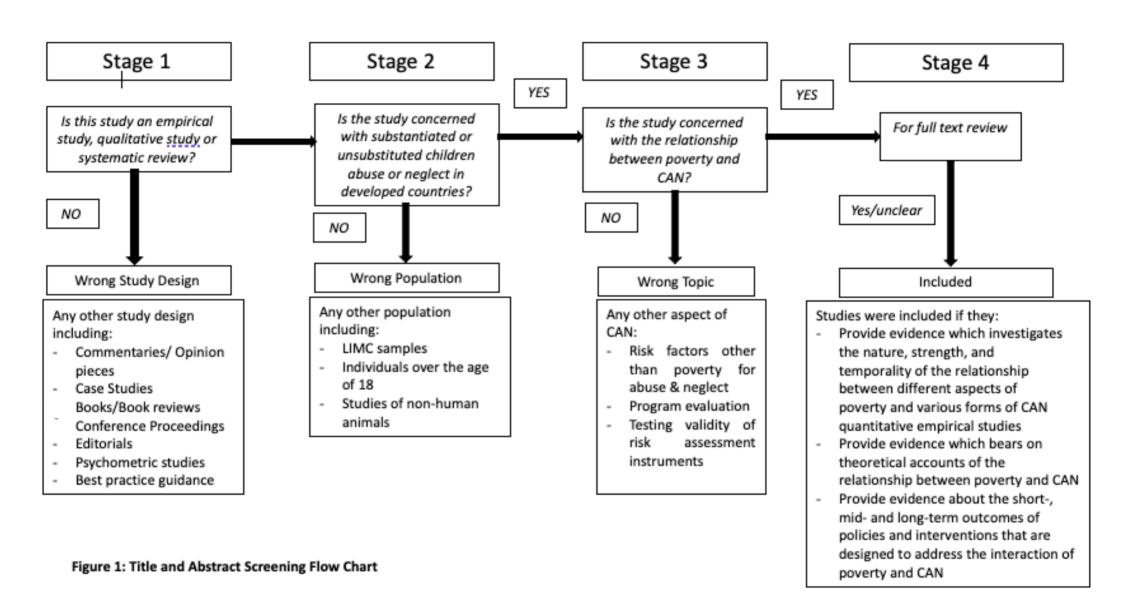
Individual experts in the field from a number of countries were also contacted directly. They were sent a list of papers identified for inclusion and asked to detect missing research. Based upon these recommendations, and our own identification of key papers, further specific journal papers were subject to reference section checks, Google Citation and Connected Papers searches. Grey literature searches were conducted by the NSPCC into materials held in their archive. See <a href="Supplementary Material 2">Supplementary Material 2</a> for a list of specific papers identified through these mechanisms.

#### 3.1.1 Eligibility and Inclusion Criteria

To be included in our final sample, papers had to provide novel empirical evidence that was directly relevant to the focus on poverty and CAN in children under the age of 18 and was published in English between 1.1.2016 and 31.7.2021. Specifically, research needed to provide evidence of the nature, strength and temporality of the relationship between different aspects of poverty and various forms of CAN; provide evidence which bears on theoretical accounts of the relationship between poverty and CAN; or provide evidence about the short-, mid- and long-term outcomes of policies and interventions that are designed to address the interaction of poverty and CAN. Papers at the intersection of families and services, i.e. service side research, was also included. Figure 1 provides a flow diagram of our selection process.









In terms of methodological approaches, peer-reviewed quantitative and qualitative research, evaluations of interventions, systematic reviews and meta-analyses were included. Because this report builds upon a previously published report by the Joseph Rowntree Foundation in 2016 (Bywaters et al., 2016a), only new work published after 2015 was considered. Due to this focus on recent evidence, work of a purely historical nature was excluded. Work which focused on low- and middle-income country samples were excluded, on the grounds that the cultural, economic and social policy contexts were not sufficiently comparable with developed Western economies that are the focus of this report. Abuse topics typically associated with low- and middle-income countries, such as child labour or child marriage, were also excluded.

All other types of child abuse and neglect (physical, sexual, emotional abuse and neglect, and subcategories) were included. For example, this measure may have reflected an official process of substantiation, such as a decision (in England) to put a child on a protection plan, non-substantiated abuse as reported by a social worker or as a self-report by an alleged victim, or a separate measure developed or applied by the authors.

In terms of a prevalence threshold for including a study, we decided to include analyses of populations where all children were victims of CAN on the measures outlined above and populations of children in out-of-home care, known as looked after children (CLA) in England. Child maltreatment is the key factor, internationally, leading to children being separated from their birth families and placed in out-of-home care (Perlman & Fantuzzo 2013). Out of home care populations contain a large proportion of children and young people who have experienced CAN. For example, in the UK, the latest Government statistics (UK Government, 2021) state that in 2020/21 66% of children were looked after because of 'abuse or neglect'. A further 22% were looked after because of family dysfunction or stress. The value of these need categories has been questioned because social workers who input the data have to select a single category from a prescribed list in situations which are usually multi-factorial. However, the English evidence suggests that a minimum of two thirds of all CLA are in care because of CAN. As a large number of studies utilise samples of this nature, we felt it was important to include both direct measures of CAN and CLA as an indirect measure. Studies were excluded if they reported CAN or CLA as an outcome, but did not distinguish or define results sufficiently to separate maltreatment or neglect from other kinds of work that do not necessarily include maltreatment or where there is an undefined proportion of cases where maltreatment is an issue, for example, referrals, early help, or children in need.

Multiple studies use Adverse Child Experiences (ACEs) as a measure and the standard lists of ACEs include maltreatment, so papers relating poverty to ACEs were considered in-depth. However, our judgement was that, within our search results, all papers utilising ACEs included more non-CAN than CAN related variables. These ACE papers were therefore excluded (For ACE meta-analyses see: Lacy et al., 2020; Walsh et al., 2019).

No distinction was made between definitions of poverty. All were included and are detailed within our summary tables. For example, poverty may have been based on composite family economic variables (income, education, unemployment), neighbourhood disadvantage variables, Census data, being in receipt of Income Tax Credits, measures of food insecurity, income insecurity, or housing insecurity. The heterogeneity of these variables will subsequently be discussed in depth.

#### 3.1.2 Study Selection

Eligible publications obtained via database, hand, author and citation searches were exported to  $EndNote^{TM}$  (V20) Referencing Management Software. A shared EndNote file was then created. Duplicates were removed by this software with assisted manual discretion, totalling n= 7,615 duplicates. Results were then transferred to Rayyann, a specialist screening tool. A further duplicate





search was conducted within this software, removing a further n =1,942 references, with manual confirmation of each item. All results were screened according to the abstract for general relevance to the review aims. Each prioritised item was read by one research associate and findings recorded on a proforma. For each study the following information was extracted: research aims; methods; population/country/ies; definitions of poverty/CAN; details on types of CAN and links to poverty; and key findings. A summary of key findings was produced, tabulated and used as the basis for the relevant elements of this report.

The reliability of coding of included papers was established using an independent coder and encompassed 20% of the sample. In cases of discrepancy, the full text of the paper was screened in order to make a final decision. Cohen's Kappa was high across all paper types, K= >0.80. This resulted in N= 90 papers in our final sample. Figure 2. shows a flow chart of results.

#### 3.2 **Papers Identified**

Of the 90 papers identified 7 were meta-analyses, systematic or scoping reviews, 67 were quantitative papers, and 17 qualitative or mixed methods papers<sup>2</sup>. These are described in detail, respectively, within Tables 4, 5 and 6. Although not explicitly defined within our search terms, further papers discussing the impact of COVID-19 on the relationship between poverty and CAN were also identified. However, at our cut off point of July 31st 2021, we found only two papers which discussed the relationship between CAN and poverty in the context of the pandemic that met our criteria for inclusion. The COVID-19 related work we identified is discussed in Chapter 6, drawing on a wider range and quality of evidence than in the main body of the report.

#### 3.2.1 Data analysis and synthesis

For all studies, important elements of study context, relevant to addressing the review question and locating the context of the primary study were considered; for example, the study setting, population characteristics, participants and participant characteristics, the intervention delivered (if appropriate). The methodological design and approach taken by the study; methods for identifying the sample recruitment; the specific data collection and analysis methods utilized; child abuse/maltreatment measure(s); economic outcomes measure(s); control variables; and any theoretical models used to interpret or contextualize the findings were also key pieces of information we sought to review. These factors were all extracted and tabulated, and then split into themes.

Quantitative papers were organised according to whether they investigated individual or neighbourhood level poverty, and then by first occurrence or recurrence of CAN. Studies were further split if they were quasi-experimental, investigated duration of poverty, expenditure on services or focused on social and economic inequalities rather than poverty, per se. Qualitative papers were split by a consideration or focus on mediating and moderating factors between poverty and CAN, social work practice responses to poverty, inequitable service responses triggered by the social status of parents, poverty aware practice, budget responsibilities and drivers of demand and system conditions. A critical interpretive synthesis (Dixon-Woods et al., 2006; Wright et al., 2021) was undertaken to allow an interrogation of the evidence base regarding the relationship of poverty, mediating and moderating factors, CAN and child protection in family environments. That is, the synthesis was 'grounded in the literature but includes questioning of the literature in order to problematise gaps, contradictions and constructions of issues' (Isobe et al., 2020, p.1399).

<sup>&</sup>lt;sup>2</sup> The total is 90 as there was one mixed methods paper included as a quantitative and qualitative paper.



#### 3.2.2 Appraisal of Quality

We intended to discuss all relevant peer reviewed papers since 2016. As described above in the data analysis and synthesis section, we discussed multiple aspects of each study with a critical lens. Although not a formal approach to appraising the quality of studies, this should inform a judgement of comparative quality of the datasets and methods used within each paper. As a set of guiding principles, we utilised several key Cochrane domains adapted from Noyes et al. (2019) and Alvesson and Sköldberg (2009). These included the studies having: clear aims and research question(s), congruence between the research aims/question and research design/method(s), rigour of case and or participant identification, sampling and data collection to address the question(s), appropriate application of the method(s), richness/conceptual depth of findings, exploration of deviant cases, outliers and alternative explanations, and reflexivity of the researchers (Noyes et al., 2021).





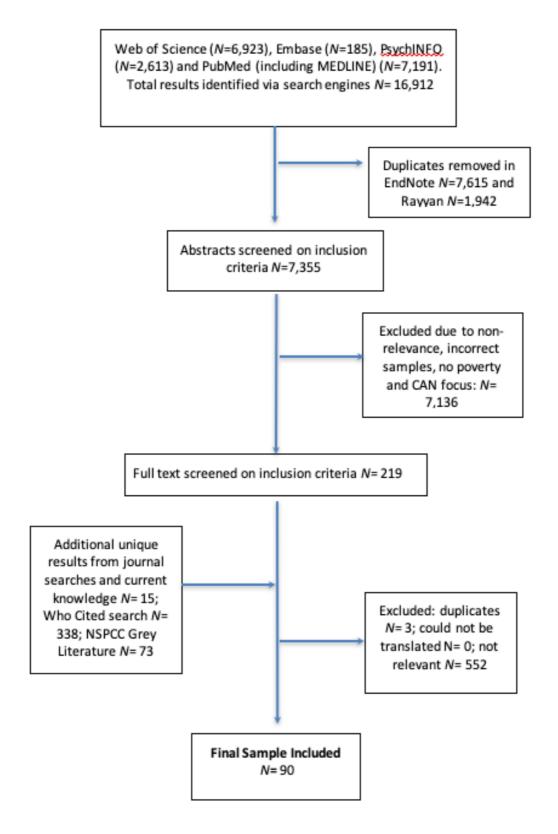


Figure 2. Flow Diagram of Searches





# **Chapter 4: Findings**

#### 4.1 Introduction

This chapter gives an overview of the papers identified before a thematic discussion of the emerging issues in Chapter 5. Via links to Tables 4-6, this chapter presents a detailed description of each of the studies included in this review. In addition, this chapter includes headline findings of key quantitative papers divided into key categories: individual and family level studies, neighbourhood level studies, quasi-experimental studies and studies of Inequalities.

Ninety papers were identified in total <sup>3</sup>. This included 7 meta-analyses, systematic or scoping reviews, 67 quantitative papers and 17 qualitative papers.

#### 4.2 How Has the Research Base Developed?

This review has confirmed a substantial increase in the volume and quality of published research into the relationship between poverty and child abuse and neglect over the five years to July 2021. Not only did we find far more individual papers than in 2016, but there are also now several scoping reports, meta-analyses and systematic reviews.

These papers were published in a wider range of journals than previously, showing the growing interest in this field from several academic disciplines. In addition to mainstream social work, social policy and sociology journals, papers were found in those focused on multiple health specialisms (for example, epidemiology, hospital emergency care, environmental and public health, paediatrics, and prevention), economics and psychology. Papers in this review were drawn from more than 10 countries, despite our restrictive inclusion criteria which excluded Lower- and Middle-Income Countries.

The methods used in the quantitative work have also moved on in sophistication, with valuable developing analytical methodologies, such as latent class analysis and multi-level modelling, becoming the expected standard and replacing earlier descriptive studies. The number of quasi-experimental studies reported in 2016 has roughly tripled in the succeeding past five years. Some mixed methods work has also been published (Hood et al., 2020a).

Although the majority of papers, especially the quantitative work, are based on studies in the USA, in total 15 other countries are represented. Attempts to replicate previous work across international boundaries, such as Webb et al.'s (2021) replication of Eckenrode et al. (2014), are still relatively few and far between, although there is evidence of growing international connections between research teams and of studies which build explicitly on earlier work. For example, the Child Welfare Inequalities Project replicated across all the UK countries methods that were first trialled in one region in England. The approach has subsequently been a model for further work in England (Hood et al. 2020a; 2021), New Zealand (Keddell et al., 2019) and Norway (Kojan & Storhaug, 2021). The limited numbers of replications reflect, in part, the lack of agreed, standardised international definitions and measures for the key variables (see Font & Maguire-Jack, 2020b), whether for child

<sup>&</sup>lt;sup>3</sup>As mentioned above, the total is 90 as there was one mixed methods paper included as a quantitative and qualitative paper.



Nuffield Foundation abuse and neglect or for the relevant socio-economic circumstances of families and neighbourhoods. It also reflects the paucity of internationally comparable large-scale datasets. In 2016, Bywaters et al. (2016a) argued that the diverse range of methods, variables, measures, and definitions was itself evidence that reinforced the validity of the underlying relationships found between poverty and CAN. Yet, while that remains true, the time may now have come to test hypotheses through deliberately built replications both within and between countries and to further develop international sets of definitions, data, and collaborative projects.

Pritchard et al. (2020) compared international evidence for a relationship between CAN and inequality, finding that national income inequality was correlated with higher death rates in 21 developed countries. However, the very different economic, legal, and social policy contexts of child protection in different countries present major challenges to cross-national replication. As we wrote earlier, readers need to be cautious about transferring findings from one time and place to another. Two obvious examples in comparing the Scandinavian countries to the USA, for example, are the different approaches to incarceration, generally, and of parents, in particular (Edwards, 2016), and the impact of social security policies on the economic context of family life. Indeed, the ideological positioning of 'welfare' as a collective good rather than a response to individual need is a fundamental difference with wide ramifications. The challenges to replication go beyond the scope of technical fixes.

Although Saar-Heiman et al. (2020) discuss the Poverty-Aware Paradigm for Child Protection in both Israeli and English contexts, apart from Pritchard, only Webb et al. (2021) set out to replicate and, as a result, provide a direct comparison with a US based sample (Eckenrode et al., 2014). However, even with a study designed for comparison, this proved very difficult to achieve accurately without equivalent administrative datasets. One such example, mentioned by Webb et al. (2021), is the lack of comparability between US and UK poverty measures.

#### 4.3 Reviews

Within our 7 included reviews, 5 focused only on US based studies. Although international in scope, Conrad-Hiebner et al.'s (2020) final sample consisted mainly of US studies (n= 23), with single papers coming from the UK, Japan and Australia, respectively. It should also be noted that Van IJzendoorn et al.'s (2018) umbrella meta-analysis study focused on child maltreatment antecedents and interventions, with low socioeconomic status a key risk factor of interest within their search terms. Of the 19 meta-analyses identified, only one reported low socio-economic status as risk factor (Mulder et al., 2018). Mulder et al.'s meta-analysis contained 36 studies, 19 of which reported on 'low family SES'. Unfortunately, Mulder et al. do not identify the individual papers included within their 'low family SES' sub-analysis, but their overall sample again focused on US data (n= 33) with only 1 study coming from each of South Korea, Vietnam and the Netherlands <sup>4</sup>.

Table 4. Reviews investigating the link between Poverty and CAN

<sup>&</sup>lt;sup>4</sup>It should also be noted that some of the findings reported in these review articles published post 2016 may reflect studies that were published pre-2016.



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### 4.4 Quantitative Papers

Of the 67 quantitative papers, 42 were from the USA, 11 from one or more of the four UK countries, 5 from Canada, 3 from Australia, 2 from Japan, 1 from Denmark, 1 from Germany, and 1 from New Zealand. One study compared 21 developed nations (Pritchard et al. 2020).

These are divided into four sections in Table 5:

- Individual and Family Level Relationships
- Neighbourhood Level Associative Relationships
- Quasi-experimental Studies
- Studies of Inequalities

#### Table 5. Quantitative papers investigating the link between Poverty and CAN

Within the individual and family level papers those which use any occurrence of CAN are reported first, followed by papers which use a recurrence of CAN as the outcome measure.

## 4.5 Qualitative Papers

Table 6 details the 17 qualitative papers identified by our search. The US focus was less pronounced within our 17 qualitative studies: 4 were from Israel, 3 from the US, 6 from the UK, 1 from Australia, 1 from Norway, 1 from Belgium and 1 from Israel and the UK combined. Only one study provided an international comparison (Welbourne et al., 2016).

Table 6. Qualitative papers investigating the link between Poverty and CAN

#### 4.6 Headline Findings

A brief snapshot of the top level findings of each quantitative paper, simply indicating whether relationships between aspects of poverty and kinds of CAN are statistically confirmed or not, is also provided in these Tables 7-10. These tables provide a brief record of the key findings of each paper, in terms of the type of abuse and type of Socioeconomic Condition (SEC) investigated. Each row indicates whether relationships between a certain aspect of poverty and type of CAN are statistically confirmed (highlighted green), show conflicting evidence across categories (highlighted orange), or whether no statistically significant relationship was found (highlighted red).





