Int. Journal on Child Malt. (2022) 5:431–451
https://doi.org/10.1007/s42448-022-00120-1

RESEARCH ARTICLE

Fusing the Poverty-Aware Paradigm with Public Health Approaches to Protect Children: a Case Study of an Israeli Social Services Department

Yuval Saar-Heiman[1]

Accepted: 23 June 2022 / Published online: 13 July 2022
© The Author(s) 2022

Abstract
This article aims to explore the potential contribution of incorporating the Poverty-Aware Paradigm for Child Protection—a critical framework for child protection policy and practice—with public health approaches to protecting children. It focuses on one Israeli social services department that embraced the Poverty-Aware Paradigm as an overarching framework for all levels of practice and specifically in the context of child protection. Based on an in-depth case study of the department's child protection practice, the findings outline and describe the primary, secondary, and tertiary services and interventions through which the department addresses child maltreatment. These services and interventions are explored in light of Higgins and colleagues' conceptualization of the six core components of public health approaches to preventing child maltreatment. This exploration points to the compatibly of the two frameworks and suggests three potential contributions of the Poverty-Aware Paradigm to the development of a public health approach. First, it offers a holistic and critical framework that focuses on a multidimensional analysis of child maltreatment and makes it possible to link tertiary responses to primary-level interventions. Second, it provides a firm ethical foundation rooted in a commitment to resisting social oppression and standing by parents, children, and their relationships. Third, it infuses relational concepts and practices into the policy and practice of public health approaches.

Keywords Child protection; Child maltreatment · Public health approaches · Poverty-aware paradigm · Community-based interventions · Critical practice

✉ Yuval Saar-Heiman
yuval.saar-heiman@rhul.ac.uk

[1] Department of Social Work, Royal Holloway, University of London, Egham TW20 0EX, Surrey, UK

Despite the fact that public health approaches (PHAs) emphasize the significant influence of social determinants on the occurrence and incidence of child maltreatment, there is a paucity of knowledge regarding how to address the social and economic contexts involved in this process. Recently, however, a growing body of empirical evidence that points to the existence of relationships between poverty, inequality, and child maltreatment (e.g., Bywaters et al., 2016, 2020; Eckenrode et al., 2014; Fong, 2019; Conrad-Hiebner & Byram, 2020; Keddell et al., 2019) has led to the development of several critical frameworks and practices that aspire to address the social and structural dimensions of child protection policy and practice. This article explores the potential contribution of one such framework—the Poverty-Aware Paradigm for Child Protection (PAPCP) (Saar-Heiman & Gupta, 2020)—to the implementation of a critical public health approach to preventing child abuse and neglect (CAN) in local government contexts.

The PAPCP is a comprehensive framework that aims to challenge the dominant risk paradigm and aspires to provide a clear, practical, and applicable link between poverty and inequality and everyday child protection practice (Saar-Heiman & Gupta, 2020). This article focuses on one Israeli social services department (SSD) that underwent a 6-year process of implementing the PAPCP and embraced it as an overarching framework for practice. By exploring the manifestation of the PAPCP at all levels of the SSD's child protection work, the study examined whether and how the PAPCP is aligned with PHAs and how it can inform their theory and practice.

Critical Public Health Approaches

Critical public health scholars have long asserted that "while public health has amassed a sizable evidence base on the links between social issues and health, when it comes to the solutions, knowledge is sparse, and action is very much in its infancy" (Carey & Crammond, 2014, p. 499). In addition, PHAs are criticized for overlooking the political aspects of the social determinants of health, i.e., for not challenging or questioning the social structures and forces that create them (Coburn et al., 2003) and for prioritizing cost effectiveness and overly rationalist models of intervention. Thus, some claim that PHAs frequently "[encourage] perspectives which identify the lifestyles of disadvantaged groups as causes of health inequality" (Graham & Kelly, 2004, p. 9).

Against the background of these critiques, critical public health has gradually evolved into a distinct, albeit small-scale, area of scholarly investigation. In a recent article, Schrecker (2021) identifies five premises that underlie a critical public health approach. First, inequalities in health outcomes are ethically indefensible and require a commitment to social justice (Edwards & Davison, 2008). Second, social structures and institutions are drivers of health inequalities. Such an outlook entails looking "upstream" (Marmot, 2000) for the broad social origins of health inequalities. Third, health inequalities evolve within a specific material and political history that should receive substantial attention. Fourth, medicalization and its associated focus on individual situations has potentially pernicious impact. Last, the production of scientific knowledge is conceptualized as a social and political process.

Although some of the critical premises of PHAs may be found in the emerging body of knowledge on PHAs and the prevention of CAN, studies that bring critical PHAs to the forefront are scarce. Gray and Schubert (2019), who do take an explicitly critical stance, question the feasibility of implementing PHAs in the context of CAN and claim that at best, when applied to child protection, the public health approach has remained a tertiary response to investigation that is based on programs targeted at high-risk, low-income families. Parton (2019) takes this claim one step further and claims that the attempt to adapt a critical PHA in child protection is inherently complex because "[i]t opens up the likelihood of much greater surveillance and has a number of potential unintended as well as intended consequences, particularly in terms of the implications for the rights and civil liberties of children and adults" (Parton, 2019, p. 66).

There are, however, several examples of trends in PHA research that "[view] child maltreatment as a reflection of power relations across society that occurs at all levels, not just among the poor" (Gray & Schubert, 2019, p. 224). Prominent in this context is the child welfare inequality perspective, which is rooted in PHAs and considers how children's and families' chances of contact with the child protection system, their experiences of that contact, and its outcomes are all influenced by social inequalities related to demographic factors such as age, gender, ethnicity, socioeconomic status, location, and disability (Bywaters et al., 2019). Scholars from the UK (Hood et al., 2020), New Zealand (Keddell et al., 2019), and Norway (Kojan & Skarstad, 2021) have shown that patterns of system contact can be influenced by the quantity of a service offered, its entry and exit criteria, its goodness of fit, its cultural acceptability, and its conceptual or discursive basis. Similarly, Klevens and Metzler (2019) adapt the conceptual framework developed by the World Health Organization's Commission on Social Determinants of Health (CDSH) to child protection and provide a useful and coherent portrait of how social, economic, and political mechanisms (i.e., social and structural determinants) produce a set of socioeconomic positions that in turn shapes specific determinants of child protection involvement.

