

Participation in child protection: A small-scale qualitative study

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Abstract

This small-scale qualitative study explores how children participate in their own child protection/child in need planning within a statutory setting in England. Their experience of participation and the impact that voicing their wishes and feelings had on outcomes are highlighted and discussed against a background of conflicting discourses of statutory safeguarding and empowering participation, barriers to engagement and hearing the child's voice.

Keywords

Child protection, Child welfare, children's services, participation

Introduction

Legislation and guidance in England have for 25 years provided statutory rights for children to participate in decision making and service development. Local authorities not only have a duty to ascertain the wishes and feelings of children before making any decisions about them but must also give due consideration to them in relation to assessments of children in need (CIN) and child protection (CP) investigations (Children Act, 1998: s.1, s.17 and s.47; Children Act, 2004: s.53).

Participation is not only regarded as a basic right for children but is also increasingly regarded as good practice (Thomas, 2005), empowering and enabling them to create change and regain control over their lives (Bell and Wilson, 2006; Turney et al., 2012). It is concerning, however, that researchers and commentators continue to highlight low levels of meaningful involvement in CIN/CP processes in England. After scrutinising 50 Serious Case Reviews, for example, the Office for Standards in Education, Children's Services and Skills (Ofsted, 2008) declared that professionals were neither listening nor communicating with children, resulting in an inability to see things from their perspective. Research commissioned by the Office of the Children's Commissioner noted that only 5 out of a target group of 26 children had even seen their CP plans and that most did not understand the social worker's concerns regarding their family (Cossar et al., 2011). The Munro Review of Child Protection (Department for Education, 2010: 2.5) noted 'A persistent criticism in reports of inquiries and reviews into child deaths is that people did not speak to the children enough', despite professionals knowing how much children appreciate being informed and consulted.

Despite these concerns, independent peer-reviewed research involving children and exploring their experiences of participation in CIN/CP processes is almost non-existent. Often with good reason, CP research that has been undertaken draws on a mixture of observation and interview

with professionals and parents (e.g. Archard and Skivenes, 2009; Healy et al., 2012; Vis et al., 2012) or analysis of artefacts such as conference minutes or assessments (e.g. Axford et al., 2009; Sanders and Mace, 2006). Where children have been engaged directly this may be with others present (e.g. Bell and Wilson, 2006). Either way, researchers are in danger of simply adding to an overreliance on the adult voice already evident in practice (Winter, 2011). Several useful research reports by the National Society for the Prevention of Cruelty to Children (Timms and Thoburn, 2003), the Office of the Children's Commissioner (Cossar et al., 2011) and the National Children's Bureau (Jelicic et al., 2013) are however freely available in the UK, which address the issue of participation in CP/CIN processes, at least in part, from the child's point of view.

The discussion of child participation in social work practice seems to default to the idea of the child attending meetings. A study by Vis and Thomas (2009) found that children who had participated in meetings were three times more likely to affect the decision-making process than those who had simply been consulted. While important, research clearly shows that the physical presence of a child is not enough to empower and involve. Many find reading about, and listening to, their family's problems both frightening and embarrassing (Polkki et al., 2012) and, if not managed properly, their attendance at meetings may simply confuse and alienate (Cossar et al., 2011). For participation to be effective, children need to understand what is at stake and be engaged in an ongoing dialogue (Archard and Skivenes, 2009; Healy and Darlington, 2009; Lansdown, 1995; Polkki et al., 2012).

The issues are complex and fraught with contradiction, but this is not in and of itself sufficient reason for excluding children from adding their voices to the debate. By talking directly with children who have experience of being on a CIN/CP plan, the aim of this research was to explore their participation while adding some much needed theoretical and evidential context. To achieve this, the paper will offer a reflective exegesis of how they feel about participatory methods and identify potential barriers that may have prevented their involvement in the planning process from being maximised. It will also explore participants' perceptions of being listened to and how their voices impacted on outcomes.

Background

The two dominant models that have framed recent thinking on participation in CP are Hart's (1992) eight rung ladder of participation and Shier's (2001) pathways to participation. Both models have been criticised for their implicit hierarchical structure but, perhaps more importantly in this context, the rhetoric of neither sit comfortably within the statutory, risk-managing processes of CP, where the welfare of the child is paramount. In such circumstances 'the balance of power is tipped towards the state and notions of collaboration and full and equal participation may become sites of problematization' (Ney et al., 2013: 186).