Table 7. Key Findings: Individual and Family Level Studies

Study Authors	Type of SEC		Тур	e of Abuse				
		Neglect	Physical	Emotional	Witnessed DV/IPV	Sexual	Other	Any maltreatment
Cant et al. (2019)	Household overcrowding					Yes		
Doidge et al. (2017a)	Multi- dimensional SEC factors	No	Yes	No	Yes	Yes		Yes
Doidge et al. (2017b)	Multi- dimensional SEC factors	Yes	Yes	Yes	Yes	Yes		Yes
Esposito et al. (2021)	Socioeconomic disadvantage	Yes						Yes
Farrell et al. (2017a)	Housing instability				Yes			Yes
Font & Maguire- Jack (2020)	Welfare receipt	Yes						Yes
Helton (2016)	Food neglect				Yes			Yes
Helton et al. (2019)	Food insecurity		Yes	Yes				
Hollbrook & Hudziak (2020)	Multi- dimensional SEC factors							Yes
Horikawa et al. (2016)	Income insecurity							Yes
Isumi et al. (2018)	Multi- dimensional SEC factors	Yes	Yes	Yes				Yes





Jackson et al. (2018)	Food insecurity				Yes	Yes
Jones & Logan- Greene (2016)	Welfare receipt	Yes				
Kim & Drake (2016)	Welfare receipt					Yes
Kim et al. (2020)	Welfare receipt					Yes
Leaman et al. (2017)	Poverty rate and low income		Yes			
Lefebvre et al. (2017)	Economic hardship					Yes
Liel et al. (2020)	Welfare receipt	Yes			Yes	Yes
Llyod & Kepple (2017)	Low family income	Supervisory neglect: Yes				
Marcal (2018)	Housing instability					Yes
Rothwell et al. (2018)	Economic hardship	Yes	Yes	Yes	Yes	Yes
Shanahan et al. (2017)	Income-to- needs ratio		Yes			
Slack et al. (2017)	Welfare receipt					Yes
Yang & Maguire- Jack (2016)	Failure to meet basic needs	Basic Needs Neglect: Yes; Supervisory Neglect: No				





Table 8. Key Findings: Neighbourhood Level Studies

Study Authors	Type of SEC	Type of Abuse								
		Neglect	Physical	Emotional	Witnessed DV/IPV	Sexual	Other	Any maltreatment		
Bressler et al. (2019)	Neighbourhood level risk factors		Yes (EMS encounters as a result of maltreatment)							
Coulton et al. (2018)	Neighbourhood disadvantage – 1) vacant housing, single parent families, employment rates							1) Yes; 2) Yes; 3) Yes		
Farrell et al. (2017b)	Poverty concentration						Yes (Fatal child abuse)			
Fong (2019)	Neighbourhood level low income							Yes		
Greeley et al. (2016)	Community level disadvantage					Yes (unemployment and high family poverty)				
Kim & drake (2018)	Community level poverty rate							Yes		
Maguire- Jack & Font (2017a)	Individual and neighbourhood poverty	Yes	Yes				Yes (Psychological aggression)			
Maguire- Jack & Font (2017b)	Neighbourhood disadvantage	Yes: Physical and supervisory								





Maguire- Jack et al. (2021b)	Neighbourhood poverty	Yes	Yes	Yes (psychological aggression)		
Mcleigh et al. (2018)	Neighbourhood poverty	Yes				Yes
Morris et al. (2019)	Neighbourhood disadvantage – 1) families in poverty; 2) vacant housing; 3) unemployment rates	1) Yes; 2) Yes; 3) Yes	1) Yes; 2) no; 3) No		1) Yes; 2) Yes; 3) No	1) Yes; 2) Yes; 3) No





Table 9. Key Findings: Quasi-Experimental Studies

Study authors	Type of SEC	Type of abuse								
		Neglect	Physical	Emotional	Witnessed DV/IPV	Sexual	Other	Any maltreatment		
Albert & King (2017)	Welfare receipt TANF time limits	Yes								
Berger et al. (2017)	Income increase EITC terms	Yes						Yes (CPS involvement)		
Brown & De Cao (2017)	Unemployment rates	Yes						Yes		
Cai (2021)	Income decrease Earnings and benefits instability	Yes	Yes					Yes (CPS involvement)		
Esposito et al. (2017a)	Social care spending	Yes						Yes (reunification with parents)		
Esposito et al. (2017b)	Social care spending							Yes (out-of-home placement)		
Klevens et al. (2017)	Income increase ETC availability		Yes							
Kovski et al. (2021)	Income increase EITC	Yes	No	No		No		Yes		
Lindo et al. (2018)	Employment	Yes (Men); No (Women)	Yes (Men); No (Women)							
Maguire-Jack et al. (2019)	Income increase Childcare subsidies	Yes								
Monahan (2020)	Income instability Earnings and benefits							Yes (CPS referral)		
Raissian & Bullinger (2017)	Income increase Minimum wage	Yes						Yes		





Rostad et al. (2019)	Income increase ETC terms						Yes (foster care entry)
Rostad et al. (2020)	Income increase EITC						Yes (foster care entry)
Schenck- fontaine & Gassman- Pines (2020)	Economic downturn (job loss)	No	Yes		No	No	No
Schneider et al. (2017)	Employment	No	Yes (physically and psychologically aggressive parenting)				
Spencer et al. (2021)	Income increase TANF		Yes				
Wildeman & Fallesen (2017)	Income decrease Welfare payments						Yes (out-of-home care)





Table 10. Key Findings: Studies of Inequalities

Study authors	nors Type of SEC Type of abuse								
		Neglect	Physical	Emotional	Witnessed DV/IPV	Sexual	Other	Any maltreatment	mediating variables
Bennett et al. (2020a)	Neighbourhood index of deprivation							Yes (CLA)	
Bywaters et al. (2017)	Neighbourhood index of deprivation							Yes (CPP, CLA)	Ethnicity, age
Bywaters et al. (2018)	Neighbourhood index of deprivation							Yes (CPP involvement)	Age, gender, ethnicity
Bywaters et al. (2019a)	Neighbourhood index of deprivation							Yes (CPP and CLA)	Ethnicity, age
Bywaters et al. (2020)	Neighbourhood index of deprivation							Yes (CLA)	Ethnicity, age
Elliott (2020)	Neighbourhood index of deprivation							Yes (CLA)	
Hood et al. (2020a)	Neighbourhood index of deprivation							Yes (CPP); No (CiN)	
Hood et al. (2021)	Neighbourhood index of deprivation	Yes				Yes		Yes (CLA, CPP)	Age, gender
Keddell et al. (2019)	Neighbourhood index of deprivation							Yes (placement in foster care)	
Pritchard et al. (2020)	Income inequality							Yes (child death)	
Schenck- Fontaine & Gassman-Pines (2020)	Income inequality/gradient of inequality	Yes	Yes					Yes (referral rate)	
Webb et al. (2020a)	Neighbourhood Index of Deprivation							Yes (CiN, CPP, CLA)	Ethnicity
Webb et al. (2020b)	Neighbourhood Index of Deprivation							Yes (CPP, CLA, CiN)	





Webb et al. (2021)	Income inequality					Yes (CLA); No (CPP)	
Zhang et al. (2021a)	Income inequality	No	No	No		Yes	Child-, mother- and neighbourhood-level controls





# **Chapter 5: Discussion**

## 5.1 Is the Relationship Between Poverty and CAN Confirmed by the Studies?

#### 5.1.1 Overarching Evidence from Review Articles

As Table 4 indicates, there has been a notable increase in the number of review papers investigating the relationship between poverty and CAN since 2016, albeit from a low base (Landers et al., 2019). This is reflected in the availability of seven reviews and meta-analyses, compared to none in 2016. These reviews provide a high-level picture of the relationship between poverty and CAN.

For example, Hunter and Flores (2021), conducting a systematic review of 33 USA based studies, found that a number of key social determinants of health, including poverty, housing instability, food insecurity, and being uninsured, were associated with child maltreatment. Poverty was found to be consistently and strongly associated with maltreatment, with all but three studies identifying a significant association between child maltreatment and either familial or community-level poverty. In some studies, the relationship between poverty and maltreatment differed by abuse type. For instance, one study found that neighbourhood poverty was associated with all forms of child maltreatment, but to different degrees.

Conrad-Hiebner and Byram (2020) identified 26 longitudinal studies investigating economic insecurity and child maltreatment, with nearly all studies indicating an association between child maltreatment and the economic insecurities under review. The findings demonstrated that both the type and the quantity of economic insecurities impacted child maltreatment. Certain economic insecurities: income losses, cumulative material hardship, and housing hardship, reliably predicted future child maltreatment. Likewise, as families experienced more material hardship, the risk for maltreatment intensified.

At an aggregate level in the review studies, the associations between poverty and maltreatment also varied by race/ethnicity. Landers et al.'s (2019) content analysis of 8,782 articles published over the last decade in US social work journals, concluded that the racial disproportionality that persists in child welfare is a key subtheme in the relationship between poverty and CAN, in addition to risk and protective factors associated with child maltreatment.

Van IJzendoorn et al. (2019), within their umbrella synthesis, report on the only meta-analysis to date, that of Mulder et al. (2018). Mulder et al. (2018) found within 28 studies on (CPS-reported and self-reported) neglect, a combined effect size of d= .34 (95% CI [0.13, 0.54]) for low SES, which after trim-and-fill correction increased to medium effect size of d= .48 (95% CI [0.25, 0.71]) (Funder & Ozer, 2019).

Overall, this substantial body of work provides strong evidence that poverty, measured in multiple ways, is associated with increased levels of one or more forms of CAN, using multiple definitions and drawing on data from numerous developed countries with varied legislative and policy approaches. However, more meta-analytic work is needed building on the systematic reviews that have been identified in this review. The goal should be to produce standardised effect sizes, controlling for mediators and moderators, allowing the overall, causal pathways and strength of relationship between poverty and CAN to be better understood.





#### 5.1.2 Individual or Family Level Poverty

As mentioned above, in Tables 7-10 we have set out in simple form the key findings of quantitative studies included in this review. As Table 7 shows, all the 24 studies which focused on one or more aspects of family level socio-economic circumstances and at least one dimension of CAN found clear evidence of a significant association. This finding is reinforced by the evidence from the reviews, the quasi-experimental studies, the research taking an inequalities perspective and the qualitative studies. This applies for a variety of measures of socio-economic circumstances, whether single factors, such as income or employment, or multiple factors, and both for a low level of resources and for insecure or fluctuating resources. For example, Doidge et al. (2017b) reported that experiencing a larger number and range of economic disadvantages in childhood was strongly correlated with a greater chance of maltreatment.

The association also applied across a variety of measures and definitions of CAN, whether measures examined any occurrence or a recurrence of CAN, reported or substantiated maltreatment, or the reunification of children from out-of-home care. It applied to studies relying on self-reports of poverty and/or CAN and on administrative data recording family socio-economic circumstances and child protection services' engagement with cases of reported maltreatment. The evidence for the suggestion sometimes heard that the relationship between poverty and neglect is stronger than for various types of abuse was mixed. Indeed, as we discuss below, several of the small number of non-significant findings involved neglect. Nor was the association between poverty and sexual abuse obviously weaker in these recent studies than for other aspects of maltreatment. But such findings should not be considered conclusive, given the state of the evidence and the limited time period covered by this review.

Conducting a meta-analysis of these findings was beyond the scope of this review and would, in any case, be bedevilled by the difficulties involved in reconciling studies that we have discussed above. Nevertheless, it is clear that authors found not marginal but substantial differences in the likelihood of a child experiencing CAN, or being classified as having been subject to abuse or neglect, depending on whether or not they had been living in poverty. For example, Doidge et al. (2017a) estimated that 27% of all maltreatment in an Australian sample was attributable to economic factors, in their retrospective study of poverty in childhood. Yang and Maguire-Jack (2016) reported an OR of 8.61 for TANF receipt and basic needs neglect in the USA. Lefebvre et al. (2017) found that families in economic hardship in Ontario, Canada, were almost twice as likely to experience a substantiated maltreatment allegation. Repeatedly, and internationally, studies find significantly higher rates of CPS involvement with Black and Indigenous peoples' children and families than for White families, albeit sometimes 'explained' by high rates of socio-economic disadvantage. Repeated reports of lower rates for other minority populations (than for White, Black or Indigenous populations) have been much less studied.

However, in contrast to these studies, Font and Maguire-Jack (2020a) argue that allegations of neglect matter beyond the effects of poverty, and that the process of reporting and screening for investigation is, on average, effectively capturing a distinctly at-risk subset of impoverished youth. Indeed, children identified as at risk of neglect had worse outcomes than impoverished children across multiple domains in their study, even at high levels of poverty. Font and Maguire-Jack (2020a) argue that outcomes among children with alleged or confirmed neglect were statistically significantly worse in all domains than impoverished children without maltreatment allegations, and similar to children with alleged or confirmed abuse. Furthermore, it seems that alleged maltreatment that was either unable to be proven or was deemed insufficiently severe to warrant





intervention was nevertheless a significant predictor of a host of outcomes – net of poverty and demographics.

Overall, Font and Maguire–Jack's (2020a) study suggests that child protection system allegations of neglect are distinct from poverty and an important risk factor for adverse outcomes in adulthood. Even among those exposed to long-term poverty, those who also have neglect allegations are less likely to graduate high school or to be regularly employed, are more likely to experience incarceration, and have lower earnings. Notably, these findings largely hold even when focusing only on "low-risk" CPS cases (those for which no intervention was provided). For many outcomes, Font and Maguire–Jack (2020a) found no differences between those with neglect allegations and those with abuse allegations, although those with both abuse and neglect allegations are at highest risk of adverse outcomes. In sum, Font and Maguire–Jack (2020a) argue that even though childhood poverty and neglect are frequently comorbid, both neglect and abuse have negative outcomes for young people that can be distinct from the effects of poverty.

However, these conclusions should be interpreted carefully. Given that definitions of neglect are broad and administrative measures are simplistic, Font and Maguire-Jack (2020a) conclude that they cannot determine exactly what it is that children reported for neglect are experiencing which places them at increased risk. Furthermore, although the idea that there is '...a distinct at risk subset of impoverished youth...' does support the idea that '...targeting economic needs alone may be insufficient...' (p.10), it does not undermine the possibility that if that subset of families were better off their children would not experience neglect. Font and Maguire-Jack (2020a) could be taken to imply that there is something essentially different about the families where neglect is identified, but this is not reinforced within their analyses. It is not possible to know, for example, whether these families had different attitudes or skills, or weaker informal support systems. What the evidence reported shows is only that if family poverty leads to or is accompanied by signs of neglect, the outcomes will be worse than if there were no signs of neglect. Moreover, there are differences between the mothers between the groups, in that the no maltreatment group were older at first birth, less likely to be teen parents, less likely to be incarcerated when their child was young, had fewer children, and were less likely to have a disabled adult or child in the household. Those may be the additional factors, themselves linked to poverty, which contributed to better outcomes.

It must be borne in mind that many of these 'association studies' compared children in poverty, or sometimes children in deep poverty with the whole of the rest of the populations studied. In other words, with populations including children in families experiencing low income and other disadvantages but not meeting the threshold for the particular measure of poverty. Such studies cannot tell us a great deal about families on the margins of poverty or who may be moving in and out of poverty across childhoods. By averaging out the population of those not meeting the poverty requirement, such studies are liable to obscure the social gradient, creating an inaccurate sense of a binary divide between families in or not in poverty and hiding the scale of the difference in the chance of maltreatment between low-, mid-, and high-income families. This affects both the focus of what needs to be explained (factors affecting families in poverty or patterns in the whole society) and the implications for the aims, focus and locus of interventions.

#### 5.1.3 Family Level Moderating and Mediating Factors

A number of mediating and moderating variables are also explored in these studies, including parental physical or mental health or distress, parents having experienced maltreatment or out of home care in childhood, domestic violence, substance use, transient housing or moving to an unsafe neighbourhood. As we have discussed elsewhere, the narrow focus in England on domestic





violence, substance use and parental mental health is insufficiently supported by the evidence (Skinner et al., 2020). However, that does not mean that these and other factors, and their connections with poverty, are unimportant. Indeed, as one social worker put it in Mason et al. (2021a, p.7):

"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."

When considering moderating factors in aggregate, Rothwell et al. (2018) found that, of the 29 percentage point economic disparity gap in substantiated maltreatment, decomposition analysis showed that 20 percentage points were explained by differences in covariates. Caregiver risk factors such as substance use, mental health, and social/historical factors, such as having been a victim of domestic violence or past placement in foster care, accounted for most of that difference. Some of the specific findings from single studies would seem worth retesting, such as Yang and Maguire-Jack's (2016) finding that a worsening in the mother's health condition increased the odds of being investigated for supervisory neglect by four times. Furthermore, Shanahan et al. (2017) found that children in poverty whose caregivers were depressed were twice as likely to experience physical neglect as impoverished children whose caregivers were not. These studies point to crucial interlocking factors, of which poverty is a central element, rather than factors disconnected from poverty.

Two studies investigated gender-specific factors in relation to CAN (Lindo et al., 2018; Schneider et al., 2017). Schneider et al.'s (2017) primary aim was to study the links between the Great Recession (or Global Financial Crisis) and the risk for CAN. Abuse was measured using mothers' responses to the Conflict Tactics Scale for Parent and Child (CTPSC) questionnaire. Neglect was measured using a number of indicators identified in various surveys of the participants. The study's aims were met by analysing two separate, but related, measures of macroeconomic shocks associated with the Great Recession: the national Consumer Sentiment Index (CSI); and the local unemployment rate. These measures are particularly apt given that the Great Recession was characterised by widespread uncertainty as well as high unemployment. One of the unique contributions of this study is their ability to simultaneously estimate associations with both of these exogenous economic shocks. The CSI is likely a strong measure of the uncertainty that people felt during the Great Recession about both the national economy and their own personal finances, while local unemployment rates measure both the likelihood that a given person will be unemployed as well as the broader pernicious effects of job loss during the Great Recession.

In contrast to Shanahan et al.'s (2017) finding, Schneider et al. (2017) found no evidence that individual-level experiences of hardship or mental health problems mediated the associations between the Great Recession and mothers' risk of CAN. Although the odds ratio for maternal depression is large and significant in all their models, it does not appear to explain the main findings. Schneider et al. (2017) argue that their findings suggest that the macro-economy itself can directly affect mothers' parenting, likely as a result of the increased economic uncertainty captured by the CSI and local unemployment rates.