While these conceptualizations are invaluable for the development of a critical PHA in child protection, they do not relate to the implications of adapting such an approach at the local level. Moreover, accounts of their manifestation in practice are scarce.

The PAPCP

The PAPCP is a theoretical, ethical, and practical framework that highlights the interrelatedness of social inequality, poverty, parenting and risk, and child protection. The paradigm, which is based upon Krumer-Nevo's (2020) Poverty-Aware Paradigm (PAP), provides a detailed and applicable link between social justice-oriented approaches and child protection policy and practice.

Three organizing premises dictate the PAPCP's practical features. First, rooted in an analysis of poverty as a violation of human rights, the PAPCP takes a wide and multidimensional view of risks to children's well-being, which include social harms

and policies and practices that contribute to these. Thus, proponents of the PAPCP perceive risk to children's well-being as having systemic causes and view poverty as both a material predicament with strong relational/symbolic components (Lister, 2004) and a contributory causative factor of CAN. Second, in line with the concept of relationship-based knowledge (Krumer-Nevo, 2016), the PAPCP highlights the political nature of knowledge production and points to power relationships as the context in which concepts such as risk, harm, and safety are constructed. Third, the PAPCP calls for a relational and contextual ethical stance towards what is perceived as the best interests of the child. That is, it entails practitioners standing by parents and children in their struggles for good relationships and against the oppressive social context and conditions in which they live. In practice, these premises are translated into a range of relationship- and rights-based practices (Krumer-Nevo, 2020).

Child Protection in Israel

The core of child protection practice in Israel is situated in 253 local SSDs that are not exclusively focused on child protection. Although they are the primary providers of comprehensive social work services and serve families and individuals with a wide range of difficulties (e.g., economic hardship, problematic family relations, ageing, disability), child protection is the most prominent need addressed by SSDs (IMSSA, 2020). In general, in the public domain in Israel, child protection is often perceived as social workers' main function.

Initial interventions in the framework of child protection work are conducted in these departments via two main parties who fulfill different functions: the family social workers and the youth law social workers (YLSWs). The former are case managers who are familiar with the families and sometimes have been or will be engaged with them for long periods. They are charged with the development and implementation of intervention plans with families. The latter are responsible for interaction with the courts on all issues related to child protection judicial procedures. Their role is to identify and protect children and youth at risk, and they are authorized to impose emergency measures, such as a child's removal from the home, in extreme circumstances (Oppenheim-Weller & Zeira, 2018).

Throughout the last two decades, the efforts of the Israel Ministry of Welfare and Social Services to adopt a more family-services orientated policy (Schmid et al., 2010) have resulted in the establishment of community-based services as alternatives to out-of-home placement (IMSSA, 2014). Nonetheless, as Mass (2018) argues, Israeli child protection services focus mainly on direct parental guidance and are characterized by individualized and narrow therapeutic discourse and practice. In addition, the system is constantly subjected to public critique that points to the disproportional and poorly regulated use of power by social workers (IMSSA, 2014; Gottfried & Ben Arieh, 2019).

In 2015, the ministry adopted the PAP as a guiding model for social workers in five innovative pilot programs. As a first step, the ministry developed the MAPA program, a small-scale pilot program for families in poverty that was not originally

intended to target children and families at risk of CAN. Nonetheless, positive evaluations of the program (e.g., Brand-Levi et al., 2020), alongside the aspiration to develop community support services, led to the expansion of the PAP's implementation to the context of child protection through the development of three intensive child protection programs for children at high risk of CAN.

Yeruham's SSD

One of the first SSDs that implemented the MAPA program was that of Yeruham, a small, rural municipality in southern Israel with a population of approximately10,000. Yeruham is ranked in the third lowest of ten quintiles in both the socioeconomic index—the rating of local authorities by the population's socioeconomic level—and the periphery index—the rating of local authorities in terms of the dimension of proximity to economic activity in Israel (CBS, 2015, 2020). There are 3485 children in Yeruham, and 703 (20.1%) of them are registered with the SSD (CBS, 2020). This percentage is higher than the national one (13.7%) (IMSSA, 2020). With regard to the balance between the kinds of statutory interventions among children defined as being "in need" by the court, Yeruham has a greater share of children receiving help in the community (40% in the community and 60% in out-of-home care) (department's database, private communication) than the national share (29% in the community and 71% in out-of-home care) (IMSSA, 2020).

The MAPA program commenced operation in Yeruham in 2015 as a pilot with six family social workers and one team director. After undergoing PAP training, this team selected 15 families from their caseloads who would be given PAP social care while the workers received PAP supervision. Shortly after the program began, the department managers expressed their desire to embrace the PAP at all levels of the SSD's work, including the central domain of child protection. To do so, they undertook an ongoing process of providing PAP training and supervision to the entire staff. Moreover, they began to develop unique forms of practice and organizational actions based on the PAPCP's concepts. In the last 2 years, the department has been defined by its staff and the ministry as a poverty-aware department.

Method

This article is based on a secondary analysis of an in-depth case study that focused on the implementation of the PAP in the SSD's policy and practice. A detailed account of the manifestation of the PAP in the SSD's organizational practices appears elsewhere (See Krumer-Nevo et al., 2021). This article focuses specifically on the arena of child protection and aims to explore and document the manifestation of the PAP in the SSD's child protection policy and practice and shed light on whether and how the PAP is aligned with public health approaches.

To address these aims, which involve both descriptive and explanatory aspects, we took an in-depth qualitative case study approach (Yin, 2003), conducted

ethnographic observations (Shah, 2017), and held participatory inquiry workshops (Heron & Reason, 1997). The study was approved by the Ben Gurion University of the Negev ethics committee. All SSD social workers and service users involved in the observations signed a consent form. Names and other identifying details have been changed here to ensure participants' privacy.

The first phase—data collection—included 70 h of ethnographic observations of the regular activities of the SSD, including community events, neighborhood community work meetings, staff meetings, committee meetings, meetings with service users, and meetings of social workers with professionals from other services in the municipality, such as schools and health clinics. While the observations were conducted, the research team analyzed them.