Perhaps though, the dichotomy between participation and protection implied by these and other models is a false one. Healy (1998) and Sanders and Mace (2006) for example caution against such oversimplifications which without appropriate context may actually hinder participatory practice in CP/CIN processes. Rather, Healy's (1998: 908) alternative Foucauldian framework suggests 'an approach to power that is suspicious of dualisms can allow for the complexities of power to be articulated in the analyses and practice models of child protection work'.

Despite the difficulties and differences between various models, Franklin and Sloper (2005: 15) identify three common criteria: being informed, expressing a view and influencing a decision – which are necessary to achieve 'being the main decider'. According to their analysis, each of

these is an important method of participation in its own right and each can be used legitimately under certain circumstances. Models of participation need not therefore be conceptualised hierarchically, but can at least help identify which methods may be most appropriate in any given context – including CP. Research by Healy and Darlington (2009) for example found that social workers in CP services tend to predefine their concerns about the child before asking them to voice their opinion, feeling they had a legal duty to work in this manner. Non-statutory workers by way of contrast adopted an inductive approach to defining and solving problems. This indication of ‘power over’ children in CP/CIN processes suggests oppressive practice to some but, as Lansdown (1995) states, adults cannot abdicate their decision-making responsibility; children can be supported in these circumstances, but adults must retain the ultimate authority. Protecting a child from painful situations does not therefore necessarily mean excluding them from participating. Indeed, as Healy and Darlington’s (2009) research once again shows, others actually depend on the clear definitions and CP concerns of the statutory social worker.

Children are often unable to provide sufficient and relevant family history (Polkki et al., 2012) and there is a danger of unnecessarily upsetting them in this unsettling process (Seim and Slettebo, 2011). This does not, of course, excuse oppressive practices which are, unfortunately, widespread. Social care meetings are, for example, mostly held within normal office/school hours which can prevent the child from building a relationship with their worker (Tregeagle and Mason, 2008). The CP system often uses formal meeting areas, formal language and formal reporting so that the act of participation could be perceived as a burden (Sanders and Mace, 2006). In order to effectively encourage child participation, practitioners must work with children to identify and address these barriers while never losing sight of the critical fact that, above all else, the child has the right to simply be a child (Sanders and Mace, 2006).

Methodology

Ethical issues and recruitment

Following ethical approval from Liverpool John Moores University, the Principal Investigator (a postgraduate social work student) approached her first placement provider (a local authority in England) to undertake the research. Acting as gatekeepers, the management team agreed to host the study but with certain conditions which, it transpired, facilitated rather than hindered the research process.

Involving children in research should not necessarily be regarded as good practice, especially when there is no obvious benefit to the child (Healy and Darlington, 2009). While there was little direct benefit to be gained from involvement in this study, the management team wanted to use the findings to help improve services. This turned out to be a key motivating factor for participants who felt they would somehow be helping to make things better for others.

Interviews by strangers can be particularly difficult for children (Leeson, 2007; Willow et al., 2004) and the original plan was to work only with those known to the principal investigator from her previous work there. However, the management team suggested that a mixture of children both known and unknown to the principal investigator should be invited to participate. It was felt that this would counterbalance any potential bias, where the child may say what they think the ‘worker’ wants to hear. Of the five children finally interviewed, two (Paula and Mason) had previously worked with the principal investigator. Researching within an established relationship brought some benefits. Paula, for example, was able to make reference to trauma experienced during her CP proceedings without having to retell her story, as the principle investigator was

present to witness her emotional response during that moment of crisis. Apart from this, there was no obvious qualitative difference in responses as both known and unknown seemed equally enthusiastic about their involvement and were able to talk freely about their experience of services.

The gatekeepers identified nine children who met the following eligibility criteria:

- Aged between 8 and 18 years.
- Have either current or historical experience of being on a CIN/CP plan.

The only exclusion criteria applied was that participants displaying particular vulnerability or currently experiencing crisis would not be approached. Out of the nine children identified, five took part: one female and four males aged 12–17 years. The other four did not participate for the following reasons:

- One child consented to being interviewed, but did not engage with the process.
- One child chose not to take part.
- The parents of one child chose not to respond to the participant information sheet therefore parental consent was not gained.
- The social worker of one potential participant failed to liaise with the principal investigator, resulting in the participant information not being shared with the child.

