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The involvement of looked after children in making decisions about their present and future care needs

By

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Abstract

The provision of services for looked after children is an arena, like no other, where agents of the state, rather than parents or the children themselves are making decisions about children's lives. Such decisions include where and with whom looked after children live, what school they attend and the regularity and quality of their contact with their families and friends. The extent to which looked after children are involved in these decision-making processes appears to depend on the assumptions and perceptions of social work practitioners about the ability of children to participate. These assumptions are usually based on age-related concepts of competence and thus younger looked after children, aged eight or under, are unlikely to be involved and therefore have limited opportunity to participate in making decisions about their own lives.

Using collaborative methods of engagement including narratives, games and creative activities, fourteen looked after children aged four to thirteen were invited to reflect upon their experiences of participation in formal decision-making processes, identifying key issues of concern as well as possible areas for improvement and/or development. Social work practitioners were also invited to identify areas of concern from their perspective and suggestions for the improvement of practice of working with looked after children.

On analysing the results of the research, it became clear that although age-related concepts of competence were important in determining whether looked
after children would be involved in decision-making, the key determinant was the quality of the relationship between a child and his/her social worker. In turn, the quality of the relationship was seriously affected by the policies and procedures, priorities and culture of the social work agency. Agencies that placed a high priority on meaningful relationships between practitioners and looked after children were more willing to encourage children’s participation in decision-making, thereby promoting resilience and the development of positive memories of autonomy and engagement.

The research concludes that a model that places the child at the centre of service provision is inadequate in that it does not fully recognise the critical importance of the close, intimate relationship between looked after children and social workers. A new model is proposed that emphasises the critical importance of a synergy involving enhanced relationships between looked after children and social workers, a facilitative context of permitting circumstances and the fostering of positive memories of effective participation in decision-making.
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For Vic Winbush

1928-2007
AUTHORS DECLARATION

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award without prior agreement of the Graduate Committee.

Relevant seminars and conferences were regularly attended at which work was presented and several papers were prepared for publication.

Publications:


Presentations and conferences attended:

28/6/05 –Social Policy Association annual conference, Bath University. Paper presented: Children’s participation in decision-making processes

13/10/05 –Pen Green research conference, Pen Green, Corby. Paper presented: Dead Ends and Roundabouts

1/11/05 –PRAR conference, Utrecht, the Netherlands. Paper presented: Dead Ends and Roundabouts
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Paper presented: My Life in Care – Experiences of Non-Participation in
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Chapter One

The starting point

The idea for this research has been with me for many years, since I was a local authority social worker working in the field of child protection. My experiences had led me to acknowledge that whilst the youngest children I was working with were capable of letting me know their thoughts and feelings, their ability was not fully recognised within the formal processes we were engaged in. It appeared that these were forums where the voices of very young children, under the age of eight, were excluded or marginalised with the voices of caring adults being heard in preference to their own (Thomas, 2000). Thus, I became interested in finding different ways of listening to very young children and asking myself questions as to how I might promote their ability to participate and contribute in formal meetings and court hearings. Consequently, I was eager to embark on a detailed examination of the participation of young looked after children in decision-making processes. In particular I was interested in investigating the level of participation in court proceedings, looked after children reviews and permanency planning meetings.

Reflecting on these powerful personal experiences led me to identify five crucial questions about the participation of young children in decision-making that were at the heart of my research:
- Which looked after children are seen as having the right to participate in decision-making?
- On what basis are decisions made about who participates and to what extent?
- What experiences do looked after children have of decision-making processes in their local authority?
- What do social workers feel about their role in facilitating the child's participation in decision-making processes?
- Is the participation of looked after children in decision-making processes a good thing?

In order to address these questions, I considered there were three key areas I should explore. Firstly, I should seek to shed light on the experiences of looked after children by finding ways to enable them to tell their stories, to hear how it felt from their perspective to be involved with social workers and to be engaged in corporate decision-making processes. Thus, my research sought to look at the children's experiences of corporate parenting (De Montigny, 1998) in the context of the development of practice in this area, investigating ways in which young children are or might be encouraged to participate within powerful and bureaucratic structures such as those that exist within Children's Services Departments. I identified that talking with children about their experiences would require an exploration of possible resources that might be utilised to look at painful and difficult situations (Veale, 2005), enabling them to engage in the process without becoming distressed (see Chapters Six and Seven). In this way, I hoped to begin to develop an in depth understanding of their experiences, thoughts and feelings. I was also interested in encouraging looked
after children to share with me their points of view and thoughts on how things might be improved or maintained, in order to develop the dispositions necessary to be competent decision makers and autonomous individuals. Thomas (2000) identifies principles for child participation that he applied specifically to the experiences of looked after children over the age of eight (see Chapter Two). Within my research, I planned to explore whether Thomas’s principles could be applied to the younger looked after child, something that has not yet been done.

Secondly, I would explore the relationships that looked after children have with their social workers, guardians and/or court welfare officers. The participation of children in the decision-making process does not happen within a vacuum, it requires relationships, dialogue and negotiation. The relationship they have with their social worker is of critical importance as this is the person who is the gatekeeper for their access to services and support mechanisms (Winter, 2006; McLeod, 2008). Social workers are expected to assess the child’s situation, needs and wishes and facilitate the processes by which decisions are made about their future. In order to explore the child’s experience of decision-making, I wanted to investigate how social workers felt about their role. I would ask questions about how social workers strove to navigate a careful course between the expectations of social policy (Banks, 2002), the increasing bureaucratisation of their work (Gupta and Blewett, 2006; McLeod, 2007) and the needs of the children in their care (Winter, 2006). I planned to ask questions about how they developed relationships with children, how they cared for them and how they managed the anxiety that is an essential part of any parenting role (Roy et al, 2002).
Thirdly, by addressing the questions identified above, through listening to the voices of the children and their social workers, my work is intended to be a contribution to the current discourse about meaningful dialogues with young children (Prout, 2000; James and James, 2004), looking at children’s lived experiences through their eyes, not adult interpretations or assumptions about what it means to be that child (Christensen, 2004). It appears that most of the research on children’s experiences as participants in care planning has been conducted with older children, aged over eight (Thomas and O’Kane, 1998; Thomas, 2000; Shemmings, 2000). Similarly, research conducted with children looking at their general participation within communities, has been most often conducted with children over eight (Stafford et al, 2003; Punch, 2002).

Research with younger children has therefore tended to look at providing them with a voice regarding their immediate environment (Clark and Moss, 2001) and only very recently has begun to look at areas that are more contentious and complex such as children’s experiences in foster care (Clark and Statham, 2005) or child welfare and protection processes (D’Cruz and Stagnitti, 2008). In my research, I planned to add to this recent discourse of listening to the younger child by exploring how young looked after children viewed their situation and the decision-making processes that surround them, listening to their stories and following in their footsteps. I intended to do this by working in the co-operative paradigm (Heron, 1998) as much as possible, sharing the research process with the children in terms of its direction, pace and areas of interest within the overall context. Thus, I planned to be sensitive to the interests of the children, be prepared to negotiate and discuss possible ways of
working and areas to explore, thereby encouraging my admission into their world, following their thoughts, feelings and priorities.

In order to achieve these aims, my research was structured in the following ways:

- Accessing the views of looked after children aged four to fourteen, identifying issues relevant to them.¹

- Interviewing key practitioners in this field, such as social workers, support workers, guardians and court welfare officers.

- Returning to some of the children in a group work environment to discuss the findings, eliciting their thoughts and opinions on recommendations and implications for the way forward. It was intended that this group of children would make a meaningful contribution to the research, not only from their own experiences,

¹ The original research proposal (Appendix One) set out to investigate the experiences, thoughts and feelings of the younger looked after child, aged under five, a group identified as not previously considered in research in this area. It was also proposed to undertake an initial phase with older looked after children as an essential first step in the research process, helping clarify key areas of investigation with younger children as well as addressing any issues of concern gatekeepers might have. During the subsequent development of an ethical protocol (Chapter Six and Appendix Three), it became apparent that I should be more specific with regard to my age categories and that the perceived vulnerability of very young children was a considerable barrier to the success of the research. Thus, the ethical protocol (Appendix Three) made clear there would be two distinct groups of involved children: those aged between eight and fourteen (inclusive) and those aged four to eight (inclusive). When I finally embarked on collecting the data, I experienced many difficulties convincing gatekeepers to identify and refer possible child participants in the age ranges I had specified (Chapter Eight) and, as a consequence, undertook a new initial phase with a group of looked after teenage boys (Chapter Eight) prior to working with children aged four to fourteen (Chapter Nine).
but also their opinions and thoughts on what the other looked after children who had participated had said.

In this following section, I argue that my research is both interesting and important by considering three key aspects; the social policy context of listening to children; the current legal framework for looked after children and social work practice in child participation.

**Social Policy**

There has been an increasing commitment from the UK government to hear the voice of the child in many social policy contexts, especially governance and urban regeneration (Sinclair, 2004; Tisdall et al, 2004). The creation of the Children and Young Person’s Unit (Hendrick, 2003), the appointment of Children’s Commissioners (Hendrick, 2003), the increased emphasis on school councils and children’s parliaments (Lancaster, 2002) all point to a desire to have children involved in their communities. Questions arise as to how embedded this culture is (Shier, 2001; Smith and Taylor, 2003; Cavet and Sloper, 2004) and it appears there are considerable doubts as to the authenticity of such events in terms of listening to what children have to say and engaging in meaningful change as a consequence of their involvement (Lansdown, 2005; Roche, 2005; James and James, 2004; Winter, 2008). The UN Committee report (Unicef, 2002) investigating the actions of member states towards fulfilling the requirements of United Nations Convention on the Rights of the Child (UNCRC, 1989), found that, in England, there had not been the development of a genuine culture of listening to children, despite this being one of the cornerstones of the Convention. The committee established that most of
the listening engaged in was of a consultative nature with the child as a passive participant instead of an active co-collaborator or co-constructor. A further example of children being involved on the periphery of a consultation process was provided by Sinclair (2004) when she highlighted the engagement of groups of children in constructing the five goals of Every Child Matters (DfES, 2003): be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic well-being. This process of engagement was seen as a positive step in placing children at the heart of government policy, hearing the voices of children as to what that means in practice. However, according to Sinclair (2004), the children had very different views about several of the statements from those of the adults. For example, with regard to the second goal of 'stay safe' (DfES, 2003) the children felt the adult construction of this term was restrictive and over-protective. The children wanted to talk about safe environments rather than restricted freedoms, but their preference was not recognised by the adults involved and, as Sinclair noted, was subsequently absent from the final documentation.

There has been an increase in calls (Prout, 2000; Moss and Petrie, 2002; James and James, 2004; Prout and Tisdall, 2006; Winter, 2008) for the development of political and social concern for children’s lives in the present, rather than for their future lives as adults. These writers argue that the meaningful participation of children is a key component of improving circumstances for all children. Within a social welfare context, there have been calls for improved communication between children and adults (Shier, 2001; Laming, 2003; Cavet and Sloper, 2004; Lefevre et al, 2008; McLeod, 2008; Winter, 2008; Selwyn et al, 2008). However, despite promises to improve the
care of children (Every Child Matters, DfES, 2003) whose lives are impaired by poor parenting, deprivation, illness or disability, there seems to be a lack of will to effectively train professionals to communicate appropriately (Smith and Taylor, 2003; Lefevre et al, 2008).

Several government documents have emphasised the desirability of effective communication between professionals and children (Learning to Listen, CYPU, 2001; Every Child Matters, DfES, 2003; Common Core of Skills and Knowledge for the Children’s Workforce, DfES, 2005) placing the child at the centre of action and policy and identifying the need to develop high quality, sensitive practitioners, able to involve children in 'the decision-making that affects them' (DfES, 2005, p6). However, these documents do not seem to recommend a collaborative approach, preferring to use words such as 'consultation' or 'considering opinions and perspectives', which have the potential for passive rather than active participation. The occupational standards on which the degree in social work are based (Topss, 2004) do not emphasise the communication skills required to talk with children; neither do they fully address children's cognitive and emotional development, suggesting an empty rhetoric in terms of effective and meaningful communication with young children (Lefevre et al, 2008). Furthermore, there appears to be an argument that developments in promoting children's agency are taking place against a backdrop of increased surveillance, control and regulation of children (Prout, 2000) an underlying ideology of seeing children as social capital, a means of controlling their future, not concern for their lived experience in the here and now. Thus, attempts to effectively involve children in participatory frameworks are, as yet, limited (Ofsted, 2009), suggesting that adults have yet to be
convinced about the efficacy of children’s voices, a real and meaningful engagement in their communities that offers agency and rights (Roche, 2005; Selwyn et al, 2008). It would seem that a view of children as inferior to adults, as not yet competent to be meaningfully involved in the governance of their communities, still underpins attempts to engage with children:

'A view of children as citizens in the making has conventionally been taken to mean that children do not take part in adult decision-making.' (Davis and Hill, 2006; p. 12)

**Current legal framework**

The Children Act 1989 was the first substantial piece of UK legislation acknowledging the child’s right to be involved in the decision-making processes concerning their lives. The Act identified a welfare checklist (S1) to be applied by courts when deciding what should happen to the child before them, asking whether the child’s wishes and feelings on a variety of issues had been ascertained. S22(4) of the Children Act 1989 requires that children should be consulted about any decisions that concern them; including placements, education, friendships and the care they are receiving. The Act also states that the child should be of sufficient age and understanding for this to take place. This deliberately liberal wording allows professionals to make decisions about which children meet these criteria which could be regarded as a helpful approach as it allows for individual differences and encourages practitioners to avoid regarding children as a homogenous group (Sinclair et al, 2007).
However, it seems it may also be seen as having allowed an ideology to develop about policy and practice concerning children's abilities with regard to age:

'What began as a humanitarian concern for the weak has resulted in a depersonalising and devaluing of individual capacity through a doctrine of concern that has converted people from subjects to objects of social concern' (Knutsson, 1997, p. 37).

The United Nations Convention on the Rights of the Child 1989 (Unicef, 1989) is a further substantial piece of legislation that sought to confer the right for children to be heard and involved. For example, Article 4 (Unicef, 1989) defined children as equal to adults in terms of their rights and their intrinsic value. Article 12 of UNCRC – the right of the child to be heard is often cited by people working in the field of promoting the child's agency (Tisdall et al, 2004). However, research into the delivery of services to looked after children has shown that the opinions of key adults are consistently privileged over those of the child. Key adults are thus regarded as 'expert' in the child's needs (Masson and Oakley, 1999; Munro and Ward, 2007) with age and ability used as justification to exclude children (Masson and Oakley, 1999; Tisdall et al, 2004; Ward et al, 2006). My argument is that both the 1989 Children Act (DoH, 1989) and UNCRC (Unicef, 1989), whilst talking about the child's right to be heard, appear to uphold the rights of adults to make decisions about their competency, whether the children has a view worth listening to and in what format or forum this listening will take place. The consequence seems to be that, as adults, we feel justified in only allowing the child who we perceive as competent, using socially constructed criteria, to be a rights-holder (Qvortrup, 2005) and to experience their own sense of agency. A policy based on these premises raises
questions as to who makes those judgements and on what basis. James and James (2004; p.200) argue that, as a consequence, this stance allows age to be used as a determinant rather than experience:

‘Law based heavily on the objectivity of judgements based on chronological age, which provides the accepted basis for the determination of ‘age’ for the purposes of law, rather than more subjective, experiential definitions of competence’

Furthermore, it appears that the existence of separate legislation such as the UNCRC, rather than upholding the rights of children, might further underline the power differences between children and adults, where children are dependent on the values of adults (Littlechild, 2000; James and James, 2004; Munro and Ward, 2007). Consequently, the existence of separate legislation may be promoting the separation of children and adults, encouraging the development of competency criteria to decide whether a child is able to participate (Fattore and Turnbull, 2005).

It seems that the concept of power is critical to this debate (see Chapter Two) as it has regularly appeared when considering the participation of children in decision-making and the relationships they hold with the adults around them. Thus, a key question emerges as to how professionals use their power and authority when making key decisions in children’s lives. I explore this in my research by asking children and adult participants for their thoughts and experiences of power and authority.
Social work practice in child participation

The specific context of my research requires an exploration of social work practice in terms of child participation. In particular, examining the role of social workers, the relationships they hold with the children in their care and how legislation, policy and practice helps or hinders effective involvement of children in decisions about their lives.

Social workers are expected to advise, assist and befriend children and their families (Children Act 1989, s41), seeking to improve the life chances of children who are in need of intervention or support. Social workers are reluctant to intervene in family matters as the privacy of families is considered paramount (Tisdall et al, 2004). The Children Act 1989 supports this culture by making it a duty to make every attempt to offer support to enable children to stay with their family (s22). However, for some children, the involvement of the local authority in their care is non-negotiable, as their situation requires intervention to protect them from harm. Sometimes, judgements have to be made as to whether the care they are receiving is adequate and alternative arrangements made if home is considered to be an unsafe place for the child to live in. Such decisions are usually made at case conferences, involving all professionals who have knowledge or involvement with the child and his/her family. Prior to the 1989 Children Act, parents only, rarely children, were invited to attend the end of a meeting in order to hear the outcomes and to put their point of view across. Following legislation, parents and older children were encouraged to participate although with limited success as the format did not change sufficiently to effectively facilitate empowerment and engagement by families (Corby, 2002).
would appear, therefore, that the key driver for this change seemed to be research into the successful outcomes of decision-making (Melton, 1983) rather than deep rooted beliefs about social justice. It also seems that a desire to hear the opinions, thoughts and feelings of those living the experience, is of less importance in the move towards a more inclusive forum for decision-making.

Research by Bell (2000) and McLeod (2008) found that, despite the change in the law, children's experiences of being the passive recipients of the assessment of professionals still persist. Hayman’s (2001) account of growing up in care demonstrated the inability or unwillingness of professionals to effectively listen to what the child had to say. She argued that case conferences were not the best venue for the child's voice to be heard and was critical of the existence of agendas that privileged the requirements of adults, where the construction of the meeting helped adults to feel comfortable and where there was rarely any part of the agenda that looked exclusively at the child’s feelings (Schofield and Thorburn, 1996). The consequence seemed to be that the children became bored and alienated and participation became meaningless (Thomas and O’Kane, 1999b; Hayman, 2001). The Children Act, 1989 (DoH, 1989) expects the involvement of children and the ascertaining of their feelings, thoughts and wishes (s7), but does not lay down any duties regarding the structure of their involvement, how it might happen or where. It appears it is not just at meetings that children are invisible (O’Quigley, 2000; Laming, 2003; Buckley, 2003). Buckley (2003) found that children were seldom seen during investigations into allegations of abuse (11 out of 28), and some were only seen by accident, happening to be present when the social worker was interviewing the parents. Thomas and O’Kane (1999b) and Cashmore (2002) found that
many children did not know why they were in care and did not feel they had any right to be involved in the decisions made about them in that context. Farmer et al. (2004) found that many children find themselves in foster placements without any consultation, even in non-emergency situations. Furthermore, it seemed that children are not always believed even when they have been asked their views. Research by Munro (1999) showed that social workers were only inclined to believe those children whose account ‘fitted’ with the social workers’ own perspectives and would then listen to their story. They were most likely to doubt, discount or otherwise diminish the child’s account when it did not accord with their own assessment of the child’s situation. O’Quigley (2000) found that children were used to adults not listening and therefore had no expectations that this would happen and appeared genuinely surprised when a social worker asked their opinion. Shemmings (2000) found significant numbers of professionals felt that no child should be engaged in any decision-making at all until they were nearly an adult. Furthermore, he found that even more professionals felt children should not be present at any meetings to decide their future. These issues are of great concern given the current political climate of questioning the effectiveness of child protection services (Laming, 2009) and something I explored further through the conversations I had with looked after children (see Chapter Ten). It appears, therefore, that research into the significance of the voice of the child within a welfare context shows a patchwork of experiences, with some children being listened to and others not (Ofsted, 2009). The lived reality for significant numbers of children appears to be that their words are discounted with adult voices being heard above their own.
A further issue emerged when I closely examined the contexts of research projects in this area. As already identified, most studies involving looked after children as participants, have been conducted with older children, aged eight and over (Shemmings, 2000; Thomas, 2000). For example, the Blueprint project (2004) looking at the experiences of looked after children, only worked with children eight and over, justifying their approach as the best they could manage given constraints of time and method. Recent research by Ofsted (2009) was conducted with children aged six and over, but there has still been very little research conducted with pre-school looked after children. Thus, the younger looked after child is further disadvantaged when it comes to consultation or participation with older children privileged (MacNaughton, 2003) simply by age, with limited attempts to look at the needs of the individual (Thomas, 2000).

When considering why the older child is advantaged in this way, the ability to use language appears to be a key issue (Lister, 2005) in deciding who is listened to. It would seem there is a predominant understanding of child development that sees language acquisition as occurring at set ages (Piaget, 1978) which I explore in Chapter Four. There also appears to be a culture that privileges the ability to communicate orally over other forms of communication (Habermas, in McCarthy, 1984; Cavet and Sloper, 2004) which has further encouraged the development of ageist assumptions of a child's capacity to participate. As a consequence, an age threshold appears to have developed that practitioners apply to the children in their care. An approach that sees competency as important for contributions, in terms of age only, offers practitioners an arbitrary understanding of ability to participate. Many practitioners feel that this 'rule of thumb' is acceptable (Shemmings, 2000) and
useful in their decision-making about those who should be involved. Age thresholds are also seen within court settings where research by Trinder (1997) and Dyche (2002) showed that courts and legal practitioners viewed young children, under the age of eight, as 'immature', 'lacking understanding' and 'living in their own emotional world' (Trinder, 1997, p152). Instead, there appears to be some strong arguments for a more open and bespoke process (Prilleltensky et al, 2001; John, 2003), that adverse consequences for wellbeing and resilience will result if children are not treated as individuals and permitted a voice. Further, it appears that the lens through which we regard children (McNeish and Newman, 2002) is a critical barrier that needs to be challenged in order to develop effective structures for inclusive participation and real citizenship for all children (see Chapter Four).

An investigation of social policy, legislation and social work practice establishes that the provision of services for looked after children should be investigated as an arena where social workers, on behalf of the state, are making important decisions about children's lives without necessarily involving them in the process. Furthermore, children looked after by the state experience a decision-making process consisting of large numbers of adults, some of whom have never met the child, let alone understood their feelings, thoughts and wishes (Thomas and O'Kane, 1999). It appears that the corporate parenting (De Montigny, 1998) of large numbers of children has led to the practice of regarding them as a homogenous group, operating on assumptions about children 'in general', their general competences and abilities, rather than acknowledging their individuality. The production of policies and procedures that meet the needs of the whole cohort cannot seem to cope with sensitively
meeting the needs of the individual (Corby, 2006; Gilmore, 2001). For children in the care system, who may have been abused, this assumption of homogeneity renders some even further marginalised within society and therefore at greater risk of being discriminated against. I therefore use the experiences of corporate parenting already discussed in this chapter (De Montigny, 1998; Thomas and O’Kane, 1999; O’Quigley, 2000; Cashmore, 2002 Buckley, 2003), as arguments as to why I conducted my research and to demonstrate the passion I felt to do this piece of work, to hear what children had to say about their experiences of being in the care of the local authority and their attitudes towards decision-making within that context.

Outline of subsequent chapters

My research is an examination of the world of the looked after child, trying to encourage, promote and hear their voice. I seek to shed light on the ways in which looked after children are involved in decision-making and the implications of failing to promote decision-making skills for other areas of their life.

In order to present this work in a logical progression that can be followed easily and clearly, this thesis is divided into four discrete sections that look at: (1) the context of the research; (2) the methodology; (3) the data and my reflections on the process and (4) the results.

In Section One, I look more deeply into the context of my research, seeking to further establish why this is an important area of study and identify some of the
key issues that shaped the subsequent study. In this section, I begin by looking at the theoretical concepts of power and participation (see Chapter Two) before probing deeper into the relationships between looked after children and social workers, debating another set of related theoretical concepts; those of care and caring (see Chapter Three). All of that understanding is then placed within the context of child development, in particular the development of decision-making abilities (see Chapter Four). I ask questions about the models of understanding that are predominantly used within social work training and how these may impact upon individual practitioner’s views about a child’s ability or competency to participate in the decision-making process. Therefore, by interrogating the various theoretical perspectives that underpin social work practice and procedure, I establish a foundation on which to build the research design.

In Section Two, I focus on the methodology of the research, by first examining my role as the researcher within the relationships formed with the participants (see Chapter Five). Here, I begin to ask questions about who I am within this research, my motivations and aspirations, in order to clarify why the research is designed in this way. I also seek to identify any specific areas of caution, times when I might be less than diligent as my predisposition to see children as active agents takes over from my desire to be an authentic and rigorous researcher. This section also looks very carefully at issues of ethical debate (see Chapter Six) as research with children seems to be a minefield of anxiety particularly around engaging young children in the process. Ethical considerations seem to be especially pertinent where research may be difficult, where it might be exploring painful areas, where a natural instinct of adults to seek to protect children from distress can lead to a denial of voice or agency in areas that
matter most (France, 2004). Thus, the ethical basis of the research required close and careful scrutiny, arguing for an approach that took risks and encouraged voices to be heard without endangering wellbeing. Consequently, methodological and ethical considerations established the basis for the subsequent choice of methods for the research process with both the adult and child participants.

Within the research, I considered it important to seek broad methods that might be used with both adults and children. I wanted to explore whether research with children should be different (Punch, 2002) from that with adults in an attempt to find methods that could be used by all who wished to hear what people had to say about their lives. An exploration of method is therefore the next step in this section, explaining the development of tools and processes to effectively hear the voice of the participants whatever their age and background (see Chapter Seven).

The final part of this section explores the role of the gatekeepers in this work and the first phase of the research process with a group of teenage boys. As already established, children live their lives within institutions and processes controlled by the adults around them. This experience of external control is even more so for children accommodated by the local authority, where desires to protect their interests, maintain confidentiality and keep them safe often prevents their engagement with the world (Parker, 2000). The local authority’s duty to protect and the steps taken to fulfil this obligation can create barriers to children’s engagement in research that looks at their experiences (Winter, 2006). Indeed, I experienced many barriers which proved to be a serious
hurdle for my research and requiring me to engage in considerable groundwork. Some of this groundwork had already been done prior to the formulation of a research proposal (Appendix One) as I sought the views of significant gatekeepers about their awareness of a need for research into this area. Talking to gatekeepers within local authorities, residential care and court welfare had not only indicated approval of the proposed research, but also their support in finding participants for me when the time came. However, when I began to ask for the identification of possible child participants, their considerable reluctance to engage in the project was evident and the gatekeepers began to backtrack on earlier commitments. Phase one with four older boys was constructed, primarily to examine and adjust my proposed methods, taking the opportunity to learn from the boys what they thought were the key issues for subsequent exploration. What became apparent, through the experiences of reluctance mentioned above, was that there was a further reason to conduct this phase; to demonstrate to stakeholders and gatekeepers that my research was ethical, legitimate and possible as well as safe in my hands as a credible researcher. Consequently, the twists and turns of the process at this stage led me down a different path in terms of subsequent research development and my developing understanding of the different constructions placed on living within the care of the local authority (see Chapter Eight).

In Section Three, I set out how I collected the data from the individual and group interviews with both child and adult participants. Here, I show how the research developed, taking on an organic form, seeking enlightenment where an opportunity was offered (see Chapter Nine). Using a reflective journal (see
Appendix Two) helped keep the research process alive and moving, highlighting the twists and turns, raising questions for exploration and having occasional 'eureka moments', some of which came from the participants and some from reading or serendipitous conversations or events. The section continues with an analysis of the contributions of the participants, identifying common themes and elements, the conflicting aspects, the concerns and emerging voices (see Chapter Ten). Section Three is also where I use the emerging understanding to develop a model of engagement with looked after children that acknowledges their individuality, their personal agency and their need to have their present recognised as well as their future.

Finally, Section Four seeks to put the whole experience into perspective and context, to learn the lessons and prepare to identify and take the next steps on the journey. The subtitle of Chapter Eleven is 'quiet reflections' and this is what I seek to do, thinking about what I have experienced, the voices I have heard and the sense I have been able to make of the data collected. I conclude with identifying the implications of my research and the subsequent model of engagement for social policy concerning the relationship between social work practitioners and looked after children.
In Chapter One, I identified two important concepts of power and participation that I argue have considerable implications for my research. The exploration of the context of the research conducted in Chapter One made it clear to me that these two concepts were central to my thesis, as they seemed to arise or become visible whenever the relationship between children and adults or children and social workers was explored. Here, I will investigate the theoretical understandings of the concepts of power and participation in order to develop an insight into their relationship that could be challenged or extended as the research unfolded.

**Power**

Foucault (Smart, 1985) suggests that questions need to be asked about how power is exercised rather than attempting to arrive at a definition of what power is. According to Foucault (1997), power resides, not in the individual or group, but in the positions they occupy and the ways in which current discourses privilege those positions over others. Power is exercised through networks, passing through the individuals that occupy them; therefore it cannot be owned or possessed. Thus, an understanding of power within the context of this thesis requires an exploration of current discourses about the strategies, tactics and
techniques that are used by one over another or many others to maintain authority and control:

‘Discipline tries to rule a multiplicity of men to the extent that their multiplicity can and must be dissolved into individual bodies that can be kept under surveillance, trained, used and if need be, punished’ (Foucault, 2003, p. 242).

Power is therefore regarded by Foucault as having two key elements. The first is that the ‘other’ is regarded as having the ability to act and the second is the range of possible responses and actions that are opened up as choices for the ‘other’ to choose (1997). Giddens (2001) sees power as the opportunity for controlling the ‘other’:

‘The ability of individuals or groups to make their own interests or concerns count, even when others resist’ (Giddens 2001, p.420)

It could be argued that Foucault and Giddens’ definitions of power imply that those who are regarded as weak can be coerced, by force if necessary, into agreeing an agenda or course of action to which they do not subscribe (Payne, 1996). However, power is not only about the use of force (Foucault, 1997; Hayward, 2000; Robinson and Kellett, 2004) or confrontation. Instead, power is deemed to be about the creation of knowledge, who is/is not involved in that process and whose knowledge or expertise is valued over others. It appears that children are especially vulnerable to being excluded. Robinson and Kellett (2004: p.81) argue that children’s knowledge can be easily ignored or regarded as inferior as children can be coerced by forces which are constructed by adults as care or protection:
'Power is not just about force, but the creation of knowledge. Children’s knowledge can be disregarded and they can still be controlled by force, however benevolently that may be constructed by adults.'

Gaventa and Cornwall (2001) see power as manifesting itself in three different ways; as power over people, maintained through the structures put in place to protect the interests of those who hold it; as power within the individual which is created and enhanced by a strong identity and a sense of agency; and as the power to act – the ability to put into practice one’s wishes or desires.

Within the context of this study, social workers could be regarded as holding considerable power over people (Beckett and Maynard, 2005) in their role as protectors of children and other ‘vulnerable’ people in society, protecting them from those who would seek to cause them harm, including themselves and to promote their growth and development towards a maximisation of their personal potential (British Association of Social Workers, 2002):

‘Although the children are the most vulnerable in the scenario, once the child protection system becomes activated, they are subject to the professional gaze of professionals charged with the responsibility of ensuring that they are adequately cared for. Their vulnerable position is now transformed because their welfare is supported and maintained by a powerful legal system and professional surveillance’ (Burke and Dalrymple, 2002, p. 60-61).

At first glance, the above quote suggests that children are protected by the existence of a system that seeks their safety and protects their right to be secure and cared for. The existence of such systems could be regarded as a positive step and something that should be supported and maintained.
However, Foucault’s (1982) work on ‘government’ suggests that these systems exist as methods of directing, controlling or structuring the conduct or actions of individuals or groups and are regarded as legitimate and acceptable by the population. Certainly, closer scrutiny suggests that the existence of powerful external systems such as the law or internal structures such as quality assurance and accountability may maintain the vulnerability of children (Winter, 2008). They may encourage decision-making that is over protective or cautious rather than promote a move towards a position of autonomy and thereby a reduction of the child’s defencelessness (Dweck, 1999). Thus, the power of the individual, could be, in the case of looked after children, seriously limited as they are not allowed to influence the production of knowledge (Bachrach and Barratz, 1970, cited in Gaventa and Cornwall, 2001).

The professional power a social worker holds is underpinned by legislation, giving them rights of access and intervention that may be essential, particularly in circumstances where people are not receptive to their involvement. For example, social workers have the facility to apply to the courts for care or supervision orders, where it is felt there is no alternative way to ensure a child’s safety or to preserve their entitlement to fulfil their potential (Children Act 1989, S31). I have already explored, in Chapter One, the requirements of current legislation for social workers to obtain and take into account the wishes and feelings of the child when applying for these orders (see p.23). It might be assumed, therefore, that children are finally accorded a voice by this legislation, the right to be involved in the planning of their lives in the care of the local authority. However, an argument exists that the Children Act (1989) also enshrined the right of social workers to determine the competence of the
individual child to engage meaningfully in that process (France, 2004), with the
effect of permitting some to be involved and others not. In which case, social
workers might be seen as having an extremely powerful role as an 'expert' in
the lives of children, defining who is competent to be involved and who is not:

‘A factor that sustains adult-child power relations is a belief
that adults have superior knowledge’ (Robinson and
Kellett, 2004, p.84)

I have concerns about how much power is actually ceded to the child by the
legal system within which they and their social worker reside and how much
their vulnerability is maintained under a mantle of care, control and protection
(Payne, 1996; Robinson and Kellett, 2004). According to Foucault (1979),
power is relational and works through discourses that frame the boundaries of
relationships. Foucault argues that all individuals, at different times, will have
opportunities to undergo or exercise power. Thus, within a court hearing, power
is most likely ceded to those individuals who are seen as having a more
powerful world view or who are perceived as representing a highly valued social
group (Beckett and Maynard, 2005). Therefore, an objective consideration of
the merits of the various positions, opinions and beliefs within that forum is
unlikely to be taken. Instead, weight is given to an individual’s testimony
according to the perceived significance of their social role. Thus, a debate about
the power balance between children and their social worker is not
straightforward as any opportunity, by either, to exercise autonomy is always
related to whatever situation they find themselves in at any particular time
(Kjorholt, 2005).
Social workers hold a position of responsibility, being accountable to bodies such as the courts and legal representatives, which are deemed to have greater authority and therefore power (DoH, 1989; Masson and Oakley, 1999). Social work accountability to the legal system is greater than that of other professionals as they are particularly required to give evidence and submit to cross examination, within a court, with regard to their assessments and decisions about whether a child should remain at home or be looked after by the local authority (Beckett and Maynard, 2005). There is evidence that in order to maintain their power, professionals seek to create hierarchies of knowledge for themselves that put them in the extremely powerful position of knowing best what to do, thus rendering the people they are seeking to assist, powerless and weak as a consequence (Foucault, 1997; Gaventa and Cornwall, 2001; Robinson and Kellett, 2004; Beckett and Maynard, 2005):

‘Social workers are always powerful in relationship with clients because of the professional nature of that relationship’ (Payne, 1996, p. 126).

Dickens (2005) argues that social workers are, in fact, quite weak, requiring considerable personal skills of persuasion to engage with families, especially where there is insufficient evidence to take to court. In such circumstances, social workers find themselves having to make complex decisions based on the law, their professional assessments of the situation and the need to balance the rights of parents and children (Munro and Ward, 2007). Decisions made in these circumstances may prove uncomfortable for a worker who is used to feeling more powerful, able to use the law to enforce their decision-making, rather than engaging in negotiation and compromise. Feeling uncomfortable with the limitations on professional power and authority may lead to a favouring
of formulaic and predictable decision-making rather than a more person centred
approach (Gilmore, 2001).

The uncertainties of power held by the social worker as a professional
inevitably leads to an exploration of a further locus of power; the internal
structures within which the social worker is situated:

‘Authority over the clients depends on organisational
power as much as it depends upon the power of expertise’

Social work structures are described as managerial (Payne, 1996; McLeod,
2007), having a culture where an administrative discourse predominates, where
actions and decisions need to be justified and documented for auditing
purposes and to ensure accountability (Fattore and Turnbull, 2005; Sinclair et
al, 2007). According to Foucault (2003), the development of these technologies
has facilitated the creation of greater power and authority over people, not less,
thereby enabling the state to maintain control over its citizens. This has the
effect of weakening personal power making social workers vulnerable in their
decision-making and perhaps less likely to seek to share power when they
perceive themselves as having so little (Gupta and Blewett, 2006; McLeod,

An exploration of the different constructions of professional power can lead to
the development of a negative attitude towards social workers (Gupta and
Blewett, 2006), their roles and attitudes in relation to children and their access
to decision-making contexts. However, it is apparent that social workers have a
very difficult role to perform, as agents of a controlling and powerful state system (Beckett and Maynard, 2005; Ward et al, 2006; McLeod, 2007) where they are asked to be both carers and controllers of those deemed to be in need (Payne, 1996). The terms and conditions of their employment require them to be accountable to the organisation they work for and the decisions that they take (Payne, 1996; Sinclair et al, 2007; Munro and Ward, 2007), which can have the effect of rendering them powerless. The organisation is, in its turn, responsible to the government to ensure that systems in place are manageable, accountable and financially sustainable (Sinclair et al, 2007). These systems are also required to reflect the values and beliefs of society which may lead to conflict with social work values of human dignity and worth:

‘Social workers, when working with children have to try very hard not to be deflected from attending to the needs and perspectives of children by the needs and views of other, often more vocal, family members or indeed by the demands of other professionals and their own agencies’ (Beckett and Maynard, 2005, p. 187).

The existence of conflict between these strong demands demonstrates further the considerable tensions within the social workers role as they seek to represent the views of the child:

‘An important finding has been how difficult it is for concerned professionals to keep the needs of the child at the heart of the decision-making and not to be deflected by all the many other pressures demanding to be taken into account’ (Ward et al, 2006, p. 142).

Thus, ‘corporate parenting’, looking after large groups of children through policymaking and decision-making at chief executive level (De Montigny, 1998) may be defined as the manifestation of institutional rather than personal power.
Habermas (McCarthy, 1984: p. 86) describes institutional power as 'a rigid reproduction of behaviour that is removed from criticism'. If this is correct, it may be very difficult to challenge, to change the system in favour of a more egalitarian approach (Payne, 1996; Roy et al., 2002) and few may attempt it. What particularly interests me is how much power the child holds within this process as a recognised right in legislation and practice. I have already identified the difficulties inherent in the social work role when trying to promote participation and self determination when working with children. The above discussion suggests that children may be powerless (Daniels and Jenkins, 2000), so within the research it was important to ask questions as to what power the child may be granted or be forced to seize for his or her self, whether they sought to subvert or otherwise inhibit action and decisions taken without their agreement or involvement:

‘...how powerlessness can shape the responses of those who are marginalised’ (McLeod, 2007, p. 285).

Discussion regarding the existence of professional power structures and the possible tensions therein leads inevitably to a debate about empowerment, what it means and how it might be manifest within the relationship that social workers have with looked after children. How are looked after children empowered to participate in decision-making and what does that mean for others engaged in the process? Social workers, through their code of conduct (British Association of Social Workers, 2002) are charged with the responsibility of assisting vulnerable people towards empowerment. Thus, the concept of empowerment needs clarifying to develop an understanding of how it is
manifest within children’s lived experiences. This is particularly so when considering Bell’s comments that:


It appears that empowerment is not easily apparent or is dispensed with for the sake of efficiency. Taken in conjunction with the managerialist manifestation of social work (Flynn, 2000) and the diminution of professional autonomy and power as a consequence, this is a central and key point of my thesis which will be further explored in Chapters Ten and Eleven.

Empowerment should mean the shift of power from one person or institution to another where the balance of power had hitherto been poor (Larson, 1977; Payne, 1996). Speaking on behalf of people who are powerless, seeking to ensure their voice is heard, are steps that might be taken to seek empowerment for others as well as promoting the right of people to make decisions and subsequently act upon them. Burke and Dalrymple (2002: p.61) consider that there is a danger within large institutions such as local authority Social Services Departments that empowerment comes to mean ‘reconciling people to being powerless’, facilitating their involvement in services which makes them complicit in the intervention. Payne (1996: p.130) agrees:

‘The use of power continues to disadvantage those who do not have it, since they might achieve more from society if they were not so compliant’

Thus empowerment is a complex concept, not simply a matter of seeking relief from oppression, but questioning the basis of that oppression, the systems and
procedures that maintain its authority over the oppressed even when engaging in seemingly empowering and participative activities. These criticisms may well be even more important now as Social Services Departments have become part of a larger Children's Services Department combining Social and Education Services, thereby becoming a more substantial institution (Laming, 2003).

Empowerment should be a transformative process, beneficial for people and society (Payne, 1996), but it appears to be fraught with the danger of making people dependent and therefore achieving less than their potential. Taken in context with the complexity of power and how social workers may feel powerful and powerless, often at the same time (Hetherington et al, 1997; Ward et al, 2006), it was important to ask questions about how the children were helped towards empowerment (Chapter Ten).

**Participation**

This research has, at its heart five questions about participation (see p.16), consequently, the concept needs further examination. According to Larson (1977), participation constitutes a direct involvement in service provision and planning. People cannot feel powerful if they have not participated in sharing knowledge and understanding, making and acting upon decisions (Dweck, 1999; Cleaver, 2001). However, it appears we take participation for granted:

"Participation has... become an act of faith in development, something we believe in and rarely question. This act of faith is based on three main tenets: that participation is intrinsically a 'good thing' (especially for the participants); that a focus on 'getting the techniques right' is the principal way of ensuring the success of such approaches; and that considerations of power and politics"
on the whole should be avoided as divisive and obstructive' (Cleaver, 2001, p. 36).

In order to explore what participation means within the context of looked after children, I intend to look at three key participative frameworks developed by Hart (1992); Thomas (2000); and Shier (2001). These frameworks have become well established for organisations and individual practitioners interested in working with children in participatory ways as they offer a typology; a systematic classification of participation which facilitates the identification of what is possible or desirable in terms of working towards meaningful engagement with others. Therefore, these frameworks warrant examination and critique, both here and within Chapter Ten.

Figure 2:1 Hart's ladder of participation (1992)
Taking his inspiration from Arnstein’s (1969) eight rungs\(^2\), Hart (1992) designed a participative ladder, signalling that the higher up the ladder, the greater the participation experienced by the child. The imagery could promote an assumption that the top of the ladder is the best place to be and the bottom the worst, suggesting that participation is a commodity, something that a person can have less or more of (Thomas, 2000). Furthermore, the existence of the bottom rungs could be seen as legitimising a practice of non-participation, that it is possible and acceptable to deny participation to a person or community. Either of these circumstances would be seen as undesirable situations (Treseder, 1997).

Instead, Hart’s work at identifying these bottom rungs has been seen as useful for practitioners as they are empowered to challenge the organisations for which they work, to seek to eliminate any activities that might fall into these categories (Shier, 2001) and begin to question how their practice may become more participative. Shier (2001) therefore defends Hart as having made transparent what was already in existence, thereby making it clear that the existence of the ladder requires justification to be made for not actively seeking the participation of children in processes that concern them. Thus, accepting that there may be circumstances where it is right to have minimal levels of participation, the conscious use of the model encourages challenge and

\(^2\) Arnstein’s eight rungs, as well as Hart’s ladder and Shier’s pathways are all designed with collective participation in mind. Hart developed Arnstein’s ladder of participation which looked at citizen involvement in planning processes, into a framework that could be applied to participative work with children. In their turn, the frameworks developed by Arnstein, Hart and Shier provided the inspiration for Thorburn \textit{et al} (1995), Grimshaw and Sinclair (1997) and Thomas (2000) to develop participative structures for the processes of individual decision-making for looked after children. It is pertinent to look at the original frameworks in order to understand the key concepts of participation that underpin them.
justification, a dialogue and rationale rather than unawareness and lack of thought.

Figure 2.2: Shier’s pathways to participation (2001, p111)

Shier (2001:111) developed Hart’s ladder, attempting to address the criticism above by creating an additional tool for workers and organisations to identify their levels of participative decision-making. Thus, his pathways do not allow for anything less than listening to children;

1. Children are listened to;
2. Children are supported in expressing their views;
3. Children's views are taken into consideration;
4. Children are involved in decision-making processes;
5. Children share power and responsibility for decision-making.

Each of these pathways is subdivided into openings, opportunities and obligations, asking practitioners to actively look for the opportunity to develop their participatory practice and to make demands for services to change, should they be found wanting. According to Shier, compliance with Article 12 (UNCRC) requires activity at least at level three of his pathway, but would only indicate that views were taken into consideration. Only when level four is in evidence would there be an indication of an organisation's preparedness to actively and meaningfully involve children in decision-making processes. Shier argues that level five is only achievable when organisations are prepared to give away some of their power, to share in a meaningful sense with the children. I consider that some tensions exist within Shier's model; the adoption of policies that actively encourage participation may force children who do not wish to participate to do so or it could create a situation where professionals feel obligated to do whatever the child decides, an 'all or nothing approach' (Claussen, 2002, p. 13). This interpretation of participation might have the effect of reducing the willingness of practitioners to engage with children in a participative way as they could feel inhibited in their professional duties, unable to make tough decisions with which the child may disagree. According to Larson (1977) an 'all or nothing' approach could become cynical manipulation rather than altruism as it might be used to legitimate the actions and processes of the organisation. Within social work, it is also conceivable that the situation may
arise where the practitioner is actively discouraged from seeking the child’s view on the grounds of avoiding distress, failing to recognise the greater distress of not being involved in the process however painful. It was my experience when seeking ethical consent (Chapter Six) and access to children to take part in the research (see Chapter Eight) that workers were indeed operating from this perspective and I explore it further in Chapter Ten.

Thomas (2000) argues that the participative frameworks designed by Hart and Shier are too linear to adequately recognise the complexities involved in facilitating the participation of a looked after child. Instead he uses the imagery of a climbing wall which is individually constructed through the identification of the level of choice, information, control, support and autonomy (2000, pp.175/6) a looked after child has had within the decision-making process. Thus, according to Thomas, a looked after child may have had good information about their situation, but experienced poor control over the decision-making process or has had limited opportunity to have their voice heard. Following the identification of his climbing wall, Thomas (2005: pp.68-69) drew up a list of recommendations for working with children of what he defines as the middle years of childhood; eight to twelve years old:

1. That the child should have an acknowledged right to take a full part in the discussion which leads up to the decision (without being obliged to do so if they do not wish);
2. That the choices to be made and their implications should be clearly explained to the child;
3. That the child’s views should be carefully attended to by all those responsible for making the decision;

4. That the decision should then be made by the responsible adults on the basis of what is considered to be in the balance of the child’s best interest (including the child’s interest in having her or his views taken into account);

5. That the plan should be explained and recorded with explicit reference to the part which the child’s views played in determining it; and

6. That if the child’s wishes are not to be acceded to, the reasons for this should be explained to the child and to anyone else who has a legitimate interest.’

Thomas focuses on the rights of the child aged eight to twelve to fully participate in legal decision-making and raises questions as to the feasibility of this right being acceded to the younger child. Lansdown (2005: p.1) argues that participation is a fundamental right for children of all ages and there should not be an assumption of some children having more rights than others by virtue of age, ability or social constructed measures of competence:

‘However, as for adults, democratic participation is not just an end in itself. It is also a procedural right through which to recognise other rights, achieve justice, influence outcomes and expose abuses of power. It necessarily counters the power relations that are inherent in adult-child relations’

Lansdown (2005, pp.7-10) also argues that participation promotes development, serves to protect the child from harm and produces better outcomes for the child. This was significant within my research; investigating
whether there were perceivable differences between those who felt they had participated and those who had not.

Fattore and Turnbull (2005) offer a useful perspective on participatory methods when they identify that what matters is the quality and orientation of the communication between children and adults. They argue that in order for participation to take place effectively, adults need to encourage active communication between them and children, taking on the responsibility of acting with and on behalf of children, rather than simply allowing children to be involved in adult dominated processes:

‘Casework should be sensitive to the needs of children and allow for the participation of children in that casework’ (Fattore and Turnbull, 2005, pp. 55/6).

Within this research, I looked at what, if any, participatory frameworks underpinned organisational policy or were being used by individual practitioners and whether there was evidence of genuine attempts to engage in child orientated communication irrespective of the age of the child.

An exploration of power, empowerment and participation enabled me to identify some key issues for further investigation within the research process. It seems that social workers are viewed as having considerable professional power although they operate within legal and bureaucratic structures that inhibit or prevent the exercising of any personal power (Beckett et al, 2007); thereby creating the potential for serious dilemmas should they find themselves in situations where they are expected to do something they feel is inappropriate. There are therefore, serious questions about whether social workers can make
autonomous decisions within their work (Payne, 1996), exercising their power freely. Looking at the ways in which power is manifest (Gaventa and Cornwall, 2001) it seems that all three are complex and not easy to discern within a social work context.

It became apparent that I had to look closely at the professional identity of social workers and their thoughts and feelings about the power they held within their agencies and when working with looked after children. How do social workers exercise their power, what strategies do they use and how do they cope with the tensions that seem to arise when the way forward is not clear or the systems they work within require different actions to be taken? How authentic are the power sharing or empowerment strategies employed by social workers or social work agencies when working with looked after children? Asking questions and exploring how participants viewed their situation was therefore helpful to begin to seek an understanding of the dynamics of the relationship between looked after children and their social workers.
Chapter Three

Care and Caring

It appears that quality relationships form the backbone of work done by social workers with children and their families (Bell, 2002; Laming, 2003; McLeod, 2007). It is accepted, that, in order to achieve and maintain successful and meaningful relationships, practitioners need to engage at an emotional as well as a professional level (DfES, 2003; McLeod, 2007). However, all too often, this appears to require a trade-off between organisational efficiency and the ‘emotional labour’ (Hochschild, 1983; Smith, 1992) of caring for the children with whom they are working. Thus, the role of corporate parent is increasingly difficult, involving complex decisions about how practitioners might best spend their time, where their loyalties lie and the quality and direction of the final output (Beckett et al, 2006). It would seem, therefore, that the circumstances children find themselves in when a decision is made that they can no longer live at home is multi-layered, involving decision-making at many levels and engagement in a myriad of complex relationships. In order to begin to comprehend the intricate relationship between social workers and looked after children, I first wish to look at concepts of care and caring and how they are acknowledged or denied within the social work task. I will then explore in Chapter Four some of the important theoretical and conceptual perspectives which further impact upon the relationship between social workers and children and contribute to the experience of looked after children.
I start by identifying the law, rules and regulations behind the circumstances of local authority corporate parenting before seeking to analyse the terminology of care and caring. In particular, I plan to examine common phrases such as 'caring for', 'caring about' and 'looking after', to try to clarify their meanings, constructions and implications. I will then ask questions about the role of the social worker in this context and their responsibility for children who are deemed unable to live with their families, as well as the implications of how local authorities and society manage their work. This exploration will allow an initial understanding of some of the issues that are faced by looked after children, providing a framework for the analysis of data collected later in the research.

**Local authority care – the law, systems and procedures**

Children and their families find themselves being involved with the Children’s Services Departments of the local authority when they require support and assistance with a variety of situations; childcare; safeguarding; advice and guidance (DoH, 1989, Roy et al, 2002; Gibbs et al, 2005; GSCC, 2008). There is a long history of concern that social work intervention into the ways in which children are parented exceeds the role of the state (Hendrick, 2003; Merrick, 2006) and interferes with family rights to privacy and self-determination (Brodie, 2001; Harris, 2001; Corby, 2002):

'It is a matter of good practice not to intervene unnecessarily in the life of the child' (Harris, 2001, p. 205).

There is also anxiety as to whether this is the right thing to do or whether it further compound the problems the child and his/her family face:
‘Long term damage is done, sometimes by the care system itself, to children who become looked after, but more so by the accumulation of childhood experiences without effective intervention’ (Gibbs et al, 2005, p. 220).

Thus, often reluctantly, there are occasions when decisions are made that a child can no longer live at home and must be accommodated by the local authority. In these situations, children are usually made subject to a care order (s31, Children Act 1989), placed with paid carers, either foster parents or a residential placement and supported by a named professional, usually a social worker. Local authority social workers are, therefore, responsible for the initial assessment, judgement and ongoing monitoring and evaluation of the success or otherwise of the child’s development and progress (Children Act 1989). In order to fulfil this role, social workers are given explicit duties, powers and permission to carry out this role by the law (Children Act 1989) local authority employers (S46, Children Act, 1989,) and society (Hetherington et al, 1997; Dickens, 2005). Their responsibilities are to ensure that looked after children achieve their potential and are assisted to recover from whatever traumas precipitated their reception into care (DCFS, 2007).

Although the 1989 Children Act grants parental responsibility for the looked after child to the local authority, the Act also places specific responsibility upon social workers to ensure the child has continuing meaningful relationships with his/her parents. With the assumption that a child’s best interests will be served by their parents having such input (Cavet and Sloper, 2004), the 1989 Act also insists that social workers actively encourage parents to remain involved in the decision-making process about their child through regular review meetings (s34, Children Act 1989). As discussed in Chapter One, children might also be
included in the decision-making process, but only if they are judged to be of sufficient age and understanding (s23, Children Act, 1989, DoH). Decisions regarding a child's age and understanding are made by the child's social worker along with a professional judgment as to how much they will benefit from being involved in the process. Looked after children are therefore involved in very complex structures based on the belief that children who require the intervention of the local authority are particularly vulnerable and in need of protection (Daniel et al, 1999; Brodie, 2001; Beckett and Maynard, 2005; Taylor et al, 2008) by society.

