

**THE VOICE OF THE CHILD IN SOCIAL WORK PRACTICE: A
PHENOMENOLOGICAL ANALYSIS OF PRACTITIONER INTERPRETATION
AND EXPERIENCE**

ABSTRACT

Child protection policy, legislation and frameworks in England are informed by the need to consider the child's voice in any decision-making forum. However, defining the child's voice and applying these legislative requirements to practice is largely interpretative. There is a lack of practice guidance when it comes to conceptualising, capturing, and interpreting the child's voice to inform decision-making. This study was conducted prior to the COVID-19 pandemic and begins to explore social workers' experiences of how the child's voice is understood and interpreted in child protection practice. Semi-structured interviews were conducted with five practitioners from a long-term, child protection team, and analysed using interpretative phenomenological analysis (IPA). Three super-ordinate themes were identified relating to (1) the ubiquity and ambiguity of the child's voice, (2) the importance of relationships, and (3) the weight of the voices. Implications for practice include the need for more investment in practitioner-child relationships, and greater representation of the child's voice in the final stages of needs assessments.

Key Words: Child protection; Child's voice; Interpretation; Phenomenology; Social work practice; Voice of the child

1. INTRODUCTION

The rights of children to have voice and influence in matters that affect them are enshrined in the UN Convention on the Rights of the Child (1989). General comment No. 12 (2009) further establishes that all children have the right to be heard and taken seriously in matters which

affect them, and that their views must be taken into account to determine their 'best interests'. Child protection policy, legislation and frameworks in England are informed by this requirement and the Children Act (2004) emphasises the need for practitioners to consider the views and interests of children in their assessments, particularly in relation to their safety, security, wellbeing and education (Holland, 2010). There has been an increased focus on the child's voice in UK social work practice since the publication of Eileen Munro's (2011) independent review of child protection, which stated too much focus on compliance with rules and procedures neglected the needs and experiences of children. In response to the review, UK government revised the statutory framework, placing more emphasis on direct work with children and families (Department of Education, 2011). However, conceptualising the child's voice and defining what constitutes their maturity and ability to form their own views is largely interpretative (Smith, 1996; Prout, 2003; Bruce, 2014). Furthermore, tension between the child's right to be heard and their right to be protected means that determining their 'best interests' is often a complex and ambiguous process (Komulainen, 2007).

Child protection social workers gather information from the child and significant people or organisations involved in their care. This information forms the basis of assessment, in which practitioners are required to make judgements and decisions about the child, including potential risks and needs in accordance with local authority thresholds (Taylor and Whittaker, 2018). The first 'Revolving Door' report published by Action for Children (2017), revealed that in the year of 2015/16 over 158,000 children were referred to children's social care and assessed by a social worker, but didn't meet statutory thresholds for 'child in need' or 'child protection' status. Working Together guidelines (Department for Education, 2018) state that these children should be assessed to identify any early help which may promote the welfare of the child and prevent further referral. However, of those 158,000 cases in 2016, only a quarter were signposted to early help services. The second report (Action for Children, 2018) revealed that,

over a two-year period almost one in three children who were referred but did not get statutory support were then re-referred the following year, suggesting earlier opportunities to help these children had been missed and raising questions about how the child's voice informs judgements and decisions in social work practice.

Decision making in child protection is recognised as a highly complex and ambiguous process, which often requires practitioners to rely on past experiences, personal intuition, or unofficial sense making strategies (Saltiel, 2016), which are often acquired 'on the job' (Kettle, 2018) and not easily supported or justified by policy and evaluation standards. In addition, these decisions are often made under significant time and resource pressures (Tupper, et al., 2016). The decisions made by social workers in these cases often have a significant and lasting impact on the children and families concerned (Healy, 1998; Benbenishty et al., 2015). For this reason, social and psychological researchers have long been interested in examining the decision-making processes of social workers (Cuzzi et al., 1993; Helm and Roesch-Marsh, 2017; Cook and Gregory, 2019), and the Department for Education recently commissioned its own study of factors influencing the decision-making process (Tupper et al., 2016). The study considered factors including the child's; gender, age, disability and family history, which influence the decisions made in child protection practice.