Lindo et al. (2018) also investigated gender-specific shocks, mental health and substance misuse. Overall, that is to say for men and women together, Lindo et al. (2018) found mixed evidence that hospitalizations and deaths from accidental overdoses and suicide shift in response to their





measures of economic conditions. Their models that controlled for county and year fixed effects suggested no clear relationship between gender specific economic conditions and adult self-harm and overdoses. This was true both for overall and male or female suicides and overdoses. Lindo et al. (2018) only found evidence that gender-specific economic conditions had a significant relationship with suicides and overdoses in models controlling for county-specific linear trends. In each of these models, they found that higher predicted male employment reduced overall, male, and female suicides and overdoses, while predicted female employment had the opposite estimated effect. Estimated effects of gender-specific flows into and out of employment were never statistically significant. This is in contrast to their main results, which indicated that gender-specific measures of predicted employment had significant effects on child maltreatment whether or not controlled for county-specific trends, and which also indicated statistically significant effects of mass male layoffs. Nonetheless, Lindo et al. (2018) interpret the results as providing some evidence that impacts of economic shocks on parents' mental health and substance abuse could be a potential mechanism underlying some of their main findings (which are discussed further below).

The impact of these mediating and moderating factors was also replicated and reflected within the qualitative findings of our systematic search. Qualitative studies typically found that participants described how the stress that is an integral part of living in poverty permeates their parenting and influences it in negative ways. They mentioned experiencing anxiety, depression, familial conflicts, sleep disorders, lack of energy and vitality, and hopelessness. For example, Bennett et al. (2020b) stated that families in their study who attracted the attention of child protection services, most often had ongoing lived experiences of poverty, gender-based domestic and family violence, problematic substance use and, sometimes, formally diagnosed mental health conditions.

Fong (2017) found a substantial proportion of incidents parents described (42%) implicated forms of disadvantage associated with poverty: domestic violence, substance abuse, mental illness, and involvement with the criminal justice system. These factors sometimes overlapped, for instance when drug activity led to police involvement. The issue of the reach of the criminal justice system is particularly significant in the USA because of comparatively high rates of incarceration and community supervision (parole and probation). For example, it was estimated that in Baltimore in 2015 15% of all children had a parent incarcerated or under supervision. Over 70% of the prison population was Black compared to 31% of the population (Baltimore City Health Department, n.d.). Additionally, many respondents had experienced these adversities and/or were affected through the experiences of those closest to them. Even if respondents did not specify these challenges as precipitating child welfare involvement, these multiple and compounding forms of disadvantage may contribute to a stressful household environment and, indirectly, to parenting practices perceived as abusive or neglectful or to child protection services perceiving a risk of maltreatment.

Furthermore, many mothers in this US study described the financial challenges of single parenting as exceptional and stressful. Many women described fathers as absent, due most often to incarceration. A majority of single mothers expressed concerns about either the impact on their children of their fathers' behaviour, if present, or their absence. They were concerned about their children feeling the loss of a caretaker, but they were also very concerned about their children witnessing violence in the home. Parents who were separated expressed facing additional challenges due to conflicting parenting approaches with their ex-partner. At the same time, parents contended with neighbourhood level factors including violence, lack of transportation, and lack of safe social and recreational spaces for young children (Elias et al., 2018).

Bennett et al. (2020b) argued that in families with complex problems, disadvantage and domestic violence cause spirals into long-term poverty and powerlessness that trigger child protection interventions, along with the seemingly inevitable consequences of a reduced housing standard,





less income from welfare benefits and the increased likelihood of losing children to long-term care by the state. Hood et al. (2020a) also highlighted that some professionals thought that risk to children, including neglect, emotional abuse, alcohol misuse and domestic violence, did exist among materially well-off families but were less likely to be picked up; such families were better able to conceal problems, buy in support with childcare and avoid involvement with services. Cases featuring 'middle class' families were often related to acrimony between parents and the impact on children of divorce and parental separation.

There is evidence, both quantitative and qualitative, that poverty and the impacts of economic shocks on both high- and low-income family dynamics, neighbourhood conditions, parental mental health and substance abuse could be potential mechanisms underlying some of the main findings highlighted in this review. The evidence about the differential impact of employment or unemployment for male and female parents underlines how rarely studies differentiate between men and women when analysing the effects of economic or other factors.

#### 5.1.4 Neighbourhood Level Poverty or Deprivation

A number of the studies we identified (11 in all) provided evidence about the question of whether neighbourhood characteristics add independently to the association between family level poverty and one or more elements of CAN (see summary in Table 8). All found at least some evidence that living in an area where a high proportion of households were exhibiting a negative indicator, such as poverty, unemployment or vacant housing, had an effect on maltreatment beyond that which would be expected from household level poverty alone. The effect is sometimes described in terms of a concentration of poverty or some other facet of disadvantage, perhaps with the implication that the capacity to offer mutual support is reduced when most families are struggling or that such neighbourhoods are different (or differently viewed from the outside) in some other way. However, other evidence, such as that provided by Mason et al. (2021a), implies that communities can develop stronger bonds and a stronger sense of social solidarity from a common experience of disadvantage, discrimination or even conflict with another community, leading to a greater degree of mutual support. Indeed, Webb et al. (2020b) found that greater income inequality in an area was associated with increased rates of child protection interventions in England, which might be evidence that mutuality is more likely when people feel they share a common disadvantage, but equally might reflect other factors at work, such as differences in service responses.

Some research, especially Maguire-Jack and colleagues (2017a; 2017b; 2021b) tested explanations for the influence of neighbourhood factors which explicitly concerned the quality of social relations in neighbourhoods, such as social cohesion or informal social control, rather than just a concentration of disadvantage. 'Social cohesion refers to the trust and bonds between neighbors.... Informal social control relates to the willingness of neighbors to intervene when problematic social problems arise in the community' (Maguire-Jack et al., 2021b, p.216). Maguire-Jack et al. (2017a) found that, for poor families, living in a low poverty neighbourhood was not protective for supervisory neglect or physical punishment and abuse. For 'physical neglect', i.e., basic needs neglect, being in poverty and living in a high poverty neighbourhood combined to produce higher rates than if either of these forms of poverty were experienced separately. In Maguire-Jack et al. (2017b), this approach was extended. In this study significantly higher rates of corporal punishment were found in families in poverty living in high deprivation neighbourhoods together with raised but not significantly raised rates of assault, but not in better off families in the same areas. This was suggested as relating to levels of stress resulting from material pressures: 'more difficulties in accessing employment opportunities, affordable groceries, and other amenities that contribute to stress...' (p.222). More turnover in neighbourhoods was associated for poorer families with raised rates of physical punishment and assault but having a shorter tenancy had a reverse association.





For better off parents, but not for poorer parents, perceived informal social control reduced physical punishment and assault. But measures of reciprocity and exchange were not found in this study to be protective.

This paper also contained an important negative finding: that informal social control was not protective against physical neglect. The authors argued that 'regardless of whether a parent perceives that their neighbours are likely to intervene when a child's basic needs are unmet, when poverty is the driving factor, the parent has limited ability to make a change' (p.223). This is reminiscent of Blaxter's (1990) finding that adopting healthier behaviours was both more possible and more beneficial for more affluent individuals. In Maguire-Jack et al. (2021b) the authors found that the link between neighbourhood poverty and physical assault and psychological aggression was mediated through social cohesion, whereas neglect was mediated through informal social control. McLeigh et al. (2017) also examined the role of neighbourhood social cohesion in a combined measure of substantiated abuse versus neglect, finding a relationship between low cohesion and abuse but not with neglect. They suggest that a key difference between their work and Maguire-Jack et al.'s (2021b) may have been the use of substantiated abuse and neglect data rather than self-report.

This discussion illustrates the complexity involved in disentangling individual from neighbourhood factors, especially when there are multiple ways of measuring key variables and a variety of different contexts, including what counts as a 'neighbourhood'. Plausible theories that link the concentration of poverty, social cohesion or social control to maltreatment have been more effective, to date, in demonstrating that something is going on, that there are neighbourhood level effects, than in deciphering exactly or consistently what the mechanisms are. None of these recent studies has attempted to identify factors in the built environment, such as the availability of green spaces for safe play, good quality affordable shops or a concentration of gambling outlets, or the service environment, such as the presence of community facilities, schools, health care and youth services. The material conditions of high poverty neighbourhoods have been less the explicit focus of studies than social relations in such neighbourhoods.

Most of these studies used more than one measure of neighbourhood disadvantage including poverty, public assistance take-up, unemployment, vacant housing, and owner occupation. A measure of income poverty was the most common economic variable. However, comparing studies remains problematic because income poverty was measured in different ways or with different thresholds. For example, Fong (2019) divided neighbourhoods into low-, mid-, and high-poverty areas on the basis that fewer than 10%, 10-20% or over 20% of families in the neighbourhood were poor, respectively. Farrell (2017b) found a social gradient in child fatalities due to maltreatment as the proportion of families in poverty increased in 5% increments. Some papers give little detail about how poverty rates are handled. Others, as in the case of Coulton et al. (2018), focus on changes in poverty rates as well as the presence of poverty.

The evidence for some measures of neighbourhood poverty or deprivation was slightly stronger than others in some studies. For example, Morris et al. (2018) in a single county in Tennessee found less evidence linking neighbourhood unemployment rates to maltreatment overall, physical abuse or sexual abuse, but did find a relationship with neglect. But these kinds of individual findings were often apparently at odds with findings from other studies using similar but not identical measures and studying different populations.





## 5.2 What Do the Quasi-Experimental Studies Tell Us?

Table 9 shows the 18 studies we found which used changes in economic conditions affecting family life as the basis for quasi-experimental studies or natural experiments <sup>5</sup>. All but one of these papers use data from one or more States in the USA where a variety of longitudinal studies and detailed administrative data sets make such analyses more possible than in many other countries. These papers report various measures of income from earnings, including comparing levels and/or the duration of minimum wages, welfare benefits or subsidies, or employment and unemployment. All found some evidence of a causal relationship between changes in family economic conditions and maltreatment rates. However, two papers in particular, Schneider et al. (2017) and Lindo et al. (2018), found different results for changes in economic conditions depending on whether they affected men or women, fathers or mothers.

Predominantly, these papers focused on neglect and physical aggression, assault or abuse, with few papers specifically addressing emotional abuse, sexual abuse or witnessing intimate partner violence. Eight papers used proxy measures of maltreatment such as foster care entry, out-of-home care, reunification with parents or CPS involvement. Eight studies focused on increases in income from earning, benefits, and subsidies.

#### 5.2.1 Effects of Increased Income

Three studies focused particularly on neglect as an outcome of raised income. Berger et al. (2017) found a \$1,000 increase in annual income to be associated with roughly a 3% to 4% decrease in behaviourally approximated neglect and an 8% to 10% decrease in CPS involvement among low-income single-mother families. Raissian and Bullinger (2017) found that increases in the minimum wage led to a decline in overall child maltreatment reports, particularly neglect reports. A \$1 increase in the hourly minimum wage implied a statistically significant 9.6% decline in neglect reports. This study was valuable for differentiating results by age group. The reduction in neglect reports was particularly pronounced for young children and school age children up to 12. The impact on adolescents was not statistically significant. Maguire-Jack et al. (2019) found that receipt of U.S. childcare subsidies had a significant negative relationship with supervisory neglect. The relationship was negative but not significant for basic needs neglect and neglect overall.

Two further studies of income increases found positive impacts on physical abuse. Spencer et al. (2021) found that a \$100 increase in TANF benefits was associated with a reduction of 1.8 self-reported physical abuse events per year per mother, with no difference in the effect between White and African American mothers. Furthermore, imposing a time limit on TANF receipt was associated with an increase of 2.3 reported physical abuse events. This study found no effects on psychological abuse or neglect. The authors speculate that this may result from using self-report rather than CPS involvement as the measure as well as from varying definitions of neglect and psychological abuse used in different places. Klevens et al. (2017), comparing States with and without Earned Income Tax Credits (EITC), found that a (more generous) refundable EITC was associated with a decrease of 3.1 abusive head trauma admissions per 100,000 population in children aged <2 years after controlling for confounders, but a non-refundable EITC was not associated with a decrease.

<sup>&</sup>lt;sup>5</sup> Schenck-Fontaine & Gassman-Pines (2020) is listed in both Table 9 and 10, as it provides quasiexperimental and evidence on the relationships within inequality and neighbourhood indexes of deprivations.





Similarly, although investigating multiple types of abuse and substantiation status, Kovski et al. (2021) found, within two-way fixed effects models, that a 10-percentage point increase in the generosity of refundable state EITC benefits was associated with 241 fewer reports of neglect per 100,000 children (95% CI [ -449, -33]). An increase in EITC generosity was associated with fewer reports of neglect both among children ages 0–5 (-324 per 100,000; 95% CI [-582, -65]) and children ages 6–17 (-201 per 100,000; 95% CI [-387, -15]). Findings also suggested associations between the EITC and reductions in other types of maltreatment (physical abuse, emotional abuse); however, those did not gain statistical significance.

Rostad et al. (2020) also demonstrated that a refundable EITC was associated with an 11% decrease in foster care entries compared to states without a state-level EITC after controlling for child poverty rate, racial/ethnic composition, education, and unemployment. This translates to a reduction of nearly 50 children (relative to the average number of foster care entries of non-EITC states: 450/100,000 children) entering foster care per 100,000 children per state on average. They also did not find a significant effect for non-refundable EITCs.

#### **5.2.2 Negative Income Shock**

Two studies analysed the outcomes of a sudden reduction in income affecting a population. Wildeman and Fallesen (2016) found that a decrease in Danish welfare payments increased the annual risk of out-of-home placement by 25%. In a similar group of welfare recipients who were not affected by the policy shock, there was only a negligible increase in the risk of out-of-home placement, further buttressing the case for causal effects.

Cai (2021) found that families which experienced a negative earnings shock of 30% or more had an increased likelihood of CPS involvement of approximately 18%. The effect diminished and became nonsignificant when an earnings decline was compensated by benefit receipt. Each additional earnings drop of 30% or more in quarter-to-quarter earnings was associated with a 15% greater likelihood of CPS involvement. Each consecutive quarter with stable income was associated with 5% lower probability of a CPS report. The results were more pronounced for physical abuse than neglect.

#### 5.2.3 Income Instability

Cai (2021) characterised her study as one of income instability, although the only observed changes were reductions in income. Monahan (2020) found that income instability, using a measure including both increases and decreases, significantly increased risk for child maltreatment, beyond the influence of income level. The odds ratios suggest that an increase in the cumulative variation (CV) for income instability from 0 to 1 (which is equivalent to a change from no variation in income to variation equal to the mean) would almost triple the odds of a referral in the next six months. For CPS referrals within the following year, an increase in the CV of income instability from 0 to 1 was associated with a 96% increased chance of any referral and an 81% increased chance of a caregiver referral. Interestingly, this study found that this association was not mediated through parental behaviours or beliefs, suggesting that it was the material effects of income changes that were most significant.

#### 5.2.4 Employment/ Unemployment

Four studies focusing on changes in employment rates produced apparently contradictory results. Brown and De Cao (2017) found that a 1% increase in the US unemployment rate led to a 10% increase in overall abuse and neglect. Brown and De Cao (2017) also investigated the effect of unemployment on different types of maltreatment and found that the effect on overall abuse was driven by an increase in neglect. A 1% increase in the unemployment rate led to a 20% increase in





neglect. The effect was stronger for Black children and the suggested link was that Black children were more likely to be living in single parent households, so that the loss of employment could not be compensated by the other parent's income.

By contrast, both Schenck-Fontaine and Gassman-Pines (2020) and Schneider et al. (2017) report evidence that job losses were associated with physical abuse but not neglect. Schenck-Fontaine and Gassman-Pines (2020) using data from 48 US states, found that job losses were associated with a lagged rise in physical abuse only over a 6-month period. This rise was mediated by state level inequality, with low inequality being a predictor of higher rates of physical abuse and neglect than middle inequality states. They hypothesised that this might be due to a lower chance of reemployment in low inequality states. Schneider et al. (2017) found that a one-point increase in the local unemployment rate was associated with a 15% increase in the odds of frequent physical aggression and a 12% increase in the odds of frequent psychological aggression. But a one-point increase in the area unemployment rates was associated with a 4% decrease in the odds of mothers' physical neglect and 3% decrease in the odds of mothers' supervisory neglect. A measure of economic confidence in the local area also found an association with physical and psychological aggression but not with neglect. The authors suggest that this implies that while the general level of economic uncertainty affects the likelihood of harsh parenting, through parental stress, neglect is more likely to be a function of individual household hardship.

Lindo et al. (2018) suggest a possible explanation for these apparently contradictory findings. Lindo et al. (2018) found no overall evidence of a statistically significant association between unemployment rates and abuse and neglect rates in US counties. Lindo et al. (2018) then considered the effect of a mass-layoff event. Results indicate that mass layoffs were associated with an increase in child maltreatment, though the statistical significance of the estimates were not robust. Turning to employment, Lindo et al. (2018) found that a one percentage-point increase in the predicted rate of employment growth, or approximately 41% of the sample standard deviation in that variable, decreased substantiated child maltreatment by 1.1 to 1.6%. However, when they analysed growth in male and female employment, they discovered that maltreatment decreased with increased male employment, but the reverse was true for female employment, as we discuss in more detail below. Many studies report the gender of samples studied but few theorise and examine the gendered nature of parenting or of the impact of socio-economic circumstances on mothers and fathers and hence on their parenting capacity. Social work practice too is open to the accusation of treating parents' gender as insignificant while holding very different expectations of men and women (Featherstone et al., 2018). More work which foregrounds economic relations within families would be valuable.

# 5.3 Is Poverty More Strongly Associated with Some Kinds of CAN than Others?

The discussion in the previous section bears on two assumptions that are sometimes made about the sensitivity of different kinds of CAN to poverty. It is sometimes suggested that neglect, or some aspects of neglect, is more closely associated with poverty than various kinds of abuse, leading in some places to a separation between 'basic needs' or 'physical' neglect and other forms, such as supervisory or medical neglect (Font & Maguire-Jack, 2020a; Barth et al., 2021). Second, it is sometimes reported that sexual abuse is less associated with poverty than other kinds of abuse or neglect. For example, Hood et al. (2020a) found that the social gradient linking CAN to families' socio-economic circumstances was steepest for neglect and shallowest for child sexual abuse. However, taken together, the studies in this review do not clearly support or confirm either





hypothesis. A small number of studies provide differential Odds Ratios or Relative Rate Ratios for different categories of abuse and neglect for one or more measures of poverty or socio-economic disadvantage (for example: Doidge et al., 2017b; Lefevre et al., 2017; Rothwell et al., 2018). However, there is no consistent pattern in the relative strength of relationships between poverty and different aspects of CAN in these diverse studies, which may well reflect the use of different measures which are not directly comparable and measures that are insufficiently sensitive, for example, failing to consider the possibility that the effects of employment on children's care may be highly gendered (Lindo et al., 2018).

