

Reflections on the Traditional Role of Social Workers in Child Protection: Lessons Learned from the Strong Communities Initiative in Israel

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Introduction

Policymakers, researchers, and practitioners worldwide have long dedicated resources toward addressing child maltreatment. Most of these resources, however, have been directed toward investigation and response. Although prevention has received increasing attention during the last several years, efforts have typically focused on families deemed to be at imminent risk of causing harm to their children or on preventing revictimization. Further, such efforts have targeted individual- or family-level factors, despite a growing body of research suggesting that maltreatment results from a complex array of social, economic, and psychological stressors (see, e.g., Maguire-Jack and Font 2017; Nadan et al. 2015; Pelton 2015; Thompson 2015). These findings suggest that strategies and policies aimed at addressing community-level structures and processes are needed (e.g., Maguire-Jack and Showalter 2016; McDonnell and Skosireva 2009).

In Israel, as in many other countries, child protective services (CPS) adheres to the traditional social work model of investigation and response. In this model, the role of social workers is typically to respond to reports of child maltreatment to determine whether children are safe in their home environments. By design, social workers' involvement is reactive. This essay provides an overview of an alternative to the traditional model of social work that was developed in the context of an initiative seeking to address the community-level factors shown to influence children's safety. The model described in this essay was part of an effort to replicate Strong Communities for Children (Strong Communities)—which was first piloted in the USA—in south Tel Aviv, Israel. Strong Communities seeks to keep children safe by building systems of

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support for parents with young children. In adapting the initiative to the Israeli context, the 3-year replication effort included an emphasis on working with child protective services (CPS).

We wish to note that although this essay focuses on the social work profession, we in no way wish to imply that social workers bear sole responsibility for keeping children safe. Rather, a key tenet of Strong Communities states that effective child maltreatment prevention requires that entire communities accept responsibility for parent support and child safety. Thus, the engagement of social workers in Strong Communities entailed involving social workers in the communities in which their investigations occurred.

Community-Based Child Maltreatment Prevention: the Strong Communities Model

Protecting Children From Abuse and Neglect: Foundations for a New National Strategy (Melton and Barry 1994), a book consisting of papers commissioned by the US Advisory Board on Child Abuse and Neglect, provided insight into the role of various community attributes that affect the prevalence of child maltreatment. In particular, the book highlighted the roles of social support and material and sociocultural factors in child maltreatment rates. As a result of these papers and additional research on the role of community factors in child maltreatment, published from the early 1980s to the early 2000s (e.g., Coulton et al. 2007), the Advisory Board ultimately recommended a new national strategy for the protection of children (1993). They proposed comprehensive community efforts to promote children's safe and healthy development.

The first known effort to carry out the Advisory Board's recommendation for a neighborhood-based child maltreatment prevention strategy began in 2002, in two counties in upstate South Carolina. Known as *Strong Communities for Children*, the initiative sought to build systems of support for parents of young children. The design and implementation of Strong Communities differed from conventional child maltreatment prevention interventions in that it was comprehensive, universal, and relied upon the engagement of volunteers and community organizations. Underlying these distinctive traits was the basic notion that people should be able to get help where they are, when they need it, with ease, and without stigma (for an overview of the implementation process and components of the initiative, see Kimbrough-Melton and Campbell 2008; Kimbrough-Melton and Melton 2015). Further, the initiative was guided by a set of principles derived from research on the factors affecting children's well-being and their safety in their homes and neighborhoods (see Kimbrough-Melton and Melton 2015, for an overview).

Strong Communities included an extensive research and evaluation component. Results of studies on key components of the initiative (e.g., volunteer engagement) are reported elsewhere (Ben-Arieh and McDonell 2009; Hashima and Melton 2008; Haski-Leventhal et al. 2008). The overall evaluation found that, in relation to a comparison group, survey participants in the Strong Communities sample displayed significant changes in the hypothesized direction for collective efficacy, social support, observed parenting practices, self-reported parenting practices, parental stress and

parenting efficacy, child safety in the home, rates of child maltreatment, and rates of ICD-9-coded child injuries suggesting child maltreatment (McDonnell et al. 2015).

