

Part 2

Child and family centred help

Children have rights and competencies

There are two main reasons why children should be involved in decisions that affect their lives:

- children have the right to be involved;
- children have the capacity to be competent commentators on their lives.

The right for children to participate in decision-making comes from section 12 of the *UN Convention on the Rights of the Child* and the *Children (Scotland) Act 1995*. Both specify that children have a right to be involved in decisions that affect their lives. The Scottish Government is committed to the participation of children in decision-making (Scottish Executive 2007). As discussed at the end of this part of the guidance, those rights also extend to children being able to give consent to actions being taken that affect their well-being.

Increasingly, research with children has shown children can provide a competent commentary on their own lives. Children bring their own perspective on what they see as important for their well-being. Children can also provide commentaries on how policies and practice should be developed to help them (Moss 2002; Aldgate and McIntosh 2006). Involving them in finding solutions to their problems can also help build resilience (Daniel *et al.* 1999).

Although children may have independent rights over some issues, in many ways their rights are protected by policies that support the family. The *European Convention on Human Rights* gives to parents, children and other members of the family rights which the UK is required to respect and which may be enforced in the courts through the *Human Rights Act 1998*.

Parents and carers are also 'experts' on their children in the sense they know more about them than anyone else. Most parents want to do their best for their children and understand how their children will respond to help. Practitioners should treat all parents with dignity and respect, and see their role being to support and help families.

They cannot do this without actively involving children and the people important to them in deciding what to do to help. Without children and families' perspectives on their children's or personal difficulties, practitioners' information is incomplete and they cannot reach a full understanding of children's circumstances and needs. This part of the guidance provides advice about how to include children, young people and their parents in making sense of what is happening to them and creating a plan for help and action.

The means are as important as the end

Children and families can rightly perceive practitioners as powerful. Practitioners should take steps to ensure children and families are empowered through inviting them and encouraging them to participate in decision-making. Children and their families should feel included in the decision-making processes. If children and families feel that they have not contributed fully to the plan, they are less likely to be fully committed to putting the plan into action.

For these reasons, the way in which practitioners gather information from children and families is as important as the information itself. Before beginning to gather information to inform planning and how best to help the child, practitioners should talk to families about why practitioners have become involved, why assessment and planning is needed, what that will entail and what the different outcomes might be. Children and families should be able to say what they would like additional help to achieve.

An open process which actively involves children and families and others has many advantages for practitioners, children and families. It helps because:

- children and families can come to understand what children need in order to reach their full potential;
- children and families can understand why sharing information with practitioners is necessary;
- children and families can help practitioners distinguish what information is significant;
- everyone who needs to can take part in making decisions about how to help a child;
- children and families are more likely to feel committed to the plan for a child;
- practitioners behave ethically towards families;
- everyone contributes to finding out whether the plan for a child has made a positive difference to a child or family;
- even in cases where compulsory action is necessary, research has shown better outcomes are achieved for children by working collaboratively with parents.

Children can understand why sharing information on their behalf is necessary but have definite views on the best way information should be shared. Consultation with children and young people for *Getting it right for every child* reported that children would greatly prefer to talk to one adult who would take a written record and share it with other people that need to know, rather than talking to a number of different adults on a number of occasions (Scottish Executive 2006b, p.10):

“I would rather tell one person that I trust and they can explain everything I said to other people that should know”.

Children were also clear that actions should follow the information they had given:

“It would be good to talk to one person but it would have to be someone that would actually do something”.

Helping children join in

Every agency has an obligation to seek, have regard to and record children's views and wishes when they are providing services and support. Even very young children can clearly express views about themselves and their world to adults who are willing to take time to listen to them, do not give up easily and have skills in communicating with children. As suggested in Part 1, children have made it very clear what they need in *The Children's Charter* (Scottish Executive 2004).