When looking after a child in these circumstances, the local authority is assumed to be acting as a corporate parent, a role defined as:

‘The collective responsibility of councils to provide for children who cannot live at home. Required to be a good parent, social workers are responsible for ensuring the child is treated as a unique individual and their needs are being met by carers and others’ (Cocker and Allain, 2008, p. 8).

According to Cocker and Allain’s definition of corporate parenting, local authorities are charged with the responsibility of caring for looked after children in a manner that is qualitatively different from any other duty they may perform. Corporate parenting therefore places an important duty of care upon local authorities and an expectation that looked after children are treated well and understand any decisions made by the authority that affect them and their families (Grimshaw and Sinclair, 1997). Thus, the child is supposed to be at the centre of a decision-making process designed to optimise their life chances and
experiences (DfES, 2003; Beckett and Maynard, 2005, DCFS, 2007). It is intended that this will be as authentic an experience of childhood as possible, similar to that of other children living with their families. However, it is very difficult for this highly specific process to replicate family life as corporate parenting, unlike other forms of parenting, is defined by legislation, policy and procedure:

‘Modes of everyday conduct are legal, documentary and textual’ (De Montigny, 1998 p. 206).

Use has been made of ecological models (Bronfennbrenner, 1979; Jack, 2004) as shown in Figure 3:1, to represent the child as belonging at the heart of social policy and recognise the many layers that impact upon their lives and service provision. The use of ecological models has led to the development of an ecological approach to children’s service delivery influencing policy developments such as Every Child Matters, the Common Assessment Framework (CAF), and major preventative initiatives such as Sure Start (Gill and Jack, 2007). Using an ecological model to explore the circumstances of looked after children clearly shows the requirement for corporate parents to take the needs of the child into consideration at all levels of service planning and delivery and that the social worker has explicit responsibility to ensure that this

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3 Bronfennbrenner’s theory of ecological development (1979) explored the influences of environmental factors both within and outside their home, on children’s development. He suggested that the model is interactive, that whilst children are influenced by these external factors, they also influence their environment in a reciprocal process. Jack (2000; 2004) used Bronfennbrenner’s work to create an argument for the development of an ecological approach to social work. Jack argues that an ecological approach can highlight the key issues when working with families, exposing any damaging influences and offering a method of working that can improves the provision of services to children and their families (Gill and Jack, 2007).
happens and to document their efforts on a child's behalf (Grimshaw and Sinclair, 1997; DoH, 1989; DfESb, 2006; DCFS, 2007).

Figure 3:1 Ecological model representing the child at the centre

However, concern has been expressed that the substantial demands of the social and political context has created a situation where the interactions between a looked after child and their social worker are subjected to a level of bureaucratisation that results in negative or unhelpful experiences (Westcott, 1999; Gilligan, 2000). It is argued that the level of care has become too administrative and bureaucratic (Westcott, 1999; Gilligan, 2000; Beckett and Maynard, 2005; Wilkinson, 2005; Ferguson, 2005; Winter, 2008) and does not
allow for the positive experience of ‘shared parenting’ (Grimshaw and Sinclair, 1997) implicit in the term ‘corporate parenting’:

‘Bureaucratisation of the care system has created an atmosphere in which relationships are pursued as a means to an end – an outcome led agenda’ (Roy et al, 2002, p117).

It seems that a heavily administrative framework that concentrates on the ‘corporate’ rather than the ‘parenting’ discourages the development of meaningful relationships to help looked after children recover from their previous experiences (Yi Cheung and Buchanan, 1997; Gupta and Blewett, 2006; Taylor et al, 2007; McLeod, 2008; Winter, 2008).

Certainly, there is evidence to suggest it is very hard for social workers to develop meaningful and caring relationships when their main objective is collecting information for assessment (Roy et al, 2002; Beckett and Maynard, 2005; Bilson, 2007):

‘Much of what goes on in any social work encounter is not simply about delivery of pre-defined objectives. It is about exploring different perspectives on a situation, defining shared aims collaboratively (or sometimes through conflict) and even transforming the ways in which both practitioner and client see the situation’ (Thomas, 2005, p185).

Furthermore, there are indications that the current process of collecting information for assessment is not always successful (Blueprint, 2004; Taylor et al, 2007; Broadhurst et al, 2009) with considerable evidence of over ambitious care plans (Ward et al, 2006), and poor experiences of corporate parenting with several moves of placement (Blueprint, 2004; Sinclair et al, 2007; Beckett and
Maynard, 2005). It appears that privileging the demands of the law and legal processes over the quality of the relationship between child and social worker leads to an unsatisfactory experience which is unlikely to recognise the child as a unique individual (Roy et al., 2002; DfESb, 2006; Wilkinson, 2006). Recently, the Government has begun to recognise the difficulties facing social workers in balancing agency demands in terms of resource management with the needs of children (DfESb, 2006; DCFS, 2007; GSCC, 2008). Steps are being proposed to create alternative ways of working that foreground the importance of caring relationships, whilst at the same time upholding the expectations of effective, professional assessment and decision-making (DfESb, 2006; DCFS, 2007; Harlow and Frost, 2007; McLeod, 2008; Ofsted, 2009). One step identified is to reduce staff turnover which is seen as a significant problem in developing consistent and longstanding relationships that will effectively represent the needs, thoughts and feelings of looked after children:

‘Children’s social workers embody the corporate parenting role on a day to day basis, but high turnover rates mean they are often an inconsistent parent. They can also lack the autonomy to be a strong advocate for the child’ (DfESb, 2006, p. 31).

A further difficulty for the development of effective relationships between social workers and looked after children is the substantial financial constraints placed on local authorities (Westcott, 1999; Garrett, 2008). According to DfES figures (2006), there are 60,000 children in the care of local authorities at any one time, which is approximately 0.5% of the whole child population in England and Wales (Cocker and Allain, 2008). Yet, 40% of a local authority budget is spent on placements for looked after children (DoH (2005) in Beecham et al, 2007), suggesting a considerable financial tension for managers of services and
government departments. This tension has contributed to the development of assessment tools and frameworks to help social workers assess which children need intervention and which do not as well as how to create effective care plans that will facilitate planning for a child’s future (Hetherington et al., 1997; DfES, 2005; DfESa, 2006; DCFS, 2007; Broadhurst et al., 2009). However, the use of frameworks such as the Common Assessment Framework (DfESa, 2006) may hinder creative social work practice (Millar and Corby, 2006) as the demand to complete the paperwork involved takes precedence and the process becomes formulaic and paper driven. Thus financial tensions, combined with demands to protect children and meet government targets (DfES, 2004) can become all encompassing; creating an outcome driven culture of safe, defensible practice that is hard to escape (Payne, 1996; Roy et al., 2002; Bilson, 2007: Sinclair et al., 2007). If this is the case, it may mean that meaningful, caring relationships with children and families become relegated to an inferior position instead of being the priority:

‘With an increasing emphasis in social work on gatekeeping, risk assessment and procedurally driven practice, partnership with families has not been a priority when it should in fact be at the heart of the social work task’ (Nixon, 2001, p. 176).

It should be noted that social workers themselves feel frustrated at the barriers to caring relationships caused by the complexities of the corporate parenting systems within which they work (DfESb, 2006; DCFS, 2007):

‘Social workers were also concerned about their own limited contact with children and its impact on their ability to form a balanced view’ (Beckett et al., 2006, p. 58).
Social workers want to fulfil a role as good and effective parents, providing high quality care to looked after children, but it seems they all too frequently find themselves working within systems that operate against the best interests of children (Payne, 1996; Thomas, 2005; Beckett et al, 2006). A frequent technobureaucratic response (Larson, 1977) of local authorities to the tensions identified above is to buy in the expertise of other professionals, enabling greater throughput of work (Harlow and Frost, 2007). It is feared that this practice can lead to an ‘assembly line mentality’ (Smith, 1992, p132) which fails to recognise the emotional dimensions of caring about looked after children and is regarded as a worrying trend (O’Sullivan 2002; Roy et al, 2002; McLeod, 2008; Winter, 2008). Furthermore, seeking to address the tensions in this way demonstrates a preference for caseload management, which inhibits creativity (Beecham et al, 2007), makes the caring task very difficult to perceive (Horwath, 2005) and is seen as actively preventing the development of caring relationships between social worker and client (Payne, 1996; Roy et al, 2002). Thus, a lack of clarity exists between management and practitioners about the primary task of the organisation (Roberts, 1994) which is seen as creating further tensions and considerable difficulties with regard to accountability (Thomas, 2005; Payne, 1996), emotional dissonance (Syed, 2008) and role confusion (Roberts, 1994; Mason and Fattore, 2005; Gupta and Blewett, 2007).

It would seem that corporate parenting needs to be less concerned with procedures (McLeod, 2007; Taylor, et al, 2007; Winter, 2008). Instead, corporate parenting should seek to promote a concept of care (Beckett and Maynard, 2005; Bilson, 2007) that permits the development of relationships which allow the voice of the child to be heard (McLeod, 2008). This thesis will
explore how social workers feel about their role and how they strive to navigate a careful course between the expectations of social policy (Banks, 2002), the increasing bureaucratisation of their work (Gupta and Blewett, 2006; McLeod, 2007) and the needs of the children in their care. I will explore how they develop relationships with children in their care and how they manage the anxiety that is part of parenting (Roy et al, 2002).

Caring about and caring for

It is clear from the above that there is an expectation that a corporate parent will provide parental support for children who cannot be looked after by their families (Grimshaw and Sinclair, 1997). However, it is also clear that there is considerable ambivalence and uncertainty as to what the word ‘care’ means and how it is manifest within relationships between social workers and children. Therefore, there are some important questions to be addressed about how theoretical perspectives on care affect the ways in which looked after children are cared for and how the surrounding structures are designed to support this process:

‘The revolutionary idea that helping is a reflexive and reciprocal activity and must be co-constructed as it unfolds, apparently clashes with the stringent constraints of planning and standardisation and also with the powerful interests of care organisations’ (Folgheraiter, 2004, p. 24).

It appears that ‘care’ is a highly contested term (Tronto, 1993; Noddings, 2002; Ungerson, 2005; Cockburn, 2005), having many different meanings despite its common usage. For example, there seems to be ambiguity surrounding an understanding of the terms ‘caring for’ and ‘caring about’. Noddings (2002), in an attempt to reach a phenomenological understanding of care, feels ‘caring for’
someone implies close, face to face caring whereas ‘caring about’ is more
distant and remote. However, Ungerson (2005) argues that the terms should be
the other way around; that ‘caring about’ someone is the more nourishing form
of care. Either way there is recognition of a qualitative difference between a
depth, emotionally engaging type of caring and a care that is more practical,
functional and does not fully engage deeper emotions. The former is associated
with family life and couple relationships (Noddings, 2002), the latter connected
with work in caring industries such as social work and nursing (Ungerson, 2005)
where relationships are regarded as task orientated and short-term.

Sevenhuijsen (2000) also sees a distinction between care as an activity and
care as a moral orientation, a value based way of working with people that
underpins every action. Consequently, the confusion that surrounds the term
‘care’ has led to recommendations that another word is found for it in reference
to paid, professional work. Shakespeare (2000) suggests the word ‘help’ and
Finkelstein (1991) suggests ‘support’ in the hope that this change of terminology
clarifies what social work clients can expect from their relationship with a social
worker. This whole debate has its roots in the concern that care and caring may
be disabling to the recipient as dependency is regarded as undesirable
(Williams, 2001) and to be avoided, whereas a feminist ethic of care would
promote an interdependence between carer and cared for and an
acknowledgement that a person may be either at any time (Mc Dowell, 2004).
Thus, ‘care’ is complex and means different things to different people.

As my focus here is on the relationship between social workers and children, I
am especially interested in the aspects of care that relate to the role of
professional carers and the relationships they are able to have with the cared for (McLeod, 2008) and at what points these roles shift. In the following section, I will therefore concentrate on 'care as work' rather than 'care as feeling' (Ungerson, 2005, p. 188) where the two are seen as qualitatively different and it is important to know and recognise the distinction.

The first point to note is that professional caring does not appear to come naturally (Hochschild, 1983; Smith, 1992; Roy et al, 2002). It requires the acquisition, through training, of possible strategies and techniques to do the required tasks (Barron and West, 2007) of effective caring, utilising authentic feelings in a controlled manner (Heard and Lake, 1997). There appears to be agreement on the identification of a number of skills necessary for competent professional caring; good communication skills; the ability to behave responsibly and with respect towards the cared for; consistency; attentiveness; empathy; security and stability (Smith, 1992; Marris, 1996; Hayman, 2001; Cairns, 2002; Roy et al, 2002; Bilson, 2007; Barron and West, 2007). All of these skills may be learnt although it is recognised that effective carers usually have a vocational commitment (Smith, 1992; Barron and West, 2007), having spontaneous compassion (Bilson, 2007) which significantly assists the learning process (Noddings, 2002):

‘If good social work practice with children and young people in care means anything at all, it means above all being on the child’s side and being committed to children as people. Children and young people soon know whether this commitment is really there. If it is not, whatever skills and knowledge we have will not count for very much’ (Thomas, 2005, pp. 189/90).
Thomas argues that effective caring requires recognition of the legitimacy of the 'other', their perspectives, experiences and reality (Bilson, 2007) as well as the necessary acquisition of skills and knowledge:

>'When we are not seeing someone, we use stereotypes, talk about them in the third person or simply do not take them into account' (Bilson, 2007, p. 1380).

There is a genuine regard for the other person (Rogers and Stevens, 1967; Cockburn, 2005; Bilson, 2007) that listens without filtering the other person's words through any preconceptions or assumptions that may distort or misinterpret the meaning (Noddings, 2002; Cockburn, 2005). Instead, caring practitioners should only take action when they have an accurate 'feel' for the needs of the other (Folgheraiter, 2004) and recognise that the relationship between carer and cared for is key (Tronto, 1993). Anything less seems to be disrespectful and shows a lack of care. Thus, an ethic of care emerges that promotes responsibility and commitment (Noddings, 2002) and is something to be taken seriously (Sevenhuijisen, 2000; Dahlberg and Moss, 2005; Bilson, 2007).

An ethic of care is seen as having roots in a discourse highlighting the gendered division of labour where women were seen as engaging in substantial caring roles, formal and informal without recognition or regard (Williams, 2001; McDowell, 2004). The debate has moved on to encompass all caring, losing the gendered aspects and arguing that we are all carers and cared for and that the experience of care is central to human life (Sevenhuijisen, 2000; McDowell, 2004). Indeed, there is evidence that the experience of good care is important for human beings to flourish (Williams, 2001) and is therefore very important for
society to place at the heart of social life (Sevenhuijsen, 2000). Furthermore, this feminist ethic of care recognises the power differences between individuals and groups, the different contexts in which care takes place and the strategies that are used (Williams, 2001). It is therefore surprising to note that there is disagreement as to whether a feminist ethic of care underpins social work (Orme, 2002; Wilks, 2005). Indeed, there are suggestions that it is a very recent debate within social work (Banks, 2008) and thus may not be easily discerned in the actions of practitioners. According to Orme (2002), criticisms of a feminist ethic of care as essentialising care into female characteristics such as altruism, surveillance and being limited to caring about victimised groups has meant that care has been dismissed and discourses that privilege rights and independence are preferred.

However, Parton (2003) is clear that an ethic of care should underpin social work, that the dominant discourse of professional practice as an ‘exercise of technical rationality’ (p.2) is inadequate as it marginalizes care, allowing an impersonal bureaucracy to proliferate:

‘According to Hekman, traditional ethics heard a single voice of disembodied moral principles, feminist ethics listens to and hears multiple voices because it defines morality and moral knowledge as plural and heterogeneous. This plurality is vital within community care because social work needs to challenge the restrictive bureaucratisation of confining those who require care, and indeed those who provide it, into constrained, homogenised categories of, for example, older people, people with disabilities or those with mental health problems’ (Orme, 2002, p.809).
It seems there is an anxiety about the desirability or otherwise of interdependence, a central tenet of a feminist ethic of care. The dominant discourse is that independence and autonomy are preferable and should be the primary goals of individuals and society and that interdependence encourages dependency and should be discouraged (Lloyd, 2006). Holland (2009) calls for the destigmatisation of care so that the complexities of the caring relationships that looked after children engage in can be affirmed, held in high esteem and placed at the centre of their life. Otherwise she feels these caring relationships are regarded as something private that is only engaged in with the vulnerable and the needy and thus furthers a dependency culture which is unhelpful and undesirable.

The existence of an ethic of care at the heart of social work would therefore require practitioners to think about how best they articulate their caring responsibilities (Williams, 2001). It would encourage interdependence with the recognition that caring is a two way process, a co-construction between carer and cared for (Folgheraiter, 2004), a shared control (Noddings, 2002) and interdependence (Heard and Lake, 1997; Sevenhuijzen, 2000; Orme, 2002; McDowell, 2004; Lloyd, 2006):

"....care as a situation that constructs intra- and personal realities as systems of 'nested dependency" (Cloyes, 2002, p.209

Children are therefore not simply the passive recipients of care (Holland, 2009), they are also carers within a complex relationship where each other's actions and reactions, healthy or unhealthy (Heard and Lake, 1997), affect the ways in
which they connect and inter-relate. Caring is thus contextual (Cockburn, 2005), it happens within relationships where each party is disposed towards the other in terms of paying attention and making time for each other (Noddings, 2002).

The difficulty may be whether the relationship is healthy; supportive/companionable (S/C), based on equality of respect, or unhealthy; dominant/submissive (D/S), based on inequality and power (Heard and Lake, 1997). Unhealthy relationships regard the cared for as incompetent, incapable and needing authority. In other words, this is a deficit model of caring (Beckett and Maynard, 2005) and is often applied to children who are seen as unable to care for themselves. Further, this type of relationship may well flourish where the child’s need for care is seen as an integral part of the child rather than a social construction of their situation (Cockburn, 2005). So questions might be asked about whether local authorities feel that their role is to be dominant, and that, by virtue of their intervention, the child is automatically rendered powerless (Burke and Dalrymple, 2002) and thereby submissive. There appears to be a tension surrounding the role of control within professionally caring relationships. Does control equal dominance or is control an essential part of caring? Social workers are expected to exercise control as part of their function to protect children and it is argued that it is part of the caring task (Beckett and Maynard, 2005) although there is a lack of clarity about how easily this sits with a requirement to acknowledge the other. It appears that some social workers feel that an obligation to listen to the child’s perspective requires action to do exactly what the child wants (Claussen, 2002) without negotiation, evaluation or control.
This anxiety might be resolved by the practitioner becoming coercive (Noddings, 2002), possessive and controlling (Cockburn, 2005) within the relationship. Furthermore, research shows that looked after children want to feel cared about (experiencing long term and emotionally committed relationships - Ungerson, 2005) and feel badly let down when their relationship with their social worker falls short of their expectations (Blueprint, 2004; Thomas and O’Kane, 1998; Thomas, 2005; McLeod, 2008; Selwyn et al, 2008). Moylan (1994) suggests that an awareness of this dissatisfaction, when combined with an inability to resolve it, may cause individual social workers to take the frustrations and negative emotions of others onto themselves, resulting in feelings of guilt and incompetence, leading to a loss of confidence, efficacy and identity. Encountering these negative emotions is therefore an uncomfortable experience and affected workers will move to seek resolution by either distancing themselves through becoming detached or by attempting to assert control, power and authority over the situation (Moylan, 1994).

It is apparent that these sorts of circumstances are unhealthy (Heard and Lake, 1997) and need to be avoided. A caring relationship needs to be supportive and allow conditions for dialogue and negotiation:

‘Relationships and procedures which embody supportive/companionable interactions are more likely to engage and involve children constructively in the child protection process than interactions which imply dominance on one hand and submission on the other’ (Bell, 2002, pp. 1/2).

Research by Holland (2009) found looked after children assessing their social worker, rating them highly when they were good at engaging in informal caring.
and regarding them as less effective when they were better at the more formal processes of reviews, etc. Thus, the children were able to discern the qualitative difference between an ethic of care and, according to feminist theorists, the more privileged ethic of justice (Sevenhuijsen, 2000; McDowell, 2004). Relationships between looked after children and their social worker that are based on interdependence (Sevenhuijsen, 2000) and genuine caring are therefore seen as preferable.

Finally, an exploration of care needs to look at how the carer manages their own feelings evoked by the cared for. I have already established that there are anxieties attached with caring, in terms of how much control needs to be exerted and how far a relationship can be equal, supportive and nurturing when placed in a context of regulation and accountability. A further aspect of caring is dealing with the anxiety that may be caused when you deeply care for someone and wish to protect them from harm (Roy et al, 2002), particularly when you are required to engage with someone’s serious distress when feeling emotionally strained or lacking the necessary skills to deal with the situation (Smith, 1992; Hochschild, 1983; Moylan, 1994). Given that social work requires a deep engagement with the emotions of others, developing meaningful relationships to facilitate change (Payne, 1996; McLeod, 2008), then this is a difficult and undesirable position for practitioners to find themselves in. It may well be that practitioners in this situation will resort to relying either on an organisational system that offers predictability within linear planning (Stevens and Hassett, 2007) or on a task oriented form of care to help relieve their anxiety, enabling them to do their job (Smith, 1992). Neither solution may be adequate, as it seems they both involve a removal of the self to a safe emotional place which
does not allow for effective caring (Hochschild, 1983). An appreciation of the complexities of this situation leads me to explore the significance of emotional labour, an important sociological concept of caring work.

According to Hochschild (1983), emotional labour is the amount of effort involved in work that entails face-to-face contact with the public and where the worker is required or expected to produce an emotional state in another. It is also present in situations where the employer, through training and supervision, is able to exercise a degree of control over the emotional activities of their employees (Smith, 1992). Consequently, caring industries, such as social work (Payne, 1996), require a high degree of emotional engagement and thus have substantial emotional labour costs (Mann, 2004):

‘The emotional style of offering the service is part of the service itself’ (Hochschild, 1982, p.5).

Emotional labour requires workers to manage their feelings in accordance with the feelings rules of the organisations they work for, by either suppressing those that are deemed undesirable, or by inducing those which are expected. This is achieved, either through surface acting; pretending to feel what is expected or deep acting; drawing on deeper, personal reserves of emotion to bring forth the required facial or bodily display of emotion (Hochschild, 1983; Smith, 1992; Syed, 2008). The personal costs of this effort can be great, especially when the feeling rules are at odds with personal values and beliefs (Syed, 2008) or where there is little or no support and recognition of the work being done (Smith, 1992). In such instances, workers either become exhausted, experiencing burnout (Kim and Stoner, 2008) or they distance themselves from the emotional
impact of their work, becoming blasé, remote or disengaged (Mann, 2004). In this situation, workers may find that they need to withdraw their services to an emotional place where they can function with minimum personal distress. An emotional retreat to a place of safety can result in detachment; workers becoming automatic or formulaic in their responses to the needs of the client they serve (Moylan, 1994). It is important to recognise that emotional labour is not always about loss, it can also be pleasurable work, offering energy, creativity and identity (Barron and West, 2007). Helping others is seen as a vocation with the work regarded as generally positive and enjoyable, even when challenging and difficult (O'Loughlin and O'Loughlin, 2008). Many come into social work each year, hoping to make a difference in the lives of others (Cocker and Allain, 2008) working hard to remain true to their social work values and professional identity (Bilton, 2003 in Thomas, 2005). It would seem the negative costs of emotional labour occur where there is a dissonance between the displayed emotion, the felt emotion and the feeling rules of the organisation (Mann, 2004; Syed, 2008). If these are in harmony, then the profit and loss is balanced and the worker is replenished by their work, not left exhausted. If this is not the case and workers are asked to display feelings they cannot fake, find or control, then emotional dissonance and stress occur:

‘When rules about how to feel and how to express feelings are set by management, when workers have weaker rights to courtesy than customers do, when deep and surface acting are forms of labour to be sold and when private capacities for empathy and warmth are put to corporate use, what happens to the way a person related to her feelings or to her face?’ (Hochschild, 1983, p. 89).

It appears that this type of situation is further complicated if the practitioner has
insufficient personal resources at their disposal in order to play the roles demanded of them by their organisation. Where personal resources of energy, time, health and motivation are low at the start of a shift or working day, then the ability of the practitioner to be effective is seriously reduced and he/she will work at an increasing deficit until these resources are replenished (Van Gelderen et al., 2007). Thus, the need for effective support services is of critical importance to both the worker and the organisation (Hochschild, 1983; Smith, 1992; Mann, 2004; Syed, 2008). One key support appears to be the provision of high quality, suitable training on how to be an effective social worker, how to establish and maintain relationships and how to communicate at a variety of levels with a variety of people (Hochschild, 1983; Smith, 1992; Thomas, 2005; Lefevre et al., 2008).

Many questions emerge from this consideration of care and caring, in relation to the experiences of looked after children. Inevitably, one question is about what else social workers have to offer that is not about emotional engagement and whether it is possible for them to otherwise deal effectively with looked after children who need their intervention and care. Further questions surround the adequacy or appropriateness of training and other support mechanisms made available for social workers (McLeod, 2008; Winter, 2008). In seeking to identify whether any of this is identifiable in the experiences of social work practitioners working with looked after children, I may be able to draw some conclusions about the affects on the relationship they have with looked after children.
Conclusion

There are a number of issues that needed to be explored within this research, concerning the relationship between social workers and children. I will ask questions about how social workers feel about their role as corporate parents and how they develop relationships with looked after children given the constraints of their employment (Broadhurst et al, 2009). It will be important to explore the experiences of different teams of workers to find out whether the difficulties highlighted above are universal or only seen in certain circumstances or areas. By asking these questions, I planned to identify what it was that local authorities did or failed to do to support their staff in what is a demanding and important piece of work. For instance, an exploration of how much responsibility was placed on staff to make finance-led rather than relationship-led decisions as well as an investigation into how social workers managed their own emotions and what support and training they received to help with this process.

Finally, it was important to explore with looked after children and social workers what they understood by 'care' and how they saw it manifested within their relationship. I wanted to ask questions that might enable me to discern whether an ethic of care or an ethic of justice (Sevenhuijsen, 2000; Williams, 2001; McDowell, 2004) underpinned social work practice at individual and/or institutional level. I also wanted to discuss with children and social work practitioners their perspective on the balance between 'care in relationships' and 'care in the care system' (Holland, 2009). I therefore planned to ask
questions about the depth and quality of their bonds, their engagement with each other and the value they placed upon their connection with one another.
Chapter Four

A theoretical exploration of decision-making

The exploration of care undertaken in the previous chapter clearly shows the complexity of the context for looked after children. It also highlights a number of further conceptual and theoretical issues relating to children’s engagement in decision-making processes that need to be explored. Of significance seems to be an understanding of what informs adult attitudes towards children and childhood; in particular, the various positions with regard to child development and decision-making. In this chapter, I will look at adults’ concepts of childhood as well as psychological and sociological theories of child development. I will be following Mayall’s (2002) argument that psychology is about becoming and sociology is about the present and it is therefore crucial to acknowledge both in order to make sense of a child’s daily interactions and negotiations within their world. By critically looking at child development, asking questions about the influence on practice of key theories, I will begin to understand how this knowledge supports or hinders work with children, making it more or less likely that children will be granted access to decision-making forums.

I use this knowledge of child development to identify and explore key theoretical perspectives of how people engage in decision-making, asking questions about why it may be that some processes are perceived as having greater value than others. There are some further significant issues in decision-making that need
to be examined such as the power an individual feels they have to carry through their decisions and the respective places of emotional and rational decision-making. Thus, I will be asking questions about what others say, what research has already been done, what are the key discourses, debates and areas of interest. Finally, I will identify the questions that this exploration has raised and begin to frame how they might be articulated in this research.

Adults’ concepts of childhood

It appears there are particular conceptions of childhood underlying the delivery of welfare, affecting the development of services for children and their families (Wilkinson, 2005). Hendrick (2003) identifies three - children as victims, investments or threats that underpin the development of policies for the care and protection of looked after children. An ideology of children as victims gives rise to the prevalence of a paternalistic, welfare oriented perspective, that sees children as vulnerable (Clark et al, 2005) and innocent (Meyer, 2007). Policies and procedures are thus developed to protect children from harm (Mayall, 2005; Daniels and Jenkins, 2000; D’Cruz and Stagnitti, 2008). This perspective has been accused of preventing the child’s voice from being heard under the assumption that adults are working in the best interests of children (Masson and Oakley, 1999; Neale, 2002; Tisdall et al, 2004) and should speak for them. There is a further desire to avoid polluting the innocence of childhood, allowing children to remain ‘pure’ in thoughts and actions, which encourages the view of children as objects rather than members of society (Roche, 2005).

Consequently, the acceptance of children into society is contingent upon their ability to participate, which in its turn is determined by the adults around them (Hutchby and Moran-Ellis, 1998; Daniel and Jenkins, 2000):
'Children, especially small children, live pretty much under the control of adults and their voices can very easily go unheard' (Beckett and Maynard, 2005, p. 186).

It may also have the effect of polarising children, separating them into categories of competent or vulnerable, where both are age related, probably class related and might also be used to deny children the right to participate (Clark et al, 2005; Daniels and Jenkins, 2000). Furthermore, it may alienate children from the society in which they are trying to belong (Tisdall et al, 2006):

‘Children perceived as beings queuing to acquire the cognitive and rational skills which will allow them to leave ‘primitive’ childhood behind them’ (Knutsson, 1997, p. 37).

A perspective based on developmental psychology seems to give credence to a competence based, maturational framework for children's emerging abilities (Piaget, 1929; Kohlberg, 1981). However, there is considerable evidence that children are able to interact with their environment and acknowledge different perspectives, suggesting a sophisticated ability to act as active agents within their family, community or society, provided they have that permission (Dweck, 1999; Thelen and Smith, 2002; Sobel, 2004; Gopnik et al, 2001; Rogoff, 1990). Kjorholt et al (2005: p.176) argue that persisting with a participatory framework which polarises incompetence and competence places children in invidious positions because whichever view is applied, they are trapped:

‘Emotional support and close and caring relationships with both adults and other children are significant in order for children to become active participants in everyday life’
Tisdall et al (2006) argue that there are serious risks involved in perpetuating a welfare system that is based on concepts of children as vulnerable, where the adult is the agent and the child the passive recipient of services. Lansdown (2006b) states that adults cannot effectively protect children unless they are able to understand their experiences and hear their voices:

‘Adults take responsibility for keeping children safe by listening to and respecting their perspective, while empowering them to contribute towards their own protection’ (Lansdown, 2006b, p. 149).

Being prepared to listen to children requires a shift in culture and an embedding of policies that effectively and actively enable participation (Hart, 1992; Shier, 2001; Cavet and Sloper, 2004). The recent report by Children’s Rights Alliance for England (2009) suggests that this is not happening with rigour and commitment, that attempts to listen to the views of children are piecemeal and limited in scope. The report does however suggest that of all groups, looked after children and young people were most likely to be involved in decision-making, but does not indicate whether age remains a key factor in determining access as a right to decision-making forums. Within my research, I explored whether there had been a shift in culture towards listening to children and in what ways organisations were actively encouraging the development of policies to support effective participation.

Children may also be seen as an investment for the future (Hendrick, 2003; Moss and Petrie, 2002; Prout, 2000; Mason, 2005). In particular, policies looking at improvements in schooling and employment demonstrate a culture of seeing the value of children for what they will become rather than what they are concentrating on their future rather than their present. Moss and Petrie (2002)
write about the need to engage in debate about how to improve the experience of childhood whilst it is still being experienced, arguing that children are best placed to make clear statements about this and should be involved at a meaningful level. Hill et al (2004) agree, arguing that children are the highest users of public services, yet have little say in how those services are constructed, managed and developed. The exploration of theoretical perspectives on power in Chapter Two is essential to understand how power is maintained by certain groups, particularly professionals (Danby, 2005). I would argue that the use of power to silence children's voices can be seen in a discourse of the child as threat (Hendrick, 2003) where adults seek to control the rebelliousness of children (James and James, 2004), socialise them into respecting the world of adults (Saunders and Goddard, 2007; Mayall, 2005) and attempt to ensure that children know their place (James and James, 2004):

‘Children could not be trusted because they had not yet been properly and effectively socialised’ (Hendrick, 2003, p. 237).

Thus, it can be seen that these different concepts of children may have the effect of regarding children as passive occupants of their communities, only encouraged to take a more active role as they develop and prove their ability in the move towards adulthood:

‘Childhood has been constructed over the last two centuries as representing a stage that is essentially different from the adult life stage’ (Parker, 2000, p. 3).

Increasingly, a number of authors (James and James, 2004; Mayall, 2002; Alderson, 2000; Moss and Petrie, 2002; Prout, 2000) have argued that children
are not passive within their world; they are active agents, shaping the world around them, developing meaning and interacting with others. For example, research looking at children's competency to give evidence in courts, shows they are just as likely to remember events and faces as adults. Equally, their level of suggestibility, how much they can be swayed by the legal representative in front of them, is seen as no different from that of an adult (Davis and Drinkwater, 1988; Dent and Flin, 1992; Masson and Oakley, 1999):

‘Adults conceptualisation of children as incomplete people and adults assumptions that their own agendas matter more than children’s do, lead them to downgrade children as moral agents and, in turn, children’s own subordination leads them to adopt whatever tactics they can to assert their rights, such as wheedling, lying, demanding and refusing’ (Mayall, 2005, p. 88).

Smart (2005) asks why children do not utilise their rights in a court of law, why their voices appear to be so muffled, concluding that it is the concept of children as victims that leads to children being disempowered within adult created social structures (Eekalaar, 2005; Robinson and Kellett, 2006). Wainryb et al (2004) argue that children are socialised into deferring to adult as experts and Turiel (1983) suggests that this is axiomatic to the way in which children interact with adults. Children are used to having to tailor their wishes to meet adult expectations. Mayall (2002) feels young children are unlikely to be acknowledged as thinking beings because they are regarded as incapable, as subordinate to adults:

‘Notions of children’s incompetence are reinforced by methods that over-simplify and ‘talk-down’ to them thus preventing them from responding at anything other than a superficial level’ (Kellett and Ding, 2004, p. 165).
Claussen (2002) questions the habit of seeking corroboration for the child’s version of events, based on an assumption that their perception is erroneous. He suggests we should look critically at social constructions of the adult world, challenging the assumed right of adults to be in control:

‘Children’s right to tell must be based on their right to be informed of what is going on and that they are being given suitable possibilities to say how they are experiencing that situation. When the child protection social worker fails to do this, the consequence is that the child cannot know or understand what the social worker assumes to know’ (Claussen, 2002, p. 10).

Certainly, when looking at decision-making, there seems to be an argument that children defer to adults because of the power they perceive adults to have, not because they consider adults to be better decision makers (Sjoberg et al, 1983; Turiel, 1983; Robertson, 1999; Knutsson, 1997). Children’s perceptions of the decision-making abilities of adults will be discussed later in the thesis as well as the willingness of adults to renegotiate power with children to enable co-constructed decisions (see Chapter Ten).

**Child development**

It is apparent that beliefs regarding child development influence the concept of childhood held by adults, professionals and policymakers. This next section will identify and investigate the different perspectives on child development, trying to understand their influence upon decision-making processes.
One of the dominant theoretical frameworks of child development used by professionals in their work with children is developmental psychology (Daniels et al., 1999; Taylor, 2006; Winter 2006). In particular, the work of stage theorists such as Piaget (1929) and Kohlberg (1981) have had a significant influence on the ways in which social workers and therapists are trained to assess children and their ability to engage in decision-making processes (Thomas, 2005; Taylor, 2006). It has been argued that a stage theory framework leads to a deficit model of childhood being developed by social work professionals, who see the child as someone who starts with nothing and then gradually acquires skills, abilities and understandings (Dweck, 1999; Daniels and Jenkins, 2000; Taylor, 2006).

Piaget (1929) described children as developing from a position of being unable to do certain cognitive tasks, such as seeing the perspective of others when a baby, to gradually achieving the ability to do so, in late childhood. He saw these stages as proceeding in a fixed order and being clearly age related. His first sensory-motor stage is characterised by a baby's gradual appreciation of their separateness from those around them and the beginnings of an understanding of causality. Babies begin to create mental representations of the world around them and seek, actively, to add to their experiences and personal 'filing' systems, known as schemas, in order to develop a meaningful dialogue with the world around them. The next stage, lasting from two to seven years of age, is where the development of language and problem solving abilities begin to develop the child's internal library of ideas and understandings, enabling them by the end of this stage to begin to overcome an ego-centric position and to see the perspectives of others:
Piaget (1929: p.38) characterises these stages as ‘thinking with their mouths before they can think with their heads’. It is only after the age of eleven or twelve that Piaget sees the child as able to think with their heads, to deal with abstract rather than concrete thoughts, resolving what he calls the ‘perpetual confusion between subject and object, between internal and external’ (1929: p. 60).

Although Piaget’s work has made a huge contribution to the understanding of children’s development, (Daniel et al, 1999), there are significant challenges to the prominence he gives to his identified stages:

‘Piaget underestimated the cognitive abilities of children and overestimated the ability of adults’ (Robertson, 1999, p. 65).

A counter argument to Piaget views children as capable of greater perceptual ability at a much younger age, facilitated through the scaffolding and support of adults and older children (Dweck, 1999; Wainryb et al, 2004). Vygotsky is seen as one of the most influential and famous critics of Piaget’s work (Van Der Veer and Valsiner, 1994). He argued that Piaget had made a critical assumption that developmental cycles had to precede learning cycles. For Piaget, a child has to be developmentally ready to be able to take on new learning; for Vygotsky the child, with the support of adults or older children, can push forward their developing understanding (Werstch, 1985). For Vygotsky, it is the adults’
responsibility to identify where the child is in terms of development, how far the child might move towards greater understanding and what the adult needs to do to scaffold the process. Thus, it is argued that childhood is an apprenticeship in which children develop in a mutual engagement with others rather than a time of waiting for the right developmental stage to use new skills and abilities (Rogoff, 1990).

There are many further challenges to Piaget, demonstrating that very young children possess sophisticated thinking and reasoning, having well ordered 'perceptual and conceptual skills' (Thelen and Smith, 2002, p.22). For example, Gopnik et al (2001) found even very young babies perceive the difference between what they see and what others see and argued that this was the very beginning of an ability to appreciate that there are different perspectives. A further study (Wainryb et al, 2004) found that pre-school children have the ability to recognise the perspectives of others, see a diversity of views on a variety of subjects and were able to articulate, share and hold on to their own beliefs. They argue that young children are not only able to distinguish between different beliefs but are also able to offer their opinions on the rights and wrongs of different perspectives. Sobel (2004) also gives an example of the ability of children to tell the difference between pretence and reality from a very young age, finding children able to use this information to make decisions about the intentions of others. Cohen (2002) also looked at the ability of young children to see the perspective of others, concluding that four year olds are able to use information about the desires of others to predict whether that person is going to be happy, sad or angry depending on what the child does with that information. In terms of possessing an awareness of the need to control the immediate
environment and exert power, Alderson (2006) observed premature babies persisting in the face of adult opposition to clearly state and maintain their preferences, preserving and acting upon their memories.

As well as needing skills to recognise different perspectives and take them into account, the ability to use our memory appears to be key in being able to effectively participate in decision-making (Vasta et al, 1995). Effective decision-making requires the ability to remember previous, successful or unsuccessful decision-making situations; the ability to recall important events and people and the ability to get in touch with significant emotions and memories of emotional situations. However, there seems to be a dominance of an age related assumption with the development of memory, with Piaget (1929) claiming that the younger child cannot do this as they are only capable of dealing with concrete objects which do not allow for internal, abstract thought. Again, there is evidence to the contrary, showing babies possessing recall ability (Vasta et al, 1995) and children being able to remember things by attaching importance to an event, by rehearsing the event or by creating a mental representation of what they wish to recall at a later stage (Ghetti and Alexander, 2004: p. 559):

‘The extent to which a memory is emotional or self-relevant may lead to different degrees of perceived memorability which in turn may influence decisions about event occurrences.’

It seems these are different methods of remembering to those used by adults, which raises questions about which is the more valued or recognised. Evidence suggests that adult techniques of remembering have been privileged over those
of children (Ornstein and Haden, 2001; Ghetti and Alexander, 2004). Thus, children may be encouraged to remember key events from their past in ways that adults find helpful rather than those that meet their own needs. As a consequence, their memories may not be well embedded, becoming obscure and difficult to recall (Conway, 2005) which is concerning if the child’s current social worker is new or recent with limited experience or poor information about the child’s history.

Once again, adults are important in scaffolding the development of memory and memory recall, supporting the child in developing essential mental images and structures (Kraemer and Roberts, 1996; Ghetti and Alexander, 2004; Ward et al, 2006). Most important is the role of caregivers, who help lay down memories by encouraging rehearsal or assist in the creation of mental imagery (McGuigan and Salmon, 2004; Brainerd et al, 2004; Martenson and Fargerskiold, 2007). Again, for the looked after child who experiences frequent changes of social worker or placement, the question arises as to who will perform the essential function of being their memory facilitator? Brainerd et al (2004, p. 505) identify the key developmental task as a shift in the quality of the memory, not the storing of the memory itself, what they term a ‘vague-to-vivid developmental shift’. Vasta et al (1995) suggest that children need to be encouraged to develop what he calls meta-memory; knowledge about the memory itself, which will help them when thinking about problem solving or decision-making. An internal analysis of memory can assist in thinking what succeeds, what was helpful or unhelpful and how they might look at choices and consequences. This adds weight to my mounting argument that memory development is not only a personal developmental task, but one that requires the active intervention of
another, probably the main carer, to facilitate this process; enhancing and 
deepening memory, thereby embedding it in the brain for future recall purposes.

This role seems critical, rehearsal with a carer is an important part of laying 
down memories and if this phase is missed, for whatever reason, then the 
memory is difficult to retrieve (McGuigan and Salmon, 2004). So does this 
suggest that the role of the adult should be to help the child to practise, to 
encourage and promote the use of memory and recall, even when those 
memories are painful or difficult? It seems there is an argument for a shift from 
the role of expert to that of enabler or facilitator in the child's development of 
personal agency and wellbeing (John, 1996) with regard to memory and 
memory recall. A Piagetian perspective would see the adult as a support only 
when the child is ready (Bjorklund, 2000), which would promote a professional 
culture of not expecting too much too soon from the child as they develop these 
skills for themselves (John, 1996; Smith and Taylor, 2003). Whereas a 
Vygotskyian perspective (Thomas, 2005) would argue the role of facilitator is 
possible, working through the zone of proximal development (Werstch, 1985), 
adults create tasks and opportunities that challenge and support the child as 
they begin to understand and enhance their skills (Rogoff, 1990).

Issues surrounding language development and cultural differences regarding 
the inclusion of young children as full members of society (Mead and 
Wolfenstein, 1955; Rogoff, 1990) add to the contention that the placing of the 
younger child in a position of incompetence is a Western construction of 
childhood. Does this mean that children are much more capable of being 
involved in decision-making than they are given credit for?
'Assumptions about the appropriate way to solve problems and the relative sophistication of different sorts of solutions are nested within the practices of the institutions and technologies of a society (Rogoff, 1990, p. 55).

I have been considering aspects of cognitive development in the above exploration of how children progress. An exploration of emotional development sees children developing 'learnt helplessness' (Seligman, 1975; Dweck, 1999) when they encounter failure. Feelings of:

'....self blame, negative feelings, plummeting expectations, low persistence and a lack of constructive strategies' (Dweck, p. 96).

The strength of these feelings suggests there are considerable dangers in working with children before they are emotionally ready, that pushing them to do what they cannot do or understand leads to feelings of incompetence that are not easily displaced. Thus, involvement in decision-making at a time when they cannot fully comprehend the severity and the permutations of the situation would be inadvisable. However, Seligman (1975) and Dweck (1999) disagree, arguing that it is the way in which children are involved in tasks, by trusted adults, which either facilitates feelings of self-efficacy and agency or promotes helplessness. Concentrating on getting it right rather than prioritising the experience itself as worthwhile will lead to helplessness. An acceptance that failures happen, that the challenge itself is what is rewarding rather than a successful outcome leads to feelings of competence and ability (Dweck, 1999). Similarly, Gauvain (2001) found that parents who were very directive with their child, who did not allow the child to use their own abilities to think through problems or make their own decisions, made the child less able to plan on their
own. They became reliant upon the adult to do it for them and thus did not
develop that sense of personal agency that would appear so critical to well-
being and healthy development (John, 1996). The work of Seligman (1975),
Dweck (1999) and Gauvain (2001) suggest that a practice of focusing on the
outcome of task rather than the process of attempting to challenge oneself
hinders a development of self efficacy and resilience. Further, there needs to be
an environment of trust, where the child is supported and affirmed by key adults
whilst they take risks and develop his/her concept of self determination
(Seligman, 1975). My argument is that this is a functionalist stance that views
child development as a predictable linear process where certain steps are
taken, in the right order, at the correct times. Further, that it would be better to
take a social constructionist stance, based on Vygotsky’s work (1981), where it
is acknowledged that developing understanding is a socially constructed
activity. In this way, preference should be given to the learning that is
undertaken through the process of doing, recognising that lack of immediate
success is acceptable and indeed necessary, at times, in order for deep
learning to happen, especially with regard to self.

Far from a protective model where the adults take upon themselves the
responsibility of making decisions on behalf of children who have been
disadvantaged by disruption to their family life, consideration needs to be given
to the possibility of professionals actively promoting the process of decision-
making as a way of helping the child to develop a strong sense of self efficacy
(Schaffer, 1998). The role of the adult appears to be never more crucial than in
this particular situation.
Implications for research design

Thus, I decided it was necessary to explore what model of child development was held by social work professionals and how this affected the way in which they regarded children. I thought it would also be critical to investigate whether the adoption of a Vygotskian model would see social workers taking the opportunity to support the child in furthering their own development, rather than waiting for the child to develop the necessary abilities to make decisions as is the case in Piaget’s model. I decided I would look to see if there was any evidence of the use of tools such as analogies (Goswami, 1992; Robertson, 1999) and decision trees (Sjoberg et al., 1983) to help develop those skills of reasoning and decision-making that have historically been assumed to be beyond the capacity of the younger child. Evidence that these tools were being used would support my argument that a more dynamic approach to children’s involvement in decision-making was developing, one that demonstrated greater respect for the individuality of each child within his/her social context (Thelen and Smith, 2002).

I will now turn to theoretical concepts of decision-making and begin to identify the key skills and abilities attributed to effective decision makers. I will also consider how understandings of child development inform the application of these concepts and thereby help or hinder the inclusion of young children in decision-making processes.
Decision-making

In this section, I propose a working definition of decision-making that provides a framework for my work with children and adults. I will focus on some of the key theories that may assist in understanding what it means in practice. I will also investigate whether there are discernible differences in the ways in which adults and children make decisions and, using the knowledge about child development, how all this information combines to give me a foundation for the research. What will be demonstrated throughout is the significant theoretical interest in attempting to identify how people make decisions, the high social values that are placed on the core skills of thinking and reasoning and how decision-making might be regarded as an ‘exclusive club’, owned by those who regard themselves as being rational, objective and logical thinkers.

There appears to be two significant perspectives regarding decision-making; one seeing it as mathematical, logical and linear (Edwards and Tversky, 1967) and the other seeing it as an intuitive, developmental, more emotional process (Hogarth, 2001; McGrew and Wilson, 1982). First attempts at understanding how people made decisions were in the field of economics and business, where the need to predict likely outcomes was important:

‘Decision theory is a complex body of knowledge developed mostly outside of psychology by economists and mathematicians in an attempt to prescribe how decisions should be made’ (Edwards and Tversky, 1967, p. 11).

Economists assume that people within industry want to maximise their position, improve their bank balance and achieve optimum power. Therefore, they will go
for the choice that gives them the supreme position of either 'utility maximisation' or 'profit maximisation' (Simon, 1976, p86). Thus, a decision is seen as:

'... goal directed behaviour made by the individual to a certain need, with the intention of satisfying the motive that the need occasions' (Jabes, 1978, p. 53).

Decision-making is therefore a deliberate, explicit activity where we intentionally engage with critical pieces of information. Decisions are made, following a conscious process of identifying and then rejecting possible outcomes until we reach the one that gives us the best and most favourable choice. Balancing the probability of each possible outcome is therefore very important:

'Since our behaviour undoubtedly depends on or reflects probabilities (objective and subjective), our conception of probability will determine how we should behave and our evaluations of other people’s behaviour' (Rachlin, 1989, pp. 22/3).

If this assertion is correct, it raises questions about the position of the apparently unconscious, routine decisions that are made daily by individuals, regarding what breakfast cereal, what clothes to wear, and whether these qualify as decision-making? It also raises questions about those apparently casual decisions we make, where we seem to ‘plump for it’, where we do not appear to have done anything either consciously or unconsciously at all, where discussions, either internal or external do not appear to have taken place about what is the best outcome for us.

Mathematical theories of decision-making seem to suggest decisions are inflexible, we are unable to change our minds when faced with contradictory
evidence to that which was originally collected. Baron (1994) feels it is important to be prepared to change our thinking if presented with different information. However, this is often hard to do, especially if the person we have received information from is perceived as an expert (Janis and Mann, 1977). Our regard for their status makes it less likely we will seek a second opinion and will probably revise our own, believing ourselves mistaken. This raises the question as to whether this is the experience of children— the assumption that adults (experts) know best and are therefore right. Hogarth (2001) also questions the certainty of conscious, mathematical decision-making. He feels we have developed an ability to make decisions as a survival mechanism — being able to find adaptive solutions to keep us alive and we might not be aware of engagement in the process. He cites research by Damasio (1994) showing a great deal of decision-making is innate and automatic as we read the underlying messages of a given situation and act accordingly to protect ourselves — what Hogarth calls ‘intuition’ and others might call non decision-making (McGrew and Wilson, 1982). Might this be what I identified earlier as ‘plumping for it’, the unconscious decisions we make every day? Parry and Morriss (1974) see non-decisions as legitimate decisions and argue that to label them in this way implies they are inferior and the term should be dropped. McGrew and Wilson (1982) identify decision-making as a core process of life, suggesting that, even as babies, we have the abilities to make decisions that will keep us alive and protect us. Does this suggest that these unconscious, intuitive decisions are qualitatively better than those that are made consciously as they have a protective function? If so, why do we seem to have shown a preference for those decisions that are made consciously, labelling them as rational decisions rather than those made intuitively as irrational? (Carley, 1981).
It would appear that rationality is very important to decision-making, especially for those coming from an economics background where predictability and objectivity are important. It would also seem to be important to others who wish to apply some control and certainty to what can be an uncertain process. The belief is that people make choices and therefore decisions, by thinking objectively and rationally about their needs. According to McGrew and Wilson (1982), these beliefs led to the emergence of a concept of analytical rationality:

'To be rational is to select from a group of alternative courses of action which maximise output for a given input or minimum input for a given output' (Carley, 1982, p. 60).

Evans and Over (1996) see two different types of rationality known as personal and impersonal. They describe personal rationality as acting in a way that is reliable and efficient in reaching intended goals and impersonal rationality as having to have a good reason to make the decision in question. Personal rationality is what we use when making unconscious decisions, employing our values, experiences and beliefs to help us. Impersonal rationality is when we are making explicit conscious decisions where we process information, using rules and logic to help us. For Evans and Over (1996), the difficulty with accepted theories of rationality is that there is an assumption that people always use impersonal rationality, whereas in fact, people are more likely to use personal rationality because it has more meaning for them as individuals. Garnham and Oakhill (1994) agree with this assumption, arguing that impersonal rationality is therefore imposed upon people who are expected to look for the best action to give an optimum return and criticised when they do not. Thus, when we appear to have decided on a course of action that does not
give us a best outcome, where we might have used our personal rather than impersonal rationality, we are judged, by others, to have behaved irrationally. Taken in conjunction with the work in Chapter Three regarding care and caring, an assessment as to whether someone makes rational or irrational decisions might be very important, when considering their inclusion in decision-making processes. Social workers have to have proof of their own decision-making processes for case conferences and court appearances, setting out their arguments for a particular course of action. The question would seem to be; what room is there for intuitive, personal rationality within these forums:

'Sometimes people can do no better than to have vague preferences, based on partial knowledge of what their language refers to, and can only make vague and limited probability judgments. Sometimes they can only consider a very restricted number of the options before them and choose one that is reasonably satisfying. That is, they have an understandable tendency to aim at what is satisficing to use the technical term rather than what is maximal' (Garnham and Oakhill, 1994, p. 31).

