Influences on children's voices in family support services: Practitioner perspectives

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Abstract
Australia's 2017 Royal Commission into Institutional Responses to Child Sexual Abuse recommended to organizations that children should participate in decisions affecting their lives as a safety standard. While a substantial body of research about children's voices in statutory or out-of-home care now exists, there remains a paucity of research into children's voices in family support services delivered by nongovernment organizations. This is despite the primary service purpose being to benefit children. This lack of focus in family support was identified as a research priority by a nongovernment organization in Queensland, Australia, which lead to a collaborative research programme. This article reports on initial research from a survey study to describe the current state of play from practitioners into their perceptions and practices of children's participation in family support contexts. A voluntary and anonymous online, qualitative-predominate survey was opened to 110 practitioners in family support services, of which 50% responded. The findings identified that children's voices were compromised by perceptions of children's capacity relating to age and vulnerability, the parental focus of the service coupled with perceptions of parent's needs and gatekeeping behaviours and service pressures that work against the conditions required for children's rights to voice.

KEYWORDS
child inclusive, children's voices, family support, participation

1 | INTRODUCTION

Article 12 of the United Nations (UN) Convention on the Rights of the Child (CRC) (1989) specifies that children have the right to have a say over matters that affect their lives, with due weight given to those views. While this Article is considered foundational to other rights being realized, the United Nations Children's Fund (UNICEF) has identified Article 12 as one of the most difficult to implement (Lansdown, 2011, p. vi). Research in child and family and related fields has shown that while 'children's voices' is generally accepted in principle, there are a number of tensions in attitudes approaches and/or systems that restrict its implementation in service delivery (Livingstone & Blum-Ross, 2017; McNamee & Seymour, 2013; Stafford, 2017). Common identified tensions include children being constructed as vulnerable and lacking capacity (Bijleveld Gana, Bunders-Aelen, & Dedding, 2019; James, James, & McNamee, 2004), uneven power differential held by practitioners along with long-established focus and job responsibility of child protection over all other rights (Kosher & Ben-Arieh, in press; Le Borgne & Tisdall, 2017) and greater emphases on technocratic and managerialism practices (Ferguson, 2017).
The need for government and nongovernment agencies to confront inhibitors to children's voices was reinforced recently in the recommendations from Australia’s Royal Commission into ‘Institutional Responses to Child Sexual Abuse’ (2017), in that implementing this right is critical to contribute to children's safety. While there has been a renewed focus from governments and nongovernment organizations (NGOs) on hearing children's voices, the attention has been mainly directed towards out-of-home care services (Bessell, 2016). There remains a paucity of research into children's voices in family support services delivered by NGOs (Kelly & Smith, 2017). This is despite the primary purpose being to benefit children and avoid out-of-home placements.

Focusing on children's participation in family support intervention programmes delivered by an NGO, the purpose of this study is to gather descriptive level insights into the current landscape of practice in this service context. A questionnaire was chosen as an effective method to explore attitudes, perceptions and practices with up to 110 frontline practitioners located in regional, rural and urban locations throughout the State of Queensland, Australia. The other benefit of the approach is it provides a baseline, for future opportunity for the organization to carry out a follow-up survey to assess how transformational their change activities have been following interventions based upon the full research programme. This article reports on practitioners' insights into limiting factors on the practice of children's participation in direct service context.