Strong Communities in Israel

The Strong Communities initiative was adapted to the Israeli context with the support of the Haruv Institute (see McLeigh et al. 2017). This essay focuses on two of these adaptations. First, whereas Strong Communities in the USA worked primarily with community organizations, launching a child protection initiative in the Israeli context necessitated a deeper engagement with the city's welfare department. This decision (to engage thus) stemmed from the central role that the welfare services and social workers have in Israel in the area of social issues in general, and in child protective services in particular. This decision also stemmed from the fact that two of the Israeli researchers who led the Strong Communities initiative in Israel are social workers, and it was both their vision and their dream to have social workers engaged in community-level child protection and prevention strategies. This approach involved the creation and maintenance of relationships with the social workers and an integration of the social workers in every step of the implementation process.

An additional difference between the American and Israeli context should be mentioned here. Strong Communities in South Carolina made use of existing structures (e.g., community centers, churches, civic clubs) to hold community events and for the recruitment of groups of volunteers, as opposed to individuals. The Strong Communities neighborhood in Tel Aviv lacks such structures. The only community center in the neighborhood is funded and operated by the municipality. Thus, if residents wish to hold activities or events, they do not have the physical space to do so, other than in public parks or residents' homes. Moreover, synagogues in Israel (vs. those in America) are often not places for community activity.

The second adaptation involved staffing for the initiative. Rather than hiring full-time employees to serve as outreach workers in the community, social work students took on this role. Student participants were in their third year at the Bob Shapell School of Social Work at Tel Aviv University in Israel. An added goal for Strong Communities in Israel was to engage existing and future social workers in order to encourage an increased emphasis on prevention and the role of communities in child protection within the field of social work. To that end, the training model for Strong Communities in Tel Aviv was designed to (a) reduce the gap between what we know about the nature of child maltreatment and what social workers are trained to do to address the problem, and (b) increase the focus on prevention in child protection work.

The nature of the students' involvement in Strong Communities depended on the specific phase of the initiative. For example, the first step was for them simply to engage in the community and to create a good rapport and relationship with the residents. When the initiative reached the planning and facilitation of activities level, the students stepped in and took on that role as well. In many ways, the students held the role of the outreach worker in the original American model.

The pilot was carried out in a neighborhood in Tel Aviv, Israel, which is home to approximately 7830 residents. The neighborhood is located in the southeast section of the city, an area characterized by a lower socioeconomic status, and is rated 2.4 on a 0–

10 scale used by the city of Tel Aviv to measure the residents' poverty and education levels. Most of the residents (94.5%) are Jewish, 62.3% are employed, and the majority (52.0%) are married. In regard to education, 25% completed more than 12 years of schooling, 58% completed 12 years of schooling, and 17% spent less than 8 years in school. Forty percent of the households have children under the age of 18, and 28% of the population is under the age of 18. The majority of the neighborhood's residents immigrated to Israel after 1989 (51.8%).

Community-Based Child Maltreatment Prevention and Social Work Practice

Despite growing evidence about the importance of communities in promoting children's safety, and despite concerns raised about current strategies in most developed countries for addressing child maltreatment (see, e.g., Gilbert et al. 2011), only limited attention has been paid to what this growing body of research means for the social work profession. Indeed, little attention has been given to community-level interventions in social work in Israel, both in practice and in research.

The terms *community practice* and *community organization* are used interchangeably in social work to describe a set of values, principles, strategies, and skills designed to mobilize people to influence their environment through collective action. (Other terms used in the social work context include *policy advocacy*, *social action*, and *policy practice*). Reisch (2012, p. 214) argues that an “overarching purpose of all forms of community [practice] is to increase community competence—the ability of its members to identify their needs and solve problems.” For Weill (2013, p. xi), community practice “engages citizens in problem-solving work to improve quality of life for vulnerable groups and communities.” At the heart of this type of practice lies the belief that many of the problems that individuals and families face cannot be solved without engaging in interventions at the community level (as opposed to interventions at the individual or family level). Despite this recognition of the central role that communities play in families' lives, the reality is that schools of social work have not, in education or in research, devoted considerable attention to community practice.

Schools of social work continue to put the focus on identifying, reporting, and decision-making, while neglecting prevention and its importance (Balen and White 2007; Taylor and White 2006; White et al. 2009). Indeed, to our knowledge, the literature lacks guidance on implementing curriculum and field work opportunities for social work students that focuses on primary prevention of child maltreatment.