What should be debated is what is seen as a rational decision or one that was made in the heat of the moment, governed by powerful emotions, before moving on to identify which one is preferred. McGrew and Wilson (1982) feel that labelling some decisions as irrational automatically raises doubts about their quality, but that this may not necessarily be justified. Thus, irrational, emotional or intuitive decisions are regarded as qualitatively inferior to those made rationally and objectively. Hogarth (2001) argues that this is impossible, that humans can never be seen as completely rational decision makers as they are not able to do the complex, objective computations that are required when defining decision-making as a process of eliminating alternatives until the best
solution is reached. He agrees with Simon (1957) that 'bounded rationality', also known as 'satisficing' (Simon, 1957) is the most we can hope for, that we can only search until we find a solution that appeals and satisfies our needs, subjectively or objectively.

Nevertheless, Hogarth (2001) feels that whilst emotions are extremely important in decision-making, they should not be allowed to become the driving force. Rather, he feels we should listen to our emotions, take account of them, be in touch with them and use the information they provide as an important part of the decision-making package. But is there a problem here? What happens when you know that something is logically right, but emotionally or even morally wrong? Is 'satisficing' appropriate here? Elster (1999) argues that there is a relationship between emotions and rationality that is disregarded by many. He feels that far from interfering with the process of decision-making, our emotions assist us by acting as tie-breakers when we are not sure, by giving us guidance about what matters when the decision is complex or indeterminate and by giving us a focus where apparently there is none.

The above debate about the place of the emotions within decision-making leads to a discussion about whose best interests are being served by the chosen best outcome and whose rationality or reality (Bilson, 2007) is regarded as most important? When a strongly felt issue is being debated, there may be several individual realities involved. Whose reality is regarded as the most rational and therefore deemed the strongest? In the context of my research, this is an important debate as adults and children involved in legal decision-making could...
have and probably do have very different perspectives on the situation they find
themselves in. Thus, raising the issue of who is deemed rational and who is
 regarded as irrational may shed light on how their decision-making is affected in
terms of what is being valued, upheld and acted upon. Might it be the case that
decisions about rationality in this context are based on a perception of ability
and competence or on the assumed expertise identified earlier?

Children and decision-making
It is significant to note that there seems very little written exclusively about
children’s decision-making development or ability, compared with the vast
amount of work on decision-making itself, which does not clarify whether it is
talking about adults or children. On closer examination, most decision-making
theory talks about ‘man’ (Edwards and Tversky, 1967) and his ability to make
decisions, with many examples from the world of work and industry and
therefore I assume it is referring to adults. This is important, suggesting that
either a child’s abilities are taken for granted or they are disregarded as not
worth noting until the child is deemed old enough (or rational enough?) to join
the adult world:

‘Acknowledgement of children’s growing involvement in
decision-making and their access to a fuller range of civil
rights needs to be qualified by obviously limiting factors
such as their age, level of understanding and degree of
physical and emotional vulnerability’ (Daniels and Jenkins,
2000, p.8)

What is written about children and their ability to make decisions is relatively
recent, (Sjoberg et al, 1983; Turiel, 1983; Gauvain, 2001; Thelen and Smith,
2002; Cohen, 2002) given that decision-making itself has been discussed throughout the centuries (Simon, 1957).

There is evidence suggesting some key differences between adults and children and the ways in which they make decisions. Hogarth (2001) identifies key differences between what he calls expert and novice decision makers. Novice decision makers identify their goal and work backwards from it to begin to think about the decisions they need to make - in other words where I want to be will begin to determine how I get there. Expert decision makers, on the other hand, have sufficient confidence in their ability to get to the final decision that they are able to work forwards and outward from the problem, grouping all their arguments for and against in logical order. According to Hogarth’s argument, adults will therefore be experts as they have practised their decision-making skills and have that essential confidence in their ability. They have gained experience at making decisions, have proved their ability to do so successfully and have developed expectations about the sorts of decisions they can make, almost without thinking about them. A novice decision maker could be a child as he or she will be less experienced than most adults; they will be working backwards from where they want to be. Bjorklund (2000) concurs, citing several experiments that compared the ability of children and adults to make decisions and showed significant differences in the way the problem is approached by novices and experts that needed to be borne in mind when assisting the process (p.138-9). Looking at a legal context where decisions are being made about a child’s future residence- a child may wish to stay at their school with his/her friends and the decisions for them are around how they might achieve that. For the social worker working with that child, the decision is wider, about
who is the best person for that child to live with, who will address all their needs, not just schooling and friendships, and they will begin to gather information and argument that helps resolve that issue. The child will work backwards from his/her decision to stay with his/her friends and will be at a loss to understand why the adult cannot engage at that level as well. The adult may become frustrated that the child has only one issue on their mind and therefore may seem irrational in their refusal to let it go. I find this has powerful resonance for me. As a former social worker, reflecting back on my own practice, I can see that some of the decisions I made on behalf of children in my care were made using the expert model denying the existence of a novice. Was I being arrogant, misguided, wrong or merely non-inclusive? Certainly, there seems to have been an opportunity for me as an ‘expert decision-maker’ (Hogarth, 2001) to claim to have more ability to consider all the options and, using both personal and professional experience, be able to predict what is the best outcome. I would argue that such a stance stands or falls on what is considered privileged expertise and by whom. Should the status of possessing privileged expertise be conferred on the social worker or on the child whose life experience gives them a unique perspective? Might the child be the one who has thought the most about their life and the decisions that need to be made for them? Is it only the adult who will have thought through the likelihood of success or failure of a given approach?

Sjoberg et al (1983) offers further help in understanding the differences between adult and child decision makers, suggesting that decisions made by those who are experienced are qualitatively different from those who are not. Skilled decision-makers are able to predict with a degree of certainty the
consequences of the smaller decisions on the way to the desired goal. They are also able to attach values to the ultimate goal and decide whether it is worth having or not. However, it seems dangerous to simplistically assume that children are novices or that their decision-making ability is automatically inferior to that of adults:

‘Young children’s insensitivity to their problem-solving potential is the result of a lack of exposure to such situations, rather than age per se, for the same problems that beset the small problem solver can often impede effective thinking in the adult novice’ (Brown and DeLoache, 1978, p. 14).

There are strong arguments for the important role of adults in supporting children in becoming effective decision makers. Waller (1983), Rogoff (1990), Dawn et al (1998), Doherty-Sneddon (2003) all point to the critical role and responsibility of adults to scaffold a child’s learning and development, to help them towards expertise in decision-making. Turiel (1983) argues that it is the way in which adults work with children that determines the child’s ability to form judgements’ and make decisions. Rogoff agrees:

‘Children’s cognitive development is inseparable from their social milieu in that what children learn is a cultural curriculum: apart from their earliest days, they build on the skills and perspectives of their society with the aid of other people’ (Rogoff, 1990, p.190).

It may be, as I indicated earlier, that the use of tools to help with developmental tasks (Sjoberg et al, 1983; Goswami, 1992; Robertson, 1999) might help adults and children to engage in decision-making activities and thus help children to develop their own expertise. However, the debate of who is more expert in the
child’s life and decisions about how that should be conducted also needs to be considered and discussed.

Issues

There appear to be six key issues emerging from this study of theoretical and conceptual issues;

1. That the view adults have of children and childhood may well shape their subsequent interactions, attitudes and actions with looked after children:

   ‘Children are not necessarily most vulnerable in the early years and become less so as they grow older. Rather, it is that at every stage certain kinds of conditions may be upsetting; what changes with age is the nature of these conditions, not children’s vulnerability in general’ (Schaffer, 1998, p. 230).

2. That it is a basic human drive to make decisions for ourselves which is evident from birth (Hogarth, 2001; McGrew and Wilson, 1982). We are motivated to be self-reliant and see it as a skill to be desired. My description of an ‘exclusive club’ would appear to be relevant; we all want to be members. Delaying the membership of some, perhaps those deemed not yet competent, may be a way of increasing the attractiveness of the club and enhancing the motivation to work towards the goal. Hendrick’s models of childhood (2003) would suggest this may be so and this is explored in Chapter Eleven.

3. There seems to be a preference to regard decision-making as a rational, logical and conscious cognitive process, engaging the mind in an objective search for the best option. However, it seems that this
assumption is erroneous, that a considerable amount of decision-making is unconscious with significant emotional content dynamically linked with the rational to make effective decisions.

4. Deciding whether to heed the wishes of others or pursue one's own desires seems to be critical in successful decision-making ability. Being able to weigh up alternative courses of action, to see the views of others runs throughout both child development and decision-making. The ability of a young child to do either appears to be highly contested.

5. An important debate about novices and experts, apprentices and facilitators, has emerged. The exploration within this chapter, leads me to question whether these words mean ‘incapable’ or ‘practising with support and guidance’.

6. The importance of the role of others in the acquisition of the necessary skills for effective decision-making such as memory (McGuigan and Salmon, 2004), language (Goswami, 1992) and conceptual thought (Piaget, 1929) has to be acknowledged. These ‘others’ are usually adults, caregivers and professionals (Ghetti and Alexander, 2004; Rogoff, 1990), but may also be siblings and peers (Vygotsky, 1981; Bruner, 1986). Questions need to be asked about who these important people are for children accommodated by the local authority and how effective are they at performing this role.

The discussion within this chapter about theories of child development and decision-making has made it apparent that there are a number of assumptions about children’s developmental capacity that affect children’s participation in decision-making or access to decision-making forums. For example, my
exploration of theoretical perspectives has led me to question whether a view of developmental psychology that encompasses the views of Vygotsky and Rogoff might be preferable for professionals working with looked after children. There are further assumptions relating to the ability of children to take part in the particular type of decision-making that takes place within local authorities that appears to place a high value on rational processes and may also affect children's participation in decision-making or access to decision-making forums.

What has become equally apparent through this exploration of theoretical perspectives on child development and decision-making is that children might be regarded as apprentice decision makers, requiring scaffolding and assistance, rather than adult control. If this is the case, it raises questions as to how children might be assisted to participate, rather than whether they should be included. It may be, as I indicated earlier, that the use of tools to help with developmental tasks (Sjoberg et al, 1983; Goswami, 1992; Robertson, 1999), could help children to engage in these decision-making activities, and this will be explored in this thesis.

Conclusion

The context of decision-making for looked after children is complex and I have sought in Chapters Two, Three and Four to discuss some of the significant issues therein. I have developed an understanding of the legal and practical consequences of the looked after status and what it means to be engaged in a professional caring relationship (see Chapter Three). The exploration of power
in Chapter Two suggests a highly complex relationship exists between children and professionals that is affected by the attitudes and beliefs of the social work professionals with regard to children and their ability to be involved in decision-making. I have also explored the different perspectives on child development and the process of decision-making (see Chapter Four). I have therefore begun to develop an understanding of current beliefs, theories and perspectives surrounding young children, their development and capacity for engaging in complex decision-making.

Engaging in this exploration and debate helped to sharpen the focus of my research as it gave me questions to ask, areas to explore and possible tools to use. It was all helpful to design and execute the research as well as being crucial when I came to analyse the data. I was able to return to some of the questions I had asked throughout this section in an attempt to reach some answers and conclusions. I was able to use some of the theoretical concepts, such as emotional labour as methods of analysis. I was also able to use the idea of tools and methods not involving language to aid the participation of those whose language skills would normally be seen as excluding their voices.
An exploration of the personal values that inform and influence 
the research design and execution

An exploration of research methods is incomplete without a rigorous 
examination of the overarching paradigm that informs method choice. I would 
argue that the rigour of that examination depends upon a thorough investigation 
of personal beliefs, values and influences which affect the subsequent 
methodological construction:

‘If we examine our epistemological premises, we can 
acknowledge the limits of our studies and the way we 
shape them’ (Charmaz, 2000, p. 528).

I chose to use Janesick’s (1998) imagery of research as a carefully constructed 
and creative dance as a means of examining and justifying my methodological 
choices. In choosing to use this imagery, my choices of dancing shoes, 
partners, music and steps are acknowledged as having equal importance and 
recognised as integral to the final production. I therefore closely examined the 
possible methodologies available to me, inspecting their construction for 
integrity, purpose and rigour, before making decisions about which one suited 
my purposes and would be most effective. Approaching the research in this way 
helped me to identify any issues I needed to take into consideration and made 
overt that which might otherwise have been covert or unknown, particularly any 
underlying assumptions I may have about the research participants or
outcomes. For example, any concept of children that I held (see Chapter Four) had to be scrutinised in order to engage in an authentic analysis of the data I collected. I also examined how the construction and analysis of my research might be affected by my values and beliefs about social welfare and issues of empowerment, as well as any potential bias I might have had towards ‘proving’ a particular stance or situation. In Appendix One is my original research proposal which shows clearly my initial stance had been one of seeking to prove that young children could participate:

‘Researchers should analyse and display publicly their history, values and assumptions, as well as the inter-relationship with their participants’ (King, 1996, p. 175).

By engaging in reflexivity:

‘... the capacity of the researcher to acknowledge how their own experiences and contexts (which might be fluid and changing) inform the process and outcomes of enquiry’ (Etherington, 2004, pp. 31/2).

I came to realise that this was not what my research was about, I was looking at the experiences of decision-making through the eyes of looked after children. I was therefore able to let go of a concept of ‘proving’ and move towards a research process that would facilitate the voice of others. My intention was to offer deep engagement and personal agency to the children involved in the research (Robinson and Kellett, 2004), which, given the nature of the area being explored, also appeared to be extremely important (see Chapter Two) remaining a principle motivator as I began to choreograph my research dance.

Thus, I considered it was important to acknowledge and reflect upon those personal values that might have affected the focus, reportage and analysis of
my research in an attempt to create a project that could be regarded as reliable and valid:

‘As long as qualitative researchers are reflexive, making all their processes explicit, then issues of reliability and validity are served’ (Delamont, 2002, p9).

Reliability and validity are crucial aspects of any research project (Perakyla, 1997; Hammersley, 1996; Silverman, 2005) and it is clear that research can never be entirely free of personal bias (Denzin and Lincoln, 1998a; Delamont, 2002; Cohen et al, 2007). Thus, by continually asking critical questions of myself at the crucial stages of design, execution and analysis, I hoped to minimise bias by challenging what underpinned my understanding, probing deeply into what was being explored. I asked myself questions about my construction of the research and what it was I thought I was hearing when collecting data.

There was a risk that my research might become self-indulgent, distracting from the main body of the work, becoming a voyage of discovery around the researcher rather than the topic. However, I felt this risk was worth it, that engagement in reflexivity would allow a richness that could only be achieved through looking deeply at my relationships with the children and adults, thereby interrogating the complexities and providing a context for subsequent analysis (Richardson, 1996; Etherington, 2004). Writing from a feminist perspective, Etherington (2004, p. 32) claims that:

‘Reflexive, feminist research encourages us to display in our writing the full interactions between ourselves and our
participants so that our work can be understood, not only in terms of what we have discovered, but how we have discovered it.'

Feminist research sees reflexivity as a key component (Wasserfull, 1997; Oleson, 1998) as it promotes the acknowledgement of the importance of issues such as gender; multiple identities; voice and power to the research process and the everyday experiences of both the participants and myself (Maguire, 2001), that might otherwise go unnoticed:

‘Feminism gives new meaning to questions at the heart of the politics of knowledge creation. Whose perspective? Whose voice? Whose knowledge? (Maguire, 2001, p. 64)

These vital issues were explored throughout the collection and analysis of data through the use of a reflective journal (Appendix Two) in which I recorded and debated the different perspectives and voices.

Given that my research required very close contact with children who had been through difficult experiences, I sought to respect the issues raised by Maguire by carefully planning my exchanges with participants to minimise possible pain and help to make sense of what had happened to them. Thus, I made it a priority to create an environment in which meaningful and respectful relationships could be encouraged that allowed people to feel safe to discuss sensitive matters (Lindon and Lindon, 2000). I considered that our relationships should be founded on Carl Rogers' guiding principles of genuineness, trust and empathy (Rogers and Stevens, 1967) and the use of my reflective journal helped to keep me mindful of their importance throughout the data collection process:
‘Accessing people’s lives needs to be handled with great sensitivity, care and skill and it implies change at some level for all concerned. Reflexivity, studying ourselves as well as our participants is sometimes exciting, revealing and sometimes impossible. Yet, as the increasing interest in such research projects would suggest, it is also an exciting and challenging experience and one that can bring considerable rewards’ (King, 1996, p. 188).

Thus, self awareness, a reflexive understanding of my influence upon the research was a crucial part of the process to strive towards ensuring ethical and meaningful relationships.

**Personal values**

Reinharz (1997) suggests that researchers have many selves that they take into their research. She identifies three main types; research based selves; brought selves and situationally created selves (p. 5). A research self is defined as being a temporary part of someone’s life with a specific role to play. For me this is being an academic and having a particular research focus. A brought self is the sum of one’s own experiences – for me, this is about being a woman, a former social worker, a wife and mother, to mention some of the experiences I have had and roles I currently inhabit. According to Reinharz, a situationally created self is dependent on the research situation and changes with time. For example, there may be times when I am tired or ill and, as a consequence, not as receptive as usual, or there may be occasions that require the use of my social work skills more than my researcher skills. All of these selves matter (Denzin and Lincoln, 2000) and I bore them in mind throughout the research process in order that the data collection and analysis could be transparent about my motivations and interests thereby helping to identify and minimise bias:
‘Research is an interactive process shaped by his or her (the researcher’s) personal history, biography, gender, social class, race and ethnicity and those of the people in the setting’ (Denzin and Lincoln, 2000, p. 4).

Thus, I decided to examine the experiences that had informed my personality; that had allowed me to define and redefine myself and, thereby, gave me ways of interpreting and interacting with the world around me. It was important to identify the core principles that informed my attitudes, values and thereby my work, in order to fully understand the way in which I had constructed, executed and analysed this research. Being mindful of these influences enabled me to avoid falling victim to them, ensuring rigour and transparency.

What shapes me?

- **Early experiences** – as a child, I lived in several different countries and communities, observing different cultures and ways of looking at the world. I had to develop communication skills, sometimes in different languages, that have remained with me. Also, I lived in a predominantly female household which promoted the development of strong values of caring for others and being sensitive to their needs (Noddings, 2002). I experienced two painful separations at a very early age; the divorce of my parents and the death of my grandmother. I feel both of these experiences had an impact upon my research as I have strong memories of them and the powerlessness I felt when my wishes and feelings were nor sought or recognised. Thus, I felt I had an empathy with the feelings of powerlessness and frustration that looked after children might feel in similar situations and this predisposition was acknowledged within my research. By considering my own influences and predispositions, I
became aware of the danger of hearing my own, inner voice rather than those of my participants as I asked them to recall their experiences. I also recognised that my memories of childhood experiences were affected by opportunities, as an adult, to translate, make sense of and further analyse what was going on and how I felt at the time. As a consequence, my memories may now be less than accurate and I took steps to avoid making judgements about a child’s thoughts and feelings, based on an assumption that as I have been a child I therefore knew how it felt to be them. The steps I took were about listening intently to what they were saying and seeking affirmation and confirmation of any inferences I made from their stories and comments. I considered that only by asking those who are currently experiencing it, could I obtain a picture of how it felt at that moment in time, a visceral account that was no less valid for not having been processed (Engel, 2005). This became a central feature of the research process, ensuring ample opportunities for checking and rechecking the knowledge we were constructing together.

- **As an adult,** I have experienced being a wife and a mother. Having my own children fundamentally affected the way I viewed my work with young children, creating a tension between a powerful need to protect and a desire to recognise and encourage their ability to be self-determining from an early age. Thus, taking my own childhood experiences into account, I had developed the personal belief that young children could, with support, engage in decision-making and I was mindful of this further predisposition whilst undertaking the research. Using my reflective journal enabled me to reduce the bias this
predisposition may have caused and allowed me to be transparent about the origins of the thoughts and conclusions I developed as the research process unfolded.

- **Work experiences** – I was a social worker for many years, working in the field of children’s services. Social work has important values attached to it including the rights of an individual to self-determination, respect and independence (British Association of Social Workers, 2002). Through their training, social workers are encouraged to develop meaningful relationships with their clients that enable them to look at areas of life that are intimate, potentially difficult and painful and begin to make decisions that change their lives and maximise their potential (see Chapter Three). Being an authentic, genuine person is crucial (Rogers and Stevens, 1967) as we play many different roles in society (Goffman, 1971). Allowing others to see us holistically rather than as a person playing a particular role can be difficult and demanding, often impossible. A preparedness to be authentic can also be quite threatening, as it demands reciprocity and equality in the relationship. My social work training and experience have inevitably further influenced the development of my personal values. I regard effective and meaningful communication as an important attribute and believe in the intrinsic value of all human beings. Experience and training have also taught me to look beyond the obvious, immediate situation and find out about the motivations, experiences and attitudes that have helped to create the person before me. Further, I have learnt to seek shared problem solving methods that value the self-determination of another person, having high positive regard for their decision-making (Egan, 1989). It is significant
that I have chosen to focus on my social work experiences here, rather than those from the academic world I have been involved in for the last fifteen years. The move from practice to academia has been hard (Seymour, 2006), my knowledge base previously being situated in practical and emotional domains. I had previously seen these two activities as polarised, totally separate, but, through this research process, came to realise they are linked and are parts of who I am.

By taking the time to explore my values and beliefs in this way, I was able to establish my awareness of the potential danger of losing sight of the objectivity required to be an effective and rigorous researcher. I was able to perceive that my values, developed through personal and work experiences, would affect the ways in which I worked with the children in my research and had to be recognised and recorded, if I wanted my work to be valid and reliable. Using my reflective journal, therefore, helped me avoid becoming overwhelmed with a desire to 'prove' my beliefs about the agency of young children (see Appendix One), which might have led me to ignore some of what the children said if their words did not ‘fit’ with my beliefs, values and experiences (Munro, 1999).

Methodology
This is a small-scale investigation into the lived experiences of a small group of children and social workers, intended to contribute to the debate about looked after children’s participation in decision-making. Thinking reflexively about my assumptions, beliefs and values, enabled me to begin to identify the type of researcher I was. I could then probe more deeply, seeking the research paradigm that fitted me best, thereby enabling me to justify my methodological
decisions (Silverman, 1997) and providing me with the shoes I would wear for the dance (Janesick, 1998):

‘Paradigm issues are crucial; no enquirer, we maintain, ought to go about the business of inquiry without being clear about just what paradigm inform and guides his or her approach’ (Guba and Lincoln, 1998, p. 218).

Paradigms are belief systems that attach the user to a particular worldview and enable the reader to understand that perspective and how it shapes the work (Hughes and Sharrock, 1997; Guba and Lincoln, 1998; Fraser and Robinson, 2004). Locating the research within a specific paradigm created a lens through which the methodology of my work may be understood. In this section, I unpack the internal debate that I had in order to find the right paradigm for my research taking into account my aims and objectives, values and beliefs that underpinned the whole process.

I had intended that the research would be an opportunity to involve looked after children in an inclusive and collaborative exploration of their world, increasing both my and their understanding of those experiences (Thomas and O’Kane, 2000; Jones, 2004). I wanted to acknowledge the children’s expertise, respecting their accounts and perceptions of reality (Roberts, 2000). The original research proposal (Appendix One), even though it sought to prove that young children could participate in decision-making, also envisioned a high degree of co-construction and collaboration with a group of looked after children. The development of questions, collection of data and subsequent analysis would thus be held up for scrutiny in equal partnership with the children taking part:
'When our participants are those whose stories have been ignored, dismissed or silenced (by themselves, society or others) we must do more than attempt to encourage them to speak out or write about their lives; we must also share with them the power to discuss the form as well as the content of their communication' (Etherington, 2004, p. 228).

How practical or possible it would be to engage in full co-construction in this way created considerable internal debate for me. Who had or should have had control over the course of the research, how far could the children be encouraged to develop research questions and how far was I prepared or able to negotiate some of my power as an adult (Keddie, 2000) to facilitate this process were key issues in this debate, particularly when I took into account that I had already argued that issues of empowerment, self-determination and power should resonate throughout this work (see Chapter Two). I had recognised that these issues would have a tremendous impact on the research implementation and analysis phases. Now I recognised they needed to be visible here in my discussion about methodology.

Collaboration and collegiality are very important research design attributes and the desire to use them in my research took me in the direction of three significant methodologies; co-operative research (Heron, 1998), action inquiry (Reason, 1998) and participative action research (Kemmis, 2005).

Heron (1998) identifies co-operative inquiry as a methodology designed to recognise the intrinsic value of all engaged in the process, emphasising the roles of researcher and researched as equal in the design, implementation and analysis phases of the research. Co-operative inquiry comes from humanist
psychology, which might explain why, as a former social worker, I was attracted to it. The central tenet is that people are regarded as able to choose how they live their lives with a group process that facilitates this personal development (Reason, 1998). For Heron (1998, p. 9), this means research is done with people as opposed to more traditional forms of qualitative research where it is about people or done to people:

'Co-operative inquiry by contrast does research with other people, who are invited to be full co-enquirers with the initiating research and become involved in operational decision-making.'

Co-operative enquiry was a position I would have liked to have taken in my research, working with the participating children in a fully co-operative, collaborative and co-constructive manner. I would have liked to have attempted a research methodology where the children and I made joint and mutual decisions about each step, each course of action and what methods we might have used (Jones, 2004). Designing my research in this way would certainly have fitted with my value base as identified above and enabled me to work in a way that was comfortable and familiar. However, I asked myself whether this methodology was possible. My research had not grown out of a collective understanding by the participants that their situation was untenable, requiring action or debate. I had generated the research, designed its structure and determined whom I was going to contact. I had actively recruited the child and adult participants who would take part; they had not come to me seeking involvement. Furthermore, the literature on participative methods of inquiry (Heron, 1998; Denzin and Lincoln, 1998; Reason and Bradbury, 2006) seemed to be based on adults working with other adults, not on adults working with children. How might a genuinely collaborative approach work where adults are
regarded as automatically powerful (Keddie, 2000) by the participants? A child’s full collaborative participation in research is seen as possible and even desirable (Alderson, 2000; James and James, 2004; Christensen, 2004), especially for those children who are regarded by society as deviant or oppressed (Nieuwenhuys, 2004). Nevertheless, when working with children, the overall responsibility still rests with the adult in charge (Jones, 2004). Therefore I concluded I could not be as fully collaborative as Heron (1998) advocates. Further, Reason (1998) identifies that co-operative enquiry works best when people come together who are empowered and equal in a desire to develop their practice and this was clearly not the context for my research. I had to accept that despite my enthusiasm to see the process as shared and co-operative, the development of the research design and its execution were my responsibility. Thus, my starting point, my access to children and subsequent engagement in the field was different and my work would not fit within the Heron model. Thus, these particular dance shoes did not fit so I had to continue my search for the right ones.

The second possibility of a collaborative methodology for my research was action inquiry (Reason, 1998), defined by Torbert (1991) as third person research that builds on self-reflection, entering into dialogue with others with a view to changing practice:

‘Action science and action inquiry are forms of inquiry; they are concerned with the development of effective action that may contribute to the transformation of organisations and communities towards greater effectiveness and greater justice’ (Reason, 1998, p. 273).
Again, the opportunity to change practice seemed to be a key motivating force for this approach which was not, necessarily, what I was seeking to do. I also considered that Reason’s definition of action inquiry sounded rather ambitious in its objectives of social change and, again, not what my research was aiming to do. It might be argued that this style of working would have felt good, challenging and changing social policies and structures and, on a personal level, it was seductive to see myself in a ‘crusading’ role. Indeed, I was probably operating in that role in the very early stages of planning this research when I had envisioned myself as setting out to ‘prove’ that young children were competent and capable of being involved in formal decision-making processes (Appendix One). Furthermore, action inquiry seemed to be a process by which peoples lives were transformed by taking part, they became powerful and were able to make changes to their circumstances as a consequence of the research process. I could not engage in this transformational ideology or make promises that the children’s lives would change by taking part. I had already noted the relative powerlessness of children (see Chapter Two), and how looked after children were viewed as having even less agency and control over their lives. So, I decided that these dance shoes pinched and were, therefore, not the ones for me.

The third collaborative methodology I identified was participatory action research (PAR). Reason (1998) regards PAR as a methodology that produces knowledge and action that is directly useful in the situation that is being investigated. PAR is an empowering framework, where participants are encouraged to challenge dominant wisdom and begin to construct new knowledge that values people who were previously undervalued (Reason, 1998).
Nieuwenhuys, 2004; Kemmis, 2005). PAR sees dialogue as a key component, encouraging the sharing of ideas and the development of new understandings and common language. Thus, PAR is a research paradigm that shows a genuine commitment to working openly with people, honouring their wisdom and experiences (Reason, 1998; Kemmis, 2005) and works best when involving those who are disempowered. I had already identified the significance of power within this context. Thus, I concluded that PAR was the most appropriate methodology for my research. Furthermore, Kemmis (2005) regards researchers operating in this paradigm as having obligations and duties towards their participants to deal ethically and sensitively with the perspectives of others, using the knowledge gained to good effect on their behalf. I considered that this perspective offered me a qualitatively different approach from the crusading role of action enquiry and felt more appropriate to what I was trying to achieve. I could engage in debate, adding my research to the discourse about children’s voices.

I became further convinced of the possibilities of PAR when I took into account its challenge to the perception of children as passive (Denzin and Lincoln, 1998), promoting a view of children as active collaborators in a research process. Thus, I found that PAR was a methodology that encouraged the creation of shared understandings, recognising multiple realities (Bilson, 2007) and power imbalances through a shared and reflective process (Rowan, 2001; Reason and Bradbury, 2006), that listens to stories from the ground up (Maguire, 2001).
It also seemed that PAR would facilitate the development of a naturalistic set of methodological procedures (Denzin and Lincoln, 1998), which further met my aspirations for a collaborative research process. This meant that, instead of taking a traditional route through the research process, I was able to take a more creative approach, what Denzin and Lincoln (1998) describe as ‘bricolage’, changing my methods to meet the needs of emergent collaboration, construction and dialogue (Reason, 1998). A bricolage approach is consistent with evidence regarding methods with children (Clarke and Moss, 2001) where creativity, combining methods in new and innovative ways facilitates meaning and significance (see Chapter Seven). Returning to the dance imagery (Janesick, 1998), PAR methodology allowed the dancers in my research to develop new steps together, to take risks and explore the deeper meanings of the music or the original choreography I had created. It also allowed my interpretations to be challenged and developed, in order to achieve a meaningful account of the children’s stories. I could be as creative and collaborative as the research allowed, so I regarded these dance shoes as a potentially good fit.

Collaborative methodologies such as those previously explored are regarded by many as newcomers to the world of inquiry (Denzin and Lincoln, 1998) with positivism, constructivism, constructionism and critical theory being seen as the more established (Guba and Lincoln, 1998; Fraser and Robinson, 2004) paradigms. Having concluded that PAR could be a methodology sitting within an existing paradigm, I decided I should look at the roots of my research in order to be as clear as possible about the underlying philosophy (Fraser and Robinson, 2004). To reiterate, my research places a high emphasis on the co-
construction of knowledge and understanding (Holstein and Gubrium, 1997) about what it means for a child to be in the care of the local authority, involved or not in decision-making processes. Thus, I began to explore the relevance of social constructivism or social constructionism to my work as both terms are widely used in the literature on participative research methods. Furthermore, there appeared to be confusion as to the meaning of these terms as they were often used interchangeably, within the same text and I wanted to be clear about the nature of research I was engaged in. According to Gergen (1999), social constructivism describes the process whereby individuals construct their own sense of the world around them whereas social constructionism engages a group of people in creating meaning together in a process of active dialogue. There is a relationship here which perhaps explains the confusion between the terms as an individual's construct of the world (constructivism) can be utilised and developed through the group process (constructionism) to create a shared understanding. The looked after children in my study will have developed their own knowledge of the experience of being in the care of the local authority. Through the interviews and focus group processes, the development of a shared understanding may be possible, thus, constructionism appeared to be the most appropriate paradigm. Additionally, as active dialogue between participants is also a key principle of PAR, it further seemed that constructionism would be the most suitable dancing shoes for me.

Recognition of the affect our relationship would have upon the dialogue between us (Reinharz, 1997; Oleson, 1998; Etherington, 2004) is a further component of social constructionism that is consistent with the objectives of PAR. Thus, individual characteristics such as gender, age, class and the power
of participants were recognised within my research and taken into account in the subsequent development of understanding (Carr and Kemmis, 1986; Miller and Glassner, 1997). I wanted the children to regard me, not only as a researcher, but also as a trusted individual with whom they could identify and work (Miller and Glassner, 1997). Without trust, their peak, painful experiences were unlikely to be shared (Rogers and Stevens, 1967; Lindon and Lindon, 2000) and our group construction of understanding would be impaired. Therefore, I presented myself as an ‘interested adult friend’ (Thomas and O’Kane, 2000, p827), recognising I was not their social worker, but I was interested in what they had to say about their experiences of being a looked after child.

Furthermore, I found that a social constructionist framework also encompassed the reflexive approach I took (Miller and Glassner, 1997) as well as the methods I used (Potter, 1996). My choice of methods, when I used them and with whom, were influences on the final choreography of the research dance and a paradigm of social constructionism provided me with the right shoes to do this. It would be no good wearing ballet shoes to Morris Dance. As final confirmation of my choice of methodology, Fraser and Robinson (2004) state that social constructionists who work with children are necessarily engaged in thinking about power relationships as the constructs of childhood, children and child development are explored and debated in order to achieve an understanding of their meaning (see Chapter Two).
In this chapter, I have explored my personal value base as well as a number of theoretical perspectives on research methodologies. I have been able to identify and debate a number of key issues, not least the importance of the co-construction of knowledge and new understandings (Guba and Lincoln, 1998).

In conclusion, I have clarified my methodological framework as the constructionist paradigm using participant action research. I was able to use this framework for all my decisions concerning research design and execution. Identifying the viability of my methodological framework helped clarify which methods were the most effective and appropriate to enable me to explore what it means for a child to be in the care of the local authority and what, from the child's perspective, were the important issues for effective decision-making within that situation:

'Resonating with the feminist critique of objectivity, writing on participatory research emphasises the importance of listening to and for different versions and voices. Truths become products of a process in which people come together to share experiences through a dynamic process of action, reflection and collective investigation' (Gaventa and Cornwall, 2001, p. 75).
Chapter Six

Ethical Considerations: Going Around in Circles

It seems that research with children requires great sensitivity and robust ethical consideration (Cocks, 2006). Thus, proposing to do a piece of research with looked after children, usually viewed as extremely vulnerable (see Chapter Four), demanded I created an ethical protocol (see Appendix Three) that demonstrated higher levels of sensitivity than the usual ethical constraints.

Working within a constructionist paradigm and using PAR as a methodology raised further ethical questions about how I might access the authentic voice of the child. I became unsure as to exactly how I could get alongside children (Rogers and Stevens, 1967, Dahlberg and Moss, 2005), listening to their stories, understanding their experiences through their eyes, as opposed to the eyes of the adults around them. I wanted to move away from seeing the child as an object (Christensen and Prout, 2002) and be more collaborative, involving children of all ages. However, this approach seemed to create significant ethical controversy. For example, how could I maintain objectivity, be sensitive to any distress the children might experience and satisfy the anxieties of the adult gatekeepers? Thus, it became clear that a research methodology that meaningfully engaged children, particularly those aged four to eight years old, would be complicated to construct and would necessitate considerable negotiation with significant adults in order to gain consent. It would require a
complex ethical protocol with sensitive attention to detail to satisfy the requirements of the University, the anxieties of adult gatekeepers and demonstrate a structure that took care of all participants.

In attempting to construct a protocol that met these requirements, whilst remaining true to a feminist ethic of care, I encountered five difficult issues that caused me to pause, question my stance and debate the ethical rights and wrongs of possible courses of action. I came to regard these as moments when I was going around in circles, holding complex internal debates about my research and the ethical dilemmas it posed, using my reflective journal to work through the issues. These were serious moments, potential sticking points that created halts to my progress, whilst I thought carefully about what I was attempting. Therefore, this chapter explores those circular moments, shedding light on the various issues that caused them and looking at the resolutions that finally stopped me spinning. The ethical protocol itself can be found in Appendix Three.

A Feminist Ethic of Care

Before considering the five key issues, I wish to make explicit the feminist ethic of care which I consider underpins my research and particularly informs the development of my ethical protocol. An ethic of care is consistent with constructionism and PAR with its emphasis on the importance of participatory democracy (Williams, 2001) and the responsibility to develop relationships of trust (McDowell, 2004).

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4 See Chapter Three for discussion about how recent debates on the feminist ethic of care affects social work practice with looked after children.
Although a feminist theory of the ethics of care originated in the recognition of care as the unpaid and undervalued work of women, current discourse demands the recognition of the central importance of care in the lives of every human being, whether carer or cared for (Sevenhuijsen, 2000; Williams, 2001; McDowell, 2004; Lloyd, 2006). Care is thus seen as an activity or a moral orientation (Sevenhuijsen, 2000) and emphasises the interdependence of people:

'... developing a sturdy self-reliance in other areas of life by a more socialist ideal of solidarity and mutuality between networks of people in relationship of different forms of interdependence' (McDowell, 2004, p.156)

I consider that my upbringing and values (see Chapter Five) indicate that I have a moral orientation towards caring for those with whom I work and I therefore wished to develop an ethical protocol that took account of the core values of an ethic of care as identified by Fisher and Tronto (1990);

- Caring about others or being attentive
- Caring for others or being responsible
- Taking care of others or being competent
- Care receiving or being responsive to the interactions between care-givers and care-receivers in terms of quality

Thus, I wished to create a context within which different voices are heard and different perspectives encouraged, using dialogic methods and acknowledging the interdependence between myself and my participants (McDowell, 2004; Renold et al, 2008; Holland, 2009).
A feminist ethic of care also requires reflexivity, a consideration of ‘self-in-relationship’ (Sevenhuijsen, 2000) and is therefore deeply embedded in issues surrounding the quality and depth of interdependent relationships, providing a way of considering ethical issues:

'Furthermore, care provides an important lens through which to make situated judgments about collective commitments and individual responsibilities' (Williams, 2001, p.478)

An ethic of care is often compared with an ethic of justice where justice is seen as Kantian in origin and concerned with rights and duties, whilst care is seen as concerned with obligations and responsibilities (McDowell, 2004). An ethic of justice assumes people are independent and autonomous, placing a high premium on these (Williams, 2001) whereas an ethic of care is based on the value of interdependence and the potential to be both carer and cared for. Furthermore, an ethic of care asks what is the proper thing to do whereas an ethic of justice asks what is the right thing to do, the difference being qualitative, relational and contextual (Sevenhuijsen, 2000; Orme, 2002; McDowell, 2004), moving from a hierarchical to a collaborative approach (Parton, 2003).

However, ethics of care and justice are not diametrically opposed as the above would suggest; they are connected and dependent upon each other (Orme, 2002) in a complex relationship which often sees justice regarded as superior, especially in situations where standards, predictability and measurability are valued, such as medicine and science:
This marginalisation and devaluing of care is in part due to the dominance of a universalist conception of ethics which attempts to construct a totality of rules, norms and principles which are equally applicable to everyone and which should be recognisable and acceptable to every rational thinking person. Neutrality, impartiality, rationality, abstraction and objectivity are seen as the most important requirements; morality is seen to entail the finding and respecting of rules’ (Parton, 2003, p.10).

It appears that an ethical way of working that combines an ethic of justice with an ethic of care would enable work within an enriched social justice model where justice is understood as a process rather than a phenomenon (Lloyd, 2006) and where attentiveness and mutual recognition are valued aspects of the relationship.

Thus, research constructed using the principles of a feminist ethic of care is open to the perspective of others and places great importance on the use of dialogic forms of discovery, creating debate and hearing a multitude of voices (Orme, 2002; Sevenhuijsen, 2000). There is an acknowledgement of the differences in power between participants and that power is an important aspect of the caring relationship (Sevenhuijsen, 2000; Cloyes, 2002; Orme, 2002; Parton, 2003). Consequently, all participants are acknowledged as active, even children who are all too often assumed to be passive (Holland, 2009). As a result, an ethical protocol that is based on an ethic of care is contextual, acknowledging and moving with the relationships that are formed as well as recognising that relationship work is often messy (Parton, 2003) and therefore requires flexibility to allow effective dialogue to take place. However, creating an ethical protocol that was based on a feminist ethic of care was not without
considerable difficulty, causing me to think very deeply and carefully about what I was trying to achieve.

1. Ensuring the research conformed to accepted ethical protocols advocated by key academic and professional stakeholders

My research is therefore grounded in feminist values of care with a refusal to mislead participants and a desire to redress power imbalances by seeking to empower all involved in the research process (Christians; 2000, Punch; 1998, Edwards and Mauthner; 2002). I began to question how I might develop an ethics protocol that reflected the values discussed above. This was a serious issue, as I became increasingly uncomfortable when attempting to fit my purpose into the formalised, highly structured protocol required by the University:

'I would warn against leaning too far toward a highly restrictive model for research that serves to prevent academics from exploring complex social realities that are not always amenable to more formal methods' (Punch, 1998, p. 157).

My concern was that a 'universalist' approach (Dahlberg and Moss, 2005; Renold et al, 2008) typified by traditional ethical codes and protocols (Aubrey et al, 2000) would limit rather than enable and enhance my work (Punch, 1998). In order to fully understand what lay behind this unease, I explored the arguments for and against the existence of ethical codes and protocols in order to make decisions about the implications for my research.

Understanding the ethical imperatives demanded by research communities and establishing a working protocol is an essential and important component of any
research project (Aubrey et al, 2000, Miller and Bell, 2002). Protocols and codes exist for very good reasons, having been developed over many years, most notably since the Second World War and the revelations about Nazi atrocities (Aubrey et al, 2000) undertaken under the guise of research. Researchers are required to submit detailed ethical protocols that show a systematic and sensitive awareness of a variety of issues that may arise during the research, such as consent, confidentiality and the identification of risks (Silverman, 2005). Ethical codes should offer guidance on how to plan, instigate and develop research projects, focusing attention on the philosophical stance taken and on any individual issues. Ethical issues to be considered may be about respect and justice; rights of participants and the costs and benefits for all taking part (Alderson, 2004). Accordingly, the argument seemed to be that ethical issues should be carefully considered prior to commencing data collection (Bronfenbrenner, 1952) as trying to do this at the same time as doing the research might raise such severe anxieties that the project would be unlikely to succeed. I would argue that this suggests the existence of a certainty in the research process; that an ethical protocol can be ‘done’ at the beginning and will suffice throughout in its original form, without the need for revision. There is considerable evidence that this is not the case (Punch, 1998; Miller and Birch, 2002; Dahlberg and Moss, 2005; Holland, 2009). Rather, ethical questions are ambivalent and uncertain, often having to be addressed in the field whilst collecting data. They are contextual, emergent and situational, dependent upon the relationship between the researcher and the participants and what is mutually discovered through the process (Small, 2001; Dahlberg and Moss, 2005; Renold et al, 2008). Treating ethics in this organic way requires researchers to be flexible in their approach, to work reflexively in the field.
(Etherington, 2004) and to acknowledge that additional skills, such as effective
listening and caring for the people before them are essential parts of the ethical
researchers tool bag (Small, 2001; Dahlberg and Moss, 2005). Taking a moral
responsibility within the design and execution of any piece of research should
therefore lead to a more intuitive approach to ethics ensuring that each
individual project is thought through carefully in terms of its unique construction,
rather than being fitted into a prescriptive pattern of requirements:

‘...... the moral responsibility that each researcher should
have for his or her behaviour’ (Small, 2001, p. 391).

According to these arguments, prescriptive, pro forma protocols may, therefore,
be viewed as failing to meet the expressed aim of protecting participants from
experiencing harm by taking too rigid a stance from the start and not
encouraging the degree of reflexivity required to take sufficient care of all
involved.

A further difficulty with pro forma protocols is that they rarely address the issue
of doing research with children as active participants in the process (Hill, 2005),
 focusing on adults as main contributors. For example, the Nuremberg Code of
1947, agreed after the war, focused on research with adults assuming that
children were too immature to be involved (Alderson, 2004). A reluctance to
engage in research with children is still observable. The Royal College of
research should only be undertaken with children when it cannot be done with
adults. Following these guidelines, I considered whether my research might
have been done with adults, but, in the end, felt it would have lost some of its
impact and validity by not engaging with the very group whose views it sought
to explore. Allmark (2002) believes that a good reason for being cautious about engaging children in research is that the impact of participating in research may remain with participants for many years to come. Indeed, I could see that this would have particular significance for the young children in my research, especially when we were examining the quality of their relationships with people they were close to, such as parents and social workers. The child might have called into question how helpful and supportive a significant adult was when important decisions were being made and this may have raised doubts in the child’s mind about the relationship. If Allmark is right, then this is likely to have had more serious consequences for the younger child who is in a more powerless, dependent role than for an older child or adult who may be able to do something about those feelings and doubts. My ethical protocol showed I had considered this issue and that appropriate safeguards were in place, once had secured permission and access to children as participants.

I decided it would be most appropriate to work with the older children first, putting more responsibility for the collaborative work on this group. Through this process, I was able to demonstrate my ethical approach, my ethics of care (Dahlberg and Moss, 2005; Renold et al, 2008; Holland, 2009) which encouraged gatekeepers to allow me subsequent access to younger children. Furthermore, I decided to adopt the same principles when working with the younger children, allowing them the opportunity to take part in group work should they wish to do so. I created activities that facilitated engagement with the topic that recognised the children’s different levels of maturity and ability, no matter their age (see Chapter Seven). These activities facilitated a process that was child led rather than researcher led, which promoted co-construction and
an authentic articulation of what the child wanted to say rather than what I wanted to hear.

The increasing interest in the ethics of collaborative research with young children (Alderson, 2004, Dahlberg and Moss, 2005, Christensen and Prout, 2002) raised a fundamental question as to whether I should have prepared separate ethical protocols for the children and adults participating in my research (Allmark, 2002, Alderson and Morrow, 2004). Aubrey et al (2000) argue that research with young children should involve an increased level of sensitivity as their age and level of cognitive ability require additional thought be given as to how to inform them about the aims of research in ways they can understand:

'It may be impossible to inform young children fully about the research, so their consent may seem more like exploitation. Further, because most children are very trusting and wish to please adults, it is often difficult to know if they feel comfortable both with what is being asked of them and with the person who is asking, who may be relatively unfamiliar' (Aubrey et al, 2000, p. 164).

A further question was thus raised; could young children differentiate between their own interests and those of others, thereby being able to freely engage in the research? I have already explored this debate in Chapter Four, and concluded that children were not so different from adults that they required their own, special ethical considerations. Rather, it would seem it was the researchers own attitudes towards children and their competence or ability to be engaged in research that affected the way projects were designed and ethical protocols drawn up:
‘..... the perspective on children that a researcher works with has important implications for his or her research practice. It influences the choice of methods (including the researcher’s role), the analysis and interpretation of data as well as ethical practice’ (Christensen and Prout, 2002, p. 481).

Christensen and Prout (2002) advise a practice of ‘ethical symmetry’ where ethical considerations are regarded on a continuum, where all features of the research project and the needs of the participants; children or adults; with or without special needs are acknowledged. Any differences between participants their ages or levels of competency, should be allowed to emerge rather than being assumed. Each research proposal is thus considered on its merits rather than following differentiated pro forma protocols, one for adults and one for children. In the end, I concluded that my protocol should reflect a view of young children as competent co-constructors rather than objects of study. It was also important that it was sufficiently flexible to facilitate an organic ability to adapt to changes in circumstance as well as being flexible enough to accommodate each individual participant’s needs and requirements.

2. Structuring the research to facilitate the authentic voice of the younger child

It was evident there was considerable reluctance, from the University ethics committee and a significant number of gatekeepers, to agree to the research on the grounds that the youngest children would not understand what I was doing and therefore would be unable to give their informed consent. By making judgements on a child’s competency on the basis of their age rather than recognising different maturities and abilities, there was a distinct probability that
the younger children would be excluded on the assumption that they were not yet sufficiently competent:

'...... our concept of such qualities should not influence ways of approaching children in social science research. It should be open to empirical investigation to explore the significance of age and status within different contexts and situations, to explore 'doing' rather than 'being' (Solberg, 1996, pp. 63/64).

Excluding the younger children from a research process that was looking at their views on the world of young looked after children, would have meant the end of the line for me. I would not have been able to do the research the way I wished. However, it appeared there was an argument that the quality of the experience mattered more than the quantity (Alderson and Montgomery, 1996, p. 7):

'Experience is far more salient than age in determining children's understanding.'

In Alderson and Montgomery's research with children making health care choices, they argued that the child receiving treatment was in a better position to describe what was happening to them, how it felt and what they would prefer, than the health care professionals, or even their parents. The child's experience was intense and real, not abstract or remote and therefore it was important for them to be able to be involved in discussions that would have enabled them to engage with the medical process. It seems apparent that young children may not have the 'stock of experience' (Fraser, 2004, p. 24) that adults have, but they probably have significant experience of the area under investigation. I noted parallels between Alderson and Montgomery's research and mine.
Looked after children have the necessary experience to be able to comment on how it felt to be in the care of the local authority. It was up to me as the researcher to take responsibility for helping the children to find the vocabulary by using appropriate methods to facilitate communication and develop an understanding of the child’s concepts of his/her world. Thus, I looked at using different methods with different children, assessing their individual communication skills and abilities and how best they might convey whatever they wished about their circumstances.

Reflecting further on how I might facilitate the authentic voice of the children I would be working with inevitably led me to identify some of the possible benefits that engagement in the research process offered to them as participants as well as what I would gain from hearing what they had to say. This was particularly important to consider as research with young children often suffers from an assumption that they are getting very little out of the experience when compared to the researcher.

It seemed that confirmation of their ability to engage in a research process was important. In addition, it seemed there was considerable benefit for the children taking part of having their views affirmed as being important (Alderson, 2004; Blueprint, 2004). I had to be clear that the children’s individual circumstances would not change materially, as I was not their social worker and had no authority to change things for them. Nevertheless, I recognised that having their views listened to and treated with respect might have facilitated a process by which they gained further understanding of their personal situation and experiences. Further, involvement in the research might have supported the
development of self-esteem as well as promoting their decision-making skills, both of which are seen as lacking for looked after children (Blueprint, 2004).

3. The requirement to avoid causing distress when looking at an experience that was painful and probably traumatic for the child and his/her family

Obviously, any research should attempt to avoid or minimise any upset caused when people are invited to recount or remember experiences (Kirby and Gibbs, 2006) and this was a legitimate anxiety for my research given the issues raised earlier in this chapter. But what if you are talking about something that is distressing in its own right? Experiences of being removed from families, placed in foster care or at a children’s home and having to attend formal meetings and court hearings are all potentially distressing events that looked after children have to encounter. I had to take care when I looked at such situations with the children taking part (Hill, 2005), as some of them had already undergone several interviews looking at their experiences with the professionals that were working with them. I had to think very carefully before I asked the children to relive those events once again and I had to be very clear on what benefits there were for them to do so (Hill, 2005). My experiences over many years as a social worker in child protection had equipped me with the skills to deal with the sensitive issues that arose when talking to children about distressing events in their lives. However, this did not mean I was blasé about the impact of my involvement in their lives. I had an ethical duty of care to create research relationships that were of high quality (Miller and Birch, 2002) utilising skills of empathy, intuition and compassion (Dahlberg and Moss, 2005).
Attempting to select children who seemed able to cope with the demands of working in a group without getting too distressed may have led to some form of bias in the research as it might have denied potential child participants the right to self-select and work on something that they felt strongly about. I was aware that gatekeepers might have selected children on this basis, meaning that the children I ultimately worked with were not typical of their population (Hill, 2005). I was also aware that I had very little power to challenge this, I was in their hands. I therefore tried to encourage gatekeepers to think more inclusively about possible children who might take part, but accepted that, ultimately, this was under their control and their decisions were based on their own ethical judgements.

Having selected the children who were taking part, there were further issues to be considered concerning the possibility of any becoming upset during our time together:

'Because of the highly personal and interpersonal nature of in-depth interviewing, such enquiry is likely to be more intrusive than most other research methods, and may well open up issues that are highly sensitive for the interviewee. This risk needs to be clearly expressed, and an 'opt-out' clause given in order that the interviewees are made aware that they are not obliged to answer all the questions should they prefer not to, and that they can stop the interview should they so wish' (King, 1996, p. 179).

How would the children feel about telling an adult they did not know very well that they did not wish to answer some of the questions they were being asked? Opt-out clauses might be straightforward when working with adults or older children, but how reasonable were they in my research with younger children? The power imbalances between adults and children (Robinson and Kellett,
and the gatekeepers view of young children as in need of protection (Hendrick, 2003), required that I avoided causing distress at all costs. I would not suggest that this requirement is anything other than legitimate. However, it might have rendered my research impossible to conduct if I could not give a guarantee that the children would not become distressed. An alternative view (Kitzinger, 2000; Kirby and Gibbs, 2006) suggests that the perpetuation of this stance may lead to children being denied the opportunity to put forward their view on distressing experiences which could be regarded as equally abusive, being over-protective and counter-productive. I would suggest that the pain of the original experience is with children, whether or not anyone asks questions about it (Charmaz, 2000) and avoiding the issue may well be more painful for the child. Thus, it would seem that researchers should explore difficult areas by careful and ethical research design:

‘Researchers can take seriously power differentials between themselves and children and seek to address these in the design, implementation and dissemination of their work’ (Robinson and Kellett, 2004, p. 93).