2 LITERATURE REVIEW: CHILDREN’S PARTICIPATION IN CHILD AND FAMILY SERVICES CONTEXT

Ubiquitous in the literature is the evolving ways that children have been viewed over time and the resulting impacts on their voice. Listening to children's voices has become more of a focus in policies and practice as a result of growing research and inquiries in children's safety internationally. Megan Mitchell, Australia’s Children's Commissioner (2016, para. 12), advises authentic engagement with children, particularly those identified as ‘vulnerable’, is imperative to engender their welfare, healthy development, security and stability. Benefits are widely discussed across the literature; however, identification of the gap between the rhetoric of advocating the benefits and the evidence of children's meaningful participation in practice continues in current literature findings (Brummelaar, Harder, Kalverboer, Post, & Knorth, 2018, p. 34; Stafford, 2017, p. 601). Alderson and Morrow (2011, p. 8) point out that issues of ‘power, access and negotiations with gatekeepers’ are global, that is, across countries and cultures. Further, there is a paucity in rigorous evaluation of levels of inclusion and the impact on long term outcomes (Brummelaar et al., 2018, p. 34; Shamrova & Cummings, 2017, p. 402). Relevant to empowering children's voices in direct service contexts are the key issues of rights, theoretical constructions of children and considerations pertaining to organizational capability and willingness.

The United Nations Convention on the Rights of the Child (UNCRC) is identified as a key driver of children's rights discourse due to its challenge to the normative perceptions of children as incapable, vulnerable and developing (Fargas-Malet, McSherry, Larkin, & Robinson, 2010, p. 175; Harris & Manatakis, 2013, p. 11; James et al., 2004, p. 189; Brummelaar et al., 2018, p. 33). Lansdown, (2011, p. vi) identifies that Article 12 of the UNCRC, having a say over matters that affect their lives, may be considered the foundation to other children's rights being realized. This applies to all aspects of children's lives, including the delivery of services. Australia’s Royal Commission (2017, Volume 6) provided 10 'Child Safe Standards’ to assist organizations increase their capacity to be child safe. The second standard ‘children participate in decisions affecting them and are taken seriously' supports Article 12. However, while it is established by the UN and the Royal Commission that the right for children's voices to be heard is critical, achieving this right is more complex.

How children are conceptualized is said to be a key influencer of if, and how, they are engaged. Over the last 30 years, sociological attention on children and childhood has burgeoned (Corsaro & Molinari, 2017, p. 5, 27). That is, ways and ideas of viewing children and practices of engagement and consultation to facilitate children's voices have been increasing, particularly in research settings (Kelly & Smith, 2017, p. 854). Sociological theories or understanding of children as competent meaning makers continue to shift western perceptions or conceptualization of innocence. However, effects of adults conceptualizing, particularly young children, as innocents, incompetent or needing to be freed from the responsibility of making decisions, continues to impact or permeate engagement ideas (James et al., 2004, p. 193; Kelly & Smith, 2017, p. 854). For example, Hanson (as cited in Stoecklin, 2013, p. 444) captures four normative perspectives: the 'paternalistic view', the 'welfare approach'; the 'emancipation or empowerment approach' and the 'liberationists'. Under the paradigm of the new sociology of childhood emerging through the 1980s and 1990s, James (2007, p. 261), describes children as 'articulate social actors' with much to contribute relating to their experience and experts in relation to their own lives (Fargas-Malet et al., 2010, p. 175). Through realization of the permeation of the adult world to children's lived realities, children were entreated to be approached as 'knowing subjects' (Children's Rights International, as cited in James, 2007, p. 261).

Despite theoretical advances in understanding, ideas of vulnerability are persistent in influencing children having a say. Vulnerability in children may be based on varying factors. These include an ‘inability to exercise their rights fully and independently, and the physical and emotional limits on their ability to articulate their own interests and concerns’ (Carnevale, Campbell, Collin-Vézina, & Macdonald, 2015, p. 512); power differentials with adults (Ey, 2016, p. 40); vulnerable backgrounds including minorities, working or caring responsibilities, homeless, LGBTQI, children under 10 (Shamrova & Cummings, 2017, p. 404); children in the child protection and out-of-home care system and also children with disabilities including physical, communication and/or cognitive impairments (Stafford, 2017). When children experience trauma or fall into these categories, this should not
mean their voices cannot be heard, as silencing them may actually create vulnerability.