A number of measures of socio-economic disadvantage are utilised in the studies reported. Some of these are macro-economic measures for the population, such as measures of consumer confidence or unemployment in the local area. At the household and neighbourhood levels, most involve one or more dimensions of income, employment, and housing. Studies may use different measures of each of these main factors, such as the level of income from all sources (Isuimi et al., 2018) or whether the household receives some kind of welfare payment (Liel et al., 2020) or a tax credit (Berger et al., 2017). Some studies use a measure that stresses a particular aspect of the experience of poverty such as food poverty (Helton, 2016). Within these alternative measures some focus on the level of income (Leaman et al., 2017; Lloyd & Kepple, 2017), while others focus on income insecurity or instability (Horikawa et al., 2016). Similarly housing disadvantage is measured sometimes in terms of overcrowding (Cant et al., 2019) or instability (Marcal, 2018).

However, the choice of measure is usually dictated by the data available rather than a theoretically driven intention to focus on one or another aspect of poverty. Few of the studies included here are designed to test whether, say, low income is more significant for maltreatment than insecure housing or a period of unemployment or whether food poverty has more impact than overcrowding. It may be that these different dimensions of poverty have more in common with each other than that differentiates their effects on maltreatment. Clearly you are much more likely to be in poor quality or insecure housing if you are income poor and, although a very large proportion of parents in poverty may be working, unemployment is associated with a greater chance of poverty. Some other dimensions of family economic circumstances, for example, levels of debt or debt related charges, or the operation of welfare benefit sanctions or conditions, were not covered by these studies.

However, there are a small number of studies which set out to identify whether there is a relationship between a particular kind of poverty and one or more aspects of maltreatment. For example, Cant et al. (2019) found that high levels of overcrowding were significantly associated with child sexual abuse after controlling for other socio-economic factors. Yang and Maguire-Jack (2016) hypothesised that the drivers of basic needs neglect would be different to those for supervisory neglect and found evidence to support this in Illinois. Welfare receipt (TANF), but not income or employment, was predictive of basic needs neglect but other measures of resources relative to needs such as maternal health, childcare concerns and moving to an unsafe neighbourhood were predictive of supervisory neglect. By contrast, Morris et al. (2019) found that the proportion of vacant properties in an area and the proportion of households living with low income were associated with neglect, physical and sexual abuse, but levels of employment were only associated with neglect. Local crime rates were associated with physical and sexual abuse but not neglect in this study in a single county in Tennessee.

One study attempted to disentangle *how* unemployment may influence maltreatment rates independently of income or housing conditions. Lindo et al. (2018) present evidence from a time use study in the USA, combined with other data, that men are substantially (more than 4 times) more likely than mothers to maltreat their children per hour spent alone with them. This may explain





why they found that an increase in male employment results in a fall in maltreatment rates but an increase in female employment had the opposite effect. This is a single study of recorded maltreatment in one US state (California) and so caution needs to be exercised in generalising from it. For example, Brown and De Cao (2020) also using data from the USA found no effect of unemployment rates on the incidence of physical, emotional, and sexual abuse but only on neglect. They presented evidence that unemployment was associated with falling household expenditure on key items as a link between unemployment and the inability to meet basic needs, but did not distinguish between male and female unemployment.

There is a growing attempt to differentiate the associations between different manifestations of poverty and different kinds of abuse and neglect. These are at an early stage of development with sometimes apparently contradictory findings which may be explicable by the locations and, therefore, social and economic contexts, of the studies and the different measures used. For example, Lindo et al. (2018) point out that an apparently simple change like increased employment can have contradictory results for maltreatment with possible gains in income being weighed against other factors like the time available to spend with children, and whether such time is positive or negative for their safety and development. This is an area ripe for further work, although trying to differentiate between closely connected phenomena like income, employment and housing may, in the end, be a distraction from the overall impact of gross economic inequalities, however manifested. Indeed, Elias at el. (2018, p.416) argued that the primary need is to shift the focus to 'discussions of how best to meet the needs of children and their families at a variety of levels—rather than parsing definitions of neglect in search of individual perpetrators'.

# 5.4 Does the Duration of Poverty Make a Difference?

Kim and Drake (2016) rightly say that few studies have examined the relationship between the length of time a family remains in poverty and the likelihood of child maltreatment. Their study was able to follow a sample of children born between 1989 and 1994 until age 15 with data about how many years their families were enrolled in poverty related programmes. As the length of time in poverty increased from 0 to 9 years the number of predicted maltreatment reports increased by between 2.5 and 3.7 times. Similarly, Jackson et al. (2018) utilised data from the Early Childhood Longitudinal Study–Birth Cohort (ECLS–B). The ECLS–B is a longitudinal, nationally representative study of approximately 10,000 U.S. children and their caregivers from birth to early childhood across three waves of data collection at age 9 months, 2 and 4 years. Where families were food insecure at all three waves, their poverty was described as very persistent. They predicted that the probability of early childhood exposure to violence and/or victimisation in the home is nearly 6 times greater in very persistently food insecure households relative to food secure households.

# 5.5 Can Benefits Protect Against Maltreatment?

Three of the studies we identified in our systematic search provided specific evidence of the protective effects of additional income in the form of welfare benefits in circumstances when wages from employment are not available or insufficient. Albert and King (2017) found that under the presence of a 36-month lifetime limit for benefit receipt, compared to a 60-month limit, there was an increase of 190 children substantiated for neglect in the US State of Arizona per month. The corresponding figure under the 24-month lifetime limit was 461 cases per month. Brown and De Cao (2017) also demonstrated that extending the duration of benefits was associated with a smaller effect of unemployment on neglect. A 1% increase in the unemployment rate at the 25th percentile





of the 2008-12 distribution of the duration of benefits (55 weeks) led to a 21% increase in neglect, whilst at the 75th percentile (87 weeks) it led to only a 14% increase.

Similarly, Cai (2021) found that negative income shocks of 30% quarter on quarter were only associated with increased CPS investigations over a two to four year follow up period in the absence of protective social welfare benefits. Without compensatory benefits, shocks were associated with a 27% increase in any investigation, a 38% increase in physical abuse investigations, and a 25% increase in neglect investigations. By comparison, negative earnings shocks that were accompanied by an income supplement had no association with CPS involvement. The impact of protective benefit receipt was particularly marked for families with young children (under 5 years), where the receipt of benefits following an income shock nearly halved the risk of abuse. Cai's (2021) study also pointed to a larger immediate effect of an income shock on physical abuse rather than neglect, concluding that neglect may take longer to materialise and be more a function of low income than income shocks. Schenck-Fontaine and Gassman-Pines (2020) also found a more immediate effect of job losses on physical abuse than neglect. This might be the equivalent to the patterns of impact of deteriorating social conditions on health inequalities, where the effects on mental health are more immediate than effects on physical illness (The Health Foundation, 2021).

# 5.6 Is There a Social Gradient in the Relationship Between SEC and CAN?

As outlined above, studies from several countries have focused not on a binary divide between families in and out of poverty, but on a social gradient across families at all levels of income and other material resources, or across social classes. Successive studies in England (Bywaters et al., 2016b; 2017) and in all four UK countries (Bywaters et al., 2020) reported that children in the most deprived decile of small neighbourhoods were over ten times more likely to be on a CPP or in out of home care (CLA) than a child in the least deprived decile. Webb et al. (2020a), reanalysing the English data confirmed the strength of the social gradient using multi-level modelling: an increase of one standard deviation in LSOA Index of Multiple Deprivation score was associated with a 74% increase in the expected CPP rate, and a 70% increase in the expected CLA rate. Similarly, Keddell et al. (2019) in a replication of this approach in Aotearoa/New Zealand found that, compared to children living in the least deprived quintile of small areas, children in the most deprived quintile had, on average, 13 times the rate of CAN substantiation.

Hood et al. (2021) reported similar evidence of a gradient in a separate study of English local authorities as did Elliott (2020) for rates of children entering care over a two-year period in Wales. Farrell et al.'s (2017b) study of abuse-related fatalities in US counties in children aged under 5 also reported a clear social gradient, with roughly three times the rates in the 11% of counties with a poverty concentration of over 20% compared to areas with less than 5% living in poverty. The social gradient was steeper for boys and for White, rather than African American, children. The shallower social gradient in the US study is likely to reflect the much larger size of populations studied. US counties have average populations of over 100,000, compared to neighbourhood populations averaging less than 2,000 in the English and UK based studies, with the effect of smoothing out economic disparities.

Most of these studies of the social gradient are weakened by the lack of household level data, opening up the possibility of the ecological fallacy - that families with maltreatment reports are different from other families in the small neighbourhoods to which deprivation scores are attached, as Font and Maguire-Jack (2020) argue. However, population sizes in most studies are small and the evidence is broadly consistent with other studies which do use household level data. For example, Fauske et al. (2018) showed a social class gradient in families' involvement with child welfare





services (CWS): 18% of parents in contact with CWS were from the salariat compared to 47% in the general population, while 70% in contact with CWS were working class or unemployed compared to 34% in the population.

The social gradient approach highlights new questions requiring explanation. For example, the higher maltreatment rate in the second least deprived (wealthy) decile compared to the least deprived (very wealthy) decile of small neighbourhoods makes it clear that degrees of affluence, as well as poverty, produce differences in maltreatment rates. More studies which examine differences in the slope of the social gradient, between places and between children with different characteristics, are needed to extend understanding of the factors at work. Studies are also needed of maltreatment in wealthy and average income families and neighbourhoods. There is a need to look up the income scale as well as looking down in order to best understand maltreatment or to differentiate between factors at work in families in different kinds of circumstances.

The importance of this is underlined by evidence from the UK that growing economic inequality is leading to greater inequalities in maltreatment rates between children. Elliott (2020) found that substantial increases in out-of-home care entry rates over a two-year period in Wales from 2007 were largely accounted for by rises in the most deprived areas and, therefore, increasing inequalities between local authorities over time. Similarly, Bennett et al. (2020a) found a marked widening of inequalities in care rates between English local authorities since 2008. Between 2007 and 2019, after controlling for unemployment, the gap between the most and least deprived areas increased by 15 children per 100,000 per year relative to the 2004–2006 trend. The increase in the rate of children starting to be looked after has been greater in poorer areas and in areas more deeply affected by recession. But trends in unemployment do not explain the decade-long rise in inequalities, suggesting that other socioeconomic factors, including rising child poverty, the effects of austerity policies on government funding being greater in more deprived areas, and reduced spending on preventive children's services may be fuelling inequalities in rates of children looked after (Webb & Bywaters, 2018).

# 5.7 How do Aspects of Identity Intersect with Poverty?

#### 5.7.1 Age

Several recent studies report that age is a significant factor in the strength of the relationship between poverty and CAN. The impact of poverty on CAN in families with young children appears to be particularly strong, even when measured in a number of ways. The sensitivity of families with children to poverty is found to be greater at a younger age, some studies reporting significant effects for younger but not older children (Kim et al., 2020). Increases in income levels have also been found to affect rates of maltreatment in younger children more than adolescents. For example, Raissian and Bullinger (2017) found that the impact of an increase in the minimum wage on maltreatment reports was greatest in pre-school aged children and not significant in adolescents. Similarly, Esposito et al. (2017a; 2021) found that the factors that predicted out of home placement and reunification were different for older children. They suggest that parental socio-economic circumstances are key to younger children, but young people's behaviour is the key driver for older children. Kovski et al. (2021) similarly found child maltreatment report rates were higher among 0–5-year old children than among 6–17-year old children (5,263 per 100,000 children ages 0–5 and 3,864 per 100,000 children ages 6–17). However, they found that a 10% increase in EITC was associated with an identical reduction of 5% among both age groups.





Lindo et al. (2018) also found some evidence that the impact of raised rates of male and female employment translate into greater effects on maltreatment rates in younger rather than older children because of the larger changes in time spent with young children following shocks to parental employment. Interestingly, the estimated effects of male layoffs do not follow the same pattern and are actually largest for teens. This suggests that mechanisms other than changes in time use might play a more important role for older children.

The social gradient in maltreatment is also reported to be steeper for young children in the UK (Hood et al., 2021; Bywaters, 2020) and to decrease with age. It is suggested that this may, in part, be because the purchasing of support with family life may be easier for and more relevant to younger children (for example, additional childcare) than adolescents, more of whose daily lives are spent outside the home and away from parents or other carers. However, Elias et al. (2018) found that parents in the USA described frustration at not being able to get their children into community sports or afterschool programs due to their children's young ages, whereas parents of teens were frustrated that their children were too old for what programs might exist. The pattern of supports available and relevant to different age groups as well as the purchasing power of parents are clearly relevant.

#### 5.7.2 Child Gender

Few studies examine the intersection of child gender with poverty and maltreatment. Hood et al. (2021) found that there were no significant gender differences in the social gradient for referrals or later child protection interventions. As Wellbourne and Dixon (2016) argue, there can be particular safeguarding issues for girls - and boys - but this dimension is simply unaddressed in the large majority of research. That this is an issue worth addressing is underlined by analysing the latest data on child protection plans in England (for the year 2020-21) which shows that overall, there were 6% more boys than girls affected. The numbers for boys were higher for all categories of abuse except Emotional Abuse (no difference) and Sexual Abuse (44% higher in girls). Rates are higher for boys, with physical abuse showing the greatest difference (28% higher in boys). It is unclear, for example, why more boys than girls have been assessed as subject to neglect, while rates of emotional abuse show no difference. An analysis which addressed the interactions between age, gender, and SES would be likely to generate further important differences.

#### 5.7.3 Ethnicity

Many studies control for ethnicity rather than examining in detail the way that it plays out in relation to child protection, although several UK studies during the period covered address this issue in some detail. The attention paid to quantifying or understanding the rates amongst Hispanic and other minority group children in these recent US studies, including Native American children, is minimal and remarkable (with few exceptions, e.g., Holbrook & Hudziak, 2020). Where there are data, they tend to confirm higher rates of reported or substantiated maltreatment amongst Black than White populations in the USA and the UK. For example, Farrell et al. (2017b) found that abuse related fatalities were almost three times higher amongst US African American children than White children. But, once socioeconomic conditions are taken into account, in most studies lower African American or Black rates or no detectable differences in overall rates are seen (e.g., Spencer et al., 2021). Whether your family is poor or not is seen as a less clear differentiator of Black children's experiences than for White children (Kim et al., 2020).

Some more fine-grained studies picked up further detail. For example, Kim and Drake (2018) found lower rates of neglect and sexual abuse in Black children but raised rates of physical abuse. Overall, Detlaff and Boyd (2020, p.256) argue that in the USA 'efforts to address disproportionality have stalled, and what has been a problem in child welfare for decades remains unresolved.' Rather than





focusing on whether raised rates of child welfare service involvement for Black children result from differential levels of need or system bias, they suggest that the common factor of institutional racism should be central.

Indigenous children are also over-represented amongst both disadvantaged children and children in contact with child protection services in Canada (Rothwell et al., 2018), Australia (Doidge et al., 2017a; 2017b) and Aoteroa/New Zealand (Keddell et al., 2019), but relatively little new evidence emerges in these studies, and none in the qualitative work. Rothwell et al. (2018) found that this disparity did not disappear when other factors, including economic hardship, were taken into account. Doidge et al. (2017a; 2017b) report they were unable to secure a sufficient sample of Aboriginal children to assess disparity and Esposito et al. (2017a; 2017b; 2021) were unable to collect sufficient reliable data. This was not an intended focus of Keddell's analysis in the paper included here.

In the UK, detailed data is collected about the ethnicity of children involved with child protection services, often including 18 sub-groups of five broad categories: Asian, Black, Mixed, Other, White. Calculating rates at a local or very local level is rendered more difficult because population data for what are quite rapidly changing numbers of minority children (because of migration, demographic and other factors) are dependent on out-of-date census data last collected in 2011. Bywaters et al. (2017; 2018) found that, at the whole local authority level in England, Mixed heritage children had the highest and Asian children the lowest rates of both CPPs and CLA. Asian rates were about half those for White children for CPP and only a quarter for CLA. Rates for Black children in this sample were around 10% higher than for White for CLA but around 20% lower for CPP. However, children from ethnic minority categories were much more likely than White children to be living in disadvantaged areas. After controlling for deprivation by examining rates in quintile 5 (the most deprived 20% of MSOAs: areas with average populations of 7,500) where most Black and Asian children lived, both Black and Asian children appeared much less likely than White children to be on CPPs or to be CLA. In quintile 5, where more than half the Mixed heritage children lived, they had the highest CPP rates, but the gap between White and Mixed heritage children was greatly narrowed.

Bywaters et al. (2019b) found similar overall patterns but significant differences within the Black (African, Caribbean or Other) and Asian (Bangladeshi, Indian, Pakistani and Other) populations. The scale of some inequities between groups of children were very large. When deprivation was factored in, Asian children were five times less likely than White children to be looked after in the most deprived 20% of neighbourhoods. Interestingly, the clear social gradient found for White children was much less apparent for children from minority ethnic categories. In low deprivation neighbourhoods (quintiles 1 to 3) Black children had higher CPP and CLA rates than those for White British children, unlike in the high deprivation quintiles. Similarly, Hood et al. (2021), using broad categories of ethnicity, found the social gradient was steepest for White children (1.91) and lowest for Black children (1.27). This may reflect greater visibility of ethnic minority children in areas where they are less populous, perhaps accompanied by more discrimination.

Webb et al. (2020a) largely confirmed these findings when reanalysing the same data set as Bywaters et al. (2018) using multilevel negative binomial regression models to predict rates of children in need, CPP, and CLA in ethnic group populations at diverse levels of geography. Webb et al. (2020a) reported significant differences in child protection practice between sub-categories of ethnic groups, but these were complex and differed both based on the intensity of child protection intervention and level of deprivation. At average levels of deprivation 6 ethnic minority populations had significantly different levels of child protection interventions when compared to White British MSOA populations, but there were no simple universal patterns. Better data and much more work,





especially involving minority communities as co-producers, are needed to understand these patterns and construct policies to equalise rates. There is little sign that this is seen as a policy priority by the UK government.

#### 5.7.4 Child Disability/Health

None of these studies examined the intersection of child health or disability with poverty as a factor for maltreatment. This is a clear and important gap in the literature.

