

## **Case Study - Education**

### **Nursery 1**

Ann enrolled in nursery aged 3 years. There were no concerns about her as the head of the nursery had good contact with her mother who appeared to be offering good physical and emotional support.

However Ann is described as a 'poor wee soul' who was a bit lost and sought attention.

### **Nursery 2**

Social Work contacted nursery after an anonymous call about mothers drinking and possible cannabis use. The head reported no concerns about the child.

### **School**

Ann started P1 a week after other pupils in August. Her mother advised that there had been a death in the family.

Mother is partially sighted and had been given special dispensation from the school in that she did not have to provide written letters to account for absences.

Ann has some absences from school but this is always accompanied by a message from mother. Most are due to her attending health appointments.

In October mother advised that the family were moving and Ann stops attending.

# Involving children in assessment and decision-making

Helen Whincup

Briefing

## Key messages

- The role that children and young people have in welfare systems tasked with meeting their needs is of interest to policy makers, practitioners, researchers, parents and children.
- Key legislative and policy imperatives identify the responsibilities of practitioners to place children and young people at the centre of assessment and decision-making.
- Notwithstanding these drivers, the message from inquiry reports and research undertaken with children and young people and practitioners is that despite exhortations to involve them, the child's voice can be lost.
- The degree to which children and young people are at the centre of assessment and decision-making in a meaningful manner, depends on the capacity of practitioners, supported by the systems in which they train and work, to form relationships and communicate effectively with them.

## Introduction

In order to produce this briefing, research which considered children and young people's experiences of assessment and decision-making within child welfare and protection was reviewed.

The majority of this was based on relatively small-scale qualitative studies with children and young people generally accessed through gatekeepers (social workers, teachers, health professionals) within Local Authorities and Health. The manner in which the research was conducted, the methods used, and who participated or was excluded has an impact on the nature of the data collected and its analysis. Although there were some examples of research with younger children<sup>1</sup>, the voices of children under 8 were generally absent<sup>2,3</sup> and children with disabilities were often excluded, or their views were mediated through parents or carers<sup>4,5,6</sup>. More research has been undertaken with children and young people in alternative placements than those who remain at home<sup>7</sup>. Children who were experiencing difficulties within their placement or at home were excluded from the research by gatekeepers, either because it was deemed to be too sensitive, or because of anxieties that their involvement in research might destabilise their placement<sup>8,9</sup>. There is only limited research with those children who have experienced investigative interviews<sup>10</sup>. These factors need to be borne in mind when applying the messages more generally, and are areas for future research.

Literature and research on the factors which impinge on practitioners' capacity to work with children was consulted, including how practitioners communicate with children. Studies conducted within Scotland, other areas of the UK, and abroad are included. Given the distinct nature of the Scottish Children's Hearing system this may have some implications for practice.

A range of practitioners from different professional backgrounds may be involved with a child or young person at different stages in their life. There are some cross-cutting themes which are relevant to all; however there are some messages which will be particular to the role of the professional and the aims of their engagement.

The briefing considers children and young people's 'involvement' in the assessment and decision-making processes. The concept and practice of 'involvement' can include a breadth of different experiences. Similar to the range of definitions and practices around 'partnership', 'involvement' may mean different things to different people, from participating in processes which directly impact on the child or young person, to being involved in developing service delivery at a more strategic level<sup>3</sup>. It can be argued that how seriously child protection agencies take children's rights can be judged by the extent to which children have effective input in to any investigative or decision-making processes; and the degree to which their views are incorporated in to planning for them or on behalf of them<sup>11</sup>.

### Why is the issue important?

It is the responsibility of all those working with children and young people to communicate directly with them, and to take cognisance of their views in assessment and decision-making. This is set out in a range of legislative<sup>12</sup> and policy documents<sup>13</sup> and guidance including *Getting It Right For Every Child*<sup>14</sup>. These documents reflect the principles of the UN convention; they also mirror wider discourses about the capacity and right of children to participate in decisions which affect them<sup>15,16</sup>. However, involving children is a complex process, as is the process of communication which underpins it. The research appears to indicate that despite legislative and policy drivers their involvement continues to be limited<sup>17,18,19</sup>, and is dependent on the values as well as skills of the practitioner<sup>20,21,22,23</sup>. Where children and young people are involved, there is some evidence that this can be in ways or in forums which do not take in to account their age and stage or particular needs. There are instances where children and young people were not provided with interpreters<sup>24</sup> and where workers have lacked sufficient skills to enable meaningful participation— for example when engaging with children and young people who have disabilities<sup>25</sup>.