Assisting NGOs to authentically hear children's voices, Kelly and Smith (2017, p. 853) advise of the need to 'challenge thinking' and 'disrupt the construction of the vulnerable child and understandings of resilience in early childhood'. This has been reinforced by Australia's Children's Commissioner in identifying that mistakes are made when agendas are shaped 'for' rather than 'with' vulnerable children leading to a lack of acknowledging their agency and their treatment as passive recipients of services (Mitchell, 2016, para. 8; Fargas-Malet et al., 2010, p. 176). If children's agency is not recognized at systemic levels, even aware adults are constrained to construct the child's best interests for them (James et al., 2004, p. 200). Therefore, conscious consideration of vulnerability is necessary in ensuring that the tension between best interests and agency is evolved so that their coexistence may actually enrich each other (Carnevale et al., 2015, p. 521).

Organizational capability and willingness are also influencers on hearing children's voices. The process of improving children's participation in services provided by an organization requires organizations and the broader authority and system, such as child protection, being open to questioning the effectiveness of its own interventions (Alderson & Morrow, 2011, p. 4). Shier (2001, 115) advises organizations to seek out areas where they can, after consideration of the risks, provide a supportive environment for children to share responsibility and power for decisions. For organizations to achieve this, policies, processes, values and practice aims need to align to providing child-inclusive practice.

Definitional clarity of child-inclusive practice is also required. In the context of family services, 'child-focused' means the practitioner focuses on the needs of the child but does not include their actual participation (Mclntosh, 2007). Whereas 'Child-centred' is a term considered relevant to where the child is the focus of the service, such as out-of-home care. As articulated by Hunter and Price-Robertson (2014, p. 19), 'child-inclusive' approaches are used where adults are the focus of the service, but children have opportunities to directly participate to 'keep issues of child safety and wellbeing at the centre of policy and practice'. Through a systematic literature review, Kennan, Brady, and Forkan (2018) identify that an organization may improve their effectiveness through providing advocates, having children attendance at meetings and family conferences and using various methods to directly record the child's views. Over recent years, gaining children's perspectives is increasingly being sought through government programme evaluations (such as Queensland's Family and Child Commissioner, 2018) and NGO studies and evaluations to improve practice (Anglicare Southern Queensland, 2017; Leach-McGill, 2013). At a practice level, there is also a growing body of research on children's perspectives where they are the focus of the service such as in out-of-home care or Family Law (Leach-McGill, 2013). Yet there remains a significant gap in focus and research on children's experience and voice in family support services from NGOs (albeit funded by government statutory child protection organizations) and the extent of children's involvement in NGO settings (Walsh, Tilbury, & Osmond, 2013; Kelly & Smith, 2017, p. 853).

Addressing this gap may contribute to understanding why the right of children having a say in decisions that affect them has been so difficult to implement. This research seeks to contribute to this knowledge, through a descriptive survey of family service practitioners' current practices and perceptions on children's participation in the family service context.

3 | Research Design and Method

This research was developed as an initial step to a multistaged research project commissioned by an Australian NGO. The organization identified 'empowering children's voices' as strategic research priority.

Designed to provide insights into practitioners' attitudes, beliefs, perceptions, practices and experiences, the survey findings sought to also inform deeper exploration of factors in the next stage of the multimodal research funded by the organization that include focus groups with front line practitioners. The data gathered are therefore forming part of a broader interpretivist reading (Schwandt, 1998, p. 222) of the meanings participants ascribe to the phenomena of empowering children's voices through child-inclusive practice in family support services. The research questions were as follows:

- What ways do participants currently employ child-inclusive participation methods in practice?
- What factors, both enablers and barriers, influence participant's capacity to empower children's voices in their service delivery?

This article predominantly reports on the second question. In this study, the term 'children' includes children and young people up to and including 17 years of age.

A questionnaire was chosen as an effective method to explore preliminary perceptions, as well as cater to the organization's desire to provide an opportunity of participation to 110 practitioners working in 13 metropolitan and regional sites. This method also facilitates the organization conducting a follow-up survey. A team of experienced staff members was formed to ensure merit and rigour of the research and to support practical roll-out of the project. They vetted the survey to ensure that questions would resonate with the practitioners and to aid validity through ensuring integrity of the method (Noble & Smith, 2015, p. 34).