# 5.8 How do Supply Factors Influence the Relationship Between Poverty, Inequality and CAN?

#### 5.8.1 CAN in Affluent Areas: The Inverse Intervention Law

In the UK, and especially England, successive studies have compared equally deprived small neighbourhoods in more and less deprived local authorities. The expectation would be that rates of substantiated maltreatment would not systematically differ between such equivalent neighbourhoods in different places. However, in fact, local authorities with lower average deprivation were found to have been intervening more frequently than local authorities with high average deprivation when equivalent neighbourhoods are compared. This was described as the 'inverse intervention law' (Bywaters et al., 2015). This has been subsequently confirmed, for England, in terms of there being a steeper social gradient in low average deprivation local authorities compared to higher average deprivation local authorities (Hood et al., 2021; Webb et al., 2020b). It has been hypothesised that this could reflect differential spending relative to need, with areas with more funding assessing more cases as child protection concerns because they were rationing interventions less tightly. This effect was greater for substantiated child protection cases than for referrals. Keddell et al. (2019) did not report this finding in Aotearoa/New Zealand, but in Norway a similar result has recently been reported (Kojan & Storhaug, 2021).

#### 5.8.2 CAN in Unequal Areas: Inequalities Intervention Law

Webb et al. (2020b) also identified another, statistically even stronger, pattern, that local inequality interacted with LA level deprivation to influence child protection intervention rates: an 'inequalities intervention law'. Local authorities with high inequality but low deprivation had a social gradient in children looked after rates five times that of local authorities with low inequality and high deprivation. It was suggested that this might, in part, be due to the stress on parents of a greater sense of shame for families living in poverty when those around them are better off, compared to areas that are more equal. The lack of individual or household level data makes this difficult to determine.

Bennett et al. (2020b) concluded that, in Australia, because poverty is largely seen as an individual issue and not a structural and systemic failure, vulnerable parents are shamed for living in poverty and seeking help for it. As a result, many parents refrain from seeking help from child protection or other agencies for fear of having their children removed, which exacerbates the risk of CAN. However, in the UK, a very small proportion of referrals are requests for help by families (10%), in other words almost all families avoid contact or do not see Children's Services as a source of help. It therefore seems unlikely that the systematically higher rates in high inequality/low deprivation neighbourhoods result from different patterns in help seeking behaviour. The shame parents feel if they are struggling may be accompanied by greater stress in high inequality areas, but the most





likely explanation would seem to lie with service responses and capacity, rather than parents' behaviour.

#### 5.8.3 Social Services Spending

Few studies have explicitly examined the impact of child welfare or other service expenditure on child maltreatment rates. Esposito et al. (2017a; 2017b) found statistically significant correlations between out-of-home placement and reunification and spending on services in Quebec. Areas with higher rates of per capita social services spending other than on child welfare also had higher rates of care and lower rates of reunification. In these articles the higher rate of non-child welfare spending is taken as a proxy measure of need in the population.

Webb (2021b) shows that greater child welfare spending on early help and family support in England is associated with lower children in need rates. Bennett et al. (2021), in a conference abstract, also report finding a relationship between preventative child welfare spending and changing care entry rates at age 16-17 (but not at ages 0-4). More work is needed to examine the impact of not only the level of expenditure on child welfare services on maltreatment rates and outcomes, but also of the particular services that expenditure is used to fund. If services do not address families' socio-economic circumstances or are insufficient to compensate for poverty, more expenditure will not reduce the relationship of poverty to maltreatment.

# 5.9 Does Social Work Practice Mitigate or Exacerbate the Relationship between Poverty and CAN?

A number of papers address the impact of social work practice and service provision on the relationship between poverty and CAN, making it clear that it cannot be taken for granted that services mitigate the effects of poverty and can sometimes be experienced as alienating (Gupta et al., 2018). The recent work focuses attention either on the 'system conditions', as Hood et al. (2021) describe it, or on practitioners' attitudes and behaviours. Hood et al.'s (2020a, 2021) work found that re-referrals and repeat CPPs in England were significantly higher for children living in the more deprived areas of more affluent local authorities than similarly deprived areas of more disadvantaged LAs. High demand, high deprivation Las, experienced greater financial pressures than low deprivation LAs, which led them to screen more cases out, work with families for shorter periods, spend less per child on CIN and experience greater workforce churn. In contrast, LAs that were less deprived overall had more resources relative to the level of demand and adopted a more interventionist approach to child welfare.

Such greater funding pressures were expressed in the existence of different operational practises in affluent versus deprived LAs when it came to 'seeing' neglect in poor families. These practises were bound up with system conditions, such as screening, rationing and churn, based on relative funding levels, i.e., they could not just be ascribed to cognitive bias or 'poverty blindness' among frontline practitioners but were also the product of institutional and policy drivers. The principal long-term drivers of demand identified by participants in Hood et al.'s (2020a; 2021) interviews with professionals were increasing poverty and need in communities combined with the erosion of preventative services for children and young people. These factors, such as housing, unemployment, crime, debt, and the breakdown of support networks, were seen as linked to broader structural changes, such as widening inequality and the growing precarity of social security arrangements, against the background of a decade of austerity (see also Bennett et al., 2020a, 2021).





A similar picture is evident in Fauske et al.'s (2018) analysis of Norwegian families, which found significant class differences in the relationship of families to child welfare services. Parents who were unemployed were also most likely to experience marginalisation defined in terms of a number of socio-economic variables and were least likely to have strong social networks. Such families were least likely to feel they were 'taken seriously, ...seen, ...(or) heard' (p.5) by services. Salariat or intermediate occupation families were more likely to agree with social workers' perceptions of their family situation. However, Hood et al. (2020a) in the UK reported social workers describing finding it more difficult to engage middle class parents, a greater tendency for disguised compliance and the potential for social workers to feel intimidated by parents who were wealthy or well educated.

Mason et al. (2021a) also found, in case studies in England, Scotland and Northern Ireland, that many social work 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' (p.2653). Workers often felt that they did not have the skills, the resources or the organisational support to engage with families around poverty. Wider public attitudes including deserving/undeserving and child rescue narratives could be seen in interviews, against a backdrop of negative societal discourses about 'poor families'. A forthcoming review of the evidence about programmes designed to support the reunification of children from out-of-home care also found little evidence that the material circumstances of families were a focus of attention (personal communication).

Other studies have also shown ambiguous or varied attitudes and responses to poverty by social workers. Saar-Heiman and Krumer-Nevo (2021) interviewed 20 social workers involved in an experimental programme implementing the Poverty Aware Paradigm approach in which social workers had access to a budget to support a selection of families at high risk of maltreatment and child removal. These social workers showed a range of complex perspectives on three key dimensions:

- Collaboration and counter-collaboration; "workers' attitudes regarding who owns the budget, transparency, and decision-making concerning how to use the money' (p.351)
- Between the splitting and integration of the emotional and the material; 'the value attributed to material versus emotional needs and the perception regarding the role of material assistance in the intervention' (p.352)
- Between trust and suspicion; 'the extent to which workers are trusting or suspicious of families motives and capacities to determine their own needs' (p.353)

The authors concluded that 'the results of this exploration clearly contradict the common notion that the provision of material assistance is a technical or bureaucrat act. The findings demonstrate exactly the opposite—material assistance is a relational practice...' (p.355) and one that was significantly influenced by social workers' underlying attitudes to family poverty (see also Gupta et al., 2018). They found parents' negative experiences with professionals have become a major barrier to engaging in a meaningful relationship with them. Saar-Heiman (2021) divided parental negative experiences of investigations into three types:

Being blamed and shamed: Parents described how parental behaviours that were deeply embedded in the struggle against poverty were interpreted by social workers as irresponsible parenting that should be condemned. Such interpretations mean that parents experienced double blaming—both for living in poverty and for being irresponsible parents. The emotional response to the blaming process described above was the development of feelings of shame. The parents described feeling shamed both by their children being stigmatized as "needy" and





by the accusations made toward them regarding their parenting. Often the desire to avoid feelings of shame discouraged them from seeking help or meeting with professionals.

Being mistrusted, rejected, and unrecognized: Parents described incidents in which they had explained their situation and their parental actions in the context of poverty and professionals' responses had implied that their explanation was some kind of excuse. The immediate consequence of such responses was parents' strong experience of rejection when interacting with social services. These incidents occurred mainly when parents applied for financial aid and were refused in different ways that were often hurtful.

*Feeling threatened:* Parents and workers pointed to the defensive stance that parents take towards professionals because of their fear that their financial situation would be interpreted as incapable parenting. Although the threat of child protection interventions may have be evident in any context, the fact that many workers detached parental hardships from poverty and reduced the significance of poverty in relation to parenting led many parents to believe that their financial deprivation would be assessed as parental incompetence.

Such studies of programmes in which social workers have the power to supplement families' incomes or provide material goods and services also point to moral dilemmas about the potential inequity of providing additional state financial support to families in poverty where there are child care concerns but not to those without (Garrett, 2013).

Other studies of current practice in this review also suggested a common divide between what families believe would help them to look after their children - more or better resources - and the perceptions of many child protection professionals, their employing organisations and national policy makers who emphasise better parenting. For example, in Yona and Nadan's (2021) study, one social worker stated that (p.586):

'In my perception, we need to give the parents crutches; teach them to walk. That means providing them with coping tools, through a therapeutic process, rather than giving them material assistance. [...] Monetary donations do not help. In the end they do not receive skills that help them cope, survive, and improve their situation.'

However, the parents did not see clinical treatment as meaningful and appropriate because they perceived their distress as derived from poverty that required a material, concrete and immediate response. For example, one parent stated that (p.586):

'That treatment they land on your head always makes me laugh. Have you ever seen a person taking treatment without wanting it? If I wanted treatment, I would have asked for treatment. In all honesty, it's just a waste of time and money. I came about issue A, so let us talk about issue A. Why is she starting to drive me crazy now about therapy sessions? If I have nothing to give my children to eat, why should I be interested in hearing about finding my strengths in all this?'

Bennett et al. (2020b) went further, suggesting that CP involvement in Australia, far from ignoring the effects of poverty, sometimes made poverty worse and harder to escape from. Bennett et al. (2020b) report that most parents who come into contact with child protection found that their financial situation worsened when their children were removed from their care. The move from parenting payments to stricter jobseeker allowances increased the likelihood of ongoing poverty for these parents. Many low-income parents relied on government housing. However, the size of the social housing offered depended on the number of people who will be living there. Thus, if a





household's number of occupants was reduced to one when children were removed, the result could be the sole parent losing their right to government housing. This then undermined one of the requirements child protection agencies place on parents for them to have their children returned to their care – having an adequately sized family home.

Similarly, Broadhurst and Mason (2017; 2020) have described the consequences of children's social care interventions to take children into care at birth as collateral damage. 'Accounts of the lived experience of child removal provide a window into the intersection of the informal and formal social penalties that leave women with few avenues of support in the short, or longer-term. ... [B]eyond child removal, disadvantage 'piles up' – which helps to explain women's vulnerability to repeat family court involvement. Welfare entitlements compound emotional pain and can render women homeless and destitute. There is simply little to stem the flow of collateral consequences for this group of mothers' (Broadhurst & Mason, 2020; p.32-3).

There is some recent evidence that practice which pays attention to families' socio-economic conditions can mitigate such damage. An evaluation of Pause - a long-term trauma-informed relationship-based intervention in some English local authorities, controversial because of a requirement for participants to be using contraception - gave evidence that it can provide an effective means of establishing positive changes in women's lives, meeting long standing unmet health and welfare needs and addressing significant histories of trauma and adversity, including the loss of children into care and adoption (Department of Education, 2020).

The evaluation found that there was a statistically significant reduction in rates of infants (<12 months) entering care in local authorities with Pause Round 1 practices, compared to an increase in comparator sites over the same period. Based on published data, in five areas where Pause operated continuously, the number of infants entering care was reduced by an average of 14.4 per annum per local authority – equivalent to 215 children over three years in the five sites. The estimated benefit to cost ratios associated with these effects were £4.50 per £1 spent on Pause over 4 years and £7.61 per £1 spent over 18 years.

In terms of benefits to the women, longitudinal follow-up showed that women had improved emotional well-being and reductions in psychological distress; greater housing and financial security, with significant reductions in rent arrears and the number of women who were homeless or in unstable accommodation almost halved. There was increased engagement in education, employment and specialist services, including a 60% increase in the proportion of women in paid employment; and improvements in key relationships in women's lives, including relationships with existing children and their carers, with a 25% increase in the proportion of women reporting face-to-face contact with children.

Loman (2021) and Loman and Siegal (2021) report on studies of the impact of services that provided additional financial and material support to families where abuse and neglect was suspected or substantiated. These papers refer to six multi-year, multi method evaluation studies in 3 US states. Four studies employed prospective experimental designs, and three of those were Random Control Trial (RCT) studies (Loman & Siegel, 2012; 2015; Siegel & Loman, 2005). These studies were originally reported outside the review period and, therefore, were not included in the main body of the review. However, owing to their relevance, and the fact they were not picked up in the 2016 report on poverty and CAN (Bywaters et al., 2016a), it is important to discuss them with due consideration. These studies contribute a substantial body of experimental evidence that providing even relatively small amounts of additional financial and material help to families can have a significant positive effect on children's outcomes. In contrast to the experimental studies reported above, these report on the provision of additional services to identified families, rather than just a





change in income level due to social assistance programmes or sudden economic shocks. These RCT studies demonstrated that significantly more material support was provided to families in experimental groups. Outcome analysis indicated that the risk and actual occurrence of subsequent child abuse and neglect reports and child removals were substantially reduced over a period of years. The later improvement of safety for children, as measured by child safety assessments, was also evidenced.

# 5.10 What Does this New Evidence tell us about Explaining the Relationship Between Poverty and CAN?

#### 5.10.1 Does the Recent Evidence Shed New Light on the Investment Model?

It is clear from the international evidence about the social gradient in child protection that children from a wide range of circumstances are identified as experiencing abuse or neglect, including those whose families are wealthy or very wealthy. As reported above, even families living in the second most advantaged decile of neighbourhoods had higher rates of abuse and neglect than in the most advantaged neighbourhoods in England. While, in England, a little over half of all children on CPPs or who were CLA in 2015 lived in the most deprived 20% of small neighbourhoods, almost half came from more affluent areas (Bywaters, 2017b). Poverty is neither a necessary nor sufficient factor in maltreatment even if evidence shows it to be the largest factor (Webb et al., 2020b).

This points to the significance of what parents with money can purchase as well as what those without cannot afford. Being wealthy does not only mean parents will spend money on the material conditions of family life, ensuring sufficient food, heating, clothing, space and technology - all the features that have been so evident during COVID-19 (Featherstone, 2021). Wealthy parents can also purchase (high quality) direct live-in or external care for their children in the form of nannies, nurseries, schools and out of hours clubs and facilities. Wealthy families can purchase additional developmental support and stimulation in the form of a wide range of physical and educational experiences. Wealthy parents can buy good schooling or ensure good schooling by the choice of where they live. Wealthy families can purchase remedial help when things are difficult, and they can buy representation if they have to engage with public services such as the child protection system. In addition to the huge practical and material benefits involved, such expenditure can be a marker of status and esteem for children. It can also have behavioural and relationship consequences, with more rewards and a wider range of possible solutions to problems available to parents. None of this is to say that money alone matters in relationships. But it is to recognise that money, and the greater security it affords, does influence relationships, and can provide the infrastructure for parenting to flourish.

Different kinds of investment may be required at different points across the age range. Several diverse sources, including Hood et al. (2020a), provide suggestive evidence that poverty is a greater risk factor for CAN in the early years than in adolescence. This may reflect the fact that in the early years children are more reliant on adults and under closer supervision compared to the teenage years. Having a secure and warm home may matter a little less if you can go out as a teenager, than if you cannot. But these hypotheses have received little empirical attention.

#### 5.10.2 Does the Evidence Shed New Light on the Family Stress Model?

The papers we have reviewed, and especially some of the qualitative studies, have provided more evidence that parenting in poverty is highly stressful. For example, Elias et al. (2018, p.412) describes how parents struggled with 'financial challenges, fatigue, stress, single parenting, and





challenges unique to parenting traumatized children.' This body of work is supplemented by studies of poverty in family life not explicitly linked to maltreatment (for example, for the UK: Cooper & Stewart, 2020; Crossley, 2017; Daly & Kelly, 2015; Mahony & Pople, 2018). Such studies have shown that it is not only the inadequate income itself which brings stress but the associated shame and stigma that surrounds poverty in public and private discourse. The consequent need to 'continually demonstrate their good character and deservingness' (Daly & Kelly, 2015, p.196) reinforces such negative feelings, in particular because of the unavoidable need to secure benefits and services from public bodies and charities, including child protection services. Elias et al. (2018) underlines the work involved in securing outside resources to help with parenting in poverty, including availability, quality, cost, and the lack of easily accessed information about what resources there are, if any. Parents they talked to also spoke about the difficulties of living in neighbourhoods 'high in violence but low in resources' (p.414).

Partly as a result, the stress of parenting in poverty is also implicated in many of the mediating factors which link poverty and maltreatment including the greater likelihood of domestic violence and abuse, raised rates of mental and physical illness, problematic substance use but the rather narrow focus on these issues in the professional literature stands in contrast to the range of issues raised by parents internationally (Bennett et al., 2020b; Elias et al., 2018).

However, these recent studies have not added a great deal to detailed understanding of what kinds of factors (for example, the level of income, the security and stability of income, inequality in income, the pressures of low paid work or benefit claims or, alternatively, the stigma and shame which accompany poverty) are particularly stressful or whether there are particular pathways that link stress to maltreatment. A small number of the studies of unemployment shocks in the USA suggest a short-term link with physical aggression and abuse, rather than neglect, but also that the availability of welfare benefits mitigates this effect (Schenck-Fontaine & Gassman-Pines, 2020). It is possible that physical assault is triggered more quickly as a result of the frustrations of sudden economic shocks, while neglect is a consequence that takes longer to develop. None of the studies explore whether stresses fall differently on, or are perceived or handled differently, by particular ethnic populations. The common assumption of stronger family bonds in English communities of South Asian origins are not tested in this evidence. The relationship between stress, shame and stigma are not explored.

The gendered context of income and wealth in families is drawn attention to by Lindo et al. (2018), showing that the impact of employment on family life and children's safety depends - at least initially and in part - on whether it is the mother or father who is affected. Responsibility for the family budget - and its stress - may not be equally distributed between mothers and fathers and may impact in different ways across children's age range. Because responsibility for the care and supervision of children, especially young children, may frequently fall more heavily on mothers than fathers, the impact of poor quality and overcrowded housing are also more likely to be felt by women.

