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Empowering looked after children

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Empowering Looked After Children

Abstract

Children's rights include the right to participation in decisions made about them. For looked after children, this right is enshrined in the Children Act, 1989. This article reports the results of a study of children's views about their experience of being looked after and the degree of power they felt they had to influence decision making. Their main areas of criticism were frequent changes of social worker, lack of an effective voice at reviews, lack of confidentiality and, linked to this, lack of a confidante. The findings are discussed in relation to recent policy changes. Specifically, the Looked After Children documentation and the Quality Protects Initiative by setting out uniform objectives and performance criteria seem to restrict the freedom of local authority management and of social workers to respond to individual children's preferences or to give weight to what the children themselves consider to be in their best interest.

Keywords: looked after children, children's rights, empowerment.

Introduction

The idea of children having rights independently of the adults around them is a relatively new concept of the past century. Industrialisation and urbanisation led to greater legislative control of their lives: in relation to work, education, health, and care. Measures to improve their lot were not motivated just by philanthropy but by concerns about the threat they posed to society as delinquents and vagrants and how they would fulfil their future roles as adults, workers and soldiers (Aries, 1962; Parton, 1987).

Changing images of childhood led to their being increasingly seen as having *rights* – to survival, protection and development (Archard, 1993; Hodgson, 1999). However, a common theme in all this early legislation was that children were seen as passive recipients, to be 'seen but not heard'. There was no thought that their opinions and wishes might be worth knowing. They did not participate in decision making about their own fate. The right to participation is a more recent development that is still only at the early stages of being implemented. It is asserted in Article 12 of the 1989 UN Convention on the Rights of the Child:

> 1. State parties shall assure to the child who is capable of forming his or her own views the right to express these views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
>
> 2. For this purpose, the child shall in particular be provided opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

In England, this right is enshrined in the Children Act 1989. In hearing children's cases, courts not only have to make the child's welfare paramount but also must have

regard to ‘the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding)’. Children looked after by a local authority have similar rights to have their views ascertained and taken into consideration when decisions about them are being made.

The study reported in this article was commissioned by a local authority wanting to make some initial investigations of the views of children in their care. It was considered that children might be inhibited if approached by staff from the local authority itself so an independent researcher was employed. The findings of this study are reported before discussing the problems of responding constructively to the children’s criticisms and wishes. The sample size is small so no claims are made to representativeness. Related research on children will be cited where relevant but, like this research, studies have mainly been qualitative and so give little indication of the prevalence of the opinions reported. However, whether these children are idiosyncratic or representative, their views matter and, in considering how we can acknowledge them, they raise questions about the impact of recent changes in child care social work on children. In particular, the rise of managerialism and a consequent decrease in professionalism seems to limit the power of social workers to respond to children’s individual preferences. The Department of Health’s well intentioned efforts to improve the quality of care for looked after children may, paradoxically, be creating obstacles to their empowerment.

Methodology

The study aimed to ascertain from children their views on being looked after and the degree of power they felt they had to influence decisions made about them.

A total of fifteen looked after children were interviewed. Social workers were asked to identify children who met the criteria of being aged between ten and seventeen and having been in care for at least two years (so that they had substantial experience of being looked after). The children were given a letter from the researcher explaining the purpose of the study and asking if they were willing to be interviewed. If they said yes, then their details were passed to the researcher to make direct contact with them. It was stressed that anything they said would be confidential and would not be reported in any way that allowed them to be identified. The researcher did not have access to their records and relied only on their own reports, so that their opinions are presented free from any influence from professional perceptions and interpretations of their lives.

This method of finding a sample clearly carries the risk of some bias in the way that social workers chose which children to approach. They might, for instance, have selected children whom they felt would not be too critical of Social Services, or those who would be most articulate. The method was chosen, however, because confidentiality prevented the researcher being given names and addresses without the children's permission. It is not clear how many children were approached and refused though evidence from the team managers suggests that this was very low. Of those who initially said they would participate, two dropped out when it came to arranging an interview, leaving a total sample of fifteen. This comprised:

Gender: Girls: 7 Boys: 8

Age:

10 years	1
14 years	4
15 years	4
16 years	3
17 years	3

Length of time in care (based on children's account):

2 years	3
3 years	3
4 years	3
5 years	3
7 years	1
13 years	2

Ethnicity: (there was considerable variation in the degree of detail the children chose to give about their ethnicity so the data is in very basic categories):

Black 7

White 8

Type of care: only two were in residential care, the remainder in foster care.