3.1 | Service context and recruitment

The organization chose two of their suite of family support service streams: Family Intervention Services and Intensive Family Support Services (the Programmes). These Programmes are designed to support families to safely care for children at home and are funded by the Australian State of Queensland's Government Department of Child Safety, Youth and Women (Child Safety), who have statutory responsibility for child protection. Family Intervention Services provide intensive tertiary support to families referred from Child
Safety where a child is deemed in need of protection (child who has suffered harm, is suffering harm or is at unacceptable risk of suffering harm). Family Intervention Services also support reunifying children who have been previously assessed as not safe at home and placed under care protection orders. Intensive Family Support Service is a secondary level service providing support to families in vulnerable situations but where the children have not been determined to need statutory protection. Recruitment commenced in October 2018, following ethical clearance in September 2018 from the Human Research Ethics Committees of the university and the organization. Each of the 110 practitioners, comprising frontline and service lead staff, was sent an introductory email inviting them to participate in the online survey.

3.2 | Data collection

Data were collected through an opt-in (voluntary) and anonymous online survey utilizing the software program KeySurvey. The survey was open between October 16 and December 3, 2018. This method generated quantitative and qualitative data through open and closed questions. Closed questions \( (n = 11) \) comprised three relating to demographic information, with the balance designed in relation to central findings from the literature review. Open questions \( (n = 12) \) were designed to enable the respondents the opportunity and scope to provide explanations and opinions on the topics. This included exploring attitudes and beliefs, knowledge regarding children's participation, tools and methods and process and practice barriers and enablers. The respondents to the survey comprise 50% \( (n = 55) \) of the 110 practitioners. The practitioners are multidisciplinary professionals. To protect anonymity, collection of data was only sought at the aggregated level of regional (nine sites) and metropolitan (four sites). Respondent numbers were evenly spread between the two programmes. There were 25 regional and 30 metropolitan respondents, with Family Intervention Services having 20% more metropolitan respondents. The main qualifications of the respondents were 33% social work, 24% psychology and 24% human services. A majority of respondents, 55% \( (n = 30) \), had worked in the Programmes for more than 2 years.

3.3 | Analysis

The survey produced two forms of data. The qualitative data, the responses to 12 open questions, were exported from software package KeySurvey into an Excel spreadsheet. The comments were initially scanned for overarching themes. The data were then uploaded to the software package NVivo. The data were coded, and the ‘constant comparison’ (Thomas, 2017, p. 245) method was utilized. ‘In vivo’ coding (Saldaña, 2016, p. 105), was utilized to capture the voice of the respondents. Descriptive statistics were generated from the closed question data (De Vaus, 2014, p. 207) to summarize patterns of practice, including frequency of types of barriers. The culmination of the themes, inductively developed from the open responses through NVivo combined with the descriptive statistics, provides a deeper insight into practitioners’ attitudes and experiences towards the practice of children’s participation.

4 | FINDINGS

This paper describes findings regarding NGO practitioners’ current perceptions and experiences of children’s participation. A majority of respondents agreed that children’s views are valued in service planning and are integral to effective service delivery, and children should be involved in family support decision making. In addition, over 80% rated their practice as inclusive of children ‘often to always’. However, what this involvement looked like was clarified by asking respondents to choose from seven choices, of what was the general level of participation for most children. These levels were based on Shier’s (2001, p. 111) ‘Pathway to Participation’ (updated in 2013) and Roger Hart’s (1992, p. 8) ‘Ladder of Participation’. According to Shier, only the top two levels, ‘children’s views are taken into account’ and ‘children are involved in decision-making processes’, meet the UNCRC’s Article 12. Only 27% of respondents identified these top two levels. Instead, 73% selected participation descriptions which do not meet the minimum description of Article 12, UNCRC. This suggests that while practitioners may believe in the idea of children’s participation, achieving this principle in practice is not as easy.

