

AIM

This practice framework aims to support social workers in NI to recognise and respond to the impact of poverty on individuals, families and communities.

"THAT'S WHAT POVERTY IS – NOT BEING FREE, ALWAYS HAVING TO ASK OTHERS FOR THINGS, ALWAYS HAVING TO COUNT PENNIES. TO FEED THE CHILDREN, YOU HAVE TO COUNT: HOW MUCH FOR MILK? HOW MUCH FOR BREAD? YOU WAKE WITH A START IN THE MIDDLE OF THE NIGHT: WHAT WILL HAPPEN TOMORROW? HOW WILL WE EAT? YOU WORRY IN YOUR DREAMS. YOU CAN'T SLEEP ANYMORE."¹

Thomas

"POVERTY, TO ME, MEANS NOT BEING ABLE TO WALK AROUND WITH YOUR HEAD UP HIGH BECAUSE YOU FEEL ASHAMED FOR BEING IN POVERTY. PEOPLE LOOK AT YOU AS IF YOU'RE AN OUTCAST ON THE STREET."²

Georgina

www.therolesweplay.co.uk



CONTENTS



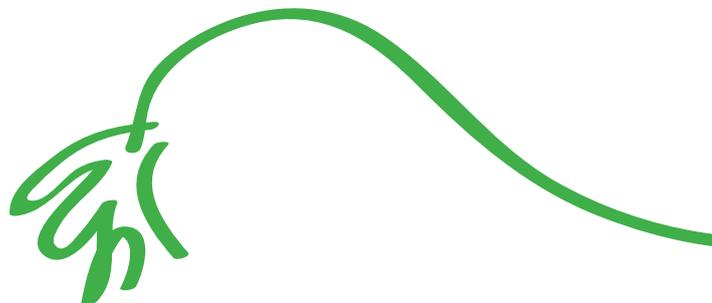
Foreword 4

Section A: Recognition 6

| | |
|--|----|
| 1. Why Should Social Workers be Concerned with Poverty? | 7 |
| 2. What is Poverty? | 7 |
| 3. Poverty in Northern Ireland | 8 |
| 4. The Impact of Poverty on Particular Service Areas and Client Groups | 11 |
| 4.1. Poverty and Health | 11 |
| 4.2. Poverty and Mental Health | 12 |
| 4.3. Poverty and Disability | 13 |
| 4.4. Poverty and Caring | 14 |
| 4.5. Poverty and Crime | 15 |
| 4.6. Poverty and Children and Families | 16 |
| 4.7. Poverty and Child Abuse and Neglect | 17 |
| 4.8. Poverty and Ethnicity | 18 |
| 4.9. Poverty and Gender | 20 |
| 4.10. Older People | 21 |
| 4.11. Psychological Impact of Poverty | 22 |

Section B: Response 23

| | |
|--|----|
| 1. Co-production | 24 |
| 2. Challenges | 25 |
| 3. Continuum of Impact and Response | 26 |
| 4. Anti-oppressive Practice | 27 |
| 5. Improving Material Circumstances | 28 |
| 6. Counter the Non-material Aspects of Poverty | 29 |
| 7. Advocacy | 30 |
| 8. Community Social Work | 31 |
| 9. Social Work Policy Decisions | 32 |
| 10. Social Work Training | 33 |
| 11. Social Work Research | 34 |
| Case Study | 35 |
| Acknowledgements | 36 |
| References | 37 |



Foreword

Children in the most deprived ten per cent of small neighbourhoods in Northern Ireland (NI) are nearly **six times more likely to be on the child protection register** and **four times more likely to be “looked after”** than children in the least deprived areas. That is one of the central findings from the Child Welfare Inequalities Project, funded by the Nuffield Foundation (2015-17) which was developed to examine inequalities in the likelihood of children experiencing child welfare interventions in the UK.

The findings are stark and challenge us as social workers to reflect on how much we consider poverty and its impact on individuals and families in our assessments and actions. The research provided the genesis for this anti-poverty practice framework for social workers in NI that is applicable across all areas of practice.

Social workers in both children and adult services instinctively know that many of those they work with do experience poverty and deprivation but it can be so commonplace that it becomes the wallpaper of practice, slipping into the background, not featuring in assessments of contributory factors and not seen as something to address.

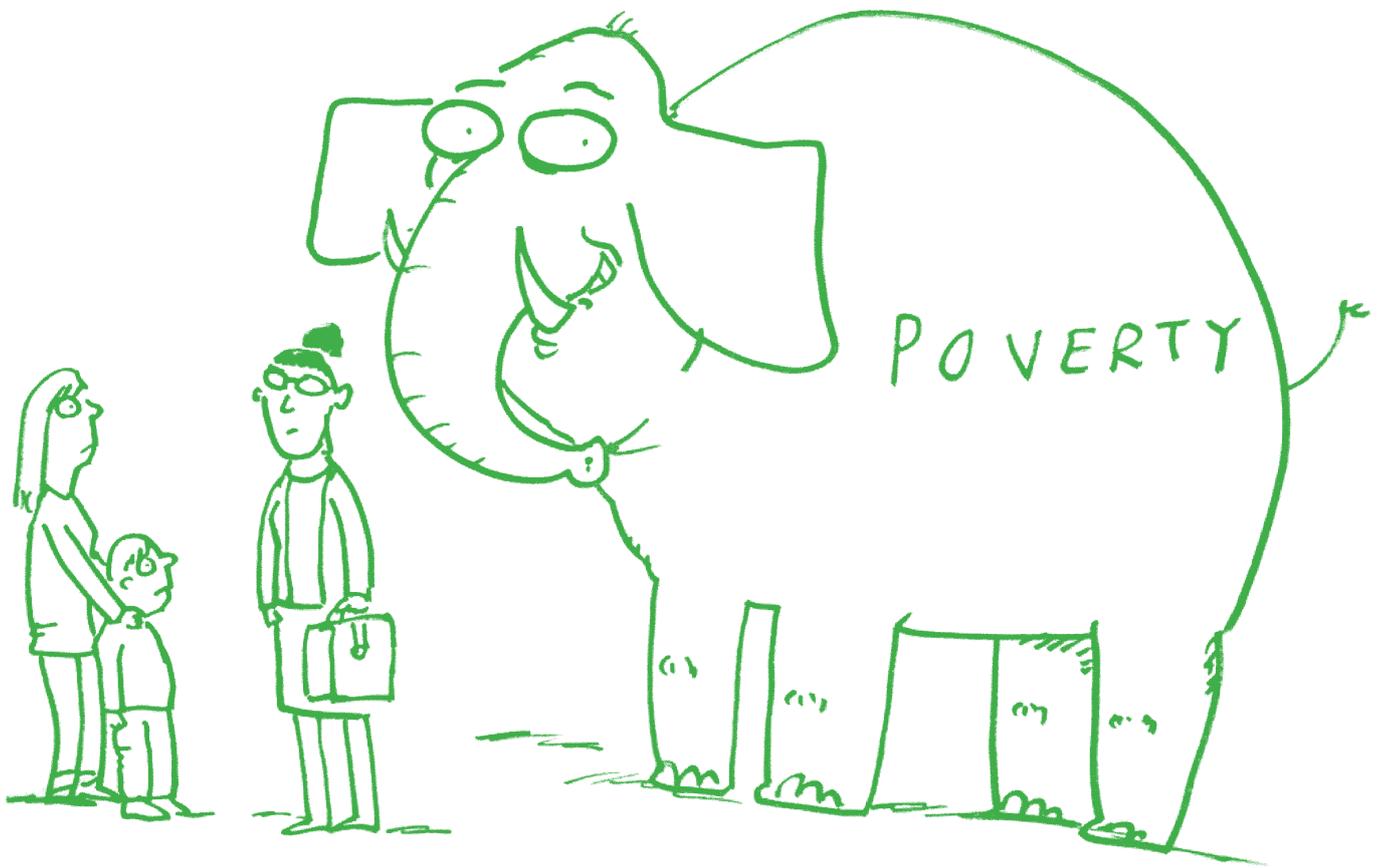
This practice framework seeks to bring poverty into the foreground of social work practice. It aims to help social workers recognise and respond to the impact of poverty on the people they support. The framework recognises that social work, as a profession committed to social justice, must address the injustice of poverty.

This is the first publication of a new series called “Reflections” which the Office of Social Services in the Department of Health is producing. The Reflections series aims to support social workers in their practice and is designed to provoke thought and stimulate a conversation with and within the social work community in Northern Ireland.



Sean Holland
Chief Social Work Officer

POVERTY – THE ELEPHANT IN THE ROOM



SECTION A RECOGNITION



"LOTS OF PEOPLE JUST DON'T KNOW
WHAT POVERTY MEANS, WHAT IT'S
LIKE OR WHAT IT'S ALL ABOUT.
THEY JUST DON'T KNOW."³

Hazel

1. Why Should Social Workers be Concerned with Poverty?



- Social work is committed to social justice and poverty is a social injustice.
- Social work's purpose is to improve and safeguard social well-being. Tackling poverty is central to enhancing social well-being.
- Social work works with systems and understands the systemic nature of poverty which is created by structural and societal inequalities. Social work rejects individual, victim-blaming narratives of poverty.