Method

The potentially sensitive nature of the disclosures suggested that face-to-face private interviews would be the most appropriate method for gathering the required data. The primary purpose of the interviews was to elicit concrete experiences of CIN/CP processes rather than merely seeking views and opinions about participation so a narrative approach was employed, which allowed uninterrupted responses with occasional prompts seeking more clarity and detail.

The core questions did not address participation directly, but were developed as a result of reading existing research and literature on participation covering communication preferences, being heard, attending meetings and contributing to outcomes. Avoiding the language of participation helped minimise unnecessary abstraction and leading questions. However, the open nature of the interview schedule allowed space for them to reflect on pertinent issues when appropriate. All participants were asked all core questions as follows:

- Can you tell me about the time you first met your social worker?
- How would you want to communicate/talk about important issues?
- Did anything change as a result of your social worker listening to you? Can you give me an example?
- Your social worker and parents meet regularly with other people to make sure everyone is doing their best to support you. Have you ever been invited to these meetings?
- At the end of the meeting, a plan to keep you safe and help you reach your potential will be written. Are you able to share with me what you think your goals are/were in your CIN/CP plan?

The interviews ranged in length from 30 to 45 minutes and were conducted privately: three in school, two at home. They were audio-recorded and transcribed in full with only identifiable information removed. These, along with completed consent forms, were securely stored in accordance with university regulations and the Data Protection Act (1998). Narrative analysis

involved scrutinising individual interview transcripts for episodes of non/participation and then comparing these with each other to identify similarities and differences in the development of 'character and plot' i.e. representations of self and other and the context in which various levels of participation were achieved. These emerging themes were then drawn together and explored under the headings presented here to complete the interpretive process (Greenop and Glenn, 2014). Because of the inevitable restrictions caused by small-scale time-limited one-off narrative interviews with vulnerable children, findings and analysis have been presented as a reflective exegesis, weaving this process together with current research, legislation and commentary. This fusion of experiential, professional and theoretical horizons aims to amplify the voice of the child rather than mute it, providing a rich insight into their lived experience of participation in CIN/CP processes.

Findings and analysis

Participation, power and the involuntary client

The rhetoric of participation does not sit easily within statutory CP services, particularly when the child is an involuntary high-risk client. Being neither adequately informed nor understanding the issues at stake, such children are unlikely to be heard over adult voices and calls for intervention (Archard and Skivenes, 2009). All of the children who took part in this research were indeed surprised by social care intervention, with all describing the same scenario of returning from school to find a social worker waiting at home. This intrusion into family life provoked a mixed, though mostly negative, reaction within the children ranging from resignation to anger. Mason, for example, states:

I was worried and a bit distressed. I had a lot of questions like 'What was going to happen'?

Mason

While Mason's concern was for future uncertainty, Liam was angry about the present misunderstanding. As far as he was concerned, there is nothing wrong with his family and no reason for the visitation.

I was that angry that I wanted to hit someone . . . but I didn't. I just stayed in my room until I calmed down . . . there's nothing wrong with my family . . . and there was really no reason for them to get involved.

Liam

This element of surprise provoked strong feelings of doubt and mistrust amongst all participants demonstrating that the balance of power is already tipped towards the state (Ney et al., 2013). Social workers had entered their homes without consent and attempted to engage them in conversation, despite the children having no time to formulate their thoughts or opinions.

One of the most pervasive discourses within social work regards the child as being innocent, vulnerable and passive and therefore worthy of this scrutiny and protection by adults (Collings and Davies, 2008). However, the participants' desire for transparent, trusting, honest and open communication from the outset suggests otherwise. Jacob for example lamented his lack of involvement in CP planning, which he stated was due to failings in the social worker/child relationship rather than his own vulnerability.

The imbalance of power is not just evident at the beginning of intervention, but was raised consistently throughout this research, whether real or imagined, often manifesting in a lack of trust in their social worker's practice. Paula spoke of her fear that social workers may record her conversations while Liam felt stigmatised and helpless.

I'm upset that we've got social services involved with us . . . with our family . . . and we can't do anything to get them out of our lives apart from do what they ask . . . I see social services as a bad thing because it tells us, like, we're not doing a good job.