Achieving real involvement means that practitioners spend time with, talk to and get to know children and build relationships so that children feel confident about approaching them and asking for help. As this quote from Gilligan, a researcher who is an expert on working with children shows, every detail of communication with children counts and helps to build a positive working relationship with them. The tiny steps along the way are as important as the big picture:

The rituals, the smiles, the interest in the daily routines, the talents they nurture, the interests they stimulate, the hobbies they encourage, the friendships they support, the sibling ties they preserve make a difference. All of these little things may foster in a child the vital senses of belonging, of mattering, of counting. All of these little details may prove decisive turning points in a young person's developmental pathway. It is important not to be distracted or seduced only by the big questions. While, for example, professionals agonise or stall over whether or when to place a child in a permanent family, they may have lost sight of crucial details of what can sustain the positive development of this child today. Attention to the detail in the present makes the prospect for the future more promising and more attainable (Gilligan 2000, p. 45).

Sometimes, in the rush to gather information, explanations of what is happening may get overlooked. It is very important that practitioners take the time to explain to children what is happening. They should not leave parents or carers to give children information, as sometimes even the most capable parents may be anxious and struggling themselves to grasp what is going to happen. Research has shown that children appreciate being told

about what is going to happen in plain language they can understand and that children will respond well to practitioners who treat them with respect and make them feel that what the children say is important and worth listening to. It is especially important to help children handle uncertainty while plans are being made.

Children's views on their situation are also part of the evidence to be included in assessing and planning. Children can clearly spell out how they feel or what they would like to happen, if they are given time and opportunity to express themselves. Children in a recent study of kinship care (Aldgate and McIntosh 2006) told researchers how they appreciated children's hearings panel members who were approachable and took time to listen to their views. *The Inspection Report into the Care and Protection of Children in Eileann Star* (Scottish Executive 2005) also highlighted the importance of working directly with children to include their perspectives.

Children and young people need clear and simple information, appropriate to their stage of development and their particular needs. Practitioners need extra sensitivity and special communication skills working with disabled children. Communication with some disabled children requires more preparation, sometimes more time and, on occasions, specialist expertise, and consultation with those closest to the child. For example, children with communication difficulties may be need to use alternatives to speech such as signs, symbols, facial expression, eye pointing, and objects of reference or drawing. Although, in every case, the independence of children should be promoted, communicating with a child with very complex difficulties may benefit from help of a third party who knows the child well and is familiar with the child's communication methods.

Children whose first language is not English should have the opportunity to speak to a practitioner in their first language, wherever possible. It is particularly important at turning points in their lives that children are enabled to express their wishes and feelings, make sense of their circumstances and contribute to decisions that affect them. It is essential that practitioners address any issues

about an individual child's safety during the course of undertaking direct work with him or her.

There are five essential components in direct work with children: seeing, observing, talking, doing and engaging:

Seeing children: an assessment cannot be made without seeing the child, however young and whatever the circumstances. The more complex or unclear a situation or the greater the level of concern, the more important it will be to see the child regularly and to take note of appearance, physical condition, emotional wellbeing, behaviour and any changes which are occurring.

Observing children: the child's responses and interactions in different situations should be carefully observed wherever possible, alone, with siblings, with parents and/or caregivers or in school or other settings. Children may hide or suppress their feelings in situations which are difficult or unsafe for them, so it is important that general conclusions are not reached from only limited observations.

Engaging children: this involves developing a relationship with children so that they can be enabled to express their thoughts, concerns and opinions as part of the process of helping them make real choices, in a way that is age and developmentally appropriate. Children should clearly understand the parameters within which they can exercise choice. In offering children such options, adults must not abdicate their responsibilities for taking decisions about a child's welfare.

Talking to children: although this may seem an obvious part of communicating with children, it is clear from research that this is often not done at all or not done well. It requires time, skill, confidence and careful preparation by practitioners. Issues of geographical distance, culture, language or communication needs because of impairments may require specific consideration before deciding how best to communicate with the child. Children themselves are particularly sensitive to how and when professionals talk to them and consult them. Their views must be sought before key meetings. Again, a range of opportunities for talking to children may be needed, appropriate to the child's circumstances, age and stage of development, which may include talking to the child on their own, in a family meeting or accompanied by or with the assistance of a trusted person.

