BEING HEARD: LISTENING TO THE VOICES OF YOUNG PEOPLE, AND THEIR FAMILIES

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Upon rereading my old diaries I realized how hard foster care was and what a detrimental effect it had on me at that time. Before my first foster placement broke down I thought foster care was a relatively positive experience, apart from the usual problem of occasionally feeling a bit awkward around the family, but when my foster care placement did break down literally overnight I realized why some young people in care do have the problems they do. I became very defensive and was determined to never let anyone ever hurt me ever again. I developed a very hard exterior to protect me at that time.

(Caroline Cuckston, 2004, p. 24)

Historically the voice of the person receiving services has been overlooked. The welfare tradition in the UK has its roots in the Victorian moral imperative to help the disadvantaged and those less fortunate. This moral stance did not expect or actively elicit a voice from the ‘grateful poor’. This was further reinforced by the strong role the Christian Church took in rescuing lost souls and guiding the sinners back onto paths of righteousness. The guidance of a wise God who knew best did not leave a lot of room for alternative perspectives.

It is only very recently that procedural or legal frameworks have been set up to ensure that there is user involvement in the development and delivery of
services. This has extended into the provision of services for children. Within child protection services, for example, there is now considerable focus on involving the child and parent. This policy development has in turn become enshrined in law. Thus the Children Act 1989 (DOH, 1989) identified the need for collective responsibility in the care and protection of children. This act, for the first time, placed emphasis on a partnership between local authorities and families. It placed the wishes of parents and children as central within decision making, only to be overridden in exceptional circumstances through a court process (Hill, 1999). This same focus is present within a number of acts, for example, in proceedings for adoption via the Adoption Act (DOH, 1976) and in divorce involving children via the Family Law Act (DOH, 1996). More recently Every Child Matters, Change for Children (DFES, 2004a) clearly sets out the need to ensure that children and young people are listened to and that they are involved in the design and delivery of services. This is followed through in the Children Act 2004 (DFES, 2004b), which sets out the establishment of a children’s commissioner, part of whose duty is to involve children in the provision of services and to promote the awareness of the views of children. In particular, the children’s commissioner is tasked with involving children who do not otherwise have adequate means by which they can make their needs known. Guidance to support the programme of change outlined in Every Child Matters includes advice about commissioning placements and services for looked after children. This sets out as a key principle that ‘mechanisms should be in place to enable the views of children in placements and using services to be taken into account’ (DFES, 2005, p. 9).

Within the United Nations Convention on the rights of the child, Article 12 states the right of capable children to express their views freely in all matters affecting them (United Nations, 1989). Foster children have not been overlooked in this process. The 10th article of the Bill of Rights of Foster Children 1973 states that the foster child should receive high-quality child welfare services, including involvement in major decisions that affect his or her life. This article also highlights the need to involve the natural parents in decision making (see Martin, 2000), while the UK joint working party on foster care (NFCA, 1999) set out as a central principle a partnership approach to foster care – embracing parents, carers, social work services and the children themselves. Similarly, Promoting the Health of Looked After Children (DOH, 2002) emphasizes consultation and involvement with children and young people and the front-line staff delivering services to them.

The National Service Framework for children, young people and maternity services (DOH, 2004) has been developed to improve health and social care
services, organized around the needs of the children and their families. These standards require services to involve children, young people and their parents in planning. Again there is particular emphasis on listening to the views of users both in relation to individual care that is being provided and in the development of local services. Particular attention is given to hearing from those who are often excluded.

Thus it is clear that there is increasing awareness of the principle of hearing the voice of the recipient of services. Having a principle, even one that is enshrined in law, however does not ensure good practice. A study by the Joseph Rowntree Foundation concludes that, at an individual level, children and young people are still not being properly consulted about decisions that affect their lives (Stuart & Baines, 2004). Thomas (2005) has compared the responses of local authority childcare managers to a postal survey carried out during 1997/8 and repeated in 2004. He concludes that there have been significant changes in the engagement of children and young people in the provision of services. This, however, only represents a changed culture in some areas. There is still some way to go in the development of a process for taking a child’s view into account.

Moving from principle to practice, especially in the complex area of looked after and adopted children, is not likely to be straightforward. For example, what is the relative importance of the child’s and the parent’s views when these are not in accord? How do you best listen to the voice of the child without compromising the needs of the carer? There are also tensions between the child’s right to participate in decisions and the right to have his or her welfare protected (Schofield, 2005). At what point do you override the requests of the child because it is deemed unsafe or clearly against his or her interests, when a child’s wish is to return to what is considered an unsafe home, for example. What is the process whereby the child is listened to, heard and also protected? The fact that these questions are being asked and actively considered indicates the progress that has been made in this area. However, there is some considerable way to go if services are truly to be developed around the expressed wishes of child, carer and parent.

Jennifer is 12 years old and is voluntarily accommodated. She is living in a residential unit. Over the years she has had several returns home, none of which has been successful. Jennifer has been left feeling rejected but still desperately wanting to live at home. At a recent review Jennifer’s father has once again said that he wants Jennifer home. Jennifer is very excited about this and wants it to happen immediately. Jennifer’s key worker is very concerned
about this, envisaging another breakdown in the future and worried about the impact of this on Jennifer’s mental health. A decision is made for Jennifer to go home the following week. Two weeks later Jennifer is returned to care. She is in a distressed state and engaging in self-harming behaviour. Could this process have been managed differently? A slower process of working towards returning home might be helpful. This would allow time to work with Dad and Jennifer about how to make this return home more successful or for them to find an alternative way of having a stronger relationship that didn’t end in rejection. Their wishes for reunion could be heard while also hearing the voice of the carer and the fears being expressed. This could have allowed everyone to be heard with an eventual plan that did not have such damaging repercussions for Jennifer or her Dad.

WHAT DO WE KNOW ABOUT THE VIEWS OF CHILDREN, YOUNG PEOPLE AND THEIR CARERS?

There is a growing literature on user views within adult services (e.g. Campbell, 1999; Pilgrim & Hitchman, 1999; Chambers et al., 2003). This, in turn, has led to attention being focused on child services. Thus children have been asked for their perceptions of services provided by child guidance clinics (Ross & Egan, 2004), of mental health services (Laws, 1998; Leon, 1999), of services for young people (Franklin & Madge, 2000) and of play therapy services (Carroll, 2002). Similarly, children’s perceptions of therapeutic change have been sought (De La Cruz, 2002; Jessie, 1999).

Seeking children’s views about the process of adoption, fostering or residential care is an important part of understanding the needs and wishes of children, but until recently research has been scarce.