### What does the research tell us?

There is a body of research on children's experiences of assessment and decision-making within systems of child welfare and protection. The messages have been consistent over the years. Children and young people in a range of settings, and at different times of their lives want practitioners who are reliable, consistent, honest, and warm, and who get to know them and care about them<sup>26,27,28,29</sup>. They want processes in which they are included in a way which is meaningful for them<sup>30,31</sup>. They have also been consistent as to what they have found unhelpful. These include being critical of systems where they feel they have no control<sup>32,33,34</sup> and practitioners who don't listen<sup>35,36</sup>, are constantly changing<sup>37,38,39</sup>, and are unreliable or unavailable<sup>40</sup>. Where children and young people felt they were not fully involved or that their views had not been listened to it affected their commitment to engage and to be honest about their experiences<sup>41,42,43</sup>. It may also have an ongoing impact on their wellbeing and abilities to be involved in decisions later in life<sup>44</sup>. There are obvious implications for assessment and decision-making within child welfare and protection if those who should be at the centre of the process are indicating that at times they experience being on the periphery.

As there is research on children's involvement, so there is a body of work which considers the capacity of practitioners to engage with children and young people and what factors support them. Much of this focuses on social workers and to some extent this reflects the roles and responsibilities they have. However, there are also studies which explore the key role teachers<sup>45,46,47</sup>, health professionals<sup>48,49,50</sup>, and the police<sup>51</sup> have with children and young people and the skills they need to communicate effectively with children and involve them.

One area identified, particularly in the health literature, is how practitioners balance the needs of children and their parents, and the impact this can have on professional capacity and willingness to engage with children<sup>52,53</sup>. A number of themes emerge about what factors influence the way individual practitioners and the systems within which they work involve children and young people. These include:

- The amount and quality of pre- and post-qualifying training in relation to communicating with children and young people, and the concomitant effect this has on the skill and confidence of the individual practitioner<sup>54,55,62</sup>.

- The role of supervision or an equivalent (although supervision should be part of social work practice, it may be absent or take a different form for other professionals) in supporting direct work<sup>56,57</sup>.
- The personal qualities of the worker and their capacity to communicate effectively and form relationships<sup>58,59</sup>.
- The emotional labour involved in listening, and the measures a professional might use to avoid hearing children's difficult experiences<sup>60</sup>.
- The impact of increased audit and Information Technology (IT). There are suggestions that as a consequence of changes in IT and increased level of audit, the time social workers have to spend with children and young people and form the relationships which are central to enabling young people to engage and participate is being eroded<sup>61</sup>. Organisations and practitioners are focusing on more measurable outputs, rather than the less measurable, less immediately tangible aspects of work which would include forming relationships with children and young people<sup>66</sup>.

When reviewing the factors which affect a particular child's involvement in assessment and decision-making three areas emerge as significant across the different professional groups involved with children and young people. First, are the values one ascribes to children and childhood and where on a continuum between protection and participation the child is placed. This has an impact on the willingness of adults to share relevant information with the child and include him or her in a range of decision-making processes. Second, is the relationship between professionals and parents. In some instances children's views are mediated through parents or the focus moves from child to parent. Third, effective intervention depends on professionals forming relationships with children and young people, and having the capacity to communicate. Communication is a dynamic two way process, which depends on skill, time, effort and practice. It requires those involved to be clear about the purpose and aim, and recognise that children and young people may communicate verbally and non-verbally in ways which are different to adults<sup>63,64,65</sup>.

