

SUMMARY

PRINCIPLES FOR CHILD CENTRED PRACTICE

TIMELY, DEVELOPMENTALLY APPROPRIATE, PARTICIPATORY AND COLLABORATIVE

This document provides a set of principles, which can be used to evaluate the ‘child centredness’ of policies and procedures in child protection. In the absence of a distinct body of knowledge about the meaning of ‘child centred’ practice it draws together relevant theory and research to help formulate these principles.

A review of the literature identifies four themes, which are relevant to child centred practice. These themes, or messages from the literature, emphasise the importance of:

- recognising critical time frames in childhood and adolescence including assisting children and young people as early as possible – early in the life of the child and early in the life of the problem;
- taking into account the developmental needs of children and young people in all interventions;
- providing children and young people with appropriate opportunities to participate in all aspects of child protection interventions which affect them; and
- promoting a collaborative approach to the care and protection of children, including the strengthening of networks that are critical to their wellbeing.

The body of this document addresses the context and rationale for a child centred approach to practice and the literature, which supports the development of principles to guide policy and practice.

The following is a summary of the principles.

Critical time frames

Principle 1

Special attention should be given at every opportunity to link very young children and their families with services and supports to strengthen children's physical, cognitive and social functioning

Principle 2

Every effort should be made to assist and support children and young people as early as possible in the *emergence* of problems by linking them with services to strengthen child, youth and family functioning

Developmental needs of children and young people

Principle 3

Assessment processes, actions, decisions and planning involving children and young people should take account of their developmental level across a spectrum of 'life worlds' including health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care (UK LAC project).

Appropriate opportunities to participate

Principle 4

Children and young people, in contact with the care and protection system, should be provided with direct and indirect opportunities to express their feelings and wishes; in this they can be greatly assisted by an adult (other than their carer) whom they trust, who provides regular emotional and practical support and who is likely to have continuous involvement with them.

Principle 5

Policies and procedures should specifically discourage a 'one size fits all' approach to participation by children and young people. The settings, language, and timing of participation should take into account the age, cognitive and social development, gender, socio-economic background and ethnicity of children and young people.

Principle 6

Models of Family Decision Making such as Family Group Conferencing should be used wherever possible to maximise the participation of children and young people.

Principle 7

Children and young people should be provided with information about child protection processes, including how to make complaints. They should be well prepared for forums in which they are expected to participate through the provision of developmentally appropriate information, including multimedia packages, to supplement information conveyed verbally.

Principle 8

Children and young people should be informed as soon as possible, preferably same day, of legal and administrative decisions which affect them.

Collaboration to protect children and strengthen networks

Principle 9

Knowledge and expertise should be actively shared between professionals who are involved with children and young people at each stage in assessment, case planning and service implementation; an ongoing dialogue with other professionals, including feedback about critical decisions, is an essential part of protection and support.

Principle 10

All interventions should as far as possible seek to create and strengthen the positive everyday networks which surround children and young people, including the provision of appropriate information which will enable these networks to increase protection and support.

The purpose of this document

Policies and Procedures in Care and Protection should embody the legislation and policies laid down by governments. They must be grounded in evidenced based knowledge about children, families, and the broader societal influences that impact on families, as well as the findings from local, national and international inquiries into harm suffered by children and young people.

This document is intended to provide a basis for reviewing the Policy and Procedure Manual (*Care and Protection for Children and Young People: Policy and Procedures for Legislative Compliance in the ACT 2005*) currently in use by the Care and Protection Group of the Office of Children, Youth and Family Support, ACT Department of Disability, Housing and Community Services. It seeks to address the questions:

- What does ‘child centred’ practice mean within the national and international care and protection context?
- What set of guiding principles, drawn from the research, can be used as a framework for determining where, if anywhere, the current Care and Protection Manual could be changed to reflect a more ‘child centred’ approach to practice

In seeking answers to these questions the paper is informed by:

- Provisions in the ACT legislation, and other relevant legislation in the Federal and State jurisdictions that may assist in the understanding of ‘child centred’ practice
- Any recent research/literature/reports, which extend the understanding of ‘child centred’ practice and what this can mean for Care and Protection agencies.

The Context

The need to better understand the experience of children and young people

The impetus for a child centred approach derives from concerns that neither of the two destination points in the arc of the ‘child protection pendulum’: child saving and family preservation, or indeed any point along the pendulum pathway, is sufficiently attuned to the experiences, perspectives or ‘life worlds’ of children and young people.