Activities with children: undertaking activities with children can have a number of purposes and beneficial effects. It is important that they are activities which the child understands and enjoys, in which trust with the worker can develop and which give the child an experience of safety. They can allow positive interaction between the worker and the child to grow and enable the professional to gain a better understanding of the child's responses and needs.

(Department of Health *et al.* 2000 pp. 43-44).

Communicating with children who are at risk of harm needs additional skills. Jones has written an excellent description of the principles of practice with children at risk (see Jones 2006).

The Pathfinder recognises that practitioners already use various tools to assess aspects of children's development. Alongside these, the Pathfinder is also adopting the use of a range of well tried, standardised tools which will enable evidence to be gathered about children's and families' needs relating to the domains of the *My World Triangle* in a friendly way. They will enable children, families and practitioners to measure progress that has been made. The tools may be adapted as the Pathfinder progresses or others may be added. In Part 4 of the Guidance and Appendix 2, more details of these tools are spelt out.

Working with parents and carers

Gaining the family's co-operation and commitment to gathering and analysing information in order to develop a plan together for the child is also crucial. Families may be anxious about involving practitioners in their lives. Parents may be fearful that practitioners will see them as failing parents and could use their power to remove their children. They want the practitioners they meet to be open and honest with them and treat them with respect and dignity, even in the most difficult circumstances. Parents want practitioners to give clear explanations about what is happening.

Practitioners have a responsibility to develop communications skills and be sensitive to families' understanding without being patronising or

inappropriately talking in technical language. One of the key things parents ask for is to be kept informed. Although practitioners should always be sensitive to the fact that some adults struggle to read complex documents, it is also helpful to have available written information that is easy to understand. Seeing a written version of what has been discussed can reassure families that what they have been told is true but it is always important not to rely solely on written materials but check out with families they understand what agencies are doing and why.

In cases where children are at risk of harm, the experience of research and practice confirms that, even after initial difficulties, it is possible to work with parents and carers and it is important to do so because this will have long term, beneficial outcomes for the child and family. The desirability of working with family members, however, must not override the importance of ensuring that children are safe. With this in mind, the systematic practice model of assessing and managing risk where children need to be protected from harm has been developed. This is detailed in Part 4 of this guidance and in Appendix 1.

The issues of working with families where children may be at risk of harm from maltreatment or neglect are also explored in several key Scottish Executive publications, for example:

2002 *It's Everyone's Job to Make Sure I'm All Right* Edinburgh, Scottish Executive;

2003 *Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families Affected by Substance Misuse*, Edinburgh, Scottish Executive;

2003 *Growing Support*, Edinburgh, Astron;

2004 *Protecting Children and Young People; Framework for Standards*, Edinburgh, Astron;

2004 *Protecting Children and Young People; The Charter*, Edinburgh, Scottish Executive;

2006 *Hidden harm next steps – supporting children, working with parents*,
Edinburgh, Astron;

2006 *Changing Lives*, Edinburgh, Astron.

In cases where there are allegations of child maltreatment, research has suggested that sensitivity in early contact, even in circumstances where compulsory measures are taken, can result in positive working relationships at a later stage (Jones and Ramchandani 1999). There are two very useful guides to working with parents published by the Family and Parenting Institute.

- Family and Parenting Institute (2007) *Listening to parents: a short guide*, London, Family and Parenting Institute.
- Rhodes, H (2007) *How to help families in trouble: a short guide*, London, Family and Parenting Institute.

Where co-operation does not arise

There will be situations where family members do not wish to work co-operatively. This may be for a variety of reasons: they are too afraid or they believe they or their child have no problem or they are generally hostile to public welfare agencies. They may be resistant because of the nature of their own difficulties, such as psychiatric illness or problems of alcohol and drug misuse, or because of allegations being made against them. Whatever the reasons for their resistance, the door to co-operation should be kept open. At the very least, family members should be informed of what is happening and how they could participate more fully. Ways should be actively explored to include some, if not all, family members in the assessment and planning process. Practitioners should try not to become overwhelmed by any initial hostile response but recognise they need support to deal with parents who are hostile or threatening.