Practitioners were asked to share their insights into factors that impact on their capacity to undertake child-inclusive practice: their perceptions of the children, parents, themselves and their service context and the methods and tools they utilize. While the survey data comprised differing views and experiences, consistent themes emerged. This paper will address two key themes. First practitioner perceptions of children and childhood underpin levels of children’s participation. Second, the service context relating to the parental focus and service pressures impacts on the capacity of practitioners to be child inclusive.

4.1 | Perceptions and constructions of children

Perception of children’s capacity was a significant barrier in including their voice in practice, and this was related to age and perceived vulnerability. Children’s age was perceived by 96% of respondents as a barrier with 77% \( (n = 40) \) of those rating it with moderate to major impact. Responses to open questions identified young children being ‘less likely to have their views/voices directly sought’ (Respondent 52). Age was linked to their developed ‘ability to communicate’ and to ‘make informed decisions’ (Respondent 15). Vulnerability was perceived by 93% of respondents as a barrier with 76% \( (n = 38) \) of those rating it with moderate to major impact. Vulnerability may be based on many factors. Some of the key factors noted by respondents included previous trauma, culture and
children with disabilities including physical, communication and/or
cognitive impairments. Previous trauma was seen by 94% of
respondents as a barrier with 80% (n = 41) of those rating it with
moderate to major impact. For example, describing home lives with
‘distrust, DFV, MH, Substance misuse all bring shame and trauma to
the child’ (Respondent 14).
Communication difficulties and cognitive or other disabilities
were seen by 94% as barriers with 59% (n = 30) of those rating
them with moderate to major impact. Responses to open questions
illuminated these issues:

- apart from ... children with significant communication
difficulties ... barriers can be overcome (Respondent 9)
- If a child does not have the appropriate language skills
  they may not be able to effectively communicate with
  professionals. (Respondent 22)

Respondents appeared to have an expectation that children
needed to have the ‘capacity’ and ‘appropriate language’ skills for
effective communication. Respondents identified that these issues
rendered these children less likely to be included, ‘when the children
don’t have the words to explain how they are feeling’ (Respondent
15). This attitude exposes conceptions of vulnerability operating
in practice.

Fear, apprehension and distrust within children were seen by
practitioners as a voice inhibiting driver. Practitioners identified the
children as being fearful of parent’s responses, worried for their
parents or of being removed from their parents by Child Safety. This
included specific distrust of service providers, whether from previous
experience, learning or cautioning from parents or the culture of
the family. Children may ‘have a high level of distrust dependent on
previous experiences’ (Respondent 5).

The construction of vulnerability about children may not only
contribute to loss of individual rights and agency but also exclude
them from contributing to policy and service delivery and partici-
pating in research for service delivery. For example, vulnerability
‘influences the policies and procedures implemented as a result
and impact how children's voices are able to be captured’
(Respondent 27). This construction serves to narrow children’s
treatment to passive service recipients and made more vulnerable
by being ignored.

4.2 | The service context

The parental focus of the programmes combined with practitioner
perceptions of parents’ needs, fears and behaviours, as well as
service pressures relating to time and caseloads impact on the ability
of practitioners to focus on the children. The service’s parental
focus was a significant factor with practitioners identifying their
organization’s processes, systems and accountabilities as being aligned
to the parents, not the children. In this context, clarification of ‘who is
the client’ was raised.

Although we listen to the children and complete some
work with the children we are within the family home
to assist the family to make their situation safer. This
impedes our ability to actually work with the children
as the parents are needing to change their behaviour.
(Respondent 22)

Generally, the relationship-building with the children is
secondary to the primary relationship-building with the
parents as that is who we are there to support.
(Respondent 48)

One of the most significant rated barriers was parents ‘not
supporting children to have their say’. Some 95% of practitioners
rated this as impacting with 79% (n = 41) of those rating it with
moderate to major impact. Some practitioners referred to ‘parent-
ing ability’. That is, parents blaming the children, or being in con-
fl ict with them, or not having knowledge of children and their
development or lack of insight into their parenting impact. Practi-
tioners shared their thoughts as to factors they saw driving par-
ents’ behaviours in not being willing or having capacity. Insights
included parent’s own trauma and vulnerabilities, mental health
issues, substance use and domestic violence, as well as learned
parenting styles from their own upbringing. And further, they may
be intimidated due to not understanding the process or fears about
how they and/or their children will be perceived. Respondents
referred to the consuming nature of these issues, the difficulty of
parents ‘being able to focus on anything else but their own issues’
(Respondent 4).