The second phase of the study—the participatory inquiry—was developed alongside the data analysis. This phase included three cooperative 1-day workshops in which the entire SSD staff and ten service users took part. The aim of these was to give the participants the opportunity to describe the SSD's practice and reflect on it (for details on this phase, see Krumer-Nevo et al., 2021).

Analysis

Following the initial analysis, which focused on the implementation of the PAP at the SSD's organizational level, a further analysis that focused on the characteristics of the department's child protection policy and practice was conducted. This analysis consisted of four phases. First, an in-depth, explorative, holistic reading of the data led to the identification of all the excerpts that related to the SSD's actions regarding the welfare of children. Second, an analysis of these excerpts led to a descriptive mapping of all the services and practices related to child welfare. This mapping elicited 27 services or practices that were grouped into primary, secondary, and tertiary levels of intervention. Last, the mapping and extracts from the first phase were analyzed in light of the six questions that inform the six components of PHAs (Higgins et al., 2022), as follows: (1) What to focus on? (2) With whom to intervene? (3) When to intervene? (4) What works? (efficacious, evidence-based approaches) (5) Where to base the delivery of supports and interventions, and (6) What brings about change at scale?

Findings

Before presenting the core findings, it is important to note services users' positive experience of their relationship with the SSD and workers' descriptions of the SSD as a unique department with a comprehensive professional approach that encourages positive relationships with service users. These views were embedded within a collective organizational narrative that was repeated throughout the data. Both the experienced workers and the long-time service users described a transformative process in which the department's policy and practice in relation to its child protection

role shifted from an invasive and punitive approach to a preventative and supportive one.

Since this study does not focus on the transformation process or aspire to indicate a cause-and-effect relationship between the adoption of the PAP and the outcomes or efficiency of the SSD's interventions, the findings focus on the manifestation of the PAPCP in the SSD's work, beginning with a descriptive analysis of the child protection services and practices identified in the study. Based on this mapping of services, the second section of the findings examines this practice model in light of the six components of the public health approach proposed by Higgins et al. (2022) to prevent CAN.

Descriptive Analysis and Mapping

The analysis yielded a mapping of all the services linked in the data to CAN prevention and treatment (see Table 1). In line with PHA principles, the services were categorized as belonging to three levels of intervention: primary, secondary, and tertiary (Higgins et al., 2022). In addition, at each intervention level, unique local policies and services were differentiated from the national ones common in many local authorities.

Delineating the practices and policies that can be defined as linked to the prevention and treatment of CAN presented a major challenge during this process. As explained above, SSDs in Israel do not focus solely on child protection. Thus, although interventions may target CAN risk factors, they are often not linked specifically to CAN prevention but rather to poverty, health, employment, and so on. Moreover, interventions are frequently part of macro-level policies (e.g., income support, accessibility of health services) and are not under the control of the local authorities. In order to define the scope of the mapping, the criteria for inclusion of interventions in the SSD's work were that (a) the SSD had a role in the development, provision, or funding of the service/intervention or (b) participants mentioned issues of parenting, child development, child well-being, or child protection in relation to the service/support.

Primary Services and Interventions

Based on these criteria, ten primary services were identified:

– *The initiation of ongoing multiprofessional forums with a range of universal services in the community*: Together with other services in the community, the SSD created several steering committees that serve children and families. For example, regular biweekly consultations are held with each school and preschool team in the municipality. At these meetings, the school staff consults with the SSD staff about families and children (not necessarily service users of the department) who are having difficulties.

Table 1 Child protection services in Yeruham

Primary	**Unique local services:** - Ongoing professional forums with a range of universal services in the community - PAPCP training for service providers - Production of community events - Neighborhood development - Mobility committee **National services common in many local authorities:** - Employment services - Infancy initiative and early childhood center - Rights utilization center - Parents' task force
Secondary	**Unique local services:** - Private allied health services for families - Debtless City Committee - Context-informed awareness activities for communities with shared risk factors - Intensive support programs for young families living in poverty - Material assistance - A Sandwich for Every Child program - Enabling participation in several programs and services **National services common in many local authorities:** - After-school placements for at-risk children - Center for family support and treatment - Center for children with special needs and their families
Tertiary	**Unique local services:** - Implementation of PAPCP practices in interpersonal relationships and statutory interventions - Positioning the YLSW's role as a supporting function in the community - Committing ethically and practically to shared decision making with parents - Implementing intensive community-based placements as an alternative to out-of-home placements - Implementing out-of-home placements as part of a continuum - Incorporating a range of services in child protection meetings

- *PAPCP training for service providers*: The SSD invests in training and exchanging knowledge with other professionals in the community. For example, the SSD's staff initiated PAPCP workshops and lectures for the local authority's staff, the early childhood center, the after-school programs' staff, and two volunteer groups.
- *Production of community events*: The SSD organizes special social events, e.g., a Purim holiday fair, a back-to-school fair, and picnics for the whole community.
- *Neighborhood development*: The SSD developed a collaborative project with residents of two of the poorest neighborhoods for improving their public spaces.
- *Mobility committee*: The SSD staff is part of a community committee that focuses on promoting policies and practices that foster social mobility. The committee was initiated by the head of the authority and the SSD is the local service in charge of it. A major focus of this committee is the development of universal services for children, e.g., a technology center, although this issue is not directly related to the SSD's work.

- *Employment services*: The department developed and opened an employment center, which one of the department's social workers manages.
- *Infancy initiative*: A national pilot program (implemented in six local authorities in Israel) that aims to develop an integrative framework at the municipal level, headed by an early childhood director, to promote coordination and cooperation in all areas of activity.
- *Early childhood center*: This is part of a national network of community centers that brings together a wide range of services and programs for young children and their parents.
- *Rights advocacy center*: Established and run by the SSD, this center provides rights advocacy for the entire community on a range of issues.
- *Parents' task force*: A group of parents who patrol the local authority's parks with the aim of supporting teenagers. The staff supports the group and takes part in their group meetings.

Secondary Services and Interventions

Secondary interventions aspire to target families and children who are at risk of abuse and neglect but have not been maltreated. Hence, these interventions purposefully address families treated in the SSD in relation to a range of issues alongside specific demographic groups within the community.