Interestingly, despite the increased likelihood of becoming 'serious' cases, referrals for children whose parents had a history of domestic violence, drug use or alcoholism were 8% less likely to progress to further action. While the study did not look at whether or not any early help services were involved, these results highlight the complexities of decision-making in child protection practice. Findings from a series of focus groups with final-year social work students (Whittaker and Havard, 2016), suggest that practitioner anxieties lead to patterns of fear-based practice such as 'putting procedures before clients' or 'doing what is lawful over what is ethical'. Similarly, findings from interviews and focus groups with Australian social

workers (Valentine and Katz, 2015) found that decisions to refer to early help or not were influenced by whether the professional approached this from a needs or risk perspective. This further highlights the complexities of child protection decision-making and points to tension between child participation and child protection. Valentine and Katz found that these decisions were also influenced by practitioner attitudes around intervention as mandatory or voluntary services.

A recent study involving in-depth interviews with child protection social workers in Scotland (Kettle, 2018), found that practitioners feel continuously challenged by the need to balance two forms of tension. 'Closeness distance' refers to tension between becoming so close to families that they are enmeshed and unable to recognise when children need protection, and becoming so distant that they are ineffective in their attempts to affect change. 'Power over-power together' refers to the tension between social workers using their power and authority over a family and using it with them in a collaborative way. These results highlight the potential influence that the relationship between practitioner and family can have on eliciting and attributing value to the child's voice.

Despite these findings, and the wealth of literature surrounding social workers' decision-making, there is limited research into how the child's voice is captured and interpreted by professionals in child protection assessments and decisions. In fact, simply defining what the child's voice is, how to capture it, and how to determine best interests as a result is largely subjective and interpretive. An international review of literature on how the child's voice is captured in early childhood institutions (Clark, 2005), suggest that observations, role-plays and creative art are effective methods of capturing the child's voice. However, these findings are specifically related to children's participation in learning. O'Reilly and Dolan (2016) explored child protection social workers' experiences of using similar play-based skills in their direct work with children. Practitioners reported that the application of these skills in practice gave

them greater insight into the child's world, and led to greater representation of the child's voice in the assessment process, however the study did not look at the format in which the child's voice was represented and how it was interpreted by the practitioner beforehand.

As previously discussed, much of the literature on the inclusion of the child's voice within child protection proceedings, suggests that professionals often face difficulties in balancing the need to listen to the child's voice and the duty to protect them (Bruce, 2014). Warrington and Larkins (2020) recently referred to this as a 'false juxtaposition', arguing that protection must not be considered distinct from participation, and pointing to serious case reviews which repeatedly highlight failures to listen to children and therefore ultimately failures to protect them. When evaluating child participation in Norwegian social care and protection, Vis and Thomas (2009) found that children over ten years old were more likely to be included than under tens and that age was also a predictor to the weight attributed to the child's voice. However, a later study (Vis and Fossum, 2015) found that while the child's age along with practitioner attitude, skills and knowledge influence child participation, organisational culture is more influential. Finally, Weatherall and Duffy (2008) found that while children's views and wishes are always sought in parental separation disputes, they are not accurately represented, and similar themes were found in a review of case proceeding documentation in Scotland (Bruce, 2014). Several examples were found where the section to include the child's voice was not filled in at all, as well as examples in which the child's voice was noted as 'not discussed.' There were files in which the child's voice section reflected the views of a third party, and examples of the child's voice being noted from the perspective of a sibling or copied from a sibling's file. In addition, where there was evidence that the child's direct views and wishes had been taken, they were often 'filtered' and interpreted by professionals, before being presented for assessment.

Little attention has been paid in research to how the child's voice is conceptualised, facilitated, interpreted and then represented in child protection practices. This is likely to be an individual process, influenced by several factors, which can only be given the attention it deserves through qualitative exploration of social workers individual experiences. Therefore, the aims of this study were to explore how the child's voice is conceptualised, understood and interpreted in child protection practice, from the perspective of social workers. The individual experiences of child protection social workers were explored in relation to the meaning and value that they attribute to the child's voice and their experience of how this can contribute towards child protection processes, as well as any barriers to child participation and factors which may influence the value and weight attributed to the child's voice.