2. What is Poverty?



"I WAS BORN INTO POVERTY, CAME OUT OF IT A BIT THROUGH NOT VERY GOOD BUT REGULAR WORK, AND FELL BACK INTO POVERTY AS A YOUNG MUM WHEN I GOT DIVORCED. ECONOMICALLY, I'M STILL IN POVERTY. FOR ME, IT'S WHAT I SEE, IT'S WHAT I LIVE AND IT'S WHAT I FIGHT. I AM OF VALUE TO MY COMMUNITY AND TO SOCIETY BUT I'M INVISIBLE TO THOSE WHO DO NOT KNOW ME AND STIGMATISED BY THE HEADLINES THEY READ."⁴

Moraene

Poverty can be defined in many different ways. Commonly used methods of measuring poverty are:

- **Relative Poverty** is the most commonly used measure in the UK. A household is in relative poverty if its income is below 60% of the median household income after taxes and benefits. Relative poverty excludes people from ordinary living patterns, customs and activities⁵.
- **Absolute poverty** uses the same calculation as relative poverty (60% below the UK median income) but uses income figures from 2010/11 to give a constant measure over time⁶.
- **Relative** and **absolute poverty** can be measured before or after housing costs. After-housing costs are most commonly used because this is what people are left to live on after meeting their essential accommodation costs.

- **Material deprivation** is measured by whether people can afford certain essential items and activities. The Households Below Average Income Report⁷ (HBAI) bases material deprivation on questions about whether people have access to 15 basic items or services that are a good indication of quality of life. These include having a damp free home, being able to pay regular bills and seeing family or friends at least once a month. People are deemed to experience material deprivation if they lack at least 3 or 4 of these items. Material deprivation captures the consequences of long-term poverty on families rather than the immediate financial strain that many families can experience.

- **Minimum income standards** – these look at the cost of goods and services required by households in order to reach an acceptable standard of living⁸.
- **Self-reported measures** – people are asked how well off they consider themselves.

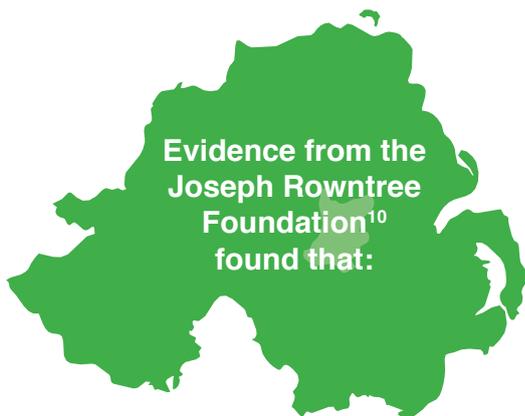
While it is useful for social workers to understand the various definitions used, it is not suggested that social workers need to measure or define individual poverty levels before responding.

Self-report and social work observation and assessment skills should be sufficient to prompt social workers to think about anti-poverty practice.

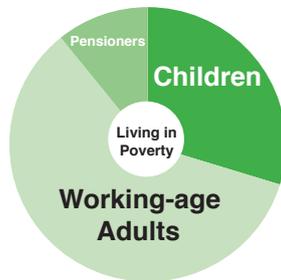
For social workers, it is suggested that the Age UK 2015 definition is a good basis for understanding poverty and its impact:

"WHEN A PERSON'S RESOURCES ARE NOT ENOUGH TO MEET THEIR BASIC NEEDS AND ALLOW THEM TO TAKE PART IN SOCIETY. THIS COULD MEAN STRUGGLING TO COVER FOOD AND ENERGY BILLS, WATCHING EVERY PENNY SPENT, WORRYING THAT NOTHING IS SET ASIDE FOR A SUDDEN EMERGENCY SUCH AS THE COOKER BREAKING DOWN, OR BEING UNABLE TO AFFORD THE COST OF TRANSPORT NEEDED TO VISIT A FRIEND OR GO TO A SOCIAL CLUB."⁹

3. Poverty in Northern Ireland



- **20%** of the population in NI live in relative poverty (**370,000** people) and this has remained stable over the last ten years.



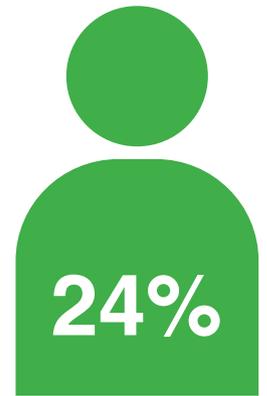
- Poverty rates in NI are slightly lower than in England and Wales but slightly higher than in Scotland.



- Poverty rates vary greatly between different groups of people. Poverty is highest among families with children and lowest in pensioners.



- **Twenty four percent** of single people without children are living in poverty.



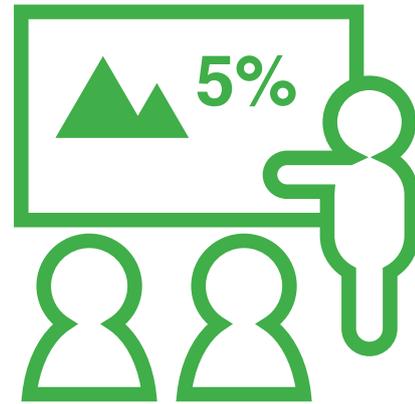
- Lone parents have experienced the highest poverty rates (**40%**) but rates are a little lower than the rest of the UK (**44%**).



- The child poverty rate in NI has remained stable over the last ten years and is lower than in England or Wales but similar to Scotland. Lower housing costs than the rest of the UK and the temporary mitigation of some benefits and tax credit changes may explain some of the lower child poverty rates in NI.

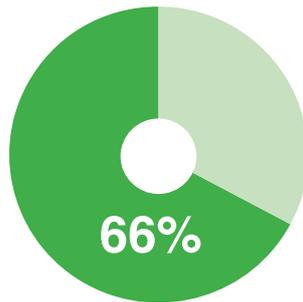


- **Fourteen per cent** of working-age households were not working in 2016. This includes those who are unemployed or economically inactive such as some people with disabilities, students or those who are ill. This rate has been consistently higher in NI than in the rest of the UK.



- The employment rate in NI is **5%** lower than the rest of the UK.

- Over **two thirds** of those living in poverty will have been poor for at least three out of the last four years. Low income is more likely to be persistent for pensioners, lone parents and those with more than three children.



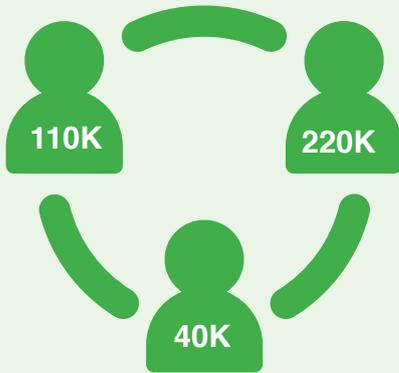
- Average weekly pay after inflation is lower in NI than a decade ago in 2008.

- Although the number of people in work in NI has risen since 2008, earnings growth has been weak, particularly for younger people.



- The employment rate is significantly lower for young people (**12%** lower), disabled people (**15%** lower) and lone parents (**12%** lower) in NI than in GB.

- In 2016, **370,000** people in Northern Ireland were living in poverty: **110,000** children, **220,000** working-age adults and **40,000** pensioners.



- In Northern Ireland, **40%** of people living in social housing were in poverty in 2013/16, having fallen from **45%** in 2003/06 (compared with **44%** in the UK as a whole). Thirty four per cent of those in Northern Ireland's private rented sector are in poverty (compared to **37%** in the UK); a slight fall from the proportion in 2003/06 (**36%**).



- Overall, **6%** of working-age adults in NI spend more than a third of their income (including housing benefit) on housing costs. This is much lower than in the UK as a whole (**16%**).



- Among owner-occupiers, the poverty rate in Northern Ireland is **13%** (compared with **11%** in the UK), similar to 2003/06 (**14%**). Because many more people are owner-occupiers than renters in NI, **43%** of those in poverty are owner-occupiers, compared to only a third in the UK.



- While urban and rural poverty have many similarities, rural areas can have some unique features. These centre round demography (for example, depopulation and an ageing population), remoteness (lack of infrastructure and services), social isolation (distance from neighbours, family and friends) and labour market issues (fewer opportunities for employment and seasonal work).

4. The Impact of Poverty on Particular Service Areas and Client Groups

Poverty has a disproportionate impact on many of the service area groups social workers work with. Social workers should be aware of the causes and consequences of poverty and use this knowledge to tackle poverty by both prevention and intervention. Individuals and families' socio-economic circumstances should be a key consideration in every social work assessment, plan and review.

4.1 Poverty and Health



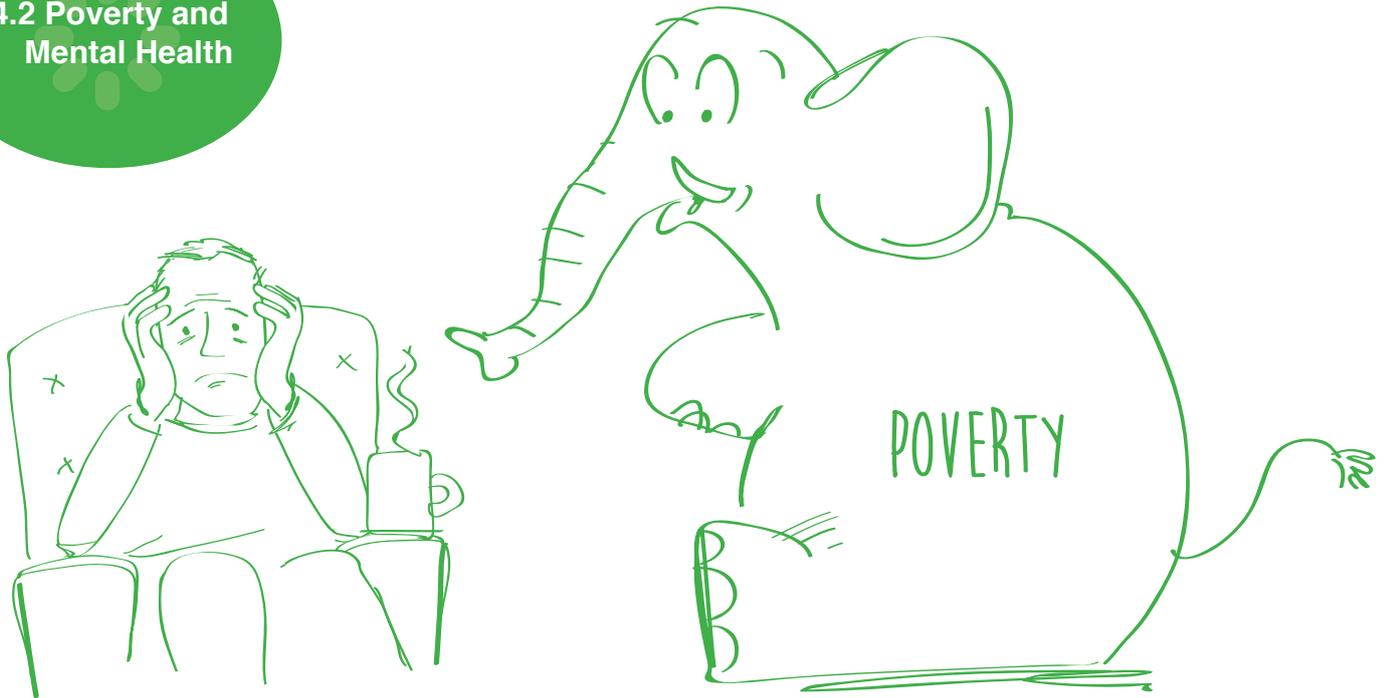
Health inequities are avoidable differences in health between people or groups of people. If you live in poverty, the chances are that your health will also be poor.