None of the studies address the question of whether or how stresses may be experienced in average or high-income families.

#### 5.10.3 What is the Role of Neighbourhood Factors?

Recent studies reinforce the idea that factors at the neighbourhood level influence rates of maltreatment over and above household level factors but without definitively clarifying which factors affect outcomes in what ways. Some studies link particular kinds of features of social relations, such as cohesion or control, with particular kinds of abuse or neglect (Maguire-Jack et al., 2017a; 2017b; 2021) but these studies need careful replication before detailed conclusions can be





drawn with certainty. There is no quantitative evidence in these studies about whether or how particular features of the built environment or the availability or otherwise of locally based services may influence outcomes, although it would seem likely. Urban and rural areas may have different features. More work is needed to identify the relevant features of local neighbourhoods and or communities and to test the consequences for CAN (Tjora & Scambler, 2020).

In England the COVID pandemic saw the emergence of multiple forms of locally based support, either with or without the involvement of public services. But there has been little systematic analysis to date of how these efforts were distributed relative to need or what the outcomes were for families.

### 5.10.4 Intersectionality

Some dimensions of intersectionality are considered in the recent studies, particularly ethnicity in England, and age more widely. New empirical evidence and theoretical understanding of the ethnic disparities in the relationship between poverty and CAN has developed in the past five years but only to a limited extent. In the UK, at least, it appears that multiple interlocking explanations may be needed to untangle not only overall inequalities in rates but different degrees of inequality across the social gradient and between ethnic minority groups. Not nearly enough attention has been paid to understanding low rates, including protective factors, or why the social gradient is so much less steep for minority ethnic groups than for White children.

Age is a dimension in a number of studies but there has been a limited development of theoretical understanding to explain either disparities in rates by age or changes in patterns over time. For example, in the UK since 2010, the balance of child protection interventions between age groups has shifted substantially, as reported above (Chapter 1), with only limited attention. This will reflect changes in the kinds of abuse and neglect being presented and has considerable policy, practice and cost implications. This is largely untheorized. Given that, in England, services for children in their early years and youth services have both been the subject of similarly large cuts, it would be valuable to understand why the changes in provision have not been similarly translated into changes in substantiated CAN rates.

Other dimensions of intersectionality have received little or no attention, not only in England but internationally. Children's gender is sometimes recorded. However, the reasons for relatively small but persistent and significant gaps in rates between boys and girls are hardly discussed, and almost no analysis links gender with age and ethnicity. It is often said that disabled children are more likely than others to be maltreated but, as noted above, neither child disability nor health is addressed in the papers we reviewed. One explanation for this lack of focus in England, Clements and Aiello (2021) argue, is that the domination of the child protection focus of CSC distorts and degrades the treatment of disabled children, if referred to children's services.

#### 5.10.5 Local Area Inequality

The role that local inequality may play in maltreatment rates, in addition to other factors, have been studied in one UK based paper (Webb et al., 2020a) and discussed in others. This paper found sufficient evidence of an interaction between deprivation and inequality for the issue to be explored further and in other countries. Mixed methods studies are likely to be needed to move the discussion beyond evidence for or against inequality as a factor, at least in some places, and towards evidence of the mechanisms that may be at work.





#### 5.10.6 A Social Harms Perspective

The theoretical framework within which most of the papers we have discussed operate largely takes for granted a conception of child protection that sees the primary causes of maltreatment lying within families, or in the consequences of factors such as poverty that affect families. It takes at face value the direction and intentions of services and policies, even if it criticises their effectiveness or the equity of outcomes. However, there is also a growing critique of current child welfare policies and practices in which the relationship between poverty and CAN can be characterised as an example of social harm (Pemberton, 2016).

On both sides of the Atlantic, and more widely, concerns about the negative consequences of current and past approaches to child protection have been expressed in increasingly stark language, by researchers, policy commentators and by families. The ongoing history of the child welfare system's involvement in the subjugation and genocide of Indigenous peoples has been a crucial example (Blackstock, 2016; Blackstock et al., 2020), while historical sexual abuse and forced migration scandals provide further evidence. Even recent government commissioned reports in the UK describe a 'broken system' (Scottish Independent Care Review, 2019, p.6) or a system that 'added stress to an already difficult situation without meaningful support being offered...' to families (Independent Review of Children's Social Care, 2021, p.9). The fact of continuing racial disparities despite clear evidence, has led to calls for current approaches to be terminated. Detlaff and Boyd (2020, p.267-8) recently argued that:

'The elimination of racial disproportionality and disparities, and the harm they cause, will only be achieved when the forcible separation of children from their parents is no longer viewed as an acceptable form of intervention for families in need. The harm that results from this intervention, and the families that are destroyed as a result, fundamentally distinguishes foster care and the child welfare system from any other system or means of helping vulnerable families. This harm will only be stopped through the elimination of foster care as an intervention and a fundamental reimagining of the meaning of the welfare of children.'

The Parents Families and Allies Network in the UK (2021) have argued that that the obligation placed on governments by the UN Convention on the Rights of the Child (Preamble) to ensure that the family is 'afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community' should be central to child protection policy. However, Broadhurst and Mason (2017), Bennett et al. (2020b) and Elias et al. (2018) have provided evidence across three continents of concrete ways in which current state policies are making recovery from poverty and child protection service involvement more difficult. Bennett et al. (2020b, p.7) describe a cyclical process, characterised by a lack of recognition, in Fraser's (1995) terms. Poverty is 'glossed over', leading to an absence of support, especially material or practical support, coupled with demands which are beyond parents' means to meet leading in turn to further sanctions, including loss of contact with children.

This damaging cycle can be compounded by parents' sense that the consequences of poverty, the coping strategies and defences that parents use and the effects of power imbalances between parents and professionals are 'invariably misunderstood'. Broadhurst and Mason (2020, p.32) show how the removal of children creates psychosocial crises not recognised by courts or services, crises with 'cumulative and enduring collateral consequences'. The loss of the motherhood role amplifies the shame and stigma of poverty, while the withdrawal of income, housing and other support that was contingent on children being present makes destitution and homelessness more likely. All three papers provide evidence of how child welfare systems as currently constituted can reinforce the





interconnections Fraser (1995; 1997; 2000) points to between twin poles of social injustice: economic disadvantage and the denial of recognition.





## **Chapter 6: The Impact of the Pandemic**

Only two studies met our inclusion and quality criteria for this report covering the period of the COVID-19 pandemic (Barboza, et al., 2021; Wong et al., 2021). However, owing to the magnitude of the recent and ongoing pandemic, it is important to engage with the evidence and policies implemented related to poverty and CAN that have emerged. For those reasons we cover the pandemic in this separate chapter, with a particular focus on the UK context.

Once the magnitude of the COVID-19 pandemic started to become clear, there was also a realisation that a rising economic burden would become widely prevalent for the foreseeable future. At the beginning of the pandemic, COVID-19 was termed 'the great equaliser' by mainstream media and government personnel (Mein, 2020). This arose from the idea that coronavirus posed a risk to everyone in society regardless of their socioeconomic status.

This notion has not stood the test of time, with evidence showing that people in disadvantaged socioeconomic positions have suffered greater health impacts and greater economic repercussions (Prime et al., 2020; Marmot et al., 2020b). For example, the COVID-19 Marmot review set out to explore whether health inequalities existed during the early part of the pandemic in the UK as well as investigating the socioeconomic impact of COVID-19 and the societal responses made due to it (Marmot et al., 2020b). The review discovered a higher risk of mortality from COVID-19 for people living in disadvantaged areas when compared to those living in more advantaged parts of the UK.

The economic burden placed on societies due to COVID-19 has shown a similar picture of differential risk. While financial adversity has been felt throughout society, unsurprisingly, it is those in poverty that have been hit the hardest (Marmot et al., 2020b), while for others constraints on opportunities to spend have meant an increase in savings. Indeed, as noted previously in the introduction, the pandemic pushed the total number of people in the UK living in poverty to more than 15 million – 23% of the population (Legatum Institute, 2020). This research from the Legatum Institute also finds that poverty depth in the UK has increased due to the pandemic. At the time of writing, there are now 270,000 more people living in the deepest form of poverty, defined as people living more than 50% below the poverty line. There are 160,000 more people living 25 - 50% under the poverty line and 370,000 more people between 0 - 25% below the poverty line than before the COVID-19 pandemic.

Papoutsaki and colleagues (2020) also carried out a UK based study of the Labour Force Survey, highlighting that from February to April 2020 the employment rate for those in low-paying jobs decreased from 82% to 78%, while the employment rate for individuals in higher paying jobs was not statistically different to a significant degree (Papoutsaki & Wilson, 2020). This demonstrates that in this period of the pandemic, job insecurity and income losses selectively impacted people that were already earning less to a larger degree.

Similarly, research carried out in the US by the Pew Research Centre in the form of an online survey of a random sample of 4,917 adults showed that people in lower income work faced greater job disruption due to the pandemic than those in middle- and high-income jobs (Parker et al., 2020). This survey also demonstrated that it is people in low-paying jobs that are least likely to have savings or other incomes to help them through a period of income disruption. When asked if they had 'rainy day funds' that could last for three months in a scenario such as job loss, only 23% in low-income jobs said yes, compared to 48% and 75% in middle- and high-income jobs (Parker et al.,





2020). Not only were people in lower socioeconomic positions more likely to experience job or income loss during the pandemic, but they were also the most vulnerable financially to such an event in the US. These studies highlight the economic repercussions of COVID-19, and especially the differential impact of the pandemic with people in lower socioeconomic positions facing greater challenges.

These economic consequences of the pandemic in the past year and a half have led to specific concerns about the potential impact on CAN. When also considered with the increased social isolation due to lockdowns and school closures, as well as rising stress and disrupted welfare services, it is likely that previous risk factors for CAN will have been exacerbated - especially amongst already disadvantaged populations (Abramson, 2020; Ramaswamy & Seshadri, 2020).

For example, while closing schools was a step that many governments chose to take as a means of controlling the spread of coronavirus, there has been concern about the impact this decision will have on CAN. A major reason for this is that schools provide a safety-net for children and identify those that are at risk or victims of abuse or neglect (Cohen & Bosk, 2020). This safety net extends to material needs such as food, clothes, daytime warmth as well as practical support for parents so that they can go to work and earn an income. In England, some schools went to extraordinary lengths to deliver meals to families' homes or find other ways to fill the gap left by school meals (Wilson, 2021).

Furthermore, increases in domestic violence and abuse during the pandemic (Piquero et al., 2021) are also bound to take a considerable toll on children living in violent homes and on parents directly exposed to domestic violence and abuse. As Phelps and Sperry (2020) note, for many children, schools are their only option for mental health services and trauma-informed care and support. Research by Patrick et al. (2020) has already found that in the year since the beginning of the pandemic, a quarter of parents reported worsening mental health for themselves and a 14% worsening in the behavioural health of their children. Patrick et al. (2020) found that the combined impact of lack of child-care due to school closures, reduced access to healthcare due to closures and delays in visits, and declines in food security led to the most substantial declines in a family's mental and behavioural health. It is clear that these negative economic circumstances and declining mental health among parents and children, combined with the trauma of violence exposure, are likely to have substantial detrimental impacts for children long-term.

When looking at poverty in the context of CAN these findings regarding children are not only salient but also worrying with regards to the impact such financial changes may have on child welfare in the UK, and indeed globally (Marmot et al., 2020b). Based on the evidence reported within this review, an increase in the likelihood of CAN would be expected in the wake of the COVID-19 pandemic.

Internationally, there have been several studies investigating the impact of COVID-19 on parental functioning and parental stress (Helland et al., 2021; Johnson et al., 2021; Skjerdingstad et al., 2021), but these do not link parental outcomes to CAN. Further studies have investigated and reported an increased prevalence of CAN during the COVID-19 pandemic (Alenezi et al., 2021; Gerard et al., 2020; Piquero et al., 2021; Sharma et al., 2021; Zhang et al., 2021b), while others found no substantial increase (Augusti et al., 2021). However, this report only identified two studies directly investigating the relationship between poverty/employment/income changes, COVID-19 and CAN. Similarly, both of these studies also show an increase in reported child maltreatment and neglect (Barboza, et al., 2021; Wong et al., 2021).

In Hong Kong, Wong et al. (2021) conducted a cross-sectional online survey of 600 randomly sampled parents aged 18 years or older who had and lived with a child under 10 years old in Hong





Kong between 29 May to 16 June 2020. Wong et al. (2021) found that income reduction as a result of the pandemic was significantly associated with severe (OR= 3.29, 95% CI [1.06, 10.25]) and very severe physical assaults (OR= 7.69, 95% CI [2.24, 26.41]) towards children. Job loss or large income reduction were also significantly associated with severe (OR= 3.68, 95% CI [1.33, 10.19]) and very severe physical assaults (OR= 4.05, 95% CI [1.17, 14.08]) towards children. However, income reduction (OR= 0.29, 95% CI [0.15, 0.53]) and job loss (OR= 0.47, 95% CI [0.28, 0.76]) were significantly associated with less psychological aggression. Exposure to intimate partner violence between parents was also a very strong and significant factor associated with all types of child maltreatment. Having higher levels of difficulty in discussing COVID-19 with children was significantly associated with more corporal punishment (OR= 1.19, 95% CI [1.05, 1.34]), whereas having higher level of confidence in managing preventive COVID-19 behaviours with children was negatively associated with corporal punishment (OR= 0.87, 95% CI [0.76, 0.99]) and very severe physical assaults (OR= 0.74, 95% CI [0.58, 0.93]).

Within this Hong Kong based cross-sectional survey, Wong et al. (2021) concluded that income instability such as income reduction and job loss amplified the risk of severe and very severe child physical assaults but protected children from psychological aggression. Also, confidence in teaching children about COVID-19 and managing preventive COVID-19 behaviours with children was significantly negatively associated with corporal punishment during pandemic. Unfortunately, Wong et al. (2021) did not consider differences in gender related job loss, which previous research has shown to be an important factor when considering the likelihood of CAN (Lindo et al., 2018).

In Los Angeles, USA, Barboza et al. (2021) analysed the geographic locations for every CAN crime reported to the Los Angeles Police Department (LAPD) from July 24, 2019, to July 19, 2020. Barboza et al. (2021) compared CAN crime reports for the 181 days before the pandemic to 181 days during it and found a 7.95% decrease in the number of CAN reports.

However, on further analysis of the data, it was found that in most regions there were no aggregate level trends although they did identify certain spatiotemporal patterns, they called these hot and cold spots. Upon examining the newly emerging hot spots in the pandemic, it was found that these areas had lower labour force participation, high school absenteeism, severe housing burden and poverty. Areas with increasing CAN case counts in the pandemic were areas that were the most economically vulnerable prior to COVID-19. These findings reinforce previous literature detailed above, highlighting that the poorest people in our society are at highest risk of CAN in the pandemic. This suggests that, in Los Angeles at least, while the pandemic itself is associated with a multitude of risk factors commonly associated with CAN, it is the presence of poverty that leads to this risk being translated into CAN.

Interestingly, however, in the UK, recently published administrative data for the first year of the pandemic (2020-21) shows little initial signs of a major disruption in pre-existing trends. The numbers of children on Protection Plans continued to fall slightly and while increasing numbers were being looked after in out of home care, this is again in line with recent trends (Figure 3). Numbers of referrals and children starting a period as a child in need fell but by less than 10%.







Figure 3. Numbers of Children on Child Protection Plans (CPP) and Children Looked After in England, 2017 to 2021

There are three possible explanations for these findings in the UK. Firstly, countervailing forces may have been significant, with unprecedented government action to support family finances and an upsurge of community based, local action, also evident.

The UK government's strategy for supporting family incomes has rested on the Coronavirus Job Retention Scheme (CJRS) for those employees whose work has disappeared but who are not made redundant; the Self-Employment Income Support Scheme (SEISS) for those self-employed who qualify; and the social security system (mainly Universal Credit, UC) for everyone else.

The CJRS, or furlough scheme, was very effective at keeping people without work or with reduced work due to COVID-19 in employment. The unemployment rate rose only 1.1 percentage points to 5.0% in November (ONS, 2020). Although furloughed workers received at least 80% of their earnings through the scheme, the combination of this and UC meant that most low-paid earners could see an income replacement rate of above 90% of their original pay while furloughed (Brewer & Handscomb, 2020).

In addition, the government announced major changes to the social security system estimated to cost £8.3 billion in 2020/21 (Office for Budget Responsibility, 2020). It increased the value of UC and working tax credits by £20 a week, which The Legatum Institute (2020) estimated to have prevented an additional 700,000 people from falling below the breadline, and reversed eight years of cuts to local housing allowance (LHA). This move had a considerable impact, as claims for UC surged when the crisis began. The number of excess new starts on UC in the first four weeks of the crisis was equivalent to the number of excess Jobseeker's Allowance (JSA) claims over the first nine months of the previous recession (after the 2007-09 financial crisis). Despite this surge, over 90% of payments due were paid in full and on time, and the vast majority of advance payments are paid





within 72 hours. One report showed that 74% of new UC claimants reported that they were satisfied with the way that the DWP handled their claim (Brewer & Handscomb, 2020).

These changes meant that many people on UC but not in work before the pandemic actually saw their incomes rise (and this lies behind the estimates that income at the bottom of the income distribution could have been higher in 2020/21 than in 2019/20). For example, this support was acknowledged by many people experiencing destitution relying on UC 'to be a considerable help... enabling them to afford food, electricity, and other essentials' (Fitzpatrick et al, 2020).

Furthermore, in terms of countervailing forces which may have mitigated the expected increase in UK CAN reports, as Featherstone (2021) states, in local pandemic responses the partnership between public services and communities became stronger, digital technology brought public services and communities closer together, sector lines became blurred, with local businesses stepping up to help public services and fellow members of the community, and community activism went viral (New Local, 2020).

Similar conclusions have also been drawn by What Works for Children's Social Care in conjunction with the Early Intervention Foundation (2021), who concluded that local authorities adapted their social work practices in response to the pandemic, increasing the flexibility over the format of support, with changes to contact between professionals and families including an increased use of virtual and digital support, an increased focus on multi-agency arrangements and increased communication and data sharing between partners, and an increase in practical help, concentrating on the provision of basics (e.g. dropping off food, debt advice) and reduced formality between professionals and families. This practical help in particular is likely to have helped build trust and supportive relationships between families and practitioners, reducing practical problems to allow families to focus on other issues. All of the above-mentioned factors may have mitigated some of the increases in CAN that were expected but not yet seen in administrative data.