2. METHODOLOGY

Ethical approval for this study was granted by the Psychology ethics committee at Manchester Metropolitan University on 12th September 2018 (Reference number Pa_2017-8_29_1)

2.1.Design

Conceptualisation of the child's voice, along with how it is understood and valued, is largely subjective and interpretative, therefore an idiographic interpretative approach was required. As this study was interested in how individual social workers "create systems for meaningfully understanding" (Raskin, 2002:1) what the child's voice is, and how they make sense of it, the design was informed by constructivist interpretative phenomenology. Interpretative Phenomenological Analysis (IPA) is an idiographic approach to qualitative enquiry that is rooted in phenomenology and hermeneutics. Despite IPA being largely applied in health and psychological research, the aim of the approach is to understand how social actors make sense of their experiences and day-to-day consciousness (Houston and Mullan-Jensen, 2012). It was therefore considered an appropriate analytic strategy for exploring the individual's subjective

experience of conceptualising and interpreting the child's voice in day-to-day social work practice (Smith et al., 2009).

All participants gave informed written consent to take part in the study. Their data was anonymised prior to analysis. Pseudonyms are used throughout to preserve the anonymity of participants.

2.2. Sampling

This was an exploratory study, interested in social workers' subjective experiences of including the child's voice in their day-to-day practice. Therefore, a small purposive sample enabled in-depth exploration of how individuals conceptualise the child's voice and attribute meaning and value to it. Six participants were recruited from the same long-term child protection team to ensure homogeneity in relation to how the child's voice is framed organisationally, adhering to the principles of Interpretative Phenomenological Analysis (IPA; Smith et al., 2009). One participant had to end the interview early and this transcript was removed at analysis stage, once it was determined that the data set was sufficient.

The analysis followed the six analytic steps of IPA. After first-stage analysis of the final transcript, the first author applied the 'information power' concept (Malterud, Siersma and Guassora, 2016) to determine if the existing data set was sufficient. Considering the specificity of the sample, narrow aims of the study, strength of dialogue, and depth of analysis, it was concluded that data from the initial five transcripts was sufficient. The final sample of five participants was made up of four females and one male. The length of time within the team ranged from 2 months to 38 months and the average length of time within the team is 15 months.

2.3. Procedure and Materials

Recruitment materials such as posters and emails were shared within the long-term child protection team, and participants contacted the researcher directly to express interest in taking part. All participants were given a choice of dates, times, and location for their interview and each chose their place and time of work for convenience. Data was collected using semi-structured interviews as they closely resemble naturalistic conversation (Wooffitt and Widdicombe, 2006) and allow for the collection of in-depth individual accounts (Madill, 2011). Interviews lasting between 25 and 41 minutes took place in a private meeting room within the participants' workplace and followed a broad interview schedule. For example, one question asks, 'what happens when the child's voice is clear and understood?' with prompts including 'what does it mean to you?' and 'how do you know?'. Interviews were audio recorded for anonymised transcription. All participants were assigned pseudonyms to protect their identity.

2.4. Analytic Approach

Interpretative phenomenological analysis (IPA) was identified as the most appropriate approach for this topic as it is concerned with exploring lived experiences while giving special consideration to the individual and their cognitions (Smith et al., 2009). It is particularly useful when exploring topics that are 'complex, ambiguous, and emotionally laden' (Smith and Osborne, 2015), such as conceptualising and understanding the child's voice. IPA has its theoretical roots in phenomenology and hermeneutics, in that it recognises that researchers' observations of other people's experiences, will be understood from that researcher's position and therefore an interpretation is the best that we can offer (Larkin et al., 2008). For this study, a double hermeneutic approach was adopted, as the researcher aimed to make sense of the participants sense-making in relation to the child's voice (Smith et al.' 2009).

This inductive analysis was conducted over a number of stages: Firstly, the reading and re-reading of transcripts allowed for familiarisation with the data and initial notes were made in relation to any content-, language- or concept-related observations (Smith, 1996; Smith et al.,

2009). Emergent themes were developed, and then clustered into higher-order themes, for each case before moving on to identify any connections or comparisons across cases (Willig, 2008). At this stage of the process, the researcher decided to put together ‘pen portraits’ for each participant using their own quotes, as a way of staying with the individuals’ meanings and ensuring that the super-ordinate and sub-ordinate themes which were developing represented the participants’ overall accounts. This process is in line with Smith *et al’s* (2009) guidance which talks about the need to ‘zoom-in’ to and ‘pan-out’ from the data. From here, tables were created to represent the final super-ordinate and subordinate themes.