Respondents also identified family culture as a factor in parents
not seeing or supporting children’s agency. They will:

- speak for the children (Respondent 42)

- families tend to hold values that see children’s direct
voices not being appropriate to inform service delivery
(Respondent 27)

- In our regional area the culture around children and
  how to raise them is very traditional/old school where
  smacking and controlling is seen as the normal way to
  parent and keep kids in line. Not being disciplinarian is
generally seen as the reason kids are running amok and
disrespecting adults, committing crimes, etc (Respond-
dent 48)

Areas of considerable impact raised were the parent’s fear of
Child Safety repercussions and the judgement of practitioners.
Parents may therefore:
coach or threaten the child (Respondent 38)

time constraints were seen by 81% of practitioners as a barrier to engaging children’s participation, with 58% (n = 25) of those rating it with moderate to major impact. In addition, a high caseload can lead to a lack of opportunity to reflect. This may lead to a process of ‘tick and flick’ (Respondent 3), without time to revisit activities carried out with children. Time in duplication was raised, for example, ‘doubling up the workload with online and paper files’ (Respondent 41). The combination of working with families that have complex and multiple needs where there are a number of children, particularly four or more children, including shared care arrangements over different households, was identified. This was particularly the case when having to work with high numbers of children at the same time. Another constraint is the practical mismatch of general working hours versus school-aged children’s availability, that is, there is a limited amount of time that respondents are able to physically meet with school-aged children. For example, ‘at times it can be tricky coordinating availability between families and workers timetables’ (Respondent 25). Time was also a factor raised in the context of the need to travel sometimes considerable distances. This was particularly the case in regional areas which are also impacted with a lack of special services:

- we do not have enough services for meeting children’s unique need such as Child Psychologist. Geographical distance is a barrier as well because we could not do frequent home visits as we like to do (Respondent 46)

Respondents spoke about the importance of methods to engage children ‘they [methods and tools] let the children know that we want to hear from them and that they are valued in our working practice’ (Respondent 42). Respondents also spoke of the importance of matching these methods to children’s contexts, such as ‘where the children are at in their journey of change’ (Respondent 14). Tools were seen as dependent on ‘intellectual ability’ (Respondent 46) or needed enhancing to ‘support children with disability, have experiences (sic) trauma and any other barriers’ (Respondent 27). It was also noted that while tools may obtain the views of children, those views still require translation through goal planning and further action to empower the child’s voice, and this was largely absent.

5 | DISCUSSION

The purpose of this research was to describe the current practices and perceptions of practitioners regarding children’s voices in a family support context. Although a basic right, children’s participation is not being practiced sufficiently, authentically and meaningfully in service delivery. The responses also show that practitioner’s intent and actual practice conflicts revealing broader thematic issues operating in family support contexts at both conceptual and service delivery level. While the research is limited to one NGO and a descriptive level survey, the findings, combined with existing body of literature, suggest important insights from which can be built upon and expanded on in future studies. However, the limitations also mean that caution is needed in making any inferences. These key insights will be now discussed as they have important implications for further research and service delivery.