A second reason for the lack of a reported increase in UK CAN may also be due to the time it takes for reporting to catch up with the situation at hand, and become manifest in the data. According to the Economics Observatory (Brewer & Innes, 2021), high-quality data on household incomes, of the kind that is used to estimate income inequality and rates of relative poverty, tend to be released with long lags. For example, the two most important estimates of the level and distribution of household living standards in the UK are both typically published 11 months after the financial year spanned by the data. This means that official estimates of income poverty and inequality for the current financial year, 2020/21, won't be available until March 2022. A similar situation may be true for CAN, and for this reason, it is with caution that we present the current evidence, as it may not be fully representative of the population and the prevalence of CAN. It remains to be seen what consequences have followed from the ending in the autumn of 2021 of the government's emergency economic measures supporting families and businesses.

A third possible explanation for these UK trends is that the governmental data being reported has captured a smaller proportion of the CAN being experienced by children. Lower reports of CAN during the pandemic would not come as a surprise when considering the repeated calls for social distancing made by governments around the globe (Molnar et al., 2021). Social distancing is a step that leads to greater social isolation, which then makes it much harder for community-level identification and prevention of child maltreatment. The decrease in social activity including school, community and youth programs and fewer interactions with wider friends and family networks have made it increasingly difficult to identify CAN (Ramaswamy & Seshadri, 2020). While telephone helplines reported higher usage during the pandemic for emotional abuse by 18%





(NSPCC, 2021), the scope for remedial action may have been reduced. It may have been harder for children to escape their abuser if the family was in lockdown together.

In contrast to reports of CAN during the pandemic, domestic violence saw a 7% growth in police recorded domestic abuse crimes and a 12% increase in the number of domestic abuse cases referred to victim support (ONS, 2020; UK Parliament, 2021). Indeed, the possibility of not accurately capturing representative reporting of CAN is reflected by the ONS's (2021) recent exploration of the feasibility of implementing a survey to measure child abuse in the UK, and findings of a 'silent pandemic' in specialist UK children's hospitals which have reported a 1493% increase in head injury caused by physical abuse among very young children seen between 23 March and 23 April 2020 and the same period in 2017, 2018, and 2019 (Sidpra et al., 2020).

Similar findings and conclusions have also been identified within a single USA study based in Oklahoma, which also found that all criminal cases of child abuse filed between February and June 2020, had an overall 25.7% lower average than forecasted (Whelan et al., 2021). However, Whelan et al. (2021) conclude that the declining trend in child abuse charges, rather than indicating a decreasing incidence of child abuse and neglect, is more likely to reflect the fact that less cases are being reported. Therefore, the early reductions in CAN reporting at the start of the pandemic do not necessarily reflect an actual decrease in CAN but may be a sign of decreased visibility of such events.

#### **6.1 Conclusion**

At the time of writing this report, it is impossible to reach secure conclusions. Aside from the recent UK administrative data, Barboza et al. (2021) and Wong et al. (2021), there is a lack of peer reviewed research investigating the relationship between poverty and CAN during the pandemic. This is, in part, because the pandemic is ongoing, so its full impact cannot yet be determined and most data are not yet available (Barboza et al., 2021). It may also be the case that the effects of the pandemic on CAN will emerge later, as the economic consequences for countries and for individual families are worked out.

It does seem clear that the COVID-19 pandemic has created economic strain across society, with those already disadvantaged suffering the most. In light of the findings of the previous section of this review, we would expect those economic stresses to reflect an increase in CAN. However, this trend has been less clear. Internationally, in Hong Kong and the USA, single studies have reported an increased likelihood of CAN. In the UK, a different picture emerges, with no substantial differences to CAN rates and trends being reported in recent administrative data.

In the UK, it is possible that the temporary economic measures which were instituted by the Government once the COVID-19 lock down commenced, coupled with local and community responses and other factors, were effective in reducing the impact of COVID-19 on CAN. The removal of these measures may soon be reflected in the officially reported statistics, although one would hope that the positive change in the approaches and mind sets adopted by Local Authorities and social work practice throughout the pandemic remain a positive force for the future (What Works for Children's Social Care, 2021). Again, it is also possible that, in the UK, the lack of clear difference in CAN rates may reflect a broader issue with the current reporting system – with children not adequately being identified or able to report CAN. But we cannot be certain that less surveillance of families may not be as harmful for parents and for children as proponents of the current approach to child protection might anticipate.

It is also possible that the significant effects of COVID-19 on patterns of life in the home, which appear to have had detrimental effects on domestic violence and mental health, may also have had





benefits as well as costs for some families and their children. For example, some children have identified that they have been 're-discovering family' (Foretti et al., 2020), and some parents have felt an increase in closeness and gratitude between themselves and their children (Kerr et al., 2021). Other research has also reported that fathers have increased their childcare roles and cite spending time with their children and partner as some of the key positive aspects of working pattern changes during COVID-19 (Chung et al., 2020).

In sum, further research will be needed to investigate the relationship between the pandemic, poverty and CAN, exploring differences across geographies, reporting systems and genders.





# **Chapter 7: Conclusions and Future Directions**

The purpose of this review was to update evidence about the relationship between poverty and child abuse and neglect published since a previous report in 2016 (Bywaters et al., 2016a). It set out to review new international evidence about the relationship between poverty and child abuse and neglect with a particular focus on England, make recommendations about the policy and practice implications of current knowledge and identify key gaps in the evidence, providing the basis for proposing an agenda for future research. In this concluding chapter, we present our overall sense of what we have seen in the work reviewed, the implied research agenda and some reflections concerning policy and practice.

## 7.1 Key Conclusions

- 1. There has been a considerable increase in the volume of research about poverty and child abuse and neglect in the past five years. There has been a development in the range of disciplines engaged with the issues and the quality of analysis, although there remain significant limitations and gaps which we discuss below. This is reflected in the number of literature reviews we found which touched on aspects of our aims and objectives.
- 2. While not always producing consistent results in detail, the overall conclusion is that over the five years to July 2021 research has substantially strengthened the evidence of and about the contributory causal relationship between poverty and CAN, identified in the 2016 report. Across different developed countries, using a variety of quantitative data sources and analytical methods, reinforced by qualitative and mixed methods studies, the evidence shows that living in poverty substantially increases the chances of children experiencing some kind of abuse or neglect and/or being the subject of child protection interventions. The effects of poverty on CAN are large in scale. Often differences in the likelihood of CAN between disadvantaged and affluent populations are found in terms of multiples rather than percentage point differences. The depth and duration of poverty are also important.
- **3.** Numerous studies demonstrate that population level income increases for families in poverty, for example, from higher benefits, reduce the chances of child maltreatment while economic shocks, such as a sudden loss of income or employment, have negative impacts on children. At the family level, welfare benefits are shown to mitigate the effects of economic shocks.
- **4.** Poverty is rightly understood as essentially a matter of access to income and wealth, but is pervasive in its practical and psychological consequences for families and family relationships. Income, employment, and housing are closely related facets of the socioeconomic conditions of family life. In all these three dimensions, insecurity and instability compound the problems of managing family life when resources are inadequate. Low wages and adverse working conditions, including the availability, predictability, and flexibility of working hours, mean that employment is not a straightforward solution to family poverty and can place additional stresses on family life. The interaction of employment with gender roles emerges from recent research as having significance for CAN. Poor quality housing





- adds significantly to the issues of availability, affordability, and location for families in poverty (Kuscoff et al., 2022).
- 5. Poverty is not a stand-alone factor one of a list but is closely interconnected with other factors sometimes given greater prominence as causal for CAN, such as domestic violence, mental health and substance use. Poverty increases the chances of such troubles and is also often a consequence of them, making them harder to leave behind or resolve, in order to build a solid foundation for family life. Other factors, such as debt and debt management, gambling, the physical health or disability of parents or children and, in the USA in particular, incarceration, are also connected but much less the focus of attention in this research.
- **6.** But, while poverty is a profoundly important obstacle to good child health and development, there is not a binary divide between families in poverty and those who are not. Rather, the evidence is of a social gradient in child abuse and neglect which runs across all families and places. Each step increase in family resources reduces children's chances of abuse or neglect. The resources better off families can invest in securing their children's wellbeing and development and the security and status that brings may be as important as what poorer families cannot afford and the consequent stresses. The infrastructure secured by wealthier families is scarcely mentioned in this body of research.
- **7.** Neighbourhood factors, including the concentration of poverty, social cohesion, and social control, can reduce or exacerbate the effects of individual family poverty in a number of ways which require further investigation. No neighbourhood level interventions to reduce CAN were evaluated in these studies.
- 8. Most studies of CAN focused on family and neighbourhood level factors, with government policies which create or maintain poverty and inequality, or which fail to regulate economic markets in ways that protect families and their relationships, receiving much less attention. The policies and practices that have the stated intentions of protecting children and improving their lives sometimes exacerbate both poverty itself and the shame and stigma that accompanies it. There are many examples of social policies concerning housing, homelessness, benefits, employment, transport, the environment, and criminal justice which do not help parents to look after their children, rather increasing stress and reducing the chances of families staying together. When children go into care, too often the way social policies are framed mean further material losses for parents, as well as emotional damage not addressed through additional support, which reduce the chances of reunification. Some programmes offering support to parents show that this does not have to be the case.
- 9. Child protection practitioners find it hard to incorporate ways of talking with families about complex and emotive issues surrounding poverty or to help families deal with or exit poverty. Social workers' attitudes reflect the range of those in wider society with examples of unhelpful narratives reinforcing a focus on individual responsibility. Too often, families' socioeconomic status is not seen as core business, with agency priorities, structures and models of practice shown to be an obstacle to poverty aware practice. As a result, parents too often feel a lack of recognition, that their concerns and priorities are not understood or heard, and view services as a source of threat rather than help. Coincidentally, some front





line staff report that they lack the skills or the power and resources to alleviate poverty and its consequences for families.

10. There tends to be a 'one size fits all' approach to service planning and delivery which does not pay sufficient attention to intersectionality: the different interlocking needs of young children or teenagers, boys or girls, children from different ethnic groups or disabled children in families living in poverty (Clements & Aiello, 2021). The absence of evidence about families with disabled children is particularly striking. There is sometimes also insufficient attention to inequalities of place: levels of funding and the location of services do not necessarily reflect differential levels of need. Evidence suggests there is also insufficient attention to the different roles played by men and women, mothers, and fathers, in relation to securing and spending money, employment and time use, childcare and protection roles and responsibilities.

### 7.2 Key Limitations of the Evidence Base

As we have emphasised, caution must be exercised in transferring the findings of studies across international boundaries for two main reasons. The first is the different attributions of types of maltreatment in different countries. In the USA, which dominates the quantitative and, especially, the quasi-experimental evidence, almost three quarters of all substantiated maltreatment cases where a single type is recorded are attributed to 'neglect' and fewer than 3% to 'psychological maltreatment' (US Department of Health & Human Services, 2020). By contrast in England, just under half of all child protection plans are reported as 'neglect' and 39% as 'emotional abuse' (Department for Education, 2021b). Such different proportions must reflect different ways of seeing what counts as abuse and neglect, which will also shape policy and service responses.

Second, the societal and policy context in which families live and child protection services operate can be very different. For example, the availability or not of free health care, free or subsidised childcare, a social security system or benefits safety net, a minimum wage, housing quality regulations and rent controls, and employment rights will all fundamentally affect parents' capacity to bring up their children.

In addition to this cautionary note, we have observed several further limitations in the current evidence base. First, in England and some other countries, research is fundamentally hampered by the lack of a data set or linked data sets that contain demographic and socio-economic information at the level of the individual household. The lack of almost any individual data about the parents of children in contact with children's services and about the socio-economic circumstances of the households in which children are being brought up means that it is impossible to report with confidence and detail the differences (or similarities) between children who are and are not judged to be subject to maltreatment.

Using neighbourhood measures of economic status as proxies for individual family circumstances opens up the possibility of the ecological fallacy. No published studies to date, in England or elsewhere, have tested the validity of the neighbourhood deprivation measures that have been used as proxies for individual family circumstances. Nor have the neighbourhood level studies within this review been able to account for the problem of 'neighbourhood selection'; that is, families at high risk of maltreatment may have been driven to reside in communities with higher overall levels of disadvantage.





Second, all studies wrestle with the issue of how to measure abuse and neglect and the relationship between self-reports and externally assessed CAN. Self-assessed reports may describe as abuse or neglect experiences that would not be categorised as such by professionals, even if validated tools are used. Equally, administrative data may fail to identify or wrongly screen out cases. The dramatic shift, in England, to increasing numbers of child protection investigations with a majority of cases not proceeding to a child protection plan, adds to the evidence that 'help' has become dominated by the frame of maltreatment. Furthermore, several studies using administrative data sets highlight both missing data and the possibility that the data being collected only represents cases where sufficient information has been provided to trigger an investigation, and in the words of the authors, must be 'interpreted carefully' (e.g., Esposito et al., 2021; Yang and Maguire–Jack, 2016). All long-term cohort studies involve substantial amounts of missing data, although the extent is not always clearly reported. Most studies note they were not able to adjust for nonresponse bias. Using proxies for child maltreatment, such as entry to out-of-home care, also requires caution, with no studies included here examining out-of-home care maltreatment cases separately from cases where care is attributed to other factors.

Third, within both individual and neighbourhood level studies, the definition of 'poverty' being used varies considerably. Frequently, proxies for poverty are utilised. For example, welfare receipt is commonly used as a proxy of economic status. The extent to which proxies of poverty capture the full range of economic and material needs of individuals and neighbourhoods should be viewed with caution. Greater attention needs to be paid to whether the source of income - employment or benefits receipt - makes an additional difference to the size of income, perhaps because of the greater or lesser stigma or because of the conditions increasingly surrounding welfare benefits.

Fourth, there is insufficient evidence to fully attend to mediating factors and provide evidence of the extent to which poverty and CAN is mediated by parenting behaviour (Duncan & Jeane, 2000; McLoyd, 1998). This work was, therefore, unable to help address historical contexts around the relationship between poverty and CAN, where, for example, in Jay Belsky's 'process model' (1984), poverty is absolutely recognised, but only seen as consequential through the mediation of parental behaviour. Further work on mediation would also help form the target for future interventions. If poverty remains significant within mediation analyses or, as Lacey et al. (2020, p.4) argues (in relation to ACEs), poverty is not just one of a list of adversities alongside others but a 'risk factor for many adversities', interventions should target poverty itself, rather than parenting behaviour specifically. These are important questions which still need to be clarified.

Fifth, it is also striking that two important approaches are largely absent from this recent research. None of the studies were conducted with parents or children as co-producers of research. Although several qualitative papers included graphic accounts from parents about their difficulties in parenting in poverty or negotiating relationships with social care services, the research mostly reproduced the power imbalance that families in poverty experience rather than giving parents or children a role in constructing research questions, processes, analyses and conclusions. The almost complete absence of a human rights approach to poverty was also notable (Lister, 2013). The dominant conceptualisation of both poverty and child abuse and neglect were largely unquestioned in the body of work examined.

#### 7.3 Future Research Directions

As we have reported, there has been a significant growth in the volume of good quality studies in the past five years, but there is a great deal of scope for development. The following issues are suggested by our reading of the recent evidence.





#### Comparative Studies

As the limitations just discussed imply, in order for comparative research to develop, more work needs to be done to produce internationally recognised definitions and measures of CAN and of family socio-economic circumstances. The recent work includes very few comparative studies.

#### Data and Data Systems

In many countries, the data needed to examine the questions posed by the relationship between poverty and CAN are only partially available. In England, the key example is the lack of individual level data about parents and their circumstances, mentioned above. While some data will and should be collected as part of individual studies, the creation of long-term sets of administrative data and links between them, with all the ethical, technical, and practical issues involved, is needed. Governments and national research infrastructures need to step up here. Researchers who wish to lobby on these issues would also benefit from international discussions about what data would be valuable.

#### Replications

There are also relatively few studies that replicate earlier work in similar or contrasting contexts, within or across international boundaries. This would be valuable in building a secure knowledge base that may be transferable across place and/or time if such evidence was found. There are many studies which generate similar but different results about particular relationships between aspects of poverty and types of CAN, for example, but it is unclear whether the differences result from the alternative measures of key variables.

#### Studies that Differentiate Between Children and Between Parents

Some studies in the current body of work differentiate between children on the basis of their age, gender or ethnicity in examining the CAN-poverty relationship, but these are the exception rather than the rule (Poor child health or disability is particularly lacking as a focus; see Clements & Aiello, 2021). Yet, the evidence of differential experiences is apparent in all studies that provide this detail. Much more can be done to determine which children in which circumstances experience what kinds of maltreatment. Similarly, few studies actively consider the different experiences and contributions of men and women as parents, and the interactions of poverty with other key factors in parents' lives, including their physical health, marital status, age, and ethnicity. Lindo et al. (2018, p.78) stands out in this time period, in aiming to explore the '…suggestive evidence that males are more likely (than females) to maltreat children when adjusted for time-of-exposure'. Equally, few studies explicitly aim to identify protective factors in families facing disadvantaged circumstances.

#### Studies which Differentiate Between Maltreatment Types and Sub-Types

More research is needed that actively distinguishes between CAN categories and sub-categories, such as the significance, validity, and long-term outcomes of the emerging sub-types of neglect: basic needs, supervisory, educational, medical, and their relationship to poverty.

#### Studies that Differentiate Between Facets of Poverty

Studies usually address one or more facets of poverty - income, employment, or housing - without comparing the effects of particular kinds of poverty, or issues of duration, depth, or precarity. For example, there is some evidence in these studies that economic shocks had a more immediate effect on physical abuse than neglect. The connections between different dimensions of poverty





may well be much more important than what distinguishes between them, but this is worth further exploration.

# Qualitative and Mixed Methods Studies that Incorporate Parents, Children, and Young People as Co-Producers

The majority of studies reported here reflect research that examines the lives of parents, children and young people without their involvement in the process. Parents and children were almost never involved in framing research questions, collecting, or analysing data or interpreting findings and making recommendations in these studies. Some research reports parents' experiences and this is powerful. However, because numbers are usually small, drawing secure international conclusions is problematic. Practitioners working in the field fare only a little better. This is both an ethical issue for researchers and an issue for the quality of research, including the validity of findings. Triangulation of the perspectives of parents, children and practitioners would help with the task of improving practice.