Specifically it is thought to be emerging in the context of two sets of concerns:

1. Increasingly complex and procedurally driven care and protection processes in which there is a risk that the child's experience of these processes can become lost

This issue was highlighted during the Victoria Climbié Inquiry which found that the effect of ‘procedural guidance’ is sometimes ‘not to illuminate but to obscure the child’s perspective’ (Waterhouse, 2000 Simmonds & Coleman, 2002). In a risk averse society child protection is governed by a myriad of policies, procedures, structures, court processes, inter-agency agreements, performance management frameworks and quality standards. These comprehensive administrative arrangements are in place to make sure that children and young people are safe, that their assessed needs are met and that systems work in a ways that lead to best possible outcomes for them. With so many agendas running concurrently it is easy to lose sight of the child in these processes and to allow other interests to dominate. Maintaining a child centred approach means being guided by contemporary knowledge about the welfare of children and young people and includes keeping the child and young person’s perspective and experience uppermost in all considerations.

2. Knowledge and research about children’s developmental needs which if not well understood, may negatively impact on children’s interests and welfare.

This is particularly so in the context of increasing parental substance abuse and associated mental health problems. In the current climate child protection agencies are focussed on immediate and the more obvious safety concerns and may overlook other problems which are cumulative and develop over time, but are just as dangerous for

children (Tomison & Wise, 1999). A good example of the importance of ‘child centred’ approaches which address the developmental needs of children is the research into children’s brain development (addressed later in this paper) because it provides empirical evidence of the importance of nurturing environments and security of relationships for learning, behaviour and health throughout life. With increasing numbers of young children entering foster care during the early years (AIHW, 2004) when brain growth is most active (American Academy of Pediatrics Committee on Early Childhood, 2000; Mustard, 2000), it can be argued that a care and protection system which does not take every opportunity to saturate very young children with nurturing, secure relationships is not child centred.

During the 1990s and the early years of this century there has been a substantial reinvestment nationally and internationally in family support as a way of preventing harm to children, and their placement in out of home care (Tomison, 2004). As statutory child protection agencies grappled with the unintended negative impacts of mandatory reporting, escalating reports of child abuse and neglect, the vast majority of which were either not investigated or not ‘substantiated’ (HMSO, 1995; Tomison, 2004), child welfare expenditure became increasingly directed at the investigative end of child protection, therefore diminishing resources available to support needy and incapacitated parents to cope better (Wise, 2003, p 183). Interest in family support strategies was spurred on by the messages emerging from the UK Dartington research (1997) which showed many parents so bruised by the experience of investigation that they needed encouragement to accept assistance even if it was offered by the statutory agency at the conclusion of an investigation (HMSO, 1995, p 39). It found that decisions about investigation received ‘undue salience’ and could have been better balanced against plans to support the child and family” (p.39).

The Family Preservation services that emerged in the US in the early 1990s led to a range of new ‘family-centred’ interventions in Australia including programs which offered parental support, knowledge and skills via centre-based group and/or as home visitation programs (D. Scott & O’Neill, 1996; Tomison, 2004). The philosophical basis of family preservation does not mean that the focus on ‘family’ should be achieved at the expense of the child. ‘It is a ‘child *in* family’ rather than a ‘child’ *or* ‘family’ focus (D. Scott & O’Neill, 1996). Drawing on theoretical perspectives such as crisis intervention, social

learning, family systems and ecological/systems theories, the family preservation model which redirected a focus on the family as the centre of interventions to keep children safe has been extremely important in improving the quality of children's lives and preventing the placement of children in out of home care. However, recently there has been a concern that efforts to embrace family support approaches and to move away from 'child saving' and its association with 'The Stolen Generations' and 'Children of the Empire', has diverted attention from the *experiences* of children and young people within their families or within the systems set up to protect and care for them. Seeking to expand our focus on children and young people, in or outside of families, and the development of policies and practices which support this may be referred to as 'taking a child centred approach'.

What is the meaning of 'child centred'?

Probably the most important research to inform what may be called a 'child centred' approach are the major research programs funded by the UK Department of Health, which began in the 1980s after a series of high profile child death inquiries. Four distinct phases of research commencing in 1987 culminated in the development of the Looking After Children Program, which was legislated for in the UK and operates in over 90% of local authorities in England and Wales. International licenses to adapt and reproduce the original materials have been taken out in Australia, Canada, Belgium, Germany, New Zealand, Russia, Sweden and Hungary. In Australia the LAC system operates in Tasmania, NSW, Victoria and the ACT.

One of the very important contributions of LAC is its identification of the experiences, concerns and expectations of children at different ages and stages. The research team which developed the system consulted with representatives of welfare authorities, academic colleagues and experts from child health, education and the legal profession. Their views and the feedback from children, young people and their families have contributed to the development, piloting and revision of the materials. These materials are helpful for this discussion because they identify seven key life dimensions, referred to later in this paper, which are of critical importance to children and young people regardless of whether or not they are involved with statutory child protection services.