2.5. Reflexivity

The researcher is a white, working-class female, with no professional experience within child protection. At the time of the study, the researcher was a mature student completing a Psychology MSc, with a particular interest in person-centred and attachment focused practices. From recruitment of participants through to the development of final themes, a reflective journal was kept in order to maintain an awareness of researcher positionality and any potential effects of this on the analysis and findings (Attia & Edge, 2017; Berger, 2013). For example, during the data collection stage, the researcher’s position as a student on a psychotherapy pathway was evident following an interview with a participant who also had a background in psychology and an orientation towards therapeutic practice. Conscious not to favour this participant’s viewpoint in the overall analysis and theme development, the transcript from this interview was analysed last.

Reflexivity was important when considering the researcher’s position as a mother. For example, as one participant shared “to actually keep your children you only have to be good enough”, it was important to explore their individual conceptualisation of what ‘good enough’ means and to maintain this as the frame of reference for any interpretation of this participant’s

transcript. To assist with this, pen portraits were created using direct quotes from each participant. This also allowed for any themes and corresponding quotes to be ‘sense-checked’ and reviewed by the second author.

3. FINDINGS AND DISCUSSION

Following multi-stage analysis, three superordinate themes (Fig. 1) were identified as; (1) The Ambiguous and Ubiquitous Nature of the Child’s Voice, (2) The Importance of Relationships, and (3) The Weight of the Voices. Each of the themes are introduced along with a discussion of the corresponding sub-ordinate themes.

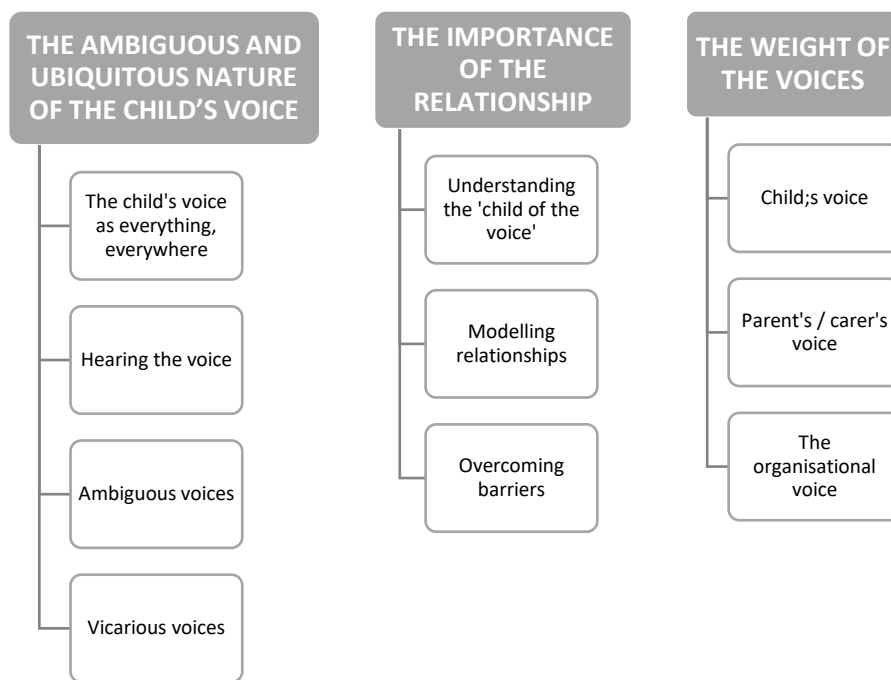


Figure 1: Representation of themes

3.1. THE AMBIGUOUS AND UBIQUITOUS NATURE OF THE CHILD’S VOICE

While none of the participants were asked ‘what’ the child’s voice is, there were many attempts to define it as they shared their experiences of how it comes through in practice. Of course, to recognise it coming through, an awareness of what ‘it’ is would be necessary. This theme relates to the concept that the child’s voice, while seemingly difficult to define, can be found

in many places and comes through in many forms, sometimes not even directly from the child themselves.