- *Provision of private allied health services (e.g., speech therapy, physiotherapy) to families*: Given the long waiting times for allied health services that can be crucial for helping children, the SSD developed a network of freelance professionals. Thus, the SSD can provide families with timely treatment that meets children's needs without them having to wait for public healthcare solutions.
- *Debtless City Committee*: This ad-hoc committee was developed as a response to the acute needs of service users, specifically parents coping with over-indebtedness (Author, 2017). The committee consists of the family and a range of stakeholders in the community. The committee's aim is to collaboratively examine the debt problem and explore possible ways of addressing it.
- *Context-informed awareness activities for communities with shared risk factors*: The SSD initiates activities for communities with specific risk factors for CAN. An example of such an activity is a special play for ultra-Orthodox Jewish mothers about children's sexuality and the risks of sexual abuse. Because sexuality is a taboo subject in these religious communities, the SSD provided the community with a play developed by and for them. In another instance, the SSD produced activities for parents of children with disabilities.
- *Intensive support programs for young families living in poverty*: The SSD has two intensive family support programs. One, MAPA, is funded by the Ministry of Labor, Social Affairs and Social Services, and operates at the national level. The other is a unique, locally funded service that was developed to assist families with financial hardships. As part of these programs, families are assigned a social

worker with a low case load and high availability as well as a family support worker. In addition, they receive material assistance.

- *Material assistance*: The staff described an organizational commitment to the provision of material assistance and a flexible attitude towards it. Such assistance includes a range of financial supports that address basic needs (e.g., supermarket vouchers, furniture, home appliances, and debt relief) as well as supports that address educational, therapeutic, and employment-related needs (e.g., private tutors for children, professional accreditation for parents). The data indicates that material assistance is a legitimate professional practice in the SSD. Since resources for this kind of assistance are scarce in the Israeli welfare system, the SSD is forced to create alternative avenues for funding it. In addition, the SSD coordinates an active network of donations within the community.
- *Funding for after-school activities*: The SSD funds after-school activities for its service users' children. This is a local policy that is based on collaboration between the after-school clubs, which offer a discount to SSD service users, and the department, which covers most of the costs.
- *A Sandwich For Every Child*: A local school meal project developed by one of the SSD's service users.
- *The center for family support and treatment*: A national network of centers that offer families and children—and specifically among the SSD's service users—therapeutic support.
- *After-school centers for children at risk*: These services operate at the national level and provide after-school placement for children whose families are identified as needing childcare support.

Tertiary Services and Interventions

Tertiary responses, which are the main type of intervention in the Israeli child protection system (Katz et al., 2019), aim to minimize the harm of maltreatment and prevent its occurrence. Importantly, many of the services at the secondary level are also applied in tertiary contexts. A major finding at this level is the unique professional stance with regard to working with families where CAN has been identified. Hence, the description of the tertiary responses begins with a description of the implementation of the PAPCP in everyday practice by the frontline case workers, who are the ones working directly with families.

- *Implementation of PAPCP practices in interpersonal relationships and statutory interventions*: Workers aspire to see parental functioning in the context of poverty and stand by parents in their struggle to be the best parents they can under oppressive social conditions. In practice, this perspective is manifested in combining relationship-based counselling with active rights advocacy, intervention in the real-life context, and material assistance (Author, 2019). Workers repeatedly pointed to their aspiration to develop a relationship-based dialogue based on transparency, respect, and closeness. Moreover, they emphasized the importance

of speaking with parents about the power imbalances inherent in the child protection context.

- *Reconstructing the role of the YLSW as supportive and caring*: The YLSW is the specialist social worker who has legal duties in criminal investigations of maltreatment and represents the child's interest in juvenile courts. Accordingly, in most SSDs, these YLSWs take on at most a regulating and forensic role in statutory interventions. In Yeruham, however, the data indicates that the YLSW purposefully attempts to take on a supportive and relational role. For example, she takes part in a range of the SSD's community activities (e.g., a community retreat) and implements relational practices (e.g., meeting families in their homes).
- *Committing ethically and practically to shared decision making with parents*: The workers described, albeit sometimes as a critique, their constant attempts to make decisions that are accepted by parents. This practice was explained as both an ethical stance—"A child's relationship with his parents and sense of belonging are critical. They will always be his parents."—but also as a practical one: "We have seen and experienced so many cases that went against the parents' view and ended with poor outcomes."
- *Implementing intensive community-based placements as an alternative to out-of-home placements*: The staff demonstrated a strong commitment to using out-of-home placements as a last resort. Accordingly, the SSD invests in the creation of alternative support systems within the community. A prominent example of such a service is the provision of daily foster care. This model, which is not used formally in the Israeli welfare system, provides children with a foster home for most of the day but enables them to spend nights with their birth parents.
- *Implementing out-of-home placements as part of a continuum of community-based supports:* When removal of children from their parents' care is perceived as necessary, the staff remains deeply involved in the process with the aim of supporting a reunification process or at least nurturing the parent–child relationship. To this end, the SSD staff commits to regularly visiting children in out-of-home placements and working intensively with parents on their relationships with their children regardless of the removal.
- *Incorporating a range of services in child protection meetings*: The planning, intervention, and evaluation committees comprise a central element of the tertiary response to CAN. A unique feature of these committees in Yeruham is the broad perception of their focus and scope. Workers stated that they wanted the meetings to "support parents without focusing only on what the parents do wrong or need to change." The practical manifestation of this unique feature is that representatives of services that may not seem directly relevant to child protection are involved in committee meetings. For example, the committee gathered to discuss worrying reports from a daycare center about a child who was being neglected. In preparation for the meeting, the social worker and the family identified public housing problems as a central component of the family's difficulties and the risk to the child. Accordingly, a local public housing official was invited to attend.

Between the PAPCP and PHAs? Core Components of the SSD's Child Protection Work

By analyzing the data in light of Higgins and colleagues' (2022) conceptualization of the six core components of PHAs, the following section outlines the manifestation of PHAs in the SSD and explores the PAPCP's contribution to each of these components.

Component 1: What to Focus on?

PHAs aspires to broaden the narrow definition of risk factors and incorporate a range of conditions that create and maintain risk. Thus, focusing solely on direct interventions is not sufficient to address CAN. Rooted in an analysis of poverty as a violation of human rights, the PAPCP takes a broad view of risks to children's well-being that includes social harms and policies and practices that contribute to such harms. Although social workers in Israel are required to address poverty as an integral part of their work, when they work with families in the context of child protection, poverty may often be ignored and not perceived as the core business of the intervention (Saar-Heiman & Gupta, 2020).