Children were given a general overview of the aim of the research but the interviews were then conducted in a mainly unstructured way. They were told that the researcher wanted to hear their views on how much they are told about what is happening to

them, whether they feel their point of view is listened to, and whether they feel they are involved in decisions made about their lives. Some issues were covered by all interviewees, in some instances because they spontaneously arose and in some because the researcher introduced them. Unstructured interviews have the disadvantage that they do not all deal with the same topics so their contents cannot be so easily collated (Robson, 1993, p.229). However, they carry the advantage of allowing the child, rather than researcher, to decide what issues are important to a looked after child and therefore give a more vivid picture of the world as they experience it.

The unstructured approach was also chosen for ethical reasons. Research involving children creates particular moral dilemmas in that they are typically less powerful than the adult researcher (Thomas and O'Kane,1998). In this instance, there are also reasons for concern about the nature of their consent to participate. Although they were asked if they wanted to take part, the relative power positions of themselves and their social workers may well have led them to feel that they had little choice (the apparently low refusal rate would support this). The unstructured interview was chosen in that it gave them maximum control over the research process and ensured that each child talked only of those topics that mattered to them and could avoid personal issues they did not want to discuss with a stranger.

Brief notes were taken while interviewing the children and more detailed records made immediately afterwards.

Findings

Because of the promise of confidentiality, care has been taken in reporting the findings to ensure that no individual can be identified.

The importance of the social worker

All mentioned the importance of the social worker in their lives. The social worker was seen as very powerful and, when the relationship worked well, as a very strong ally. They were able to list all the social workers they had had. One described the qualities needed in a social worker as:

> *Someone who can talk to children, get to know them, take them out, and phone regularly so they keep in touch with what is happening.*

Most could remember at least one social worker with whom they had got on particularly well and who had made them feel well cared for and supported.

> *'She would sort out anything that was bothering me'.*

The biggest complaint about social workers (from eight children) was the high turnover and the subsequent disruption for them. They had all kept an exact tally of how many they had had and some of the figures seemed unusually high, e.g. two reported having had six different social workers in the past two years. One of these said he had not even been informed of one change and had discovered it by chance.

> *'It makes you feel neglected, when they keep changing'.*

> *'What's the point of getting to know your new social worker when she will probably be gone soon?'*

Social workers were also criticised for their reliability in everyday matters such as keeping appointments on time or holding reviews on time. Children interpreted this

carelessness as a sign of their low priority in the social worker's life. One young person, reporting on the failure to hold her reviews regularly, was very angry but also felt helpless to alter matters.

Comments on the quality of social work support are likely to be biased towards those who had a complaint to make since those who had a more positive and unproblematic experience were less likely to dwell on the issue in depth. However, Butler and Williamson's research bears out both the approving and critical opinions. They report that many children are seeking a 'more emotional, empathic level of interaction' but that the experience for many is, in contrast, an 'almost technical, allegedly 'robotic' nature of professional interventions in children's lives'(1994, p.84).

In relation to continuity, research and the Department of Health (1996) have highlighted the importance of continuity of placement, rather than of social worker. However, placement changes were only criticised strongly by one young person in this study. He had had a particularly turbulent career in care; he identified his worst period as one week end when he had had three different placements. The other children who talked of placement changes had some understanding of why they had been necessary and, in some cases, desirable. They, therefore, seemed to feel the change had been less imposed on them than changes of social worker.

Participation in reviews

There was a range of views on the usefulness of reviews. For some, particularly those in stable placements, they were unproblematic and fairly pleasant experiences - evidence of the good care being taken of them by the carers and social workers.