Liam

Jacob and George similarly spoke of a 'tit for tat' mentality where their families were instructed to carry out certain jobs before the social worker carried out theirs.

Everything that happened, whatever, [social worker] used to bribe us . . . 'do this or your kids will get taken off you' . . . 'do this or you're going on the at-risk register' . . . It was getting me angry. It was, like, being bullied, I think. And you can't do anything back because [social worker] has power.

Jacob

Liam, George and Jacob's feelings of being manipulated and bullied may be linked directly with the task-centred approaches embedded within statutory safeguarding in the UK and elsewhere. The requirement to take action and find solutions is, for example, often driven by the need for measurable outcomes rather than good practice as social workers assess levels of risk against family functioning, parenting capacity and, ultimately, child participation (Healy and Darlington, 2009). At times, Jacob felt this became hypocritical with one course of action allowed for the social worker and another for the family. After Jacob and his family missed a CIN planning meeting, for example, the social worker would 'ram it down their throats. . . And then when she missed the meeting for whatever reason, [social worker] would think it was all acceptable'.

Not all participants remained angry at their social workers' perceived 'power over' them. Paula (who spent time in her interview reflecting on her 'horrible night' when her social worker had to place her temporarily in the care of the Local Authority) 'sort of' understood the process stating she 'felt it had to be done and the social worker had no choice really'. Although Mason was initially 'worried and distressed', he now feels that he was fully included in the decision making and planning, with open discussions alongside family and professionals taking place.

I did feel more involved and I felt that my words had an impact, where if I felt my Mum was not right on track, or anything, if I said something and I felt that it could change . . . it did change 'cos I did get in to CAMHS [Child and Adolescent Mental Health Services] in the end and got home tutoring . . . so I did see a big change towards the end of the social worker being involved . . . as time progressed . . . I did feel a lot better saying I think this should happen and not that. And I feel better throwing my opinions into the equation so that [social care] could sort it all out.

Mason

George, by way of contrast, felt that his family's problems had already been compartmentalised by the social worker as 'they don't ask [me] to identify the problems'. He currently feels excluded by the system and thinks his social worker 'does not want to know'; he is desperate to be included

in the decision making process and feels old enough to understand issues that affect the family as a whole, rather than those simply personal to him. George recalls being asked to leave his recent CIN meeting after his personal issues were discussed, with the remainder of the family's needs and tasks being discussed with his parents alone.

I only get to go for, like . . . whilst they talk about me and then I have to go. I get told to go and not stay to hear the other problems. They expect us to sort [the house] out but they only tell my mum and dad. But we need to know so we can help them sort it out!

George

The social worker clearly sees responsibility for environmental concerns within the household as belonging to George's parents and by not including George in the discussion he or she is perhaps respecting his right to simply be a child (Sanders and Mace, 2006). In this instance however, George is adamant that he feels unable to make progress and, as a result, has a perception that his family is not moving forward. With children involved in the CP system already being vulnerable, practitioners must of course ensure that they are not adding further burdens by encouraging inappropriate participation. By not enquiring as to whether or not George wanted to be involved, however, he inevitably feels excluded even further from matters that concern him.

A child's maturity and the worth of her views should not be based on prior professional judgement, but determined impartially and in a manner that respects everyone (Archard and Skivens, 2009). George feels ready to participate more but his social worker does not and, consequently, he feels aggrieved by his exclusion from whole family problems that require a whole family response. Being a school leaver, Mason similarly indicated that he felt ready for the worker to liaise directly with him instead of discussing his options with others first.

I would like to be able to make a choice on my own, where they contact me first, and then I involve who I want to involve instead of them contacting [carer's name] and then she involving me . . . it just feels more private . . . more trusting with the social worker . . .

Mason

At what point should the social worker liaise solely or primarily with Mason? There is in fact no clear guidance regarding participation and choices made by school leavers aged 16 or 17 years but, as with George, while Mason clearly wants to take on more responsibilities, professionals seem to be excluding this possibility by making a priori judgements about his capacity to make informed choices regarding matters that concern them.

Participation, communication and the unknown social worker

In order to maximise meaningful participation in CP/CIN processes, it is not only necessary to understand reasons for apparent resistance, but also identify the more practical barriers children and families may be facing. According to Vis et al.'s (2012) research, one of the main barriers to participatory practice is that social workers feel they lack the required communication skills. To establish the most appropriate form of participation for children in this current study, they were each asked to reflect on their preferred methods of communication with adults.