The meaning of 'child centred' in the child protection lexicon, however, is not well defined and is only occasionally referred to in the literature. Although the UK *Framework for the Assessment of Children* (Department of Health, 2000) defines it as meaning:

That the child is seen and kept in focus throughout the assessment and that account is always taken of the child's perspective (2000: 1.34).

The term is problematic in that it is most often used without analysis of who decides what this may mean for individual children (Fernandez, 1995). Further, as Koskinen (1994) points out, since children do not live as one cultural grouping, their voices can only be understood within the context of their diverse social structures (in Bell, 2002).

In a sense the discussion about 'child centred' approaches moves us into the realm of debates about children's rights. Two perspectives on rights which may be helpful in a consideration of the meaning of 'child centred' have been identified in the literature as the *will* perspective (what the individual child needs in order to exercise choice and make claims on others) and the *interests* perspective (what are the baseline requirements believed to be necessary to secure a child's welfare) (Cooper, 1998). In the everyday language of child protection agencies these two perspectives are known as the 'child's voice' and the child's 'best interests' or 'welfare'.

In relation to the first of these considerations, the 'child's voice', it is only recently that researchers and policy makers have sought the views and experiences of children and young people across a range of policy areas. This has meant recognizing that children are not merely adults-in-waiting, but active social agents in their own right, with their own issues and concerns (James et al. 1998 in Ridge, 2003). Equally, there is increasing recognition that childhood should be valued as a social experience in and of itself, with its own norms and customs, and where the demands of participation and inclusion may be considerable, and as Ridge and Millar point out 'and likewise the costs of exclusion' (2000 in Ridge, 2003).

To keep the interests and welfare of children central to policies and procedures it is essential to engage with children and involve them wherever possible in the issues that concern them (Ridge, 2002). Orr and Reimer (1999 in Edwards & Wearing, 2003a) note that one important finding from previous literature searches is that the voice of children in the child abuse literature is missing. There are significant research and knowledge gaps

in capturing children's 'unfiltered' perspectives and wishes. Instead there is a tendency for adult researchers to formulate standard items and scales to measure children's perceptions based on the researchers' own adult preconceptions rather than on open ended questions to children themselves. Edwards and Wearing consider that this "adult method of data collection limits a child's ability to provide original input from their 'life-world'". They quote Roberts (2000, p229) who argues that children's voices are rarely heard in research and that children's narratives are 'edited, reformulated or truncated to fit our agendas'. These arguments support the seminal 1997 Report, *A Matter of Priority: Children and the legal Process* (Australian Law Reform Commission, 1997), which found that children were largely ignored and marginalised in legal processes and recommended substantial reforms to make sure children were both 'seen and heard'.

What the legislation says about 'child centred'

All the states and territory legislation articulate a set of principles which are intended to guide actions and decisions in relation to children and young people. Naturally any consideration of child centred practice in the ACT must incorporate the principles outlined in the ACT Children and Young People Act 1999. It is not within the scope of this paper to review these principles, however they are mentioned here because they provide the overarching legal framework which cannot be ignored in a more nuanced discussion of 'child centred' practice.

In summary, these general principles set out the primary responsibilities of families in caring for children and young people and the high priority that government should give to supporting families in this role. Specifically they set out the responsibility of government to intervene to protect children; to do this in the least intrusive way possible; and, if removal of a child should become necessary, to consider, as a first option, placing children or young people with a family member or someone regarded by the child or young person as a family member (S12).

If, as a result of intervention, the child is unable to live with his or her family, the government has a responsibility to encourage contact with people who are significant in the child or young person's life; and in doing so, as far as possible ensure that the education, training or lawful employment of the child or young person should be encouraged and continued without unnecessary interruption. Any actions taken should

preserve and enhance the child or young person's racial, ethnic, religious, individual or cultural identity, traditions and values. However, in all actions or decisions, under the Act, the legislation is clear that the 'best interests of the child or young person should be the paramount consideration. This is known as the 'best interests' principle [S12(1)(a)].

Although the legislation is also to some degree explicit about what should be taken into account when applying the best interests principle (S13) the interpretation of such provisions is contextual in so far as it is influenced by contemporary attitudes, experiences, including legal precedence, and pragmatic considerations. For this reason it is important that care and protection agencies are also abreast of the contemporary literature and research so that they can make practice as well informed as possible. This paper aims to develop a set of 'child centred' principles, drawn from the literature, which we propose could underpin an analysis of the Policies and Procedures Manual in Child Protection Services.