- Data from the Health Survey NI calculated that in 2011-13, female healthy life expectancy at birth in the most deprived areas of NI was 14.2 years lower than in the least deprived areas. For men, healthy life expectancy was 11.8 years lower¹¹ than in the least deprived areas.



- Alcohol and drug related indicators continue to show some of the largest health inequalities monitored in NI, with drug related and alcohol specific mortality in the most deprived areas around five times higher than in the least deprived areas¹².
- Associations between poverty and mother and child health are strong. Fifteen per cent of pregnant mothers in NI smoke and the association with deprivation is high - the proportion of pregnant mothers smoking is almost five times higher in the most deprived¹³ areas than in the least deprived¹⁴. Women living in more deprived areas are also less likely to breastfeed¹⁵. The under 20 teenage birth rate is six times higher than in the least deprived areas .
- NI child mortality rates are the highest in the UK (4.6 infant deaths per 1000 compared to 3.8 in England and Wales). The UK ranks 4th worst out of 15 OECD (Organisation for Economic Co-operation and Development) countries. Rates are 25% higher than France, Germany, Italy and Spain, and 50% higher than Sweden. These higher rates have been associated in part with the impact of poverty¹⁶.
- Evidence from the Health Survey NI 2010-11 found that those in the unskilled manual socio-economic group were less likely to report their health as good, and reported higher rates of obesity, smoking, drinking above recommended consumption, stress and other mental health problems¹⁷.
- The prevalence of child smoking is much higher amongst children from the most deprived areas.
- NI has a significant problem of adolescent suicide with rates of suicide 5 times higher in the most deprived areas compared to the least deprived areas¹⁸.
- People living in deprived areas are more likely to report signs of loneliness.

4.2 Poverty and Mental Health



Poverty increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill health¹⁹.

- Across the UK, both men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on average incomes²⁰.
- Socially deprived areas have much higher presentation and treatment rates of mental disorders in both primary and secondary care, especially in deprived inner-city areas.
- People living with mental health problems often face social disadvantage. They are more likely to be divorced/separated, live alone or in a lone parent family, have no formal qualifications, have an unskilled occupation and live in public housing.
- Children are much more likely to experience mental health problems if their parents have no educational qualifications, if neither parent is working, if the household has low income levels, if parents are in receipt of disability benefits or live in areas of deprivation.
- Young people aged 10-15 years with low socio-economic status (SES) have a 2.5 times higher prevalence of anxiety or depressed mood than their peers with high socio-economic status. Social-emotional and behavioural difficulties in children as young as three have also been associated with low household income.
- Having severe mental health problems is strongly related to parental education, parental occupation and family income.
- Stigma and discrimination over mental health problems and poverty can have a negative impact on one's ability to find or stay in work.
- The Royal College of Psychiatrists state that mental health problems have a greater impact on people's ability to work than any other group of disorders²¹.
- Between 1995-2014, mental disorders became the most common cause of receiving benefits with 47% of claims in 2014 attributed to a mental disorder²².



4.3 Poverty and Disability

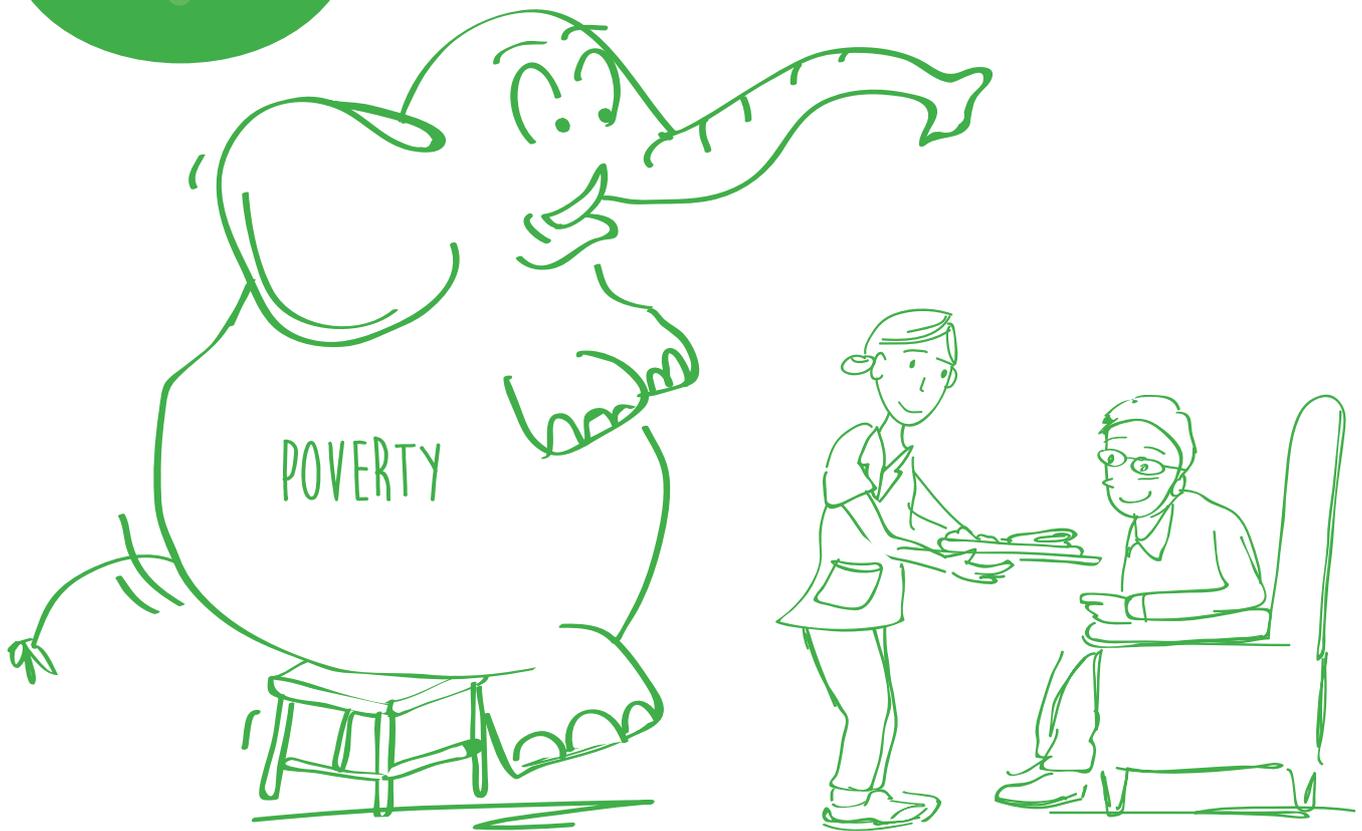


"SOME PEOPLE ARE TOO ILL TO WORK, LIKE ME. THEY'RE NOT SCROUNGERS; THEY'RE TOO ILL TO GO TO WORK"²³ Diane

People with a disability are more likely than people without to be disadvantaged in multiple aspects of life. They are more likely to be unemployed, gain fewer qualifications, receive lower pay and face higher living costs.

- Disabled people are at higher risk of experiencing poverty because their impairment may prevent them from earning an income which along with the additional costs associated with their condition further reduces their income.
- Almost half of people in poverty in the UK live in a household with a disabled person or are disabled themselves²⁴.
- In NI, 50% of people aged between 25 and retirement who are not in work are disabled. 
- NI has the lowest rates of disabled people in work in the UK and a higher proportion of working-age people claiming disability benefits.
- There is evidence that additional disability benefits such as Disability Living Allowance and the Personal Independence Payment are insufficient to cover extra costs associated with disability.
- Families with disabled children are 50% more likely to be in debt and 50% less likely to be able to afford holidays, new clothes, school outings or treats for their children.
- It costs about three times more to bring up a child with a disability and mothers with disabled children are less likely to be in paid employment.

4.4 Poverty and Caring



2.1 million informal carers are in poverty in the UK.

- The poverty rate among carers is 22% but this varies considerably by age, the level of care provided and the carer's relationship to the recipient²⁵.
- Caring often impacts households in two ways: household incomes are affected by reduced earnings and bills rise as a result of providing care.
- The poverty rate among working-age carers increases with the number of hours of care they provide. This applies particularly for those who provide care for more than 20 hours per week. Two point six million working-age carers provide less than 20 hours care per week with no adverse impact on income. However of 1.4 million working-age adults who provide at least 20 hours of care per week, 37% experience poverty.
- Participation in the labour market declines as caring hours increase. Of the working-age people providing 35 hours of care or more each week, only 40% were in employment.
- Women are over-represented in caring. Caring for elderly parents increases a woman's risk of living in households below the poverty threshold.