An exception to this is the Who Cares? Trust. In 1992 it commissioned a survey of 626 looked after children and followed this up with a larger survey of the views of 2,000 looked after children in the UK (Shaw, 1998). This wide-ranging questionnaire survey obtained views on many aspects of being in care, including lifestyle, education, health, emotional well-being and leaving care. Some of the key findings were that:

- entry into care can be traumatic and needs to be better thought out and resourced;
- only 57% could state with certainty that they had a care plan;
- education was improved by being in care except that many of those regularly attending school reported never receiving homework or not having a quiet place and resources to do it;
the health education needs of under 11s (e.g. body changes, sex) were not generally being met; despite receiving helpful advice on health, many were still putting their health at risk;

many reported loneliness, isolation and lack of support;

foster care generally appeared to be more successful in all respects than residential units, with the important exception that children in foster care were less protected by knowledge of their rights, e.g. complaints procedures, awareness of the need/right to have a care plan;

there was a much higher incidence of risk taking in residential care – smoking, drugs, alcohol – and poorer educational attainments.

Thomas et al. (1999) reported on a study of adopted children that provides invaluable guidance for helping children with the process of being adopted and the continuing difficulties of contact, stigmatization and bullying. While this study is rich in providing a window on the voice of the child, the children interviewed were all successfully integrated into their families. The voice of the child troubled within an adoptive family, or who has suffered adoption breakdown, is missing.

More recently there has been increased interest in nationally relevant studies that seek to ascertain the views of children about the care system. For example, Skuse and Ward (2003) conducted a study of children’s views when they were living within the looked after system, and after they had left. Dance and Rushton (2005) report on the Maudsley follow-up study of children joining foster or adoptive families in middle childhood. These studies reveal that children can be settled and positive about their experience although Dance and Rushton (2005) point out that it can take a considerable length of time to feel settled. The small sample size and difficulties in recruiting children, especially those experiencing placement disruption, make it difficult to generalize these findings.

The Commission of Social Care Inspection has produced a series of reports following consultation with children (see www.csci.org.uk). At the time of writing, the CSCI is reporting on findings from the children’s audit of inspections. These are visits made to children’s homes and boarding schools to talk to the children shortly after inspections have been conducted (Morgan, 2005). The CSCI has also surveyed foster children alongside foster carers and birth parents (in Collier, 2005). Children like having a sense of belonging, being cared about, stability and feeling safe. They are equally clear in wanting improved monitoring of residential units and foster placements, better communication between professionals, and keeping the same social worker. Children want action to be taken, not just talking and listening.
Research that explored children’s views in the UK is mirrored by similar research in America. The National Survey of Child and Adolescent Well-Being included 316 children living in foster, residential or kinship care. These children report satisfaction with their placement and feel close to their carers, with children living in residential care being least satisfied. The ambivalence the children experience, however, is expressed through their desire for more family contact and their wish to live with their biological mothers (Chapman et al., 2004).

There is therefore a range of research studies that provide the child with a voice (Box 1.1). These will help to guide the future development of services for children who are looked after or adopted.

**BOX 1.1 THE VOICE OF THE LOOKED AFTER CHILD**

- ‘Foster parents should not work all day because they don’t have any time for the children.’
- ‘I personally have been helped a great deal with all my school work by the assistant teacher who works with children in care.’
- ‘People don’t understand how much anger is inside me.’
- ‘You’re given a time to talk in Key Working, but what if you want to talk at other times? You’re told, “Not right now, we’re too busy with paperwork.”’
- ‘My foster parents have treated me differently to their own children, which I don’t think is fair.’
- ‘Social workers seem to think they own you, and make all the decisions about your life.’
- ‘I think social services need to spend more money on important things, e.g. keeping children in care after they are 16.’

(Reproduced from Shaw (1998) by permission of the Who Cares? Trust)

When carrying out such studies special efforts are needed to hear the voices of children living within minority groups. These children can be especially affected by problems of exclusion, discrimination and stereotyping. They need opportunities to express their views separate from, as well as being part of, studies talking to children.

The Worcestershire Children’s Fund commissioned a research study exploring the impact of a range of projects on the children, their families and communities. This contained a separate report concerning the impact on minority groups, including children from minority ethnic groups, children with learning disabilities and young carers. Through talking to the children and their families, the differing needs and experiences stemming from social, cultural
or practical issues were apparent (Cooper & Cooper, 2004). Children from such minority groups, living within the looked after system, can be doubly disadvantaged. Studies will need to make special efforts to include these children and to provide them with a separate voice.

While there is a small but growing literature reporting on the perceptions of children, there is little research or guidance about how to best use the views once they are expressed (Maguire et al., 2001). The studies are seen as providing powerful messages for practitioners and decision makers, but more research studies are needed on how these messages can be successfully listened to and whether the services that develop as a consequence are then perceived more positively.

There is also less information about how to listen and use the voices of multiple families and the children and young people. Guidance, especially about how to develop services around the differing views of children, their carers and their families of origin, is lacking.

No matter how much support you get in foster care, be it from social workers, foster carers or psychologists, you still feel alone as there is no one definite to turn to. Other young people would have their parents. From my experience this sense of lack of belonging was reinforced by statements such as ‘do you still want to live here?’, and examples of normal teenage behaviour, e.g. ‘if the untidy room doesn’t stop then you’ll have to go’.

(Caroline Cuckston, 2004, p. 24)

**PROVIDING SERVICES THAT LISTEN TO THE VOICES OF CARERS AND PARENTS**

Services can be set up in a way that either gives a voice to those who are at the receiving end or prescribes the service for them. Traditionally the NHS/medical model of intervention is one of experts treating patients. Patients place their trust in the professional and until relatively recently did not expect to be asked for their views.

Often psychological services for children and families have moved away from this expert model, preferring to adopt more collaborative approaches to intervention. This approach places more emphasis on working in partnership and thus provides a greater scope for eliciting and listening to the views of those receiving the service.

Collaborative practice is not, however, without its difficulties. Psychologists and other professionals providing a service are often invited to take charge and be in control rather than working collaboratively. Expectations and limited resources can reduce the time made available for really listening to the child and family and fully involving them in planning assessment and
interventions. Allowing the child, young person or carer to have a clear voice means that sufficient time needs to be made available for them to talk and be listened to and that careful attention is given to how the individual or family can be empowered to be full partners within the design and delivery of interventions.

Golding (2004) describes some of the difficulties of partnership working within a consultation service for foster carers. While the carers were given considerable opportunity to input into the consultation there was a perception that telling their story was all that was expected from them. A perception of the psychologist as expert offering answers, rather than having expertise that offers a different perspective, may limit the amount of collaborative problem solving that can take place.