What the literature says about 'child centred' practice – timely, developmentally appropriate, participatory and collaborative practice

The recent literature in the child, youth and family arena includes a number of important research papers and reports, which help cast some light on the nature of 'child centred' practice. From these it is possible to induce a set of principles against which policies and procedures can be evaluated. Such principles may apply to all child and family contexts, but they are particularly important in care and protection settings where workers are interacting everyday with children who may be isolated from those who know them well and can advocate for their best interests.

For the purposes of developing a set of principles to underpin 'child centred' practice there are four key messages from the theoretical and empirical literature about children and young people. These messages emphasise the importance of:

- Recognising critical time frames in childhood and adolescence including assisting children and young people as early as possible –early in life and early in the life of the problem (National Crime Prevention, 1999);
- Taking into account the developmental needs of children and young people in all interventions

- Providing children and young people with appropriate opportunities to participate in decisions that affect them
- Promoting a collaborative approach to influencing children's multiple environments (family and home, school, community and society) as well as the interactions among these environments (Bronfenbrenner, 2004).

Recognising critical time frames

Intervention early in life

Child development is a result of the complex interplay of biology and experience (Rutter, 2002). In recent years there has been new evidence to affirm the importance of the first years of life for the developing child (McCain & Mustard, 1999).

Ground breaking research by McCain and Mustard in 2000 indicated there are two main mechanisms related to early brain development. The first involves the development of neuronal connections, which occurs rapidly, particularly in the first three years of life, including prior to birth (Silver, 2000). In explaining how, neurons are connected and pruned or sculpted in the early development of the brain they argued that there are sensitive periods for development during which children's brains need appropriate stimulation and nutrition to establish neural pathways. If children do not experience the required interactions they may suffer permanent cognitive or sensory limitations (Glaser, 2000). Further, the quality of caring received by a child and attachments formed affect the extent to which the brain develops normally and also the way the child will act upon (behave) in his or her environment (Schore, 2000). According to Newman and Vimpani early attachments provide a foundation for many aspects of social functioning later in life (2004).

The second area of brain research links research in neuro-biology, psycho-neuro-endocrinology and psycho-neuroimmunology and relates to human stress response (Mustard, 2000). Young children who experience high levels of stress are thought to be 'wired' for stress leading to neuro-chemical changes which foster anxiety, depression and problems in anger management (NSW Commission for Children and Young People and Commission for Children and Young People (Qld), 2004).

While there is a lack of consensus on the extent to which the development of critical brain functions is irretrievably locked into the early years (indeed there is a strong claim

that it is 'all over by the time the child is six' (NSW Commission for Children and Young People and Commission for Children and Young People (Qld), 2004), there is compelling evidence that children who do not have responsive caring early in life will have great difficulty overcoming these deficits later (NSW Commission for Children and Young People and Commission for Children and Young People (Qld), 2004). The outcomes most affected, according to McCain & Mustard's study include learning (literacy, numeracy and academic achievement); mental health and behaviour (anti social behaviour, violence, drug and alcohol abuse and smoking); and physical health (coronary heart disease, blood pressure, type 2 diabetes, immune pathways, obesity) (McCain & Mustard, 1999).

With this knowledge now well established it is argued that child centred practice means being particularly vigilant about the experiences of young children; not only those for whom there are serious immediate safety concerns but for those whose safety and well being is threatened over a prolonged period by stress, lack of stimulation, nutrition, attachment and other forms of neglect. A question that should be asked of the policies, procedures and practices of child and family agencies, including the statutory child protection agency is: to what extent is special attention given at every opportunity to link very young children and their families with services and supports which can improve children's physical, cognitive and social functioning?

Principle

Special attention should be given at every opportunity to link very young children and their families with services and supports which can improve children's physical, cognitive and social functioning

Intervention early in the life of the problem

In their recent report '*A Head Start for Australia: An Early Years Framework* (2004) the NSW and QLD Commissioners for Children refer to a report by the National Research Council and Institute of Medicine (2000) which asserts that the course of development *can* be altered in early childhood by interventions which change the balance between risk and protection (pp 3-4). Dr Judy Cashmore (1999, p 153 in Edwards & Wearing, 2003b), argues the importance of taking action through early intervention 'to forestall abuse and neglect' and 'before problems develop to the point where full scale protective intervention is necessary'. This is achieved by referral to community-based programs, and services such as family (or child and family) support programs, and home visiting

programs which are specifically designed to intervene early to prevent child abuse and neglect (Edwards & Wearing, 2003b).

Further, the notion of resilience has emerged over the last decade as a key concept associated with the early intervention and prevention literature. Several researchers emphasise the importance of building resilience in children to overcome violent or abusive experiences in their lives by developing self-coping strategies (Cashmore & Paxman, 1999; Kirby & Fraser 1997; Cashmore, 1999; Scott, 1999). Smokowski (1998, p 338 in Edwards & Wearing, 2003b) describes resilience as 'positive adaptation and competence despite the presence of substantial risk'. In the context of children and child abuse, he writes that 'resilience factors have been described by some authors as adaptive processes internal to the child, while "protective factors" exist in the environment... protective mechanisms are commonly thought to promote resilience by interacting with risk factors' (in Edwards & Wearing, 2003b).