#### Studies of Parental Stress, Shame, and Stigma

A particular gap is studies which examine factors which contribute to parents' feelings of shame, stress, and stigma, how these affect parenting, including accessing help and relationships with child protection services, and what factors offer protection.

#### Studies of the Impact of Policies and Practices

In this group of research papers, the significant group of quasi-experimental studies provide evidence about the impact of national or US State level social policies (or economic events) which had the effect of increasing or decreasing the incomes of families in poverty. None of these were interventions designed to reduce CAN and there were few evaluations of family level and neighbourhood level interventions which addressed the poverty/CAN relationship. The study of social work budget holding (Saar-Heiman & Krumer-Nevo, 2021) indicates the complexities involved in this approach and further evaluations would be valuable. It is important that such work looks upstream at the national policies that frame family life, including policies that have contradictory consequences for CAN, as well as downstream to local policy making and practice.

#### Studies of Inequalities

Studies of inequalities add new dimensions and perspectives to those which focus on poverty alone. This approach has been taken to research on health and education for many years. There is scope for a very considerable extension of research on inequalities in child welfare, including studies of child protection concerns in families with average or higher levels of income and wealth. Studies of the short, mid-, and long-term outcomes of child protection interventions, including periods in out-of-home care, using an inequalities framework would also be valuable.

#### Studies of Interventions

The evaluation of the impact of policies and practices aimed at reducing inequalities in socioeconomic conditions or the unequal consequences of such conditions in children's lives is another area for further study. Action to reduce poverty related maltreatment alone, rather than inequalities, may add to stigma and individualising or blaming narratives, while missing evidence about the protective effects of better socio-economic conditions and infrastructure.

#### Attending to Mediation





The next empirical step will be to identify questions and potential pathways which form the basis for structural equation modelling analyses of large, international, datasets. Providing an account of the respective contributions of poverty, parenting and poverty-mediated-by-parenting, will strengthen policy arguments and subsequent efforts to address welfare inequalities, through interventions which address poverty directly.

#### Meta-analytic and secondary data harmonisation

It was beyond the scope of this review to perform meta-analyses for each conceptualization of poverty. Future research should look to draw pooled effect sizes from the research identified in this review, producing robust estimates of the relationship between poverty, or individuals' ways of conceptualising poverty (for example, family level, quasi experimental, neighbourhood level, inequalities) and CAN. Where heterogeneity between studies in a particular domain is too great, data harmonisation methods should be explored to facilitate secondary level data analysis.

### 7.4 Future Directions for Policy

Very few of the studies here evaluated efforts to reduce maltreatment either by reducing poverty and inequality or by breaking the connections between poverty and CAN, so the discussion of policy and practice implications here is necessarily limited. But some conclusions can be drawn from the evidence.

The quasi-experimental studies, backed by other studies providing long term evidence linking national economic performance with measures of CAN, reinforce the significance of national economic and social policies for the safety and well-being of children. Yet, serious public debates about this kind of primary prevention are hardly visible, such is the dominance of the individualising narratives surrounding maltreatment. This stands in contrast to discussion - at least in some countries - about the value of reducing health inequalities and education attainment gaps. Changing the framing of child abuse and neglect towards a greater emphasis on structural factors may be a necessary step towards policy change.

Given the evidence of the impact of population and family level increases in income, and the protective effect of welfare receipts against economic shocks, measures to mend holes in the welfare safety net, such as reconsidering policies which create no recourse to public funds for some families and mechanisms which push claimants into debt through delays in benefits payments and sanctions, or to raise and enforce the level of the minimum wage, could be expected to have benefit. Wider measures on reducing the social determinants of social inequalities, such as those proposed for health inequalities by Marmot (Marmot et al., 2020a; 2020b), would also have an impact on CAN.

A review of the unintended consequences of policies which can undermine rather than support families would be worth considering. Examples might include policies on homelessness and housing eligibility, availability, and quality, on the 'bedroom tax' and benefits cap, and designating families as having 'no recourse to public funds' in England, or on the incarceration of single parents in the USA. The particular effect of social policies on different family members or population groups should be part of any such review.

Policies which set the structural context of children's social care services should be 'poverty-proofed'. This could include at a national level:





- Examining the distribution of funding between and within local authorities, and the connections between families' needs and service provision, so that allocations better met need
- Reviewing the data that is collected about families and the focus of analysis and reporting so that the impact of family socio-economic circumstances is visible and can be addressed
- Refocusing the attention paid by regulators, such as Ofsted, in England, so that addressing
  the causal impact of poverty and inequality on families becomes a core issue for quality
  judgements
- Reviewing the role and ethos of family courts so that courts require consideration of families' resource needs
- Reconsidering the content of social work education, so that staff are better prepared to help families with issues of poverty and inequality

COVID-19 showed that governments can make very radical policy changes affecting the socioeconomic conditions and context of family life, if they choose to, and, equally, that service agencies can substantially shift how they practice. But child abuse and neglect must be recognised as a structural issue rather than just through the lens of individualised risk, at least in part, for changes to take place.

### 7.5 Implications for Practice

The work of Krumer-Nevo (2016) in developing the 'Poverty-Aware Paradigm' (PAP) and subsequently with Saar-Heiman and others in evaluating its implementation, have provided some useful evidence about practice, alongside other, mainly qualitative, and mixed methods studies. Reflecting on examples from the authors' research and practice, Saar-Heiman and Gupta (2020) argue that poverty awareness in the form of PAP can connect poverty and risk, recognising the range of harms to children and families living in socially and economically deprived circumstances. It moves away from a narrow focus on parental risk to harmful contexts and ways of addressing these in which society, communities and families can provide environments where harm is minimised, and children enabled to flourish. Some immediate concrete practice suggestions emerged from this body of work, including:

- Undertaking an audit, ideally with families, that aims to 'poverty-proof' local policies and practices (as noted above for national policies). For example, ensuring all families have access to income maximisation, debt management, employment and housing advice
- Poverty being made central to work with families and visible in assessments, reviews, case conferences and court reports, including the material and affective impacts on their lives and relationships
- Making more possible the provision of timely financial and practical support to help children
  and families, with carefully developed safeguards about the ways in which such assistance
  is applied
- Developing a poverty-aware workforce, which includes critically reflecting on practitioners' own values and assumptions regarding poverty and risk
- Recognising the importance of standing-by families and the symbolic capital and emotional benefits to families of having a professional bear witness to and challenge the injustices that many face in dealings with public institutions and wider society





- Understanding what life is like for a specific child and his/her family, in his/her home and his/her community. This can provide more detailed and nuanced pictures of how families both struggle in poverty, but also actively resist on a daily basis
- Reflective and effective supervision to recognise the inherent challenges of child protection work, as in some cases there will be a need to remove children from their families

However, as of yet, these suggestions are largely untested by research, particularly in terms of their capacity to change outcomes for children and their families. They also leave untouched the essentially individualistic, case-by-case approach that is embedded in contemporary practice in most locations and the power imbalance between service providers and the families on the receiving end. As, in some most deprived neighbourhoods, half of all children will be referred to child protection services by the age of 5, we might have expected to see examples of services addressing the issues that families face through community and neighbourhood-based analyses and interventions, working with the grain of people's resilience and sense of solidarity. We might also expect child protection to feature in public discussion of governments' economic policy responsibilities towards families.

#### 7.6 Last word

There is much more evidence of and about the relationship of poverty and CAN than there was five years ago. Large and significant gaps in knowledge remain, but the groundwork that has been undertaken means that three key recommendations can be made. The first is that an essential element in policy to prevent or reduce harm due to CAN should be national 'levelling up' policies that cut family poverty, especially deep and persistent poverty, and address insecurities in income, housing and employment. At present many policies, particularly those on benefits, housing and immigration, conflict with the principle that the welfare of children should be paramount. Second, in a range of ways the children's social care system needs to engage much more effectively with children and families' basic material needs as a key factor for child protection. Too often families feel misunderstood, blamed, mistrusted and threatened rather than helped. Third, there is a need for a major programme of research. This requires a national strategy for collecting and analysing data and a programme of funding linked to key research questions about poverty, inequality and intersectionality. The perspectives of parents, children and young people should be a core component of such research.

The recent work that we have reviewed not only sheds light on the relationship between poverty and CAN, but raises questions about the focus, priorities and discourse surrounding child protection social work, the rights and responsibilities of the state and families and how political, economic, and social systems can create the conditions for reducing inequalities between families and in children's life chances and outcomes.





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# **Glossary**

### **Glossary of Definitions Used**

Child in Need (CIN) status refers to children in England who have been identified as in need by their local authority under the statutory definition outlined in the Children's Act 1989 (S.17). Children are 'in need' if they are unlikely to 'achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority'; or, 'their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services'; or, if they are living with a disability. The status of 'in need' is required in order to access certain kinds of help that may be welcomed by some families, though not all, as the category can also indicate professional concern about how a child is being cared for.

Children Looked After (CLA) status refers to children who are under the care of the state. Most have been separated from their birth families following child protection concerns and are living with foster parents or in an institutional setting. Some children are placed with extended family. Children who have been adopted or are on Special Guardianship Orders (longer-term kinship and alternative care) are not counted as 'children looked after' in official statistics. Of these three child welfare categories, child protection plans and children being looked after statuses usually involve considerably more involuntary arrangements than are found for a child involved with Children's Social Care services because they are 'in need'.

Child Protection Plan (CPP) status reflects a step-up in intervention where a multi-disciplinary case conference in England has identified that a child is suffering abuse or neglect, or is at significant risk of harm and suffering, following an investigation by the local authority which is now working with the family to resolve the risk.

The 'Inverse Intervention Effect' (IIE) is the tendency for less deprived LAs to have higher intervention rates than more deprived LAs when the comparison is between neighbourhoods that are equally deprived, but lower intervention rates when the comparison is between all neighbourhoods combined. Less deprived LAs also have a steeper social gradient, so inverse intervention particularly affects children from more deprived backgrounds.

A Section 47 enquiry means that Children's Social Care (CSC) must carry out an investigation when they have 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'. The enquiry will involve an assessment of the child's needs and the ability of those caring for the child to meet them. The aim is to decide whether any action should be taken to safeguard the child. The child's parents/carers will be interviewed, as well as the child (unless the child is too young). The assessment will also include information from the child's school, doctor and other professionals.

The 'Social Gradient' in CSC is the tendency for higher levels of deprivation to be associated with higher rates of intervention. Children living in more deprived neighbourhoods have a higher chance of a CSC intervention than children living in the less deprived neighbourhoods. The gradient itself refers to the upward slope in intervention rates when measured against deprivation. The steepness





of the social gradient varies between different local authorities, and among different groups of children.

## **Welfare Receipt Glossary**

AFDC - Aid to Families with Dependent Children (AFDC) was a federal assistance program in the United States in effect from 1935 to 1997, created by the Social Security Act (SSA) and administered by the United States Department of Health and Human Services that provided financial assistance to children whose families had low or no income. This program grew from a minor part of the social security system to a significant system of welfare administered by the states with federal funding. However, it was criticised for offering incentives for women to have children, and for providing disincentives for women to join the workforce. In July 1997, AFDC was replaced by the more restrictive Temporary Assistance for Needy Families (TANF) program.

EITC - income credit (EITC or EIC) is a refundable tax credit for low- to moderate-income working individuals and couples, particularly those with children. By design, the EITC only benefits people who work. Workers receive a credit equal to a percentage of their earnings up to a maximum credit. Both the credit rate and the maximum credit vary by family size, with larger credits available to families with more children. In 2021, the maximum credit for families with one child is \$3,618, while the maximum credit for families with three or more children is \$6,728. The maximum credit for childless workers is \$1,502, roughly triple what it was prior to the ARP. After the credit reaches its maximum, it remains flat until earnings reach the phaseout point. Thereafter, it declines with each additional dollar of income until no credit is available. In other words, taxpayers subtract both refundable and nonrefundable credits from the taxes they owe. If a refundable credit exceeds the amount of taxes owed, the difference is paid as a refund. If a nonrefundable credit exceeds the amount of taxes owed, the excess is lost.

TANF - Temporary Assistance for Needy Families (TANF) is a federal assistance program of the United States. It began on July 1, 1997 and succeeded the Aid to Families with Dependent Children (AFDC) program, providing cash assistance to indigent American families through the United States Department of Health and Human Services. The TANF program, emphasising the welfare-to-work principle, is a grant given to each state to run its own welfare program and designed to be temporary in nature and has several limits and requirements. The TANF grant has a maximum benefit of two consecutive years and a five-year lifetime limit and requires that all recipients of welfare aid must find work within two years of receiving aid, including single parents who are required to work at least 30 hours per week opposed to 35 or 55 required by two parent families. Failure to comply with work requirements could result in loss of benefits. TANF funds may be used for the following reasons: to provide assistance to needy families so that children can be cared for at home; to end the dependence of needy parents on government benefits by promoting job preparation, work and marriage; to prevent and reduce the incidence of out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families. Federal regulations require that any tax credit financed under the TANF program must be "refundable." A refundable credit is one that gives a family a payment when the credit amount exceeds a family's income taxes. The regulations specifically provide that welfare funds may be used only for the portion of a credit that exceeds a family's tax liability.

WIC - Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC) Program is a federally funded nutrition assistance program for pregnant women and families with





children under the age of five, from households with incomes below 185% of the federal poverty line. In most states, the benefits are provided in the form of vouchers that are redeemable for specific food items at authorised retailers. The program also provides nutrition education and counselling at WIC clinics, as well as screenings and referrals to other health and social services.

### **Glossary of Research Terms Used**

Cohort Studies – studies in which a defined group of people (the cohort) is followed over time. This longitudinal study design can be used to help understand the exposure or event of interest and the eventual outcome. They can be prospective (present time and the future) or retrospective (present time and past examination of events/outcomes).

Cross-Sectional Studies – observational studies that collect information on a group of people at a specific point in time. They are useful for comparing many different variables at the same time, but only give a snapshot and cannot be used for identifying the cause and effect of a behaviour or health outcome.

Longitudinal Regression – regression analysis used to examine the variables over different points in time. Non-parametric regression modelling – these are statistical techniques used when no or few assumptions can be made about the shape or parameter of the population from which the sample is drawn.

Mediation Analysis – a mediation model seeks to identify and explain the mechanism or process that underlies an observed relationship between an independent variable and a dependent variable via the inclusion of a third hypothetical variable, known as a mediator variable. A mediator therefore explains the process through which two variables are related.

Meta-Analysis - A meta-analysis is a statistical analysis that combines the results of multiple scientific studies. Meta-analyses can be performed when there are multiple scientific studies addressing the same question, with each individual study reporting measurements that are expected to have some degree of error.

Moderation - moderation occurs when the relationship between two variables depends on a third variable. A moderator is therefore something that acts upon the relationship between two variables and changes its direction or strength.

Probability Sample – methods used to select random samples which are representative of the population. Longitudinal design – observational studies where subjects are followed over time with continuous or repeated monitoring of variables. They can be used to identify developments or changes in the characteristics of the target population at both group and individual level and can establish the sequence of events of a particular outcome or behaviour.

Quasi-Experimental Studies - a quasi-experimental design aims to establish a cause-and-effect relationship between an independent and dependent variable. However, unlike a true experiment, such as a randomised controlled trial, a quasi-experiment does not rely on random assignment. Instead, subjects are assigned to groups based on non-random criteria.





Randomised Controlled Trial (RCT) – a RCT is an experimental form of impact evaluation in which the population receiving the programme or policy intervention is chosen at random from the eligible population, and a control group is also chosen at random from the same eligible population.

Survival Analysis - A survival analysis is concerned with studying the time between entry to a study and a subsequent event. For example, the time taken for a new report of maltreatment to occur in a particular group.

Regression Analysis – a technique designed to predict values of a dependent variable from knowledge of the values of one or more independent variables. This is used to indicate how much various factors may have contributed to a particular outcome (the dependent variable).

## **Glossary of Statistical Reporting**

An adjusted odds ratio (AOR) is an odds ratio that controls for other predictor variables in a model.

An effect size (d) is a number measuring the strength of the relationship between two variables in a population, or a sample-based estimate of that quantity.

An empirical distribution function (*edf*) is the distribution function associated with the empirical measure of a sample. This cumulative distribution function is a step function that jumps up by 1/n at each of the n data points.

A Gini coefficient is a measure of statistical dispersion intended to represent the income inequality or the wealth inequality within a nation or a social group. A Gini coefficient of 0.0 indicates that there is no income inequality in the state, while a coefficient of 1.0 suggests complete inequality.

The hazard ratio (HR) is the ratio of the hazard rates corresponding to the conditions described by two levels of an explanatory variable. Hazard ratios differ from relative risks (RRs) and odds ratios (ORs) in that RRs and ORs are cumulative over an entire study, using a defined endpoint, while HRs represent instantaneous risk over the study time period, or some subset thereof.

Incidence rate ratio (IRR) is the ratio of two incidence rates. The incidence rate is defined as the number of events divided by the person-time at risk.

An odds ratio (OR) is a measure of association between an exposure and an outcome. The OR represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure.

The p-value is the probability of obtaining results at least as extreme as the observed results of a statistical hypothesis test, assuming that the null hypothesis is correct. The lower the p-value, the greater the statistical significance of the observed difference. This can be denoted as  $\leq 0.05$ ,  $\leq 0.01$ ,  $\leq 0.001$ .

Relative risk ratio (RRR) is a ratio of the probability of the event occurring in the exposed group versus the control (non-exposed) group.

A simple linear regression (r) describes the correlation between two variables. The adjective simply refers to the fact that the outcome variable is related to a single predictor.





Spearman's Rho (Rho) is a non-parametric test used to measure the strength of association between two variables, where the value Rho = 1 means a perfect positive correlation and the value Rho = -1 means a perfect negative correlation.

The standardised beta ( $\beta$ ). This works very similarly to a correlation coefficient. It will range from 0 to 1 or 0 to -1, depending on the direction of the relationship. The closer the value is to 1 or -1, the stronger the relationship. With this symbol, you can actually compare the variables to see which had the strongest relationship with the dependent variable, since all of them are on the 0 to 1 scale.

The standard error (SE) of a statistic is the approximate standard deviation of a statistical sample population. The standard error is a statistical term that measures the accuracy with which a sample distribution represents a population by using standard deviation.

A t-test (t) is used to compare the means of two groups.

The unstandardized beta (B) value represents the slope of the line between the predictor variable and the dependent variable.

A z-score (also called a standard score) (z) gives you an idea of how far from the mean a data point is. But more technically it's a measure of how many standard deviations below or above the population mean a raw score is. Z-scores are a way to compare results to a "normal" population.