3.1.1. The child's voice as everything, everywhere

Participants shared their understanding of the child's voice in terms of what it is, what it means to them and their experience of how it comes through in their practice. "*I think it's everything...*" (Jane: L30), emphasising the personal meaning and importance attributed to it. There is a real challenge though, in defining the child's voice: "*it's kind of hard to explain*" (Laura: L118) and therefore knowing when it's coming through: "*it's just the way that the child's presenting isn't it [...] more than words [...] smiles or frowns*". In addition, there is a sense that the child's feelings are "*what we look for in younger children, that are non-verbal*" (Olivia: L207-210), but not as much when words are offered. This is in slight contrast to Vis and Thomas' (2009) findings that participation was more likely to be facilitated for older children.

Conceptualisations of the child's voice can seem abstract and idealistic, with participants describing it as "*a theme throughout [...] likes and dislikes [...] aspirations, kind of hopes, dreams, [...] wishes and feelings*". Despite the desire for children to verbalise "*what they would like to happen*" (Sarah:L51-55), there is a real sense that "*it's not just about what they're saying, but also "looking at what they're doing"*" (Sarah:L168-169), suggesting that maybe actions do speak louder than words in terms of the importance attributed to them.

These conceptualisations of the child's voice suggest that there are multiple layers to it, each requiring varying depths of exploration. Participants "*are always looking for the thoughts, feelings and wishes of the child*". However, the idea that these equally ambiguous concepts represent the child's voice, is something that is "*drilled into us from day one*" (Daniel: L106-107), suggesting it is more of an organisational construct than a personal one. This supports

Vis and Fossum's (2015) findings that organisational culture is largely influential in terms of how the child's voice is included in practice. More recently, Dillon (2021) argues that this focus on gathering 'wishes and feelings' in child advocacy work, means that practitioners now view it as a task 'to do' rather than a meaningful form of participatory practice.

3.1.2. Hearing the Voice

This theme relates to the varying ways in which the child's voice may be facilitated and how can be 'heard' and understood. Jane (L52) suggests, "*getting on the floor with the kids [...] playing with them and exploring their environment*" which gives the impression of meeting the child where they are, in their world, rather than asking them to come into ours.

Facilitating the child's voice requires "*having that invested time with them*". For some, its "*got to feel natural*" (Laura:L150), and is best achieved through everyday activities such as "*just going out for a drive [...] colouring or through playdoh*", as more structured models feel "*a bit forced*" (Jane L52-57), and there's a belief that vital information would "*never come out during a scheduled direct work session*" (Laura:159-162). For others though, models like Three Houses offer a way to "*completely validate whatever the child is saying*" and can be used as "*a checklist*" to assess if their "*needs are being met*" (Daniel: L93-95). This dependence for models and checklists may support Whittaker and Harvard's (2016) findings that a fear of personal responsibility can lead to a reliance on procedural guidelines. However, Woodman *et al*, (2018) found that tools designed to assist in engaging children, can only increase practitioner confidence in communicating with children and that these tools are particularly valuable for less experienced practitioners.

Sarah (L89-91) prefers for the child's voice to come through in observations of their "*daily life, whether they go to school [...] behaving at school [...] engaging in anti-social behaviour*" or observing their "*interactions*" or "*bedtime routine at night*" (Sarah: L114-118). This notion

that the child's voice can come through from observing their relationships and routines is reiterated by Laura (L144-145) who talks of going to "*school or nursery [...] home*" and observing "*how they are in those different situations*".

For many of the participants, play is a "*powerful*" way of facilitating the child's voice, as they describe examples such as using a "doll's house" or "police car" and noticing "*the child's reaction [...] relationship with, different objects*" (Olivia: L159-163). This is an example of how unofficial sense-making and personal intuition are applied in practice (Saltiel, 2016) and supports the findings from O'Reilly and Dolan (2016) that the child's voice may be greater represented when it comes through in play.