The knowledge that early intervention programs can positively affect life outcomes for children is now well established. The U.S. "head start" programs of the 1960's and 1970's, and the proliferation of similar prevention programs, which have emerged in the 1990's are based on evidence that particular combinations of intensive child care programs together with home visitation to reinforce parents' understanding of child development and to connect families with helpful services, result in lasting benefits to both children and their parents (Cashmore, 2001; Currie, 2002; Karoly et al, 2000, Cashmore, 2001, Scott , 2001).

What is less clear, however, is the extent to which statutory agencies use critical opportunities to link children and their families to early intervention programs. In 2003-2004 direct interventions (investigation or appraisal) were provided to less than half the children who were the subject of calls to statutory care and protection services (AIHW, 2004). While data is generally not available on what happens to the large cohort of children who are not 'appraised' or 'investigated' or for whom reports of 'abuse and neglect' are unsubstantiated following one home visit, it is reasonable to ask the question: are all opportunities taken up to offer early intervention services to children who are the subject of such reports and investigations? The most usual decision of the gatekeepers in statutory services is that such reports do not warrant a child protection response. Yet,

apart from the relatively small number of reports that can be labelled ‘malicious’, in most other instances mandated and non mandated ‘reporters’ have genuinely formed beliefs that children and young people have suffered harm or are at risk of suffering harm.

In the ACT last year more than half of the reports of suspected child abuse and neglect under S161 .of the Children and Young People Act 1999 were considered not sufficiently serious to warrant a response by statutory child protection services, yet they were received as reports of abuse or neglect, or ‘child in need of care and protection’, under the provisions of the Act and their details registered on an electronic data base. It would be reasonable to conclude that the children and young people who are the subjects of reports will probably have a range of *emerging* problems of sufficient seriousness to warrant professionals and other concerned citizens to contact the statutory child protection authorities.

A child centred approach to practice would involve policies, procedures and practices which ensure that every effort is made to assist and support children and young people as early as possible in the emergence of problems by linking them with services to strengthen individual and family functioning.

Principle

Every effort should be made to assist and support children and young people as early as possible in the emergence of problems by linking them with services to strengthen child, youth and family functioning

The developmental needs and ‘life worlds’ of children and young people

A focus on timing and timeliness is just one aspect of what is discussed in the literature as ‘developmental approaches’ to interventions with children and young people (National Crime Prevention, 1999). The broader body of knowledge of developmental approaches to the care and protection of children which underpins the UK *Looking After Children* case management system has developed over nearly two decades of extensive research and provides a case planning framework for children and young people in out of home care. This framework for understanding the ‘life worlds’ of children and young people was further expanded in the *UK Framework for the Assessment of Children in Need and their families*. Drawing on elements of Bronfenbrenner’s

ecological model (Bronfenbrenner, Moen, & Garbarino, 1984) parenting capacity and family and environmental factors, it considers children’s developmental needs against 7 critical ‘life worlds’ of children and young people. These ‘life worlds’ are identified as health, education, identity, family and social relationships, social presentations, emotional and behavioural development and self-care skills (see figure 1).



Figure 1: The Assessment Framework (UK Department of Health, 2000)

This is a very comprehensive framework and further elaboration of its meaning and practice implications is outside the scope of this paper. However, its importance here is to emphasise the complex worlds of children and the way in which societal, family and environmental factors uniquely intersect at critical points in children’s development.

This framework reminds us that a ‘child centred’ approach means respecting and seeking to understand the individuality of every child or young person and their circumstances across a generic set of developmental tasks. Thus, for example, consideration of the ‘identity’ needs of a young infant in care might require the location and safe keeping of a birth certificate and photographs of the early months of life, whereas the consideration of identity issues for a thirteen year old would require consideration of a different set of issues such as the need to provide information and possibly contact with a previously unknown birth father. These so called needs are not

set in concrete and should be considered alongside the age, maturity and wishes of the child. To assist this process it is important for statutory child protection agencies to systematically use evidence based knowledge at every point with children and young people to ensure that the developmental tasks of childhood and adolescence are addressed.

A child centred approach to policies, procedures and practice will ask the question: To what extent do assessment processes, actions, decisions and planning involving children and young people take into account their developmental level across a spectrum of 'life worlds' including health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care?

Principle

Assessment processes, actions, decisions and planning involving children and young people should take account of their developmental level across a spectrum of their 'life worlds' including health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care (UK LAC project).