5.1 | Rights and construction of children

Authentic inclusion of children’s voices requires recognition of diverse children and childhoods. However, this is not going to occur until the ongoing negative perceptions held by practitioners regarding children’s capacity are addressed. As Bijleveld et al. (2019, p. 8) identify, changing attitudes both conscious and deep-seated is not easy. In this study, practitioners identified the highest barriers for children voices not being asked or heard was due to the respondent’s perception of vulnerabilities. Vulnerabilities associated with age, trauma, capacity and ability to communicate were considered an inhibiting factor. Age is consistently used as a means for not asking children their views. Yet the United Nations (2005) reinforces that early childhood, that is, before school, is critical for inclusion. Not facilitating children’s input due to age not only contravenes their rights but also counteracts the sociological view of children as ‘social actors’ and ‘knowing subjects’ (James, 2007, p. 261; Kelly & Smith, 2017, p. 854) and denies their participation as ‘active stakeholders’ (Brummelaar et al., 2018, p. 33). Not including very young children is a missed opportunity to evolve their capacities as social actors through the interactions and the subsequent feedback loops of reflexivity (Stoecklin, 2013, p. 455).

Perception of ability as a determining factor of engaging children’s voices is problematic and needs challenging, because as Stafford (2017, p. 601) illustrates, such attitudes permit the exclusion of children who have developmental needs and disability—thus silencing their voices and making them potentially more vulnerable. When the most vulnerable children are excluded, this not only disadvantages children through their exclusion but also reduces an organization’s ability to make change and introduces new harm (Carnevale et al., 2015, p. 520; Ey, 2016, p. 39; Fargas-Malet
et al., 2010, p. 176). How can these children’s voice be heard if they are not being appropriately consulted or included?

While the majority of practitioners believe in the importance of hearing children’s voices in family support services and believe their practice to be child-inclusive, the survey findings point to a gap between respondents’ intent and their reported level of children’s actual participation. The complex interplay of underlying barriers, even with positive attitudes and appropriate tools, is identified as reducing the potential for behavioural change (Bijleveld et al. 2019, p. 6). Identified in the literature is that to authentically and meaningfully empower children’s voices, good practice begins first with considering and clarifying the way children and childhood are conceptualized (Christensen & James, 2017, p. 4).

Determining their own normative perspectives of children as ‘paternalistic’, ‘protective’ or ‘emancipatory’ (Hanson, as cited in Stockelin, 2013, p. 444) requires willingness, focus, time and commitment of practitioners to examine beliefs and attitudes. This self-reflection will help to ensure that vulnerability constructions do not do further harm by suppressing voice. Understanding how their personhood shapes their own and their client’s roles, critical practitioners may explicitly explore how utilization of their power, in antioppressive ways, may empower children’s voices (Morley, Macfarlane, & Ablett, 2014, pp. 245, 204), However, the combination of the service model and pressures may be suppressing the need for practitioners to challenge themselves on how they may inhibit or enhance children’s voices. While further exploration of this issue is being undertaken, preliminary discussion follows.

5.2 Service context

The purpose of these family support services is to benefit the children within those families; however, the extent of children’s participation in these interventions is not well known. This research has identified that children’s voices are also being disempowered in the face of the parental focus and service pressures relating to financial and system priorities. Theme one, the construction of children, may therefore be seen as linked to the construction of the service context and the resulting impact of paternalism and adult-centrism due to a focus on the parents.

5.3 The parental focus

The organization is seeking greater understanding of how to better facilitate children’s voices where the ‘family’ is the focus of service. This research confirms that children’s rights to participation are being denied when they are not specifically and explicitly addressed within the family structure. Findings indicate that from a service purpose, focus, structure, tools, outputs and outcomes, ‘family’ is practically applied as the ‘parent’ within the organization. There is an operating framework of purpose that improving parenting is ultimately to benefit the children. Practitioner’s views were consistent pertaining to the great need or vulnerability in the parents drawing the services towards themselves. They significantly discussed the time required to establish relationship and rapport in the face of fear and distrust. The finding of parent’s reluctance in supporting children’s inclusion supports the literature relating to adults in children’s lives acting as gatekeepers. This gatekeeping is then enabled, and the possibility of judgmental biases in staff perceptions goes unchallenged due to the overwhelming parental focus.

These factors practically reinforce a powerful inevitability of parental pre-eminence and consequential absence of children’s voice. Further exploration is required of how deep is the awareness that the complexities of the service structure acts to further disempower children in the parent’s journey.