Consequently, I planned sessions of suitable length and made sure that appropriate support was available as well as remaining observant of the child’s more subtle cues that they were finding a topic difficult or uncomfortable. In this way, I felt I would address some of these issues and ensure ethical care at all times, avoiding as much distress as possible and dealing with it if it occurred.

4. Issues of consent – a consideration of who was able to give consent

To maintain a child-centred approach, it is axiomatic that the child is the main consent giver and this was a very important part of my co-constructionist
approach. Thomas and O'Kane (1998b) identify three important principles of research with children:

- Active agreement from the child;
- The right to withdraw at any time, and
- The opportunity for the child to make choices as to how they might participate in the research (p.339).

But there seems to be considerable debate about whether young children can give informed consent or whether assent is sufficient (Alderson, 2000; Cocks, 2006) and this whole question appears to be an ethical, legal and moral minefield. Ethically, there were issues of competency and understanding – how would I know the child understood the project sufficiently to be able to give informed consent (Cocks, 2006)? Legally, there was the issue of how the courts regarded the competence of children to give consent. The Gillick ruling (Gillick v. W. Norfolk, 1985) makes legal demands on all practitioners to make decisions about a child’s competency to consent. The assumption within this ruling was that very young children would be unlikely to be seen as Gillick competent (Masson, 2004) requiring the consent of a parent or adult with parental responsibility (DoH, 1989, s3 (1)). However, the adults making decisions about a child’s competency will be operating from their own concepts of childhood and may favour a judgement of incompetence with regard to very young children as they seek to protect them:

"Where information about research in general and the particular study can be given clearly and simply, quite young children are able to consent to take part. In order to give a valid consent, a child needs to understand the nature of his or her engagement with the researcher and how that differs from that of other adults who may seek
Furthermore, parents are legally responsible for their children (DoH, 1989, s.3 (1)) and therefore have a right to be informed about and give consent to research being conducted with their child. This requirement is seen as diminishing with age, older children being able to give their own consent as they move towards adulthood and establish a right to self-determination. It could be argued that this rule perpetuates the belief underpinning the Gillick ruling that younger children are incompetent rendering them potentially defenceless, as they are not able to offer their opinions or thoughts without another’s permission. Schenk and Williamson (2005) consider that researchers working with children under the age of consent (16) should obtain parental consent prior to asking the children if they wish to take part, viewing all children under 16 as included in a category of ‘people with diminished capacity’ and therefore in need of special protection (Schenk and Williamson, 2005, p4). Nieuwenhuys (2004, p. 212) highlights the dependency of children on adults and the importance of acknowledging this at the beginning of any research project:

‘Children’s dependency on adults for the fulfilment of even simple needs is so great that one can hardly expect them to co-operate in a research programme that does not from the outset address these needs seriously.’

The socially constructed power of adults over children requires safeguards to ensure it is not used irresponsibly or dangerously (Alderson and Morrow, 2004, Homan, 2001; Williamson et al, 2005). However, it is apparent that this power
might be used to deny children the right to be heard (Kitzinger, 2000; Robinson and Kellett, 2004).

I therefore became concerned that in my desire to give preference to the children giving their own consent, based on an understanding of what they were consenting to, I had failed to acknowledge the inherent difficulty for children to refuse an adult request. How might I create a situation where the children could feel safe to say no to take part or refuse to continue their involvement when it became difficult? It can often be difficult to ascertain a child's full comprehension, that children understand different things by words such as 'harm'; 'confidentiality' and 'child protection' that are used in research (Williamson et al, 2005). It could therefore be difficult to ensure that consent is informed and freely given when working with young children (Cocks, 2006). Furthermore, persons with parental responsibility for looked after children may include their social worker as well as either or both parents. Having to ask permission of several people made gaining the consent of the child complicated and time-consuming, keeping them at arms length and further removed from giving consent on their own behalf. Situations did arise where consent was given on a child's behalf without his/her knowledge, on the gatekeepers assumption they would be happy to take part. Trying to maintain my child-centred approach on collaborative work (see Chapter Five), I emphasised the importance of the child's active consent to take part:

'No-one would contest the desirability of an adult gatekeeper being involved in the consent process, but this is not to assume that a child is not also capable of giving his or her informed consent' (Kellett and Ding, 2004, p. 166)
I accepted that gatekeepers and parents would expect their consent was gained first and established a process of doing this in which I could demonstrate my ethical stance. All stakeholders, when approached for consent, were encouraged to think positively about the children in their care, to think inclusively about possible participants in order that the situation occurred whereby the children chose to be involved for themselves. My intention was that recruitment would therefore be 'opt-in' rather than 'opt-out' (Alderson and Morrow, 2004), and children would be encouraged to think for themselves whether they wished to join in. Throughout the consent process, I looked for signs of a child's assent or withdrawal of assent. For example, being actively engaged in the activity was regarded as assent whilst the child who refused to come to another session was regarded as having withdrawn their assent and thanked with a reassurance that they had been within their rights to pull out. By operating in this way, I was able to recognise the concepts of both consent and assent as dynamic and organic constructs, not fixed in time. I decided to revisit and renegotiate the agreement to work together at appropriate points throughout the research process (Miller and Bell, 2002; Renold et al, 2008) to acknowledge our interdependency and to ensure I did not make assumptions about a child's continued commitment and agreement.

5. The challenge of ensuring that all discussions and activities were kept confidential and anonymous

The area under investigation is one fraught with potential difficulties in terms of child protection, potential evidence for court hearings (Masson, 2004) and the issue of responsibility towards gate keeping adults. Whilst it may be possible to guarantee anonymity in documentation and in the final report, neither anonymity
nor confidentiality could be guaranteed in the interview situation as disclosures may be made that need further action, in particular allegations of abuse.

Furthermore, the difficulty of ensuring a young child’s comprehension of complex words (Williamson et al, 2005) meant there was a risk that they might not have understood my attempts to explain any instances when I might have to deny confidentiality because of concerns for the child’s safety. Also, it was clear that I could not guarantee either anonymity or confidentiality in any group work situation. Group rules might be established involving not talking about each other’s comments and experiences outside the group, but there is obviously no control other than self-control to ensure this happens. It is difficult to predict how children or any research participant might act in the future, after being involved in a research process. All I could do was remain ethical in the choice of participants and maintain an ethical stance throughout, picking up any cues that raised concerns and responding responsibly and effectively.

A further complexity concerning confidentiality was that the professionals involved might seek to make use of the research materials in their legal decision-making processes, via court order if necessary (Masson 2004). However, research suggests that this may not always be the case, that confidentiality can be upheld, even where a case is reopened and a request is made for the material to be made available to the courts (Alderson and Morrow 2004). Recognising this potential problem was important, as it would be clearly unethical to encourage the child to participate and then use their contributions in ways that had not been agreed. As the research was deliberately designed to look at the process rather than the detail, I hoped the risk was small, but
planned to discuss the parameters of confidentiality within my research with all gatekeepers.

6. The type of relationship I had with the children I was working with

I have already shown how my research design required the development of meaningful relationships that allow people to feel safe to discuss such sensitive matters (see Chapter Five); relationships which are founded on guiding principles of genuineness, trust and empathy (Rogers and Stevens, 1967) and are consistent with a feminist ethic of care:

    'In some cases, research roles may overlap with caretaking and therapeutic ones' (Reinharz, 1997, p. 122).

This approach to research moves away from the more traditional idea of researchers being on the outside of their research, with little or no impact on the subject under discussion, with subsequent reportage not written in the first person (Richardson, 1996). Although my research would rely heavily on social work techniques and strategies (Thomas and O’Kane, 2000) I considered that the role of researcher is fundamentally different from that of a social worker. As a researcher, I was involved in the children’s lives for a very short time; looking at a specific issue I had generated an interest in (Milner and O’Bryne, 2002), rather than being there to help them with their lives (Aubrey et al, 2000). I was, therefore, making a different type of relationship than one normally seen between a social worker and a child where it is most commonly related to the agenda of the child and his/her family (Milner and O’Bryne, 2002). The research relationship was formed for a specific, time limited, purpose and could not enter into therapy or advocacy as this might have blurred the relationship, making it unethical (Aubrey et al, 2000, King, 1996). This inevitably raised important
questions for me about the boundaries between researchers and researched. King (1996) explores this, suggesting researchers operate reflectively, asking themselves questions such as whether they are going to self-disclose, whether this is appropriate for the research process and whether they should encourage the development of long-term, interdependent relationships. When working closely with people, deciding not to self-disclose is difficult to maintain, particularly when looking at powerful life events that evoke strong emotions. It seems that a stance of self-awareness and acceptance is necessary in order to promote the empowerment of participants in the research process (King, 1996). Duncombe and Jessop (2002) talk about their own discomfort when they realised they had created close relationships within their research that they could not sustain. Taking all of this into account, clarity of purpose was essential when drawing up my ethical protocol. A clear specification of why I was there, what was I doing and what the children could expect from me both during and afterwards was therefore important to establish. I ensured that participants were aware our relationship would be time limited with no contact following its termination. Reflecting on the implications of our close relationship, I realised there were two potentially serious risks that had to be minimised. Firstly, that the research might become more important to the children than it should and secondly that participants might begin to feel that going through this process provided them with an additional advocate. Children in care are commonly characterised as a group of children who feel deprived of good quality adult attention and develop a whole range of strategies to ensure attention is given or maintained. It could very well be that the kudos of being involved in the research as well as the quality of attention given throughout the process could lead to a child developing a dependence on the research relationship that would...
cause great sadness when it was concluded. They might also feel that
intercession on their behalf would be possible, particularly in situations where
they felt they were not being listened to by the professionals engaged in their
care. Again, by renegotiating our continued contact within the limits of our
relationship throughout the research process, I was able to avoid any
misconceptions whilst continuing to be alert to child protection issues and
responsibilities. I also planned a debriefing session where goodbyes could be
said properly, so that we were all able to acknowledge that our research
relationship was at an end (Mauthner, 2002).

Conclusion
Finally, I had created an ethical protocol within what I had initially perceived as
an unnecessarily bureaucratic format identified by the University. By exploring
the reasons for my reluctance as well as other issues that confused or
concerned me, I developed a clearer perspective on the role of ethics and was
able to understand my own ethical stance. I was able to design an ethical
protocol that enabled gatekeepers to feel secure in allowing me access to the
children they are responsible for (see Appendix Three), that allowed constant
review of the appropriateness and advisability of some of the decisions made at
the outset and permitted ethical changes to be made during the evolving
process (Aubrey et al, 2000; Renold et al, 2008). It further developed my
thoughts about the involvement of young children in research into difficult areas,
concluding that to deny them their voice with misguided attempts to protect
them from distress (Charmaz, 2000) or concerns over their ability to understand
the concept of informed consent rendered them powerless and more vulnerable
(Williamson, *et al.*, 2005; Holland, 2009). Thus, I concluded that a feminist ethic of care should underpin everything (Sevenhuijsen, 2000; Williams, 2001; McDowell, 2004; Holland, 2009) and considered that, by acknowledging the interdependence between myself and my participants, I had created a rich experience for us both that allowed creativity and movement in the research process.
Chapter Seven

Methods

My methodological debate in Chapter Five, along with the ethical issues examined in Chapter Six, helped to create a solid foundation on which I was able to begin to make decisions as to the most appropriate methods to use in order to collect data. Taking a constructionist, interactive approach that encouraged individual as well as group constructions of meaning required me to choose methods that would involve participants in discussion and debate, looking at issues qualitatively, richly and deeply:

‘The commitment to study human experience from the ground up, from the point of interacting individuals who, together and alone, make and live histories that have been handed down from the ghosts of the past’ (Denzin and Lincoln, 1998, p. 427).

The identification of the importance of an ethic of care in Chapters Five and Six emphasised the significance of relationships to my research process and made a careful choice of methods all the more imperative. Thus, I was keen to choose methods that allowed me to develop a rich rapport with my participants. I was also keen to create suitable conditions for these significant discussions to take place:

‘Sharing information, collaborating with people who are experts in their own lives’ (Goodley et al, 2004, p.179).
As I had already established the significance of ethical symmetry (see Chapter Six) I considered it was important to examine how possible it was to use the same methods with both the child and adult participants. Thus, this chapter discusses the methods I used with the children before going on to examine the changes I made in order to use the same methods with the professionals engaged in working with looked after children. I explore some of the practical difficulties that were anticipated at the planning stage and the solutions I devised to overcome them. Chapter Nine will then discuss how the methods worked in practice and identify the alterations that had to be made in the field.

Research with children

Up until recently, there has been considerable reluctance to engage in research with children at any level that was not either 'child as object', where the child is acted upon by others, or child as subject – an acknowledgement that a child is a person, but is regarded as incompetent and therefore not able to voice a real opinion (Christensen and Prout, 2002). This is particularly the case for research with pre-school children as assumptions about their incompetence can hinder the design of effective research methods to enable their participation (Westcott and Littleton, 2005). Thus, there has been a traditional preference for seeking answers to research questions from significant adults surrounding the pre-school child, asking adults to corroborate the child’s story or requesting further information to facilitate understanding of the child’s world or their views (Morris, 2003). Indeed, methods that ask adults rather than children have often been justified as the only way in which a ‘truth’ (Westcott and Littleton, 2005) may be established as to how it feels to be that child. However, this stance has been increasingly challenged (Clark and Moss, 2001; Kellett and Ding, 2004), arguing...
that only by ‘giving them a direct and unfettered voice’ (Winter, 2006, p. 61) can children’s views be properly sought and represented. Thus, the responsibility for facilitating a process that enables the voice of the child is seen as lying with the researcher, and there have been significant demands on researchers to challenge their underlying attitudes to children and use methods more creatively to enable the participation of young children (Alderson, 2000; Clark and Moss, 2001; Christensen and Prout, 2002; Lancaster, 2002). There has, therefore, been a gradual movement towards active engagement with children that directly seeks their opinions, thoughts and feelings (Winter, 2006). However, it seems there are risks inherent in this development as an automatic assumption that research with children will necessarily be different from researching with adults, may be patronising towards children (Punch, 2002). Instead, it appears that research with young children should be situated on a continuum of research methods with any respondents, allowing choices to be made about which methods are best for the situation (Punch, 2002; Christensen and Prout, 2002).

Furthermore, there should be recognition that different child participants will have different needs and interests, skills and abilities and consideration of these is not simply an age related issue. Thomas and O’Kane (2000) suggest that researchers should look for methods that recognise a child’s competence, giving him or her the opportunity to engage in activities in which he or she feels confident and capable and thereby have a clear voice. Thus, I chose to use methods such as interviews and focus groups where I might use games, craft activities, questions and quizzes to give me the flexibility to reflect the needs, competencies and abilities of each individual child (Thomas and O’Kane, 2000; Clark and Moss, 2001; Lancaster, 2002; Lahikainen et al, 2003; Morris, 2003). I
was therefore able to avoid regarding the children and adults participating in my research as homogenous groups dependent on judgements of age or competence (Punch, 2002, Veale 2005) and provide the means for authentic participation:

'It is extremely tempting to absolutise or totalise the groups we study, to see them as existing homogenously, rooted in particular world views, and to ignore the way in which power operates as a regulating force that centralises and unifies often conflicting and competing discourses and subjectivities' (McLaren, 1991, p. 152).

**Interviews with children**

The chief method I chose to use in the research was ‘convergent’ interviews (Goodley, et al, 2004: p. 178), where the flow of the interview was led by the interviewee following initial questioning from the interviewer, in a way that maximised the individual response and allowed a story to be told:

‘Working with people rather than on people allows the emergence of a liberated psychology.’

According to Patton (2002), this type of informal, conversational interview allowed for spontaneity, flexibility and a responsive approach from the interviewer. Conducting interviews in this manner would be emancipatory and collaborative, concerned to enable the interviewee to shape their own story with full editorial control (Goodley et al, 2004). Given the sensitive nature of the subject matter and the possibility that distress may occur, it seemed that convergent interviewing would enable me to develop a close relationship with the child, where they would feel safe to tell their story and share their peak experiences, whether positive or negative (Lindon and Lindon, 2000, Ellis, et al, 1997).
Designing collaborative, creative interviews was the best way to facilitate the child’s engagement with the research question by enabling them to feel comfortable, not only to respond, but also to take a full part in the co-construction of understanding (Hammersley, 1996; Westcott and Littleton, 2005):

'We need to empower children such that they can tell of their experiences, within the context of interviews that acknowledge the distinctions between life as lived, experienced and told' (Westcott and Littleton, 2005, p. 153).

I conducted several interviews with the same child in order for the data to have richness and depth (Ellis et al, 1997). In order for these conversations to take place I developed an environment of trust (Hammersley, 1996; Barbour and Schostak, 2005) by building into the plan plenty of time for us to get to know one another. I also spent considerable time with each child discussing and designing cues to be used should he/she wish to stop the interview at any point. I therefore planned flexible, creative interviews where I had to think on my feet (Westcott and Littleton, 2005, Goodley et al, 2004) and rapidly synthesise information and formulate new ways of questioning within the same interview:

'The conversational interviewer must be able to interact easily with people in a variety of settings, generate rapid insights, formulate questions quickly and smoothly and guard against asking questions that impose interpretations on the situation by the structure of the questions' (Patton, 2002, p. 343).

The interviews were carried out with a variety of props to facilitate discussion or create opportunities for communication by other means. Sometimes I used toys, games and craft activities (Kellett and Ding, 2004), occasionally I conducted the
interview through the medium of a puppet interviewer (Greene and Hill, 2005) and other times I used straightforward, more traditional methods of discussion, questions and answers.

I tested some of these approaches (Janesick, 1998) with a small group of teenage boys (see Chapter Eight) and used their feedback to help me develop the methods further. I also asked these participants their thoughts on possible areas of enquiry that could be followed through with other children in the main part of the study. I then used this initial work to inform the development of interview schedules for all participants (Appendices Four and Five) which were used as a simple aide memoire during interviews of the areas I wished to pursue. All of this preparation allowed me to be flexible in the main research and enabled me to create the essential conditions for the interview to take off in any direction the interviewee felt appropriate (Ellis et al, 1997).

In planning to conduct interviews with the children, there were some very important issues to be taken into consideration. For instance, the choice of venue was critical – where should the interviews take place? It appears choice of venue is particularly relevant to children as certain places, such as school, are imbued with adult values, making it hard for the children to relax and feel powerful themselves (Westcott and Littleton, 2005). Therefore, not being able to relax might have dramatically affected their willingness to work with me, the responses they gave and the research journey we took together. Thus, all participants had to be interviewed in a location where they felt secure which required me to think about their individual needs and make decisions about where that safe place might be. I decided that, initially at least, I would see all c
the children in their homes in order for them to feel safe on first meeting me, subsequently giving them the option and choice of an alternative venue for our discussions.

Consideration of how I might ask any questions was also important. I had to think carefully about the use of closed, yes/no questions (Fritzley and Lee, 2003) and ‘why’ questions, that might have implied there was more to be discovered or talked about, when in fact there was not (Patton, 2002). This style of questioning might have had the effect of placing an interviewee in a stressful situation as they may have felt they should further explain themselves or manufacture a more substantial response. Thus, I decided that in order to encourage reflection and be helpful in recalling experiences, feelings and opinions, I should ask my questions carefully, allowing responses and the direction of flow to be within the interviewee’s control. Having activities to base questions around and allowing issues to emerge helped facilitate this discussion as well as some gentle questions to further my understanding or to develop some issues raised. How to frame those questions had to be thought about carefully in order to avoid them being so complex they were not understood (Fritzely and Lee, 2003) or that the answer was not simply an affirmation of my own view (Punch, 2002). It seemed that playing warm up games or taking part in tasks that introduced the topic, involving the children in explaining their choices and becoming ‘mindful’ and ‘expert’ in the research processes they are participating in might help (Hewitt, 1999; Sophian and Madrid, 2002; Lahikainen et al, 2003). The use of board games as a means to develop discussion seemed less clear. Danby (2005) suggests that children can often feel inhibited, perceiving immutable rules, so they needed to be used carefully, perhaps by the
child choosing the game they wished to play, thereby having control over its use. I therefore experimented with different ways of encouraging conversation, a mutual activity that sought to facilitate the child’s own developing awareness and understanding of what had happened or was happening to him/her (Redgrave, 2000) and provided space for his/her own perceptions and agenda (Punch, 2002).

Thus, I began to collect together a variety of tools I might use. I filled a large blue bag with many toys, activities, board games (Lancaster, 2002; Waters, 2009) and craft materials so we might play freely and create opportunities to explore meaning (Appendix Six). Having good resources with a range of different play activities (Lancaster, 2002; Stafford et al, 2003) meant that both the children and I had a lot of flexibility in our choices of materials to begin conversations, to explore thoughts and feelings adding richness and depth to any interview questions asked (Kellett and Ding, 2004). By using materials in this way, I was able to go beyond verbal forms of communication, developing other modes of interaction that facilitated responses from those children who had fewer verbal skills than others (Beckett and Maynard, 2005).

As well as using commercial games and activities, I devised my own, bespoke activities that would enable the child and myself to engage in a journey of discovery together, constructing an understanding of what decisions were made and by whom and the sense that they made of this for themselves:

‘Researcher and subjects frame their interaction and confer meaning upon it. The viewer is then part of what is viewed rather than being separate from it’ (Denzin and Lincoln, 1998, pp. 523-4).
Thus, the decision tree was borne. The tree had three main branches; one to represent the child, another represents their parent or parents and the last branch represents their social worker, court welfare officer or key worker. These names were interchangeable, depending on each child and their circumstances and they chose which branch represented whom. In the spirit of collaboration, this strategy was a deliberate choice on my behalf and offered a further opportunity for discussion and analysis.

Figure 7:1 The decision tree

I used laminated pictures of fruit, big, rosy apples and small clusters of cherries to depict the distinction between large and small decisions. Velcro dots on the back of the pictures enabled them to stick to the felt covering on the branches.
and, along with the shiny laminated, wipe clean surface, allowed them to be reusable, either during the activity or with another child. The flexible design of the tree was a further important step in collaborative research (Westcott and Littleton, 2005) as the children took advantage of the temporary nature of the laminated cards to change their minds, to debate the legitimacy of a particular position, and, especially when I was working with siblings, to discuss and argue their point or belief.

I also developed an activity book (Appendix Six), similar to many found on the high street and therefore recognisable to the children. I used the activity book to look at some of their thoughts in a simplistic fashion, often as a preamble to deeper engagement. The book included opportunities for drawing and colouring in as well as some partial sentences for completion (Punch 2002). Statements such as: 'when children come into care, it would be good if adults........' helped the development of discussion and gave a focus to our activity together. The book was made available to all of the children and they chose whether or not they wished to use it, maintaining the collaborative nature of the research where I was led by the children (Westcott and Littleton, 2005).

A further activity I designed was a collage (Veale, 2005) of their ideal social worker. In phase one, it had proved popular to have some activities like this (see Chapter Eight) that were creative with lots of glue and different types of material:

'Creative methods can offer tools to engage research participants in an active process of producing externalised representations or symbolic worlds that can function as visual or text-based data' (Veale, 2005, p. 255).
I regarded the time we spent doing the activity together as just as important as viewing the completed article as it facilitated an environment where the choices of materials could be discussed as well as the finished image (Einarsdottir et al., 2009). Working in this way meant I had to be emotionally and intellectually engaged in the session so I could follow the child’s lead and thought processes (Kellett and Ding, 2004; Westcott and Littleton, 2005). This approach placed a high demand on me in terms of empathy and concentration and therefore I planned the sessions carefully (Lahikainen et al., 2003) to ensure neither of us were exhausted by the effort. I thought very carefully about having a carer present to help facilitate the session (Stafford et al., 2003) and decided this was not appropriate as it might suggest the existence of collusion between the adults rather than a preparedness to go where the child wished to go, to hear his or her agenda rather than mine or their carers (Westcott and Littleton, 2005). What I hoped was that the child would feel, through the choices I had made about the construction of the interview, that I was taking them seriously, fully listening and appreciating their story.

A further problem I had to take account of when planning the interviews, was how I was going to record them. It seemed there were ‘moral choices’ to be made when deciding how to record and report the words of respondents (Denzin and Lincoln, 1998). To accurately document the words of my respondents, one possibility was to use video or audio means of recording.

Taping our sessions could offer a permanent record of the interview that might be revisited time after time for further and perhaps deeper analysis (Perakyla, 1997). However, I was concerned that the machinery would get in the way of
our conversation, making us self conscious and aware of another object in the
room; thereby intruding on the informality I wanted to construct (Patton, 2002).
An alternative might have been to make extensive notes as soon after the ever
as possible, as contemporaneously as could be achieved (Patton, 2002).
However, there were difficulties with this approach to data collection as it
required excellent recall of what was discussed. There was also the risk that I
would only remember the comments and actions that fitted my bias and beliefs
rather than those which contradicted my preconceptions (Munro, 1999;
Westcott and Littleton, 2005). A selective memory might also mean I miss the
‘moment to moment’ developments (Westcott and Littleton, 2005, p.144) and
seemingly innocuous comments that might develop into major insights. These
considerations left me struggling with the question of how I might create an
authentic and trustworthy record of what was being said. In the end, I decided I
would make audio recordings of all of the interviews and also make notes
afterwards of my impressions, thoughts and where we might go in the next
session. Audio recording would not capture some of the activity that would be
engaged in during the sessions, but would at least catch the spoken words
leaving my notes to evidence the activities. I also decided to seek permission to
use the recorder, not hide it as Patton (2002) suggests as a possible solution to
the distraction the device can cause when on open display. I recognised that
the children might refuse permission for me to record our session together,
especially as they might have had negative experiences of being audio taped
for forensic evidence. In the event of this occurring, I planned to fall back on the
use of contemporaneous notes to record my data.
Focus groups with children

Individual interviews are very powerful opportunities for participants to engage with the researcher and share their experiences one to one. But I wanted to take further opportunities to challenge and develop some of the themes that came out of the individual interviews, to share some of the data collected and seek the thoughts, feelings and analysis of the children themselves. Jones (2004) suggests that by involving children in the analysis and discussion phases, thereby enabling their creation of knowledge, I would be facilitating a space for the release of hitherto subjugated knowledge by refusing to privilege the discourses of the powerful (Foucault, 1982).

Thus, I considered the best way to do this was through the use of a focus group situation (Kreuger and Casey, 2000) and I planned to create two children's groups with as wide a membership as possible, taking into consideration the geography and age of my participants:

‘The purpose of a focus group is to listen and gather information. Participants are selected because they have certain characteristics in common that relate to the topic of the focus group' (Kreuger and Casey, 2000, p. 4).

Focus groups are a particularly useful method with children (Goodenough, 2003; Morris, 2003) as it helps to publicly recognise their expertise in ways that other methods may not (Scott, 1998), although there is a danger they may lose their individual identity and perspective if they feel they cannot talk in front of others (Lahikainen et al, 2003). It seems that children are comfortable with working in groups as it is a familiar scenario for them and does not put them 'on
the spot' as much as individual interviews can, especially if the adult is a good facilitator, following and encouraging rather than leading:

‘Focus groups are ideal for exploring people’s experiences, opinions, wishes and concerns. The method is particularly useful for allowing participants to develop their own questions, frames and concepts and to pursue their own priorities on their own terms, in their own vocabulary’ (Kitzinger and Barbour, 1999, p. 5).

Focus groups have the potential to add richness and depth to other methods already engaged in, thus developing a deeper understanding of what people are saying, feeling and experiencing (Bloor et al, 2001; Kitzinger and Barbour, 1999). Focus groups might look at issues that may have been raised in individual interviews, helping to situate them in a public context and testing their applicability and boundaries (Scott, 1998). This may particularly be the case where the discussion of sensitive issues might be facilitated by a group situation as opposed to an individual interview (Farquhar, 1999) with opportunity to gain relief and support from sharing common stories and experiences (Hennessy and Heary, 2005; Scott, 1998). Thinking about the potential for gaining relief by sharing stories made me question whether looked after children ever get the opportunity to talk about how it feels to be in care with a group of peers.

Some significant issues had to be addressed when planning the groups. Age and gender of participants seems important (Goodenough, 2003) as does shared attitudes, power relationships (Bloor et al, 2001) and similarity of experience to enable conversation to flow, debate to ensue. Size in terms of numbers is also important with some recommending between six and ten (Hennessy and Heary, 2005) and others (Barbour and Kitzinger, 1999, Bloor et
al, 2001) that smaller groups were better, particularly when the topic area is sensitive, enabling people to feel more comfortable in exposing themselves to others. Additionally, Patton (2002) suggests there is safety in numbers and planning several focus groups is useful to begin to understand an area under investigation. As I planned to share information on a sensitive subject with the children, seeking their point of view and working collaboratively to reach an understanding of what it feels like to be a child in care, I decided I should conduct small focus groups (Kreuger and Casey, 2000). I had to accept the risk of cancellation should a participant not be able to make it (Bloor et al, 2001), a risk that seems to be less when conducting larger groups.

Similar to the planning of the interviews, location was an issue for consideration (Bloor et al, 2001; Hennessy and Heary, 2005) as I had to take into account the travel distance for us all. I also considered where the most appropriate venue might be; ideally somewhere we could be free from disruption, balanced with the possibility and feasibility of being in familiar surroundings (Bloor et al, 2001). Focus groups are usually designed as opportunities for discussion of key points, a verbal exploration of issues (Kreuger and Casey, 2000). Conducting focus groups with young children required activities and games as well as topics for discussion, just as I had for the individual interviews. Thus, I used an exercise that involved ranking some of the statements gathered from the individual interviews (O’Kane, 1998) as well as creating posters or other graphic representations (National College of School Leadership, 2007) as methods of capturing thoughts, feelings and suggestions.
Research with adults

As I have already stated, I chose to use the same methods with the adults that I had used with the children in order to explore the possibility of ethical symmetry and develop an argument as to the possibility of conducting research with children on difficult topics. What I identify here are the similarities and differences in the construction of interviews and focus groups with the adults offering some discussion on the use of these methods with all participants.

Interviews with adults

Interviews with the adult participants were designed to be more structured than those conducted with the children. Whilst it was just as important to remain sensitive to lines of enquiry, it was also clear that these were very busy people who required a quick, straightforward process, preferably with a list of interview questions to work through. Thus, I designed semi-structured interviews (Hammersley, 1996) with specific questions and areas of enquiry, which were time controlled and well organised. Some of my questions were deeply personal in terms of how their experiences had shaped or affected their attitudes towards children and childhood (Westcott and Littleton, 2005) so I had to make a number of decisions about how an interview situation would enable a confidential and safe conversation to take place. I therefore decided to interview the adults at their place of work, in a private interview room booked in advance which would have the advantage of avoiding unnecessary travel for them, meaning they could return to their job as soon as possible after the interview had taken place, thus being expedient as well as comfortable.
I decided to audiotape the interviews as I considered that the adults would be happy to give their consent to this. One of the problems with using an audiotape machine was relying on it working, having plenty of battery power and having a good pickup range (Perakyla, 1997). I therefore planned to take contemporaneous notes as well, just as I had in the children’s interviews, to ensure as complete a recording of the data as possible.

Thus, interviews with adults were very similar in construction to those with the children. Issues of safety, expediency and appropriate access to research topics were relevant to both groups of participants and needed to be thought about very carefully to promote an effective research process.

Focus groups with adults

I created three focus groups with professionals, one for each type of agency I found myself working with: national court welfare; local authority social services and private fostering. These three groups enabled me to gain a clearer picture of their construction of their work caring for looked after children (Kreuger and Casey, 2000). I had to make some decisions about whether the groups should include only practitioners who were strangers to each other, as recommended by Kreuger and Casey (2000) or whether I would utilise existing team structures (Barbour and Schostak, 2005: p. 43):

‘It is generally better to get as close as possible to the real-life situations where people discuss, formulate and modify their views and make sense of their experiences as in peer groups and professional teams.’
Barbour and Schostak (2005) suggest that the use of existing teams has the potential to offer introspection of a high quality, what they call 'sensitive moments' when valuable insights emerge that can be worked on within the focus group or long after the group has ceased to exist. Whereas, a group that do not know each other may feel more liberated to talk about things freely, having no pre-existing loyalties towards others group members. Thinking through my options, I had to balance these arguments with some serious design issues. Might it be useful to cut across professional groups and get a blended group? Were existing teams going to give me the quality of data that I sought or retreat behind team norms and boundaries, excluding me as the outsider? Given that I also had a serious problem with the geographic spread of my participants it was very difficult to set up groups that cut across agency boundaries. A further factor that influenced the membership of the focus group was that busy professionals did not have the time to spend time travelling to a mutually convenient venue or get to know other workers. Thus, I decided to take Barbour and Schostak’s (2005) advice and set up focus groups within the teams, allowing people to work with their colleagues. A further consideration was the levels of seniority of each participant in each group as the presence of managers may inhibit responses, affect people’s willingness to expose and examine issues or to become defensive about the agency’s practice (Michell, 1999). I therefore decided it was important to be aware of established norms and patterns of behaviour and make sure that people were not trapped, by peer pressure into making standardised and acceptable answers:

‘Prior knowledge of the language, terminology, gestures and cultural meaning of the particular groups with whom one is working is crucial’ (Kitzinger and Barbour, 1999, p. 13).
As I had spent time within these teams, interviewing some individual members and negotiating access to children on their caseloads, I considered I had sufficient awareness of these aspects of organisational culture and that each participant was also aware of my knowledge.

In designing the adult focus groups I created a situation whereby, just like the children’s groups, participants were in control of their responses and could explore what they saw as important, resisting any serious, covert manipulation or interference I might attempt in my role as facilitator and timekeeper. I generated a list of questions and took upon myself the role of a guide to avoid the group sliding into becoming a problem-solving group, maintaining their ‘interview’ style focus (Patton, 2002). Thus, all of the focus groups had a prepared agenda, an idea of what areas we were going to cover or look at (Barbour and Schostak, 2005). In order to maintain focus, I used two facilitation techniques offered by Kreuger and Casey (2000) which would help the focus group progress. The first was to pause, allowing quiet periods of five or more seconds for people to gather thoughts and develop their answers, the second was to ask probing questions to further expand their answers and explore contentious areas:

‘The researcher creates a permissive environment in the focus group that encourages participants to share perceptions and points of view without pressurising participants to vote or reach consensus’ (Kreuger and Casey, 2000, p.4).

**Reflective journal**

One of the tools I selected for data collection, and used from the beginning, was my research journal, reflectively recording every step of the process (see...
Chapter Five). My journal exposed my thoughts, feelings, frustrations and illuminating moments throughout (Etherington, 2004), helping me develop my research plan, interrogate the data and its analysis (Delamont, 2002). In my journal I described events as they happened, attempted to interpret what was going on and wrote about my choices of method, my research plans and changes of direction (Silverman, 2005; Altrichter and Holly, 2005). By writing things down, thinking about my actions and the actions of others, and then sharing those thoughts and analyses verbally with the focus groups I was able to utilise every opportunity to investigate (Schon, 1991; Gould and Taylor, 1996; Richardson, 1996; Boud et al, 1985; Stefani et al, 2000; Dempsey et al 2001; Marshall, 2001) and challenge my work, arriving at a reliable and valid interpretation of this topic:

'I see having some version of self-reflective practice as a necessary core for all inquiry' (Marshall, 2001, p.335).

Journal writing as a research method is rigorous and demanding work, not to be taken lightly and should not be regarded as an optional extra to the research process (Patton, 2002). Altrichter and Holly (2005) also see journals as an important and integral part of research journeys, offering an opportunity for important insights to be developed that might not emerge in any other way. They recommend writing in a journal regularly, doing occasional analysis of journal entries to help plan the next step and identify any new data strands or lines of enquiry. There seem to be strict conventions for the recording of this type of data (Richardson, 1996; Silverman, 2005). I initially planned to use Silverman’s guide for the organisation of my journal, recording observational notes in the field as they occurred; methodological notes looking at methods
and how they needed to be adapted or changed; theoretical notes beginning to make sense and develop personal perspectives on the work in progress and notes recalling my faltering steps and occasional eureka moments. In the end, I decided to keep my observational notes in each child’s file where I felt they were more appropriately housed, allowing me to maintain confidentiality and anonymity in my recording. This meant I could keep my journal for thinking about the research process itself, attempting to maintain an open minded and critical approach to my work (Silverman, 2005). Marshall (2001) looks at ‘arcs of attention’ (p336) when keeping a reflective record of research. An inner arc which is internal, noticing and being critical of one’s own actions is what I predominantly used my journal for. As my journal was employed from the beginning, I was able to keep a record of those very early thoughts and could maintain knowledge of where the research had come from its twists and turns, moments of doubt, dead ends and full stops. Thus, my research process could be laid bare to all, not presented as a ‘seamless web’ (Silverman, 2005, p.249), without these faltering steps. This approach was important for transparency and authenticity, particularly as I recognised that some of my methods were complex and some of my data recording was unorthodox. Further, the act of writing in my journal, thinking about the multiple perspectives and interpretations that I elicited through the interviews with children and practitioners, helped me to reflexively interpret them (Alvesson and Skoldberg, 2000) and assisted with the ‘bricoleur’ approach (Denzin and Lincoln, 1998) that was essential to the task.

The outer arc, reaching outside of oneself and questioning, raising issues of note with others took place initially within my journal and then within the focus
groups with both the children and adults as I asked them to interrogate the sense I was making of those reflexive interpretations. This approach laid my analysis open to challenge and greater understanding for all of us involved in the process (Richardson, 1996; Silverman, 2005).

Conclusion

I would argue that it is possible to design research methods with both children and adults that are similar in approach and outcome and I will explore this further in Chapter Nine. In examining the use of different methods with children and adults, I found that the main distinction was the choice of communication tools to effectively access the views of participants and facilitate discussion. For the adults, talking was the preferred instrument and worked well. For the children, the use of toys, games and other activities assisted communication, but talking was still a key method of interaction. Whatever method I decided to use, I considered I had designed a research process that enabled the development of a mutual understanding of how it feels to be a looked after child in as authentic and respectful way as possible, allowing all my participants to work towards some final conclusions.
Chapter Eight

Data collection – Phase One

Being in a position to begin collecting the data took a long time to achieve, principally because the positive messages of support I had received when I initially designed the proposal did not manifest themselves in practice when I began to formally request referrals of possible participants. I had expected negotiations might be slow (Delamont, 2002) particularly given my intention to involve young looked after children. What I had not foreseen was how difficult it would be to encourage gatekeepers to engage in research into an area they had previously indicated was timely and valuable to them in their practice. It seemed they wanted to know the results, but were not prepared to have children in their care involved. Prior to any engagement with gatekeepers I had recognised the importance of developing a good working relationship with them in order to gain access to any children in care (Dixon et al, 2004). I had also recognised that, as corporate parents, the gatekeepers had a duty of care towards looked after children and needed to be assured they would be safe, that participation would be in the child’s best interest and would not cause any psychological or emotional harm. Nevertheless, reflecting on the reluctance of gatekeepers to be involved, it became clear I had to spend a considerable amount of time getting to know them, proving my integrity and ability prior to gaining access to any children in their care:

‘Establishing good relationships with social workers in the first stage of the study enabled effective collaboration in the second stage’ (Thomas and O’Kane, 1998b, p.338).
Phase 1: Interviews with four teenage boys

Phase 2: Interviews with older children aged 8-14
   Interviews with individual social workers

Initial analysis

Phase 3: Interviews with younger children aged four to eight
   Focus groups with practitioners
   First focus groups with children

Additional analysis

Phase four: second focus group with children

Final analysis

Figure 8:1: Timeline

Thus, the first step taken in the research process became the most critical as it involved creating the essential relationships with gatekeepers to generate a number of referrals of participating children and establishing the clarity of
direction (Thomas and O’Kane, 1998b), both required for the successful undertaking of the three subsequent phases. Figure 8:1 illustrates the steps taken in the research and how each phase was integral to the process as it informed the next phase towards the co-construction of understanding of what it meant to be a looked after child.

Therefore, this chapter explores the negotiations that took place with various gatekeepers, drawing conclusions as to the significance of their reticence to be involved and the consequences for the voice of the looked after child. I then look at the work undertaken in phase one, where I tested some of my ideas, questions and methods with a pilot group in order to be more effective in the main study (Thomas and O’Kane, 1998b). Phase one proved beneficial to the research as I was able to use the evidence in my negotiations with local authorities. As a consequence, at least one local authority Children’s Services team was convinced to be involved in the research.

**Negotiations with gatekeepers**

By the end of the research, I had contacted twenty three different agencies (Figure 8:2) and I had recorded all contacts and negotiations in my journal with dates and full details of each conversation. The local authority Children’s Services teams were the most difficult to engage with as only one of the ten contacted felt able to take the research forward and referred children to me. One team did not want to know anything about the research at all, rejecting my offer of further discussion.
Figure 8:2 Agencies approached to take part in research.

Five Children’s Services teams within one local authority and three from another showed initial interest and invited me to attend a meeting, most often with the whole team, sometimes just with the manager. However, this still did not result in many agreements to refer children to me; although some workers agreed to be interviewed with regard to their practice of working with looked after children.

Two Children’s Services teams referred me to their Quality Improvement Division with regard to obtaining their institutional ethical approval. I was prepared for this eventuality and willingly submitted myself to further ethical scrutiny (Murray, 2005) as all research should be open to question to ensure rigour (Masson, 2005). I was successful in achieving local authority approval for my research. However, I eventually came to the conclusion that this request had been a delaying tactic as I still did not achieve any success when
negotiating with the Children’s Services teams from this particular local authority (Appendix Two). No children were referred to me and no social worker agreed to be interviewed by me. One local authority Children’s Services team was very positive about the research and did not ask for additional ethical assurances, being satisfied with their own assessments of the integrity of my research. The evidence I offered as a result of phase one, discussed in the next section, was a key factor in my success with this team, although the strategy did not work with others.

The independent fostering providers regarded their role as different from that of Children’s Services, most probably as they do not hold prime responsibility for the individual children placed with them. They were much more willing to be involved, only expressing anxiety when they felt their relationships with local authorities might be compromised by taking part. However, only one independent fostering provider agreed to take this further in the initial stage and another agency took part in the main study following evidence of successful engagement. The national agency representing children and their families in court took its position extremely seriously and, similar to the local authority above, required that its own ethical committee approved the research prior to my requests for referrals being accepted. Only then was I able to contact individual teams and workers to request referrals of children. I experienced a great deal of wariness from these professionals, more than from any other agencies approached, many questions and a great deal of scepticism expressed. However, I did eventually convince three teams to take part and identify some children who would be able to be involved.
Looking closely at the records of conversations I held with gatekeepers from all the agencies, it became apparent there was a pattern emerging with six key themes that further explained their reluctance to be involved: staffing issues; attitudes towards children; legal responsibilities to other stakeholders; lack of suitable children; and gatekeeper anxiety. As none of my contacts were aware of which other agencies I was contacting, the repetition of responses was significant as they suggested a uniformity of underlying assumptions about their role in caring for looked after children.

**Staffing issues**

The local authority Children's Services teams were most likely to give this response. Several cited significant problems with staffing meaning they would be unable to spare the time to be involved further. One team manager said he was interested and felt this was something his team should support. However, they were going through a difficult time with lots of long-term illness and therefore the timing was not appropriate. He offered to get in contact when these circumstances changed, but this did not happen during the research. Van Mauren (1995) makes a telling point about the burden of research upon respondents that had to be acknowledged in my pursuit of agencies to work with:

‘The problem at both levels is to find people for whom one’s practised cover story for the research makes sense and for whom one’s presence is not too great a burden.’

(Van Mauren, 1991, p35)

The difficulty of being overworked and having huge staffing problems due to illness was also the case for one of the independent fostering providers and two of the court welfare agencies. In hindsight, I think it is possible that many
establishments felt that what I was asking them to do had implications for their workforce in terms of time and emotional energy (see Chapter Three) that they could ill afford.

**Attitudes towards children and childhood**

There was evidence of a strong and united voice from gatekeepers that children, especially, but not exclusively, young children under the age of ten or eleven were not competent or capable of being involved in the decision-making process:

‘Children are constructed as non-competent in the normative light of a particular conception of childhood as a time of innocence’ (Hutchby and Moran-Ellis, 1998, p. 7).

Comments such as: ‘He does not understand’; ‘They will not be able to cope’ and ‘They are not capable’ suggested the existence of a deficit model of childhood (Schofield, 2005) where children were seen as vulnerable or damaged by their experiences and thus unable to be involved in decision-making (Thomas and O’Kane, 1999a). Further most agencies who agreed to take part only wished to refer older children and were keen to push my age limit of fourteen upwards to sixteen or even seventeen, arguing they had several young people of that age who would be able to participate. Furthermore, many gatekeepers felt that the particular needs of children in care served to render them firmly situated within this deficit model:

‘Whilst I am sure we do attempt to check out the wishes and feelings of kids aged 4-7, you will appreciate that often their verbal skills are limited particularly with the kind of deprivation a lot of our children have experienced.’

(Appendix Two)
Clearly, looked after children have particular needs to be addressed as their early experiences may not have equipped them with some of the skills needed to make decisions in terms of emotional contact, stable relationships and notions of self-reliance (Schofield, 2005). However, the protective responses of gatekeepers indicated that these needs were not always addressed effectively.

My analysis of initial contacts with agencies also seemed to show an underlying assumption that adults always know best, that the children were always assumed to be incompetent at decision-making. This could begin to explain the reluctance of agencies to allow children to make their own decisions about taking part in the research — if they cannot make decisions in the processes surrounding their care, they cannot be responsible or capable to make decisions about talking to a researcher about their thoughts and feelings about the processes.

Comments such as ‘they just want to go home so there’s no point discussing it’ suggested a lack of understanding that whilst the child may have a desired position, that did not mean they are incapable of seeing others or recognising the futility of such a wish. The dismissal of personal competency inherent in such comments was concerning as the practitioners who made them held responsibility to represent children in care in a variety of situations. Bilson (2007) argues that because social workers are trained to believe they are there to protect they use a deficit model of children to enhance that conviction, thus making it likely they will take full responsibility for decision-making, even when presented with evidence that their assessment and judgement are wrong. A
deficit model of children’s competence allows them to diminish, deny and ignore what they are being told by the other parties involved (Munro, 1999).

‘Not being able to cope’ and ‘they would not understand’, when probed, often meant the individual worker was anxious the child might get upset when I asked them questions about their experiences. As well as denying the child the right to a positive and productive relationship that they might wish to retain in the future, I would argue that this form of denial indicated a deep seated reluctance to engage and deal with the child’s pain. Certainly, several practitioners were doubtful of their personal ability to deal with children’s tears and the risk that the child might be upset during or after a session with me was something they would prefer to avoid. Furthermore, many refused to allow children to take part saying ‘they are in a vulnerable situation at the moment and this will make things worse.’ This would appear to be a reasonable position – no one wishes to actively create distress with anyone whatever his or her age However, as I argued in Chapter Six, these are children who have a familiarity with distress; they have lived through many distressing events and may still have unresolved grief to deal with. A lack of engagement with their social worker or other key personnel to look at this could further prevent expression of those feelings. The feelings have not gone away, they may be sublimated, denied and ignored, thus further distressing the child at a level where it is not seen and consequently dealt with.

It was also apparent that how individual practitioners understood their level of power and authority (Gaventa and Cornwall, 2001) was significant. The comment ‘It is our responsibility to make the decisions, not theirs’ made by a
court welfare gatekeeper epitomised the predominant attitude of feeling comfortable with the power held by professionals caring for looked after children. Indeed, some comments implied a belief that practitioners would be derelict in their duty should they not take sole responsibility for decision-making and thus were surprised I wished to explore this situation (Claussen, 2002).

Very few gatekeepers acknowledged that the child might have a role within decision-making processes referring to their assessment of the child’s competency, frequently stating that if asked, the child will always wish to go home and as this is not achievable, there would appear to be no point in asking. There existed an assumption that professionals could and should represent children, having the right to make life changing decisions on their behalf, as Kiely (2005: p.218) notes:

'It is unsafe to assume that adults will ‘do the right thing’ for children’

Legal responsibilities to other stakeholders

It was apparent there were other powerful voices that gatekeepers had to take account of when making decisions about taking part in the research, such as families, courts and senior management (Beckett et al., 2007). I was unable to discern any contact made with these other stakeholders, but the requirement to consult other stakeholders in a child’s life was given by several gatekeepers as a reason to decline their involvement or to deny individual children the right to participate:

'An important finding has been how difficult it is for concerned professionals to keep the needs of the child at
the heart of the decision-making and not to be deflected by all the many other pressures demanding to be taken into account’ (Ward et al, 2006, p. 142).

It was also apparent that not only were these agencies busy, but they also had too many perspectives to take into account and my request to hear the child’s voice was a burden too far.

**Lack of suitable children**

Another frequently given reason for not becoming involved was an inability to identify children who were suitable, either by age (my criterion) or appropriateness (their criterion) to take part. Appropriateness was most typically described as being emotionally capable of coping with the research question, being in a stable placement or home environment to support them throughout the research and those who, in the opinion of their social worker, would be able to contribute to the research. Many gatekeepers raised the question of the suitability of the children available to take part, spending considerable time identifying who might be available and appropriate to do so (Burgess, 1991). France (2004: p.182) feels it is undesirable to accept a gatekeeper’s definition of who is capable of taking part:

‘The danger of relying upon others to define who should and should not be involved can have an impact on what voices we listen to.’

I had to recognise that access to those who were deemed ‘suitable’ to take part; articulate; having something to say, or those who are regarded as being a ‘good witness’ in some way, could affect the results of the research by creating bias.
Asking further questions about a child’s unsuitability often revealed further underlying judgements of competency and capability, rather than an assessment of the individual child’s emotional or psychological stress. Several agencies stated they tended to use the same child to take part in ‘this type of thing’ as they were viewed as capable and articulate: ‘outgoing’, ‘friendly’, ‘chatty’ and ‘able to talk to anyone about these things’. One agency felt their identified child was in this category and he had been ‘used’ too much and now may be time to give him a rest. More worrying was their refusal to identify any others, stating ‘there are no others like him’, despite my encouragement for them to think more inclusively:

‘We would like to do this, but the children we have at the moment would not be able to cope with this. Some have a disability that would mean they could not take part, others may get too distressed.’ ‘They would not understand what you are trying to do’ (Appendix Two).

There was little recognition that all of the children in their care should have the same opportunity.

**Gatekeeper anxiety**

Lastly, there seemed to be an anxiety that I would be scrutinising their practice, questioning their judgements and investigating too closely the quality of relationship they had with children in their care. This fear suggested to me a level of anxiety that their practice was not as perfect as they would wish. I became concerned that practitioners might be dealing with their anxiety in ways that were unhelpful to their work, causing further unease and possibly disassociation (Roy et al, 2002). Of course, it may have simply been that, as
their main experiences of investigation were through Government inspections, which were often critical of social work practice, they had no wish to repeat the experience. Furthermore, one local authority felt very vulnerable and sought to establish what insurance I had should a child seek to claim compensation regarding the quality of care they had received. I concluded that a further reason for being anxious about what judgments I might make about their practice was to do with their level of trust in the research process. Thus, I spent considerable time getting to know the practitioners within the agencies that expressed a willingness to be involved, to reassure and allow trusting relationships to develop. The organisation of the research into a step by step process (Figure 8:1) allowed gatekeepers to feel more assured about the integrity of the research as did the engagement in focus groups in phase three.

A profile had emerged of gatekeepers who seemed to exist in a state of contradiction. On the one hand, they spoke about believing in the autonomy of the individual and their right to self-determination (British Association of Social Workers, 2002), but on the other hand they seemed unaware of exercising significant power and authority in making decisions about who was capable of exercising their autonomy and who required assistance or major intervention. My analysis of the responses of gatekeepers early in the research process proved helpful when designing questions to ask individual practitioners as I suspected that the dichotomy I had detected was much more complex.

Phase one

The agencies that eventually agreed to take part in phase one were two independent fostering providers and a private residential home (Figure 8:3).
Subsequent meetings were held with key members of staff from these agencies to explain the research, allowing us to get to know each other and to encourage inclusive thinking concerning possible participants from the children and young people with whom they worked (Thomas and O’Kane, 1998b). Interestingly, none of the agencies felt parents might require similar information about the research. Parental responsibility under the Children Act 1989 states that social workers should work in partnership with parents and not exclude them from their child’s life, but this was not in evidence here.

Furthermore, this was in contradiction of responses above about the requirement to consult with other stakeholders. Despite being asked, no key worker felt parents needed to be engaged in seeking permission (Appendix Two). Also, very few spoke to the young person concerned. For example, Nigel...
did not know until I spoke to him that his social worker had agreed for him to take part in the project (Appendix Two).

I found that the agencies had a variable approach to confidentiality – some gave me full details about the young person they thought would be appropriate to take part, his circumstances and his social worker’s contact information in order that I could talk to them direct. Others wished to check with the social worker before forwarding any information to me. In accordance with the ethical protocol, I had been clear with all agencies that my discussions with the young people would be confidential unless there were child protection concerns. One member of staff was keen to find out what had been discussed, following one of my meetings, becoming quite defensive when I refused to divulge information. Great diplomacy and strength was required to maintain my stance on confidentiality and demonstrate why this was essential.