A consultation for residential carers and social workers concerned about a 15-year-old boy demonstrating challenging behaviour is memorable as an example of non-collaborative practice. During the first hour the consultees were very involved in describing the young person, considering his early experience and relating their attempts and difficulties in helping the young person settle and develop relationships. The psychologist listened to this discussion and then prepared to provide some psychological understanding that she felt might be helpful for the consultees to reflect upon. At this point all discussion ended as the consultees in unison picked up their pens and paper to write down the ‘answers’ they were anticipating. This effectively ended any collaborative thinking that might have taken place.

Considerable effort is needed to use the consultation as a collaborative process, which acknowledges and uses the expertise of all those attending (see Chapter 6).

Collaborative working becomes even more complex when we consider that listening to carers can involve listening to multiple families. These multiple families include ‘parents’ who are also professionals as in foster and residential carers, parents who have lost their parenting role and parents who, by adopting a child, have to be mindful of and maintain some connection with a family of origin. Listening to all these voices can be a daunting and at times painful task. The family of origin can be uncomfortable to listen to. It involves listening to their pain and to their distrust of professionals. The substitute carers may struggle to cope with the pain of what has happened to their child and the emotion they feel towards the original family. Hearing and including all these voices is important if ultimately everyone is to work together to meet the needs of the child.
Additionally there can be a tension between the child’s needs and the family of origin’s needs. Different professionals can be pulled in different directions. It is important that networks work together so that multiple voices can be heard and sensibly acted upon (see Chapter 2 and Box 1.2).

**BOX 1.2 THE VOICE OF THE FOSTER CARER**

- ‘Fostering is a very challenging job that requires immense patience and understanding. It is a good job. However it can at times be extremely upsetting to everyone involved. Fostering is a job that is in desperate need of support!’
- ‘Nothing can prepare you for the impact fostering will have on your emotions, your family life, and your attitudes and values.’
- ‘Never believe that by providing a good home and love it stops all the problems.’
- ‘We were informed of our foster child’s problems and the desperate need for therapy and then none was offered.’
- ‘The fact that people listened and acknowledged the problems – this dramatically reduced my feelings of isolation and also the feelings of frustration that I had been experiencing.’
- ‘Support is most useful; in many cases I feel it prevents the breakdown of placements. I’m no longer banging my head on a brick wall.’

(Foster Carers, Worcester, UK, personal communication)

**LISTENING TO MULTIPLE VOICES**

Issues of trust mostly arise from foster placement instability. Therefore adults are normally not the answer to your problems but the cause. Combined with this general mistrust of adults, strangers are also an object of mistrust. This especially applies to young people who have had a number of placement breakdowns.

(Caroline Cuckston, 2004, p. 25)

**Looked After Children and Carers**

Being looked after inevitably means multiple and sometimes traumatic experience of families. Children or young people will have experienced decisions being made by others. Often they lack understanding of why these decisions
are viewed as being in their best interests. Thus these individuals will be
disempowered and will lack trust in others. Listening to these children and
young people will take time and patience. Careful thought needs to be given
to the place of the interview, the attitude of the interviewer and the meaning
of questions being asked, always being mindful of previous experience. The
young person’s race, culture and family experience will need to be taken into
account while a good understanding of the individual child’s current develop-
mental ability will need to inform the interview process. Attention will
need to be given to the power relationship between the adult and the child
and care taken to create conditions within which the child’s views are vali-
dated and treated with respect (Del Busso, 2004). Tools are being developed
to aid this process. For example the My Turn to Talk guides help children to
understand how decisions are made and help them to give their views and
make their own decisions (Lanyon & Sinclair, 2005a, 2005b).

Foster and residential carers often report feeling undervalued and unsup-
ported (Warren, 1999). This in turn can lead to feelings of disempowerment
affecting the ability of the carers to contribute effectively to the planning and
delivery of services or to decision making around the child in their care. Addition-
ally, services under pressure to find and maintain placements for children
can fail to involve carers in planning, with little reflection about the needs of
the child (Kelly, 1995). Many carers stop fostering because they feel underval-
ued, unsupported and feel that others have little interest in them as people
(Bebbington & Miles, 1990; Strover, 1996/1997). Good levels of support, train-
ing and a willingness to listen to what carers have to say can, on the other
hand, provide services with a valuable resource on the needs of looked after
children. This means finding time and space to consult with carers, being
willing to listen to their views and to include their ideas within inter-agency
discussions about the care of a child or about service planning and develop-
ment. When this is done carers can feel listened to, understood and valued,
and the services can benefit from the wealth of experience they have to of-
fer (Golding, 2004). Good-quality training for carers can also lead to feelings
of empowerment and an improved ability to express views within network
meetings. Thus attendance at a group for carers of children with attachment
difficulties led to carers feeling that they had a better understanding of the
child they were caring for. They reflected that this in turn helped them
to cope better in meetings because they now knew what they were talking
about. Having previously struggled to get their points across they now felt
confidence in what they were saying (Golding & Picken, 2004).

The fathers in foster and adoptive families can be overlooked especially
when combining parenting with being the main wage earner. Evening groups
and special efforts to include them will be needed. A failure to include fathers
can prove detrimental.
A psychologist worked closely with a foster mother to develop a placement for Candice, a very troubled young girl. They met regularly to review progress and plan ways that the carer could offer a therapeutic placement for the child. This went well, and for the first time Candice started to trust and allow another person to nurture her. As time went on Candice became more and more needy and preoccupied with maintaining the undivided attention of the carer. The carer was determined to persevere and the psychologist supported her. However the increasing concerns of the foster father were overlooked. He was worried about the effect on his wife of this intense emotional involvement, and also concerned that their own children were not getting the attention they needed. As he became increasingly concerned Candice sensed a new rejection. Her behaviour quickly escalated to the point that the placement broke down. Listening to the father’s concerns and fully involving him in planning and developing the placement might have led to a different, less tragic outcome.

Birth Families

Within the network of looked after and adopted children arguably the most disempowered of all are the birth families. These families are not accustomed to having a voice, and frequently mistrust the professionals. Finding ways to fully listen to these families can present a complex challenge. If birth families are to be given a voice then issues of blame and lack of trust need to be confronted and resolved. These families are likely to have longstanding feelings of shame and worthlessness and will often have rigid defences in place as protection against hopelessness and despair. They may thus deny, minimize or distort information in order to protect themselves against the pain of not being good enough to look after their child (Kagan, 1996). The interviewer needs to be prepared to spend time with the family, to work with them as they currently feel and to explore what has led to the removal of their child. These families will only be able to have a voice if interviewers are not only prepared to recognize and acknowledge the struggles and competencies within the family, but are also prepared to build trust and slowly engage the family in communicating their feelings and views (Kagan, 1996). Issues of differences between interviewer and family need to be acknowledged and efforts made to remove the barrier that this can create. A good understanding of class, cultural and religious difference will be essential and time will be needed to provide an interviewing environment that helps the family to feel at ease and know that their views are valued.