Despite the current trend in virtual interaction, all of the children stated a strong preference for communicating in person; because Jacob has autism spectrum condition (Asperger syndrome) he feels particularly strongly about having face-to-face time with his social worker.

I don't use phones because I have Asperger's and I hate using phones . . . 'cos you can't see facial expressions on the other side and you don't know whether you're annoying the other person [laughs]

Jacob

George also prefers to be sitting with the person he is talking to as 'it helps to see their reactions'. As a child with dyslexia, he states that he struggles to read and write therefore, to George, the spoken word is vital. All participants agreed that the most effective communication happens when the relationship is built on trust, privacy and honesty and despite historic difficulties four out of five participants feel secure in their relationship with their current social worker.

Despite preferring personal contact, all participants admitted that they did not know where their worker's office was located; one child thought it was in a city over 30 miles away from the actual location. Due to the local authority boundaries being very wide, another child aged under 14 would have to travel over an hour by bus to reach the social worker's office. Only one out of the five children had access to the social worker's telephone number and none of the children had knowledge of an email address. If participants wanted to share something personal with their workers, therefore, they would initially have to ask a parent-carer for the contact details. With all of the participants additionally stating that privacy and confidentiality are of paramount importance, it is concerning that the necessary structures are not in place to ensure it.

Out of all the participatory methods used to engage with children in the CP system, attendance at meetings is the most widely debated topic. Whilst this is regarded by many as a basic right, it must first be established that it is right for this particular child in these particular circumstances (Archard and Skivenes, 2009; Healy and Darlington, 2009; Polkki et al., 2012). A child's presence at a meeting may in fact be experienced as alienating and counterproductive if poorly managed (Cossar et al., 2011). At the very least, a trusting partnership must exist between the social worker and child and the worker must be ready to listen (Shier, 2001).

This indeed appeared to be the case as all of the five children interviewed had attended at least one CIN meeting/CP conference and felt comfortable and welcomed. All meetings were held in appropriate, accessible venues such as schools or children's centres. Whilst the meetings were held within school hours, all children were normally allowed time out of school to attend; Liam however was excluded from school at the time of his last planning meeting and was not allowed to attend; this made him very annoyed.

It's very important. If I'm not involved in the planning then there will be one child missing off the plan. So it's like . . . we don't know what he wants, we don't know how good he's been, what he's done and everything else.

Liam

Four out of five children understood the language used and felt that the processes involved were appropriate for participation.

It's kind of, like, I can go there and if I've got something that I need to say to them then I can say it in a meeting where I feel people are going to listen, and take into

action what I have said . . . you didn't have to just sit there all formal and straight and everything . . . you were allowed to slouch and act like you were at home.

Mason

Mason was clearly at ease within this multiagency situation. This in turn meant he felt valued and remained an integral part of his decision-making process alongside his family and other professionals. Such participation needs to be part of an ongoing process rather than a one-off occurrence and can therefore offer the child opportunity to influence the outcomes of the discussion (Vis et al., 2012). Mason saw his plan being prepared and he saw his name being attributed to the decision making; he was therefore ultimately aware that he could raise issue with anything he did not agree with.

They weren't just answering with a yes or no, they talked back to you and try to express how they feel about what you said as well . . . so you can see if what you said was actually something you want to happen, or whether you were just saying it in the moment . . . as time progressed, I did feel a lot better saying 'I think this should happen and not that'. And I feel better throwing my opinions into the equation so that they could sort it all out.

Mason

Paula too felt strongly about her right to take part in meetings that were planning her proposed outcomes and her future, stating that meetings were where she felt safe. Paula was also comfortable being the topic of discussion by a group of people unknown to her, formed by social care.

Well, it made me feel better really as I knew what was going on properly, not my mum saying stuff, dad saying stuff, [sibling] saying stuff. It just made me feel better, I knew the truth.

Paula

Despite feeling included and supported, Paula could not recall reading her CP plan, nor a social worker sitting with her prior to the process and discussing what would happen and what the suggested outcomes might be. After reflecting on this, she suggested that social workers should regularly write down the outcomes of any meeting with children, not simply after official meetings; this would then act as a record of the visit and give Paula something to work towards in preparation for the next.