3.1.3. Ambiguous voices

The above quote from Olivia is just one example of when the child's voice may be ambiguous, as it is safe to assume that the child's reaction to the toy car could have been interpreted differently, or even gone unnoticed, by a different social worker. This theme relates to the ambiguous nature of the child's voice, verbal and otherwise, and what it means to the participants when the child's voice isn't clear: "*it's just confusing, [...] makes me, generally, quite suspicious [...] but what do you do with that?*" (Olivia: L191-195).

Participants shared experiences of feeling that the child's voice has been '*schooled*' (Daniel: L412) or '*coached*' (Laura: L214), and a fear that when this happens "*we almost automatically disregard the child's voice*" (Daniel: L411-418). However, "*knowing the child well*" (Jane: L154) can enable workers to "*pick up on when they might not be telling the truth*" (Laura: L212-219). This appears to support the findings from Kettle (2018), in so much that a balance between closeness-distance is needed in order to recognise the authenticity of the child's voice.

3.1.4. Vicarious voices

Participants share their experience of finding the child's voice from sources other than the child themselves. For example, where observations need to be completed "*we give that [...] to a family worker, and the family worker's our eyes and ears*" (Sarah:108-109). Structured direct work sessions using tools such as Three Houses, are often required "*for conference to obtain the child's views*" but "*normally the schools do it [...] happy for school to do that and us sort of build the relationship and find out a bit more*" (Jane:59-61). For Sarah and Jane, there is value in the child's voice being expressed through other adults who know the child well. Bruce (2014) warns of the potential for the child's voice to be 'filtered' by professionals and other adults before being represented in assessments. However, this potential for filtering exists whenever the child's voice is being expressed through a third party, be it a social worker, teacher, family worker, carer, or indeed a researcher.

There can be great value in including these vicarious voices as each of them contribute to creating a holistic view of the child: "*from what I'll see, to what parents see, to what the school sees will be very different*" (Jane:124-126). However, the value in working directly with the child should not be underestimated as Sarah (L112-120) suggests "*you'd probably be able to keep more kids at home if you had more time to spend with them, I don't think they'd hit crisis as quickly as they do*". This creates an impression of social workers as 'fire fighters' who are having to deal with a blaze as it becomes out of control or '*hit crisis*', because they did not have enough water (time) at the start to put it out. This account also reflects the tensions discussed in Kettle's (2018) findings, in which he links relational distance to ineffective practice – something which is also evident in the following theme. In contrast, Ferguson (2011) argues that relationship-based and case-management social work practices are not mutually exclusive, emphasising the value of multi-agency working when it comes to representing the best interests of the child.

3.2. THE IMPORTANCE OF THE RELATIONSHIP

Throughout and across the participants' accounts, there is a focus on the importance of building relationships to facilitate the child's voice. As they share their experience of these relationships and how they are formed, they offer insights into facilitators and barriers to building relationships and trust.

3.2.1. Understanding the 'child of the voice'

Participants discuss the importance of 'knowing' the child in order to be able to facilitate and make sense of their voice. They acknowledge that *"every child is different"* (Laura: L190) and the importance of *"matching your direct work to the child"* (Daniel: L159-160). To do this, there needs to be sufficient *"opportunity to build up that relationship"* (Olivia: L146-147). In addition, the child's voice may come through in pieces, through *"different ways"* (Olivia: L146) of interacting, in order to form a picture of *"the child's whole life and not just one little segment of it"* (Jane:126-127). Relationships also help participants in *"relating everything back to the child, in terms of what it would mean to them, or how it would impact them"* (Sarah:L61-62).

3.2.2. Modelling relationships

Participants shared how they *"create that safe space and model a safe relationship [...] what being respected looks like, and what being listened to looks like"* (Olivia:L52-154), along with how they make sure that the child's experiences are *'validated'* (Daniel:L341). While they recognise that creating trust within these relationships may be challenging, participants share the importance of modelling consistency: *"once they actively see that you're there to support them [...] more then will come"* (Laura:268-270). Participants give a real sense of personal investment and accountability for these relationships as they talk about keeping promises *'asking: what can I do to make things better for you?'* (Laura:L397-398).

3.2.3. Overcoming barriers

Participants share their experiences and ideas around potential barriers to facilitating and listening to the child's voice, along with ways of overcoming them. For example, as Jane talked about the difficulties of building relationships and trust with parents she says: *"put us back in the children's centres and the communities where we know the parents [...] because we're quite alien to some of these families"* (Jane:200-203).