Hearing the voices of fathers can present some particular difficulties. As birth fathers can be more inaccessible, especially when they are not currently
living with the mother, special efforts may be needed to find and give these fathers a voice. This may involve visiting them in prison, in new homes and making a special effort to keep them involved in the life of the child.

Lisa at age 6 was nearing the completion of her adoption. She had experienced extensive physical abuse from her father earlier in her life, and all contact had ceased a number of years previously. However the father was now 'pestering' the social worker who, having removed the child from her family of origin, was finding this extremely difficult. An independent worker agreed to meet with the father. She found a man who recognized that he was to blame for what had happened, but longed for some continuing link to his daughter. He was finding it hard to remember what she looked like, or to imagine where she now was. It was agreed that this father could have a contemporary photograph of Lisa in her new home, but which would not identify where she was geographically. He was satisfied with this and did not want to pursue any further contact. This photograph was important to the father. As Lisa grew older and needed to make sense of her life story, she would have the knowledge that her father valued her enough to want a photograph of her.

Family group conferencing has developed as one way of ensuring that families have a voice when plans are made for their children. This promotes collaboration between professionals and families. Originally developed in New Zealand as a way of offering a more relevant and respectful service to the Maori Community, this type of conferencing spread rapidly across the whole population. These conferences proved so successful that they became a legal requirement as set out in the Children, Young People and Families Act 1989 (NZ). (See Morris & Maxwell, 1998; Ryburn, 1993.) The conferences occur in several stages:

- **Stage 1** – A coordinator invites the extended family and close friends (including the child and child advocate if he or she wishes to be involved) to a family group conference. The coordinator reflects the culture and race of the family, and works closely with the family to set up the meeting.
- **Stage 2** – The relevant professionals share information, views, and answer any questions raised by the family.
- **Stage 3** – The professionals then withdraw leaving the family to make a plan to meet their child’s needs.
- **Stage 4** – Once the family have agreed a plan the professionals rejoin the meeting and agree any necessary involvement and monitoring arrangements.
Family group conferencing has been used within the UK (Lawrence & Wiffin, 2002) and is promoted by the Family Rights Group who write: ‘Family group conferences put families in charge of the decision making; the process strengthens families and respects and affirms each family’s unique cultural experience’ (www.frg.org.uk).

**Adopted Children and Parents**

These families may be less disempowered than birth or foster families and may advocate strongly for their needs. Adoptive families can also be well supported by local support groups and nationally through organizations such as Adoption UK. However, the adoption process itself can be disempowering and its impact should not be underestimated. The relationship with the adoption agency and the decision-making process – often on top of infertility problems and coupled with the extent to which the family can feel at the mercy of the child’s previous experience and heredity – can all be powerful factors in creating feelings of powerlessness (Hartman & Laird, 1990).

As adoption becomes the solution of choice for so many children who cannot live within their family of origin, the recruitment of sufficient adoptive families is problematic. There is therefore a growing inclusion of less conventional families as potential adoptive families. Gay couples and single carers, for example, are more likely to be considered more favourably than previously. These families remain marginalized however, as recruitment is usually based on need rather than recognition of what they have to offer. These families are still most likely to be recruited for the children who are most difficult to place, e.g. children with severe disability or older children demonstrating challenging behaviour. This highlights how disempowered these families remain. Only when services are organized around what families have to offer children rather than around societal assumptions about what constitutes a family, will the more marginalized adoptive families have a strong voice in the development of services.

While adopted children have a strong voice via their parents, there is a risk that they may not be heard in their own right either by their parents or by the system. The average age of adoption is 4.2 years old with many children spending 13 months in placement before the adoption is finalized. Thus children are moving into their adoptive homes on average at the age of 3 years (Hart & Luckock, 2004). While infant adoptions are much less common in the UK they are still found in inter-country adoptions. Adopted children are therefore usually too young to give informed consent with regard to decisions being made about where they should live. Additionally a desire to be a ‘normal’ family can mean that the child is silenced around issues about
the family of origin and early experience (Hartman & Laird, 1990). Ongoing contact between the child and the family of origin can also be a topic that is difficult to discuss. Contact is set at the point of adoption, most typically in the form of letterbox contact. The changing needs of the child or the family of origin over time can be overlooked, especially when contact makes parents feel uncomfortable or anxious.

The adoption support services regulations published in 2003 following the Adoption and Children Act 2002 (DFES, 2002) are helping to create a specialized forum for adoptive families to get help with issues particular to adoption, thus ensuring that adoptive families are being heard. This is not without its problems, however. In particular the involvement of parents in the planning and delivery of these services appears to be lacking (Hart & Luckock, 2004). These authors suggest that: ‘. . . adoptive status seems to marginalize those affected in relation to the new participation rights of other vulnerable groups. Arguably, this is a good example of discrimination against minority groups’ (p. 69).

If the voice of the adoptive parent is marginalized, it could be argued that the voice of the child is even more so (Box 1.3). This imbalance can be addressed through interventions with the child and family.

A couple had adopted two brothers now aged 7 and 9 years and were struggling with the behaviour of the older brother, Nathan. The younger brother, Thomas, on the other hand, was very good and compliant. At the time of the referral there was a lot of concern that this adoption would break down. The adoptive parents had put a lot of energy into getting 'help' for their eldest adopted son, but neither boy had been asked how he felt about his new family. When the psychologist did talk to them she found that both children could articulate concerns about their new family and fears that the adoption might break down. Thomas was dealing with this by being very compliant. Nathan, on the other hand, wanted to test out the fear that they were about to be rejected and pushed his adoptive parents to their limit with his behaviour. Neither child could express his concerns. Thomas was torn between loyalty to Nathan and loyalty to his adoptive parents. He didn’t talk about this as he endeavoured to maintain his parents' belief that he had no problems. Nathan, on the other hand, had a good understanding of the pain his adoptive parents experienced in not having biological children. ‘The trouble is that we are not their children and they are not our parents.’ However his difficult behaviour meant that his adoptive parents did not appreciate this understanding. Talking with the psychologist allowed the children to find their voices separate from their adoptive parents and to be supported in being heard by them.
BOX 1.3 THE VOICE OF THE ADOPTED CHILD

- ‘I didn’t want to move. I wanted to stay with my foster family ‘cause I’d moved around so much.’
- ‘I wanted a family that would take care of me and not leave me alone. And when I want them, they always come and feed me properly and look after me, and be kind.’
- ‘I can remember that night when my social worker came over and we were all watching telly and she said “I’ve found a new mummy and daddy for you.” I don’t know why but I burst into tears….I think it was the shock really.’
- ‘I felt sad when I left my family. The feeling was like having a solid block of ice inside me….when all the ice has melted I will be ready for a new family.’
- ‘Like sometimes when we see my birth mum you feel that you need to cry when you leave her and things, but you hold it in to be brave for everyone else….I mean it’s OK if you get used to holding your tears in, if you know you’re going to see your mum again’
- ‘…’cause I never, ever heard from my dad and I really wanted to but I just don’t know where to start. I’ve never talked to mum about it. But I really do want to get and meet my dad as well.’
- ‘I wanted to go to court to watch everything being finalized….Seeing like the case being closed…the book shut on it really. Feeling of triumph…watching them close the book…knowing that nothing else was going to happen. It was just going to be ordinary life from now on.’