George had a different experience of CIN meetings; he felt the meeting moved too quickly and there was no opportunity for him to ask questions or identify what his perception of the problem was. George was passionate about having an opportunity to listen to the issues that his social worker felt his family as a whole was facing and yet was excluded from part of his own meeting; as a result, George can only speculate on what he feels his goals were, having not been given nor read a copy of his CIN plan.

[Sibling] has a dummy and [social worker] wants it gone. But we haven't been told what our goals are . . . our long-term ones. It's more little day-to-day jobs like dummy, wall paper etc . . . I'm guessing probably cleaning the house and stuff like that.

George

Trust is one of the basic stages of psychological development in childhood and key to any successful relationship and its importance is well documented in CP (Pinkney, 2013). It is perhaps unsurprising then that all children interviewed clearly articulated its importance. Even the best methods of achieving trust within social services can however be rendered ineffective by an unstable workforce. With all participants clearly stating that their social worker/child relationship must be built on trust and understanding, the low retention rate of CP social workers has potentially catastrophic consequences particularly where children have a history of being let down by unreliable adults (Greenop, 2011). Curtis et al. (2010) estimate that UK social workers remain in post for just eight years on average (compared to 16 years for nurses), while CP social workers are usually ready to move on after only two or three years serving 'on the frontline' (Baginsky, 2013). This is despite the introduction of Newly Qualified Social Worker programs, reflective supervision and reduced caseloads in the UK. Liam was very frustrated at having three social workers in quick succession.

. . . the first time I met [new social worker] it was, like, I was getting angry as it was, like, the third social worker and it was, like, what? Are we getting through social workers like a caterpillar can get through an apple?

Liam

Paula had a similar experience and was very candid about her relationships with social workers.

I'd have one social worker that I'd trust and then the next I wouldn't even talk to. 'Cos I don't know them. I trust one person and then they just, like, go.

Paula

Jacob's feelings ran even deeper; his inability to relate to his first social worker led him to stop attending his CIN meetings as he felt they were based on untruths. With Jacob already having issues around his ability to control his anger, he was able to recognise that his relationship with his worker was making him feel ill; he then withdrew from participating in meetings and stopped reading his plans.

Participation, positive change and the cool social worker

While none of the participants achieved or even aspired to 'being the main decider' (Franklin and Sloper, 2005: 15), all five agreed that they could identify positive changes that happened as a result of being heard. Mason's first and only experience of having a social worker resulted in home tuition and a successful Child and Adolescent Mental Health Services (CAMHS) referral, both at his request.

I had an understanding that what I said did matter and whatever I said did go towards whatever did happen . . . it wasn't just like I'd given an opinion but it didn't matter.

Mason

Despite the many negative experiences described by George, even he was able to immediately identify a change that occurred as a result of his social worker listening to him.

I asked her if she could get someone involved who I could speak to about my problems. Then next week I came in and there was, like, the school nurse I could speak to every Monday. She sorted that out for me.

George

This positive theme continues, with Liam not only recognising that change had taken place but also acknowledging that the intervention only happened as a result of him asking for it. Paula identified that her social worker responded to her distress by arranging support for her older sibling which meant that '[sibling] wasn't always mad at Mum, so I could go to school without crying every day'. Such excellent examples of active listening provide the necessary context for understanding a child's felt experience (Polkki et al., 2012) and enhances the child/social worker relationship which, as Cossar et al.'s (2011) research demonstrates, is key to achieving positive change.

Despite feeling failed by previous social workers, Jacob too is now entirely comfortable and confident in his relationship with his current worker; he states that she has listened to problems, discussed solutions and feels that she cares about his welfare.

You can go to her with a problem and she'll tell you whether she can sort it out or not . . . and she'll try her best but she's not making any promises. She'll never promise anything unless she knows for definite that she can sort it. She never breaks promises. It's like, it builds a circle of trust within itself . . . I wouldn't say she's my role model, but she's setting good stepping stones . . . she makes sure that she's got the time of day for you and that's quite cool.