4.5 Poverty and Crime



People living in poverty are more likely to experience crime. Poverty if combined with other stressors can lead to an increase in the likelihood of someone committing crime.²⁶

- Being a victim of property and violent crime is more likely if a person is poor. Crime rates are also higher in areas of social housing.
- Most evidence shows a strong association between poverty and the commission of violent crimes such as murder, assault and domestic violence too. Poverty is the most consistent predictor of area homicide rates.
- Research suggests that violent crime among younger adults is strongly influenced by both the quantity and quality of work available to them with low wage and insecure work encouraging higher rates of young adult crime.
- Increasing female poverty attributed to rising rates of divorce, unemployment or low wage employment, lone parenthood and wage inequality is thought to contribute to increases in the level of crime committed by women. Qualitative research evidence has associated

women and crime with the financial crisis and feelings of humiliation that can be associated with reliance on welfare benefits.

- Difficulties in accessing affordable housing have concentrated poverty and the associated risk in increasingly segregated and isolated areas.



- Efforts to reduce poverty have been almost exclusively directed at families with children through the tax credits system but unemployed, single young men who are at the most risk of offending have not had similar protections.
- Those exiting the criminal justice system can find it difficult to source work, good housing and welfare support which can increase the likelihood of reoffending.

4.6 Poverty and Children and Families



Children are more likely to be living in poverty than the general population.

- Children in NI are much more likely to live in higher deprivation neighbourhoods than those in England, Scotland and Wales. In NI in 2015, close to 70% of children were living in the most deprived 40% of neighbourhoods, compared to 42% of children in England, Scotland (44%), and Wales (52%)³⁰.
- Family structure is important – Gingerbread reports that a third of children in the UK with a working lone parent were living in relative poverty in 2015/16³¹.
- Lone parents are more likely to be trapped in low-paid work. The number of lone parents on zero hours contracts has increased tenfold over the period between 2008-2018 while the proportion of self-employed lone parents has risen from 7% to 11%. This may reflect a change in government policy to get parents of all school age children back to work.
- One in ten working lone parents have relied on 'last resort steps' such as payday lenders, loan sharks and food banks.
- Many lone parents will receive a cut in income once Universal Credit is introduced.

- By the age of 3, poorer children are estimated to be 9 months behind children from more wealthy backgrounds. By age 16, children receiving free school meals achieve 1.7 grades lower at GCSE.



- Children born in the poorest areas of the UK weigh less, have higher infant mortality rates, suffer chronic illness during childhood or experience disability more frequently compared to children born into more affluent families³². The rate of infant mortality in the most deprived areas in NI is one third higher than the NI average³³.
- Children from low income families often miss out on events that most take for granted such as school trips, inviting friends home and holidays.
- Large-scale studies of children in families in poverty identified that these children had reduced grey matter volumes in the frontal and temporal cortex and the hippocampus. Effects of poverty on brain development can be apparent in infancy but there is growing evidence that these negative effects on child development can be mitigated or reversed through targeted parenting interventions and poverty alleviation³⁴.

4.7 Poverty and Child Abuse and Neglect

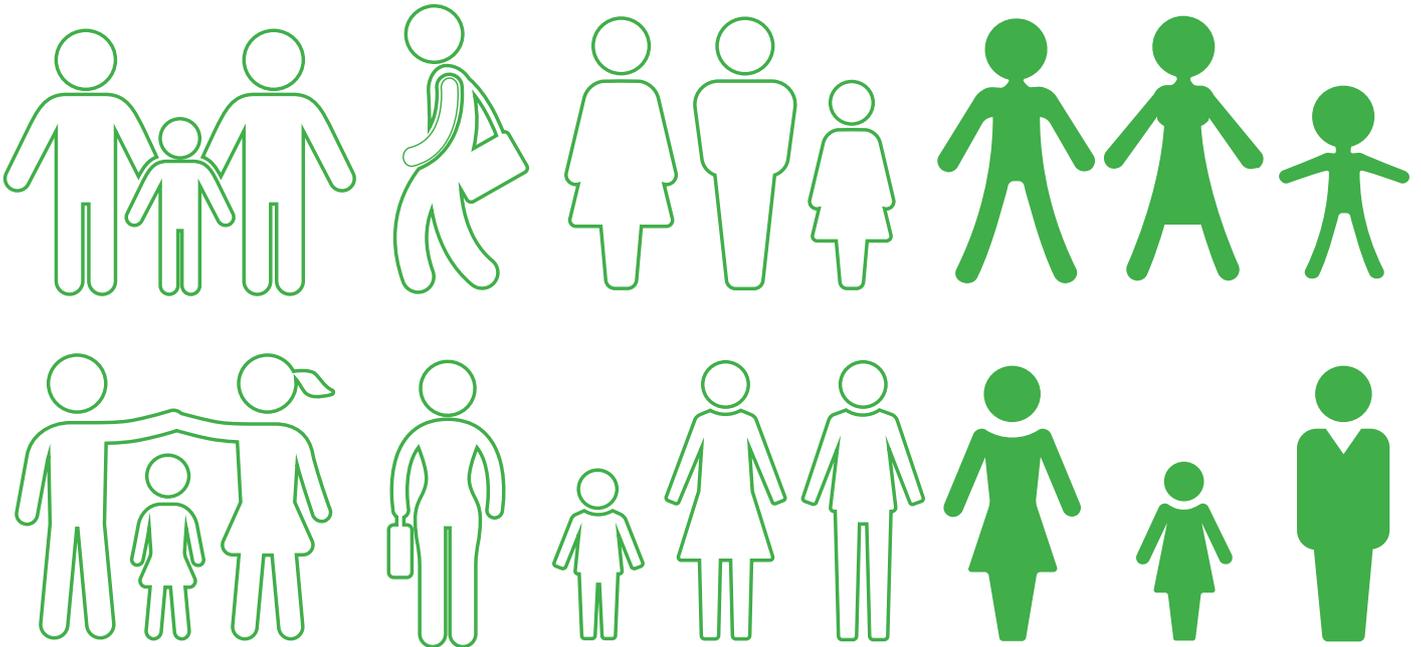


Poverty is linked to increased reported rates of Child Abuse and Neglect (CAN) although it is neither a necessary nor sufficient factor in this.

- Many children who are not from families in poverty will experience CAN in some form and many children in families who are living in poverty will not experience CAN. There can be many factors causing CAN. Poverty is only one factor, but perhaps the most pervasive.
- The greater the economic hardship, the greater the likelihood and severity of child abuse and neglect.
- This is a multi-faceted issue. Poverty interacts with other risk and protective factors which can increase or reduce the chance of child abuse and neglect. These factors include parenting capacity, negative adult behaviours, positive adult and child behaviours which promote social support and resilience, and the social and physical environment.
- The Family Stress Model³⁶ states that long term poverty causes stresses which negatively affect child development, relationships and parenting capacity. Poverty can also affect children directly through poor nutrition, housing, inadequate heating and clothing as well as indirectly through stress.
- A systematic review of longitudinal research has also found an association between CAN and poorer economic outcomes in adulthood over and above the socio-economic status of the family of origin³⁷.
- The chances of becoming looked after or being on the Child Protection Register (CPR) in NI are higher if you live in a more deprived area. Children are four times more likely to be looked after and six times more likely to be on the CPR if they live in the most deprived areas compared to those living in the least deprived areas³⁵.
- The strongest evidence of the links between poverty and CAN, is US-based and research in the UK has been more limited. Nonetheless, it points to a consistent relationship between disadvantaged family socio-economic circumstances and increased chances that children will experience CAN.



4.8 Poverty and Ethnicity



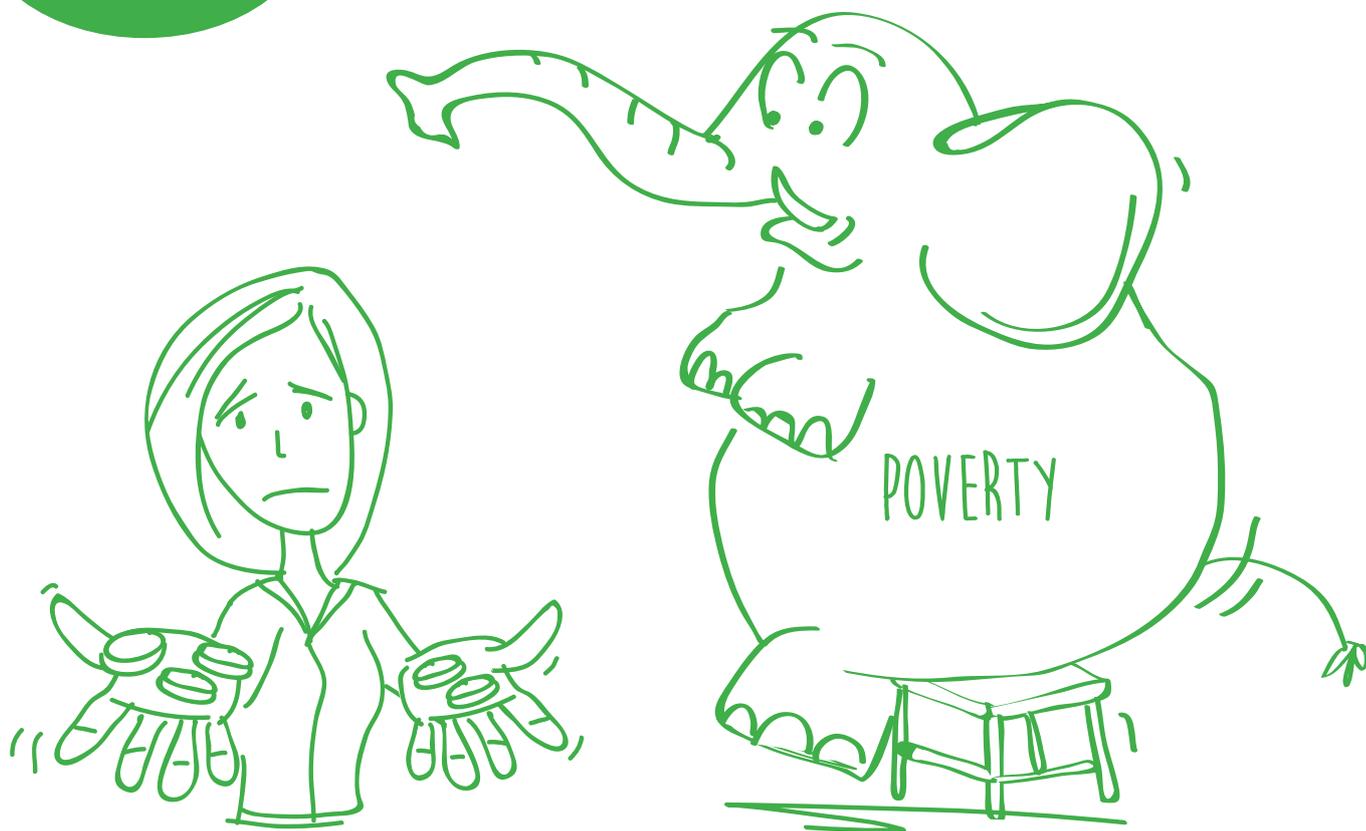
People from ethnic minority backgrounds experience inequality and can face specific problems in terms of finding suitable employment, housing, education, and health.