> *'The reviews take place at home and my social worker talks to me beforehand about what I want discussed and then introduces me to everyone'.*

For others, however, they were occasions when they felt powerless and frustrated. There were complaints that any plans made were not implemented, that their wishes were over-ruled with no explanation given, that their concerns were not addressed, or:

'They say they'll talk about it at the next review but they never do.'

Three respondents made comments of the form that they were allowed to influence trivial decisions about themselves but professionals would not let them get involved in the big issues – the ones that really mattered to them, such as where they lived or how often they visited their birth mother.

Complaints about reviews were much more common from older children who were wanting more autonomy and influence so, in many respects, they echo criticisms that many teenagers might make of their birth families.

The extent to which children actually participate in their reviews or understand what is going on has been questioned by other research (Stein and Ellis, 1983; Gardner, 1985; Hodgson, 1988; Grimshaw and Sinclair, 1997; Shaw, 1998; Walker, 1999). They have little say in who is invited to the review and can be unclear about people's roles or the purpose of the review. Only 57% of Shaw's sample of 2073 could state with confidence that they had a care plan (Shaw, 1998, p.30). Most report that the purpose of the meeting is to talk about, rather than to, them (Walker, 1999).

Contact with birth family

A major source of conflict with social workers was the amount of contact allowed with the birth family, particularly with the mother. Most of the children raised the subject. Two reported having stable and satisfactory contact but the rest were dissatisfied with both the amount of contact and their involvement in deciding how much contact there should be. One girl was worried that her mother, who had depression, might commit suicide if she was not allowed sufficient contact. At the same time, she was scared that the social worker might end contact altogether although she could give no clear reason why this might happen. The issue was clearly causing her considerable distress.

Another young person was mystified as to why he was only allowed to phone his mother at set times though he would like to feel she was in reach at any time.

Looked after children's desire to see more of their birth families was also reported in Shaw's study where only 51% of her sample were seeing their family as much as they would like. For children aged 8-11, the figure was even lower at 37% (Shaw, 1998, p.31).

It was clear from their discussions that their birth mother was still a vivid and central character in their lives even when, as in two cases, she was mainly a source of distress. For the rest, comments about the birth mother indicated many positive aspects to the relationship mixed with an awareness of her difficulties or shortcomings. For instance, one spoke of her mother being a heroin addict and showed some compassion for her inability to give up. The importance of the birth mother seemed true regardless of the child's length of time in care, the reasons they gave for their admission to care, or their satisfaction with their placement.

A few were clearly very sensitive to the way their birth mothers were treated by professionals and concerned that she might feel uncomfortable and therefore be deterred from attending reviews and staying involved in their lives.

> *'She [his mother] used to feel uncomfortable at the reviews because the social workers weren't nice to her so she stopped coming.'*

The importance of an advocate

Despite its being standard practice to remind all looked after children of the complaints system at each review, only one of the children said that she knew about the complaints system. She was reluctant to use it, despite having serious concerns, about her care, because she believed it would take a long time and she needed action now. The rest were asked but denied having heard of it. This lack of knowledge suggests that the information given to them at reviews is not fully understood. Shaw (1998, p.68) reports that 33% of her sample did not know of the complaints procedure, and suggests that it is perhaps too complex or formal a system to be easily understood by children. However, it may be that it seems irrelevant to them. When

asked what they would do if they wanted to complain, the children in this study said they would approach an adult to act as an advocate for them. All but one of the children could readily identify to whom they would turn to in that sort of situation. Many went on to give examples of how they had been helped. The adult identified as an advocate ranged from a birth relative, e.g. an older sibling, to the foster carer, a teacher, or the social worker. The variety of people who were identified as being helpful suggests that it is a personal matter and the person significant to the child may not be the one the system would identify as their official supporter.

These findings are more positive than those of Butler and Williamson (1994) who report a greater degree of loss of confidence in all professionals and reluctance to turn to them for help.