None of the agencies requested sight of the ethical protocol for the study. All expressed the view that because this was a University process they did not need to get involved. Although I gave a précis of the ethics as a matter of courtesy and personal protocol, no one had asked for this and all seemed surprised I had regarded this as necessary.

It had not been intentional to work with boys only or that their ages would be above the age range I had specified for participation in the research. Unfortunately, this was the way in which it transpired. I recognised the potential bias in age and gender in this phase one and tried to ensure the same thing would not happen in the main study.
I engaged in a debate with social workers and key workers about whether the boys would be able to give informed consent (Balen et al., 2006) or assent (Cocks, 2006). Several regarded the boys as unable to sufficiently understand what was being asked of them and took this responsibility upon themselves. Nevertheless, I regarded the boys as competent and capable of informed consent or assent and asked each boy if they wished to take part when I first met them. In our first meeting, I gave them a leaflet (Appendix Eight) setting out the aims of the research, my commitments with regard to anonymity and confidentiality and identifying sources of support for the young people should they feel the need to talk about our discussions afterwards. This first meeting was also designed as an opportunity for us both to get to know each other, with time for reflection offered before any written consent or affirmation was sought.

The leaflet and letter (Appendix Nine) made it clear there would be no recriminations if they decided not to take part and that we would revisit their permission regularly, rather than take it for granted from start to finish. Their willingness to continue seeing me and, in two instances, to prepare something for me (on their own initiative) before an appointment, was taken by me to indicate assent (Cocks, 2006). Also, in accordance with the ethical protocol and good practice, I asked all young people if I could record our conversations. Only James refused and asked what I would do, requiring me to reassure him that I would not record him without his permission. I had to show him that I had put the recorder away before he was able to relax and talk to me. With the other boys, I practised turning the tape off when they requested it. I also offered them the opportunity to hear themselves and gave them control of the machine at all times.
Each boy was visited individually at least three times, in the privacy of their own homes, with occasional breaks for walks or refreshments. A group session was planned and agreed upon by all of the participants who were keen to work together. However, it did not happen as a key member of staff went on long term leave and the residential home felt they could not continue to support the work. This experience illustrated the power of the adults to control the lives of the boys, who had been keen to participate and disappointed when it did not happen. The power exerted by the adults was also evident when Nigel experienced a placement breakdown during our time together. My suggestion to suspend work until he was ready was met with adult reassurances that he was tough and would cope that were not borne out when I subsequently met with him.

Figure 8:4 Decision chart
Methods of engagement were largely through semi-structured interviews, using creative activities with James and Kim who seemed less comfortable with simply talking. I constructed a short list of interview questions (Appendix Ten) as prompts for our discussions, but found as our relationship developed we relied less and less on these. Our discussion began to take its own direction as each boy felt able to take control, telling his story and remembering the key moments in his life when he was aware of other people making decisions on his behalf. The research thus moved from an interview situation to storytelling, offering me an opportunity to analyse their narrative. I also saw that I could use their body language within my analysis as the boys communicated their emotions through hunched shoulders, clenched fists, choice of words and a variety of open and closed postures which I was careful to record in my journal.

Figure 8:5 Cue cards
I designed a decision chart, identifying decisions and decision-makers (developed from work by Thomas and O'Kane, 1998), an eco-mapping exercise (Veale, 2005) and cue cards that might be used as further prompts for discussion (Figures 8:4 and 8:5).

The cards were developed in conjunction with the boys and showed pictures of possible decision-making situations. Some were simple decisions such as when to get up and some were more complex like choosing who to spend time with.

Sometimes we simply drew pictures (Figure 8:6) prompted by our inner thoughts at the time and shared the meaning and significance of those images through subsequent explorative description (Lefevre, 2008, Einarsdottir et al, 2009).

Figure 8:6 James's picture. Caption reads: 'this is how I am feeling now'
Using these methods encouraged the boys to share their memories, their perspectives on what had happened to them and how that had shaped their lives. I was then able to analyse the different narratives, identifying common themes that assisted the development of the next phase. The boys agreed to offer comment on the usefulness or otherwise of the methods used and were pleased to be regarded as 'experts' within the research, giving me guidance on how to improve activities for those who came after them.

Results of phase one

The boys were all highly co-operative and shared some very personal thoughts and painful experiences. They were all keen to make sense of what had happened to them and were fascinated to reflect on how their experiences had shaped the way they viewed the world, even when that was painful and difficult. They were also all very trusting, possibly indicating that they were used to being asked questions about their past experiences. As a consequence of their trust and authenticity, there were many valuable lessons learnt through this process that informed the development of the main study.

For example, I realised the importance of assent as an indication of a child's consent, especially where there are doubts as to whether the child has truly understood the research process and their role within it. Throughout my engagement with the boys, I looked for signs of their agreement to participate or any indications of their withdrawal of assent. For example, James did some preparatory work without being asked which I took to imply assent. Conversely, when Kim refused to come to another session I recognised his withdrawal of assent and thanked him for his work to that point. It therefore proved useful to
use dynamic and organic concepts of both consent and assent in this way, being prepared to renegotiate throughout the process and maintaining an awareness of the boys right to change their minds about participation. I used this experience in subsequent negotiations as a means of encouraging gatekeepers to think about how they might assess assent rather than demanding assurances of informed consent.

One anxiety, addressed in Chapter Six, was that the boys might become distressed during our interviews and Stuart, Kim and Nigel all had moments of agitation and anguish. For example, at one point Stuart had to walk about the room, unable to contain his distress. At these times, I learnt to create an environment of containment (Ruch, 2008), to sit still, continue to talk in a low voice and encourage them to reflect on how they might use the insights gained. It seemed the boys valued the opportunities to talk about their experiences, even when distressed by their memories. At the end of even the most difficult sessions, they were all cheerful and looking forward to our next meeting. I learnt to check with the staff as to whether there had been repercussions; none was ever reported. Again, I was able to use this as evidence within subsequent negotiations that I had been mindful, careful and respectful of the child's emotional wellbeing and would behave the same way with any child participant in the research process.

In terms of potential methods, I had to think carefully about my choices of activity and to check my assumptions as to what each child or young person might be comfortable with. My original plans had not sufficiently recognised their individual needs and had made assumptions about their levels of competency
that had to be amended once I got to know them. Nevertheless, the combination of methods, designed to maximise the opportunities for the boys to relate the story they wished to tell (Clark and Moss, 2002; Lahikainen et al, 2003; Ward, 2008) proved successful. The boys engaged readily and were able to tell me, in detail, their thoughts and feelings about their involvement in decision-making processes. The use of several methods also helped me to ascertain the veracity of their stories. For example, Kim told some incredible stories that were unable to be sustained throughout our time together. By using several methods I was able to ascertain the difference between reality and fiction and establish what he wished to say about his experiences. This did not nullify his story or make it any less real, but helped with any criticism that may be given about how we know this really happened. The answer, as with any qualitative research where people are invited to tell their own story, is that we can never know for certain. The boys were also able to give me feedback on what had been useful methods for them, for example, the use of cue cards (Lahikainen et al, 2003) had proved valuable, enabling Kim and James to access their memories in ways that were meaningful for them.

Finally, phase one proved useful in highlighting the following areas for exploration with other looked after children:

- **Negative experiences of decision-making processes with overwhelming feelings of helplessness: a consequence of not being involved.** For example, Nigel had powerful memories of his childhood and the decisions made about him when he came into care aged four. He was very clear he had played no part in that process and talked about...
his sense of powerlessness at that time. He talked about an awareness of ‘putting his head down and getting on with it’ and trying not to cause trouble. Through his conversation, the importance of personal agency and confidence in the development and maintenance of self-esteem and resilience clearly resonated (Dweck, 1999). Stuart gave valuable insights into how it felt coming into care at the age of 6 and not being clear as to why that was. He described powerful feelings of frustration and a sense of a lack of identity – ‘I did not know who I was’. Stuart also talked about the expectation on him by staff to make an important decision about where he should live next year when he became too old to remain at the home. He felt ill equipped to make such a decision as he felt he had never been asked to do so before and was very anxious that he could get it wrong. Closer examination of what ‘wrong’ meant showed his concern for the feelings of others, including staff, rather than himself. He was unable to see the decision as having greater implications for himself and felt unable to accept responsibility for his own actions (Langer, 1969). He felt the risk of making a bad decision, far outweighed any benefit of feeling his own power or any sense of personal agency. All of the boys were anxious about making decisions, did not know how to make them and did not know whom to trust to help them in that process (Thomas, 2000; Smart, et al, 2001).

• Impersonal corporate parenting. Kim, Nigel and Stuart talked about feeling alienated from their social workers, who were not local. All of the boys were in placement ‘out of county’, two from counties many miles away with the consequence that they did not communicate regularly with
their social workers. Frequently the only contact was through formal review structures and at key moments such as placement crises or when the boy was no longer eligible to remain at the home. All of the boys agreed this had not been a good time to get their message across and were doubtful their social workers would hear what they had to say. Those who were in residential care relied upon their key workers to act as their advocates and had a closer relationship with this person, although they recognised this person had limited power to act in this role. For two of the boys, this had also changed regularly as the residential home they lived in had experienced considerable difficulties with staff retention and sickness, which meant they felt further isolated within formal structures, having no one they felt trustworthy to represent their views. None of the boys remembered seeing any reports that had been written about them or whether they had been offered the opportunity to write, draw or represent their views in ways that made sense to them. All of the boys reported feeling that the formal processes happened around them with an expectation that they would passively go along with the resulting decisions.

- **The importance of good quality relationships with key professionals.** Nigel spoke of regular changes in social work personnel meaning he felt had no meaningful relationship in which he could discuss what was happening. He described this experience as having been a key feature of his time in care. Stuart felt social workers did not care about the children in their care, that they were more concerned with paperwork fulfilling obligations he was not aware of. He gave, as an example, the
decision to move him to his current placement which had been made in haste with very little consultation with either him or his parents and seemed to be about cost and availability of resources rather than what was best for him and his family. The decision could have been made in a planned manner, as this had not been a breakdown situation, so he was at a loss to understand what had happened and why. As a consequence, he was still sad about it – his shoulders were slumped and his voice slowed. Conversely, James talked about his positive experience of having supportive adults around him whilst he made important decisions for himself. He felt that without their recognition of him as a competent person, he would not have been able to make those decisions. However most of the boys agreed that their attempts to communicate were likely to meet with a lack of understanding from key adults. Often the methods they used to convey their feelings were not recognised or were misconstrued. Stuart recalled a time at school, aged seven, when he felt he had been misunderstood – he got up to open a window following numerous requests for fresh air, and was ‘jumped on’ as the staff assumed he was about to walk out. He agreed he had been very distressed at the time and the staff could have easily misread his actions, but what upset him most was they had not checked their assumption of his actions or listened to him when he protested; ‘They don’t listen to children’. Nigel recalled a situation when he was five years old and very unhappy in his foster home. He remembered trying to talk to his social worker and when this was unsuccessful, started running away and behaving badly. He described himself as powerless and that this choice of action, which he agreed was inappropriate and unhelpful, was his only
recourse. His behaviour was subsequently regarded as evidence he was
disturbed rather than unhappy and he acquired a label that had proved
impossible to lose. Nigel shook his head when recalling this memory – ‘All
I wanted to do was make them listen’.

Conclusion

Phase one helped me to identify activities, questions and areas of exploration I
explored further in the main study (Thomas and O’Kane, 1998b). The boys gave
me useful feedback on my methods, feeling that the craft activities were useful
and enjoyable, allowing them to talk at deeper levels than they had thought they
would. Thus, I learnt not to make assumptions about their interests and abilities
to make sure I had a wide variety of activities that could be selected by the
children themselves. The boys were also positive about my interviewing style
and seemed to enjoy talking to me. We were able to achieve relationships of
trust and engage in deep discussion about their lives and experiences. It
became evident that this was a topic they had strong opinions about and the
methods I had used had proved realistic and successful in allowing access to
deep opinions, feelings and memories even when spoken language was not the
preferred method of communication. I was also reminded of the significance of
ending the relationship and developed an interview schedule that allowed for a
grieving process to occur and a symbolic marking of the end.
Chapter Nine

The Process of Collecting the Data – Phases Two to Four

Phase One enabled me to develop the crucial relationships with agencies involved with looked after children that I needed in order to secure referrals of much younger children for the next phases of the research (see Chapter Eight). Phase One also helped to develop further the methodology as I found myself taking advantage of any serendipitous opportunities to enhance the research. This chapter documents the course of the research through phases two to four by first identifying the children and practitioners, their age, gender and geographic distributions before embarking on a description of the collection of the data that offers a clear narrative of the processes used. Through this descriptive process, I will also explore the efficacy of the techniques I used, thereby contributing to the discourse about research methods with children.

Child participants

Fourteen children aged between four and thirteen (Figure 9:1) were eventually recruited to take part in phases two to four of the research (see Appendix Eleven for details of each child). For identification purposes, I have given each child a pseudonym to ensure the confidentiality of each participant as well as giving me the opportunity to make clear distinctions between the different
children when recording or using the data collected from the sessions we participated in.

Although, ultimately, half the group were aged eight and under, it was hard to encourage referrals of children aged between four and six. Despite the work I had undergone to develop good relationships with gatekeepers, I had to be very tenacious to elicit the few referrals I finally achieved.

Figure 9:1: Age distribution of child participants

Furthermore, the reluctant agreement to allow me to engage with any younger children only came after I had completed some work with the older children. It was apparent that the gatekeepers required proof of my credibility and a demonstration that looked after children would be interested and willing to participate (Appendix Two). At first, just as in phase one, it looked like I was going to have more participants for the research at the top end of my age range as negotiations with gatekeepers seemed to favour the older child taking part.
(see Chapter Eight), but gradually, with increasing confidence in my research abilities, referrals of younger children began to trickle through. Quite by chance, the gender distribution was equal with seven boys and seven girls taking part in the research. As a gender balance was not within my control as previously indicated, I was happy to accept any referrals of children from the gatekeepers and had not laid down any preconditions of acceptance other than age. Given that phase one had been conducted with boys only, I was pleased to achieve the gender balance and feel my results might be viewed as relevant for all children irrespective of gender. Other than noting the gender of the children I interviewed, when analysing the data, there did not seem to be an indication of any substantial difference in their ability to communicate their thoughts, feelings and events, provided the methods used were appropriate for them to do so. The difficulties that individual children experienced seemed to be unique to them, with no real discernible patterns of age, developmental stage or experience. For example, Ruth, who was six years old, was extremely articulate, able to talk eloquently about her experiences and how she felt, whereas Rob, aged twelve, needed considerable attention paid to the techniques that might be effectively used to enable him to engage and thereby begin to converse. Similarly Dale, who was four years old, was highly articulate, but it took me a long time to find the methods that were best suited to his personality to facilitate his responses.

I also had the opportunity to work with three sibling groups, all of which were a brother and sister pair. Working with sibling pairs offered a unique perspective on the relationship between related children when coming into local authority care as they talked about their different emotions and thoughts on the experience, often correcting or reminding each other of further, relevant
information as they talked. Three other children taking part in the study had been received into the care of the local authority with their siblings and still enjoyed a close relationship with them; in two instances they were in foster care together. Because of issues of suitability (age), accountability (according to the social worker their circumstances were different in terms of their assessed need) and confidentiality, I was not given permission to interview the siblings.

Nevertheless, I noted that the views and feelings of the absent sibling were often present in the room as the child I was working with remembered key events and how their brother or sister had helped them come to terms with what was happening to them. For example David (aged eight) often cited his brother's thoughts and feelings when talking to me and, at times, would leave the room to confirm something with him.

![Figure 9:2: Geographic spread of child participants](image)

The children came from a wide geographic area, which meant a great deal of travelling for me, but had a considerable unanticipated advantage. Using a
widespread population drawn from different parts of the southwest of England and from different agencies (Figure 9:2) meant it was possible for me to argue that the problems the children identified were common issues, not peculiar to one local authority or agency.

When discussing my analysis and representation of the children's perspectives in the professional focus groups, the wide geographic spread helped to avoid feelings of defensiveness about their practice or developing a sense of recrimination. Thus, I felt the professionals were able to engage with the data in a more objective way, recognising this was not necessarily about their individual practice, but was an issue of concern for all practitioners involved with looked after children. However, the geographic spread caused me difficulties when organising and populating the focus groups with the children as those who agreed to take part were from across the region, so more than one group had to be constructed to avoid too much travel for those concerned.

![Figure 9:3: Source of referral of child participants](image)

Figure 9:3: Source of referral of child participants
Figure 9:3 suggests that my richest source of referrals of child participants was the court welfare offices. However, each individual office contacted referred only a small number of children, thus creating the wide geographic spread. Out of the three local authorities approached, only one expressed a willingness to engage with the research.

As specified in my ethical protocol (Appendix Three) I saw the older children (subsequently aged eight to thirteen) before I saw the younger children. This was a deliberate policy to enable me to establish areas of exploration and to reassure gatekeepers that I had the sensitivity to engage with younger children looking at distressing topics. I also negotiated with the gatekeepers to see all of the children on an individual basis over a period of eight months, before any decisions about their possible involvement in a focus group situation took place (see Figure 8:1). In the individual sessions, I used a variety of methods (Chapter Seven) to encourage the children to share with me their experiences of being looked after by the local authority and any involvement they might have had in the decision-making processes. Phase one (see Chapter Eight) had enabled me to identify some key lines of enquiry I should explore further and I had used this information to further develop the interview questions with this group of children (Appendix Four). I wanted to ask questions about how they felt about decisions being made on their behalf and whether they could identify any key moments when things had gone badly wrong or extremely well. I was particularly interested in how they felt about the process rather than finding out the details of the experience as I felt their emotional reactions and any impact on their self image might shed further light on the success or otherwise of subsequent events. The boys in phase one had demonstrated how their
perceptions of powerlessness had affected their confidence in making decisions for themselves and I wanted to see if this was the case with other looked after children. I also asked questions about their experiences of corporate parenting and the quality of the relationship with their social worker(s), two areas the boys in phase one had identified as important.

As shown in Figure 8:1, the children’s focus groups were engaged in the process once I had completed all of the individual interviews and professional focus groups and I had an initial analysis of data to offer for discussion (Phase three). It was very important to me that the children assisted in the analysis, as I did not want the work to become solely an adult interpretation of events, I wanted their collaboration, perspectives and suggestions. Also, before I was able to offer any of the children the opportunity to take part in a focus group situation, I had to make decisions about the practical issues of geographical location as well as research judgments about the representation of age group and experience in order to seek validity through an effective triangulation of the data. Ultimately, I asked eight children, at the end of their individual sessions, if they wished to take part in a focus group. Three declined the invitation, feeling they had gone as far as they wished with the research and five accepted, looking forward to sharing their experiences and meeting others in similar situations. One focus group consisted of three children aged twelve and thirteen and the other group was a sibling pair aged six and nine. I appreciated that these groups were very small and that the sibling pair could not be considered a proper focus group. However, limitations surrounding geography, identification of participants and their individual willingness and commitment to continue the research process meant that this was all that was possible for me to achieve.
could have decided to limit this phase to the one group of three, but I felt their
narrow age range, at the top of my desired population, limited the opportunities
for hearing different perspectives. Furthermore, the siblings were very keen to
be involved, they were articulate and creative. They also offered me the
opportunity to further explore the perspective of younger children as well as the
experiences of being involved with professional agencies as a pair rather than
as individuals. I decided to attempt an integration of the two groups by operatin
as a messenger between them at further group meetings. Therefore, I returned
to the two groups after my final analysis (Figure 8:1) to confer with them about
what we mutually understood about how it feels to be a looked after child. Thus,
I sought triangulation (Ritchie and Lewis, 2003; Burns and Grove, 2004) of the
data by seeking a representative sample of views across the age range.

**Adult participants**

![Graph showing the spread of adult participants across different categories: children's services, court welfare, and fostering.]

*Figure 9:4 Spread of adult participants*
Over a period of six months, I interviewed seven individual practitioners, all of whom held social work qualifications. I used practitioners with whom I had already established a relationship as this offered an opportunity to discuss some quite difficult areas of practice that they might be reluctant to pursue if I was unknown to them. Thus, six of the individual participants had referred children to me or been party to the initial gate-keeping discussions. However, one of the respondents was someone completely unknown to me who volunteered to be interviewed, as she was interested in what I was doing and felt she had something to offer. Five of the participants worked for different local authority children's services teams with the remaining two working for different offices of a court welfare agency. Two were senior practitioners in their field having particular child care expertise. All participants were of white ethnic origin, two males and five females and varied in experience from newly qualified to many years within social work with children. Given the geographic area of the research and the over-representation of women in child care social work generally, I considered my sample to be representative of the social work population. My interview questions for this group of participants (Appendix Five) arose from the work done in phase one (see Chapter Eight), as well as literature looking at levels of training (Thomas, 2005; Lefevre et al, 2008), social worker roles and responsibilities (Hill, 1999) and how views of children can affect practice (Ferguson, 2003).

The interviews were designed in the style of a conversation giving practitioners the opportunity to fully express their feelings on a series of complex topics and enabling me to follow up on any new areas for enquiry that arose through the discussion. Just as I had been careful to consider the emotional impact on the
children, so too did I consider the feelings that might be provoked by this line of questioning. I was prepared for the possibility of distress when recalling a variety of potentially upsetting situations; their own childhood experiences; worries they were disappointed with and any circumstances I knew nothing about. I informed participants of their right to decline to answer any of the questions I asked and I also reserved judgement as to whether I felt it was appropriate to ask every question as some of their responses might well cover several of my areas for exploration.

The research was conducted in a situation of trust and safety, an appropriate environment of their choosing, where they felt most comfortable. In most cases this was their office, although one asked me to visit her at home. I was therefore able to encourage discussion on some quite difficult areas of practice as I was seen as someone who was interested in their perspective, not someone who was judging them. What became clear was that the opportunity to have a reflective space such as that provided was rare, but highly important to enable social work practitioners to challenge their practice and develop deeper understandings about their work.

As participating agencies had made it clear that they expected me to provide opportunities for dissemination and discussion of my findings in return for allowing me access to children in their care, I used the opportunity to add further depth and quality to the research, by developing focus group situations, planned to discuss the themes that appeared to be emerging from my activities with the children (phase two in Figure 8:1) to seek the thoughts of the practitioners who were prepared to take part in a focus group. This strategy
proved extremely useful as all groups were used to reading reports and offering comments and perspectives. I held three focus groups with three different teams of professional social workers who had responsibility for looked after children (Figure 9:4). Focus group A was a local area team within a local authority children's services department, group B was a court welfare team and group C was an independent fostering provider team. These groups offered the opportunity to discuss anything of significance that seemed to be emerging from the children's views and experiences and to explore how that 'fitted' with the understandings, frustrations and aspirations of the practitioners. I was also able to encourage and promote discussion about any implications for practice the practitioners could discern from the research. The data from these group discussions was then used with the children in their focus groups (phases three and four) and provided me with a rich source of data for the final analysis.

Individual interviews with looked after children

As planned in Chapter Seven, I visited each referred child at their home, sometimes in the company of their social worker or key worker, most often on my own. Given that the quality of the relationship I had with each child would probably be a critical feature of the success of the research, I had sent a letter of introduction (Appendix Twelve) prior to my first interview that included a photograph of me, thus beginning the process of getting to know each other by making recognition easier and communicating my respect for their participation.

On my first visit, I took plenty of time, talking to the child and his/her parents or carers; waiting for the child to indicate they felt comfortable in my presence. Most often this was when they began to tell me about themselves, perhaps
showing me something they were currently interested in such as a computer game or a book. Sometimes it was when we had begun to explore my big blue bag (Appendix Six), playing with some of the toys within and starting a dialogue. At this point and by prior arrangement, the carer retired, leaving us alone. None of the children expressed concern at the disengagement of their carer, which I took to indicate that my slow approach had been appropriate. I had made it clear that I was very happy for their carer to remain or return if the child wished and, at times, stopped our discussion to check whether they were still happy with it just being the two of us. I considered this important ethically as the child needed to feel secure and confident and I was also mindful that the child might feel uncomfortable initiating a request for their carer to return given my adult status (Keddie, 2000). It was particularly important to engage with the children in this manner as this first visit was designed to simply begin getting to know each other, for us both to make decisions as to whether we were going to continue the relationship. Therefore, I talked about why I was there and what I hoped we would be doing together in a simple and accessible manner, allowing questions, thoughts and feelings to emerge as naturally as possible, so their consent was as authentic and informed as possible (Cocks, 2006). We went through the information in the leaflet (Appendix Eight) and all the time I observed how willingly the child looked at the materials and engaged with the topics I was introducing. I felt this stage worked well, especially when Susan told me, quite confidently that she did not want to take part.

My second, unaccompanied visit introduced a consent form (Appendix Thirteen) that looked at the parameters of our time together, such as child protection or confidentiality as well as seeking their permission. Discussions about the
consent form gave us both an additional opportunity to check our mutual understanding about what we were doing. With the younger children (David and Debbie), signing the consent form took place over two weeks, because, although the form was an essential part of the research process, it was not important to the children. They were clearly used to being asked questions by professional adults and did not seem to have reservations about my right to ask them. Further, it seemed that filling out the form was quite boring and, despite a great deal of thought on the matter, quite difficult to do in any other way, but by systematically going through the points and asking questions about whether what I was asking them to do was acceptable. Taking my lead from them, I therefore stopped part way through and suggested we came back to it next time. It was, nevertheless, an important and vital part of the process as most of the children took the opportunity at this stage to refuse permission for me to use audiotape, often citing their negative experiences of taped interviews for evidence purposes in court cases. Indeed, Mark became so agitated at the thought of being taped, that he threatened to throw it out of the window if I attempted to use it and sought constant reassurance that I had not surreptitiously put it on. Only Dale agreed to me using it, but I stopped doing so when it became obvious it intruded on the session and prevented him from fully relaxing.

The older children (Mark, Vickie and Katie) were happy for me to take notes throughout our time together as we were talking and I considered it was appropriate to do so. These notes were typed up and shown to them the next time we met to ensure I had represented them properly. This process of checking my notes with the older children enabled me to maintain rigour in all
my recordings as I challenged myself to be authentic. It seemed less appropriate to take notes during the sessions with the younger children, other than the occasional word, usually prefaced by 'that seemed really important, do you mind if I write that down.' I was totally engaged with the child (Ward, 2008) and did not inhibit the flow by removing myself from the activity or reaching for the pen. Thus, I wrote contemporaneous notes immediately afterwards, often sitting quietly in the car, recording as much as possible. As identified in Chapter Four, my training and experiences as a social worker prepared me for this and it was not an onerous task. I felt my records were as accurate as they could be and I was doing the best I could, in the circumstances, to ensure my data was accurate; an authentic, reliable record of the event (see Chapter Seven).

![Figure 9:5 Number of interviews conducted with each child (64 in total)](image)

Once I felt I had established the child's consent or assent (Cocks, 2006) and the parameters of the study, I embarked on a series of interviews with each child, con...
varying lengths depending on the amount of work achieved in each session and
the continuing appropriateness of our engagement (Figures 9:5). All of the
interviews were conducted in the child’s home, usually in a private room away
from the rest of the family, sometimes in the garden if the weather permitted.
None of the children seemed concerned about seeing me on their own and
none asked if their carer could be present or expressed anxiety if a carer
happened to wander in during an interview Some, particularly the younger
children, actively encouraged their carers involvement by going out to show
them some of the work we were doing (Ruth, Dale); to ask them if they knew an
answer to a question (Debbie) or if they could remember a key event for them.
The older children (twelve plus) were more conscious of their privacy and would
become quiet if we were interrupted at all by other members of the family.

I made a contact sheet for recording the methods I used with each child
(Appendix Fourteen). I used the form to plan what I was going to do in each
interview, afterwards recording whether the planned activity had worked or
needed adaptations and what might work in forthcoming sessions, either with
that particular child or with others. Furthermore, the use of this form enabled me
to compare the methods used and developed an understanding of how
questions could be addressed with different children.

A significant difficulty was the effort required to avoid appearing to interrogate,
with all the concomitant pressure that this would create for the child. For many
of the children, this was something they had already experienced in their
dealings with social workers, so I worked hard to avoid giving the impression of
an interrogator, instead trying to promote the development of their own sense of
engagement, ownership and partnership in the research process (Thomas and O'Kane, 1998b). There was a constant tension between what they wanted to do and what I wanted us to look at and I began to understand the difficulties inherent in a social worker's role when trying to help a child express their inner thoughts whilst being aware of time constraints, departmental expectations and other pressures.

When looking at my field notes for each child, what became apparent was that there were age-related differences in the preferred ways of engaging with me. The older children aged ten to thirteen seemed to prefer simply talking about their experiences although Rob liked to do this whilst engaged in playing a board game. They all seemed quite relaxed just chatting, although we would often have to break, usually at their instigation, to have a rest or to change direction. Sometimes this involved looking at some family photographs (Vickie), walking in the garden or playing with the dog (Mark), having a drink (Katie). I found that following this interlude they were always happy to return to the topic under discussion. Sometimes these breaks were taken when we were talking about something quite painful. For example, Vickie became agitated and overwhelmed when she described her distress at being forced into agreeing to something she did not want to do. At this point, I remembered my experiences in phase one and allowed her some space to recollect her thoughts (Ruch, 2008) and then suggested a break for her to regain her poise before we continued. I was always led by the child or young person at these times, using my social work training and sensitivity to pick up the subtle cues and always checked at the end of each session, whether what we had talked about had caused visible distress or not (see Chapter Six). Similarly, at the start of the
next session, I checked if the previous time had raised any questions or complex emotional responses in the intervening period of time.

I found that the younger children, aged four to ten, preferred to talk whilst engaged in a variety of activities and these were developed according to the interests and skills of each child (Figure 9:6). On my first visit, my big blue bag (Appendix Six) would be delved into and activity would quickly ensue. Even Mark (aged thirteen) was intrigued by my bag and enjoyed playing with the cuddly toys! At the end of my first visit, I would ask what toys they enjoyed playing with, what activities they wished to engage in and whether those things were in my bag (Lancaster, 2005). If not, I would ensure I had them available at the next interview.

![Figure 9:6 Methods used and their frequency](image URL)
The most popular activities in my bag were; craft activities including balloon animals and faces and sewing kits; travelling hangman; air hockey; toy cars and garage.

A typical session would involve us both being engaged in an activity, chatting whilst working or playing. I made every effort to ensure the game was under the child’s control (Thomas and O’Kane, 2000) allowing them to make suggestions about what we were doing or even directly commanding my play to coincide with their own. I would then introduce topics of conversation for us to pursue whilst we were playing. Sometimes the topics were about routines and rituals – ‘what have you done at school today’, ‘are you looking forward to the school holidays?’ Sometimes they were particular questions designed to explore their experiences of coming into care – ‘can you remember when...’, did you go to the court?’ It was often quite difficult to steer the conversation around to their experiences of being in care or involved in decision-making, without it seeming false and therefore less than authentic. Thus, I designed some specific activities to promote these conversations and to encourage deeper thought processes about decision-making. The most significant activity I designed was the decision tree (see Chapter Seven) developed after a conversation with Debbie about the different decision makers she had come across throughout her time in care and her thoughts on how those decisions were of different quality, depth or seriousness depending on who was making them. As none of the branches had labels, the children were able to name them according to their own experiences.

For instance Neil had a social worker and David had a court welfare officer, also Neil lived with his aunt and David lived with his foster carer, so the branches
were called after these people. Showing the children the laminated pictures of fruit; apples for big decisions and cherries for small ones, caused some hilarity as together we tried to recall whether we had ever seen a tree with both fruits on it or what bizarre, alternative, combinations we could make. This proved to be a useful activity (Figure 9:6) as it offered an opportunity to further cement our relationship. In practice, the tree was extremely productive, facilitating discussion and, occasionally, some vital connections to take place. The collage image of their ideal social worker (see Chapter Seven) was also popular (figure 9:6) and the activity created a great deal of opportunity for discussion as together we chose material for clothing; drew faces and made selections of hair, mouths and eyes. The younger children especially felt very comfortable engaging in this type of activity as it was something familiar (Einarsdottir et al., 2009). I felt I was able to ask questions about their choices and perspective that were naturalistic, did not interrogate and offered opportunity for further elaboration. Answers were insightful and accorded with their responses to the tree activity (Debbie, Anna and Neil) demonstrating that my choice of activities was relevant and revealing in terms of collecting data with young participants (See Chapter Ten).

Focus groups with children

The focus groups were intended as opportunities to discuss further the data that had been collected from the individual interviews, gaining deeper understanding and acknowledging many different perspectives about why things might seem relevant to certain children or what the underlying messages were (Jones, 2004). As my aim was to encourage the children to develop their own understanding and help me to participate in that process, creating space for
them to meet as a group seemed a very important stage. I planned to work with the children who I had seen for individual interviews as this would enable them to extend their account, alter it or allow other things to emerge (O'Kane, 2000). However, only five children were happy to engage in a group situation, others were uncomfortable with the idea and flatly refused. For example, David said he was not very good in groups and Debbie said she did not want to meet other looked after children as she felt abnormal. Both had been happy to share the most intimate details of their experiences, their emotions and thoughts with me but declined the opportunity to explore that further with others, no matter what inducements were mentioned, in terms of having fun, a trip out, and refreshments. On reflection, I wondered if the children had also recognised there was a danger of losing their individuality in the group situation and decided to avoid it (Lahikainen et al, 2003).

The three older children Katie, Mark and Vickie who engaged in a focus group were outgoing and articulate. Although they all had individually related painful and powerful stories, they did not seem anxious about sharing them with others and exposing themselves in a group situation. Confidentiality and safety were therefore important concerns for me when bringing these three together (Hennessey and Heary, 2005); especially as they all swapped mobile phone numbers and wanted to meet each other outside of the organised meetings. I had to take responsibility and help them to explore group rules and their need to keep themselves safe within this new personal relationship that I had engineered (Scott, 1998). I also provided icebreakers such as refreshments and music (O'Kane, 2000) and structure (through the negotiation of an agenda). Hennessey and Heary (2005) recommend single sex groups to avoid flirtatious
behaviour taking over from the topic under discussion. In the event, flirtatiousness did occur with some rivalry between the girls for Mark's attention, although it remained friendly and contained and I did not feel it impacted upon the research process. I think this was because I took steps to ensure the group met their needs to be teenagers, by allowing time for chat and fun (Hennessey and Heary, 2005), as well as my needs to elicit their perspective on the data, without putting undue pressure or difficulty upon participants.

The other group comprised of brother and sister Keith and Ruth. Group sessions were often characterised by sibling rivalry behaviour, usually with Keith seeking to correct his younger sister and assert his superiority whilst she made every effort to thwart his attempts. I had to carefully negotiate between them, allow them the space to be siblings whilst at the same time ensuring that both voices were authentically heard without the others intervention or correction. I did this by allowing them time to be themselves as well as time to focus on the matter in hand. Their interest in the subject and commitment to the process made this very easy.

Timing and location proved to be very difficult when planning the group meetings as I had to be aware of different term dates and school finishing times as well as parent contact visits and other social commitments. I also had to be prepared to offer a taxi service to ensure the children got there and were able to travel distances. For Keith and Ruth location was defined by my lack of knowledge of their area and the fact there was just the two of them, so we met in their home, with their carer's agreement. For the larger group, meeting at one or other of their homes was possible, but undesirable given the need to be as
confidential as possible, allowing them to keep themselves safe from over-exposure. I therefore planned to meet at a geographically convenient location that provided us with the right ambience to do the work (Goodenough, 2003) although this proved hard to achieve. I did not want to hold our meetings at a school, or a social work office or at a public venue such as McDonalds or the bowling alley. I had already established that these were environments the children were used to being taken to by their social worker and therefore might have resonances I wished to avoid. In the event, a children's centre offered me a space, that was still far from ideal, but was a relatively neutral venue, conveniently located.

In the first session with both groups, I shared with them some key statements that I had extracted from the data collected from individual interviews (Appendix Fifteen) and asked them to rank them according to their significance or relevance, using O’Kane’s (2000) diamond ranking as a guide (see photograph in Appendix Sixteen). Both groups were very willing to do this and valuable conversation was generated around their choice of positioning (see Chapter Ten).

In phase four, the second focus group session with Katie, Mark and Vickie, I shared with them any insights from Keith and Ruth and my understanding of how this fitted with the data collected in the earlier phases. I asked for their perspective on the material I was presenting them with and any advice about what else needed to be explored. I also provided pens, card and other creative materials with which they decided to create a poster of their thoughts about how life as a looked after child may be improved. This created further opportunity for
discussion and allowed them to express and explore their depth of feeling (see Chapter Ten).

With Keith and Ruth, I planned a similar activity in order to be able to compare responses. I provided them with a rainbow picture as a visual prompt and encouraged them to identify what changes needed to happen for life to improve as a looked after child. I was concerned that they might not be able to understand what I was asking them to do, without considerable assistance, which, on reflection, highlighted my own anxieties about working with younger children rather than their ability. In the event, they quickly and readily engaged, offering considerable insight into the improvements they felt should happen. My misjudgement of their capacity was further proved when they suggested an extension of the activity into a drawing of two flowers showing what they felt was most important about working with children and, using sticky labels, set about decorating the flowers with their own words:

‘Children have some control over what they draw and what they say, and they exercise this control. Our response is that such action is their right and, if we are serious about the importance of listening to children’s perspectives, we must facilitate their involvement as equitably as possible’ (Einarsdottir et al, 2009, p. 230)

Conclusion

Taking the time to document and reflect upon the stage of data collection, particularly the way in which it was carried out and with whom was a valuable and vital part of the research process. It helped me to understand some of the issues surrounding effective research with children and how social work
professionals might find it hard to communicate with those in their care, finding the appropriate resources and venues to do it properly as well as having the skills and willingness. It was also an intensely satisfying and challenging phase of the research as I found myself acting as the ‘bricoleur’ (Denzin and Lincoln, 1998a) I had hoped to be, developing tools in the field as I went along, in response to the perceived needs of my participants and, as a consequence, beginning to be immersed in their lives. This was especially the case with the child participants who seemed to welcome my visits and shared so much of themselves.

I had identified at the end of Chapter Seven that the mode of communication would most likely be the main difference between adult and child participants and so it proved. There was a great deal of similarity between the needs of adult and child participants as they all required me to think carefully about what would be the most appropriate method to use to enable them to participate in a meaningful and enjoyable way, whether it was a collage, a game or the presentation and discussion of a report. Thus, the creation of a continuum of methods to use with children or adults, selected to fit the purpose of the research and the individual needs of the participants (Punch, 2002; Christensen and Prout, 2002) was appropriate and successful in my research. As the discourse surrounding research with children is still relatively new (see Chapter Seven), my intention here was to add to future debate and practice, by holding up my own experiences to scrutiny, exploring what worked, where difficulties arose and how best to facilitate the participation of children in research on issues that are important to them. My conclusion was that methods need not be complex or require a great deal of materials or money. The most successful
tools were those that caught the child’s imagination and inspired them. I
developed tools such as the tree by following Debbie’s train of thought and
wishing to find a way to help her articulate more clearly, others such as the
flower picture came straight from Keith and Ruth and proved to be appropriate
and wonderful in its ability to capture their ideas. All I had to do was be willing to
follow, be open to their ideas and thoughts and provide the means, the
materials for their expression.

The following chapter will engage in a detailed analysis of the data gathered
from all participants, looking at what emerged from the different phases of the
research process and demonstrating how that informed the following phase,
arriving ultimately at an understanding of the experiences of looked after
children. By exploring the experience of data collection in this chapter, I have
been able to put my analysis into perspective, allowing transparency in my
research process for others to offer a critique or to develop my methods and
style.
Chapter 10

Analysing the data

All participants gave me a great deal of highly personal information, allowing me access into their worlds and offering me insight into their experiences, thoughts and emotions. It soon became apparent that my research was looking at the engagement of practitioners and children in a multi-layered and complex relationship where serious decisions are made, rather than questioning the ability of young children to take part in that process. The research journey was therefore complex, often mirroring the multi-layered nature of this relationship as it sought to expose the important components and debate their significance. The research had been deliberately designed in this way to promote the collaborative nature of the enquiry, to offer looked after children the opportunity to reflect on what was emerging from the data and elicit their perspective in the final interpretation.

My analysis is therefore a series of interconnected stages probing deeper into the data (Figure 10:1), encouraging additional understanding and identification of further areas of enquiry, at each step of the research process (see Figure 8:1).
My initial analysis looked for similarities and differences in the narratives taken from the interviews conducted with both the children and the practitioners. In this phase, I was particularly looking for frequently mentioned topics, the important issues identified by either or both cohorts. Subsequent phases of additional analysis explored what happened when I took my conclusions from phase two to the focus groups for their consideration, seeking their perspectives and thoughts, thus moving towards a more sophisticated examination of the significant themes to emerge which was further examined in phase four in the second focus groups with children. Each layer of analysis was therefore used to inform the next phase of the research in order to facilitate collaboration, to engage in sense making with my participants and thereby deepen our mutual understanding.

![Diagram showing layers of analysis](image)

**final analysis**

Figure 10:1 visual representation of analysis undertaken
At last I came to a final analysis that took account of all the stages that had gone before and the many layers of meta-analysis that had taken place (Figure 10:1). In this phase, I was able to look at what had become significant through the various processes of sifting, debating, discussing and developing thoughts, theories and conjectures in collaboration with the children. By looking at all that had been laid bare, what finally are the key issues that facilitate understanding and how do they present themselves in a meaningful manner?

This chapter therefore offers a close, detailed and critical examination of the data, identifying and debating the different phases of analysis and the connections, contradictions and complexities that emerged. I have selected appropriate quotes from interviews and focus group data that I considered to be representative of the views of a number of participants. In selecting quotes, I looked for significant themes that addressed the questions I had asked at the beginning of the thesis as well as those that showed evidence of varying practice and any memories of powerful experiences. Thus, I thoroughly interrogate the evidence, raising questions as to the significance of the results and linking them to theoretical perspectives, before moving on to offer a possible model of understanding of the relationship between looked after children, their social workers and the state. I will argue that current models of understanding based on ecological models (Bronfennbrenner, 1979) that place the child at the centre (see Chapter Three, page 60) are inadequate as they do not take sufficient account of the inter-related nature of the relationship between the child and the social worker.
### Phase Two: The initial analysis

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<td>• little belief in children as competent decision makers</td>
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<td>• use of other voices</td>
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<td>• variety of resources and skills</td>
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<td>• peer support</td>
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<td>• time to develop relationship</td>
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<td>• caring responsibility</td>
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<td>• the importance of documentation</td>
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<td>• need to lay down better memories and lose poor ones</td>
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**Figure 10:2 significant issues raised in individual interviews: Children and Practitioners**

According to Figure 10:2 there were a significant number of similarities in the views of the children and the practitioners expressed in the individual interviews.
The importance of confidence and competence

The development of a perception of personal confidence and competence emerged as significant for both practitioners and children. Both groups expressed ambivalence about who they were, both independently and interdependently. Practitioners saw themselves as caring professionals, expert in childcare and development, hence their willingness to accept the responsibility of making decisions on behalf of the children, although they expressed anxiety about how they might do this in the time allowed and within the corporate structures of the authorities they worked for and the legislative framework (Children Act, 1989; Children Act 2004). Thus, the practitioners viewed themselves as very busy people, trying to do their best in difficult circumstances.

The children also regarded their social workers as extremely busy people and expressed their concern that bureaucratic demands took precedence over the development of sustaining relationships (Millar and Corby, 2006; Harlow and Frost, 2007). For example, Vickie, Katie, Mark, Rob and David gave me several examples of where their frustration with this way of working had led to conflict and damaged relationships between them and their social workers:

‘I’m sick of being treated like an idiot. This new worker – she came in and said ‘you must be Vickie’. Well, durr, who else was I going to be. You can’t trust them to do what they say - it’s only the paperwork they’re interested in’ (Vickie).

‘She always sees me and X (his brother) together, never on my own. I don’t like her she talks funny and she doesn’t listen, just writes things down. It’s like she’s there ‘cos it’s her job, not ‘cos she wants to be’ (David)
'I had a good social worker when I came into care. She was new and spent a lot of time with me doing life story work. But she left and I got an old one and she was awful. I kept asking to see my sister and she kept saying yeah, yeah, but it never happened. So I started running away and in the end I refused to see her. She was awful' (Katie).

The children described themselves as different, abnormal and exposed (Debbie; David; Rob; Steven and Anna), unprotected by their situation as a looked after child and unable to regard their lives as secure and untroubled. They were unlikely to talk to their peers in school about their situations and were unsure as to where their support might come from if not from their social worker, family or siblings. Only David spoke about telling people at school about his past and told me about when he got into trouble for hitting another boy who had teased him about being in care:

‘Children’s sense of belonging to a particular social group is fundamental to their wellbeing’ (Lansdown, 2006b, p.151)

The way in which practitioners worked with children and viewed childhood was often affected by two things; their own childhood experiences and their social work training (Daniels and Jenkins, 2000). For example, Jake recalled his own experiences as a young child trying to talk to the adults around him, whilst his parents were divorcing. He recalled that his efforts had met with indifference and were unsuccessful. As a consequence of his own memories of thwarted competence, he felt he now regarded the young children he worked with as competent. He saw that it was his responsibility to listen to their stories, thoughts and feelings. He described himself as working very hard to pick up the
smallest clues in his attempts to understand what was happening for them and cited several examples of his practice that attested to this approach. Working with very young children, he would examine their facial expressions, nocturnal disturbances and food difficulties to try and detect patterns that he could then check back with the child to help his assessments and decision-making processes.

Other practitioners found it harder to see any link between their own childhood experiences and their opinion of childhood competence. Their concept of childhood was reliant upon their training, most often Piagetian models of child development (Winter, 2006, also Chapter Four) and consequently regarded children as becoming capable when older:

'My childhood was very happy. I don't think it has affected the ways in which I work with children, although I don't remember being involved in any decision-making. I think it avoided any arguments if they did it. I don't think I would have been capable anyway as I was only young.' (Carole)

The children described the importance of having feelings of self confidence and competence, having the opportunity to be a self determining individual. I had already seen this raised in Phase One (see Chapter Eight) and was interested to see it emerge again. Clearly, it was not just a teenage phenomenon; even the youngest participant, Dale, was clear that self determination was important for his sense of personal wellbeing:

'I can do things myself and I like to do things myself. I get cross when people say I can't.'
The children varied in their ability to recall the events leading up to their placement in care (Debbie, Anna, Steven, Dale, Susan, Ruth, Neil, Alice and Mark) but very few felt they had been involved at all in the decision-making processes (Thomas and O’Kane, 1999). This lack of involvement had a significant effect on the way in which they viewed their ability to be self-determining, with many describing strong feelings of frustration as well as an acceptance that they were not capable, that others knew more than they about their lives as looked after children:

‘I remember living with my mum and then I remember living with X. No-one was going to ask me or tell me or talk to me about it. I think my sister knows. I know she goes to the meetings. I don’t get to go to them, they sound boring anyway’ (Dale).

‘I didn’t know why I was in care and no-one thought I should know. I only found out the whole truth a couple of years ago and I feel I should have known sooner. Kids can take it’ (Mark).

‘Up until a couple of years ago, I thought I was in care because I was not a good mum to my brother and sisters after my mum ran off. No-one said I couldn’t be a mum ‘cos I was only five. My social worker told me that I had to be in care as they couldn’t let five year olds look after little kids. I would’ve liked to have known that earlier. It would have made me feel better’ (Katie).

In the sibling groups, the older siblings; Keith, Steven and Neil, spoke about their greater involvement at the time of becoming looked after children, but still felt it had been minimal, that the voices of others, not always their parents, had been heard in preference to their own. David and Dale felt sure their older
siblings would have been asked on their behalf, although they did not know for sure. Whilst Dale described himself as satisfied with that approach, David felt he should have been involved, that only he could adequately talk about his own thoughts and feelings. It became clear in conversation with David, that the experience of being ignored in favour of his brother's opinion had left him feeling inadequate and anxious about his own decision-making capacities. Vickie talked about her anger at what she described as being 'forced' into care, against her wishes, on the basis of what she saw as lies told by the social worker, regarding how long she was likely to be away from her family:

'They came one day and I said no, I'm not going. They came the next day with the manager and he said I had no choice and it would only be for a short while — two months, max. It turned out to be for good. I suppose it was not their fault as they didn't know how things would turn out, but they could have talked to me about it more and explained things. They shouldn't make promises they can't keep. The foster home didn't know anything and no-one came to talk to me while I was there. My mum was able to keep my younger brothers all the time, but not me and I still don't understand why. I knew we had problems, I'm not stupid, but I don't know why they did what they did. They thought that because I was a little girl I did not know what to do to what to think, but I did.'

For her the sense of powerlessness since those events, eight years ago, had left her feeling frustrated and abused and doubtful about her capacity to make decisions for herself in the future.

Many had tried to make their voices heard, often in ways that were unacceptable or harmful to them or their situation: self harming (Vickie), running away (Katie), being rude and objectionable (Mark; Rob and David). All related
that reactions to their behaviour had been punitive, no-one had intuitively picked up that this was a child attempting to make his/her voice heard:

'In one of the foster homes I was in, the foster mum used to hit me. I told my social worker, but she didn't want to know. When they asked her in the end, she said it was my foster brother that did it and they believed her. I started running away after that. No point in talking about it.' (Katie)

As a consequence, their attempts to make themselves heard diminished in frequency and this was interpreted as their agreement and acceptance of the situation, which was not the case:

'I learnt not to show my feelings, not bother her any more with what I thought or felt about things' (Katie)

Mark, Vickie and Katie had experienced several moves of placement and described feeling sad that no-one sought to look beyond their behaviour as to what they were trying to communicate:

'The teachers just saw me as disruptive, but I was just trying to ask why my access had been cut, 'cos no-one had told me.' (Vickie)

For Katie, it was about wanting to be close to her siblings as they had been placed in different fostering placements, at times in different parts of the country:

'I remember us all going in different cars. I didn’t get chance to say goodbye and we were all crying. No-one explained what was happening. I think they thought we were too young to understand.'

For Vickie, it was holding her newborn brother before he was adopted – something she did not achieve and which remained a great source of sadness to her:
'He was asleep and they said don't wake him. I asked again and they said his routines were really important. All I wanted to do was hold him before he went to be adopted. I don't know where he is and he won't remember me.'

For David, wanting to be with extended family in another country and finding no one who was prepared to see that this was important to him, had been a time of sadness for him as he realised he had little effect on the decision-making processes that surrounded him:

'I wanted to go to XX as that is where my dad is from. It's not going to happen though and my social worker never talks about it. She has never asked me about it once, even though I have said that's where I want to go.'

Many relationships had been successful and the children were able to give me plenty of examples of the good social workers who they had felt cared for them when they had felt listened to:

'He's really nice. He plays with us and always asks us what we think about things. He explains what's happening and he listened when we said we wanted to stay here. It's important that he likes us and we like him. It wouldn't be nice if we didn't like him' (Alice).

'Derek always tells me things and I now go to my reviews and have my say. He's good and spends lots of time with me' (Mark).

The children also had examples of their experiences of frustration at getting to know a worker and becoming attached, only to have their case transferred to another practitioner with little explanation or preparation (Katie, Mark, Rob, Debbie and Vickie):
‘No social worker has ever said goodbye properly. Sometimes you just hear that they’ve left and you’ve got a new one. They often spend time getting to know you, but no time saying goodbye – it’s not worth getting to know them because they will be gone soon. I don’t like the one I’ve got at the moment, but she’ll be gone soon’ (Vickie).

The children’s responses showed that they expected their social workers to have a genuine regard for them (Rogers and Stevens, 1967; Cockburn, 2005; Bilson, 2007) that facilitated meaningful relationships (see Chapter Three) and enabled them to talk freely about the matters that concerned them. Good relationships were of critical importance, but it had to be genuine and caring.

The significance of age

Both children and practitioners agreed that age was a significant factor in terms of how one’s competency was judged, whether engagement in decision-making processes would be seen as appropriate and take place. At first sight, it seemed they were in complete agreement with each other, all of the participants indicated that older children were more likely to be viewed as competent at being involved in decision-making (Thomas and O’Kane, 1999b). Certainly, all of the children reported the experience of becoming more involved with decisions as they had grown older:

‘You need to be about fifteen to be able to make big decisions for yourself.’ (Neil)

‘You can’t make decisions about what clothes you are going to wear or what time to go to bed until you are, ....... ummm, eleven.’ (Anna)
'Little children can make little decisions for themselves, but big ones, they can't make until they're about fifteen' (Alice)

Some said that greater involvement in decision-making should be seen as a rite of passage and was therefore a good thing. There was also evidence that they thought younger children would have considerable difficulty understanding what was going on (Anna, Alice, Neil, Keith and Mark):

'I don't think kids should be too involved when younger. It's too scary. They wouldn't understand or be able to take part' (Mark)

Most practitioners described young children as considerably less competent than those who were older:

'Well, you can talk to teenagers.' (Lily)

'I don't think it is appropriate to talk to young children about these things. I would certainly not involve any child under six.' (Lesley)

For these practitioners, their attitude meant it was unlikely they would consider asking the younger child for their thoughts and feelings, choosing instead to rely on important adults surrounding the child or on older siblings for any essential information. A polarisation of children was therefore in evidence (Daniels and Jenkins, 2000) with older children being seen as more competent than younger and, further, capable of talking on behalf of younger siblings. Jane felt she was unlikely to ask young children about their thoughts and feelings, preferring to rely on parents and other professionals to assist her with the task of
ascertaining the child's wishes. Others felt it was their professional responsibility to make decisions on behalf of the child (Roy et al., 2002) and they were unlikely to ask young children:

'I am the adult and I will decide what needs to be taken into account and how much I am going to involve the child.' (Lily).