(Reproduced from Thomas et al. (1999) by permission of BAAF)

Other Voices from the Network

Many workers are trying to help these multiple voices to be heard. While they are at some remove from the day-to-day experience of the children and their carers, it none the less has a significant emotional impact upon them. If all voices are to be heard, this needs to be acknowledged. For workers to be genuine partners in the journey these children and carers take, they need to enter emotionally as well as intellectually into the network around the child. In this way our voices can all be heard and together we can find the way ahead.
Another reason why cognitive therapies are not very successful is that young people in care are more heavily involved with professionals, e.g., social workers, than other people. They may go through the same questions about how they are feeling a lot more than other young people, yet still they feel like no action is being taken. In their eyes adults have failed them again. This negativity causes some foster children to clam up, and refuse to talk. Not because they are refusing help, but because they feel uncomfortable, nervous or at times think that the psychologist cannot help them as most adults have previously given up on them. They therefore end up concluding that they’re beyond the professional’s help. The classic teenage line: ‘you don’t understand me!’

(Caroline Cuckston, 2004, p. 25)

The earlier part of this chapter focused on the importance of collaborative partnerships between the adult and the intervener. In this section consideration will be given to communication with children and how this can lead to their involvement in expressing wishes and feelings and thus their involvement in service development and delivery.

**Child Development Theory**

Developmental research can provide important guidance about the developmental stage of children and therefore what their likely level of understanding and ability to communicate will be. For example, a lot is known about the child’s developing ability to take the perspective of another. Piaget highlighted how children move from an egocentric stage of understanding when they can only take a view from their own perspective to one in which, as adolescents, they are able to take multiple perspectives (e.g., Piaget, 1973). The importance of the social context within which this development occurs has been emphasized by many authors (see, e.g., Perret-Clermont et al., 2004). This, in turn, has led to increasing awareness of the importance of good early relationships. Children with early experience of dysfunctional parenting and separation from their parents are likely to have poorer perspective-taking abilities. Questions that involve taking another’s perspective may therefore cause the child some difficulty.

Children who have experienced adversity within their family can have difficulties in thinking, in naming and understanding their feelings and in exercising autonomy. These difficulties will interact, making it difficult for them to understand and communicate their wishes and desires. A good understanding of a child’s developmental strengths and difficulties is essential to help the child to communicate and to make sense of the communication (Schofield, 2005).
The development of a sense of self is another very important part of a child’s development. This is critically dependent upon interactions with others (e.g., Mead, 1934), and is therefore susceptible to the impact of early relationships. A good understanding of children’s sense of self, and their ability to reflect upon and express their own opinions separate from those of others, will be important for the interviewer. For example, has the child had his or her own thoughts and feelings validated allowing the formation of a concept of self as separate from others able to hold views that are different? Imagine the difficulties for a child who has grown up within an enmeshed relationship with a mother. The mother has encouraged the child to hold views and opinions that are hers and not the child’s. When asked within an interview about this view, the child is most likely to borrow the views of the mother and present these as his or her own.

It is important to remember that while age guidelines might be helpful to understand the child’s developmental abilities, these will need to be adapted to the individual child. Children who have grown up within abusive environments are likely to have more developmental difficulties than those who have experienced more optimal environments. Children will have learned ways to interact with adults that have helped them to survive early, difficult experiences. They can, for example, present as developmentally immature or with pseudomaturity. In both cases a good understanding of children and their cognitive ability will be important for successful interviewing.

Finkelhor and Kendall-Tackett (1997) suggest that children who have experienced early adversity may have different problems that can interfere with their ability to communicate at different developmental stages. Thus toddlers may be either excessively clingy with their carers, or indiscriminate in their affection with relative strangers. They may also be excessively fearful and may demonstrate behavioural difficulties. School-aged children can be aggressive and oppositional, or dissociative and withdrawn. They may have poor self-esteem that interferes with their confidence in talking to the adult and they can show extreme anxiety and fear, sometimes accompanied by post-traumatic stress symptoms. As the child grows older these difficulties can become combined with feelings of depression, worthlessness, self-blame and a deepening lack of trust in adults. In addition, all of these children may have had previous experience of police and social care systems that further decrease their willingness to engage with the adult.

These brief examples therefore highlight the importance of a good understanding of child development and a good ability to apply this understanding to the individual child (see also Zweirs & Morrissette, 1999). Schofield (2005) provides a developmental model to aid hearing the voice of the child within family placement decision making. This model emphasizes the complex transactional and psychosocial nature of development, which needs to be
understood in order to make sense of the child’s communications. She highlights the importance of understanding children’s development and how different areas of development interact with each other and with the children’s early experience of abuse and neglect. Listening to the child is a process of understanding the child’s experience, developmental ability and view of the world.

**Communicating with Children**

Successful communication with children and young people has been a topic of study especially in the use of children as witnesses (Jones, 2003), but also for interviewing children generally (Zweirs & Morissette, 1999; Aldridge & Wood 1998). This research can be usefully applied to help looked after or adopted children to have a voice in the services they receive.

An awareness of children’s assumptions based on past experience of talking to adults is critical to successful communication (Poole & Lamb, 1998). These assumptions can influence the answers that children will give. For example, children may expect that:

- the adult will be the expert;
- the adult already knows the answers to questions;
- every question must be answered;
- they can’t answer with ‘I don’t know’;
- each question will have a right or wrong answer;
- an arbitrary answer will be better than no answer;
- if a question is repeated the previous answer must be wrong and a different or right answer is required.

Interviewers need to spend time helping children to understand that these assumptions do not apply. They will need help to seek clarification when they do not understand something and to realize that their views and feelings are important. It can be helpful to talk about a neutral topic of interest to the child initially to model that the child is expert within the interview (Finkelhor & Kendall-Tackett, 1997).