This gap between how social work as a profession has been seen, historically (i.e., as one situated, both literally and figuratively, in communities), and its current embodiment as a professional office-based practice represents the ongoing tension between the profession's vision to carry out social change and a more individually oriented perspective. This gap characterizes the nature of social work not only in general, but in Israel, specifically. In its early years, out-of-office interventions were very common in social work practice, and the writings on such interventions in the 1970s were of central importance. However, over the last several decades, most social work practice has begun to take place indoors, in offices, with significantly fewer resources being dedicated to “outside” community aspects.

Reflections on the Role of Prevention in Social Work

To better understand the role of social workers in the context of the Strong Communities initiative, data were collected via eight focus groups with six social workers in each group, facilitated by the first author and an additional member of the research team; social work students' field diaries ($n = 58$); and interviews with 24 community residents who were the key volunteers for the initiative. Data were reviewed and analyzed by the first author and the research team.

A couple of themes emerged from the analysis of these data, each of which is discussed in more detail in this section. The first focuses on the social work profession's responsibility for and relevance to the prevention of child maltreatment. The second addresses the relationship between the social workers and parents, an issue that we found to profoundly influence prevention efforts.

All of our core informants—that is, the social workers, the social work students, and the residents who participated in the Strong Communities initiative—listed the following tasks as falling under the purview of social workers: identifying at-risk children, possessing the knowledge to assess various risk situations, investigating cases, and deciding on the best way to intervene when a child is deemed to have experienced harm or to be at imminent risk of harm. These expectations in and of themselves create an intensive daily routine for social workers. It is therefore not surprising that it took social workers a long time to understand how Strong Communities “worked.” As one of the social workers expressed:

At the beginning, when you came here and explained the initiative to us, I thought, ‘Ok, these will be nice activities for the students, but how is this relevant for me? I am working 24/7 on urgent cases; I don’t have time to play around!’

We heard this narrative repeatedly from the social workers who, prior to their participation in this initiative, had perceived their role as one of addressing crisis situations. They felt there was no time, place, or even legitimacy in the social work profession for participation in other activities, especially those related to community-level prevention, which they considered a “luxurious waste of time.” Significant efforts were put toward engaging social workers and their supervisors in the Strong Communities initiative. Over time, the social workers started to become more involved and to show up at activities taking place in the neighborhood. When they arrived, they were surprised at what they saw. One of the social workers shared the following:

I arrived at the activity only to find that all of the organizers were mothers whose children I removed from the home, or mothers currently in treatment with me, and I was so confused. How can this be? Was I missing something?

The sense of surprise, misunderstanding, and confusion expressed by the social workers led them to reflect on what they had been missing in their daily routines. They shared that the “emergency mode” under which they constantly worked left them no way, space, or time to engage with the children and their families in their day-to-day lives. This lack of being part of families' everyday environments made the social

workers feel as if their decision-making and interventions were based on partial information, at best:

I keep struggling all the time with how to make the best decisions for both the parents and the children; how to make the most responsible decisions; how to gather information about the children and family that I need. Then suddenly, in one afternoon of activity, I understand so many things that no committee or home visit or investigation could have provided me with. This, I mean just being part of their daily routine, is such an amazing tool for us, the social workers. How did we miss this?

Similar sentiments were expressed by the residents about social workers, as can be seen in some of the encounters between the social work students and the residents of the neighborhood. As one of the students shared:

I was walking around the neighborhood and stopped to talk to several mothers and children, and these were nice talks until I told them that I was learning to be a social worker. Then they stopped and asked me how I could be so rude, spying on residents in their own neighborhoods.

Another student shared:

I had such a nice encounter with several residents next to the supermarket, and they gave me a compliment – ‘You don’t look like a social worker’ – and then I understood the alienation that exists between the residents and our profession, and it is sad.

The longer the initiative went on in the neighborhood, the more residents began to reflect on the role of social workers:

You know, this is so weird. I never thought that a social worker could help me fulfill my dreams or create for me and for my friends and family in the neighborhood a place where we want to live and feel safe living. But this year, it’s like I’ve rediscovered social workers, that this is what social workers should do, that they should be part of us, getting to know us where we are, when we need them. When they are at the social work department it is like they are against me, not with me.