"Fear of reprisals" (Sarah:97) felt by the child and family members can prevent the facilitation of the child's voice, as can *"that authoritative stigma of what social workers do [...] teenagers think [...] 'well I'm not telling you anything, you'll put me in a care home"* (Laura: 202-204). This can be perpetuated *"when we whizz through [...] show me your bedroom' 'yeah, great great great, tick tick tick' and off I pop"* (Olivia:252-254). Overcoming these barriers therefore requires communicating openly throughout the process and *"sending a message that [...] 'you can trust me, and I want what's best for you"* (Olivia: L374-376).

3.3. THE WEIGHT OF THE VOICES

Participants shared their experiences of the weight and value attributed to the child's voice once it has come through. They also discuss the 'other voices' which the child's voice is weighed up against, or that are sometimes in conflict with it.

3.3.1. Child's voice

Participants shared what it means to them when the child's voice is clear: *"we can put that piece of information into our decision making, and we understand [...] because it's done, they've expressed themselves"* (Olivia:186-189). However, as each of them refer to the child's *"best interests"* they also shared the complexities of balancing the child's voice with the need to protect them (Bruce, 2014): *"when you get to that threshold the child's voice sort of gets lost because you've met the threshold"* (Jane: 87-88). For some, this conflict is managed by focusing on *"what can I do for that child this week?"* (Laura:L265). Whereas, for others, the

prospect of not being able to carry out the child's wishes and feelings can be "*devastating [...] soul-destroying*" (Jane:L142-146). This highlights the importance of creating a "*supportive team*" environment (Olivia:L14) and the need for systems of support which focus on such emotional burdens. Helm (2021:2330) argues that these supportive interactions between peers "constitute a form of networked sense-making" in which the child's voice might be preserved.

3.3.2. Parent's / carer's voice

Participants share their experiences of feeling as though the voice or needs of the parents may be 'louder' than those of the child: "*I'd say 90 percent of them, the parents have a need, you know the parents have their own need*" (Sarah:L127-128), and that sometimes "*especially if you've got parents that have been chaotic [...] their issues sort of take over*" (Jane:L173-176). There appears to be a shared sense that "*ultimately they're the ones making the changes for children and so that's what I'm supporting them with [...] just love a bit more time to spend with the children*" (Daniel:L360-363). This suggests a conflict between indirectly helping the child through work with the parents, and working directly with the child to understand how they want to be helped.

3.3.3. The organisational voice

Participants discuss their experience of weighing up the child's voice with organisational factors, such as managing caseloads and being guided by risk thresholds. For some, the weight of this responsibility creates "*a lot more pressure*", and it can make them feel "*personally anxious*" about how they interpret the child's voice (Daniel:L224), or "*terrified*" of "*putting words in the child's mouth*" (Olivia:L148-149). To illustrate this conflict, one participant said "*we've got a raft of teenagers where they've met threshold [...] they're removed, and the emotional harm has been far more damaging*" (Jane:L85-87), but on the other hand "*a child*

[...] desperately wants [...] to be removed from his parents, [...] told to sort of leave him there [...] doesn't meet legal threshold [...] and it was just heart-breaking" (Jane:L133-136).

High caseloads mean that social workers are not able to dedicate as much time to working directly with the child. This was a concern for all participants: *"you'd probably be able to keep more kids at home if you had more time to spend with them"* (Sarah: L119-121). Participants described the frustration and pressures of needing *"to find ways of injecting therapeutic work whilst managing like thirty-odd cases"* (Daniel: L42-43). This pressure often increases as social workers transition from student status to qualified social workers *"it can be hard in terms of getting the child's voice [...] I used to do loads of direct work with the children [...] and then as the caseloads get higher and that time becomes less and less..."* (Laura: L93-98).

4. LIMITATIONS

For the purpose of this study, participants opted for interviews to be conducted in their workplace building. This can limit anonymity and participants were informed of this during the consent process. Social workers are under significant time and resource pressures, and this step was taken to facilitate participation for those who wished to be involved. Participants scheduled their own interview appointment with the researcher, which were held in a private meeting room on a separate floor from their department. Despite the efforts that were taken to preserve anonymity and privacy, it is possible that the interview setting could have been perceived as a barrier for some participants to express themselves freely.