- Inequality and segregation in the employment market are key obstacles to moving out of poverty for ethnic minorities in NI with many people trapped in low paid, low skilled jobs³⁸. People from the black community and from Eastern Europe are particularly affected. Asylum seekers legally excluded from working also continue to face severe challenges.
- There are numerous difficulties and problems for ethnic minority individuals in accessing suitable and adequate housing, with many living in the private rented sector or tied migrant worker accommodation associated with disrepair, high costs and overcrowding³⁹.
- Ethnic minority groups have reported problems accessing health services, experiencing racism of frontline staff or cultural insensitivity, lack of recourse to public funds and awareness of services and problems communicating their needs⁴⁰.
- There is some evidence that some individuals from ethnic minority communities are reluctant to claim benefits and are confused about, or unaware of, their entitlements. Time delays associated with claims can cause serious shortfalls to household income.
- People with larger, ethnically mixed networks were found to be significantly less likely to be in poverty than those with small mono-ethnic ones. Using social networks to seek out employment can often reinforce routes into low-paid work and pressure to take on family businesses.
- Current childcare provision is seen as failing to meet fully the needs of Travellers and ethnic minority people.
- Significant healthcare inequalities exist between the Traveller community and the general population with substantially higher rates of ill-health that affect their day-to-day life, including higher rates of chronic disease and associated risk factors resulting in a shorter life expectancy, higher mortality rates and a suicide rate in male Travellers⁴³. Their experiences of health services are less positive with evidence that some medical practices are reluctant to accept Travellers⁴⁴.
- A number of Romanian nationals belong to the Roma community and although there aren't precise figures about this population, it is thought there are about 1000 members in NI with many living in Belfast in the Botanic/ Lower Ormeau area⁴⁵. The Roma community is generally employed in the informal sector and a recent EU survey of 11 Member States found that Roma households are much more likely to be at risk of extreme poverty than non-Roma residents⁴⁶.

- The Traveller Community continues to suffer from particularly severe inequalities and discrimination in the areas of employment, education, accommodation and health^{41, 42}.



4.9 Poverty and Gender

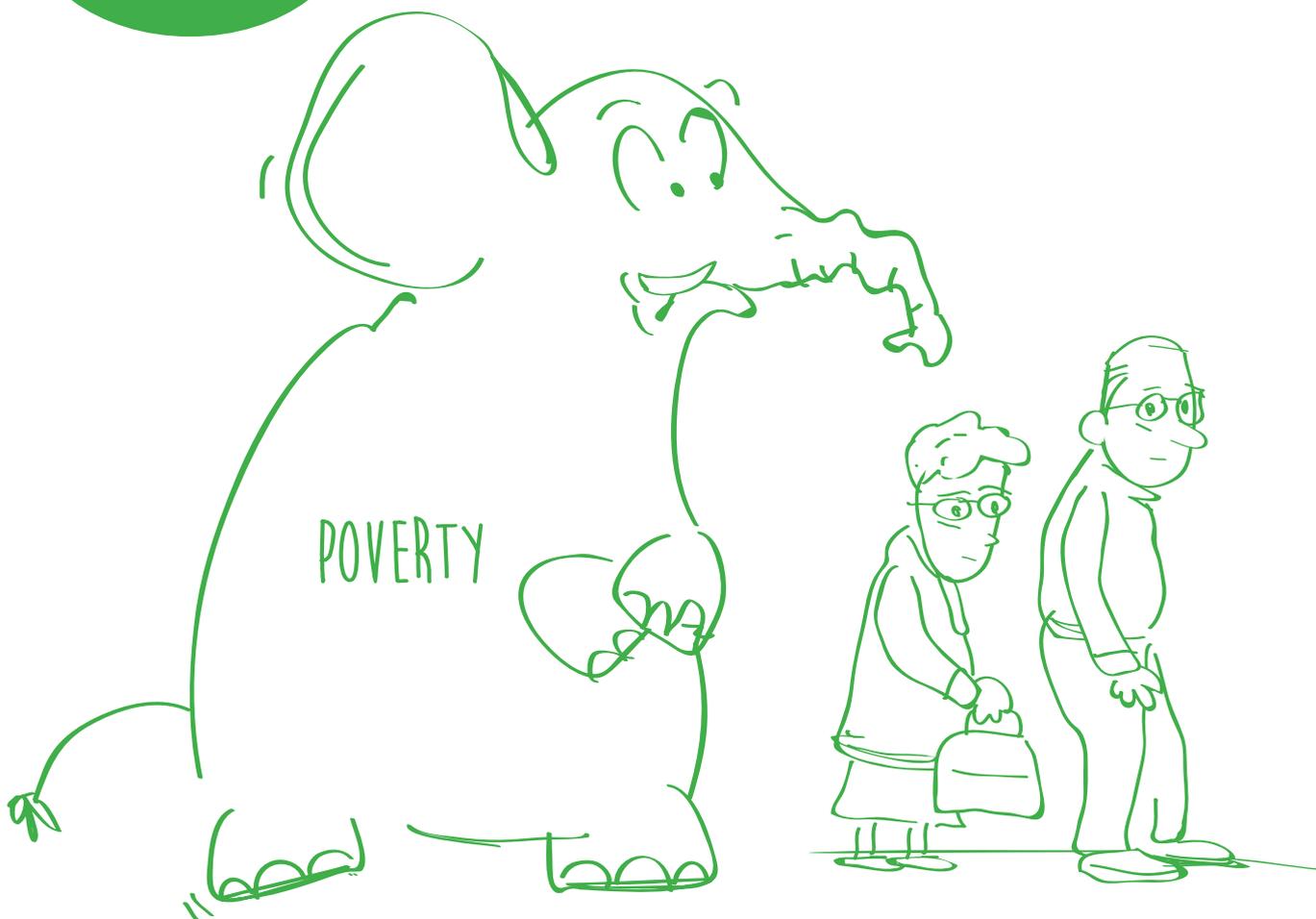


Women are more likely to experience poverty than men⁴⁷.

- Women's poverty is worsening due to increased divorce rates, more women in low wages jobs, unemployment, lone parenthood, and wage inequality.
- Women are more likely to be lone parents, provide an informal caring role for elderly or ill relatives or be in precarious low paid employment than men.
- Female prostitution has been linked to poverty, with economic survival the most commonly cited reason for turning to prostitution.
- Other studies have identified the link between poverty and female crime forced by 'critical moments' in women's lives that lead them to engage in illegal activities. Unexpected events push them into financial crisis and send them into a spiral of decline from which crime becomes a desperate measure of survival.



4.10 Older people



Although older people may be less affected by poverty than other groups and poverty rates have fallen over the last 20 years, there are still 1.9 million pensioners living in relative poverty (and half of these are living in severe poverty i.e. have incomes less than 50% median income), 40,000 of whom live in Northern Ireland.

Some older people have greater risk of living in poverty than others:

- Older pensioners – pensioners aged 75+ have approximately a quarter less income than younger pensioners⁴⁸.
- Single pensioners – 16% of single pensioners, compared to 13% of couples, live in poverty⁴⁹.
- Pensioners without an occupational/personal pension are three times more likely to experience poverty than those who do have one.
- Households headed by older people are also much more likely to experience fuel poverty⁵⁰.



4.11 Psychological Impact of Poverty



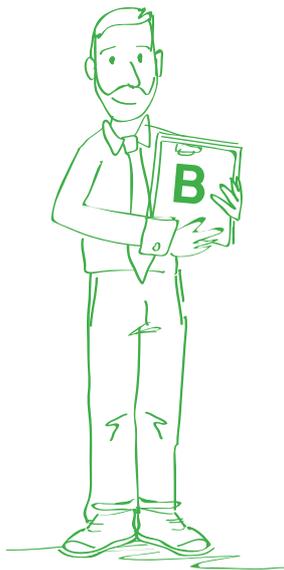
"I FEEL ATTACKED WHEN I OPEN A NEWSPAPER, WATCH TV OR LISTEN TO THE RADIO. I LOVE LOOKING AFTER MY FAMILY, AND I'M NEEDED TO DO IT, BUT I HATE THE STIGMA, SHAME, INSECURITY AND INSTABILITY THAT COME WITH BEING ON BENEFITS. I SHOULDN'T HAVE TO FEEL ASHAMED."⁵¹ **Bea**

In addition to the material impact of poverty, those who have experienced it report marginalisation, stigma and shame.