In Yeruham, however, workers acknowledge the importance of addressing poverty at all levels of practice, especially in the context of child protection. The data indicates that an interactional and multidimensional understanding of the relationship between poverty and children's risk is deeply embedded in the SSD's work and that addressing issues of poverty is essential in preventing and treating CAN. Hence, based on the PAPCP, the staff takes a holistic view of families' needs and hardships that is manifested in the workers' commitment to addressing all dimensions of families' lives. This understanding is reflected in one worker's explanation regarding the SSD's practices aimed at protecting children:

> You know all the work we're doing in the SSD to support families is related to preventing risk. That's the idea of the [Poverty-Aware] Paradigm. That if we do things like advocating for housing, helping people with employment, you know what, also helping people get better health care is totally connected to child protection. If we succeed in helping in all these issues, we are definitely reducing risk.

At the practical level, attention to poverty is evident in all three levels of intervention. The primary services target the social dimension of poverty, i.e., the lack of social opportunities available within the societal structures in which parents and children function. For example, the workers explained how the neighborhood development project contributes to the physical and emotional well-being of children and families.

At the secondary level, the extensive use of material assistance is perhaps the most obvious practice in addressing poverty. By providing material assistance as an integral element of interventions, the SSD acknowledges poverty's concrete

ramifications. By insisting on providing high quality assistance, the staff also recognizes the symbolic and relational aspects of living in poverty, as one of the service users described:

> When the SW came and asked where the children sleep, he understood that my older son was sleeping with the younger one. He said, "Go buy a bed, send us the receipt, and we'll pay for it." I asked, "Really?" I couldn't believe it. He went around [the apartment]and said, "You can replace this and replace that." That was an amazing, empowering experience. The fact that he came and saw what [our] needs were . . . After he left, I went to the store and looked for furniture. I told myself, "No way will I buy all this, they'll think I'm greedy." But I took everything I needed, and they supported … and empowered me.

Last, the use of PAPCP practices in the context of child protection interventions reflects the paradigm's aspiration to connect the material and emotional aspects of life through a combination of relationship- and rights-based practices. Moreover, the importance of shared decision-making and close relationships reflects the PAPCP notion that because the knowledge of parents in poverty is often devalued, it is critically important to develop relationship-based knowledge as a core component of risk assessment.

One of the concerns voiced in relation to the implementation of the PAPCP is that it may distort the need for individual therapeutic or protective interventions for the families and children that most need them. In this sense, it is important to highlight the "progressive universalism" feature of the PAPCP that "combines universal and targeted elements into an integrated strategy" (Higgins et al., 2019, p.130). As the findings indicate, the PAPCP suggests a dynamic and flexible focus on poverty, one that shifts from the social and the material aspects of poverty at the primary and secondary levels of intervention to the more relational aspects of poverty at the tertiary levels. In this way, the framework enables the staff to respond to different needs and risk factors at varying levels of intensity throughout the different levels of intervention.

Component 2: With Whom to Intervene

The second core component is the focus on whole-of-population strategies and interventions. Hence, a PHA requires a "universal base of preventive services for all families" (Higgins et al., 2022) as a foundation for its population-wide orientation. Similarly, the PAPCP highlights that poverty is understood "not only in terms of the conditions of the poor, but also in connection to the rich, as well as in terms of the distribution of wealth in a given society and the paths to social mobility" (Krumer-Nevo, 2020, p. 26). Indeed, in contrast to most SSDs in Israel, which are perceived as services for specific vulnerable populations, the Yeruham department's staff took a universal approach and expressed a professional commitment towards the wider community of the local council and the relationships between the different groups within it.

With regard to child protection, this notion is reflected in two main dimensions of the SSD's practice. First, by developing, providing, or funding services for the community at large, the SSD is able to reach to a wide range of people and provide services to all families in the community. The second practice that builds upon the universal aspect of the PAPCP is the massive investment in the relationships with universal service providers such as schools, the baby unit at the health center, and after-school clubs. By creating joint forums, providing consultation to various services, and funding universal activities, the SSD positions itself as an expert service provider for child welfare in the community. As one of the workers explained:

> We're leading the community in everything connected to therapy in general. We organize and fund workshops at schools, targeting all the pupils, not only kids of families known to the SSD. In this way, even the kids who nobody pays attention to get some response and become less transparent.

In its relationships with other service providers, the SSD staff raises awareness of issues related to CAN, the SSD's potential in assisting with dilemmas and questions in this context, and the PAPCP logic that informs practice. In a meeting with the local health center's baby unit, for example, the nurses consulted the SSD on the issue of mandatory reporting when the unit's staff suspects a child is suffering from parental maltreatment, enabling the staff to develop a significant discussion about CAN and the SSD's duties. More importantly, it enabled the staff to promote PAPCP ideas and emphasize the respectful and cautious manner in which they speak with parents when they have concerns regarding child welfare. In addition, they highlighted the ethical necessity of making parents full partners in these encounters and suggested practical ways in which to do so. After this meeting, the team manager explained: "We need to build trust with them, or they won't come to us when they are worried about a child." While multidisciplinary forums are commonly used in child protection, they are usually focused on making space for dialogue across disciplinary boundaries. The unique element in the forums initiated by the SSD is that they are focused on crossing intervention levels, i.e., the staff makes an active effort to connect the principles and practical elements of interventions at the universal level with the principles and practical elements of interventions at the primary and tertiary levels.

Component 3: When to Intervene?

Based on the premise that providing assistance in a timely manner helps to better address families' needs and prevent their difficult situations from deteriorating further, a PHA necessitates primary prevention strategies and early intervention.