There was evidence of an anxiety of involving children before they were ready, of wishing to protect them from what was happening around them rather than working to assist the children in interpreting and understanding their situation. (Dweck, 1999; Daniels and Jenkins, 2000). Where practitioners indicated that they had encouraged a child to participate in decision-making, there were significant issues surrounding how much their views should be taken into consideration (Daniels and Jenkins, 2000). Diana talked about not wanting to raise the child's expectations as:

'All children want to go home and that is not always possible.'

She stated that this request was often unrealistic and talking about it with the child would therefore make them upset. Thus, she argued, it was neither fruitful nor desirable and she would not engage in this type of conversation with the child:

'Why put them through that, if there is no point' (Diana).

Thus, most practitioners tended to apply a straightforward rule of thumb, giving the age of eight or nine as the usual age at which they would consider encouraging the participation of a looked after child.
However, the children regarded the issue of age and competence as much more complex. In the first instance, it usually did not apply to them personally. Most felt they had been quite capable of understanding what was happening around them when they were younger and could recall trying to make their voice heard, with limited or varying success (see pp. 234/5). Also, all of the children agreed that even if the child was very young, it should be a social worker’s explicit duty to be responsible for ensuring that children knew what was happening, were kept informed of the decision-making as it occurred and were engaged in the process in ways that were more than tokenistic (Thomas and O’Kane, 1999b; Clark et al, 2005):

‘They should always take children seriously, all ages’
(Mark).

‘Children should always be involved. Even when they don’t properly understand, they should be helped to do so. Age does matter, you don’t understand as much when you are very little, but it’s not nice not knowing or feeling you have no say.’ (Rob).

‘I think she knows what I want, but she never asked me when I was little, that was up to my brother. I think she should have asked me ‘cos I knew what I wanted’ (David).

‘I went to a meeting, don’t know if it was a review thingy, but nobody asked me anything. I just sat there, everyone was talking, but no-one asked me anything. I don’t know why Anna wasn’t there; I don’t know what the meeting was about. I was bored and didn’t want to go again when they asked me. I said they could do it’ (Steven, recalling attending a review when he was seven).
It was hard to discern any active engagement of either organisations or individual practitioners with any of the participation frameworks identified in Chapter Two. I could identify organisations engaging with the lower end of Shier's framework (2001), where I established the existence of policies that made explicit the organisations' expectation that social work practitioners would be engaged in listening to looked after children. However, I could not clearly identify an organisational culture of promoting the active participation of looked after children in decision-making processes.\(^5\) The only organisation that appeared to be moving in this direction was the independent fostering agency.

I could discern some involvement with Thomas's participatory climbing wall (2002; 2005) by individual practitioners, but only when they were working with older children. Thus, involvement with the younger child was minimal and where issues were sticky or difficult there was little or no engagement with any child, whatever their age, with many practitioners taking a similar stance to Diana's. Furthermore, I could detect the underlying assumption that asking the child's opinion meant having to accede to their wishes (see p.50). Asking their opinion was therefore unlikely to be viewed as an opportunity to talk with the child about why their wish would not be possible to grant and therefore an all or nothing perspective proliferated instead of a willingness to negotiate and debate (Daniels and Jenkins, 2000; Claussen, 2002). There was also evidence of an assumption amongst practitioners that the child would not understand and would become distressed:

'I feel very frustrated when the child is clearly unhappy and I cannot change things for them - what is the point of

\(^5\) According to Shier, level four requires the existence of a clear mandate through organisational policy that children would be involved (see Chapter Two).
getting them to tell me if nothing can come of it?' (Jane)

However, all of the children were clear that they should be listened to6, whatever the circumstances:

‘You can’t be as blunt with younger kids, but you should always talk to them about what’s happening’ (Mark).

‘You should talk about all sorts of things, even things that are going to upset children; you just need to be careful’ (Debbie).

Most of the children appeared to have a realistic understanding of what had happened to them, a good awareness of their situation and that going home might not be an appropriate or suitable option:

‘It’s alright being in care. I know I would be dead now if I had gone home to my mum. But I still want to see her sometimes ‘cos she’s my mum’ (Mark).

The consequences of not being involved were described as quite painful. For example, Rob became very distressed when trying to recall his earliest years in the care of the local authority, feeling that decisions had been made without him that he was not aware of and he seemed to have a very limited understanding of the decision-making processes:

‘It’s not nice to feel that things are happening that you do not know about or have any control over’ (Rob)

6 In research by Thomas and O’Kane (1999b) there was substantial evidence that children were listened to (67% felt they were listened to a lot; p. 226), but there was little evidence of the children feeling they had influence over the final outcome (only 28% felt they had influence; p. 226). In my research the children felt they were not being listened to and thus any opportunity they had to influence proceedings would be considerably less than 28%.
Powerful and powerless

It became apparent when talking to the children that they regarded social workers as wielding tremendous power over them and their lives. Their lived experience was of social workers, sometimes in concert with their parents, making decisions about where they would live and with whom, without necessarily asking the children themselves. Thus, according to the children, social workers had power as adults and had the power of action maintained through the structures in which they worked (Foucault, 1997; Gaventa and Cornwall, 2001). To an extent, the social workers also recognised this situation, but represented their role in it as far less powerful (Beckett et al, 2007). They saw themselves as agents of a higher power, the corporation or the state and perceived their role as performing prescribed duties on behalf of these organisations, with little opportunity for personal discretion or judgement (see quotes from practitioners on p.249). The majority of practitioners were able to recall experiences where their personal and professional autonomy had been stripped away through the demands of procedures and the expectations of inspection officers, higher management (Derek) and court officials (Jake). They felt this placed them in conflict with the organisation at times and meant their responses risked becoming formulaic and routine over time, a technocratic response (Spratt and Houston, 1999; Foucault, 2003). What began to emerge was a situation in which the social workers feel almost as powerless as the children themselves, hemmed in by procedures and policies that were regarded as outcome or finance driven, rather than needs-led (Dickens, 2005; Harlow and Frost, 2007). I would argue that these findings accord with Foucault's ideas (1997) about how individuals are governed or controlled by the existence of systems and structures that prevent or inhibit the exercising of autonomy at
certain times (Kjorholt, 2005). The feelings of frustration and conflict felt by both children and practitioners resonate with what Foucault describes as a state of permanent provocation (Armstrong, 2008) as they try to resist the power that is exerted over them.

Thus, the practitioners tended to represent themselves as victims with too much expected of them and too little time, resources, training or respect accorded to them to do a good job in a very difficult area of work (McLeod, 2007; Fattore and Turnbull, 2005). Few cited examples of personal agency. Only Derek related a story where he was prepared to resign should he be compelled to take a course of action with which he profoundly disagreed. All others felt the ‘system’ was all-encompassing and so powerful that they could not see ways in which they might make change within the organisation. I could see that an ethic of justice was underpinning the service provision and there was a lack of recognition of the ‘notion of care’ (Parton, 2003, p.10) that Parton argues should lie at the heart of social work.

From the interviews with children and social workers, I began to discern the very different ways in which they perceived the allocation of power relationships, including parents and the organisations the social workers worked for. The development of technologies that had allowed the organisation to control the actions of practitioners was particularly visible (Foucault, 2003).

In Figure10:3, triangle A represents the child’s view of the relationship they and their parents have with social services, as described to me by several of the
children (Vickie; Katie; Mark; Anna; Steven and Keith). They saw themselves, along with their parents, as powerless in comparison with social workers who they saw as powerful, able to make decisions for the family with minimal discussion or involvement. Keith talked about the power of social workers when he recalled his social worker amending the words he had used to describe his situation, without his agreement, to a phrase that he felt had subsequently led to a big decision being made on his behalf that was not what he had meant or wanted.

![Power structures as perceived by participants](image)

**Figure 10:3 Power structures as perceived by participants**

Using the tree, Keith represented her decision to change his words as a little one, writing it on a cherry. He then wrote it out again on an apple (a big decision) placing it beside the cherry. He explained that a little decision could
lead to a big decision; her action of misquoting his words could have led to major decisions being made on his behalf that did not represent his reality. In this way, he recognised the amount of power social workers had which had originally been obscured from him with words like duty and responsibility.

Triangle B represents an alternative model, described by some of the children (Rob; Dale; Alice and David) where parents were seen as having shared power with the social workers, making decisions together, about the child, without necessarily talking to the child or hearing their views. The representation of power in triangle B was not shared by the social workers. They did not regard themselves as acting in partnership with parents to make decisions. They preferred to represent themselves as acting in partnership with the child if at all possible. Most critically, the majority of practitioners saw themselves as having very little power and aligned themselves with the child as in triangle C, having very little power when compared with that of the organisation. Looking at the different viewpoints represented in figure 10:3, I could see that the child was always at the bottom of the power structure represented in each triangle and thus was least likely to have personal influence in important decision-making situations, even if the social workers had demonstrated to the child a preparedness to listen to their thoughts and perspectives (Thomas and O’Kane 1999b).

What at first sight could have been seen as an issue of adults colluding to maintain their priorities or finding it easier to talk to one another (Blom-Cooper et al, 1985; Laming, 2003: Laming, 2009) seemed to be constructed by my participants as the difficulties of working within the confines of rigid structures
that expected advocacy whilst demanding that prescribed and predictable actions were taken (Broadhurst et al, 2009). The circumstances in which these individuals found themselves were therefore critically important in terms of permitting the relationship to flourish and be mutually advantageous. I use the word permitting deliberately rather than enabling, as it appeared that permission was needed for them to feel they could practise in the way they thought they should, with care and commitment (Hochschild, 1982; Sevenhuijsen, 2000; Williams, 2001; British Association of Social Workers, 2002). They did not see themselves as having the power the children thought they had. Instead, they saw themselves as working for organisations that inhibited their autonomy (Beckett et al, 2007) and, as a consequence, this materially affected the quality of relationship they were able to hold with the children in their care (Syed, 2007). Thus, the practitioners turned to the technical aspects of their job which were measurable, predictable and upheld the standards that were valued by the agency, further evidence of the marginalisation of an ethic of care (Parton, 2003).

Issues of relationship

There was evidence of confusion about what the relationship between social workers and children was for, what roles would they play in each other's lives. The children reported feeling anxious about the process they were engaged in with their social worker, their lack of understanding about what was expected of them and their unease at the representation of themselves as inadequate or less than capable:
‘I did not know what they wanted from me and I was worried my answers weren’t right’ (Keith)
‘I don’t know what decisions our social worker made for us. I don’t know what they have to do for children’ (Alice)

‘No-one was going to ask me, tell me or talk to me’ (Dale)

‘You shouldn’t ask them why things are the way they are. They are the adults and they know best’ (Anna)

For the majority of the children, this had not been resolved leading to further frustration especially when tentative expectations were not fulfilled (Katie). The practitioners described themselves as clear about the parameters of their relationship with looked after children. However, it was apparent when analysing their interview responses that this was often more obscure than they wished to acknowledge. I came to see that the desire not to upset the child, to talk about issues that were not possible or appropriate overrode the requirement to engage at an emotional level and cope with the distress of another (Mann, 2004).

It is not surprising that the quality of the relationship between the practitioners and the children was of central importance to the success or otherwise of their time together. The practitioners wanted the relationship to be one that recognised their professional parameters, observing very closely the protocols and procedures of their respective agencies as this association is part of their employment (Derek, Lorraine, Jane, Diana). They did not regard the relationship as a social contact (McLeod, 2007) and felt they could not afford any emotional engagement. The relational aspects of informal caring were
being ignored in favour of more formal manifestations of care, for example, assessments and reviews (Holland, 2009) and this was clearly not being valued by the children.

Looking at the sociological concept of emotional labour (see Chapter Three), I felt it was likely the practitioners were relying on their organisational system and the predictability of linear planning (Stevens and Hassett, 2007) a consequence of removing themselves to a safe emotional place (Hochschild, 1983). What began to emerge for the practitioners was a conflict between the professional role of care planning; seeing the child often enough to fulfil the expectations of that role; and the need to develop a meaningful relationship with the child in order for any of this to take place (Roy et al, 2002; Beckett and Maynard, 2005):

'I try to do the best I can.' (Lorraine)

'I try very hard to ensure the child's voice is heard.' (Carole)

'I think the organisation asks for the child's view to comply with the law, but they don't take it seriously.' (Lily)

Their representations of the relationship between them and looked after children views were in contradiction to the responses from the children where they felt they rarely saw their social worker and, consequently, did not have a meaningful relationship (Katie; Steven; Mark; Keith; Ruth; Alice and Vickie).

Probing this contradiction further began to give clues as to what might be
happening here, why there seems a disparity between these views about the frequency of contact and the consolidation of relationships. It began to emerge that many of the social workers visits to the child would be taken up with procedural matters, ensuring foster carers are happy with the situation, supervising access visits, filling out necessary paperwork (DfESa, 2006; DfESb, 2006; Cocker and Allain, 2008) all of which left little opportunity for quality time together:

'My organisation is dominated by procedures and finance.'
(Derek)

For the children, a good relationship with their social worker meant more than being friendly and affable (McLeod, 2007). They wanted to feel they were cared about (Tronto, 1993; Folgheraiter, 2004; Ungerson, 2005) and looked for intrinsic symbols or signs (body language, willingness to pick up complex cues) to indicate that this was happening. The children described themselves as disengaging from the relationship when they felt these cues were not present (Katie, Vickie and Keith). Therefore, both groups saw their shared relationship as important although there was evidence to suggest that the practitioners felt this was particularly relevant with the older children and concentrated on developing relationships with foster carers and children centre workers in the case of the younger child (Lily, Diana and Carole). Thus the quality and equality of the relationship was critically important (Fattore and Turnbull, 2005).

For example, when working with the decision tree, Anna put an apple (signifying a big decision) between each branch, seen here in Figure 10:4. On each apple she wrote the word 'love'. When I asked Anna what she meant, she said 'everybody gets to decide who they love.' We subsequently had a discussion
about love within families and Anna talked about how she decided who she was going to be friends with and how she loved and cared for her friends. When I asked her if she thought social workers made conscious decisions as to whether they were going to love the children they worked with, she replied:

'Oh yeah. If your social worker loves you, you get good things. If he doesn't, then you don't.'

Figure 10:4: Anna and Steven's decision tree

Several other children referred to love and care when talking about the role of social workers (Katie; Ruth; Keith; Alice and Dale). It became apparent that they were very aware of when their social workers were just going through the
motions and not engaging with them on a deeper level (Ungerson, 2005; Bilson, 2007). For example, when working with Debbie, we made a collage of her ideal social worker (Figure 10:5). She spent a long time drawing and colouring in the eyes, she seemed to be making them special. When we talked about her picture, she talked about how 'smiley eyes' were very important to her:

'Some social workers only smile with their mouths. They have to have smiley eyes if they are going to be good social workers.' (Debbie)

Figure10:5 Debbie's ideal social worker

Rob also talked about his ideal social worker:
Thus, the choice of method, the ways in which engagement between the children and their social workers took place was extremely important. An area of considerable concern for the practitioners was their perception of a lack of skills of effective communication with children of all ages and abilities. Social workers described verbal communication as their preferred mode of interaction and any child who was not able to talk about their experiences, thoughts and feelings were at a disadvantage in terms of getting their voice heard (Habermas, 1984). In addition, few offices had any resources for alternative ways of working with children and there seemed to be no budget available for taking children out, spending time with them in child friendly environments.

Consequently, the majority of practitioners (five out of seven) described themselves as lacking confidence in their practice when working with children, especially the younger child as they had not received specific training to enable them to do an effective piece of work:

‘.....fear, from me, about the most appropriate ways of communicating with the children.’ (Jake)

‘I have had to develop my own ways of working and just hope they work.’ (Lorraine)

The practitioners expressed their frustration at their perceived low levels of skill and the paucity of resources:
"We don't have any toys, games or other stuff and that makes it hard to be as creative as I would like." (Carole)

When asked, the children identified that they enjoyed engaging in a variety of activities and listed playing games; taking part in competitions; drawing pictures; making models; using computer programmes and other tools to explore their thoughts and feelings. My work with the decision tree, collages and workbooks clearly showed their willingness to engage in these activities at any age. Even Mark, aged twelve, liked to delve into my bag and play with the toys! It was noted by the children that, in their experience, very few social workers had the resources that I had or conducted activities such as those I engaged in. The children felt that social workers did not have the time and were deficient in the necessary skills, making it less likely the children would spend time with their social worker doing enjoyable activities that would enhance and develop their relationship (Blueprint, 2004; Thomas and O'Kane, 1998; Thomas, 2005). The children also identified that their social workers needed more resources to properly engage with them:

'I like it when they play with me, I like to play and I think Derek is good because he plays with me and that's how I know he likes me.' (Anna)

'They should do more than just talk.' (Debbie)

One way in which practitioners resolved their difficulty of working directly with the children was to use a variety of other people to gather the information they needed to develop their assessments and care plans (Harlow and Frost, 2007). The practitioners identified that the people they might use were foster carers,
birth parents and specialists such as children centre workers, children's rights officers, psychologists and play therapists. Several practitioners confirmed that they had sought the advice and opinions of others in order to avoid any confusion for the child who may have had to make several relationships whilst engaged in the process of coming into the care of the local authority:

'Children in care have to tell their story to so many. Why make it harder for them by making them tell me. If someone knows and can give me the information, then that is fine.' (Derek)

Others recognised the value of the additional skills available to them by using an external expert:

'I got X involved, although this was hard as they do not usually work with children under 10. I felt they had more skills and more time to do the job.' (Jake)

'I use all possible experts, including the child.' (Carole)

Out-sourcing information gathering in this way is regarded as a bureaucratic response to caring for others (Foucault, 2003; McLeod 2008), a commodification of care (Orme, 2002) and has already been identified as a significant issue in the power sharing between looked after children and their social worker (Munro, 1999; Holland, 2009). There seemed to be limited recognition of the importance of their own relationship with the child and how they might construct that relationship differently in order to ascertain their wishes and feelings; discuss their future and thereby represent them authentically. Most of the children, especially the younger ones, were unable to identify who their social worker might talk to outside of their birth parents or foster carers and were not aware of steps taken to talk to people around them.
Several, again, particularly the younger children, seemed to assume their social worker would talk to their parents rather than them:

‘They just asked my mum. I think they thought she would know more than me.’ (Debbie)

‘Social workers always ask mummies and daddies. They don’t ask the children’ (Alice)

Siblings were identified by the children, but not the practitioners, as a key source of information. The older siblings I interviewed acknowledged their position as decision makers for their brothers and sisters and took it seriously, but often described it as being a heavy responsibility (Debbie, Susan and Keith):

‘I never asked him (her brother) what he wanted or how he felt. I never thought about that at all. I might have said the wrong things because I didn’t know how he felt about it. She never said I should ask him’ (Debbie).

The forums in which decisions were made were also a contentious area of debate for both groups of participants. The judicial systems, especially court hearings, were regarded by both children and practitioners, as difficult arenas for either to experience any form of self-agency or power (Gaventa and Cornwall, 2001). Practitioners expressed their frustration at their unsuccessful attempts to make courts more child-friendly and how this often led to them seeking to protect children from a threatening and unhealthy experience by deliberately not including them in the process (Jane). None of the children interviewed had been to court and thus the whole environment was regarded by
some with fear and awe (Rob and Debbie) and by others with anger as they felt it was wrong that so much power was in the hands of people who did not know them, with no right of redress should the courts misunderstand their situation (Keith, Ruth, Mark, Katie and Vickie). Reviews were regarded differently by the children and practitioners. Practitioners talked about reviews as evidence of successful inclusive practice as required by the law (DfES, 2007) and showed me the paperwork they were required to use which made it clear that the authority expected the child's voice would be sought and effectively represented. There was no awareness that a bureaucratic response might inhibit power sharing (McDonald et al, 2008). Again, what was apparent was the minimal regard for an ethic of care, of privileging the quality of their relationship or recognising the strength and value in their interdependency (Seventhuijsen, 2000).

The children saw the review process as invasive, characterising reviews as impersonal events where it was often impossible to talk meaningfully about their lives (Neil, Steven and Dale):

‘Caroline: “so, have you been to any of your reviews?”

Dale: “what's a review?”

Caroline explains

Dale “why would I want to go to one of those, they sound boring.”

Mark talked about his reviews as positive experiences involving his social worker and foster carers. He contrasted these with his core group meetings which involved teachers, adolescent support services and other social work
staff which he described as less comfortable, ineffective and where he often resorted to poor behaviour such as shouting to get his voice heard. Beckett et al, (2007) talk about the temptation, in complex situations, to have large meetings with the hope that an answer will emerge if there are enough people in attendance. Thomas (2005) is also critical of the tendency to have large meetings rather than smaller more intimate decision-making opportunities and, in his research with O'Kane (1998b), found looked after children wanted people present at their reviews who knew them well. Mark's attendance at both reviews and core groups had been very recent and although he had been offered the opportunity to go when aged nine or ten, he had declined as they sounded boring and he would rather play football. The tedium of meetings was thus frequently described as a reason for not going (Thomas and O'Kane, 1999b; also see quote from Steven, p.240). Katie recalled reviews where her male teacher had been involved in discussions about her physical development which had become very personal and highly embarrassing to her. She and several of the other children made the point that 'normal' children did not have their teachers, sitting in their homes, being privy to conversations regarding discipline or other matters that related to their lives outside of school.

It is concerning that despite similar findings by Thomas and O'Kane (1999b), nothing has been done to address these criticisms and meetings continue to involve people the children do not see as appropriate. Some of the children had come to regard reviews as tools of discipline with their right of attendance.

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7 It is noted that research by Thomas and O’Kane (1999b) also found that age was a distinct barrier to children’s involvement in reviews with children under eight being the least likely to be invited to attend. This was consistent with my own findings.
being used to ensure their conformity or good behaviour, what Foucault describes as controlling and coercing (2003):

‘Children complain that review meetings are sometimes used as forums to criticise them’ (Timms, 2001, p. 231)

Rob’s engagement in review meetings had been made contingent on his good behaviour at school and home which had further alienated him from access to decision-making, causing him additional anxiety about his ability to know what was best for him:

‘It’s not nice to feel that things are happening that I don’t know about or have any control over..........’

...............I’ve asked to see my first social worker because I can’t remember what happened and I hear lots of different stories. I don’t know what to think and I’m fed up with it. Social workers should tell children what happened and give them information to make their own minds up. I don’t feel I’ve had any information and that makes me mad. It’s not fair.’

All participants spoke of the significance of peer support which appeared to underpin a great deal of what I have already discussed in this section. Practitioners agreed that opportunities to reflect with their peers and supervisors about issues of practice would be of considerable assistance in keeping their work alive and prevent the development of formulaic, ‘off the shelf’ approaches:

‘There is very little support. We all work 1:1 and do not know each others work. If we did, it might help a lot. (Lesley)’
'I would love to have some peer supervision, reflection and discussion on what they do with children, but it doesn’t happen.’ (Carole)

The children cited the value of support from their siblings; their birth families and their friends with helping them come to terms with what was happening to them.

Four of the children who had been referred to me by an independent fostering provider spoke about their opportunities to engage in support groups and activities with peers and described these experiences as crucial to their sense of wellbeing. Those who did not have this support spoke of feeling ‘abnormal’ in school (Debbie), not knowing who else had similar experiences (Steven) or who would understand how it felt to be them (David). Some children talked about their perception of a lack of common ground between them and classmates and the difficulties of fitting in, making them rely on other looked after children (Vickie and Katie), their siblings (Ruth and Alice) or where that was not possible, on their social worker for understanding and acceptance of who they were (Dale).

All of the participants spoke of the importance of good relationships with each other and cited the requirement for time and priority to be given to this in order for their relationship to develop, although this was cited as very hard in most instances. A lack of time was therefore a common experience and regarded as a major obstacle in terms of creating meaningful bonds between social work practitioners and looked after children:

'I compromise by relying on others to do some of the relationship work, but it’s not the way I would want it.' (Jane).
'I do as much as I can, but I know it's not enough' (Carole).

'The system does not allow commitment to individual children and it's so frustrating' (Jake).

'They never seem to have anytime to do anything. Sometimes we talk about what I am doing at school, but never about anything important' (Vickie).

'I really enjoyed it when Derek took me up country to see my dad. At last we had some time to talk. He's a funny bloke and I think I got to know him better. We have got on better since we got back, anyway' (Mark).

'We have a new social worker, but I don't know her name. She is always busy and only comes to see us sometimes' (Alice).

'She just cancelled my review and did not give a reason except she was too busy, something else had come up. That's rubbish' (Vickie).

Phase three: further analysis following interaction with focus groups

The analytical process of phase two of the research left a number of questions unanswered requiring further exploration in phases three and four:

- How did social workers keep the children informed about what steps they were taking on their behalf? What other people were they talking to and
what activities were they creating to establish how the child felt about what has happening to them?

- There were significant questions around training in communication skills with young children, especially in traumatic situations when procedures are being followed and emotions are high. What was the availability of resources and what type of training was seen as appropriate for this sensitive work?

- The children appeared to have concerns regarding the maintenance of their memories of their early childhood and their time in care. Several had experienced significant changes in social worker, foster carer and geographic location, which combined to make it difficult to maintain a good understanding of their situation or sound memories of self-determination, involvement and participation. Coming into care was a momentous event in the child’s life and the role of memory appeared to be a matter of critical importance to the success of the relationship between practitioner and child.

- There were significant questions about the perception of the power of social workers, the responsibility to ensure they undertake effective corporate parenting and keep the child safe from harm, making defensible decisions. All reported difficulties with this and a high degree of ambivalence was expressed.

- The experience of being cared for, having a warm nurturing relationship with their social worker was important to the children, a sense that they mattered and they received a good service as a consequence. The social workers appeared reluctant to go as far as the children wanted –I wanted to see what lay behind this: professionalism or anxiety regarding the...
emotional consequences of caring about the children for whom they were responsible.

In phase three I took my initial analysis to five focus groups; two involving children and three involving practitioners, and encouraged debate and discussion in order to sharpen the focus on what were the key issues underlying all of the data collected and move towards creating a shared understanding.

The children engaged with this phase of the analysis by using statement cards (see Chapter Nine), key phrases or sentences I had gleaned from the interview data (Appendix Fifteen). I asked the groups to put the cards in the order of significance they felt appropriate and then we held a discussion on what their pattern meant, why they had put certain statements at the top, middle or bottom of their list and why they had decided to put some side by side as equal in importance. The practitioners were invited to develop their understanding of the data through a presentation of my findings from the interviews with the children (Appendix Seventeen) and an ensuing discussion, in three different group situations. Three key themes emerged from the activities of the focus groups; the quality of relationships, engagement in decision-making and the importance of memory.

Quality of relationships

According to Figure 10:6, both of the children's focus groups saw their rights to a childhood and to a good quality relationship with their social worker as amongst the most important statements to emerge from the data. Their choice of cards at the top of their priority ladder spoke of their frustrations regarding the
childhood is very important and social workers should make sure that children in care have one

was lied to as to why I was in care

children should know all the facts and then be helped to understand what they mean

when you are a teenager you know more and understand more

i was not involved in the decision making process when coming into care

Children's focus group 1

Children's focus group 2

children should know all the facts and then be helped to understand what they mean

aware of courts and court personnel

social workers should do what the children want

social workers should care about the children they work with, as only then will they do their job properly

childhood is very important and social workers should make sure that children in care have one

kids should make their own decisions, not have social workers deciding

age matters

Figure 10:6 Top statement cards – children’s focus groups

See Appendix Sixteen for photographs of cards exercise

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processes they were involved in. Even though they displayed awareness of the relevance of age differences in terms of understanding, their involvement in decision-making and the right to receive information about their situation were important factors for them, at whatever age. Affirming what had been said in the individual interviews, the children from the focus groups clearly stated that social workers should make sure they give children information and help them to understand what was happening, listening to their thoughts and perspectives. These children felt that they could be involved in the decision-making process, appreciating the different views and opinions; it was up to the social workers to make sure the circumstances were appropriate, child-friendly and supportive in order for this to happen.

As in the individual interviews, the children in the focus groups talked about the disruption caused through the experience of several changes of social workers, that it inhibited the development of relationships and made it unlikely they would fully express themselves. A high premium was placed on social workers caring about the children with whom they worked (see Appendix Fifteen- card 26). This card specifically related to a discussion I had had with Anna and Steven when working on the decision tree (p.251).

Both children's groups were therefore in agreement that emotional attachment to their social worker was extremely important and without it, their experiences as looked after children would be fundamentally flawed (Bilson, 2007).

All three practitioner focus groups felt they had kept children informed, irrespective of age, and had made attempts to develop as good as possible a
relationship with the children in their care, although there was
acknowledgement by both the court welfare and local authority groups that it
was often difficult to do this in the time allowed:

'I reckon only 10% of my time is available for working with
the children. The rest is paperwork, phone calls and
meetings.' (Participant in focus group A)

'I am constantly out of time and it gets hard to do it right.'
(Participant in focus group B)

'I make time for the children by arguing for it when
necessary and sometimes being prepared to let other
work go. This is not a comfortable position, but I think it's
necessary.' (Participant in focus group A)

Participants in practitioner focus group C discussed the undesirability and stress
of this type of situation, expressing their relief that they were no longer working
for a local authority where they felt their work had been poorly recognised and
supported, operating within very rigid administrative structures and procedures
(Gaventa and Cornwall, 2001; Syed, 2007). They felt their work was better
recognised, honoured and supported by the management of the independent
fostering provider:

'I am so glad I work here now. I couldn't go back to
working for the local authority. I had to get out of that way
of working because it wasn't healthy and it wasn't right.'
(Participant in focus group C)

Focus group C regarded their work as more emotionally enriching and creative.
They saw their agency as having the children's welfare at the core (Beckett and
Maynard, 2005: O'Loughlin and O'Loughlin, 2008) and a strong ethic of care
Thus, practitioners in focus group C felt they had been encouraged to develop close and meaningful relationships with the children they worked with and both they and their organisation placed a high priority on this. Support systems and resources were also in place to enable these workers to achieve emotional harmony (Mann, 2004) and to be creative and responsive within their work with looked after children:

'We have instant access to therapists and our supervisors to help us in our work. This is crucial for the job we do.'

(Participant in focus group C)

They were also given the time to devote to developing their relationships, the organisation recognising that this is often the work of ‘many months’ (Participant in focus group C). Other agencies were unlikely to offer the same kind of relationship because of the expectations and restrictions placed upon them by legislation and court rules on evidence. Groups A and B talked about their responsibility to engage in assessment and resource management, the requirement to be professional and detached, to not get caught up in the children’s emotional pain (Parton, 2003). Thus, it seemed that Focus Group C could identify a strong ethic of care within their service provision which focus groups A and B could not.

Focus group C recognised that they did not have the full range of responsibility that other social workers had; to represent the family or to make decisions about permanency or otherwise of placements for the child which they thought made a difference to their capacity to actively engage in informal, quality relationships. Katie also noted the difference in the quality of service comparing
local authority social workers with those who worked for the independent fostering provider (Selwyn et al, 2008):

‘Local authority social workers are rubbish. They don’t spend any time with you and they can’t do anything for you.’ (Katie, Appendix Two)

Whilst some participants in the practitioner focus groups saw the need for warm, nurturing and meaningful relationships with the children:

‘I want to have the time to walk alongside the child on their journey.’ (Participant in focus group B)

- others felt this was impossible to do for all of the children on their caseloads, often because of time constraints, corroborating Anna and Debbie’s awareness of social workers not always being emotionally engaged with them:

‘Some you get to know deeply, others not so. It’s hard to always remember that the relationship is important with all. It’s easier to just accept that some will get a better deal from me.’ (Participant in focus group A)

In focus group B, the consensus was that their relationship with children was more marginal as they were unlikely to continue their contact after the court hearing. Therefore, it was unwise to make too much of the relationship. For some, this was unacceptable and made their work harder to bear as a consequence. One found the emotional distance between her and a child personally frustrating as she felt she got very close to a number of her child clients and would have liked to continue the relationship, but saw herself as discouraged from doing so by her organisation (Hochschild, 1983; Syed, 2008)
It seemed practitioners in this group had developed strategies to enable them to cope with this, and kept their distance from the children, not allowing themselves to become emotionally involved (Moylan, 1994). A number of participants in this group described their role as helping the children to forget their past experiences, recover and move on. Indeed one participant expressed the hope that the children she worked with forgot about her involvement in their lives very quickly, it was not her job to make relationships, but to expedite court processes and ensure good outcomes. Some of her colleagues, whilst endorsing her sentiments, felt she was being a little extreme; there had to be a reasonable relationship with the child in order for a court report to truly represent the child. But, nevertheless, there was agreement in the group that their relationship with a child was much more transient than those they would have with their social worker from the local authority. Their discussion did not acknowledge their role in scaffolding memory development for children (Kraemer and Roberts, 1996; Ghetti and Alexander, 2004; Ward et al, 2006).

There was therefore considerable evidence that relationships between children and practitioners were qualitatively different depending on the agency involved, the amount of time and emphasis given to the development of relationships and the personal qualities of the worker concerned. All of these factors affected the level of service the children might expect from their social worker and the nurturing they might receive. I am reminded of Ungerson (2005) and the question of the difference between caring for and caring about (see Chapter Three). I would argue that, for many of the children, their experience was of being cared for, in terms of care planning and a progression through the care system, but that few had experienced being cared about, a sense of being
important to the caregiver. The evidence from Anna on the decision tree, p.251), the discussions in all of the focus groups, children and adult, all demonstrated that relationships were extremely important to every participant, but they had very different understanding about what constituted a bond of quality. It may be that the children’s expectations were unrealistic; that they expected more than the social workers were able or willing to give (McLeod, 2008), although evidence from focus group C demonstrated it was possible to create nurturing relationships (Heard and Lake, 1997). There were considerable barriers to the development of relationships, the bureaucracy within which they operated (Yi Cheung and Buchanan, 1997; Gupta and Blewett, 2006; Taylor et al, 2007) and the organisational control on the emotional labour of workers (Hochschild, 1983; Smith, 1992; Syed, 2008). Roy et al (2002) had spoken about the outcome-led agenda that proliferated within agencies responsible for looked after children inhibiting genuine caring relationships (see Chapter Four). Certainly this was in evidence here.

Engagement in decision-making

The children’s focus groups confirmed the concerns expressed in phase two about the lack of involvement in meetings or when preparing reports. They were able to reiterate the significance of this in terms of the importance of self-determination and the development of memories of personal effectiveness and engagement. This accorded with the views expressed in the practitioner focus group B and was noted as a major concern for participants in focus group A:

"We need to find ways to always tell the children what we are doing. The subtler things we know we are doing, they
do not know, but they should.' (Participant in focus group A)

'I am their advocate so I need to represent their views as closely as possible. Where they can’t have what they want, that needs to be faced and gone through, not avoided. Avoiding it does them a disservice.' (Participant in focus group A)

The lack of wherewithal to achieve these aims was seen as a substantial barrier. None of the offices had good resources available and very few practitioners had had adequate training in communicating with children of all ages.

The court system, a main arena of decision-making was also regarded as a barrier to the effective involvement of children in decision-making (Winter, 2008). Focus group B was particularly vocal about the difficulties inherent in the court system, how they feared their work could become formulaic as the judiciary did not seem to value any creative means by which they might have encouraged the child to voice their feelings and wishes:

'It's really important that I am their advocate and speak on their behalf where they are not being represented or are being judged. I try to get other professionals to think about the children from outside their particular box. But the system doesn't help. In fact, it often makes it much harder for me to do my job properly. That is really hard to cope with.' (Participant in focus group B)

The children's focus groups agreed with the practitioners in focus group B as they talked about their sense of powerlessness, knowing decisions were being made about them by people they did not know and who did not know them
(Figure 10:7). Debbie had felt quite angry about this when she was interviewed and Vickie, Katie and Mark continued the theme in their focus group session (Group one).

It was evident that all participants were aware that the systems and procedures that bound them together often inhibited a frank and meaningful engagement in decision-making.

The children confirmed the evidence from phase two, talking about not seeing reports, being involved in meetings that were not child friendly (Thomas and O'Kane, 1999b; Schofield and Thorburn, 1996) and not being allowed to visit the courts to see where decisions were made on their behalf (Dyche, 2002). The statement cards placed at the end of the ranking in each of the children's focus group were significant (Figure 10:8). Focus group 1, comprising the older children showed evidence of ambivalence towards social workers; 'social workers are good fun.' ‘All they do is talk’. Again, these cards indicated a desire to have a good relationship with their social worker and their frustration that this was not the case. The final cards related their experiences of corporate parenting. They all agreed that these statements were important, but were less relevant than the need for a close relationship with their social worker. There was a measure of acceptance of the processes and procedures of corporate parenting and their role within them as looked after children, with little power or autonomy.
it feels OK being a kid in care

was not told why i was in care until quite a few years had gone by

no opportunity to visit or meet key court people who would be making decisions

i was not consulted in the decision-making process when coming into care

did not talk about any reports

big decisions are made at reviews

did not see any reports

social workers just fill in bits of paper

Children’s focus group 1

Children’s focus group 2

kids should make their own decisions, not have social workers deciding

age matters

all they do is talk

did not talk about any reports

social workers just fill in bits of paper

social workers are good fun

too many changes of social worker

meetings are boring

i knew when i was four what i wanted to happen, but no-one listened

no opportunity to visit or meet key court people who would be making decisions

Figure 10:7 Children’s focus group 1 and 2 mid-sections⁹

⁹ See Appendix Sixteen for photographs of cards exercise

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siblings - older child has responsibility for the younger and that is not OK

all they do is talk

social workers are good fun

corporate parenting is not good

no toys or opportunities to play

Children's focus group 1

Children's focus group 2

i did not know what to say to the social worker for the best

no-one knew what i had been through and i had to explain all the time

siblings - older child has responsibility for the younger, no matter what his or her age and that was OK

siblings - older child has responsibility for the younger and that was not OK

was lied to as to why i was in care

corporate parenting is not good

Figure 10:8 Children's focus groups – final cards

10 See Appendix Sixteen for photographs of cards exercise
These perceptions echoed work with the practitioners where they had described feeling powerless to affect change, a sense of being 'stuck' in a system:

'My organisation is dominated by procedures and finance.' (Participant in focus group B)

'Feeding the system gets in the way of a good piece of work.' (Participant in focus group A)

For the children the frustration seemed to lie in the realisation that their assumption of the power of their social worker is not correct, that social workers had to report back to others, cannot make decisions on their own and were, therefore, just as powerless as the children. The impotence the children described and attributed to themselves was shared and in all of the focus groups, children and adults expressed their frustration. What was apparent was that the children expected their social workers to do something about it, to stand up for them and be a true advocate. What was also apparent was that the practitioners did not know how they might affect change, that the organisations procedures and rules prevented them from fulfilling the role of advocate.

The importance of memory

Who preserves and protects the memories of earlier times, experiences and choices was regarded as important by the children in both focus groups. The children portrayed themselves as needing to remember where they had come from and what events had happened to them, in order to feel whole and certain within themselves. There was recognition that social workers were not the only people who might take the responsibility of memory rehearsal (McGuigan and Salmon, 2004) although they should ensure all looked after children knew what
was happening and had the opportunity for involvement, rather than relying on an older sibling to do this on their behalf. The sequencing of all of the cards indicated that the children did not want to forget their past. It was integral to them.

In the individual interviews Rob had talked about his inability to remember why he was in care and his sense of frustration that he could not find anyone he could trust to tell him the story. The focus groups reflected the significance of Rob’s feelings and demanded the right to know what had happened and why as well as being involved in that process. Siblings were regarded as possible memory keepers, but there was evidence of ambivalence indicated by the positioning of relevant cards either side by side (Group two, Figure 10:8) or one above the other (Group one, Figure 10:8).

I had already seen the role of memory keeper and decision maker being taken up by siblings in the individual interviews, but it was clear that this was not always a comfortable role. Just as Debbie had indicated in her interview, Keith in focus group two talked about the weight of responsibility on his shoulders, especially in terms of keeping the memories of their previous life safe for him and his sister:

‘Ruth does not need memories of her own because I have them. Sometimes I wish I was her and did not have memories. Holding them is hard sometimes.’ (Keith)

‘I am glad Keith knows things that I can ask him about.’ (Ruth)
'Ruth does not remember what he was like.' (Keith)

'I remember he didn't keep his promises.' (Ruth)

(Focus group 2; conversation about their memories of their birth father)

The creation and development of opportunities for memory recall was therefore acknowledged by the children as being important. The adult focus groups did not see a role for themselves in aiding a looked after child's memory recall. Indeed there was suggestion of the hope that the children would forget their intervention (Focus group B) – undesirable and impossible aspirations as far as the children were concerned.

Thus, throughout this stage of the research, I was able to see confirmation and development of my analysis at the end of phase two. As I had identified previously, attitudes towards the competency of younger children were significantly diverse in the different organisations and seemed to have created barriers to their involvement in decision-making processes. The children were aware that the attitude of their social worker towards their competency was a barrier to their development of the skills of self-determination and were able to articulate the frustration and sadness when this had occurred. It was clear that all of the social workers worked hard to represent the children as fully and carefully as possible, using all possible resources to complete this task, but recognised the barriers the agency created, the 'emotion rules' that prevented their engagement (Hochchild, 1983; Smith, 1992; Syed, 2008):
"When rules about how to feel and how to express feelings are set by management, when workers have weaker rights to courtesy than customers do, when deep and surface acting are forms of labour to be sold and when private capacities for empathy and warmth are put to corporate use, what happens to the way a person related to her feelings or to her face?" (Hochschild, 1983, p89)

The most important issue was the quality of the relationship enjoyed by the children with their social worker which underpinned everything and was affected by all the other issues identified by all participants.

Phase Four

Figure 10:9 an analytical framework

The combination of data from the focus groups and the interviews enabled me to construct a matrix of understanding at this level of the analysis; a grouping together of the issues into a framework that allowed me to contextualise their

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implications and begin to explore further their relational significance. Using Figure 10:9, I returned to the children’s focus groups and asked them for their thoughts. I found that the children were quick to engage with the results and happy to offer a further perspective on what they saw as the significances of my analysis.

In Figure 10:9, each box; personal identity; permitting circumstances and clarity of roles are inter-related, requiring the existence of each other in order for relationships between social workers and children to be successful and for effective participatory decision-making to take place. Some issues occur across the columns; for example power and care were so important they are visible in all.

**Personal identity**

As previously identified in the individual interviews there were significant issues about the sense of personal identity for both groups of participants. With the help of the focus groups, I was able to identify the individual components that underpinned positive personal identity for both looked after children and practitioners. In particular, for the children, feeling powerful in their own lives, with memories of powerfulness at important moments, such as reception into care and at reviews was important. Experiencing caring relationships, feeling nurtured and cared for by those in positions of authority and responsibility was also extremely important to the children in terms of their perceptions of themselves as capable people rather than learning to be helpless (Dweck, 1999).
Children’s focus group one was keen to emphasise the need for time to develop relationships and the requirement for emotional engagement on both sides in order for it to work. They commented on the need to remember the process, to
They also reiterated the importance of being involved in decision-making even when it was complex and painful:

'We have to be involved. It's our life and we know what's going on even if we don't want to see it. The more they stop us from talking about it, the harder it gets to trust them or want to have anything to do with them.' (Katie, focus group one)

Children's focus group one agreed to create a poster which communicated their thoughts about being looked after by the local authority (Figure 10:10). In the poster, there is evidence of some 'wishful thinking', especially in relation to wanting good pocket money, treats and gifts and there is also a lot of anger present in the picture. For example; 'No More Police checks!!' related to the children's experiences of having any adult they stayed with having to engage in a vetting procedure, through police and other checks, thus making sleepovers and holidays with friends difficult and sometimes embarrassing. The children talked about this experience making it difficult to accept impromptu invitations, thus confirming their feelings of strangeness explored earlier (p.260). 

The group described these legal requirements as inhibiting their opportunities to be children and, as a consequence, getting in the way of the relationship with their social worker by making them feel their social worker could not trust them.

11 Thomas and O'Kane (1998c) established that such checks are not a legal requirement under the Children Act 1989. Although there is a legal requirement to safeguard looked after children, there are also requirements to behave as reasonable parents, which Thomas and O'Kane argue would be best served by allowing children to become part of their community and behave like other children, developing relationships with friends and enjoying opportunities presented to them. It is important to note, that despite the work by Thomas and O'Kane in the late 90's, the looked after children I worked with were still experiencing this uncomfortable situation, ten years later.
and was preventing them from being like other children. They could see the existence of a tension between protecting children and looking after their emotional wellbeing, but talked about these legal requirements creating insurmountable barriers.

Taking Figure 10:9 to the siblings Keith and Ruth, I found similar responses to those of group one. Keith and Ruth also wanted to place an emphasis on the importance of the relationship between looked after children and their social workers. They saw the acquisition of skills to get to know children and thereby develop a meaningful relationship as most important:

'I remember we did lots of activities with her, to try to get us to talk about what we thought and felt. But she did not ask us what our pictures meant, she just decided for herself. She should've asked us. I don't think she really knew what she was doing. It was like something she had to do and she was glad when it was over.' (Ruth)

The importance they attached to the acquisition of good and effective skills of talking with and, most importantly, listening to children was further demonstrated in the rainbow poster they drew (Figure 10:11). The orange sticker states: 'do a variety of things, don't just play and don't just ask', the green one: 'respect their views', indicating Keith and Ruth's experience of being asked several questions where their answers were not listened to and were not represented authentically, in their opinion, in court reports or review meetings.
Thus, the children showed that experiences of competence in childhood led to feelings of confidence in their ability to engage in relationships that needed to be of high quality, in order for self belief and a sense of power to emerge (Hart, 1992).

**Clarity of roles**

A second group of issues related to the roles the children and participants held in relation to each other. The greater the clarity of these roles, then the more
successful the relationship was likely to be. Where confusion existed about the roles held by the child and the social worker in their relationship, a dissonance could be seen concerning their responsibilities, what the other could expect as an outcome of their engagement. The children wanted to be able to expect love and care, whilst the practitioners felt they could only give the right of consultation, looking to others to provide the caring relationships the children craved.

Katie’s previous comment on page 281 highlighted her perception of a lack of clarity concerning roles and responsibilities as well as issues around power and the construction of relationships.

The roles of memory keepers and memory practisers, and who held the responsibility for these roles was also highly significant. For example, Rob’s narrative clearly demonstrated how important it was to remember the events of reception into care in terms of individual wellbeing, particularly the development of confidence and personal autonomy. Memories of events need to be rehearsed or practised several times in order to become embedded in the memories of the children who, over time and several transitions, were inclined to forget and misunderstand, unless someone actively helped them recall events from the past (Ghetti and Alexander, 2004).

There is therefore a question about who takes responsibility for keeping memories alive, helping the looked after child to rehearse and recall them for themselves, especially in a situation of transient relationships and several changes of personnel. From the responses in the interviews and focus groups, the answer to that question was hard to discern. It seemed there was a
significant lack of clarity about who should take on the responsibility to make sure looked after children had good information about their past lives and were able to engage in the memory rehearsal and development that other children took for granted. Those who had siblings in care with them seemed to be more confident about their memories of their circumstances, trusting their brother or sister to act for them and tell them anything they required. I had already seen that those older siblings acting in the role of memory keepers felt their responsibility keenly and worried about it. Those who did not have siblings to help were conscious of gaps in their knowledge and understanding, and this was distressing for them (Rob and Mark):

'I have asked to see my old social worker because I don’t remember why I was put in care. My foster parents are new and don’t know and my new social worker doesn’t know either. My mum has told me, but I don’t know whether that is the truth. I have heard lots of different stories and I can’t remember for myself. I just want to know why I am here and what happened (Rob).

'These foster parents are the best ‘cos they have told me everything about what happened to me. They made it their business to find out when they could see I was getting upset because I couldn’t remember. My social workers hadn’t said anything even though I asked and asked’ (Mark).

Keith and Ruth were also keen on the development and acquisition of memory as a looked after child. They emphasised the pivotal role of the social worker as a memory keeper, allowing children to rehearse their memories and thereby get important facts and stories clear in their minds in order to develop a real understanding of their past lives:
'If we can't remember anything, how do we know what happened? Not everyone has someone they can ask and they should have.' (Ruth)

A further drawing of flowers by Keith and Ruth (Figure 10:12), entitled 'listening to children and understanding children' (a picture they drew on their own initiative – see Chapter Nine) served to further underline the importance they attached to these skills and how failure was 'bad, really bad' and success was 'really good.'
The poster drawn by children's focus group one indicated the group's acknowledgement of the important role of foster carers and other professionals, such as advocates. Earlier the children had not been able to identify anyone else who might be involved; now they were beginning to see there were more people of whom to take account. This confirmed evidence from practitioners that these are useful people who have a key relationship with looked after children:

'I use all possible experts, including the child.' (Carole)

The poster drawn by children's focus group one also showed their awareness of the complexity of the situation looked after children find themselves in. They knew these people were important, part of the 'team around the child' (Siraj-Blatchford et al, 2007). Nevertheless, the central importance of the caring ability of the social worker is evident and, according to this group, ignored at peril.

Permitting circumstances

Finally, a number of factors were emerging that I started to label as permitting circumstances (Pugh and De'ath, 1989) which seemed to be factors that needed to be in place in order for an effective and rewarding relationship between looked after children and their social workers to take place, hence their placement in the middle of Figure 10:9. If they were absent the relationship would be significantly poorer for both parties. From the analysis of the data I would argue it is impossible to have a meaningful relationship with a young looked after child if the circumstances do not permit and encourage it. The enhancement of memory is not going to take place without recognition of personal agency and the development of resilience for both practitioners and
children and should take place within an organisational culture that gives it a high priority. Unless sufficient time is given for the relationship to develop, then the bond will be weak with minimal effectiveness. Furthermore, practitioners need the appropriate skills and resources in order that they might work with looked after children in creative ways such as craft activities, games and toys, not just through verbal communication.

In the opinion of my participants, quality relationships between social workers and children need to have firm foundations of trust and honesty. The individual need to be caring and intrinsically interested in each other and, most importantly, the relationship needs to be stable. Using Heard and Lake’s (1997) typology of relationships between caregivers and careseekers (see Chapter Three), I could discern those relationships which were the most fulfilling with evidence of close and positive interaction. What was much more in evidence was a proliferation of dominant/submissive (D/S) relationships, those most likely to exist where the demands of the organisation were too great, where personal and professional support systems were weak or non-existent (Heard and Lake, 1997). These were circumstances in which practitioners found it hard to sustain the level of care needed and began to exert unhealthy levels of control:

“When faced with too many careseekers or ones who are uncooperative, such caregivers feel incompetent and powerless. To regain a sense of control and competence, there is a marked tendency to fall back on coercive, controlling or avoidant patterns of relating” (Heard and Lake, 1997, p. 92).

An example of controlling and avoidant behaviour was given by Anna and Steven when I visited them the day after their social worker had told them he
was transferring their care to another worker as he needed to cut his workload. He had apologised to them for his leaving and described at great length how busy he was and how his responsibilities were making him tired. It was clear from our conversation that they felt sorry for him, almost motherly, and these feelings inhibited their ability to talk about their own loss of someone who had been a key part of their lives. Their social worker was a key memory keeper for them as he had taken them into care and supervised several of their moves as looked after children. The children were therefore caring for their social workers, protecting them from their distress, which indicated a serious confusion over their roles and responsibilities towards each other. When I reflected on our conversation in my journal (Appendix Two), I became aware that Derek had prevented them from expressing their anger at his going, by making them feel sorry for him. I was equally sure that this had been unintentional, but served to highlight the confusion that existed in the roles played within the relationship. Who was looking after whom and who should be looking after whom, seemed to be important as it became apparent that power relationships existed beyond formal roles.

Final analysis

Having started with a relatively simple list of common themes and topics, I have been able to develop a more sophisticated recognition of the complexities of relationships that need to exist between social workers and looked after children if effective involvement in decision-making is to take place. I have also been able to identify why involvement is so important and what it means to looked after children and social work practitioners to create meaningful opportunities for their relationship and for engagement in decision-making processes. Finally,
taking all of the data and phases of analysis, I was able to construct a model of understanding, of the important components of a successful relationship leading to effective participation in decision-making.

Figure 10:13 A new model of understanding

What has become apparent through an analysis of the research process was that the ecological model I used in Chapter Three (p.60) does not adequately portray the relationship between children and social workers. I had already argued that an ecological model placing the child at the centre of care planning has been actively promoted within welfare developments over the last few years as a way of ensuring that the wishes and needs of the child are paramount, to be borne in mind at all times (Hetherington et al, 1997; Daniels and Jenkins, 290
However, I would argue that ecological models that place the child at the centre in this way can have the effect of isolating the child as they allow a competency model of childhood (Knutsson, 1997; Beckett and Maynard, 2005; Kiely, 2005; Winter, 2008) to proliferate, promoting a view of children, especially those who are very young, as inferior and in need of protection (Daniels and Jenkins, 2000; Parker, 2000; Winter, 2006).