- Feelings of fear, anxiety, depression, low self-esteem and isolation are also common-place.
 - People may also feel guilt about an inability to provide, particularly for their children.
 - Evidence from the Joseph Rowntree Foundation⁵² found that the complexity and stresses of poverty creates a constrained decision-making context, with many decisions focused on the present or the immediate stressor, sometimes at the expense of future goals. Apparently poor choices and decisions may in fact be rational or adaptive in the context of inadequate and insecure resources. It is important for social workers to understand this process.
- Lower socio-economic status (SES) is connected to low self-esteem and social exclusion, which can hinder people's motivation and capacity to improve their conditions in education, employment and health. They can also feel less in control of their lives, and feel that changing their behaviour will make little difference.
 - Growing up in poverty may also create conditions that make it difficult to trust other people.



SECTION B RESPONSE



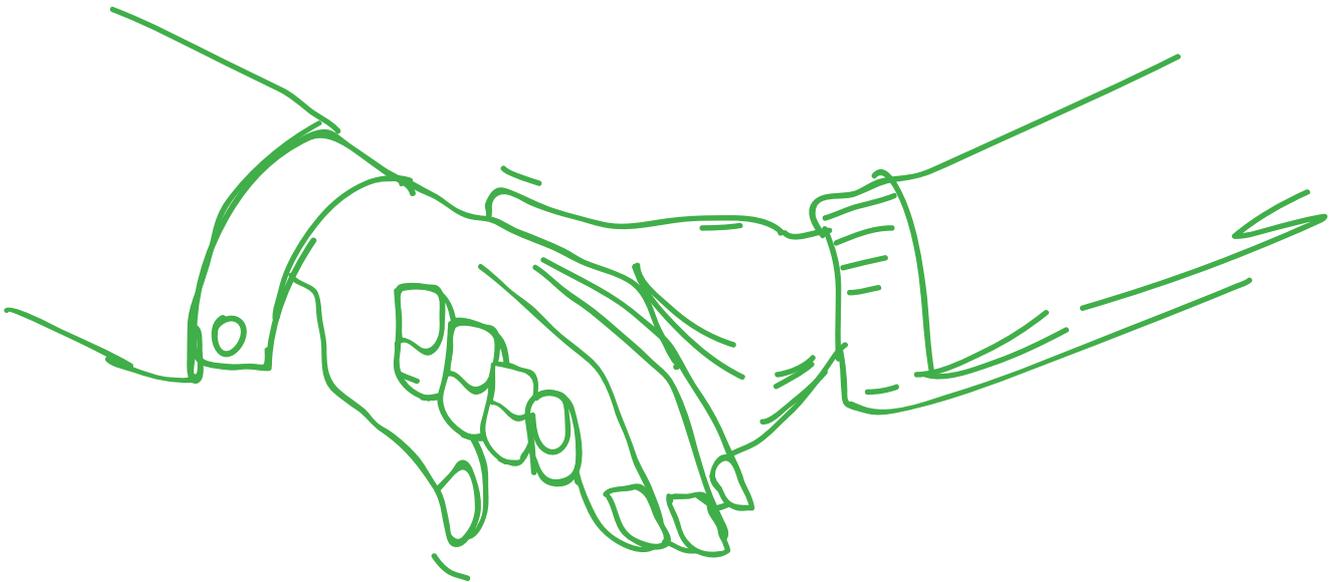
"WHEN YOU'RE IN POVERTY,
IT'S IMPORTANT TO FEEL YOU'RE
A VALUED MEMBER OF THE COMMUNITY.
IF YOU FEEL YOUR OPINIONS MATTER AND YOUR
VOICE IS IMPORTANT TO SOMEONE OUT THERE,
YOU WILL CONSTANTLY GROW AND EVOLVE"⁵³

James



CO-PRODUCTION

"INSTEAD, CELEBRATE OUR STRENGTHS, OUR RESILIENCE, THE THINGS THAT PEOPLE IN POVERTY CONTRIBUTE, THE FIGHT WE HAVE FOR OUR CHILDREN AND THE FIGHT WE HAVE FOR EACH OTHER."⁵⁴ **Moraene**



Social work responses to poverty must be co-produced with service users. Social workers should be very careful not to impose any particular narrative of poverty on others but should recognise that those who have experienced poverty understand it best and they should listen to and learn from that experience. Social workers should also recognise the resilience of many of those coping with poverty and use a strengths based approach to mutually identify and agree necessary supports.

2

CHALLENGES



The extent of poverty is such that it would be understandable for any one social worker to ask; “what can I do about poverty?” This framework wishes to support social workers to feel empowered to tackle poverty. In the same way as social workers address racism, sexism and disability discrimination, social workers can tackle poverty in a multi-layered way within their own spheres of influence.

CONTINUUM OF IMPACT AND RESPONSE



Poverty aware practice belongs across the whole social work practice continuum from prevention to care and control. Anti-poverty practice should be embedded in routine processes such as assessment, planning and review. All assessments should include consideration of socio-economic circumstance, the impact on the individuals concerned, on household functioning and on people's capacity to change. Both the short-term impact and the long term impacts also need to be tackled. Social workers could be tackling poverty by:

- Providing access to high quality play resources for children experiencing poverty through early years' social work services.
- Advocating with social security about benefit entitlements for a service user.
- Supporting a service user to apply for a rent deposit scheme.
- Providing an Article 15 payment for urgent food supplies.
- Building a service user's confidence to speak out about their situation.

ANTI-OPPRESSIVE PRACTICE



"MOST OF US ARE REALLY INVOLVED WITH OUR NEIGHBOURS, OUR FAMILIES AND OUR COMMUNITIES AT SOME LEVEL OR OTHER. PEOPLE MAY LOOK AT A SINGLE MUM AND JUDGE HER ON HER SITUATION BUT THEY DON'T KNOW WHO SHE BABYSITS FOR, THE NEIGHBOUR SHE DOES THE SHOPPING FOR OR THAT SHE HELPS OUT AT HER CHILD'S NURSERY. THEY DON'T KNOW WHAT HER LIFE IS AND YET THEY JUDGE HER."⁵⁵ **Moraene**

Social workers should respond to the injustice of poverty within the context of anti-oppressive practice. The use of Thompson's⁵⁶ PCS, personal, cultural and structural model will support social workers to do this.

At a personal level, a social worker may need to challenge their own views that those experiencing poverty just need to work harder, or budget better, or waste less or reduce their expectations. Such views could lead a social worker not to truly hear and understand a service user experience and could compound a service user's experience of stigma and guilt.

Do we unthinkingly make demands of service users, perhaps in child protection plans or risk management plans that create financial pressure?

Do we demand such high standards of personal behaviour and self or household management that anyone would struggle?

Do we give up on people who haven't turned up for appointments or haven't "engaged" without considering or tackled the underlying factors that might have caused this such as poverty?

At a cultural level, social workers may need to challenge the value placed on material success, or beliefs that anyone can "make" it with the right motivation. Do we divide people up into the deserving and undeserving poor? Do we think that those claiming benefits are "scroungers"? Do we think that those claiming benefits are likely to be cheating the system?

At a structural level, social workers may need to challenge a system that won't, for example, give out cash but will give food vouchers. Does this speak to views about an inherent irresponsibility of those experiencing poverty?

Do we organise our services to facilitate access for those who don't have a car? When we engage with service users and carers, do we ensure we hear the voices of those who are marginalised by poverty? Do standards about "good enough" or "acceptable risk" factor in poverty?

Is tackling poverty an organisational priority? Are our policies poverty proofed?

IMPROVING MATERIAL CIRCUMSTANCES



Social workers should consider ways of alleviating material poverty for their service users. This could include:

Ensuring that the people they are supporting are receiving their maximum benefit entitlement. While social workers do not need to be expert in all aspects of the benefits system, they should know enough to be aware of possible entitlements and be able to give basic advice. Where more expertise is required, social workers should be aware of avenues of support for benefits claims and appeals such as the Citizen's Advice, other advice centres and the social security's "Make the Call" service.

Social workers should also be aware of all local advice services and what each one offers so they can signpost service users according to need. Areas to consider might be advice on heating, insulation, debt management, banking, loans, money management, housing cost arrears, landlord advice, rent deposit schemes etc.

Social workers should be aware of their power to make cash grants under Article 18 of the Children (NI) Order 1995 and Article 15 of the Health and Personal Social Services (NI) Order 1972.

Social workers should consider the use of these legislative provisions to alleviate poverty where appropriate as part of the process of social work intervention.

Social workers should consider the prioritisation of those experiencing poverty for access to discretionary resources such as carers' grants under the Carers and Direct Payments Act (NI) 2002.

Social workers should be aware of and refer to local charities and support organisations which can offer support to those experiencing poverty. These might include food banks, faith groups, clothes banks, homeless shelters and homeless outreach services, luncheon clubs, home repair services and community transport services.

Social workers should be aware of grant-making organisations which may provide support to individuals or groups experiencing poverty.

Social workers should also offer advice and support to service users wishing to take up employment.

COUNTER THE NON-MATERIAL ASPECTS OF POVERTY



"THESE HAVE BEEN CHANCES TO SPEAK UP MYSELF AND ALSO ON BEHALF OF PEOPLE WHO CAN'T SPEAK FOR THEMSELVES. I CAN BE A VOICE FOR THEM THAT ARE IN POVERTY AND TRY AND HELP THEM OR COAX THEM TO DO THE SAME BUT IF THEY DON'T FEEL THEY ARE ABLE, BECAUSE THEY FEEL DEMORALISED OR HAVE NO SELF-ESTEEM, THEN I'D RATHER SPEAK UP AND SPEAK OUT FOR THEM. THE POINT IS TO HIGHLIGHT THE IMPORTANCE OF POVERTY TO PEOPLE IN HIGHER-UP POSITIONS AND TO ASK THEM, IN A POLITE WAY, TO DO SOMETHING ABOUT IT."⁵⁷ **Amanda**

In addition to countering the material aspects of poverty, social workers should also consider what actions they can take to ameliorate the non-material aspects of poverty.