Confidentiality

One major difference between corporate parenting and ordinary families is the number of people involved in a child's care. It is essential to share information for good planning and care but, from the child's point of view, this can seem very intrusive. Again, the problem reflects the normal processes of growing up. Teenagers develop autonomy and increasing privacy as part of maturation but, for a child in care, it is difficult to achieve that same sense of privacy. Several of the older teenagers complained of the lack of confidentiality and, hence, a reluctance to share their thoughts and feelings because it would all get written down in their file and read by strangers.

> *'I felt really let down because I thought I had been talking to her privately but I saw she had written it all down in the file for anyone to read. I wouldn't have said anything to her if I had known she was going to do that'*

Another described how embarrassed she had been when she realised that it was widely known that she had started taking the contraceptive pill.

One teenager who was receiving counselling said that this was very helpful:

> *'She has told me what kinds of things she would pass on to my social worker so I know the rest of it will be kept secret.'*

Another praised her psychiatrist for offering a secure and confidential relationship.

The Action and Assessment records, which some of the young people had started to complete, were singled out for criticism in asking so much personal information which the young people were unsure how it was going to be used and who would have access to it.

Butler and Williamson's research also highlighted the importance and perceived lack of confidentiality to children: 'there is a pervasive feeling amongst children and young people that even a commitment to confidentiality is, too often, a 'false promise' and that information divulged will then be 'spread around' without the consent of the individual concerned' (1994, p.78).

Anti-discriminatory practice:

Only one young person spoke explicitly of his experience of racism. He was a seventeen year old black man who complained that he was continually stopped and questioned by the police and that white women looked fearful and crossed the road to avoid him. Since he had no record of crime or violence, he felt this was completely unfair and due to racism. He seemed to have low self-esteem and his description of his career in care conveyed the impression that he had felt that he was treated by professionals as a problem rather than a valuable person.

One young black man, living with an elder sibling, had been offered re-housing in a notorious local estate with major racial, drug and crime problems. His sister felt angry that the Social Services should consider placing them there where she would have a much harder task in keeping him out of trouble.

For others, the issue of ethnicity was raised in relation to their desired contact with their birth family and the knowledge this gave them about their identity and their culture. Very few were of white English ethnicity.

The Social Services had apparently made considerable effort to place children in same race placements and, when this was commented on, it was always in an approving way.

Discussion

This is only a small sample so the responses cannot be taken as representative of the views of looked after children in general. However, it is possible to examine the issues they raised and discuss the challenges they pose to professionals endeavouring to listen to their voices whether or not they are typical.

The relationship between empowerment and development

'The evolving capacities of the child' is a basic principle of children's rights, endorsing the view that it is reasonable that children are informed and guided and gradually take over more responsibility in matters concerning them. For children in our society, becoming able to take responsibility for themselves is a crucial stage of development. Therefore, for looked after children, helping to empower them is not just an ethical requirement but, equally, a developmental task.

The criticisms the children in this study made about feeling little or no power have to be seen in a developmental context. From the age of around twelve, children develop an ability for more abstract thinking and hence more complex decision making (Flekkoy and Kaufman, 1997, p.122). It is not surprising that most of the criticisms came from teenagers while those aged 10-12 were much happier with their low level of empowerment.

Adolescence is not a major problem period for most teenagers (Rutter, 1990) but those who are looked after are a particularly vulnerable group who need extra help to accomplish the developmental tasks effectively (Packman and Hall, 1995). Rutter's

(1990) research emphasises the importance of empowerment: children with positive feelings of self-esteem, mastery and control can more easily manage stressful experiences.

It is difficult for parents who have known the child from birth to handle the process of empowerment, and even more difficult for social workers and carers to manage. It requires a close understanding of the child's level of development and involves a series of micro decisions and small shifts of boundaries so that children gradually test out their skills and increase their power.

It also requires the courage to take risks and let the child have more freedom and make decisions that you might not necessarily agree with. Making mistakes (if they do indeed turn out to be mistakes) is an essential part of learning for most people and a child who has been sheltered from the usual mishaps of teenage years is not well prepared for adult life. However, in the current defensive atmosphere of social work, it must be hard for social workers to make risky decisions. The temptation may often be to play safe but this is an obstacle to handing over responsibility to teenagers. Balancing the need to respect children's need for protection from decisions beyond their competence with their need to develop their decision making skills is a complex task.