5.4 Service pressures

As advised in the literature, to purposefully increase children’s participation, service considerations of effort and resources will be required, with further work needed to examine programmatic issues (Walsh et al., 2013, p. 75). Time constraints were seen as a service pressure issue. A number of specific pressure points were raised including case-loads being impacted by travel time; duplication of paper and online processes; volume of work, for example, the number of children in families not considered; an often mismatch of working schedules and children’s timetables and a lack of clarity on the extent of children’s participation in relation to Child Safety’s activities. The challenge is that these pressures may lead to children experiencing oppressive professional practice (Morley et al., 2014, p. 203). Neo-liberal and managerialist policies continue to impact community organizations. This includes securing competitive funding and managerial concerns of performance and output measurement (Healy, 2014, p. 49). Reforms in statutory child protection systems have increased procedural requirements (Bastian, 2019, p. 7). Neo-liberalism increasingly has seen the rise of inequality (Coburn, 2015) and reduced welfare resources (Bowles, Collingridge, Curry, & Valentine, 2006, p. 218), with the managerialist model failing to cater to the nuances of community services (Bowles et al., 2006, p. 38). Just raising expectations of children’s increased participation, without ensuring and reviewing effective resources, cultures, structures, practices, tools and review systems, will pressure staff. A focus on relational practice is required in the face of these forces (Ruch et al., 2017, p. 1022).

Tools and methods were identified as another pressure area. Children need to have appropriate means to express themselves (Griffin, Lahman, & Opitz, 2016, p. 23). The literature has identified multiple ways and mixed approaches to facilitate full expression of children’s meanings (Alderson & Morrow, 2011, p. 1; Bessell, 2013; Ey, 2016; Harris & Manatakis, 2013, p. 12). While respondents pointed to some well used methods, there is a lack of clarity on the extent and consistency with which tools are currently used. That is, to not only capture and understand children’s voices but also to report and to build into a family’s goals and focus for action.
Therefore, on their own, and without being included in a holistic approach, unexamined utilization of tools may not adequately facilitate participation of children. This is particularly the case with the fundamental issue of appropriate methods aligned to children’s age and abilities.

6 | CONCLUSION

This study has identified that organizational focus and staff practice are predominantly child-focused (about the child) but is not child-inclusive (with the child). The majority of practitioners identified that children are not actually involved in decision-making processes despite the majority believing that children should be involved in family support decision making. The study’s contribution to understanding this gap is the barriers of practitioner perceptions of children’s vulnerability, coupled with the service context relating to organizational service pressures and the ‘parent equals family’ focus. The premise of this research project is that empowering a child’s voice is beneficial to the child and foundational to their participation and other rights being achieved. However, the research found that there is a lack of clarity of purpose that children’s inclusion is for facilitating their participation in family life and in decisions that affect them—big and small. This includes their preferences being listened to and considered and their learning from discussing the reasons behind decisions.

DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy and ethical restriction.

FUNDING INFORMATION

No funding was received for preparing and undertaking this research study.

ETHICS STATEMENT

Approval was obtained from two Human Research Ethics Committees. Approval Numbers: Queensland University of Technology—1800000887, Non-Government Organization, Stafford 23018.

CONSENT

Invitees to the research were advised in the Participant Information Sheet and in the survey preamble that they consent to the research by undertaking the online survey.

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CONFLICT OF INTEREST

Nil. While Dr Leggatt-Cook is employed by the host organization, she did not have access to the data and was not involved in analysis and interpretation stages.

AUTHOR CONTRIBUTIONS

Jo-anne Harkin prepared and developed the study, collected data, undertook analysis and interpretation and is the primary author. Dr Lisa Stafford significantly assisted with preparation, analysis, interpretation and authoring and also critically revised for important intellectual content. Dr Chez Leggatt-Cook significantly assisted with conception and design of programme of research and methods, authoring and facilitated organizational commitment.

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