Participatory practice

The voice of the child

The UK *Research in Practice Briefing No. 3* (Sinclair, 1998) argues that participation by children and young people and listening to the 'voice of the child' achieves positive outcomes for children and young people, firstly as a group, and secondly, for *individual* children and young people. In the case of the children and young people as a group, participation: helps to uphold their rights as citizens and service users; fulfils legal responsibilities; and improves the quality of services that impact on them. In the latter case it improves the accuracy and relevancy of decision making about individual children such as promoting their protection (a recurring theme of abuse inquiries has been the failure to listen to children (Waterhouse 2000 in Sinclair, 1998; Utting, 1997). It also enhances their individual communication skills, their self esteem and their sense of self efficacy (Gilligan, 1999 in Sinclair, 1998).

Yet the 2004 Vardon Review in the ACT, culminating in the report “The Territory as Parent”, and many other such national and international reviews have identified the lack of opportunities for children and young people to ‘have a voice’ and be listened to by adults who are in decision making roles.

Children told the Review that they did not feel respected and were not always involved in decisions that affected them and were rarely kept informed about what was happening about their situation (Vardon, 2004, 37).

An audit of foster care in Queensland (Murray 2003) found that 28 per cent of subject children were not interviewed when allegations of abuse and/or neglect were being assessed. It also found that in the majority of files audited the views of the adults involved with the child were recorded, but very little information was recorded about the child. Successive abuse inquiries in Australia and overseas have strongly reinforced the importance of children and young people being given the opportunity on a regular basis to talk with a person who is not their direct carer.

Margaret Bell cites evidence from a number of studies to demonstrate the absence of the child and young person’s voice from decisions which directly affect them. In a study of 22 child protection investigations Bell found that the views of the child were obtained in only just over one quarter of cases (Bell, 2002). She cites similar examples in Denmark (Egeland, 1996 in Bell, 2002) and Australia where Dorothy Scott argues that the meaning of sexual abuse to children is not addressed in investigations of child sexual abuse (Scott, 1998, in Bell, 2002).

Bell’s own research (Bell, 2002) demonstrates through the narrative accounts of children and young people that child protection investigations are essentially adult focussed and that ‘there is a need to ground our theory, our practice and our language in the world of children’. This research aimed to explore with children and young people their experience of the child protection processes, the degree to which they felt they had been involved and the processes which hindered or facilitated this. Twenty seven children and young people between 8 and 16 took part in the study which, drawing on Sinclair’s (1998) work addressed their findings to four areas: providing information; choice; consultation and representation.

An important finding in Bell's research (2002) is that children and young people felt most satisfied about 'participation' if they had access to a helpful adult (other than their direct carer) who combined emotional support with practical help such as arranging contacts with siblings, arranging camps and so on. What they found most unhelpful were controlling attitudes of some adults and the discontinuity and frequent turnover of workers. The agency auspice of the trusted adult mattered less than the nature of the relationship. Some children and young people identified teachers as the most important trusted adult; others identified their statutory social worker.

Further considerations in the provision of participation opportunities for children and young people in decisions that affect them are the questions of how, and to whom children should voice their feelings and wishes? According to the UK research, participating does not necessarily mean being present or taking part in all events: it can mean knowing that one's actions and views are being noted and may be acted upon. Further, the possible meanings of 'participation' for children are explained and how this relates to notions of a 'child centred' approach to practice. Participation means:

taking account of their wishes and feelings and including the child's perspective in all matters. This is ongoing and requires continuous dialogue but may also be exercised around procedures such as assessment, care planning and reviews, child protection conferences, care or adoption proceedings, Family Group Conferences or complaints (Sinclair, 1998).

The findings from research and from multiple inquiries dictates a clear bottom line for statutory child protection services to seek out the views of children and young people and to do this in ways that cause them no more harm. Certainly there is evidence from the limited research that has been conducted with children and young people to infer that both direct and indirect opportunities to express their feelings and wishes should be provided. In expressing their feelings and wishes children and young people can be greatly assisted to participate by an adult (other than the carer) whom they trust, who provides regular emotional and practical support and who is likely to have a continuous involvement with them.

Principle

Children and young people, in contact with the care and protection system, should be provided with direct and indirect opportunities to express their feelings and wishes; in this they can be greatly assisted by an adult (other than their carer) whom they trust, who provides regular emotional and practical support and who is likely to have continuous involvement with them.

A flexible approach

A working paper by Alison Gray for the New Zealand Ministry of Social Development in 2001 sets out the literature on best practice methods for effective consultation with vulnerable children and young people. While its findings can only be cautiously applied to child protection decision making, Gray's conceptual framework includes: gender, ethnicity and disability profiles of the child or young person. It then compares across dimensions such as: timelines, the physical settings for talking with children and young people, and ethical issues (Gray, 2001). This provides a useful starting point for considering appropriate ways in which participation can take place.