Existing models also allow assumptions to be made about the power of the social worker (Robinson and Kellett, 2005) and the influence of the social and political context (Gaventa and Cornwall, 2001) as well as the decision-making situations that looked after children might find themselves in (Payne, 1996; Munro and Ward, 2007), that I have subsequently found to be limited. Furthermore, I would argue that existing models do not fully reflect the complexity of the circumstances in which looked after children and social workers find themselves, notably the inter-relatedness of their situation (Simmonds, 2008).

From the data I collected and the interpretations of my participants, I have developed a model\(^\text{12}\) (Figure 10:13) that seeks to recognise the inter-relatedness of the roles of social worker and looked after children, showing the

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\(^{12}\) I do not put my model forward as an alternative to existing models. Rather it is an opportunity to look much more deeply into that middle circle and recognise the importance of the inter-relationship between a looked after child and their social worker. Furthermore, I do not wish to suggest that the relationships a looked after child may have with their birth family, their siblings and their friends are not also important. Sally Holland’s has recently (2009) done some excellent work that shows the multitude of relationships that looked after children are engaged in, using a similar model to portray their significance. In the context of this thesis, I am focussing exclusively on the relationship a looked after child has with their social worker. My model might also be used to recognise and thereby value, other intrinsically linked relationships a looked after child might have.
importance of the circumstances around them that would better facilitate good and nurturing relationships. My model takes account of the data I have collected concerning the importance of power, care and caring by placing looked after children and social workers in a central position, equally affected by the circumstances in which they find themselves (Clark et al., 2005; Lefevre et al., 2008). The interconnecting circles demonstrate the importance of their attachment, whilst at the same time recognising that there are other relationships, responsibilities and duties that exist outside of it. Importantly, there are no barriers between the looked after child and their social worker as in the ecological models commonly used in social work literature (Hetherington et al., 1997; Ungar, 2002; Gibbs et al., 2005); rather, there is a deep and meaningful connection. My model situates this meaningful and enriching relationship between social workers and looked after children in the context of permitting circumstances and reinforces my argument that both are subject to the vagaries of their situation. Thus, unless there are favourable permitting circumstances, such as resources and support; an affective environment that recognises the emotional interplay of child and social worker (Simmonds, 2008) the relationship will not work or will be weak and therefore unsatisfactory. By placing social workers and looked after children as interconnected circles, their interrelatedness is not only acknowledged, but emphasised. The emphasis is important; looked after children need someone who is a friend and equal and therefore require corporate parenting structures that clearly place an emphasis on parenting by promoting stability and encouraging close relationships rather than on corporate care management policies that leave the intimate work to others (Luckock et al., 2008; McLeod, 2008; Winter, 2008). Nevertheless, the model does not ignore or minimise the additional responsibility on social
workers to ensure that looked after children are well cared for in all aspects of their lives. The model accepts that ultimately decisions may be made that are not what the child wants to happen, but are in the child’s best interests. What is important is that both child and social worker work together to co-construct their relationship (Heard and Lake, 1997), acknowledge each other’s perspective and have authentic discussions on what might or must happen. Social workers act as facilitators and enablers, not experts (Vygostsky, 1981; John, 1996) and this responsible role is clearly in evidence in the model.

Thus, the optimum situation is one where there are permitting circumstances: a corporate parenting that acknowledges the emotional labour involved in caring effectively for looked after children by supplying appropriate support mechanisms, including training, to sustain the effort; where practitioners have the autonomy to make decisions and judgements in the individual case without unnecessary bureaucracy; where partnership is actively encouraged between adults and children; and where priorities are given to the development of meaningful relationships (Thomas, 2005; McLeod, 2008):

‘Work that depends on the dynamic interplay of the emotional states of the child and worker over time needs its own language sensitive to those states. The static descriptors of the competency framework deaden the process driven aspects of the work’ (Simmonds, 2008, p.xxiv).

These relationships should be nurturing and caring ones that acknowledge differences of perspective and allow creativity and personal development to take place (Clark et al, 2005). The relationships described as the most fulfilling
and successful by both children and practitioners were those that were non-judgemental and allowed time for the relationship to develop. Successful relationships were also those where both parties were fundamentally interested in each other’s perspective (Cockburn, 2005) each caring about the other (Noddings, 2002; Folgheraiter, 2004; Thomas, 2005; Dahlberg and Moss, 2005; Bilson, 2007; McLeod, 2008; Lefevre et al, 2008).
Chapter Eleven

Conclusion

Quiet Reflections

My research has been a substantial journey which has moved from a position of seeking to prove that young children can participate in decision-making to a greater understanding of the dynamics of the relationships between looked after children and social workers that might facilitate such participation. I consider that there have been three significant outcomes from my research:

1. The engagement of children in a collaborative research process,

2. The use of the sociological concept of emotional labour to analyse the working conditions of social workers,

3. The development of a model to explain the importance of the interdependence between looked after children and their social workers.

In this chapter, I will discuss these three outcomes before addressing the questions that I asked in Chapter One (see p.16). Finally, I will look at the implications of my work for social policy involving looked after children and their social workers and identify issues for future research and/or action.
Outcome One: The engagement of children in a collaborative research process

I would argue that my research clearly demonstrates that it is possible to explore difficult and possibly distressing topics with young children through the use of innovative and creative techniques. Furthermore, the ways in which the research was conducted demonstrates that it is possible to conduct research with young children that is collaborative and co-constructive (Guba and Lincoln 1998; Fraser and Robinson, 2004), creating a shared understanding about complex topics.

In order to be collaborative, I developed a number of highly creative activities that I could use in the interviews and focus groups that I conducted. I followed Thomas and O’Kane’s guidance (2000) to design methods of participation that focussed on the child’s areas of competence, thus enabling a deeper level of participation. Indeed, I found that the children often took opportunities to develop my methods by taking my original ideas and expanding their potential (see p.223), thereby giving me a great deal of inspiration on how to create new and more accessible tools for exploration in my research. For example, the decision tree (p.161) was developed following a conversation with a child participant and proved to be extremely successful and easy to use\. I considered that its success could be attributed to a number of factors:

- The tree was a familiar image and was visually bright and appealing.

\[^{13}\] I had thought I might develop the tree further by looking at what might run along the length of the trunk in terms of resources and what might be necessary in terms of skills and attributes as roots for the tree to flourish. However, an extension of the activity did not feel appropriate at this time and may be something to be considered in the future.
• The concept of using large fruits (apples) for big decisions and little fruits (cherries) for smaller decisions was easily grasped by the children of all ages and they needed little prompting to begin to articulate their understanding and experiences.

• The fruits were easy to detach and re-attach. The laminated surface enabled the words on them to be erased, changed or altered, which facilitated discussion, development or correction and thus children were happier to use them and interact with the tree.

• Because of its size, the tree could not easily be used on a table. Therefore, we would find ourselves sitting on the floor and our close proximity to each other substantially assisted our conversation with any requests I made for elucidation being well received.

Returning to the children’s focus groups at each phase of the research process proved particularly valuable in terms of co-construction. It was an essential and exciting part of the study as the children were able to offer their perspective and engaged with me in the co-construction of shared understandings and the recognition of multiple realities (Reason and Bradbury, 2006). The children took full opportunity to challenge my initial analyses of their responses and, through their discussion, offered me a variety of different perspectives that enabled the final analysis to emerge as a shared knowledge that all of us felt was helpful in terms of understanding the experiences of looked after children. I would not have achieved the richness and depth that is recorded here without the collaborative structure of the research, without working with the children as co-constructors and partners in the research process and without the use of a wide
variety of creative activities, none of which cost a great deal or required any special skills.

Nevertheless, there are a number of questions as to how genuinely collaborative the research was and the authenticity of the voice of the child in the analysis. There were times when I had to be very careful that I followed the child’s lead in an interview and did not take over, thereby being too directive and restricting what the child wanted to say rather than what I wanted to hear. My exploration of my values and predispositions in Chapter Five combined with my journal (Appendix Two) proved very useful in terms of reflecting after each interview as to how it had gone, what my behaviour had been like and how I was recording and evaluating what I had heard. What I found, to my surprise, was that I had to guard against taking over or being too directive in my interactions with the younger children, which gave me additional insight into some of the tensions felt by social work practitioners. For example, records of my interviews with Dale showed my awareness of the tension between my need to ask him questions and his need to play and have fun with me (Appendix Two). I heard these tensions repeated when I discussed with practitioners the problems they faced in working with younger children and found they were often given as reasons for not engaging in the process. I learnt to relax, trust the process and follow the child’s lead. When I was successful, the results were usually rich and deeply informative; I had enabled the children to trust me and he/she had allowed me into their world (Goodley et al, 2004). What I discovered was needed was time, resources and the willingness to set aside my agenda and follow his/her path rather than my own. These experiences gave me furthe
insight into the role of the practitioner and what was possible given the right circumstances.

In terms of ethical considerations (see Chapter Six), some of the children did become distressed during the individual interviews I conducted. However, there were fewer occurrences than I had anticipated, possibly as I was only able to engage with those children who had been judged by gatekeepers as capable of coping with the research (France, 2004) and therefore least likely to become upset when recounting their circumstances (Hill, 2005). I found that an environment of containment (Ruch, 2008) was effective in enabling a distressed child to continue their story and compose themselves. Therefore, I would contend that the distress itself was not a barrier to our work together (Charmaz, 2000; Robinson and Kellett, 2004). Only one child refused to see me as a result of our discussions and contact with referring social workers and/or foster carers indicated that the remaining children continued to be happy to see me and engage in looking at their experiences. As a result, I would argue that it is possible to hear the voice of the distressed child and that it is imperative to do so in order to help the child with the tasks of healing, seeking understanding and resolution (Kitzinger, 2000; Kirby and Gibbs, 2006).

It was important to me that, as much as possible, I used the same methods with both cohorts of participants in order to explore whether research with adults and children needed to be different (Punch, 2002; Veale, 2005), as the perceived differences can often create barriers to considering research with children. When I compared the methods that I used with both child and adult participants, I found that both cohorts required a safe environment in which to engage with
the topic and needed time to get to know me before divulging highly personal thoughts, feelings and peak experiences (Lindon and Lindon, 2000). I also found that both the adults and the children wholeheartedly participated in the interviews and focus groups, clearly enjoying the opportunity to talk about their experiences, seeking an understanding of their situation. Thus, I would content that research with adults and children does not need to be substantially different; the methods I chose and developed were not unusual or difficult and could be replicated by anyone wishing to actively engage with children.

Outcome Two: The identification of the emotional labour of social work

Emotional labour as defined by Hochschild (1983) has not been previously used to understand the emotional demands that the role of social worker places upon the individual practitioner and I would argue that it has been extremely useful to do so, shedding light on a significant barrier to the development of effective relationships between looked after children and their social worker.

It appears that because social work is already regarded as emotional work (Payne, 1996) and a vocation, there is an assumption that employers can harness a social worker’s natural inclination and aptitude to be engaged in this type of work with little cost to the practitioner or the agency (Colley, 2006). Thus, the employment of social workers is predicated on assumptions that practitioners do not require substantial support systems in order to do their job and are able to manage any anxieties they may have through the use of their own personal resources (van Gelderen et al, 2007) which are easily replenished. My research indicates that these assumptions are erroneous;
social workers need good training and support systems to be able to do their job which requires them to engage in meaningful, caring relationships with looked after children.

I had already established the criticisms of the current structure of social work as heavily administrative (Westcott, 1999; Gilligan, 2000; Beckett and Maynard, 2005; Winter, 2008) with preference given to activities such as resource management; the meeting of government targets or engagement in substantial bureaucratic processes which are seen as preventing practitioners from doing the work they wish to do, the close emotional work of actively caring for their clients (Payne, 1996). The responses from participants in my research indicated the heavy emotional cost of putting aside concerns about looked after children in order to meet these demands. There was evidence of expectations that practitioners would manage their emotions in accordance with the administrative rules of their organisation (Fattore and Turnbull, 2005) which gave rise to a considerable tension between speed and thoroughness (Beckett et al, 2007). Only Derek showed a willingness to speak out against his employer if necessary (Thomas, 2005), but he recognised, with frustration, the futility of his action to threaten to resign and described himself as anxious about his ability to continue to work at the caring level that he saw as an essential component of his professional role. A sense of powerlessness was therefore a significant finding; practitioners typically described themselves as hemmed in by guidelines and procedural expectations, stringent caseload management systems and financial accountability:
'Which imply that they are incapable of acting effectively on the basis of their professional judgement' (Hetherington et al, 1997)

Furthermore, how organisations managed uncertainty, usually through strict policies and procedures, predictability measures and outcomes, contributed to the difficulties of effective involvement of children in decision-making. There is evidence that when professionals feel insecure, they are less likely to be collaborative (Marris, 1996) and I could discern this happening in practice:

'In a society which is seemingly reluctant to promote the wider participation and autonomy of children, it may be that the real work needs to be done with adults' gut feelings and values alongside the more cognitive processes of informing adults about children’s rights to treatment under the law' (Daniels and Jenkins, 2000, p.131)

The sociological theory of emotional labour argues that the personal price of managing feelings in accordance with the expectations of the employing organisation can be substantial as people struggle to suppress emotions that are deemed unacceptable or pretend to experience the emotions demanded by their employer (Hochschild, 1983; Smith, 1992; Mann, 2004). The cost of managing this hard emotional work can be great, with practitioners becoming exhausted, burnt out, disengaged or disaffected (van Gelderen et al, 2007; Mann, 2004; Kim and Stoner, 2008). Using the concept of emotional labour to analyse the responses of the social workers participating in the research, I found many instances of social workers distancing themselves to protect their own emotional wellbeing. Thus, I would argue that the concept of emotional labour is highly relevant in this context and is helpful in identifying what needs
change in order for the resilience and wellbeing of social work practitioners and their ability to care about the looked after children they are responsible for.

**Outcome Three: A model of understanding the relationship between looked after children**

The model developed at the end of Chapter Ten (Figure 10:13, p.290) has far-reaching implications for looked after children and the structures that surround them. My research has shown that looked after children, of whatever age, can and should take part in decision-making processes. It is important for their sense of wellbeing and the development or maintenance of resilience. However, in order for this to happen, the relationship between social workers and looked after children has to be carefully constructed and valued as the most crucial element of successful care planning. As already explored in Chapter Ten, the model does not deny the importance of other relationships to either a looked after child or his/her social worker. What the model seeks to do is highlight the essential circumstances that need to exist so that this important relationship, between a looked after child and his/her social worker, may flourish.

The promotion of meaningful relationships between social workers and looked after children requires a comprehensive critique of the circumstances that surround them (Yi Cheung and Buchanan, 1997; Gupta and Blewett, 2006, Taylor et al, 2007). This critique should demand the existence of what I have identified as permitting circumstances; an affective environment that recognises emotional labour and encourages care and power sharing; support; time; training and resources.
My research has shown that it is difficult for social workers to maintain a focus on working as an advocate for looked after children (Ward et al., 2006) when working within a managerialist structure (Sinclair et al., 2007, Lawler and Bilson, 2010) that promotes linear models of assessment and planning rather than more flexible, less predictable practices (Gilmore, 2001; Stevens and Hasselt, 2007). A move away from a focus on outcomes towards a focus on process (Dweck; 1999; Gauvain, 2001) is therefore necessary:

'Much of what goes on in any social work encounter is not simply about delivering pre-defined objectives, it is about exploring different perspectives on a situation, defining shared aims collaboratively (or sometimes through conflict) and even transforming the ways in which both practitioners and client see the situation' (Thomas, 2005, p. 185).

Participants in my research recognised the role of the adult as crucial in facilitating the participation of the child in decision-making; the problem was the existence or accessibility of organisational policies (see answer to research question three, p.309), participative frameworks or structures that actively promoted a practice of meaningful involvement. In other words, a climate of permitting circumstances was required for the development of meaningful relationships and authentic power sharing between social work practitioners and looked after children.

The most important factors that enabled social workers to be effective in meeting the needs of a significantly disadvantaged group of children were identified as; the provision of high-quality training; the existence of skilled supervision and the availability of suitable and sufficient resources (Thomas, 2005; Lefevre et al., 2008). My research has shown that child centred
communication and the recognition of the importance of ethical and emotional engagement (Lefevre et al., 2008) should be part of the high quality social work training, thus addressing the emotional labour needs of social workers by clarifying their role, by offering techniques and skills to use which facilitate rather than inhibit the development of worker/child relationships and thereby assist workers to avoid burnout by enhancing their feelings of power and self-worth (Mann, 2004). Training of this calibre would also enable social work practitioners to hear life stories that are often painful and difficult, by offering listening skills and emotional understanding, helping to prevent the development of avoidance strategies (Moylan, 1994; Mann, 2004). Furthermore, better training would help social work practitioners learn how to deal effectively with their own emotional reactions (Hochschild, 1983; Smith, 1992):

'The emotional components of caring require formal and systematic training to manage feelings, grounded in a theoretical base such as psychology or sociology and the acquisition of complex interpersonal skills. In this way emotional work will be made visible and valued in its own right and not viewed as just part of the package of women's work' (Smith, 1992, p139).

The model in Figure 10:13 (p.290) requires practitioners to develop a greater understanding of the importance of memory acquisition and recall. What particularly emerges is that the memory of active involvement with a sense of meaningful participation is extremely important to the wellbeing of looked after children. Rob, Katie, Keith, Ruth, Debbie, Vickie and Mark all made particular mention of the importance of their memories and how bad memories of poor involvement were painful and difficult to recover from. Being able to look back
and identify the times when they were involved, when time had been taken to explain what was happening and why, with their perspectives being listened to and discussed, was therefore powerful and hugely important. The model in Figure 10:13 (p.290) therefore requires prioritisation of the time and resources that need to be made available for the development of relationships with looked-after children (Ofsted, 2009).

Thus, social work training should stop using a Piagetian model of child development (Taylor, 2006; Winter, 2006) as it prevents the development of dispositions towards involving younger children in decision-making processes, by assuming incompetency and a need to protect from difficult situations. Instead, a Vygotskian model of child development should be used to support the creation of positive memories of agency and involvement (Vasta et al, 1999; Kraemer and Roberts, 1999; Ghetti and Alexander, 2004), promoting the social worker’s role as a facilitator and enabler (Werstch, 1985; Rogoff, 1990; McGuigan and Salmon, 2004).

The research has shown that social work practitioners require recognition of their role as pivotal in the decision-making process and that they are skilled practitioners, able to take responsibility for their actions. Failure to do so results in practitioners who do not emotionally engage with their work (Moylan, 1994), where their retreat to an emotional place of safety will undermine any attempts to develop a sense of wellbeing in the looked after child who has already received many negative messages about who they are (Prillentensky et al, 2001, also see answer to research question five, p.312).
Thus, supportive and nurturing relationships (Heard and Lake, 1997) are at the heart of the model of understanding (Figure 10:13, p.290) requiring children to be taken seriously, listened to and respected (Holdsworth, 2005; Ofsted, 2009). Practitioners should therefore become enablers and facilitators rather than experts (Rogoff, 1990; John, 1996) working alongside looked after children in decision-making situations. As a consequence, by focusing on the process rather than the outcomes (Dweck, 1999; Gauvain, 2001), the relationship will become meaningful and nurturing, displaying an ethic of care (Fattore and Turnbull, 2005; Dahlberg and Moss, 2005) that enables looked after children to generate skills of resilience and taking responsibility for themselves (Arnold, 2006).

Addressing my research questions

Questions One and Two: Which looked after children are seen as having the right to participate in decision-making and on what basis are decisions made as to who participates and to what extent?

I found considerable evidence of age discrimination (Claussen, 2002) indicating that a developmental competency model was being applied by practitioners in their decisions about which children should be invited to participate (Winter, 2008). Very few practitioners appeared to regard children through the ‘lens’ (McNeish and Newman, 2002) of a socially competent model of children, indicating that recent discourse is timely (McLeod, 2008; Winter, 2008; Ofsted, 2009) as current legislation is inadequate in its promotion of a concept of
developmental competency through the use of words such as ‘age and understanding’ (Littlechild, 2000; James and James, 2004; Fattore and Turnbull, 2005; Munro and Ward, 2007). Furthermore, the marked preference for verbal communication (Cavet and Sloper, 2004; Lister, 2005; Lefevre, 2008), also seen in my research, meant that very young children were least likely to be involved in decision-making opportunities. The argument that looked after children should be involved in decision-making, irrespective of age (Lansdown, 2006a) was demonstrated in my research whilst recognising the requirement that exists for substantial support to aid the understanding and involvement of younger children. Further, irrespective of age, the children I found who were most likely to be left out of decision-making situations were those whose lives were complex and painful (Buckley, 2003), where practitioners were fearful of having to cope with their distress and thus avoided that situation.

Participation as a right (Lansdown, 2006a) was therefore not in evidence in my research. It was not clearly articulated in organisational policy¹⁴ nor was it consistently witnessed through the interviews with individual social work practitioners. Instead, participation was regarded as a privilege and often used as something to be earned; either by age, competence or compliance with objectives set by others (Westcott, 1999; Timms, 2001).

There was evidence in the research that young children were able to see the perspective of others and articulate their own attitudes and opinions (Cohen, 2002; Wainryb et al, 2004; Sobel, 2004) as well as using their memory to recall only the independent fostering agency had clear policies on participation as a right and they acknowledged the limitations they experienced in trying to follow these policies when working with statutory agencies.
events (Vasta et al., 1995) and inform their decision-making (Ruth, Dale, Alice and Anna). Thus, memories are regarded as important and looked after children require support of significant adults, namely their social worker, to ensure they are able to develop memories of personal agency and ability that can then be used in decision-making situations. A further assumption; that children are less able to think rationally and objectively about issues, was also shown to be problematic in my research. The high social values placed on rational thinking and reasoning skills explored in Chapter Four were visible in the responses from practitioners with rational processes being privileged over intuitive or emotional courses of action (Garnham and Oakhill, 1994). Yet I found that, provided the right tools were used and sufficient time was taken, the children were capable of objective thinking and meaningful discussion about highly emotive topics.

**Question three:** What experiences do looked after children have of decision-making processes in their local authority?

The quality of the children’s experiences was variable and frequently depended upon the personal commitment of the practitioner (Gilmore, 2001) rather than any consistent policy. According to both the children and practitioners, the quality of the relationship between them was regarded as important for effective participation (McLeod, 2008; Ofsted, 2009). However, the relationship between looked after children and social work practitioners was often seen as inadequate or poor. Unsurprisingly, the children were wary of exposing their inner thoughts before they had got to know and trusted the practitioner (Rogers and Stevens 1967; Ofsted, 2009). The rapid turnover of staff, infrequency of
contact and perceived failure of practitioners to withdraw properly at the end of the relationship, all conspired to inhibit the development of relationships that would promote information sharing. At times, the children complained that practitioners did not listen (Ofsted, 2009) or were unable to use effective, creative methods of facilitating discussion (Thomas and O'Kane, 1998; Lancaster, 2002). The lack of tools available for use by social work practitioners such as analogies (Goswami, 1992; Robertson, 1999), decision trees (Sjoberg et al, 1983) and other creative opportunities (Einarsdottir et al, 2009) was seen to be most likely the consequence of a lack of time or training available, rather than a lack of willingness or commitment.

There was evidence of acceptance by the children of social work practitioners' greater competence at decision-making simply because of their status as experts (Janis and Mann, 1977; Evans and Over, 1996; Hogarth, 2001). Further, a preference for rational thought processes was in evidence, especially in comments like Diana's concerning a child's wish to go home and an assumption that they would be unable to consider any other outcome (see p.239). In fact, several of the children demonstrated an understanding of why they could not go home, using their personal rationality (Evans and Over, 1996) and allowing their emotions to be part of the process. Thus a decision-making process that promotes engagement with emotions (McGrew and Wilson, 1982) through the use of personal rationality should be encouraged as the best guidance about what matters when decisions are complex (Elster, 1999).
Question four: What do social workers feel about their role in facilitating the child’s participation in decision-making processes?

As already noted in Outcome Two (p.300), I heard significant ambivalence voiced by social work practitioners about their role with feelings of frustration, powerlessness and exhaustion most commonly described (Kim and Stoner, 2008). These powerful feelings had the effect of inhibiting their strong sense of vocational commitment (British Association of Social Workers, 2002) and their desire to be successful advocates for looked after children, to be sincere and child-centred (Fattore and Turnbull, 2005). The result was often an emotional withdrawal to a place of personal safety (Roberts, 1994; Mann, 2004), a lack of sensitive engagement with their work (Payne, 1996) that was noticed by the children through the quality of service they received (see Anna and Steven’s decision tree in Chapter Ten). Thus, what was apparent was that, all too often, the expectations of the organisations for which they worked did not prioritise the promotion of deep, meaningful relationships. Furthermore, there seemed little recognition of the importance of social work values (Payne, 1996; British Association of Social Workers, 2002; McLeod, 2008) in the working contexts of many of my participants.

Consequently, Focus groups A and B were very frustrated with their role, whilst Focus group C (the independent fostering provider) were much more confident.

15 It is noted that these findings accord with research by Thomas and O’Kane in the late 90’s where they also found that social workers wanted to care about the children they were responsible for, but found themselves frustrated by ‘...a devaluing or deprioritising of relatively open ended work with children in favour of structured assessment of various kinds, which meshes with a cultural avoidance of direct communication between adults and children and sometimes a lack of confidence or creativity in undertaking it’ (2000, p. 831).
of their ability to develop strong relationships and represent looked after children effectively (see Selwyn et al, 2008).

**Question five:** *Is the participation of looked after children in decision-making a good thing?*

Looked after children, of all ages, know their lives are different because of what has happened to them and are aware that there are problems, that decisions regarding their future are not straightforward.

It is important that all looked after children are meaningfully involved in decision-making processes, to know what is going on, if they are to feel confident in their ability to make decisions for themselves in the future.

Memories of knowing what happened and being involved in decision making processes, throughout their life as a looked after child, hold a central importance for looked after children.

A key aspect of the social worker’s role is to act as memory keepers for children whose lives are complex and where there is no-one else to act in this role.

Looked after children need to be encouraged to rehearse and replay their memories to facilitate their own development of memory.

It is crucial for looked after children to feel that their social worker cares about them and that they have a sense of their social worker’s genuine concern for their welfare.

In order for the relationship between looked after children and their social worker to flourish, there should be an acknowledgment of the time this process takes, effective training of diverse and creative communication skills and provision of good emotional support for social workers undertaking this important work. It cannot be viewed solely as a bureaucratic process or governed by issues of finance or expediency.

![Figure 11:1 the important components of a successful relationship](image)

From the data collected, I would argue that there is evidence that participation is extremely important in terms of personal wellbeing (Prilleltensky et al, 2001),

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resilience (John, 2003), personal agency and power (Giddens, 2001) and better outcomes for looked after children (Lansdown, 2005).

Figure 11:1 summarises the important components of successful relationships between looked after children and social work practitioners, all of which have significance for wellbeing and resilience. All of the children emphasised how essential it was for them to be involved in decisions about their lives and several told vivid stories of their frustration, anger and disappointment when this did not happen. Failure to promote participation in decision-making can lead to learned helplessness (Dweck, 1999), which was clearly seen in the situations Rob, Vickie and Debbie found themselves in.

Failure to promote participation can also lead to poorly developed problem solving skills (Daniels and Jenkins, 2000) or cause difficulties in the future by failing to address unmet attachment needs (Holmes, 1996; Cairns, 2002). Children who do not experience involvement in decision-making become insecure and frustrated. Rob's distress at not being sure of his own history and his need to find out what happened and why was powerful to hear and observe as he struggled to understand his situation. His words also highlighted the significance of memory for him and the key role social work practitioners have in making sure memories are rehearsed, recalled and preserved (Vasta et al, 1995; Kraemer and Roberts, 1999; Ghetti and Alexander, 2004).

In order for participation in decision-making to be effective, there should be a genuine renegotiation of power between social workers and children (Burke and Dalrymple, 2002) moving away from the assumption that adults always have...
superior knowledge (Robinson and Kellett, 2004). The quality of the relationships between social work practitioners and looked after children is therefore critically important (Thomas and O’Kane, 2000; Thomas, 2005) creating an environment for effective power sharing to take place.

**Implications for social policy involving looked after children**

The results of my research indicate that social policymakers should recognise the right of looked after children to be actively involved in making decisions about their care needs, present and future (Ofsted, 2009). It has become clear that the development of a bureaucratic, managerialist system of care that is outcome driven (Parker and Bradley, 2007) has created a situation where the development of productive relationships has been hindered or discouraged (Thomas and O’Kane, 2000). The result has been a failure to honour the significant emotional cost involved (Hunter and Smith, 2007) and to develop strategies and systems that support and acknowledge the emotional labour required to properly care about looked after children. Thus, the current, heavily administrative framework of corporate parenting has to be dismantled (Yi Cheung and Buchanan, 1997; Gupta and Blewett, 2006; Taylor et al, 2007) and a different system put in place that recognises the inter-relatedness of the relationship between social work practitioners and looked after children. A corporate parenting framework that places emphasis on the positive experiences of being parented, cared about and nourished rather than on the bureaucratisation of service delivery, which creates accountability structures that are helpful to both social worker and looked after child.

A good starting point for these changes would be an overhaul of the review
system which has already seen substantial criticism with calls for it to be viewed as part of an ongoing process that helps to build relationships and foster effective communication rather than as an administrative necessity (Grimshaw and Sinclair, 1997; Thomas and O’Kane, 1999a; Thomas and O’Kane, 1999b).

In my research, review meetings were seen by the participating children as adult-constructed settings (Hayman, 2001; Kiely, 2005) with formal agendas (Schofield and Thorburn, 1996; De Montigny, 1998; Roy et al, 2002; Taylor et al, 2007) and numerous participants (Thomas and O’Kane, 1999b; Thomas, 2005), not all of whom were there by agreement with the child. There was significant evidence of poor experiences of participation when children did attend; asked to sit quietly (Steven); having little or no prior discussion or preparation (Mark; Rob); little or no involvement in agenda setting (Katie, Vickie). There were some good experiences with some of the children (Mark; Keith; Debbie) describing how their views were listened to, but these were far fewer in comparison. These findings were consistent with those of Thomas and O’Kane (1999a; 1999b) where children described reviews as adult oriented situations with little or no negotiation with regards to time or place, agenda or participants. As already noted, it is concerning that, ten years on, the situation has not been addressed and may, indeed, be getting worse as Thomas and O’Kane wrote optimistically of a discernible improvement in children’s participation (Thomas and O’Kane, 1999b) that does not appear in my findings. Thus action is required to improve the experiences of looked after children when participating in their reviews.

I would also argue that the court system requires intervention as access for looked after children to more formal settings such as courts was regarded as
highly restrictive for all participants, and was an area of tension for court welfar practitioners (Focus group B) in particular:

'Guardians gain the trust and confidence of the child and listens fully to his or her wishes and feelings, yet the guardians function is also to provide an independent assessment to the court to enable them to determine what outcome will protect the child from further abuse or negative experience' (Dale-Emberton, 2001, p.202)

Secondly, a culture of participation in collective decision making (Hart, 1992; Shier, 2001) should be promoted through changes to social policy regarding looked after children. In my study, I found evidence that social work organisations were only operating at the lower levels of the participatory frameworks developed by Hart (1992) and Shier (2001). For example, there was evidence of tokenism (Hart, 1992) with children being asked what they thought, but little or no recognition of their views in subsequent reports (Keith and Ruth). There was also some evidence of practitioners respecting the views of children (Rung five, Hart, 1992, level three, Shier, 2001) and occasionally taking them into account (Mark, Katie), but I could discern little evidence of any higher rungs being encouraged by organisational policy.\(^\text{16}\) Thus, there was no evidence of policies to ensure that children were always involved in decision-making (level four — Shier, 2001) and there was no indication of power sharing (level five — Shier, 2001). Yet, my study as well as recent research by McLeod (2008) and Ofsted (2009) has shown that looked after children feel strongly about their lack of involvement and their powerlessness. When looking at the efforts of individual social work practitioners to facilitate the participation of

\(^{16}\) According to Shier (2001), this level of engagement would be the bare minimum to meet the requirements of Article 12, UNCRC, but does not promote an organisational culture of meaningful participation in decision-making.
looked after children, it appears that Thomas's model (2001) offers the most potential in terms of guidance and structure to their endeavours. A more explicit use of his climbing wall (2000, p. 176) should be encouraged, thereby ensuring that a bespoke service is provided to meet the needs of each looked after child.

However, even where the organisation had a participative culture or where individual social work practitioners saw the benefits and importance of participation, the involvement of looked after children in decision-making was highly dependent on their age and those over eight years old were most likely to participate. The recommendations for the participation of looked after children identified by Thomas (2005) were designed for children over the age of eight; my study has shown that they are equally relevant for younger children; aged four to eight, provided the permitting circumstances I have identified, including sufficient time and appropriate training, are available to make it happen (Parker and Bradley, 2007).

I would argue that additional research is required into the relationship between looked after children and their social workers in order to develop a deeper understanding of the complexities therein and how best to support practitioners in their responsibilities. There should also be further investigation into the emotional labour of social work with an exploration of the different organisational contexts in which social work practitioners find themselves. On a personal note, I would like to do further work with looked after children using the decision tree where we can think about the roots and trunk of the tree and
begin to develop a greater understanding of social work practice with looked after children, from the child’s perspective.

**Conclusion**

I consider that my research sets out a clear argument for a different perspective that recognises the significance of the relationship between practitioners and looked after children and situates that relationship within a context of permitting circumstances; time; training; resources and recognition of children as fellow citizens (Kjorholt, 2005). Listening to what looked after children have to say, taking their views seriously and finding ways to articulate their requirements at all levels of the corporate parenting system has been shown time and time again to be imperative (John, 1996; Thomas and O’Kane, 1998; Blueprint, 2004; Thomas, 2005; Winter 2008; McLeod, 2008, Selwyn et al, 2008; Ofsted, 2009).

What needs to change is the way in which child development is regarded (Winter, 2008), developing training strategies that have an ethic of care at the centre (Lefevre et al, 2008). Creating an affective, participatory environment will begin the process of establishing a new social care system for looked after children and I add my research to the overwhelming body of evidence that is amassing.
Appendix One

Original research proposal

Children’s participation in decision-making

The proposed research looks at the decision-making abilities of young children, using the forum of judicial processes, both private (divorce) and public (care proceedings). This is an interesting and topical area, as the UN Convention on the Rights of the Child (1991, Article 12) and the Children Act (1989, section 3), seem to confer on children the right to be heard and to have their views taken into consideration. Research by Trinder (1997) and Dyche (2002) suggest that courts and legal practitioners do not ensure this practice, seeing children as ‘immature’, ‘lacking understanding’, having child like logic’, and ‘living in their own emotional world’. (Trinder, Page 152)

Even those who have an enlightened view in this area (Thomas, 2000) suggest that whilst older children should be empowered to have their views heard, children younger than five are unable to participate in the decision-making process.
My own experiences as a childcare social worker echo this belief, that whilst young children should have their views sought, due to their age, they are unable to appreciate the complexities of the situation many of them find themselves in and therefore are unable to make decisions about their future. In fact, it was perceived as cruel and an abdication of responsibility to ask small children to bear the burden.

I have since come to perceive this view as probably paternalistic, treating the child as ‘a non-person’ (Smart, Neale and Wade, 2001; p162) and that there should be a responsibility on practitioners to ensure children are listened to and enabled to participate fully in the decision-making process, should they wish to do so.

Several writers point to the implications of not allowing children this opportunity: emotional damage, inability to make decisions in the future, extreme anxiety, attachment disorders, etc (Smart, Neale and Wade, 2001; Thomas 2000).

Much of the current writing and research looks at children over the age of five, subscribing to and perpetuating the belief that children below this age cannot and should not be involved in such complex decision-making.

So, the questions are: Can young children under the age of five participate fully in the decision-making processes indicated or is this idealistic rhetoric engaged in by the well meaning? What are the implications of failing to promote decision-making skills in the young, for other areas of a child’s life? How do children make decisions?
Is failing to engage the small child, a paternalistic adult concept or misguided altruism, or is it based on sound knowledge and understanding of the mental processes of small children? 

I propose to investigate this by undertaking primary research in the following ways:

1. I would access the views of older children, establishing the issues relevant to children who have already experienced divorce or care proceedings. This would inform the later stages of research with younger children.

2. I propose to interview parents and practitioners in this field.

3. The main project would be research with very young children using techniques from the mosaic approach (Clark and Moss, 2001) and listening to young children (NCB, 2002)

I feel it is imperative to work to a child centred agenda and therefore hope, through 1, to develop a clearer idea of the areas that are relevant to children and need answers. I hope to continue to engage these children in the research process, maybe in conducting some of the interviews, and certainly in analysing responses and suggesting ways forward. This should help them put their own experiences into context and empower them in the ongoing situation they find themselves in as well as offering a unique viewpoint on the research topic.

I also believe it is unethical to embark on research with younger children when I am not clear of the core issues and the appropriateness of my questioning or other techniques. Involving older children in the earlier stages will ensure this does not happen.

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The research will help to shed light on children's ability to make complex decisions and offer an opportunity to look at aspects of child development, children's rights and adult concepts of childhood. There is considerable expertise within the Early Childhood Studies team to assist with this research project, most particularly our new member of staff, who has done participatory research with children and young people.
Appendix Two

Journal extracts

Ethical issue of consent

19/4/05

‘Meeting at Z to see X – team leader. She has identified 4 boys who may be appropriate – 2 of whom have learning difficulties, other 2 quite articulate. All meet criteria. I had to prompt her to talk to social workers – just like others. She said she would talk to the boys themselves – something no-one else has offered to do.’

4/5/05

‘Spoke to Nigel on telephone. He did not know I would be calling, but was fine about it. Appointment made for next Monday. Sent him a letter and a leaflet in the meantime.’

2/12/05

‘C said she could think of several children who would benefit from taking part. She would need to talk to social workers first – fine. Asked about permission from parents – she did not think this would be needed’
19/4/06
‘Another child from A that I had pinpointed earlier – social worker agreed, but the child said no – shows the system is working, but it feels so sad as I had hoped this would be another in the pot. Gate keeping is an issue right down the line with consent having to be negotiated at every step. Can’t help thinking I was hopelessly naïve when I started this to think I could do it easier/quicker than this!’

Difficulties with gatekeepers

12/12/05
‘It is so frustrating – it takes so long to get to have access to children. I knew it would take some time, but so far I have been doing this for 2/3 months and not had sight of any possible children. A lot of anxiety, especially around the younger children.’

13/1/06
‘O dear – not much joy with contacts. Got agreements to look at proposal from some. V – team not in space to look at it at moment as very volatile team structure. Need to broaden net, I think, still further. Everyone making the right noises, but not coming up with goods.’

22/2/06
Meeting with SSD: ‘We would like to do this, but the children we have at the moment would not be able to cope with this. Some have a disability that would mean they could not take part, others may get too distressed.’ ‘They would not understand what you are trying to do’.
1/6/06

Visit to court welfare agency; 'Whilst I am sure we do attempt to check out the wishes and feelings of kids aged 4-7, you will appreciate that often their verbal skills are limited particularly with the kind of deprivation a lot of our children have experienced.'

8/1/07

'X still passing the buck and sending me here there and everywhere with the ethics. Probably in the hope that I will finally give up!'

27/2/07

'Have finally given up with Independent Fostering Provider G - they are clearly not interested.'

18/4/07

Agreed to have a look, but they do not have many in this age group as they go straight for adoption. Loads in older age group – would I like to do more with these?'

Discussions with social workers

3/5/06

'X had really strong feelings about not being able to elicit children's views and that when she does they are not taken seriously by the courts. Pictures and
other evidence opportunities are not taken seriously by the courts as evidence
and therefore the child's perspective gets lost. A real sense of frustration that
the older child is listened to, but not the younger and how can this be improved
Feeling it is the deficit models of others that influences the court reporting. X fe
this is very hard and asked the question – if children are consistent in their
views, then how do we listen and make sure others listen?

Evidence of my own personal assumptions about children's competence
5/5/05
'Realised quite quickly that my plan was too basic – more geared for younger
children than for young people so encouraged him to talk about decisions he
takes during the day and then moved on to look at some of his experiences.'

13/7/06
'Realised, on reflection that I need to have more activities. Assuming that too
much will come out of conversation – its not going to happen – need to get
creative!'

5/9/06
'Need to look at the materials and really think of good games and resources.
Need to have wider spread and stop making assumptions about what the
children will want to work with.'

19/4/07
'Group meeting with Mark, Vickie and Katie. Went well although I was very
nervous, very conscious of my own agenda and that they are helping, but not
really owning the work. They enjoy the sessions, but, like all teenagers, want the rewards so it is quite hard to stay on track.’

**Aligned self with practitioners**

12/5/205

X came in with James and we had to finish. Felt I had dismissed him as a consequence. Need to think about this and construct interviews better – felt a bit like buses.’

16/5/05

‘Rob then came in and I did a really interesting power thing – I said hello Rob – which totally threw him – what power! It was obvious I had wiped him out and treated him as a child.’

**Anna and Stevens’ experience of losing social worker**

12/9/06

‘Both children were really sad and had only just been told he was leaving with no clear reason why or any acknowledgement from him of their feelings as a consequence. Foster carer thinks it’s because he has too much on his plate – children agreed. Steven talked about him being very busy and tired (seemed protective of him). Anna said she was sad this had happened, but shrugged saying they had had loads of social workers – implication – what’s one more. Driving home I felt quite angry with D for doing this to them. They seemed to be quite protective of him and respectful of his need to do less. What about them! They have had loads of changes of social worker and here is one more. I doubt
he sees it like that – he is a good social worker, but I wonder if he realises what he has done?’

‘Social workers are rubbish’

4/5/06

‘Visit with Katie – distracted as lost mobile phone and clearly anxious to establish where it was. Nevertheless, she was happy to be involved and happy to sign consent form. She did not want to think about it as she felt her social workers had already gone through it with her. Agreed 2 appointments in the dairy and agreed to do them at her foster home – foster carer and social workers there throughout interview, but agreed to be absent another time. A useful interview – good practice and felt comfortable going though it. I think she will be useful – appears keen. Talked briefly about social workers. Katie very dismissive saying “Local authority social workers are rubbish. They don’t spend any time with you and they can’t do anything for you.” Agreed that she liked her reviewing officer who used to be her social worker.

How interviews went

21/6/06

I was with them (Keith and Ruth) for 21/2 hours and felt quite tired when finished. I think the children felt they knew me quite well by the end - keen to show me their things. Spoon kit was huge success and I left it with them (bearing in mind Penny’s work, thought it might be useful)
11/9/06

‘On to visit with Debbie. Lovely session which balanced above experience (meeting with court welfare team) although echoed some of it in alarming ways – she does not feel normal, she did not go to court, she did not feel involved.’

12/9/06

‘Visit to Steven and Anna. Very hard to interview two together especially when one as dominant as Anna and in house where foster carer not keen on my being there. However, some nuggets came out of it and we played some good games: cars, hangman. Felt l asked them a lot of questions, but they just remembered that I played with them – important.’

12/10/06

‘Visited David – last one. He was very friendly and we talked about what I was going to do with the research. Shall be sad to stop seeing him as he ahs been quite a star. Had felt it essential to check with both (David and foster carers) that my visits had been OK and not caused repercussions. Both said it had been fine and David reported that he had enjoyed it and hoped it would help other boys and girls.’

What my behaviour was like

5/5/05

‘Felt my voice, etc was OK. Room OK, but stuffy.’
9/5/05

‘I checked with him that he was OK and we talked some more. I then told him we had been talking for 45 minutes and I would like to finish there. He was surprised we had talked for so long and would have talked more. I asked him if it had been OK and he said yes.’

18/10/06

‘Amazing that she is as whole as she is and not surprising she has had several fostering breakdowns. Had to have several breaks, just being quiet to help her tell her story. Offered to stop, but she wanted to do it so carried on with quiet times when too tough.’

Being directive

12/5/05

‘He gradually relaxed – at one point prone on the sofa. Felt I was pushing him to my agenda rather than letting him talk. Had to consciously stop myself from doing it. Having thought he was not engaged, he became quite voluble and we over-ran!’

14/5/05

‘Thinking about interviews with Stuart – felt I probably put words into his mouth – he agreed with what I was saying rather than thinking of things for himself. Need to watch this.’

12/2/07

‘Second session with Dale. Need to slow down and try to remain child-centred. Felt at times I wanted to rush him – get through it. Younger children need more playing time and do not want lots of questions.’
5/3/07

‘Allowed him his head with the microphone and with ideas of what we were
going to play. Interesting to think of my agenda clashing with his and my fears
that it was not going to work. A real exercise in needing to let go – I know this
and yet my tension to get it done gets in the way - just like the social workers!’

When sessions went well

12/9/06

‘Good session with Mark – very up for it and chatty.’

14/9/06

‘I am really enjoying this – doing rather than reading about doing – great!
Thought while driving – collation of stories – need to write down timeline each
child’s story to pick out themes that way – might be interesting to put dates –
has practice changed?’

17/10/06

‘Tree went well except it did not go together very well and I had not done
enough laminated cherries and apples. The children grasped the concept well
and Anna simply wrote big one on one of the cherries when she ran out of
apples. Love was one of the key issues – even social workers decide to love the
children they work with – recognising atht they do not every time. They both felt
loved by their social worker and they are very sad that he is leaving them.’
On to Rob – went better this time as I did not let game take over. He was quite
creative and had thought of several different rules.’
'Last visit to Keith and Ruth until group phase. Did the tree and they enjoyed it. Lots came out of it, agreeing with Debbie about relationships with parents.'

'Visit to see Keith and Ruth. Feeding back about results – very powerful stuff and he enjoyed the opportunity to take things further. Developed a rainbow activity that both children took and developed further with a step approach.'

Eureka moments

'Eureka! This is about power! I need to do some reading about this and try to think of ways in which I can explore power differentials.'

'Discussion with L (colleague). It's not just about making the decision – it's about being part of the process – feeling powerful and included, developing resilience.'

'Am I the driver or the passenger?'

'Had some inspirations of other things to do – a decision tree – what decisions do they make what ones do others make, what ones would they like to make.'
Perhaps a big picture of ideal social worker – need big paper and pens, need collage materials.’

14/9/06

‘Rob was late so chatted with foster carers. They talked about kids in care being inappropriate in their behaviour sometimes – triggered a thought from the radio earlier in the day when talk about in the western world we were more concerned about social faux pas than wars/famines so it takes on higher proportion. Of course, that would not be the case for kids in care who have considerable things to think about. We thought about this for a while and decided there was something in it – that as they become more settled then they do take on the anxieties of others around themselves. Is it any wonder then that we seem to talk different languages?’

19/4/07

‘It’s clear that the social workers see themselves as mere agents of the state without power or authority. The children want their social workers to take control, make decisions and be a real force, but the social workers do not recognise or own their power.’
Appendix Three

Ethical Protocol

This ethical protocol is full and detailed because of the age of the proposed respondents and the sensitivity of the subject matter.

The ethical protocol for this study forms the central core of the work. All points made below will inform the structure of the research process.

My experiences, over many years, as a social worker in child protection, will equip me to deal with the sensitive issues that may arise as I have developed skills in talking to children about distressing events in their lives and helping them attempt to come to terms with them. The role of researcher is fundamentally different from that of a social worker — as a researcher, I will be involved in the children's lives for a very short time looking at a specific issue that I have generated an interest in, rather than being there to help them with their lives. I will, therefore, be making a different type of relationship than one normally seen between a social worker and a child where it is usually related entirely to the agenda of the child and his/her family. The research relationship is formed for a specific, time limited purpose and no researcher can enter into therapy or advocacy as this blurs the relationship and becomes unethical. This needs to be made clear to all participants, regularly, and remain at the forefront of my mind when engaged in this research. I intend to
use my research supervisors to assist with ensuring that I remember this and question my work throughout to ensure accountability, as well as my own professionalism.

My ethical protocol attempts to be child-centred, looking at the issue of personal agency and effectiveness through their eyes. This will be achieved by involving older children as co-collaborators, by constantly checking with all of the participating children that the questions being asked and the materials being used are appropriate for them and by maintaining an awareness of myself as an adult in their world.

1. **Background, purpose, objectives:**

   The proposed research looks at the decision-making abilities of young children, using the forum of judicial processes in care proceedings. My initial research questions are; can young children under the age of six be involved in the decision-making processes indicated and in what ways? Is it possible in practice and are young children cognitively and emotionally capable?

   It is hoped the research will begin to answer these questions and shed some light on the ways in which young children develop cognitive skills in order to make important decisions.

   This will involve thinking about:

   1. **The ways in which children make decisions.**
   2. **The underpinning knowledge and understanding of the cognitive and emotional capacities of young children.**
3. The implications of failing to promote decision-making skills in the young, for other areas of a child’s life.

2. **Research methodology:**

It is proposed to investigate this by undertaking primary research in the following sequential way:

1. Accessing the views of older children – 8-14 years old, establishing the issues relevant to children who have already experienced care proceedings. This will be done through individual interviews, group work and further individual interviews. I will be seeking to begin to understand the general decision-making children engage in as well as decisions made in the specific legal context. Individual interviews will be an important first step allowing the children to be frank about their own experiences prior to being invited to participate in a group looking at and developing a clearer idea of the key issues. This stage will give both the child and the researcher a chance to reflect and make vital decisions about how to progress. This approach should enable the child to make a more informed choice as to whether they wish to be involved in the research as well as giving me the opportunity to select children who could take the work forward and work together in a group situation. It will also give them time to think about the personal implications of working with other children in a group. Questions can be explored at this stage regarding how they would like to give their views, the type of situation that they will feel comfortable in, *etc.* It is planned that the children will come from different residential settings, but it is possible that
some children will know each other and careful thought will need to be given to the individual circumstances of the child and whether it is safe for them to share personal stories with their peers. If the risk is judged to be too great by the professionals involved with this child and/or their family, then the group phase will not involve that particular child and this will be explained. To avoid raising interest and creating a situation where the child may feel rejected, this issue will discussed at the initial selection phase in consultation with social workers and residential staff. The children will have this further opportunity to think this through for themselves. Individual interviews will be available after the group work to enable any debriefing the individual child may require.

2. Short, contextual interviews with parents and key practitioners in this field – guardians, court welfare officers, CAFCASS officials, residential care workers and social workers. These people are identified as crucial in helping me to understand the frameworks that they operate within and establishing their viewpoints and working practices viz child participation.

3. The work with older children, parents and key practitioners will inform the work with children aged 4-7. This will certainly involve working with the children individually, but group-work may also be considered here, depending upon the children identified as willing to participate in the research, their circumstances and any constraints, such as confidentiality, sensitivity or even geography. Again, the children will need time to consider the personal implications of working in a group and choice will be offered as to the way they feel
most comfortable talking/working on their story. Any work at this stage will involve talking and actively listening to young children using a variety of activities including taking photos, drawing pictures and playing games. The intention at this stage will be to attempt to look at how young children make day-to-day decisions, moving on to how they feel about the legal processes they have been engaged in. Such areas as; how much they wished to take part; how happy they were for others to make decisions on their behalf will be investigated prior to focusing on the issues identified through the work with the older children. Thus, they are not planned in significant detail at this time. They will not, however, focus on any information given during the hearings or the individual circumstances of any child in depth, but on the decision-making process itself.

4. Returning to the first group of children identified in point 1, above, the research will seek analysis and possible recommendations in collaboration. The younger children will have been made aware that this will be happening and there will be an offer to take that subsequent analysis back to them, should they desire. The children and I will work on the data that I take back to them and come up with some thoughts and opinions on recommendations, implications and way forward. It is intended that this group of children will contribute to the research, not only from their own experiences, but also their opinions and thoughts on what the younger children have had to say. Their contribution will be included in the thesis in whatever way is felt appropriate by the children themselves; a chapter; poetry; art and/or drama.
At all stages, research will be done at times and places that are convenient for those taking part, so as to minimise the disruption to their normal daily lives (Clark and Moss 2001).

Also, all participants will be advised of their rights; anonymity; to refuse to answer or to participate during the process (without suffering any disadvantages); to request that interview/session ceases; to ask for a debriefing opportunity. Understanding that young children find it difficult to reconcile the power imbalance between themselves and adults, there will be rehearsals of these scenarios to reassure them of the integrity of their rights. I will spend time with each child looking at how they might feel comfortable with the research situation. We will rehearse turning the tape off, for example, when they indicate that they wish to terminate the session. We will also spend time looking at how they might indicate their wish without necessarily having to verbalise – knocking on the table, putting a bean in a pot, whatever feels comfortable for them.

3. Participants:

As identified above, the children in the two age groups – 4 - 7 and 8 - 14 will be ‘active participants’ (Alderson, 2004: p100) meaning they will have considerable personal input into the research process.