Jacob

The initial fear and mistrust of social worker intervention were evident throughout the research, with all participants describing in detail their anxieties over unwanted scrutiny from social care. However a transparent and honest social worker relationship can rebuild trust and facilitate real change. The five participants were all able to identify positive changes that occurred as a result of being listened to throughout their journey in the CP system. All were actively involved in their CP/CIN planning, including taking part in meetings to discuss their own needs and projected outcomes. Indeed, each of the children displayed a clear passion and determination to understand the challenges faced by the entire family and a desire to be part of the problem-solving process. Now that's quite cool.

Limits of the study and further research

This research was entirely dependent on the cooperation of the local authority, the child's social worker and the family. The principal investigator was not allowed to personally approach anyone, which is likely to have impacted on recruitment in terms of both quality and quantity. It is unfortunate that only five children could be recruited and, in particular, no one under 12 participated in the study. However, this simply reflects the current preponderance of preschoolers and teenagers within the local service. Because participants all attended the same regional service, certain parochial issues (such as barriers to travel and access) emerged as significant themes, but these may have only local relevance. Similarly, the organisation and delivery of local services are unlikely to be comparable to other local authorities (e.g. regarding priorities, resources available and the retention and training of workers) particularly in the light of budget cuts. In order to address these shortcomings, future research needs to be conducted over a longer period of time and across a wider range of sites. This would enable more children from a wider demographic who enter-exit the CP system to have their voices heard and establish more robust evidence base.

Perhaps most importantly the selection process meant that participants were more likely to represent 'successful' participation because they were by definition actively engaging with social services. It is perhaps not surprising, therefore, that participants all talked of progress and their current relationships with social services, while still problematic, were universally more positive than their past relationships. This does not make their narratives any less authentic, but it does make them less representative. Caution must therefore be exercised when generalising from such a small and select group and future research needs to include children and families who disengage with CP/CIN processes before making stronger claims about the limits and benefits of participatory practice across the CP/CIN journey.

Conclusion

It is not a question of whether children participate or not, but how their participation in CP/CIN processes can be maximised without significantly compromising their welfare. As in Leeson's (2007) study, the problem appears to hinge on the willingness of adults to involve children rather than the ability of children to be involved in decision making. Like adults, children in this current study demonstrate that they are active and intelligent consumers of welfare services, capable of understanding when their participation is appropriate and when it is not.

Vis et al. (2012) suggest that to improve participation, regulations and guidelines need to be accompanied by a greater attention to the development of communication skills. This need not be onerous as simple gestures like providing contact numbers, written agreements and regular face-to-face time will, according to participants in this current study, go a long way in opening up and maintaining dialogue. Inconsistency, unreliability and instability will, however, continue to act as barriers to meaningful participation as long as social workers are burdened with high caseloads, burn out and job dissatisfaction. The dichotomy between protection (bad) and participation (good) may be a false one but the antinomy was everywhere apparent in the narratives of participants, and it is only likely to get worse. In the UK, for example, the CP social worker's responsibility to the child is now largely procedural, leaving the family services worker to undertake most of the direct support. Unsurprisingly, the perception of family services worker in this study was, in stark contrast to social workers, universally positive. The dichotomy may be a false one but it is none-the-less being enacted on a massive scale through a division of labour that is in danger of creating an even greater gulf, whether real or imagined, between the worlds of protection (bad) and participation (good).

References

Archard D and Skivenes M (2009) Hearing the child's voice. *Child and Family Social Work* 14: 391–399.

Axford N, Green V, Kalsbeek A, et al. (2009) Measuring children's needs: How are we doing? *Child and Family Social Work* 14(3): 243–254.

Baginsky M (2013) Retaining Experienced Social Workers in Children's Services: The Challenge Facing Local Authorities in England. Available at: <http://www.kcl.ac.uk/sspp/kpi/scwru/pubs/2013/reports/baginsky13retaining.pdf> (accessed 12 August 2014).

Bell M and Wilson K (2006) Children's views of family group conferences. *British Journal of Social Work* 36(4): 671–681.

Children Act (1998) London: HMSO.

Children Act (2004) London: HMSO.

Collings S and Davies L (2008) For the sake of the children: Making sense of children and childhood in the context of CP. *Journal of Social Work Practice* 22(2): 181–193.

Cossar J, Brandon M and Jordan P (2011) 'Don't Make Assumptions': Children's and Children's Views of the CP System and Messages for Change. London: Office of the Children's Commissioner.

Curtis L, Moriarty J and Netten A (2010) The expected working life of a social worker. *British Journal of Social Work* 40(5): 1628–1643.