The complaints of the children in this study are corroborated by other research that has shown that looked after children have less opportunity than average to participate in decisions or take risks (Page and Clark, 1977, Social Services Inspectorate, 1985, Berridge, 1985). Social workers, mistakenly, seem to see acquisition of the necessary life skills for autonomous living as something that could be compressed into the last few months of a care career (Dept. of Health, 1996, p.19).

Shemmings' (2000) and Trinder's (1997) research both reveal a worrying tendency for professionals to see children's development as a dichotomy rather than a continuum. They are 'classified as either subjects or objects, competent or incompetent, reliable or unreliable, harmed by decision making or harmed by exclusion, wanting to participate or not wanting to participate (Trinder, 1997, p.301). This is at odds with the developmental perspective of a gradual acquisition of

competence and perhaps explains the frustrations reported in this study of feeling excluded. It raises serious concerns about how major a change is needed for professionals to help children with the slow, maturational process of increasing power and autonomy.

The best interest of the child

One objection to the principle of rights for children is that children do not need them because adults, particularly parents, have their best interests at heart. This optimistic belief is expressed in the first draft of the Department of Health framework for the assessment of children in need: 'parents invariably want to do their best for their children' (1999, p.12). However, history can show numerous, horrific examples of parents who have clearly not wanted to do their best for their children but have seriously abused them, or who have put their own interests first and neglected the child's needs. Similarly, we cannot assume that all professionals are beyond criticism in their work with vulnerable children and will always act in their best interest. Indeed, the system recognises this and incorporates many features designed to place checks on professionals' actions.

Acting in the child's best interest is not just a question of good intention but also of knowledge: what is in the best interest of the child in a particular circumstance?

The Department of Health has made considerable effort to improve social workers' knowledge of child development. Yet this is far from sufficient to allow us to make confident judgements about the long term effects of different options. Herbert (1997, p.88) points out the range of conflicting theories about development and the paucity of empirical evidence. As Flekkoy and Kaufman contend:

> In spite of an increasing body of knowledge about child development, family dynamics and societal impacts on the family as well as the child, the effects of much of what is done for and to children is more or less guess-work' (1997, p.46)

When one considers the depressing evidence on outcomes for looked after children in adult life, humility about our ability to know what is in the child's best interest seems the appropriate emotion.

For children living in their birth family, the norm is for them to take increasing power and responsibility in determining what is in their best interest as they mature. Family styles vary greatly and there is no standard pace at which this happens. For the looked after child, progression appears problematic. To some degree, the Department of Health LAC system of documentation, with its emphasis on standardisation and specified goals, reduces the space for children to contribute to determining what is in their best interest and what outcomes they themselves want to achieve.

In this study, the issue of contact with the birth family was one that led to major disputes with professionals about what was in the child's best interests. For some of the children, it may have been their own relatives rather than the professionals that were limiting contact but, if so, this did not appear to have been shared with them. For many, it may be that increased contact would, as they believe, be beneficial. Biehal et al's research (1995) found that the birth family remained very important to looked after children and contact was valuable in helping children develop their identity. Contact was also very valuable at the point of leaving care where a low level of birth family contact was related to little or no support. The study found that substitute carers did not provide an alternative long term support system for the vast majority of care leavers.

In limiting contact, professionals may well have good intentions and, perhaps, be aiming to protect the children from distress but, in parenting, the balance has to be

continually re-negotiated between protecting a child and letting them learn to take risky decisions and to think for themselves.

Confidentiality

The criticisms of lack of confidentiality raise complex practice issues. Sharing information about a looked after child is seen as essential for good assessment and planning to meet their needs. However, privacy is important and tends to become more so as a child reaches adolescence.

The UN convention gives children a right to personal privacy:
Article 16:

1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour or reputation.
2. The child has the right to the protection of the law against such interference or attacks.