In a small number of instances, resistance to co-operation by a parent is accompanied by overtly aggressive, abusive or threatening behaviour or by more subtle underlying menace. Staff have a responsibility not place themselves in situations of danger (Scottish Executive 2004). Staff should

follow their agency procedures and protocols in these circumstances in consultation with their line managers.

It is also in these circumstances that practitioners should have access to skilled, expert supervision, available when needed, so that the nature of the threat can be understood, the implications for the child and other family members identified and strategies found for maintaining work with the family. These may include co-working and other measures. Concerns about such matters should always be taken seriously and acted upon. It may be necessary to involve the expertise of practitioners from a number of agencies to arrive at an understanding of the risks a particular individual may pose to the safety of staff, as well as to family members.

Involving children and young people in assessment and planning

The principles of good communication between children and families and practitioners apply in all circumstances where they come together. Universal services should provide opportunities for children, having regard to their age and stage of development, to talk about how they think they are doing whether at home, school or in other settings.

When a child needs additional help, good communication becomes even more important. Practitioners and public services, children's hearings and courts all have a legal obligation to find out children's views and take them into account before making important formal decisions which will affect children's well-being.

Children need help to participate effectively in this aspect of decision-making. They need information in advance about how decisions are made and by whom, and encouragement and support to attend meetings and speak up when necessary, or have someone to speak for them.

Practitioners should help children express their views and make resources available to enable them to prepare or record these in ways that make children's views as influential as the opinions of practitioners.

Before decisions are taken, practitioners should take time to explain what is being planned in ways that children can understand. Young people should be given copies of reports about themselves. When decisions and plans are made, the lead professional or another trusted adult should talk with the child to make sure that he or she properly understands what will happen next and why.

This kind of support to help children participate properly in assessment, planning and decision-making can be provided in different ways and by different people, separately or in combination. They may include some of the following, according to circumstances:

- informal support from adults whom the child knows well, such as parents or carers;
- peer support from young people who have had similar experiences;
- formal support by practitioners working with the child, such as named persons or lead professionals;
- independent advocacy and skilled representation;
- safeguarders and curators-ad-litem for children involved in children's hearings or court proceedings;
- legal representation.

Summing up the essentials of working with children and families

Achieving effective working in partnership with children, parents/carers and other family members requires that:

- they have sufficient information at an early stage, both verbally and in writing, to make informed choices;
- they should be aware of the various consequences of decisions they may take;
- they should be actively involved in assessments, planning meetings and reviews;
- they should be given help to express their views and wishes and to prepare written reports and statements for meetings where necessary;

- practitioners and other workers should listen to and take account of parents' views;
- families should be given advice about how to challenge decisions taken by practitioners and how to make a complaint if necessary;
- arrangements for multi-agency meetings should take account of families' needs, for example, in deciding the location and timing of meetings to ensure their attendance, and provide a welcoming and comfortable environment;
- children and families should be helped to prepare for children's hearings.

Using family centred approaches to planning and decision-making

Practitioners should, at all times, select methods and approaches that adhere to the principles of working in a way that is child and family centred.

There are many ways of developing family centred approaches to assessment and planning. Prominent among these approaches are Family Group Conferences (FGCs), an approach that emphasises strengths and resilience, and solution focused approaches, which provide a structured way to involve families and carers in practical planning and decision-making for a child, on a voluntary basis. Many Highland practitioners are familiar with the solution based approach.

The child's and family's wishes and feelings are a central consideration and the process draws upon the views and resources of family members. Family group conferencing is best used at the point where information for assessment has been gathered and analysed, usually in partnership with children and families. It will not be appropriate in every case, and risk factors need to be taken into account when deciding whether or not to use this approach. Family group conferencing can be a helpful part of planning and deciding on solutions to meet a child's needs. Family group conferences can be particularly useful when practitioners are having difficulty identifying solutions to family difficulties or find it difficult to engage and work with hostile families. The process returns control and power over decision-making to the children and families directly affected,

and it can serve to build trust and partnerships between family members and professionals.