Data Protection Act (1998) London: HMSO.

Department for Education (2010) The Munro Review of CP: The Child's Journey. London: The Stationary Office.

Franklin A and Sloper P (2005) Listening and responding? Children's participation in health care within England. *International Journal of Children's Rights* 13(1/2): 11–29.

Greenop D (2011) Mentoring: a qualitative evaluation of what works and what does not. *Youth & Policy* 107:34–54.

Greenop D and Glenn S (2014) Self-care at the margins of healthcare: 'malingering' and 'self-neglecting' CF patients. *Qualitative Social Work* 13(3): 389–405.

Hart R (1992) Children's participation: From tokenism to citizenship, Florence: UNICEF International Child Development Centre.

Healy K (1998) Participation and child protection: The importance of context. *British Journal of Social Work* 28(6): 897–914.

Healy K and Darlington Y (2009) Service user participation in diverse CP contexts: Principles for practice. *Child and Family Social Work* 14(4): 420–430.

Healy K, Darlington Y and Yellowlees J (2012) Family participation in child protection practice: An observational study of family group meetings. *Child and Family Social Work* 17(1): 1–12.

Jelicic H, Gibb J, La Valle I, et al. (2013) Involved by Right: The Voice of the Child in the Child Protection Conferences. National Children's Bureau. Available at: http://www.ncb.org.uk/media/898464/involved_by_right_research_report_final.pdf (accessed 12 August 2014).

Lansdown G (1995) Taking Part: Children's Participation in Decision Making. London: Institute for Public Policy Research.

Leeson C (2007) My life in care: Experiences of non-participation in decision-making processes. *Child and Family Social Work* 12(3): 268–277.

Ney T, Stoltz J and Maloney M (2013) Voice, power and discourse: Experiences of participants in family group conferences in the context of CP. *Journal of Social Work* 13:184–202.

Office for Standards in Education (2008) Learning Lessons, Taking Action: Ofsted's Evaluations of Serious Case Reviews 1 April 2007–31 March 2008. London: Ofsted.

Pinkney S (2013) Trust relationships between children, social welfare professionals and the organisations of welfare. In: Warming H (ed.) *Participation, Citizenship and Trust in Children's Lives: Studies in Childhood and Youth*. Basingstoke: Palgrave Macmillan, pp. 93–113.

Polkki P, Vornanen R, Pursiainen M, et al. (2012) Children's participation in child-protection processes as experienced by foster children and social workers. *Child Care in Practice* 18(2): 107–125.

Sanders R and Mace S (2006) Agency policy and the participation of children and children in the CP process. *Child Abuse Review* 15(2): 89–109.

Seim S and Slettebo T (2011) Collective participation in CP services: Partnership or tokenism? *European Journal of Social Work* 14(4): 497–512.

Shier H (2001) Pathways to participation: Openings, opportunities and obligations. *Children and Society* 15(2): 107–117.

Thomas N (2005) Has anything really changed? Managers' views of looked after children's participation in 1997 and 2004. *Adoption & Fostering* 29(1): 67–77.

Timms JE and Thoburn J (2003) *Your Shout! A Survey of the Views of 706 Children and Young People in Public Care*. NSPCC Review of Legislation Relating to Children in Family Proceedings. Available at: https://www.nspcc.org.uk/Inform/publications/downloads/yourshout_wdf48023.pdf (accessed 12 August 2014).

Tregeagle S and Mason J (2008) Service user experience of participation in child welfare case management. *Child and Family Social Work* 13(4): 391–401.

Turney D, Platt D, Selwyn J, et al. (2012) *Improving Child and Family Assessments: Turning Research into Practice*. London: Jessica Kingsley Publishers.

Vis S, Holton A and Thomas N (2012) Obstacles for child participation in care and protection cases—Why Norwegian social workers find it difficult. *Child Abuse Review* 21(1): 7–23.

Vis S and Thomas N (2009) Beyond talking—Children's participation in Norwegian care and protection cases. *European Journal of Social Work* 12(2): 155–168.

Willow C, Marchant R, Kirby P, et al. (2004) *Young Children's Citizenship*. London: Joseph Rowntree Foundation.

Winter K (2011) The UNCRC and social workers' relationships with young children. *Child Abuse Review* 20: 395–406.