The research is designed with a child centred agenda – it is important to attempt to understand how they think and feel about these issues and attempt to get beyond an adult construction of the detail. This should facilitate a better understanding of the areas that are relevant to the children themselves. All children will be actively engaged in the research process, by analysing responses and
suggesting ways forward. It is hoped that this should help them put their own experiences into context and help them in the ongoing situation they find themselves in as well as offering a unique viewpoint on the research topic.

Social work practitioners will also be asked to participate, either as individuals or within a group situation.

4. Recruitment:
Recruitment will be opt in rather than opt out with the children being encouraged to think for themselves whether they wish to join in. Social workers and care staff will be encouraged to think widely rather than narrowly when identifying possible participants in order that the children can decide for themselves whether they wish to be involved. The criteria for the group of older children will be children who experienced a legal decision-making situation when they were aged 4-7. The criteria for the younger children will be those under the age of seven who have experienced decision-making situation in the past, which is now complete. This criterion has been developed in consultation with CAFCASS to avoid any difficulties surrounding evidence-gathering processes.

Social work practitioners will also be asked to participate.

5. Benefits and risks:
At all stages, the research process should offer something for the participants taking part as well as for the researcher. The following
possible benefits for participating children are thus identified in the research:

a) Engagement of young children. Being involved in the research and being asked to reflect and talk on an issue they feel strongly about should prove powerful for both age groups. Although their circumstances will not change materially, having their views listened to and treated with respect and being asked to contribute to the final report should be of benefit to them personally.

b) Involving young children in this process should assist with the development of self-esteem and decision-making skills in children who may have been characterised as low in the former and poor at the latter.

c) A greater understanding of how young children make decisions will offer the community working with children, young people and their families both inside and outside the Family Court system, a much improved framework for involving the whole family in the decision-making process.

d) Another possible benefit identified is that the children may gain further understanding of their personal situation and experiences through the research process, although, as said earlier, it will not change their circumstances. The opportunity to explore their feelings and experiences, to reflect from a different vantage point in time and development and seek to understand what happened and why, with someone who is not part of that experience, who can offer a neutral ground may well be helpful to the individual children involved.
The following risks have been identified:

a) It is potentially painful for the children or their families to talk about their experiences and may raise issue that have been buried. It may also affect the way in which they regard each other in the future. Careful selection will need to take place to begin to minimise this risk, using discussion and raised awareness with the gatekeepers involved. Ongoing sensitivity and continued awareness of the emotional needs of all participants will also assist.

b) The professionals involved with the individual children may seek to make use of the research materials in their legal decision-making processes. Courts may also ask to see the materials and have the power to issue an order commanding their production in proceedings (Masson 2004). This is important, as it would be unethical to encourage the child to participate and then use their contribution in ways that have not been agreed. As the research is designed, deliberately, to look at the process rather than the detail, this risk is small.

c) A further risk is that the research becomes more important to the children than it should. Children in care are commonly characterised as a group of children who feel deprived of good quality adult attention and develop a whole range of strategies to ensure attention is given or maintained. It could very well be that the kudos of being involved in the research as well as the quality of attention given throughout the process means that the individual child develops a dependence on the research that will cause great...
sadness when it is concluded. The children will have to be made aware of the constraints of the research and there will be a proper debriefing time where goodbyes can be said properly, so the children (and adults) know the research relationship is at an end.

d) The children may feel frustrated going through this process, as it will not, materially, affect their position or circumstances. There are clear ethical dangers in leaving the child with any hope that by taking part, their circumstances will improve. This will need to be explained at the beginning and throughout the research and help given to determine where best to focus energy and feelings.

e) On the other hand, the participants may begin to feel that going through this process provides them with an additional advocate. They may feel that intercession on their behalf may be an additional part of the research relationship. Again, careful explanation needs to take place that this is not the case and should not be looked for.

6. **Privacy and confidentiality:**

Whilst anonymity can be guaranteed in the documentation and final report, neither anonymity nor confidentiality can be guaranteed in the interview situation as disclosures may be made that need further action, *i.e.* abuse allegations. All participants will be made aware of this via a leaflet handed to them at beginning of process and gone through with them by the researcher. With younger children, again, rehearsal will take place so they can see what will happen when they request a cessation of contact with the research. All participants will be stopped if they start to disclose any abuse, to warn them of my obligation to take further any
disclosures of this nature that they may make. This may well seem to contradict the point above surrounding operating as an additional advocate. It will need careful and sensitive awareness on behalf of the researcher to ensure minimal manipulation as well as a clearly stated commitment to the child protection procedures of any Social Services department that is involved in the research.

7. Deception/covert action:

This is not applicable. All research undertaken in this project will be open and honest. There will be no covert observations, for example.

8. Compensation:

This is not applicable. There will be no overt compensation offered to any participant. It is hoped that the benefits as outlined above will allow people to feel they got something out of taking part, however.

9. Conflicts of interest:

1. Professionals feeling that I may be doing some of their work for them.
2. The motivations of the different residential homes and professionals in taking part.

10. Informed consent process:

The key gatekeeper for this research is Social Services.

For the children: all people with parental responsibility inclusive of Social Services; Parents; foster carers

For professionals: Court welfare; Social Services
All information will be given in booklet form and gone through face to face at the appropriate time.

11. Additional ethical review:

This work has been approved by the University ethical committee. It has also been submitted to ethical review to Court welfare and X Social Services who have both approved it. I have CRB clearance through the University and this can be provided for all participating organisations.

Caroline Leeson
Appendix Four

Interview schedule for children

(Remember to take breaks and talk about other things, such as what doing at school, friends, etc.)

1. Tape machine and how it works – happy to use this? Will take notes otherwise.

2. Setting scene – want to hear from you about your experiences on coming into care, what you remember of the time in terms of the decisions being made and your part in that.

3. What sort of questions might it be helpful for me to ask you here – what areas do you think we should/could look at?

4. Possible prompting questions:
   - How old were you when you first were aware of social workers, etc in your life and that decisions were being made about you that were not being made by your parents alone?
   - Who were you living with?
   - What meetings were you aware of?
   - When and where were they held?
   - Was this good for you?
   - Did you attend?
   - How did you feel about attending/not attending?
• How strongly do you think you felt at the time?
• Did anyone talk to you about the meetings and what would happen?
• How much do you think you understood about the legal process and your role in it?
• If your wishes did not accord with the recommendation, how far did you understand the reasons for that?
• How was the meeting organised? Was there an agenda? Were there breaks for you? Toys? Refreshments?
• Were you told about what the adults around you were recommending and why?
• Did you get to see any reports or parts of reports?
• How did that make you feel?
• Did you feel listened to/not listened to?
• Why was this?
• How did you know this?
• How did that make you feel?
• How did you deal with those feelings?
• Who listened to you about that?
• Did you feel that your views were seen as important?
• Did things go the way you wanted them to?
• If so, why was that?
• If not, why not – was this explained to you?
• How might things be made better?
- What do you think are the things that social workers, etc, should be aware of when working with children like you?
- Did you go to court?
- Did the judge or magistrate talk to you directly?
- Did the judge or magistrate talk to your social worker?
- Did the judge or magistrate talk to your parents?
- Did you feel that the decisions made there were fair/explained/helpful for you and your family?
- Were you told about the final outcome?
- If so, how, by whom and how did you react?
- How would you like things to have been different for you?
- How do you feel now about those experiences?
- How do you feel they have affected you now?
- What is it like to be a child in care?
- How far do you think children's wishes and feelings should be taken into account when legal decisions are being made?
- Are you aware of Article 12 of the United Nations Convention on the Rights of the Child, if so how did you learn/hear about it?
- What would you like to do in the future?
- What do you feel about the issue of age when listening to children? Do you think it matters? How might people help the youngest children feel that people have listened to them?
- What are you doing with the forum that you in for FCA – does this address these issues and make you feel listened to?
- Anything you can think of that I have not asked you about?
- How are you feeling now?
• Is there anything that you need to support you with anything that you are now feeling?

5. How would you feel about working with others of your age to identify some key issues with me and then go on from there to look at what the younger children respond?
Appendix Five

Interview questions for ask social workers

1a. Experience of work with young children in care/court situations
1b. Training received to do direct work
1c. How much time do you feel is needed to do a good piece of work with children who are in care proceedings or adoption hearings?
1d. Do you get that time?
1e. How do you compromise?
1f. What tools do you use in direct work with children? How have you developed those tools – training, personal experience, helped by colleagues?
1g. What would make your job easier or better in terms of ascertaining and representing children’s views?
1h. What would make your job easier or better in terms of facilitating children’s participation in decision-making?
1i. What are your thoughts about the work you do with children, in terms of their age and understanding?

2a. Are there circumstances when you feel that there are too many people asking the child what they think or what they want?
2b. Is there any situation when you feel it is not appropriate to ask the child their opinion, thoughts or wishes?

2c. Is it helpful to ask children to take part in decision-making forums?

2d. How much do you think children are affected by their experiences of being in care?

2e. How appropriate do you feel the decisions are that are made corporately for children?

2f. How seriously do you feel the corporation regards the views and wishes of the child? Do you feel that that is the same, no matter what the age of the child is?

3a. What are your experiences of childhood and decisions being made within your family? At what age were you encouraged to take part in family decisions?

3b. How has that affected the way you regard childhood?

3c. How has that affected the way you work with children?

4a. Do you feel you work differently with different ages of children?

4b. How often are you able to visit the child?

4c. Do you feel you know them? How do you know you know/don’t know them?

4d. Is it necessary to know them for the work that you do on their behalf or is it OK that that knowledge is given to you by others?

4e. If given to you by others, who are they?

4f. Do all the children you work with get invited to the meetings and courts that are organised for their situation?
4g. If not why not and how do their views get represented?

4h. If so, how does that work in terms of helping them understand and tell their stories?

5a. What about after the meetings or court appearances, whose role is it to talk to the child about what has happened?

5b. If it is you, how do you do that when the decisions being made are different to what the child had hoped for?

5c. How far do their view, wishes and opinions affect your decision-making on their behalf?

6. If you could do things differently, what would you change?
Appendix Six

Contents of blue bag

- Paper; drawing; coloured; tissue
- Card; coloured; plain; large and small
- Pens, pencils, wax crayons, felt tip pens
- Glue sticks
- Sticky pads
- Stick on beads, shapes and stickers
- Dolls house dolls and furniture
- Garage
o Cars, lorries, camper van and fire engine
o Counters and dice
o Fabric
o Puppets and teddy bears
o Plastic mats for sitting on, doing creative activities on
o Safety scissors and sellotape
o Paper plates
o Lolly sticks
o Card games: donkey; snap; playing cards
o Soft balls
o Lego and duplo
o Sewing kits
o Balloons
o Games: battleships; ludo; frustration; snakes and ladders; chess
o Cotton wool
o String and wool
o Large clothes pegs
o Laminated pictures of facial expressions
o Felt shapes and sticky boards
Appendix Seven
Activity book

Making decisions

Caroline and ............

are going to have fun together and look at what decisions I helped make when I came into care.

This is a picture of me.
This is a picture of Caroline.

I came into care when I was years old. This is a picture I have drawn of me when I was old.
I am happy when ..........

This is a picture of me with a happy face
I get cross when
This is a picture of me with a cross face
Caroline and I will be talking about what makes me happy, what makes me sad and what makes me cross when I am talking to adults about being in care.

If I do not want to talk to Caroline, all I have to do is

I have drawn a picture of me and my social worker whose name is
This is a picture of the nicest thing in the world.
When I grow up I am going to be

If I could change one thing in the world, it would be

When children come into care, it would be good if adults

When children come into care, it is not nice when
If I was a social worker or a judge I would

These have been my thoughts about children coming into care.
I hope you liked reading it

Signed.......................................................
Appendix Eight

Leaflet of introduction

What do you hear?

- You do not have to answer any of the questions.
- You can have someone with you or decide you want to be on your own with me.
- You can stop the interview at any time.
- You can change your mind about what you have said.
- Anything you say will be treated anonymously.

What can you do if you feel uneasy or the interview is stressful?

- You can refuse to answer and request the interview stops.
- You can ask for your answer to be taken off the tape.

What will I be doing with this information?

- I will be talking to your parent(s), your carers and your social workers.
- I will only do this with your permission and your knowledge.
- I will be looking at other children’s answers and see what are the common stories.
- I will tell others about those common stories - but not about yours in a way that can identify you.
- You can talk to your social worker, carer or parent as they know what you are doing with me.

Caroline Leeson B.A.  
C.Q.S.W, M.Ed  
Faculty of Education  
University of Plymouth  
Douglas Road  
Exmouth  
Devon  
TEL: 01395 255308  
Email: cleeson@plymouth.ac.uk
Hello.
My name is Caroline Lesson and I am a lecturer at the University of Plymouth. I am interested in how young children like yourself are involved in the important decisions being made when coming into care.
That is why I would like to talk to you. Your name was given to me by your social worker as someone who would be happy to talk about their experiences.
This leaflet should explain some of the things that may worry you about me visiting you. If you would like me to come and see you to talk more, I will.

What is the research about?
I would like to find out how much you would have wanted to have been involved in talking about what would happen to you when you came into care and what social workers and others need to do to make sure they listen to children like you in the future.

What do you need help with?
I would like to come and spend some time with you listening to your experiences and any suggestions you might have.

How long will it take?
About 3 or 4 visits of about an hour.

How safe will it be?
I will treat everything you say with respect and will make sure that no-one knows what you have said.

The only time I may have to talk to others is if you start to tell me that someone is hurting you in any way. You and I would then have to talk about what to do and how best I can help you.
Appendix Nine

Letter of introduction

Phase One

Dear xxxxxx,

Thank you for showing an interest in my research project looking at how children can help with the decisions being made on their behalf when they are in care.

I would like to come and see you to talk about this some more and look at ways in which you would like to be involved. This could be me talking to you on your own or with other children of your age who are in similar situations.

The leaflet enclosed should give you some more information, especially about how I plan to keep information about you, safe. This is important, as I will be asking you to share with me some of your experiences about coming into care and how you felt about the decisions that were made about you at that time. Your help with this will help me plan what I should talk about with other children who are having similar experiences. I will come and see you at your home, if that is OK, at least
to start with. We can then decide if that is comfortable for you and change the plans if we want to.

Can I just say that at any time throughout the whole of the project, you can say stop and that will be fine. Also, that anything we make together – pictures, etc will be yours and you can decide whether I can have them for my work or not and that will also be fine.

I hope you will enjoy helping me with this project. My aim is to write something that others will read that will help them think about how they listen to children when they are coming into care. Maybe you will also find it useful for yourself.

I will contact you in two weeks to see if you would like me to come and see you. If you have decided you would rather I did not come, you can tell me yourself on the telephone or email above and that will be fine. If you feel awkward about that, ask your key worker or social worker to do it for you and that will also be fine.

Thank you

Caroline Leeson
Appendix Ten

Interview questions

Phase One

Interview ONE

- Introductions
- Talk about who I am and why I have come to talk to you.
- Talk about research programme and their possible role
- Go through leaflet and get agreement
- Rehearse any issues that need rehearsal – stopping tape, etc

Interview TWO (may take place over several visits)

- What do they understand about making decisions? Looking at some of the decisions they make daily and identify who makes them on their behalf, who helps them make them themselves, what decisions they feel they should make at what age?
- Look at the decisions made when they came into care – who was involved in that? How much did they know, get involved?
- How did they feel about that whole process?
- What are the key issues for them?
- What are the key issues they think I should talk to other children about?
- Would they like to be involved in a group with other young people looking at this?

- What do they think about the methods I have used in our interviews? Have they been helpful? Boring? Interesting?
## Appendix Eleven

**Details of children taking part in Phases two to four of the research**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Residing with..</th>
<th>Age of reception into care</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dale</td>
<td>4</td>
<td>Lives with foster carers</td>
<td>3</td>
<td>Lives with older sister – not interviewed.</td>
</tr>
<tr>
<td>Ruth</td>
<td>6</td>
<td>Lives with mother</td>
<td>3</td>
<td>Lives with older brother Keith who was also interviewed</td>
</tr>
<tr>
<td>Anna</td>
<td>7</td>
<td>Lives with foster carers</td>
<td>4</td>
<td>Lives with older brother Steven who was also interviewed. Younger brother lives elsewhere with foster carers – not interviewed</td>
</tr>
<tr>
<td>Alice</td>
<td>8</td>
<td>Lives with aunt</td>
<td>5</td>
<td>Lives with older brother Neil who was interviewed</td>
</tr>
<tr>
<td>David</td>
<td>8</td>
<td>Lives with foster carers</td>
<td>4</td>
<td>Lives with older brother who was not interviewed</td>
</tr>
<tr>
<td>Susan</td>
<td>8</td>
<td>Lives with foster carers</td>
<td>4</td>
<td>Decided not to be involved after first session</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Lives with</td>
<td>Sibling Status</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Debbie</td>
<td>8</td>
<td>mother</td>
<td>Lives with younger brother aged 5 who was not available for interview.</td>
<td></td>
</tr>
<tr>
<td>Steven</td>
<td>10</td>
<td>foster carers</td>
<td>Lives with younger sister Anna who was interviewed</td>
<td></td>
</tr>
<tr>
<td>Neil</td>
<td>10</td>
<td>aunt</td>
<td>Lives with younger sister Alice who was interviewed</td>
<td></td>
</tr>
<tr>
<td>Keith</td>
<td>11</td>
<td>mother</td>
<td>Lives with younger sister Ruth who was interviewed</td>
<td></td>
</tr>
<tr>
<td>Rob</td>
<td>12</td>
<td>foster carers</td>
<td>Has limited contact with birth family.</td>
<td></td>
</tr>
<tr>
<td>Katie</td>
<td>13</td>
<td>foster carers</td>
<td>Had 2 younger siblings who were in separate foster homes with very little contact between them. Not interviewed</td>
<td></td>
</tr>
<tr>
<td>Vickie</td>
<td>13</td>
<td>foster carers</td>
<td>Older siblings and one younger sibling in care. Two younger siblings with mother. Youngest brother adopted at birth</td>
<td></td>
</tr>
<tr>
<td>Mark</td>
<td>13</td>
<td>foster carers</td>
<td>Has contact with mother. No siblings</td>
<td></td>
</tr>
</tbody>
</table>
Hello, my name is Caroline Leeson and I work at the University of Plymouth. I am interested in listening to how children like you feel when you have to see a social worker, a children's guardian or go into court to tell them what decisions you want them to make about you. Because I am interested in this, I am doing a research project looking at how children and young people can help with the decisions being made on their behalf by the courts.

I would very much like your help with this, if that would be Ok with you. This will probably be me talking to you on your own and with other children or young people of your age who are in similar situations.

My first visit to you will enable me to go through a leaflet with you that will give you more information, especially about how I plan to keep notes of anything we talk about together safe. This is important, as I will be asking you to share with me some of your experiences about being involved with the courts and how
you felt about the decisions that were made about you at that time. Your help with this will help me plan what I should talk about with children younger than you, who are having similar experiences. Can I just say, that at any time throughout the whole of the project, you can say stop and that will be fine. I hope you will enjoy helping me with this project. My aim is to write something that others will read that will help them think about how they listen to children when they are involved with courts. Maybe you will also find it useful for yourself.

If you decide you would rather I did not come, you can tell me yourself on the telephone or email above and that will be fine. If you feel awkward about that, ask your parents or your social worker to do it for you and that will also be fine.

Caroline
Appendix thirteen

Consent form

Consent form for children and young people

Research title: the participation of young children in legal decision-making

By: Caroline Leeson, B.A. (Hons) Applied Social Science, CQSW, M.Ed.
Senior Lecturer, Early Childhood Studies, University of Plymouth, Faculty of Education

This research looks at the decision-making abilities of young children, using the forum of judicial processes in care proceedings. It involves talking to children and young people about their experiences and working with children as co-collaborators in the research process.
1. Caroline has explained what the research is all about, how I will be involved and what will happen to any materials that we produce together (pictures, photos, writing, notes)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am happy to help Caroline with this research  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

I am happy to take part in interviews with Caroline  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

I am happy to take part in some group work with children who have similar experiences to myself with Caroline  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
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</tr>
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</table>

2. We will meet at my home or at another place that feels comfortable for me that Caroline is able to organise.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. I understand that Caroline will keep my name a secret when she writes her report so no one except her and me knows who I am.

| YES | NO |

4. During the time we spend together, we will probably do some drawings and make things. I understand that Caroline will always ask my permission to use these in her work and I can always say no.

| YES | NO |

5. I understand that Caroline will have to talk to my social worker if there are things I say that trouble her.

| YES | NO |

6. I understand that if this is the case, she will tell me what she is doing, before I say too much, so I can stop if I do not want her to do this.

| YES | NO |
7. I understand that even if I say yes to things now, Caroline will always ask me at each stage whether I am still happy with being involved with her research and it is OK to say no and she will stop.

YES  NO

8. Although I have agreed to things above, I understand that I do not have to do anything I do not want to do and I can stop at any time if I change my mind.

YES  NO

Signed..............................................
Date....................................................
Signed by Caroline ................................
Date....................................................
Appendix fourteen

Contact sheet

Process of contact

Email of acknowledgment with referee, stating that I will let them know whether the child wishes to continue.

1. Telephone call to foster carer/parent, explaining programme and arranging visit

2. Letter of confirmation to foster carer/parent and child about visit.

3. First visit – leaflet, explanation, getting to know you activities, establishing understanding of consent.

4. Second visit – contract and initial steps

5. Third visit – further exploration

6. Fourth visit
Appendix Fifteen

Key statements from individual interviews with children

- I was not consulted in the decision-making process when coming into care.
- I was not involved in the decision-making process when coming into care.
- Aware of courts and court personnel
- No opportunity to visit or meet key court people who would be making decisions
- Age matters
- Siblings - older child has responsibility for the younger, no matter what his or her age and that was OK
- Siblings - older child has responsibility for the younger, and that was not OK
- Corporate parenting is not good
- Too many changes of social worker
- Meetings are boring
- All they do is talk
- No toys or opportunities to play
- Playing is important as it shows people like you when they play with you
- Did not see any reports
- Did not talk about any reports
Social workers are good fun
Social workers just fill in bits of paper
Little kids don't understand
When you are a teenager you know more and understand more
I knew when I was four what I wanted to have happen, but no one listened
Big decisions are made at reviews.
Kids should make their own decisions, not have social workers deciding
Social workers should do what the children want
Childhood is very important and social workers should make sure that children in care have one.
Children should know all the facts and then be helped to understand what they mean
Social workers should care about the children they work with, as only then will they do their job properly
Only adults can make decisions for little children
Was not told why I was in care until quite a few years had gone by
Was lied to as to why I was in care
I knew why I could not live at home from the beginning
I did not know what to say to the social worker for the best
No one knew what I had been through and I had to explain all the time
It feels weird being in care
It feels OK being a kid in care
Appendix sixteen

Photographs of children’s ranking of statements

Focus Group One
Focus group one: top, middle and bottom sections

Focus group two: top, middle and bottom sections
Kids should make their own decisions, not have social workers deciding.

Age matters.

Did not talk about any reports.

Social workers just fill in bits of paper.

Social workers are good fun.

Too many changes of social worker.

Meetings are boring.

I knew what I was four what I wanted to have happen, but no one listened.

I did not know what to say to the social worker for the best.

No one knew what I had been through and I had to explain all the time.

Siblings - older child has responsibility for the younger, no matter what his or her age and that was OK.

Siblings - older child has responsibility for the younger, and that was not OK.

Was lied to as to why I was in care.

Corporate parenting is not good.
Appendix Seventeen

Presentation of findings from interviews with children

The following common stories were heard from the children. Most of them echoed the same things and there were very few contradictions.

- They did not feel consulted or involved in the decision-making process when coming into care. Discussions with professionals have shown that making such decisions is a complex and often subtle process that the children were not aware of. Professionals felt that they had a good grasp on the child's personality, thoughts, wishes and feelings and could effectively represent them. Certainly, few of the children felt that bad decisions had been made on their behalf. Most agreed that they had been placed well and that their social workers had worked hard on their behalf. The issue therefore becomes one of communication – how do social workers communicate to a young child what they are doing on their behalf?

- Most were aware of courts and court personnel, but few had had any opportunity to visit or meet key people who would be making decisions about them. For some, this meant that they were anxious about who these people were and felt disempowered as a consequence. Several talked about wanting to know who they were and having the opportunity to express themselves. Those who had gone felt the experience had been unsatisfactory. They had been kept waiting, often with their foster carers, in rooms that were not welcoming. They had not been spoken to
in ways that were helpful or meaningful; some were just seen by the judges and not spoken to.

- Age matters. All felt that they had become more involved with decisions as they had grown older. The children were ambivalent about this. Some felt that this was a good thing, that it was a rite of passage and younger children would have difficulties understanding what was going on. All felt that, nevertheless, the responsibility is on the professionals to ensure that children knew what was happening, were carried with the decision-making and were engaged with the process in ways that were more than tokenistic.

- The sibling groups all reported that they had experienced the older child carrying the burden of responsibility for the younger, no matter what his or her age was at the time of coming into care or being involved with social services. Sometimes this was taken gladly by the child and at others; it was a burden that weighed heavily. Younger siblings felt protected by their older relatives and put a lot of trust in them. They were less likely to feel disempowered by the process, as their experience was one of engagement, albeit at one step removed. One older sibling felt that it was now his duty to become a lawyer or politician to carry on the work he had done on his sisters’ behalf and assist other children.

- All the children regarded corporate parenting negatively. They had a keen sense of faceless bureaucrats and most viewed social workers were perceived as paper shufflers who filled in forms and ticked boxes. Even involvement with the children was seen as formulaic and disinterested. Good social workers were describes as helpful, caring, interested and interesting. An exercise done with the children showed...
how important it was that the social workers own emotions were engaged – the social worker had to genuinely care for them. Children described it as an extremely important decision to decide which children they would love on their caseload. This then meant that the child would get a good service and be ‘lucky’. This was made consciously by a social worker according to the children. A bad social worker was one who was paper driven, remote and did not listen or mean what they said. The children knew what listening meant: ears, eyes, nods, body language, suspending judgement, asking questions, debating and discussing, taking action that related to the issue the child had brought up. A good social worker was one who was reliable, did what they promised they would do, explained what was happening at all times and did not try to be something they were not. They would have smiley eyes – some knew smiles that were only on the mouth and that you had to look at the eyes to catch the genuine smile.

This leads to some key discussion points:

1. How do social workers let children know what steps they are taking on their behalf, who are the people they talk to, how do they observe the child in action, what activities they are doing to establish how the child feels about what is happening to them?

2. We need to debate the issue of child competency and avoid age discrimination and assumptions. These children showed a remarkable awareness, even from a young age, of what was happening and expressed sadness that those working on their behalf questioned their competency.
3. A few words can make all the difference. Many talked, quite unconsciously of times when they were in great pain or confusion, when just a few words in the right place would have made all the difference. How do we ensure that social workers have the training to be aware of good communication skills with young children at traumatic times when procedures are being followed and emotions are high? Several children talked about the pain at that time and the sense that the social worker was 'holding everything together' and 'getting the job done'. How do we ensure that they have the time to do a good job for the child and not get bogged down in everything else that needs to happen?
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Research with children is generally perceived, rightly or wrongly, as requiring great sensitivity and robust ethical consideration. Proposing to do research with children who reside in the state care system, who are usually viewed as extremely vulnerable, demands protocols that demonstrate higher levels of sensitivity and formidable ethical constraints.

This chapter traces a personal journey towards an effective ethical protocol for research looking at the levels of participation of children and young people in the decision-making processes of the care system. It highlights the many dilemmas and key moments encountered, many of which, frequently, felt like going round in circles. The research project was designed as a co-construction of what it feels like to be a child in care and thus demands a child-centred approach from the researcher, encouraging the children to take a lead in what they wish to talk about and how they wish to be represented. Child-centeredness in this piece of research is further supported by involving the children as co-collaborators, by continuously reflecting on whether questions asked and materials used are appropriate and by maintaining an awareness of the researcher as an adult in the child’s world.

This approach is not without ethical controversy. How is the researcher able to maintain objectivity, be sensitive to any distress and satisfy the anxieties of the adult gatekeepers?
This chapter seeks to explore the dilemmas, obstacles and difficulties when developing an ethical protocol for research with young children. It also seeks to contribute to the current debate concerned with developing real opportunities for the voices of young children, aged four to six years of age to be heard. The research, from which this chapter has arisen, focuses on the issue of involvement in decision-making processes when children are in the care of the local authority, during court proceedings, subsequent reviews and permanency planning meetings. These are forums where traditionally young children, aged four to six years, have been excluded or marginalised with the voices of caring adults being heard in preference to their own. This is a key area of interest as this is an arena, like no other, where agents of the state, rather than parents or children themselves are deciding children’s lives.

There have been several research projects looking at children’s ability to take part in such decision-making processes (Blueprint 2002; Thomas, 2000). The results seem to suggest that whilst older children should be empowered to have their views heard, children younger than five are unable to participate in the decision-making process. However much of this work has looked at the abilities of children over the age of six (Shemmings, 2000; Thomas, 2000), and not engaged children who are younger. Thus, I developed an interest in investigating the following questions:

- Can young children participate fully in these decision-making processes or is this idealistic rhetoric engaged in by the well meaning?
• Is failing to engage the young child a paternalistic adult concept or misguided altruism, or is it based on sound knowledge and understanding of the cognitive processes of young children?
• What are the implications of failing to promote decision-making skills in the young, for other areas of a child's life?

The research project designed to address these questions was constructed in the following way:

1. Accessing the views of older children, aged eight to thirteen, establishing the issues relevant to children who have already experienced divorce or care proceedings. This would inform the later stages of research with younger children.
2. Interviewing parents and practitioners in this field.
3. Working with young children aged four to six using a variety of techniques (Clark and Moss, 2001; Thomas and O'Kane 1998; Lancaster, 2002)
4. Taking this work back to the first group of children and working with them to analyse and understand how it feels to be a young child in care, faced with these processes. With this group of children, discussing how this work might be disseminated to a wider audience.

In order to understand more fully how it feels to be a child in this position, I felt it important to work to a child centred agenda, co-constructing the project and as far as possible, working in collaboration within the co-operative paradigm (Heron, 1998). Acknowledging the child's right for personal autonomy, to make decisions about the research process and the direction it should take,
are important facets of the child-centred nature of the research and imperative to be recognised within the ethical protocol for the work. The first stage, working with slightly older children will help to develop a clearer idea of the areas that are relevant to children and which need answers. This group of children will then be actively engaged as co-collaborators in the research process, helping to construct and conduct some of the interviews and activities with the younger children, analysing responses and suggesting ways forward.

This final research plan was quite different from the original intention which had involved interviews with older care leavers; teenagers and young adults, with opportunities to observe younger children engaged in care planning. Reflecting on this initial plan, I became uncomfortable. Where was the genuine voice of the child? How was I getting alongside children (Rogers and Stevens, 1967, Dahlberg and Moss, 2005) listening to their stories and understanding the experience through their eyes, as opposed to the eyes of the adults around them, myself included? I began to question the concept of childhood I was using when planning the research. I came to realise I was, in fact, seeing the child as an object (Christensen and Prout, 2002) which contradicted my intention. I had to find another way. But a research methodology that meaningfully engaged young children aged four to six years old would be complicated to construct, involving considerable negotiation with several adults in order to gain consent to a process that might be difficult and would require their participation. It would be complex, requiring significant debate and discussion with sensitive attention to detail to satisfy anxieties and demonstrate a structure that takes care of all participants.
In attempting to construct this protocol, I encountered a number of difficult issues that caused me to pause, question my stance and debate the ethical rights and wrongs of possible courses of action. I came to describe these as moments of going round in circles, internal debates about the research project and the ethical dilemmas posed at these key times. These were serious moments, potentially sticking points that created temporary halts, whilst I thought carefully about what I was attempting. This chapter seeks to explore those circular moments, shedding light on the various issues and looking at the resolutions that finally stopped me spinning.

1. How can the research conform to accepted ethical protocols advocated by various key academic and professional stakeholders?

The first circular voyage was encountered at the beginning of the research. This research was grounded in feminist values of care: a refusal to deceive participants and a desire to redress power imbalances by seeking to empower all involved in the research process (Christians; 2000, Punch; 1998, Edwards and Mauthner; 2002). How could an ethics protocol be developed that reflected the above values? This was a serious issue, as I increasingly felt uncomfortable attempting to fit my purpose into a tailored protocol developed by the University. In order to understand what lay behind this unease, I needed to explore the arguments for and against the existence of ethical codes and protocols, and come to a decision about the implications for my research.

Understanding the ethical imperatives demanded by research communities and establishing a working protocol is an essential component of any
research project (Aubrey et al, 2000, Miller and Bell, 2002). Researchers are required by their institution or funding bodies to submit detailed ethical protocols that show a systematic and sensitive awareness of a variety of issues that may arise during the research, such as consent, confidentiality, identification of risks, etc (Silverman, 2005). Bronfenbrenner (1952) talks about the need to think through all ethical issues carefully prior to commencing data collection, arguing that, trying to do this whilst doing the research has the potential to raise such severe anxieties that the project is unlikely to succeed. Protocols and codes are intended to help individual researchers to ask questions of themselves and their research design to ensure that key ethical issues are addressed. According to Alderson (2004), such issues include:

- Respect and justice – doing good research because it is right to do so;
- Upholding the rights of the participants – effective listening to all who are taking part, especially children;
- Best outcome – balancing the costs and benefits for all who will experience the impact of the research.

Thus, the intention is that ethical codes should offer guidance on how to plan, instigate and develop research projects, focussing attention on the philosophical stance taken and on any individual issues considered.

However, Punch (1998) argues that slavish adherence to ethical codes can limit rather than enhance research. He feels researchers should ‘just get on with it’, pausing for thought before commencing and maintaining that thoughtfulness throughout the process, rather than trying to fit their work into a particular mode to meet the demands of funding bodies and educational institutions.
‘I would warn against leaning too far toward a highly restrictive model for research that serves to prevent academics from exploring complex social realities that are not always amenable to more formal methods.’ (p157)

Thus, it could be argued that ethical codes may prevent rather than permit action; stifling research creativity by setting a rigid agenda before fieldwork commences. Dahlberg and Moss (2005) suggest that ethics cannot deal with certainties. Ethical questions are ambivalent and uncertain, often having to be addressed in the field, so they are contextual, emergent and situational, dependent upon the relationship between the researcher and the participants and what is mutually discovered through the process. Thus, researchers need to be flexible in their approach, prepared to work reflexively in the field (Etherington, 2004) and to acknowledge that additional skills, such as effective listening and caring for the people before them are essential parts of the ethical researcher’s tool bag (Dahlberg and Moss, 2005).

But protocols and codes exist for very good reasons. They have been developed over many years, most notably since the Second World War and the revelations about Nazi atrocities (Aubrey et al, 2000). Such protocols and codes are ‘universalist’ in nature (Dahlberg and Moss, 2005), with clear distinctions between right and wrong and an acknowledgement of obligations and rights as two sides of the same coin. Dahlberg and Moss (ibid) would much rather reject the use of such protocols, described as calculative and based on rational thinking, to concentrate instead on personal codes that take responsibility for the ‘other’ and have respect for otherness. Small (2001) agrees, arguing that protocols;
'...take over the moral responsibility that each researcher should have for his or her behaviour.' (p391)

This should lead to a more intuitive approach to ethics ensuring that each individual piece of work is thought through carefully in terms of its own needs, rather than being fitted into a prescriptive pattern of requirements. According to these arguments, prescriptive, *pro forma* protocols may be viewed as failing to meet the expressed aim of protecting participants from experiencing harm whilst engaged in research by taking too rigid a stance from the start and not encouraging the degree of reflexivity required to take care of all participants. An additional difficulty with *pro forma* protocols is they rarely address the issue of doing research with children as active participants in the process. The Nuremberg Code of 1947, agreed after the war, focussed on research with adults assuming that children were too immature to be involved (Alderson, 2004). The increasing interest in collaborative research with young children, inevitably includes a discourse on ethics (Alderson, 2004, Dahlberg and Moss, 2005, Christensen and Prout, 2002) raising a fundamental question; should there be different ethical protocols or codes for children and for adults? Key writers appear to argue this should be the case (Allmark, 2002, Alderson and Morrow, 2004). Aubrey *et al* (2000) argue that research with young children should involve increased sensitivity as their age and level of cognitive ability require that additional thought must be given to how to inform them about the aims of research in ways they can understand.

'It may be impossible to inform young children fully about the research, so their consent may seem more like exploitation. Further, because most children are very trusting and wish to please adults, it is often difficult to know if they feel comfortable both with what is being asked of them and with the person who is
asking, who may be relatively unfamiliar.' (Aubrey et al, 2000, p164)

This raises the question as to whether young children can differentiate between their own interests and those of others. I am not sure children are so different from adults that they require special ethical considerations. Christensen and Prout (2002) suggest that it is the researchers own attitudes towards children and their competence or ability to be engaged in research that affects the way projects are designed and ethical protocols are drawn up.

‘…..the perspective on children that a researcher works with has important implications for his or her research practice. It influences the choice of methods (including the researcher’s role), the analysis and interpretation of data as well as ethical practice.' (Christensen and Prout, 2002, p481)

They advise a practice of ‘ethical symmetry’ where ethics is regarded as a continuum where all features of the research project and the needs of the participants, children, adults, children or adults with any special needs are acknowledged. Any differences between participants, their ages or levels of competency, should be allowed to emerge rather than being assumed. Each research proposal is thus considered on its merits rather than following differentiated pro forma protocols, one for adults and one for children. The protocol for this piece of work needed to reflect a view of young children as competent, to encompass an organic ability to adapt to changes in circumstance and consider each individual participants needs and requirements. Therefore, considerable personal exploration and thought had to be invested in to ensure there was no loss or compromise of those values as I established the research programme. I was determined to take an ethical stance throughout the research (Birch and Miller, 2002), to actively listen to my
participants at all times (Dahlberg and Moss, 2005) and to ensure that the research was collaborative (Heron 1998) and empowering (Edwards and Mauthner, 2002).

2. Structuring the research to facilitate the authentic voice of the younger child

As discussed above, the original idea was to engage with older care leavers where questions could be asked about their memories, whether they had participated in decision-making and the impact this level of involvement had made on their lives and their ability to make decisions as they grew up. Younger children would not be asked these questions, but might be observed participating in decision-making meetings.

On closer investigation, this plan showed an underlying assumption that younger children would be less competent than older children and adults in relaying their experiences (Hutchby and Moran Ellis, 1998), that age mattered. I began to realise I had created a research project with an adult perspective, regarding young children as vulnerable (Hendricks, 2003), incapable of telling their own stories and understanding what was happening around them. Given the topic area, this was ironic – exhorting others to regard children as competent social actors and doing so through research that treated them as objects (Christensen and Prout, 2002). This was also an issue for the University and other gatekeepers with whom I was in contact. There was also evidence of reluctance, from the University ethics committee and Social Services, to agree to the research on the grounds that young children would not understand what I was doing and therefore would be unable to give their informed consent. With such a focus (assessing children’s competency on the basis of their age rather
than recognising different maturities and abilities), there would be an inherent danger of excluding younger children on the assumption that they would not yet be sufficiently competent;

‘…..our concept of such qualities should not influence ways of approaching children in social science research. It should be open to empirical investigation to explore the significance of age and status within different contexts and situations, to explore ‘doing’ rather than ‘being.’ (Solberg, 1996, p63 – 64)

Alderson and Montgomery (1996) suggest that the quality of experience of research participants should be considered as a guide to involvement:

‘Experience is far more salient than age in determining children’s understanding.’ (p7)

They elaborate, arguing from research with children making health care choices, that the child receiving treatment is in a better position to describe what is happening to them, how it feels and what they would prefer, than the health care professionals, or even their parents. This is an intense experience for them, not an abstract concept and therefore it is important for them to discuss and engage with it. This argument would appear to be pertinent to the experience of inclusion or exclusion in decision-making processes for the young child. Children may have deep feelings about what is happening to them and the researcher needs to find a way of helping them to explore those emotions in ways that are helpful, collaborative and meaningful. Fraser (2004) agrees; he argues that young children may not have the ‘stock of experience’ (p24) that adults have, but they probably have significant experience of the area under
investigation and it is up to the researcher to help them to find the vocabulary using appropriate methods to facilitate communication and develop an understanding of the child’s concepts of their world. This might be viewed as a research design issue - how does one identify the appropriate population for the research question? But it is also an ethical issue as one tries to determine whether this is an appropriate topic for young children to be engaged in thinking about. The difficulty is that there are few ethical guidelines established for researching with young children (Hill, 2005). Allmark (2002) uses the Royal College of Paediatrics and Child Health [RCPCH] Guidelines, which advocate research should only be undertaken with children if it cannot be done with adults. Following these guidelines, this piece of research could be done with adults, but would seem to lose some of its power by not engaging with the very group whose views it seeks to explore. Allmark also argues that the impact of participating in research may remain with participants for many years to come. This may have particular significance for young children, especially when examining the quality of relationships with people they are close to, such as parents and social workers. The child may begin to call into question how helpful and supportive a significant adult was when important decisions were being made and this may raise doubts in the child’s mind about the relationship. If Allmark is right, then this is likely to have more serious consequences for the younger child who is in a more powerless, dependent role than for an older child or adult who may be able to do something about those feelings and doubts. My ethical protocol, needed, therefore, to show that this issue had been considered and that appropriate safeguards were in place. Finally, I decided to work with two age groups of children, aged four to six and eight to fourteen, putting more responsibility for collaborative work on the older group, but nevertheless,
adopting the same principles when working with the younger children. Activities would be created to facilitate engagement with the topic. These activities would need to be child led rather than researcher led, enabling co-construction and authentic articulation of what they want to say rather than what I want to hear.

3. How could I avoid causing distress when looking at an experience that was painful and probably traumatic for the child and his/her family? Surely it is unethical to work in this area with such young people?

This was an extremely serious debate that could have spelt the end of the whole process, had it not been resolved. Obviously, any research should attempt to avoid or minimise any upset caused when people are invited to recount or remember experiences. But what if you are talking about something that is distressing in its own right? Experiences of being removed from families, placed in foster care or a children's home, attending court, etc are all potentially distressing events. With a particular lens of wanting to protect children who are seen as innocents or victims (Hendrick, 2003), it seems difficult to countenance planning a research project looking into areas that may provoke strong emotions that are hard to deal with. Hill (2005) argues that care needs to be taken when looking at such situations with children, as they will already have undergone several interviews looking at their experiences with the professionals working with them. He asks that researchers think very carefully before asking children to relive these events once again and to be very clear on the benefits there may be for them in that circumstance. Attempts to select children who seem able to cope with the demands of working in a group without getting too distressed may lead to bias in the research and deny children the right to self-select and work on something that they feel strongly about. Again, Hill (2005)
debates this issue, feeling it is inevitable that the children selected for such research may not be typical of their population. King (1996) addressed the inherent difficulty in deciding to proceed when people become distressed after she found herself intervening in an interview when the respondent became upset.

‘Because of the highly personal and interpersonal nature of in-depth interviewing, such enquiry is likely to be more intrusive than most other research methods, and may well open up issues that are highly sensitive for the interviewee. This risk needs to be clearly expressed, and an ‘opt-out’ clause given in order that the interviewees are made aware that they are not obliged to answer all the questions should they prefer not to, and that they can stop the interview should they so wish.’ (p179)

This raises significant issues when thinking about research with young children. How will they feel about telling an adult they do not wish to answer some questions? The perceived power imbalance between adults and children (Robinson and Kellett, 2004), and the lens regarding young children as in need of protection (Hendrick, 2003), requires that we avoid causing distress at all costs, which could render this piece of research unjustifiable. Kitzinger (2000), on the other hand, feels that perpetuating this stance means children are denied any access to knowledge and power, which could also be viewed as abusive. With reference to Kitzinger’s work, amongst others, Robinson and Kellett (2004) argue that researchers can explore difficult areas by careful ethical research design;

‘Researchers can take seriously power differentials between themselves and children and seek to address these in the design, implementation and dissemination of their work.’(p93)
4. Issues of consent - who is able to give consent and who should give consent?

To maintain a child-centred approach, it would appear axiomatic that the child is the principal consent giver, but this is an ethical, legal and moral minefield. On the ethical side, there are issues of competency and understanding – how does the researcher know that the child understands the project sufficiently to be able to give informed consent (Cocks, 2006)? On the legal side, there is the issue of whether the courts regard children as competent to give consent. The Gillick ruling (Gillick v. W. Norfolk, 1985) makes legal demands on all practitioners to make decisions about a child or young person’s competency to consent. The assumption with this ruling was that very young children would be unlikely to be seen as Gillick competent (Masson, 2004) and therefore would require the consent of a parent or adult with parental responsibility (DoH, 1989, s3 (1)).

Masson (2004) points out that adults making decisions about competency will be operating from their own concepts of childhood and may favour a judgement of incompetence with regard to very young children as they seek to protect them.

‘Where information about research in general and the particular study can be given clearly and simply, quite young children are able to consent to take part. In order to give a valid consent, a child needs to understand the nature of his or her engagement with the researcher and how that differs from that of other adults who may seek information in order to take decisions about or for that child. (p48)

Legally, parents are responsible for their children (DoH, 1989, s.3 (1)) and therefore have a right to be informed about and give consent to research being done with their child. This is seen as diminishing with age, older children being able to give their consent as they move towards adulthood and establish a right to self-determination. It could be argued this rule perpetuates the belief
underpinning the Gillick ruling that younger children are incompetent. This renders them potentially defenceless, as they are not able to offer their opinion or thoughts without another’s permission. Schenk and Williamson (2005) in their ethical guidelines for research with children, consider that researchers working with children under the age of consent (16) should obtain parental consent prior to asking the children if they wish to take part. They group all children under 16 in a category of people with diminished capacity and therefore in need of special protection (ibid, p4).

There is a serious issue of power here – the power of adults over children means we have to have safeguards to ensure that the power is not used irresponsibly or dangerously (Alderson and Morrow, 2004, Homan, 2001; Williamson et al, 2005). But this power might also be used to deny children the right to be heard (Robinson and Kellett, 2004). Nieuwenhuys (2004) highlights the dependency of children on adults and the importance of acknowledging this at the beginning of any research project;

‘Children’s dependency on adults for the fulfilment of even simple needs is so great that one can hardly expect them to co-operate in a research programme that does not from the outset address these needs seriously.’ (p212)

Having worked hard to ensure that the children can understand what they are consenting to and that all relevant adults agree that this is right and proper, has a researcher created a situation where a child cannot refuse an adult request? How can the situation be created where children feel safe to say no to take part or to refuse to continue their involvement when it becomes difficult? Williamson et al (2005) demonstrate that it can often be difficult to ascertain full comprehension, that children understand different things by words such as
harm'; 'confidentiality' and 'child protection' that are used in research. This means that it could be difficult to ensure that consent is informed and freely given when working with young children.

In the case of children in care, the persons with parental responsibility may include the child's social worker as well as either or both parents. This makes gaining their consent potentially complicated and time-consuming. It also keeps the child at arms length, further removed from giving consent on their own behalf. Maintaining a stance of being child-centred and working in a co-operative paradigm (Heron, 1998), I emphasised the importance of the child's active consent to take part whilst acknowledging that gatekeepers would expect their consent and that of the parents to be gained first. All stakeholders were encouraged to think positively about the children in their care, to think widely rather than narrowly when identifying possible participants in order that a situation would occur whereby the children could choose to be involved for themselves. Recruitment would therefore be 'opt in' rather than 'opt out' (Alderson and Morrow, 2004), and children would be encouraged to think for themselves whether they wish to join in.

5. Can all discussions and activities be kept confidential and anonymous?

The area under investigation is one fraught with potential difficulties in terms of child protection, potential evidence for court hearings (Masson, 2004) and the issue of responsibility towards gate keeping adults. Whilst it may be possible to guarantee anonymity in documentation and in the final report, neither anonymity nor confidentiality could be guaranteed in the interview situation as disclosures may be made that need further action, i.e. abuse allegations. However, this could be problematic when trying to be clear with young children about the
parameters of the research prior to gaining their consent. As previously stated, research by Williamson et al (2005) found that children interpreted the words differently and, therefore, might not understand researchers' attempts to explain instances of when they may have to deny confidentiality because of concerns for the child’s safety. Also, neither anonymity nor confidentiality could be guaranteed in any group work situation. Group rules might be established involving not talking about each other’s comments and experiences outside the group, but there is obviously no control other than self-control to ensure that this happens. It is difficult to predict how children, or any research participant might act in the future, after being involved in a research process. All a researcher can do is remain ethical in the choice of participants and maintain an ethical stance throughout, picking up any cues that raise concern and responding responsibly and effectively.

6. What sort of relationship will I have with the children I am working with?
This piece of research requires considerable close contact with adults and children who have been through painful experiences that have significantly shaped their lives. Therefore, contact needs to be carefully and sensitively planned and executed to minimise pain and help to make sense of what has happened. This involves the creation and development of meaningful relationships that allow people to feel safe to discuss such sensitive matters; relationships that are founded on guiding principles of genuineness, trust and empathy (Rogers and Stevens, 1967). The relationship and will be based on the children’s perceptions of me, not only as a researcher, but also as a person, a tangible individual with whom they can identify and work with (Rogers and Stevens, 1967).
This begins to move away from the traditional idea of researchers being on the outside of their research, with little or no impact on the matter under discussion and reportage that is not written in the first person (Richardson, 1996). The role of researcher is, nevertheless, fundamentally different from that of a social worker, a previous role held by me. As a researcher, I am involved in the children’s lives for a very short time; looking at a specific issue I have generated an interest in (Milner and O’Bryne, 2002), rather than being there to help them with their lives (Aubrey et al, 2000). I will, therefore, be making a different type of relationship than one normally seen between a social worker and a child where it is most commonly related to the agenda of the child and his/her family (Milner and O’Bryne, 2002). The research relationship is thus formed for a specific, time limited, purpose and should not enter into therapy or advocacy as this may blur the relationship and become unethical (Aubrey et al, 2000, King, 1996). By working with the children as collaborators, seeking to follow their agenda and facilitate their exploration of their own experience, the research will move towards the paradigm of co-operative inquiry (Heron, 1998) where researchers and researched work together to develop the research project and attempts are made to create a relationship that is equal and active. This raises an important question about the boundaries between researchers and researched. King (1996) explores this, suggesting researchers ask themselves questions such as whether they are going to self-disclose, whether this is appropriate to the research being undertaken and whether to encourage the development of long-term relationships. This self-disclosure is especially difficult to maintain, particularly when looking at powerful life events that evoke strong emotions. King acknowledges this, suggesting the development of a stance of self-awareness and acceptance in order to promote empowerment of
participants in the research process. Duncombe and Jessop (2002) raise similar questions demonstrating, through their own work, a sense of discomfort at having created a close relationship that they cannot sustain. Taking all of this into account, clarity of purpose appeared most appropriate. I need to ensure that participants are aware that the relationship would be time limited and that there would be no contact following its termination. This position requires significant support as looking at such an intimate topic is bound to create close relationships. Therefore the role of research supervisors as consultants to discuss potential over-identification and over-involvement, is crucial. I was also resolved to continue to clarify the limits of the relationship throughout the research and not assume the message was still loud and clear, several weeks down the line.

Conclusion

The design of the ethics underpinning this research has required close examination of important issues and personal values and has led me to seek to develop a better understanding of my perceptions of childhood and of doing collaborative research with young children. It has been thought through thoroughly with key issues identified and debated in full. It was with some reluctance that I had embarked on fitting my purpose within the established format required by the University. By exploring the reasons for my reluctance as well as other issues that confused or concerned me, I have begun to develop a clearer perspective on the role of ethics both in general and particular and begun to understand my own ethical stance. An ethical protocol has been designed that enables gatekeepers to feel secure in allowing me access to the children they are responsible for. It allows for constant review of the appropriateness and advisability of some of the decisions made at the outset,
permitting changes to be made in consultation with the research co-constructors, namely the children, any gatekeepers and the supervisory team. I would recommend to fellow researchers that they do not allow themselves to be put off by the anxieties of others, but challenge the basis of those fears, to investigate the model of children that lies at the heart. I would also recommend researchers to be ethically authentic, to maintain an internal dialogue that keeps questions of ethics and good practice at the forefront of the decision-making process. This will assist in developing a real sense of ‘the other’ with questions about responsibility, power sharing, co-construction and voice.

I would argue that young children should be involved in such research into difficult areas, that to deny them their voice, with misguided attempts to protect them from distress or concerns over their ability to understand the concept of informed consent, renders them powerless and more vulnerable (Williamson, et al, 2005). Researchers such as Alderson (2000), Lancaster (2002), Moss and Petrie (2002), and Thomas and O’Kane (1998a) have all shown young children meaningfully interacting with their environment, making sense of what is happening around them and having clear judgements, values and attitudes to voice. They are not passive recipients, people in waiting or citizens in potentia (James and James, 2004, p35), but active participants in their world. Ignoring their voices or preventing them from being heard through over-zealous notions of protection is both dangerous and manifestly unfair (Hendrick, 2003, John 2003).

Thus, it is up to adults to create the optimum conditions for effective listening, not for children to find the way to say what they want to say, or what researchers want them to say.
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