Assessing stage of language development will be critical when using language-based interviews. The child can be confused by complex language, and will have difficulties understanding when the adult uses words that are not in the child’s vocabulary. In turn, the adult communicator needs to be familiar with the language rules of the child and especially how these change with age (Thomas et al., 1999). The first language of the child also needs to be taken into account. It is self-evident that children are likely to cope better
if interviewed in their first language. However, in the process of learning a new language, children can become less fluent in their first language. This is especially so when the second language is the dominant language away from home or if they are discouraged from using their first language (Zweirs & Morrissette, 1999).

There is a large amount of research about the use of questions with children that has informed the use of interviews with child witnesses (see Jones, 2003; Zweirs & Morrissette, 1999). This can be useful to consider when helping children to express their wishes and feelings, and while it cautions against the use of leading questions and the problem of ‘why’ questions that tend to be perceived as blaming, it argues for the helpfulness of open questions and the general importance of using language that is simple, clear and avoids the need for a child to understand at a level that, for him or her, is too advanced.

Children can be more highly suggestible than adults and this needs to be held in mind during an interview (see Jones, 2003). For example, children are not as good as adults in understanding the source of information they possess. They find it more difficult to distinguish their own experience from that related to them by another or from their imagined experiences. An expressed wish to go home, for example, could be based on a fantasized expectation of what home would now be like. This may have arisen from a conversation they have had with a birth parent who has told them that they should come home or from a thought out wish based on recent experience with the family. Children may also more easily defer to an adult’s opinion, feeling that they should accept the implicit knowledge of the adult. The adult interviewer needs to be aware of conversations that the children have had with others and also with themselves that may influence their responses. An interviewer should be especially careful not to express his or her own judgements or values in order to get a true picture of the child’s wishes and feelings.

Guidance is available in how to structure interviews to help children to communicate their wishes and feelings (Finkelhor & Kendall-Tackett, 1997; Thomas et al., 1999). For example, a child will be helped by:

- having a familiar, supporting adult;
- time being taken to explain the reasons for the interview;
- allowing the child to be involved in when and how the interview will take place;
- proceeding at the child’s pace with short interviews, and structured breaks;
- good eye contact that can help with attention difficulties;
- allowing sufficient time to build rapport;
- tolerance for the need to test the trustworthiness of the interviewer;
- being aware of body language, as the child may be vigilant for signs of disapproval or disinterest from the interviewer;
following the child when he or she jumps around, taking opportunities to explore further as these arise;
• tolerating silences, don’t rush the child and avoid interruptions.

The child will also be able to recognize feigned interest from the adult. The interviewer needs to be genuinely interested and to be able to convey this interest and show an understanding of what the child has told them.

The process of interviewing children needs careful thought. Children and young people need careful preparation with opportunities to find out about the adults they will be meeting and to ask questions about the reason for the interview. Explaining and practising ground rules is important, and the interviewer has the responsibility to engage the children’s interests and place the children at their ease. Attention needs to be given to issues of confidentiality, ensuring that children understand what will happen to the information they are sharing. Thomas et al. (1999) also found that giving children the power to influence important aspects of the interview was crucial in helping them to be heard. They advise allowing children plenty of opportunities to ask questions, helping children to express their fears about the interview, and being aware of the possible impact of emotional distress on their understanding. Additionally, they have found that children can be helped to communicate by the use of props such as games, cards, books and videos. Creative ways of engaging a child’s interest and finding developmentally meaningful ways for the child to communicate can mean that even very young children can be enabled to express their views. For example, Clark and Statham (2005) have developed a mosaic approach, which uses a range of verbal and visual tools to help the interviewer to understand the perspective of preschool children. These creative techniques are potentially useful for the older child with cognitive or emotional difficulties.

Nissim (1999) found that children were helped to express their views when provided with a structure. She interviewed children of 6 years and older by offering them a series of statements with which they could agree or disagree on a five-point scale (yes definitely, yes mostly, sort of, not really, and definitely not). In this way children could comment on a range of subjects such as:

• I’m getting on ok at school.
• I would like to be adopted and not just fostered by this family.
• I would rather be living in a children’s home.
• Nobody listens to what I think in this family.
• I get upset easily over contact.

And a final overall statement:

• I think that all in all I have been successful in this family.
In this way, the children reported on a range of views, some of which correlated with the actual outcome for the child. For example, children who reported behaviour problems, continuing attachment to previous carers, difficulties with contact with family of origin, wanting to live elsewhere and negative relationships with their current carers were more likely to have unsuccessful placement outcomes. The children therefore were enabled to communicate by a method that meant that they didn’t have to say anything out loud, and that was less affected by their relationship with the interviewer. They also had something to keep at the end of their interview.

PUTTING RESEARCH AND PSYCHOLOGICAL UNDERSTANDING INTO PRACTICE

Young people in care have very little control about where they are living, family problems and who will be the next person staying with them. But in the sessions with the psychologist I think it is very important for the young person to be in control if possible. If the young person sets the agenda, then the problems that he or she wants to sort out, or issues he or she wants to raise and feels comfortable talking about, can be looked at, which not only helps the young person but also builds trust.

(Caroline Cuckston, 2004, p. 25)

Having good communication with the child or young person is, of course, only half of the process of hearing the voice of the child. Thought is also needed about how to act on what is heard. This has been explored within the ‘Investing in Children’ project. The authors write:

Investing in Children seeks to create opportunities for children and young people to assert their right to have a say in decisions that affect them. Furthermore, it is concerned to ensure that their voices are heard, that having a say is not an end in itself, and that making an effective contribution to dialogue needs to be understood as part of a political process leading to change.

(Cairns & Brannan, 2005, p. 79)

This project, while demonstrating some noticeable successes in helping children to be heard, has found that it is easier to help young people to articulate their experience than to effect and sustain changes in services or in attitudes. Del Busso (2004) suggests that only when children are involved in how their feedback is used within service planning will the process be empowering. Without this additional process the evaluation can become merely ‘lip service’ carried out to satisfy research and service agendas rather than as a means to improve services in line with the expressed needs of children.

Services need a process to listen to children and also a framework within which they can actively use these contributions. This may be to allow the
children some influence in their own experience of services and in decisions being made on their behalf. It may also allow the children to influence service development and evaluation more widely.

A number of self-completion satisfaction questionnaires have been developed for children. These include questionnaires that can be used with pre-school children as well as for school-aged children (see Hennessy, 1999). In addition to structured questionnaires, qualitative and semi-structured interview methods can also be used, and have been recommended as a means of empowering others to share their views. Such interviews can allow children to talk about their experiences in their own words. This in turn can powerfully convey to the child that his or her view is valued and will be listened to (Del Busso, 2004). It is important that mechanisms are in place to ensure that the child’s views are elicited, to record these views and to feed them back to the relevant people.