There are also several recent examples of excellent practice within Scotland that shows that structured family support that is non-stigmatising and focused can be effective. These include two centre-based projects, one run by Children 1st and one by Quarriers. See:

- http://www.quarriers.org.uk/documents/user/Ruchazie_Evaluation_Summary_000.pdf

Information sharing

Clearly, information sharing is a crucial and critical part of the assessment of risk and need. Included in the challenges in this area of working practice are the issues of consent and confidentiality. Change will be required in the culture and practice of working with families. Practitioners should discuss with parents from the earliest point of contact about sharing information to secure the best services and help for the child and family. Highland currently has a draft consultation paper on its Information Sharing Policy and there are some good working practices already in place where information is shared within and between agencies and liaison groups, with the full consent and participation of parents.

Seeking consent to share information

Staff working with children and families in Highland are committed to a process of seeking consent wherever possible and will only share information without first seeking consent where it is necessary to protect children and young people. However, even in these circumstances, children, young people and their parents or carers will be informed as soon as possible and an explanation of why information has had to be shared will be discussed unless this may cause harm.

Informed consent is achieved when children, young people and their parents or carers understand what is being asked from them and give permission freely. Consent must also be specific and unambiguous. Consent must be clearly communicated by the person to whom the information relates or by

someone else with authority to do so, on their behalf. Children have a right to see information about themselves if seeing the information is not damaging to them or others.

Practitioners should seek 'informed consent' as soon as possible after they engage with a family. Midwives, health visitors and nursery teachers will be meeting families individually and, as part of the process of developing a relationship, they should introduce the issues about seeking consent to record and store information electronically. They should also introduce the principle of sharing information in order to secure effective help for them and their child. There may very occasionally be circumstances when consent should be sought from the child only.

Seeking consent from the child and parents or carers

The primary factor in this decision is what is in the best interests of the child. Where there is a trusting and open relationship between the child and their parents or carers, practitioners should be discussing the issue of consent with both the child and the parents or carers at the same time and consent will be requested from both. When some specialist services are working with a child, they may enter into a contract with the child as an individual and will thereafter not seek further consent where this is the case.

The *Children (Scotland) Act 1995* states that children over the age of 12 years should be capable of giving consent to share information in their own right. Where a child has a disability it should not be assumed that child does not have capacity to consent to information sharing and practitioners must make a professional judgement as to their capacity to understand and participate in informed consent using relevant forms of communication.

Giving consent about the sharing of information in relation to an unborn child may present challenges to practitioners. Where there is a concern about the foetal development and its impact on the child when born or the mother's state of well-being, practitioners should try to secure consent from the mother in

advance to share information with relevant practitioners as soon as the child is born.

Giving consent also involves the possibility of children and parents/carers wishing to withdraw consent and must therefore allow for children and/or their parents/carers to withdraw consent to share information at any stage.

Withdrawal of consent must be carefully recorded.

All practitioners in Highland will use the same protocol for requesting consent. Leaflets and forms for children and leaflets and forms for parents or carers are being developed. Although the leaflets and forms will support the process of seeking consent, they should not replace good communication between children, parents or carers and practitioners.

The Main Points from Part 2

- Children have a right to be actively included in decisions that affect their lives;
- Children are competent commentators on their own lives;
- The way children and their families are involved in decisions is as important as the outcome of the decisions;
- Practitioners need to be skilled in helping children express their views;
- Including and working with parents is critical for achieving good outcomes for children;
- Even where parents are reluctant to co-operate, practitioners should continue trying to involve them;
- Children and families need information and advice to help them make informed choices;
- Any meetings should be held at times convenient to children and families;
- Utilising child and family friendly approaches to decisions and help is the most effective way to secure good outcomes for children;
- Interventions need to focus on strengths and resilience as well as keeping children safe;
- There should be clear protocols for gaining consent and sharing data.