What becomes painfully apparent in these narratives is the distance between social workers and residents, a distance that arises from the fact that social workers typically remain in their offices. Thus, their interactions with children and families take place in the *unnatural* setting of a government office, rather than in the families’ *natural* home environments. The emotional distance that perhaps stems from this physical distance generates suspicion and even fear, on both sides, and points to a failure in the basic structure of the relationship.

Breaking Down the Walls Between Social Workers and Parents: a Key Component of Keeping Children Safe

A central conclusion derived from the implementation of the Strong Communities initiative in Israel was that the existing relationship between parents and social workers was a very destructive one and was in desperate need of repair. The parents held the social workers (as well as other practitioners) responsible for their children's health, social situations, and education, and blamed them for not caring enough about them and their children. Their narratives shed light on their tremendous feeling of loneliness in fulfilling their parental roles:

Being a parent is just being by yourself; no one really cares.

The social workers also expressed very difficult feelings:

This is so hard to see what we see every day; these parents don't have a clue as to how a parent should be.

Everything that we are doing with the children [in the mornings] is being destroyed by the parents in the afternoons.

Although the parents may have felt that the social workers did not do or care enough about them, the social workers, for their part, seemed to feel that the burden of the children's safety (i.e., protecting them from maltreatment) and well-being fell solely on their shoulders. The social workers repeatedly articulated negative perceptions of and attitudes toward the parents, with many of them expressing frustration, anger, and despair. They described the parents as difficult, uninvolved, and irresponsible:

People nowadays just don't know how to be a parent. This comes across loud and clear.

The social workers also felt that providing parenting training for parents in the neighborhood would be crucial in terms of childhood maltreatment prevention efforts:

The parents are very primitive. Their strategies toward education are problematic and abusive. There is a need for parent training.

The social workers expressed worry for the children in the neighborhood and concerns about the lack of connection between the parents and their children:

There is no real interaction or intimacy between the parents and the children in this place.

If we want to save the children in this place, the only solution is after-school organized activities; the less they're with their parents, the better.

In spite of the social workers' strong views with respect to the importance of parenting training, it is important to highlight the way in which parents tend to receive this type of intervention. Research has shown that parenting training can damage parents' confidence or alienate those who feel patronized (Todd and Higgins 1998). In addition, the idea that the practitioner possesses some sort of superior knowledge to that which the parent possesses may only perpetuate the power imbalance in the relationship between professionals and parents (Lam and Kwong 2012; Safford and Safford 1996). For parents, being a recipient of the practitioner's knowledge and skills-training may be interpreted as their giving up their own values and beliefs with respect to parenting. Therefore, parenting training may unwittingly disempower parents, even though it is meant to enhance their competence.

The parents interviewed spent a considerable amount of time discussing their frustration with the social workers' attitudes toward them. The parents addressed the structure, nature, and the characteristics of the services they were offered, and the disconnection between those services and their *real* needs and concerns:

They [the social workers] do all kinds of activities and yell at me that doing them is not expensive...but for me, I have five children. This is expensive.

They're always trying to push me to get parenting training, but I don't understand how this can help me with the problems I have. It's like they don't hear me.

The parents further elaborated on the way they feel the social workers view them:

They [the social workers] are arrogant. You can see that they think we are stupid or something

The mutual accusations essentially serve to drown out the main questions: What is best for the children? Who is responsible for them? The complicated interactions between social workers and parents that are highlighted here draw attention to the adverse effects that failed relationships hold for all involved.

The sense of alienation that exists between residents and social workers creates a situation where there is, according to the social workers' narratives, "a negative consumption of the services that we are providing to parents in the neighborhood." In other words, the social workers feel that they have valuable and unique resources to offer the parents; however, no parents approach them or avail themselves of these services. The contrast between the social workers' frustrations and the residents' surprising engagement levels in the initiative made the authors reflect on how establishing a partnership between the social workers and the residents would be key to any kind of success.

"Nothing Without Us Is for Us"

The Strong Communities initiative comprises a set of values and principles which allow for the creation of initiatives that are uniquely tailored to a

neighborhood. As such, both the social work students and the residents felt free to use their imaginations and their creativity and to focus heavily on the creation of relationships. This unique aspect of Strong Communities was a point repeatedly raised in the students' narratives. Indeed, the students were pleasantly surprised to find that the residents wished to be active and to take a central role in the initiative:

I was surprised that [people in] the neighborhood felt trust toward us. They agreed to let us into their houses and were enthusiastic about the initiative and had faith that change could happen. People wanted to volunteer and were not skeptical like I thought they would be.