Consideration will need to be given to the degree to which the child is involved. This does not need to be all or nothing but may lie within a continuum model of involvement (e.g., see Hart, 1992). The child may be consulted or informed at one end or may be allowed to initiate and direct services at the other. The optimum level of involvement is likely to vary in different areas of practice and for different children.

Maguire et al. (2001) suggest that the following questions could usefully inform the process of involving children and young people in service planning and development:

- Is there a forum in the service for discussing how children’s views may be sought?
- Is there a clear rationale about what views are to be sought and in relation to what particular innovations?
- Is it clear what the status of any views elicited will be? (For example: For information? For action?)
- What will be the process when a decision is made to act in a way that is contrary to the views or wishes of the child?

For children who are looked after there are added dimensions of complexity in obtaining and acting on their views. Not only are there more voices that might be added to the child’s when making decisions, but also the decisions being made can be very complex. In addition, issues of power imbalance are even more salient for this population of children and young people. Frequently their previous experience has been of severe disempowerment with adults, and their expectations are commonly that adults are untrustworthy making them reluctant to engage in the process of evaluation (Del Busso, 2004).
A balance is needed between the voice of the child, the views of the parents/carers and the views of professionals as to what is in the best interest of the child (Maguire et al., 2001). It is important that the child is heard but this should not be to the point that the adult defaults on his or her own responsibility. The children’s views are not an alternative for thinking about what is in the best interest of the child.

An example can be given to explore this further. The issue of what degree of contact looked after children should be having with their birth family is not an easy one to get right. There is a danger that different voices become dominant in the decision-making process such that balanced decisions are not reached. Additionally the children’s desire for contact may be acted on against their best interests when this contact continues to be damaging to them. The process of hearing children and meeting their needs can be complex. If it can be safely done it may be possible to listen to the child’s desire for contact while helping him or her to come to terms with the reality of contact. A way forward can then be found towards an optimal level of contact that is not harmful.

Ryan, a 12-year-old boy living in a children’s home, is requesting contact with his mother. She is currently living in a filthy, chaotic house and continues to struggle with alcohol use. She would not or could not come to the home to see Ryan. The social worker is not happy for this contact to occur, as he wants to protect the child from further trauma and abandonment. The psychologist works with the social worker and residential social worker to plan a series of four safe contacts. Ryan will be accompanied for the first visit, and for further visits if he wants this.

These visits occurred as planned. Ryan was accompanied for the first two visits. He then had two unaccompanied visits but with the residential social worker on standby to pick him up if he phoned. On both these occasions he came back early. At his next review Ryan decided that he wanted no further contact. He had seen the reality of life with his mum and was now ready to move on with his own life. By listening to Ryan the professionals didn’t protect him from the pain of contact with his mother but instead supported him to test out his fantasy of what life with mum would be like. Ryan could then come to terms with this and move on rather than remaining stuck with a longing for something that was unattainable and resentment of those he perceived as denying it to him.

Figure 1.1 illustrates a process whereby the child’s views can be listened to and acted upon. In taking into account the wishes and views of the child an understanding of how these views have arisen is needed. The child’s
history may be useful to aid this understanding. It is important not just to listen to what is expressed but also to really understand what is intended. It is then possible to work with the child to explore what he or she is expressing. The child or young person can be helped to think about the consequences of the request, and a ‘what if’ game can be played to explore whether this is really what he or she wants. It is also important to consider alternative viewpoints, and thinking alongside other people can help the process of reflection.

It is important to listen to the child’s views even if these views cannot be practically acted upon. The process of helping the child to understand this might be sufficient to help him or her to feel heard (Figure 1.1). Creative
solutions to meet a wish within existing resources might be needed. There can be a need to advocate for better resources while working with ‘the art of the possible’. It is also important not to get stuck on being unable to deliver an ideal action, thus constraining any action.

Finally it is necessary to review and adjust these actions, as they are experienced. Having been listened to, the child’s experience of the wishes being acted upon can lead to reflection and an adjustment on what he or she would like to communicate.

Young people in care however do find it hard to ask for help. Some may have been used to or had to become independent, and therefore it is hard to accept the help offered around them. But this may also be a good way to build trust, as if more help is offered through hard times then the young people will realize that the adult will not give up on them.

(Caroline Cuckston, 2004, p. 26)

AWARENESS OF RACE, CULTURE, RELIGION

To successfully hear the voice of the child or carer (Box 1.4), awareness of racial and cultural differences is central. Language and cultural differences may be subtle but if not taken into account can jeopardize the process. (For a fuller consideration of issues of race and ethnicity, see Goldstein & Spencer, 2000, or Richards & Ince, 2000.)

Good collaborative working will allow the family members to be expert on their own culture, with help also coming from interpreters and those who are well acquainted with the culture.

The interviewer needs to be aware of different cultural practices. (For example: What is the meaning of direct and averted gaze? Who in the family would be expected to speak and who to be silent? Whether a male or female interviewer would be preferred.) It is also important not to rely on stereotypical information but to explore the meaning of race and culture for the individual being interviewed (Finkelhor & Kendall-Tackett, 1997). It may be that different aspects of the culture may have different levels of salience. For example, religious faith may be very important to one Jewish family but of less importance to another family while they still observe many of the cultural rituals. It is also important that professionals be aware of their own assumptions about religions. There is a danger that the thinking of professionals may become organized around their own assumptions rather than what the other person is saying to them.
BOX 1.4 THE VOICE OF THE CHILD

- ‘My foster parents are white and I love them very much and I would die for them, but increasingly as you get older you realize how alienated you are.’
- ‘I ended up with a white family at 9 years old because I specifically requested it. My social worker was fine about it. It made life easier for her . . . and it made my life easier. Today I struggle to reconcile living with a white family. I think my biggest regret is that I wasn’t with a black family.’

(Reproduced from Richards & Ince (2000) by permission of the Family Rights Group)

Similarly status differences need to be carefully considered. There is a tendency for the articulate and well educated to be accorded most status. This will be very disempowering for the less articulate and less educated, leading to a danger that their voice will be excluded. Similarly, foster carers can feel of lesser importance within a professional arena. It is important not just to provide an opportunity for these people to express their views but to actively seek ways of enabling them to speak and be heard.