In many ways, the PAPCP's assumption that poverty is a violation of human rights that requires social workers to address it encourages a focus on the needs of people in poverty regardless of the quality of their parenting. The acknowledgment that people in poverty constitute a distinct group that deserves intensive support and assistance regardless of the quality of their parenting enables the staff to engage with families and develop close relationships that can help prevent coercive interventions

in the future. As one of the workers in an intensive program for young couples in poverty explained:

> The PAPCP is not only about poverty. The relationships that I create with people help me prevent kids from being assessed as being at risk. I have a mother I work with . . . a mother of two, an eleven-year-old-boy who babysits his three-year-old brother on a regular basis because she's at work. She was doing well. We developed a beneficial relationship, and she was promoted at work. Around that time, I got a phone from the older boy's school saying that the two boys were extremely neglected. They told me, "We know this mother and the kids are at high risk. She is neglectful." I said, "I don't think she is neglectful. I think she is struggling to get by." He was a bit surprised, and said, "You don't think that's neglect?" I said, "No, I think she is doing her best to deal with a difficult financial situation and that if you talk with her, you'll understand the situation and see that she wants it to change." And I think the fact that I already knew the family stopped the situation from escalating.

In another example, one of the service users described how an early holistic intervention that included an effort to help her find a job had a significant influence on her ability to care for her children:

> I was at home with five children and couldn't work. It was difficult and stressful. They told me, "We will help you with daycare so you can work." It was hard for me to put the kids there, but they helped me to get to a place I was happy with. And the kids grew up, thank God, in a happy home and had everything they needed.

While early interventions address needs and are therefore much more supportive, reactive interventions are undertaken in response to risk assessments and are therefore much more investigative. Both of the examples above emphasize the potential of early universal and secondary interventions to reduce the risk of more coercive interventions.

Component 4: What Works? — Efficacious, Evidence-Based Approaches

PHAs tend towards an overtly positivistic approach that aspires to create "a neutral and universally acceptable research and policy paradigm" (Coburn et al., 2003, p. 339). Rooted in evidence-based medicine, they highlight the importance of developing standardized risk assessments and promoting programs and services that demonstrate objective evidence of effectiveness in preventing abuse and neglect (Gray & Schubert, 2019). The PAPCP, on the other hand, takes a very different approach to knowledge production and perceives it as a highly political process that involves questioning the ways in which knowledge about child abuse and neglect is produced and determining the sources that shape it. Hence, with regard to this component, there is a tension between these two approaches.

Before addressing the case of Yeruham, it is important to state that the research on the Israeli child protection system is relatively underdeveloped. Moreover,

evaluations of generalist child protection interventions in SSDs have not been conducted systematically.

Thus, the staff members' willingness to evaluate their practice is in itself exceptional in the Israeli context and reflects their strong commitment to informing their practice with research. The choice to take part in a participatory study that focuses on the conceptualization of practice and not on quantifying outcomes of interventions highlights the SSD's tendency towards a critical-constructivist approach to evidence.

Nevertheless, throughout the workshops and interviews, staff members voiced their need to understand whether what they were doing was effectual. Therefore, the last part of the design involved clarifying what the staff perceived as success and considering the best ways in which to undertake such an evaluation. In this sense, this study can serve as a foundation for a more positivistic evaluation of the SSD's work. As one of the workers concluded in the last workshop:

> I feel that [after the workshops] it's much clearer to me what we are doing and why. Now I would like to know if it's working and if we are being efficient and helpful.

Component 5: Where to Base the Delivery of Supports and Interventions

Based on the premise that families' and communities' reception of and engagement with services are essential for the implementation of a PHA, services and support should be "non-stigmatizing, accessible, and community based" (Higgins et al., 2022). Accordingly, PHAs usually assert that the balance should shift from current professional domination to alternative grassroots services in the community.

Although the PAPCP also values participatory and non-stigmatizing practice, it does not contest the centrality of public child protection social workers in the provision of services and advocates changing the way in which social workers practice without challenging the notion of individual practice. In this sense, the PAPCP aspires not to base services outside of the SSD but rather to transform the role of the SSD in relation to child protection and improve the services provided to the community.

When the SSD is positioned as a service with universal elements, local perceptions regarding its role in the community gradually change. Moreover, when services and events are developed for the community at large (e.g., an employment center, volunteer network coordination, a rights utilization service), the sense of shame frequently experienced by those who receive help from social services can be reduced. A prominent example of such a practice is the production of the Purim (a Jewish holiday during which children wear costumes) event, at which all the families in town can enjoy a fun-fair and receive costumes at very low cost. By conducting this event, the SSD promotes inclusion and resists the marking of service users as a special group. More importantly, it enables children and families to attend and benefit from the SSD's resources without feeling ashamed or singled out.

> Hundreds of people attend this event, people you won't find at other events we hold, people who aren't service users. That's because the event isn't associated with welfare. It's crazy because our logos are everywhere but people come because it's good for them and their children. Even service users who don't want to be recognized as service users come to it!

Component 6: What Brings About Change at Scale

A PHA aims to deliver prevention activities and graduated-intensity support in a sustained and sustainable way at scale across the entire population. This approach is less likely to succeed if activities are run as pilot programs that are disconnected from established state-run systems (Higgins et al., 2019). Similarly, according to the PAPCP, achieving significant change requires structures and systems to place poverty and social deprivation at the heart of planning and service development. Nonetheless, while the PAP prompted a major change in the policy at the national level (Timor-Shlevin, 2021), in most local contexts, it is implemented within specific programs and not as a primary organizational approach. In Yeruham, although the PAP was first introduced by the national government as a pilot program, the SSD staff decided to adopt it as an overarching organizational approach that includes child protection policy and practice:

> We understood fairly quickly that it's not a model that you can implement with five families, it's an approach. We took it to the work with all our families. Even the secretary became poverty-aware!

Moreover, the change in the SSD was well received and supported by the local government. These processes, alongside the SSD's intensive engagement with the community, led to an overall transformation of the way child protection is perceived and practiced in Yeruham. This is not to say that wider change is not needed, both in the national child protection policy, which remains dominated by risk-averse, individualistic notions, and in national social policy, which fails to address poverty in a sufficient manner. It does imply, however, that given suitable conditions, social services departments can and should take a vital and central role in the implementation of PHAs in local contexts.

Discussion

The findings demonstrate how embracing the PAPCP enabled the SSD to implement a PHA using a critical approach. They suggest three main contributions that the PAPCP offers to the development of a critical PHA in child protection.