To see the residents' enthusiasm and curiosity was amazingly surprising. They helped me understand what I should do. I wasn't supposed to be the expert anymore. I was a professional, and they were my partners, and together, that is where the real power lies.

The strengths perspective (Saleebey 2005) encourages workers to focus on clients' strengths and achievements rather than on their deficits. The flexibility of the principles (e.g., activities should promote reciprocity of help, enhance parent leadership and community engagement, and strengthen relationships among families and between families and community institutions; activities should include a focus on the development of widely available, easily accessible, and non-stigmatizing social and material support for families of young children) that guide Strong Communities enabled the social work students to identify parents' strengths and to build on opportunities available in the community. The students were able to ask community members what they themselves thought was needed to help families with young children, which allowed them to overcome a problem that is common to the social work field of imposing programs on people (McLeigh 2013).

It is also important to highlight that the students learned about the importance of partnership in community work. Partnership, which is often considered an anti-oppressive practice (Dominelli 2002), is still rare in social services (Rountree and Pomeroy 2010). The demand from social workers to manifest emancipatory anti-oppressive interventions within this context can be deemed unfair, especially considering that worker-agency relations are shaped within the context of unequal power relations (Isaac 2004; Pollack 2004), and that social workers themselves feel subject to oppressive forms of power by their managers, agencies, and policy (Tew 2006). Unless students are given opportunities to test out these ideas in practice settings, however, it is unlikely that they will feel confident or competent enough to integrate them into their work as qualified social workers. It was clear from their field journals that students valued having the opportunity to build partnerships and to see partnerships succeed. These partnerships enabled students to better understand community dynamics and the role these dynamics play in ensuring children's safety from maltreatment.

Implications

In the current essay, we aimed to offer a new paradigm in which the role of social workers is essentially transformed to promote children's safety from maltreatment. The central reform focuses on the building of relationships and the creation of partnerships with parents. It is amazing (and frustrating) to acknowledge the number of resources that have been dedicated to the promotion of children's safety from maltreatment, by both governmental and non-governmental organizations, while utterly neglecting a core component: relationships. Generally speaking, it is very difficult for people to ask for help; therefore, why not make receiving help less difficult, less stigmatizing, and less oppressive? The reflections of the social workers, the students, and the neighborhood residents illustrate how a good relationship can make all the difference. These issues speak to the importance of integrating both theory and practice (when it comes to the establishment and maintenance of relationships and partnerships between practitioners and families) at every stage of a social worker's education, beginning with the bachelor's degree and extending through the various training programs, where adequate supervision is a must.

That said, social workers and other such practitioners cannot bear sole responsibility for the creation of these relationships. We must not ignore the unbearable and often impossible conditions under which most practitioners work on a daily basis. If we as a society truly wish to promote the safety and well-being of children and families worldwide, we must make it possible for practitioners to engage in the daily lives of these families and to partner with them. We can do so by devoting greater resources to this task and by legitimizing such work. The social work field must meet families where they are; this is the very definition of accessibility!

At this point, some readers may, while being in agreement with the conclusions drawn, be doubting the practicality of instituting the changes necessary to make them a reality. We encourage these readers to think about the enormous resources that go into the identification of at-risk children, the investigative process, and/or the removal of these children from their homes. How much do we really follow-up with these children? With their families? Can we say that the interventions currently carried out actually promote children's safety and/or prevent child maltreatment? These are complicated questions with multiple answers, but we believe we can all agree on one thing: Children worldwide deserve better than a response of "maybe."

We do not think that the Strong Communities vision is unrealistic: Prioritizing prevention will not only promote the safety of children and the well-being of families, but also stands to seriously curtail potentially traumatic interventions that take a heavy toll on all involved—the children, parents, families, communities, and social workers. As the adage goes: "An ounce of prevention is worth a pound of cure." In short, all of us in the field, academics, and practitioners wish for a safer future for children everywhere, and we wish for this brighter future to be obtained with ease, without stigma (neither for the families nor for those charged with ensuring their children's safety), and in the settings of their everyday lives.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflicts of interest.

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