Political correctness, while focusing attention on issues of race and culture, can also get in the way of good communication. Can the fact of ethnic differences make it harder to listen and act? For example, might social workers not investigate the fostering practice of a black foster carer in case they are thought to be racist, despite the communications from a child? Awareness of difference can get in the way of thinking. It is important that multi-cultural and multi-racial networks work together to hear and act on the many voices speaking. This, of course, raises workforce problems, as many minority cultures are under-represented within professions.

In the last few years more effort has been made to hear the voice of the child from black and ethnic minority communities. For example, studies have highlighted the difficulties that these children can have in accessing mental health services (e.g. NIMHE, 2003; Malek & Joughin, 2004; Young Minds, 2005). This is despite the increased likelihood of mental health difficulties for looked after and adopted children. Within the black and ethnic minority looked after population there will be a population of refugees and asylum seekers. These children are likely to have experienced significant trauma, loss and bereavement. They may struggle more than other children to communicate their needs.

The Minority Voices study has provided a means for young people from black and minority ethnic backgrounds to communicate their views about mental health services. This study included children living within the looked
The children highlighted the importance of accessible and culturally aware mental health services. This requires sufficient staff training to ensure that mental health professionals feel confident that they understand and have the skills to work with children from different cultural, religious or ethnic backgrounds. Voluntary organizations can provide a resource for traditional health services, although this can be hampered by problems of short-term funding and lack of communication structures between the two. Innovative ways of informing young people about services available to them are needed, and can include the use of the internet, media, and local faith groups (Young Minds, 2005).

**AWARENESS OF DISABILITY**

The presence of a disability can be a barrier to both communicating and listening. Interviewers need to be creative in finding ways to enable the person to communicate, and can include non-verbal tools and the use of translators (Zweirs & Morrissette, 1999). As with culture, it is important to recognize the individual’s awareness of their disability, using this awareness to circumvent the barriers to communication. Additionally, parents and siblings are often experts at communicating with the child in the family who has a disability (Zweirs & Morrissette, 1999). Those who work in disability services can equally be an important source of knowledge and help. Time and effort will need to be given to finding ways of communicating so that those with a disability are heard rather than excluded. Further advice can be found in a study conducted jointly by the National Children’s Bureau and Barnados, which explored the needs of young people with learning disabilities living in foster care (Reed, 1993; see also Box 1.5). This study also highlighted the difficulty the foster carer’s own children can experience when a child with a learning disability comes into the carer’s home.

**BOX 1.5 THE VOICE OF THE BIRTH CHILD**

- ‘At first I didn’t like it, but eventually you get used to it. You get used to having things broken so it doesn’t bother you so much. I like helping most of the time because he is fun to be with.’
- ‘The thing I find difficult is the arguments that are caused by X’s behaviour. . . . When X is constantly bad it upsets my mum and she takes a lot of time trying to sort out the problems, but then has no time for mine.’
- ‘I wish I could turn him into a boy like me.’
CONCLUSION AND THE WAY FORWARD

Finally, from speaking to many people and from personal experience the main message from people who had a bad experience of mental health services was the need for trust. Without this I believe, and probably you believe, the root of the problem can never be solved. Without the immense trust I have with my psychologist, half of my problems would still be in my head and would have taken longer, or probably never, to have been solved.

(Caroline Cuckston, 2004, p. 26)

Caring for children in substitute homes is a process of reconstructing families and the retelling of family stories. These families are formed out of a relationship between children, parents, carers and professionals (Hart & Luckock, 2004). This is as true in residential homes as it is in foster or adoptive homes. The complexity of this process with children whose prior family stories are painful to hear and integrate into new stories means that the families will need continuing and changing professional support and advice. However, there is a danger of imposing this support in a way that disempowers both the family and the child. The family can be left reluctant to ask for help and with a strong need to reveal themselves as capable parents. The reconstruction of families is a process that needs to be shared, with professionals and families working together in mutually supportive and collaborative ways. Hart and Luckock (2004, p. 52) describe this process eloquently in relation to adoptive families: ‘The most distinctive aspect of this approach is that it is seen as a joint “practice” bringing together parents and professionals, children, relatives and friends, as collaborating “practitioners” of adoptive family life and its support.’

Listening to and acting on the multiple voices involved in the care of the looked after or adopted child is a complex process, and attention needs to be given to how we get through all these complexities. In particular we all need to search for the middle ground between silencing and ignoring those who are receiving services and being overwhelmed by their voices. Strong frameworks will be needed to listen to and act on the discussions held between all those involved in the care of children, not forgetting the voices of the children themselves.
Taking account of the views of the children or young people requires continuing thought. Sometimes these views will be counter to what is thought to be best for them, and this can lead to rather polarized responses. We might, for example, go with the child’s view unreflectively because that is what has been expressed. The child will learn to manipulate to get what he or she wants. Alternatively, we might decide it cannot happen, and by relaying this to the child, the child learns that he or she has no say in what happens. Both of these positions ignore full communication with the child. It is important that we work with the child and his or her communication. Working together can allow a position to be reached with which everyone is comfortable. At the same time the child is learning how to negotiate and how to work through an issue with other people. The child learns to have a voice and to listen to the voices of others. This, of course, is no different to reasonable parenting practice within which there are continuous requests and feedback between parent and child leading to a natural and on-going process of negotiation. It is important that the child’s voice is heard within such a normative framework.

To hear the voice of the child, parent or carer properly, adequate time and resources are needed. It is important to have clear processes and procedures that draw on the best of our knowledge about how to communicate and listen and enable us to apply these processes to the individual we are listening to. This requires us to take into account culture, abilities and needs. Psychological thinking can help us to understand what the individual is saying, how to help him or her to say it, and how to use this understanding once gained. It is important not to take a cookbook approach to communicating with others. There are dangers in adopting a process or procedure and using this at the expense of thinking psychologically about each situation in its own right.

The looked after children’s review booklet is an example of a process that can be used reflectively or unreflectively. The child completes this booklet prior to the review, usually helped by the carer or social worker. This provides the child with a voice at the review when he or she is not there in person or when it is difficult to speak out within the meeting. An example of unreflective practice would be where the child’s wishes are noted and acted on with little discussion or thought. The child asks for more contact, for example, and the review rubber stamps this wish and asks the social worker to arrange the increased contact. Those at the review might hear the child and might use the review process to allow the network to reflect upon this. Thought can be given to the pros and cons of granting the child’s wish and a decision can be reached that is in the best interest of the child. Time can also be spent on how to communicate this decision back to the child and how to support the child if the decision is counter to his or her wishes.

To be heard we need a listener, but learning to be a good listener takes time and effort. Psychological thinking can help in this process. In this way
young people and their families can influence their own interventions and service planning and delivery. Multiple voices can be heard and reflected upon leading to action that is comfortable for all those involved.

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