Social work is a relationships based profession and social workers should form respectful relationships with service users who experience poverty which promote their dignity, self-belief and self-esteem.

Social workers should encourage service users to develop the confidence and skills to find their voice and challenge their situation.

Social workers should seek out options to counter lack of opportunities arising from poverty. Social workers should consider whether or not access to play, education, work, sport, travel, holidays or social and leisure activities is affected and if so, whether or not they can support access to these opportunities in any way.



ADVOCACY



Many of those who experience poverty also experience marginalisation and exclusion. Many feel disempowered. Social workers have a role in countering these experiences through advocacy, resource brokering and systems negotiation with and on behalf of service users.

Social workers might do this by:

- challenging a landlord about their duties to make repairs.
- accompanying a service user to a benefits appeal hearing.
- negotiating better repayment terms with a loans company.
- writing a supporting letter for a grant application.

Social workers should seek to empower service users themselves but should also recognise the inherent power of their own positions and use that to support betterment for their service users.

COMMUNITY SOCIAL WORK



"A BIG SUPERMARKET WANTED TO MAKE OUR HOME INTO A CAR PARK. THEY WANTED TO MOVE US AWAY AND TAKE AWAY OUR HOME BUT WE STOOD UP FOR OUR RIGHTS. WE WANTED AN ACCEPTABLE HOUSING REPLACEMENT. AFTER A SEVEN YEAR-LONG LEGAL STRUGGLE WE SUCCEEDED AND A NEW BLOCK OF FLATS WAS BUILT FOR US AND THE OTHER RESIDENTS. MY WIFE CUT THE RIBBON TO OPEN THE NEW FLATS. TOGETHER, WE ACHIEVED SOMETHING SPECIAL AND WERE NO LONGER EXCLUDED, BUT PROUD OF OUR NEW-FOUND DIGNITY. OUT OF EXCLUSION AND INTO DIGNITY."⁵⁸ **Derek**

Social workers should be aware of poverty for individuals and families but recognise that whole communities can experience poverty also.

Social workers should be aware of the potential for paramilitary and criminal involvement in finance and debt issues for some communities and understand the pressures this can create.

Recognising the community aspect of poverty is important in both understanding the issues and in tackling them.

Social workers should work in partnership with local communities and support communities to develop their ability to combat poverty. They should get to know the assets in the community and support the development of social capital.

Supporting and promoting community empowerment, community mobilisation, social investment, community interest companies and volunteer resources are all areas where social work can lend its skills, experience and resources.



SOCIAL WORK POLICY DECISIONS



Social workers should act as leaders in tackling poverty. Leadership on this issue can occur at many different levels.

- All social workers can lead by the example of their own practice.
- All social workers can educate and influence others to become poverty aware and to engage in anti-poverty practice.
- Those in formal management, leadership and policy making positions can also consider how the strategic allocation of resources and services can be used to alleviate poverty and counter discrimination against those experiencing poverty.
- Social work managers should create the space for practice that makes it possible for social workers to apply anti-poverty principles.
- The importance of preventative and early intervention services should be recognised so that the longer term and most harmful consequences of poverty can be reduced.
- Poverty awareness should form part of all policy making to ensure that no adverse impact on those experiencing poverty is created.



Poverty, its causes and consequences, should be a core component of undergraduate social work teaching. Students should be taught to consider poverty as structural inequality which requires anti-oppressive practice. Students should be introduced to this practice framework to support them in their learning and practice.

Post-graduate training should also be available as poverty specific training and with poverty awareness being included in other training. So teaching on mental health, child abuse, adverse childhood experiences or carer support, for example, should all include the associations between these topics and poverty.



Social work researchers should consider poverty and its relevance to social work as a specific topic for research. This could include further research on the causes and consequences of poverty and the effectiveness/impact of anti-poverty intervention. Poverty as a causal, contributory or confounding factor in other areas of social work research should also be considered.



Angela – ATD Fourth World family member⁵⁹

I AM ANGELA, A MUM OF SEVEN KIDS. I HAVE ONE DAUGHTER STILL AT SCHOOL AND ONE AT SIXTH FORM COLLEGE. I TRY TO DO ALL THE DAY-TO-DAY THINGS THAT PARENTS DO.

I have come to talk to you about how poverty has affected my kids' access to education.

I believe that going to school is important. Kids need to get a good education because it will help them find a job when they are older. If they can find a job then they can earn money and I want my children to earn money so they can pay their own bills and become independent.

Two and a half years ago, in a case conference, the school complained that my daughters were being late for school and sometimes missing school altogether. It was because they had no zipcards. This meant they could be thrown off the bus and the school complained about their poor attendance.

It's fair to say that it was disrupting their education. They were missing out. And when you're late, I think the whole class gets disrupted. But I don't remember the school or social services ever asking if they could help.

I realised that we needed a plan to get their zipcards sorted out but it was not easy.

Firstly, you have to apply online but I had no computer at home and no way to get online. I had to ask for help.

Second, you also need an email address to apply online. We had to create an account for me because I didn't have one. I don't have a computer so I didn't need one.

Third, to apply for a zipcard, I needed the girls' birth certificates. And I needed passport sized photos too. We had lost the birth certificates a long time ago so we had to order them online and that cost money. And we didn't have any passport sized photos so we had to buy them as well.

So please do not tell me that education is free.

I am a mum and I know that everything costs money but this was hard for me. At the time, I was working with ATD Fourth World on my budgeting to help with paying the rent and the bills. We were in rent arrears and debt.

But once the zipcards arrived, my daughters were able to travel on the bus and get to school on time. I was so happy.

Three weeks later, in the next case conference, the school said they were still concerned about my girls' attendance and punctuality. We asked about the last three weeks and the school said everything was fine. That was the impact of having the zipcards.

MY DAUGHTER WAS ABLE TO PASS HER EXAMS AND MOVE TO COLLEGE WHERE SHE IS STUDYING ART. I AM VERY PROUD OF HER AND ALL MY CHILDREN.



Acknowledgements

This practice framework was co-authored by:

Aine Morrison

Professional Officer. Office of Social Services,
Department of Health.

and

Claire McCartan

Research Assistant. School of Social Sciences, Education
and Social Work, Queen's University Belfast.

Prof. Gavin Davidson

Professor of Social Care. School of Social Sciences,
Education and Social Work, Queen's University Belfast.

Dr. Lisa Bunting

BSW Programme Director / Lecturer in Social Work.
School of Social Sciences, Education and Social Work
Queen's University Belfast.

With guidance and support from members of the steering group:

Jackie McIlroy (Chair)

Deputy Chief Social Worker. Office of Social Services,
Department of Health.

Bob Stronge

Chief Executive. Advice NI.

Brendan Whittle

*Director of Children's Services & Executive Director of
Social Work.* South Eastern Health and Social Care Trust.

Carolyn Ewart

British Association of Social Workers. Northern Ireland
Association of Social Workers (NIASW) Manager.

Colum Benstead

Senior Social Worker. Gateway. South Eastern Health and
Social Care Trust.

Gerry Largey

Senior Practitioner. Belfast Health and Social Care Trust.

Joan O'Hara

Head of Make the Call Wraparound Service.
Department for Communities.

Kieran Downey

*Director of Women's & Children's Services & Executive.
Director of Social Work.* Western Health and Social Care Trust.

Mandy Cowden

Project Manager. CLARE.

Mary McManus

Manager. East Belfast Independent Advice Centre.

Paul McFall

Manager. Irish Advocacy Network, Belfast.

Sinead McKinley

NBAP Co-ordinator. North Belfast Advice Partnership.

With project support provided by:

Gareth Reilly

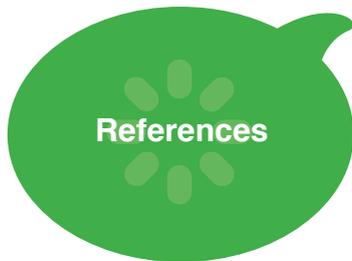
Office of Social Services, Department of Health