First, the PAPCP presents a comprehensive framework that can serve all levels of PHA interventions and practices. For the most part, PHAs struggle to bridge the gap between a structural, whole-population analysis and individual practices. Moreover, when such practices are implemented, they usually target different dimensions of parenting education (e.g., SafeCare, Triple P) at the primary and secondary levels

while overlooking social determinants. This gap is especially evident in relation to tertiary interventions in the context of PHAs. Literature on this level is scarce and mainly describes rather conventional and risk-focused interventions.

Alternatively, the PAPCP offers a holistic framework that focuses on a multidimensional analysis of CAN and makes it possible to link tertiary responses to primary-level interventions. For example, the practice of including a range of services in child protection meetings is directly linked to the primary-level intervention of providing training for service providers.

Second, although child protection work is known to be an "ethical minefield" (Lonne et al., 2015, p. 100), at best, a child protection PHA gives limited attention to ethics. Thus, the PAPCP's firm ethical foundation can potentially contribute significantly to the development of PHA policy and practice. Indeed, the findings demonstrate how the framework's commitment to a contextual and relational ethical stance permeates all levels of the SSD's practice with regard to child protection. Social workers who take such a stance aspire to stand by parents and children in their struggle against oppressive social systems and attempt to establish and maintain good relationships with them. The ethical stance is most evident in tertiary responses such as implementing intensive community-based placements as an alternative to out-of-home placements or the emphasis on shared decision-making with parents. But it also underlies primary interventions such as the production of community events that resist the othering of families in poverty and secondary interventions that are attuned and committed to addressing the social context of families' lives, e.g., enabling participation in several programs and services or providing material assistance.

Third, the PAPCP's emphasis on relationships adds an essential dimension to PHAs to child protection. The PAPCP outlines the main features of tertiary and secondary relationship-based responses with an emphasis on the power imbalances that are rife in the child protection system. Since the PAPCP goes beyond an instrumental view of the individual relationships between practitioners and families and incorporates social and political relationships, it reinforces the importance of inclusive practices that strive to resist the stigmatizing and shaming potential of involvement with the SSD. More importantly, the PAPCP's relational attunement fuels an organizational understanding that child protection depends not only on the quality of specific relationships or contexts "but also on the extent to which activities in one setting reinforce, support or amplify the benefits of activities in other settings." (France et al., 2010, p. 1900). Hence, significant resources are invested in building relationships with other service providers in the community or in primary services.

Conclusion

Importantly, although both the workers and the service users provided very positive descriptions of the SSD, and despite the promising aspects of fusing a PHA with a PAPCP, it is not possible to conclude whether or how the adoption of the PAPCP influenced the outcomes or efficiency of the SSD's interventions. Thus, examining the efficacy of the SSD's interventions and investigating its influence on the

prevalence of child maltreatment is key for furthering the development of a PAPCP that is guided by a PHA.

In sum, by illustrating the actual implementation of the PAP and conceptualizing the links between this approach and PHAs, the study offers policy makers and practitioners the following conclusions. First, addressing the well documented link between poverty and child maltreatment requires an organizational structure that addresses poverty and social deprivation in child protection policy. Second, social services can and should take the lead in the overarching effort to protect children—from providing universal and preventative services to engaging in tertiary, statutory interventions. Third, implementing a holistic and preventative framework has the potential to reduce the need for coercive and punitive interventions. Fourth, addressing the social determinants of child maltreatment should include an ethical commitment to confronting social injustice. Finally, a PHA is not an abstract idea relevant only to national policy design, but rather an applicable framework that can inform and support the everyday practice of local managers and frontline practitioners.

Funding The research was funded by the Marie Sklodowska-Curie Individual Fellowship Scheme and the Haruv Institute Post-Doctoral Fellowship.

Declarations

Conflict of Interest The author declares no competing interests.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

References

Brand-Levi, A., Malul, M. & Krumer-Nevo, M. (2020). Service user perspectives on social treatment in social services departments in Israel: Differences between standard and poverty-aware treatment. *Health and Social Care in the Community*. 10/1111/hsc.13099

Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C. & Steils, N. (2016). *The relationship between poverty, child abuse and neglect: An evidence review*. Joseph Rowntree Foundation.

Bywaters, P., Featherstone, B., & Morris, K. (2019). Child protection and social equality: Editorial. *Social Sciences, 8*(42), 1–6.

Bywaters, P., Scourfield, J., Jones, C., Sparks, T., Elliott, M., Hooper, J., McCarten, C., Shapira, M., Bunting, L., & Daniel, B. (2020). Child welfare inequalities in the four nations of the UK. *Journal of Social Work, 20*(2), 193–215.

Carey, G., & Crammond, B. (2014). Help or hindrance? Social policy and the 'social determinants of health.' *Australian Journal of Social Issues, 49*(4), 489–507.

Central Bureau of Statistics (CBS), (2015). Peripherality index of local authorities (Hebrew). https://www.cbs.gov.il/en/subjects/Pages/Peripherality-Index-of-Local-Authorities.aspx . Accessed 8 July 2022.

Central Bureau of Statistics (CBS), (2020). Characterization and classification of geographical units by the socioeconomic level of the population (Hebrew). https://www.cbs.gov.il/en/mediarelease/Pages/2020/Characterization-Classification-Geographical%20Unitsby-%20Socio-Economic-Level-Population%202017.aspx. Accessed 8 July 2022.

Coburn, D., Denny, K., Mykhalovskiy, E., McDonough, P., Robertson, A., & Love, R. (2003). Population health in Canada: A brief critique. *American Journal of Public Health, 93*(3), 392–396.

Conrad-Hiebner, A., & Byram, E. (2020). The temporal impact of economic insecurity on child maltreatment: A systematic review. *Trauma, Violence, & Abuse, 21*(1), 157–178.

Eckenrode, J., Smith, E. G., McCarthy, M. E., & Dineen, M. (2014). Income inequality and child maltreatment in the United States. *Pediatrics, 133*(3), 454–461.

Edwards, N. C., & Davison, C. M. (2008). Social justice and core competencies for public health. *Canadian Journal of Public Health, 99*(2), 130–132.

Fong, K. (2019). Neighborhood inequality in the prevalence of reported and substantiated child maltreatment'. *Child Abuse & Neglect, 90*, 13–21.