The exploratory nature of this study, and its focus on individual sense-making through the application of IPA, calls for special consideration of the context in which the research was conducted. This study involved participants from a long-term child protection team within a localised authority in England. Their experiences and understanding of the child's voice should therefore be considered within this context. While it is likely that many of these findings will

be relevant across child protection, the organisational structure, assessment guidelines and varying thresholds of each local authority will frame how the child's voice is conceptualised and included in practice. For example, Child Assessment Teams (CAT), who are required to conduct initial assessments with the child before it progresses to a long-term team or not, will have less direct involvement with the child (O'Laughlin et al., 2016). It is also worth noting the duration that the practitioners taking part in this study had been working within the team. The most experienced participant in this study had been practicing as a social worker for just over 3 years. More experienced practitioners have reported greater confidence in their skills and abilities to elicit and ascertain children's wishes and feelings (Handley and Doyle, 2014). Similar research is therefore recommended with social workers from various teams and local authorities, including qualified and established practitioners. This will allow for the exploration of experiences across the profession, and further shape our understanding of how the child's voice can best inform future practice.

5. CONCLUSION

Findings from this study demonstrate the complexities and ambiguities of defining, identifying, and including the child's voice in child protection practice. Despite these challenges, the child's voice is a key consideration for all participants in their practice, as each of them discussed the importance of understanding the lived experience of the child. However, varying conceptualisations of the child's voice were offered, which emphasises the difficulty in defining what it is and in turn, how it can be captured. Ideas around play, observations, multi-agency collaboration and assessing the child's day-to-day life were offered and are in line with child-centred theory and practice (Ferguson, 2016; Barnes, 2018).

The value and weight attributed to the child's voice appears to be largely dependent on local authority thresholds, as participants described the challenge of balancing the child's wishes

with the obligation (or not) to protect them. Healy (1998) suggests that this weight of personal responsibility is something most advocates of participatory practice struggle with. Laura Lundy's (2007) model of child participation sets out four necessary factors for assuring the child's rights to be heard and for their views to be weighted appropriately. In line with this model, participants discussed ways in which they provide 'space' and time for the child's 'voice' to be heard. They talked about the challenges in presenting this voice to the decision-making 'audience' and the emotional impact when the voice is not afforded the 'influence' desired.

The emotional impact of this challenge on both the social worker and the child is clear in participant's accounts, as is the sense of powerlessness when this balance cannot be achieved. This suggests a need for both the child and the practitioner to have greater involvement in the later stages of the assessment process. Practitioners' length of experience could be an influential factor in terms of their perceived powerlessness. This is supported by existing literature, which suggests more experienced social workers have more confidence in their intuition and their abilities to ascertain children's wishes and feelings (Handley and Doyle, 2014; Woodman *et al.*, 2018).

Perhaps the most important facilitator of the child's voice though is the relationship between practitioner and child, as all participants acknowledged the benefits of investing in these relationships as well as the consequences of relational distance (Ferguson, 2017). In addition, relationships with significant people and organisations involved with the child are also important, as they offer insight into the child's world (Hall, 1996). Difficulties in building or maintaining these relationships can skew the assessment process and create barriers to understanding the thoughts, wishes and feelings of the child (Lewis, 2009).

Organisational culture has been cited as an important factor when it comes to meaningful inclusion of the child's voice (Vis and Fossum, 2015). It is clear from the accounts in this study that the quality and effectiveness of the relationships with children and families, is largely dependent on the social worker being afforded the time to invest in them. This study has highlighted a culture in which newly qualified practitioners have protected caseloads, allowing them to engage in more direct work with children and families, and potentially increasing their confidence and competence in ascertaining the child's voice. However, participants have shared their experiences of how increasing caseloads mean less time spent with the child and their family, time that is important in establishing relationships and 'matching' interventions that can affect real change. The findings from Action for Children (2017, 2018) are clear about the cost to the child, family and society where these opportunities are missed, as well as the financial benefits to investing in interventions early on. Serious consideration should therefore be given to the current caseloads of child protection social workers.

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