Grace Shields

Office of Social Services, Department of Health

Garth Cairns

Office of Social Services, Department of Health



References

- 1 INTERNATIONAL MOVEMENT ATD FOURTH WORLD, 1989. Fourth World Chronicle of Human Rights. Editions Quart Monde, Paris.
- 2 ATD FOURTH WORLD, 2013. The roles we play [Online]. Available: <http://therolesweplay.co.uk/Georgina> [Accessed 8 June 2018].
- 3 ATD FOURTH WORLD, 2013. The roles we play [Online]. Available: <http://therolesweplay.co.uk/Hazel> [Accessed 8 June 2018].
- 4 ATD FOURTH WORLD, 2013. The roles we play [Online]. Available: <http://therolesweplay.co.uk/Moraene> [Accessed 8 June 2018].
- 5 TOWNSEND, P. 1979. Poverty in the United Kingdom: a survey of household resources and standards of living, University of California Press.
- 6 McGUINNESS, F. 2018. Poverty in the UK: statistics. Briefing Paper Number 7096, 23 April 2018. London: House of Commons Library.
- 7 DEPARTMENT FOR COMMUNITIES 2017. Households Below Average Income (HBAI): Northern Ireland 2015/16. Belfast: Department for Communities.
- 8 PADLEY, M., HIRSCH, D. & VALADEZ, L. 2017. Households below a minimum income standard: 2008/09 - 2015/16. York: Joseph Rowntree Foundation.
- 9 IPARRAGUIRRE, J. 2015. Age UK Chief Economist's Report. Summer 2015. London: Age UK.
- 10 JOSEPH ROWNTREE FOUNDATION 2018. Poverty in Northern Ireland 2018. York: Joseph Rowntree Foundation
- 11 NORTHERN IRELAND EXECUTIVE 2016. Draft Programme for Government Framework 2016-21. Belfast: Northern Ireland Executive.
- 12 DEPARTMENT OF HEALTH 2018. Health Inequalities - Annual Report 2018. Belfast: Department of Health.
- 13 Ibid.
- 14 ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH 2017. State of Child Health. 2017 Recommendations for Northern Ireland. Belfast: RCPCH.
- 15 Ibid.
- 16 ZYLBERSZTEIN, A., GILBERT, R., HJERN, A., WIJLAARS, L. & HARDELID, P. 2018. Child mortality in England compared with Sweden: a birth cohort study. *The Lancet*, 391, 10134, 2008-18.
- 17 DEPARTMENT OF HEALTH SOCIAL SERVICES AND PUBLIC SAFETY 2011. Health Survey Northern Ireland 2010/11: Analysis of results by socio-economic group. Belfast: DHSSPS.
- 18 NORTHERN IRELAND STATISTICS AND RESEARCH AGENCY. 2017. Suicide deaths 2016 [Online]. Belfast: NISRA. Available: <https://www.nisra.gov.uk/publications/suicide-statistics> [Accessed 23 May 2018].
- 19 ELLIOTT, I. 2016. Poverty and mental health: a review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. London: Mental Health Foundation.
- 20 Ibid.
- 21 LELLIOTT, P., BOARDMAN, J., HARVEY, S., HENDERSON, M., KNAPP, M. & TULLOCH, S. 2008. Mental health and work. London: Royal College of Psychiatrists.
- 22 VIOLA, S. & MONCRIEFF, J. 2016. Claims for sickness and disability benefits owing to mental disorders in the UK: trends from 1995 to 2014. *BJPsych Open*, 2, 18-24.
- 23 ATD FOURTH WORLD, 2013. The roles we play [Online]. Available: <http://therolesweplay.co.uk/Diane> [Accessed 8 June 2018].
- 24 TINSON, A., ALDRIDGE, H., BORN, T. & HUGHES, C. 2016. Disability and poverty. Why disability must be at the centre of poverty reduction. York: New Policy Institute.
- 25 ALDRIDGE, H. & HUGHES, C. 2016. Informal carers & poverty in the UK: an analysis of the Family Resources Survey. London: New Policy Institute.
- 26 WEBSTER, C. & KINGSTON, S. 2014. Anti-poverty strategies for the UK: poverty and crime review. Leeds: Centre for Applied Social Research (CeSAR), Leeds Metropolitan University.
- 27 BUDD, T. 2001. Burglary: Practice messages from the British Crime Survey, Great Britain, Home Office, Policing and Reducing Crime Unit.
- 28 WEBSTER, C. & KINGSTON, S. 2014. Anti-poverty strategies for the UK: poverty and crime review. Leeds: Centre for Applied Social Research (CeSAR), Leeds Metropolitan University.
- 29 CARLEN, P. 1988. Women, crime and poverty, Milton Keynes, Open University Press
- 30 BYWATERS, P. 2017. Identifying and understanding inequalities in child welfare intervention rates: comparative studies in four UK countries. Briefing Paper 2: UK Four Country Quantitative Comparison. Coventry: Coventry University.
- 31 RABINDRAKUMAR, S. 2018. One in four. A profile of single parents in the UK. London: Gingerbread.
- 32 BRITISH MEDICAL ASSOCIATION 2017. Health at a price. Reducing the impact of poverty. A briefing from the Board of Science, June 2017. London: BMA.
- 33 ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH 2017. State of Child Health. 2017 Recommendations for Northern Ireland. Belfast: RCPCH.

- 34 BLAIR, C. & RAVER, C. C. 2016. Poverty, stress, and brain development: new directions for prevention and intervention. *Academic Pediatrics*, 16, S30-S36.
- 35 BUNTING, L., MCCARTAN, C. & DAVIDSON, G. 2017. Identifying and understanding inequalities in child welfare intervention rates: comparative studies in four UK countries. Single country quantitative study report: Northern Ireland. Belfast: Queen's University Belfast.
- 36 CONGER, K., RUETER, M. & CONGER, R.D. 2000. The role of economic pressure in the lives of parents and their adolescents: The Family Stress Model. In L.J. Crockett & R.K. Silbereisen (Eds.), *Negotiating adolescence in times of social change* (pp. 201-223). New York: Cambridge University Press.
- 37 BUNTING, L., DAVIDSON, G., MCCARTAN, C., HANRATTY, J., BYWATERS, P., MASON, W. & STEILS, N. 2018. The association between child maltreatment and adult poverty - a systematic review of longitudinal research. *Child Abuse & Neglect*, 77, 121-133.
- 38 LUCAS, O. & JARMAN, N. 2016. Poverty and ethnicity: key messages for Northern Ireland [Online]. York: Joseph Rowntree Foundation. Available: <http://conflictresearch.org.uk/wp-content/uploads/Poverty-and-Ethnicity-Key-Messages-for-Northern-Ireland.pdf> [Accessed 27 March 2018].
- 39 WALLACE, A., MCAREAVEY, R. & ATKIN, K. 2013. *Poverty and Ethnicity in Northern Ireland*. York: Joseph Rowntree Foundation.
- 40 Ibid.
- 41 LANE, P., SPENCER, S. & JONES, A. 2014. *Gypsy, Traveller and Roma: experts by experience—reviewing UK progress on the European Union Framework for National Roma Integration Strategies*. Anglia Ruskin University.
- 42 ABDALLA, S., KELLEHER, C., QUIRKE, B., DALY, L., ALL-IRELAND TRAVELLER HEALTH STUDY TEAM, CRONIN, F., DRUMMOND, A., FITZPATRICK, P., FRAZIER, K. & HAMID, N. A. 2013. Social inequalities in health expectancy and the contribution of mortality and morbidity: the case of Irish Travellers. *Journal of Public Health*, 35, 533-540.
- 43 LANE, P., SPENCER, S. & JONES, A. 2014. *Gypsy, Traveller and Roma: experts by experience—reviewing UK progress on the European Union Framework for National Roma Integration Strategies*. Anglia Ruskin University.
- 44 ABDALLA, S., KELLEHER, C., QUIRKE, B., DALY, L., ALL-IRELAND TRAVELLER HEALTH STUDY TEAM, CRONIN, F., DRUMMOND, A., FITZPATRICK, P., FRAZIER, K. & HAMID, N. A. 2013. Social inequalities in health expectancy and the contribution of mortality and morbidity: the case of Irish Travellers. *Journal of Public Health*, 35, 533-540.
- 45 RUSSELL, R. 2016. *International Migration in Northern Ireland: an Update*. Belfast: Research and Information Service, Northern Ireland Assembly
- 46 LANE, P., SPENCER, S. & JONES, A. 2014. *Gypsy, Traveller and Roma: experts by experience—reviewing UK progress on the European Union Framework for National Roma Integration Strategies*. Anglia Ruskin University.
- 47 BENNETT, F. & DALY, M. 2014. *Poverty through a gender lens: evidence and policy review on gender and poverty*. Barnett Papers in Social Research. Oxford: University of Oxford.
- 48 INDEPENDENT AGE 2017. *The overlooked over-75s: poverty among the 'Silent Generation' who lived through the Second World War*. London: Independent Age.
- 49 AGE UK. #Act4Age: Tackling pensioner poverty [Online]. Available: <https://www.ageuk.org.uk/northern-ireland/act4age/tackling-pensioner-poverty/> [Accessed 10th May 2018].
- 50 Ibid.
- 51 ATD FOURTH WORLD, 2013. *The roles we play* [Online]. Available: <http://therolesweplay.co.uk/Bea> [Accessed 8 June 2018].
- 52 SHEEHY-SKEFFINGTON, J. & REA, J. 2017. *How poverty affects people's decision-making processes*. York: Joseph Rowntree Foundation.
- 53 ATD FOURTH WORLD, 2013. *The roles we play* [Online]. Available: <http://therolesweplay.co.uk/James> [Accessed 8 June 2018].
- 54 ATD FOURTH WORLD, 2013. *The roles we play* [Online]. Available: <http://therolesweplay.co.uk/Moraene> [Accessed 8 June 2018].
- 55 ATD FOURTH WORLD, 2013. *The roles we play* [Online]. Available: <http://therolesweplay.co.uk/Moraene> [Accessed 8 June 2018].
- 56 THOMPSON, N. 2016. *Anti-discriminatory practice: equality, diversity and social justice*. 6th edition. London: Palgrave Macmillan.
- 57 ATD FOURTH WORLD, 2013. *The roles we play* [Online]. Available: <http://therolesweplay.co.uk/Amanda> [Accessed 8 June 2018].
- 58 ATD FOURTH WORLD, 2013. *The roles we play* [Online]. Available: <http://therolesweplay.co.uk/Derek> [Accessed 8 June 2018].
- 59 GUPTA, A. 2018. 'Poverty (unaware) practice: critical reflection on work in the child protection and family court systems' paper presented to The Centre of Applied Childhood, Youth and Family Research Annual Conference, University of Huddersfield, 25 April 2018.
- 60 ATD FOURTH WORLD, 2013. *The roles we play* [Online]. Available: <http://therolesweplay.co.uk/Derek> [Accessed 8 June 2018].

"EVERYBODY SHOULD BE TREATED WITH DIGNITY AND EVERYONE SHOULD HAVE RESPECT FOR EACH OTHER. I BELIEVE THAT WE'VE GOT TO PRACTICE IT, NOT JUST SAY IT AND PUT IT DOWN ON PAPER. IT'S SO IMPORTANT."⁶⁰

Derek