France, A., Freiberg, K., & Homel, R. (2010). Beyond risk factors: Towards a holistic prevention paradigm for children and young people. *British Journal of Social Work*, *40*(4), 1192–1210.

Gottfried, R., & Ben-Arieh, A. (2019). The Israeli child protection system. In L. Merkel-Holguin, J. Fluke, & R. Krugman (Eds.), *National systems of child protection* (pp. 139–172). Springer.

Graham, H., & Kelly, M. P. (2004). *Health inequalities: concepts, frameworks and policy*. Health Development Agency

Gray, M., & Schubert, L. (2019). Critiques of a public health model in child maltreatment. In B. Lonne, D. Scott, D. Higgins, & T. I. Herrenkohl (Eds.), *Re-visioning public health approaches for protecting children* (pp. 221–234). Springer.

Heron, J., & Reason, P. (1997). A participatory inquiry paradigm. *Qualitative Inquiry, 3*(3), 274–294.

Higgins, D., Lonne, B., Scott, D., Herrenkohl, T. & Klika, B. (2022). Core components of public health approaches to preventing child abuse and neglect. In R. Krugman & J. Korbin (Eds.) *Handbook of child maltreatment* (2nd ed.) (pp. 445–458). Springer.

Higgins, D., Sanders, M., Lonne, B., & Richardson, D. (2019). Families–private and sacred: How to raise the curtain and implement family support from a public health perspective.In B. Lonne, D. Scott, D. Higgins, & T. I. Herrenkohl (Eds.), *Re-visioning public health approaches for protecting children* (pp. 127–143). Springer.

Hood, R. Goldacre, A., Gorin, S., Bywaters, P., & Webb, C. (2020). *Identifying and understanding the link between system conditions and welfare inequalities in children's social care services*. University of Kingston and St. George's. Retrieved from: https://www.healthcare.ac.uk/wp-content/uploads/2020/04/System-conditions-and-inequalities_Full-report_Final_March-2020.pdf. Accessed 8 July 2022.

Israel Ministry of Social Services and Social Affairs (IMSSA) (2014). *The commission to examine the Ministry's policy in relations to children's removal to out-of-home placement and custody arrangements*. Hebrew.

Israel Ministry of Social Services and Social Affairs (IMSSA) (2020). The annual social services review. (Hebrew).

Katz, C., McLeigh, J., & Arieh, A. B. (2019). Reflections on the traditional role of social workers in child protection: Lessons learned from the Strong Communities initiative in Israel. *International Journal on Child Maltreatment: Research, Policy and Practice, 2*(3), 199–210.

Keddell, E., Davie, G., & Barson, D. (2019). Child protection inequalities in Aotearoa New Zealand: Social gradient and the 'Inverse Intervention Law'. *Children and Youth Services Review, 104*. https://doi.org/10.1016/j.childyouth.2019.06.018\

Klevens, J., & Metzler, M. (2019). Bringing a health equity perspective to the prevention of child abuse and neglect. In B. Lonne, D. Scott, D. Higgins, & T. I. Herrenkohl (Eds.), *Re-visioning public health approaches for protecting children* (pp. 197–220). Springer.

Kojan, B.H., & Skarstad, S. (2021). *Child welfare and socio-economic inequality: Contexts, understandings and responsibilities*, Report Series for Social Work, No. 6 (Norwegian). Retrieved from: https://www.ntnu.no/documents/1272526675/1281525946/101471_NTNU_Barnevernsrapport_dig.pdf/89919b9f-da71-13e1-cdaa-48e6cd2a01de?t=1636551839182. Accessed 8 July 2022.

Krumer-Nevo, M. (2016). Poverty-aware social work: A paradigm for social work practice with people in poverty. *British Journal of Social Work, 46*(6), 1793–1808.

Krumer-Nevo, M. (2020). *Radical Hope*. Policy Press.

Krumer-Nevo, Michal, Gorodzeisky, Anastasia, & Saar-Heiman, Yuval. (2017). Debt, poverty, and financial exclusion. *Journal of Social Work, 17*(5), 511–530. https://doi.org/10.1177/1468017316649330.

Krumer-Nevo, M., Saar-Heiman, Y. & Nahari, M. (2021) The Yeruham Model: A Poverty-Aware Social Services Department. Beer-Sheva: Ben-Gurion University of the Negev. (Hebrew)

Lister, R. (2004). *Poverty*. Polity Press.

Lonne, B., Harries, M., Featherstone, B., & Gray, M. (2015). *Working ethically in child protection*. Routledge.

Marmot, M. (2000). Inequalities in health: Causes and policy implications. In A. Tarlov & R. St. Peter (Eds.), *The society and population health reader, vol. 2: A state and community perspective* (pp. 293–309). New Press.

Mass, M. (2018). *In the best interests of the child: Loss and suffering in adoption proceedings*. Berghahn Books.

Oppenheim-Weller, S., & Zeira, A. (2018). SafeCare in Israel: The challenges of implementing an evidence-based program. *Children and Youth Services Review, 85*, 187–193.

Parton, N. (2019). Changing and competing conceptions of risk and their implications for public health approaches to child protection. In B. Lonne, D. Scott, D. Higgins, & T. I. Herrenkohl (Eds.), *Re-visioning public health approaches for protecting children* (pp. 65–78). Springer.

Saar-Heiman, Y. (2019). Poverty-aware social work in the child protection system: A critical reflection on two single-case studies. *Child & Family Social Work, 24*(4), 610–618.

Saar-Heiman, Y., & Gupta, A. (2020). The poverty-aware paradigm for child protection: A critical framework for policy and practice. *The British Journal of Social Work, 50*(4), 1167–1184.

Schmid, H., Dolev, T., & Szabo-Lael, R. (2010). Community-based programs for children at risk: The case of budget flexibility in departments of social services in Israel. *Children and Youth Services Review, 32*(2), 178–184.

Schrecker, T. (2021). *What is critical about critical public health?* Critical Public Health. https://doi.org/10.1080/09581596.2021.1905776

Shah, A. (2017). Ethnography? Participant observation, a potentially revolutionary praxis. *Journal of Ethnographic Theory, 7*(1), 45–59.

Timor-Shlevin, S. (2021). Contextualised resistance: The mediating power of paradigmatic frameworks. *Social Policy & Administration, 55*(5), 802–814.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Sage

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.