Most of the literature on age indicates that children are capable of assimilating and reporting their views from a young age (although how young is either not stipulated or varies from four years and upwards). Further, Hazel (1995 in Gray, 2001) asserts that it is adults who need to 'cross the communication divide that has characterised the paternal adult-child relationship' (in Gray, 2001). Scott (2000) however, is more cautious, arguing that any information gathering involving children should take account of the wide range of cognitive and social development that depends primarily on age but also on gender, socio-economic background and ethnicity.

In taking these issues into account there is an imperative not to become fixed on 'one size fits all' processes, such as always interviewing children at school; always requiring children and young people to read their case files; always requiring attendance at particular planning forums. Participatory practice takes account of the venues, timing and language which suit the individual profiles of particular children and young people. Opportunities to participate should be provided in a range of developmentally appropriate ways which take into account age, cognitive and social development, gender, socio-economic background and ethnicity.

Principle

Policies and procedures should specifically discourage a 'one size fits all' approach to participation by children and young people. The settings, language, and timing of participation should take into account the age, cognitive and social development, gender, socio-economic background and ethnicity of children and young people.

Family decision making models

Family decision making models of practice have emerged in child protection contexts in recent years as a way of empowering children and families and reducing the role of the state. The benefits of involving families in decision making emerged clearly in the UK Dartington studies (HMSO, 1995). Thorburn and colleagues found that achieving partnerships with parents tended to follow from active involvement of children in these processes (UK, 1997:37). Moreover, there is some evidence that use of such models, including family group conferencing, has enabled the least powerful members of families, especially children, to participate and to influence decisions (UK Department of Health, 1997; Lupton & Nixon, 1999).

In a qualitative study involving 38 interview with 25 children from 17 Family Group Conferences a study conducted in South Wales found FGC's not only reduce power differences between professional s and families they also tend to 'democratise' family decision making. Most children had a say in the FGCs and factors helping the child appeared to be the preparation provided to the child before the conference including the help of an advocate or informal supporter and having formal or informal support from an adult to speak during the meeting. While the nature of the study was not experimental and other intervening variables cannot be ruled out, six months after the FGCs in this study only two of the 25 children were still in out of home care. Children attributed a number of other positive outcomes to the FGC including improved educational experiences, attendance and happiness at school and improved family relationships (Holland, O'Neill, Scourfield, & Pithouse, 2003).

The evidence is mounting that the views of young people and children have to be taken seriously in order to achieve placement stability. This fact is emerging as a strong predictor of placement stability (Schofield, 2003; Triseliotis, 2002).

Principle

Models of family decision making/problem solving such as Family Group Conferencing should be used wherever possible to maximise the participation of children and young people

Preparation for participation

Although there is little research on the views of children about participation, what does exist suggests that while children and young people do see participation as important, they often find the experience uncomfortable, and are sceptical about its value. They feel ill prepared for participation at meetings; they often do not know who will be present; what will be discussed; what will happen afterwards; when and how to speak; and how to say what they really feel, especially when it concerns other people who are present in the room (Sinclair, 1998).

A common experience of initial contacts with the child protection system, reported by both adults and children, is of 'shock – that a timebomb had exploded' (Westcott, 1995 in Bell, 2002). Bell points out that for children, who lack the cognitive capacity of adults to 'scaffold' events, the 'sense of uncertainty engendered makes it difficult for them to assimilate the information they were given and to know how to respond'(Bell, 2002). Further, another feature identified by Bell who draws on other children's research (Hester and Pearson, 1998 in Bell, 2002) is the responsibility that children feel for events. It is common for children's perceptions that the intervention is because of their bad behaviour to 'contribute to the negative internal working models that children construct for themselves' (Bell, 2002).

Bell's research supports the assertion that children have mixed feelings about attending conferences and other forums. Most wanted to know what was being said about them and needed assurance that their views were being represented but at the same time they were frightened by the size, formality and adult language and structure of reviews and conferences. They also lacked belief that they could influence decisions. Similarly in relation to ownership of records children did not feel they owned them. Bell's research was consistent with the experiences described in research by Baldry and Kemmis (1996 in Bell, 2002) who found that only one quarter of children in a London Borough had received copies of their care plans.

Complaints procedures can offer children protection, demonstrate their right to be consulted, enable them to participate in problem solving and decision-making and contribute to improved service provision (Ariers & Kettle, 1998). In the UK complaints procedures for children and young people have been legislated for since 1989; furthermore, administrative policies and procedures details the stages of the process and suggests that complaints procedures should satisfy certain principles: they should be accessible to users and carers; be understood by staff; they should guarantee a prompt and considered response and provide a strong problem-solving element (UK Department of Health, 1991).