## Further resources

A number of commentators have identified that while there is much written on what professionals should do with children and young people, there is far less on how they should do it. There are resources which can be used to help professionals in their interactions with children. However, these are an adjunct to good communication, rather than a replacement. The primary resource is the worker, and their willingness and ability to form meaningful relationships and see children and young people as active participants in assessment and decision-making processes.

As an example, a practitioner on the post-qualifying Graduate Certificate in Child Welfare and Protection (University of Stirling) described how at the end of each one to one session with a nine year old girl they both agreed what the main points had been and wrote them on a post card which the girl took home. This meant they also had to agree what part of their work would be passed on to the girl's parent(s). A space was left on the card so that in between meetings the girl could make a note of things which she wanted to talk about the next time thereby setting her agenda.

This is a good example of a practitioner sensitively and thoughtfully engaging a child. It did not require expensive resources (a postcard and a pen); rather it was dependent on the worker's motivation, communication skills, and a real commitment to working alongside the child.

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## About this briefing

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## Duty System

## Duty Query

- The Safeguarder Panel Team have a team of Support Managers who each take turns covering duty on a weekly basis. This provides a consistent response to any queries that Safeguarders have and means that any issues that require ongoing involvement can be dealt with by the same member of staff.
- Duty queries can be varied, examples are questions around court/ children's hearing proceedings, data management, queries regarding 'live' cases. We recognise that the role of the safeguarder can be an emotionally taxing one and at times you will need a 'sounding board' to offload. The parameters of this have to be made clear in that we cannot give advice.
- You can call on 0345 6044296 or email in at [safeguarderspanel@children1st.org.uk](mailto:safeguarderspanel@children1st.org.uk) with your query and we will endeavour to get back to you on the same day.
- There will always be an accompanying Service Manager, Andrew Jackson or Edel Walsh, on duty to whom queries will be raised if required.
- A brief note will be made of the query and response in the duty log.

## Additional Use

- Duty queries should always come through this system rather than through support sessions or directly to your allocated Support Manager. This ensures a timely response and that the support sessions are used for their intended purpose. The member of staff on duty will pass on any relevant information to your Support Manager and will inform you that they are doing this. This ensures that anything needed to be followed up is done so.
- The duty log will be checked every 6 weeks to pull out any common themes. This will be shared amongst the Support Managers and the wider team if necessary.
- Your allocated Support manager will also check the duty log prior to your support session to be able to pick up on any queries you have called/ emailed in with.

Copy



## **Day 6 Pre-appointment Training & Assessment**

### **Round up**

#### **AIMS:**

For the experiences and expectations of young people to inform individual practice as a safeguarder

To review the further individual and collective needs of the participants going forward to practice in the role of safeguarder

#### **Learning outcomes**

By the end of the day the participants will be able to:

- explain a child or young persons journey through the care system and children's hearing system
- describe what factors can influence a positive or negative experience for children and young people in the care and children's hearing system, in particular, when meeting a safeguarder
- list key pieces of individual learning that will shape their approach to the safeguarder role
- describe their individual and collective developmental needs to practice as a safeguarder

### **Programme**

Coffee/ registration / networking  
Introduction to the day  
Panel Drama  
Case study  
Experiences of young person – q & a

#### **Comfort Break**

Jargon buster  
Role play& feedback – explaining the role

### **Lunch**

Revisiting role  
Identifying individual and collective needs  
Next steps & home

## **Case study- Social Work**

Ann's mother was known to the Social Work department as an adolescent and was supported by the learning disability team.

Social work received an anonymous call about Ann when she was 4 years old expressing concern about her mothers drinking and cannabis use and people coming into the house. The caller stressed that mother was a good parent but other adults may be taking advantage of her.

In November after Ann started school, social work receive a call from a family member concerned that she is being neglected by her mother and new boyfriend alleging he is on drugs and not feeding or taking care of Ann.

## **Case Study - Health**

At age 2 years Ann was admitted to A&E as the mother was concerned that she had ingested bleach, was choking and had vomited 5 times. On examination doctors found nothing of concern as there was no evidence of bleach or chemical injury

At age 4 years the health visitor reported that the extended family are very close and supportive. Ann is described as delightful and all areas of development are satisfactory.

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