In an age where children and young people access information in every conceivable form, particularly through the electronic media children and young people should be provided with age appropriate information including multimedia packages to supplement information conveyed verbally.

Principle

Children and young people should be provided with information about child protection processes, including how to make complaints. They should be well prepared for forums in which they are expected to participate through the provision of developmentally appropriate information, including multimedia packages, to supplement information conveyed verbally.

Informing children of the outcomes of decisions

Children have also expressed great anxiety about what happens after meetings and court processes. They need to have clear feedback as quickly as possible and to be kept informed about the implementation of decisions (UK, Dartington, 2000). Where administrative or legal decisions are made which affect children, including delays in decision making children should be informed of outcomes as soon as possible (Australian Law Reform Commission, 1997). In the child protection context this should mean that decisions are relayed the same day that they are made.

Principle

Children and young people should be informed as soon as possible, preferably same day, of legal and administrative decisions which affect them.

Collaborative practice

Sharing information between professionals

One of the unfortunate consequences of child protection practice in the last quarter of the 20th century was the tendency for child protection departments to set themselves up as 'experts', effectively alienating other government and essential non-government family support agencies and professionals from a partnership approach to the prevention, support and protection of children (Armitage, Boffa, & Armitage, 1998).

There is a high level of agreement among researchers across a range of disciplines that the pathways to poor outcomes for children and young people are extremely complex (Stanley, 2001; Sullivan & Calvert, 2004) and that problems are often interlinked and reinforcing of each other. Current theories of pathways to child maltreatment draw heavily on Urie Bronfenbrenner's ecological theory of human development (Bronfenbrenner, 1979). Underpinning these theories is recognition of the complex, multidimensional nature of child abuse and neglect (Garbarino 1977; Belsky 1980; National Research Council 1993 in Tomison & Wise, 1999).

In this view of human wellbeing both the risks to children and young people and the protective factors which might alleviate these risks are located across a wide range of different domains: individual, family, community and the wider society. Indeed a meta analysis of 1200 outcome studies of prevention programs in the United States (Durlak, 1998 in D. Scott, 2000, p 77) and extensive research cited in the Australian Pathways to Prevention study (National Crime Prevention, 1999) demonstrates that the same sets of risk and protective factors are associated with major negative and positive outcomes in many different spheres of life.

What this means in practice is that no discipline or agency can possibly have the resources, knowledge and skills to understand the issues confronting children and young people or the mandate to address these issues. Professionals from different systems (for example: education, health, police) who are involved with children and young people need to share knowledge and expertise and cooperate closely at every stage of intervention. Yet as the Dartington research (1997) clearly demonstrated in 1997, cooperation between professionals, including information sharing, was very patchy and tended to deteriorate after the early stages of intervention (p.26).

A child centred approach will recognise the importance of knowledge and expertise being actively shared between professionals who are involved with children and young people at each stage in assessment, case planning and service implementation. An ongoing dialogue with other professionals, including feedback about critical decisions, is an essential part of protection and support.

Principle

Knowledge and expertise should be actively shared between professionals who are involved with children and young people at each stage in assessment, case planning and service implementation; an ongoing dialogue with other professionals, including feedback about critical decisions, is an essential part of protection and support

Support and strengthen networks

At a theoretical level, the ecological perspective described above, is an increasingly accepted paradigm of practice. Bronfenbrenner's model which explains the significance of the *connections* between the important relationships in the child's world, provides a strong reason to ensure that the state, when acting as parent, does everything possible to improve the connections between the important relationships and systems which impact on children and young people.

Major writers have argued since the 1970s in the UK (Statham, 1978) and the USA (Bronfenbrenner, 1979; Hartman, 1978; Whittaker, 1986; Maluccio *et al.*, 1986; Germain, 1991) that these perspectives should underpin all work with children and families. Part of this acceptance is recognition that the majority of support most children receive in the early years at least will come from their parents, carers, relatives and for older children, their families, carers, peers, teachers and people in various community based settings. To

understand the lived experience of children and young people child protection agencies need to also work collaboratively with the people who know them well, can where necessary, help interpret their feelings and wishes and can assist in meeting their multiple needs. A child centred framework would require practitioners at every intervention point in the care and protection continuum to seek to broaden their understanding of the networks that are important to children and young people; strengthen them where possible through the provision of information and support and consciously seek not to cause them harm.

Principle

All interventions should as far as possible seek to create and strengthen the positive everyday networks which surround children, including the provision of appropriate information and support which will enable these networks to increase protection and support.

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