As Flekkoy and Kaufman (1997, p.39) point out: 'the way in which privacy is defined and exercised will vary according to culture and situation'.

Information privacy is perhaps the key issue for looked after children. It has become particularly acute because of the introduction of the LAC system of documentation. This is intended to improve the quality of care by encouraging better information gathering, assessment, planning and reviewing. It could be argued that the most sensitive information, about the private world of the child, can only be obtained by asking the child and that, by answering, they have given permission for it to be known by others. However, in reality, a looked after child may feel considerable pressure to answer any questions posed by adult professionals, fearing that refusal to co-operate may be interpreted in a negative way.

The conflict about confidentiality and good information gathering is acknowledged in the planned Department of Health (2000) changes to the Action and Assessment Records. It is proposed to add the paragraph:

> Some of the information requested by this form is sensitive. Children and young people may be reluctant to share and record it if they are uncertain how it is to be used. It is important to ensure that children and young people understand why this information is being asked for; they need to know that whilst the intention is not to make copies of this form, there might be occasions where the local authority is requested to make the information available to other professionals. Although confidentiality will be respected as far as possible, it cannot always be guaranteed.

This seems to fall far short of offering security to the child. The grounds for breaking confidentiality are expressed in such vague terms that it is hard to think of an occasion when they could not be used. Moreover, there is no recognition that the child might have sound reasons for disagreeing with what information is needed about them. There is a strong assumption that the professionals know best about what information is required to understand and help the child.

Research has shown the importance of a mentor to looked after children:

> Unqualified love may not be a realistic expectation for anyone other than a parent, but ensuring that the young person has an adult who listens to what they say, is dependable and available, and prepared to support them no matter what they have done, should be a possibility … To have an adult to confide in and discuss emotions and problems with is particularly important during adolescence because this is a period full of opportunity and risk (Dept. of Health, 1996, p.26).

The need for such a confidante was eloquently expressed by children in this study but they clearly linked 'confiding' to 'confidentiality' – to having an individual, not a team, whom they could trust.

Whether accurate or not, the views of children in this study and in Butler and Williamson's are that there are very lax standards of confidentiality in the child care system. Butler and Williamson report that children want *absolute* confidentiality and that, if the professional wants to consult others for advice, this should either be done anonymously or with the child's permission (1994, p.91). Professionals may feel that some information has to be shared with others to protect the child's welfare. However, this benefit has to be weighed against the *cost* of losing children's willingness to confide because there is no guarantee of privacy.

The quality of service to looked after children

One set of criticisms from the children can be grouped as complaints about the quality of the service they were receiving. One striking feature of these is that the children were stressing the importance, to them, of the quality of their relationships. The high turnover of social work staff, for instance, was a problem in that it harmed their ability to develop a good relationship.

Resource issues are bound to place some constraints on the quality of service but, within a fixed budget, managers have to decide on priorities. The children's views on what matters to them might be one way of determining how the budget is spent. However, current government policy, despite its advocacy of children's rights, is introducing the Quality Protects Initiative which sets out the performance indicators by which local authorities will be assessed. These, for the most part, focus on the easily measurable, quantitative aspects of service – the number of placement changes, for example. This is in contrast to the children's concerns with qualitative issues which are much harder to measure. The quantitative measures are, of course, meant to be indirect markers of quality. The number of placement changes is a rough indicator of whether the child has been offered the opportunity to form stable attachments.

The implications of the Quality Protects Initiative are two-fold. They restrict local authorities ability to determine priorities for resources for themselves and so limit their ability to respond to the views of children. They also, by concentrating on quantitative measures, may change the nature of practice in ways contrary to the wishes of children – and probably of most practitioners. For social workers with heavy caseloads, the pressure to meet the performance indicators by, for example, completing the LAC documentation, may reduce the time they are able to give to the more intangible aspects of their job such as spending time with a looked after child and building up a good relationship.

A review of research by the Department of Health suggests that social workers are, indeed, giving less priority to the relationship skills valued by children:

> To develop a relationship of trust and work on behavioural and emotional problems, was once a major aim of much social work practice with teenagers. However, the current studies suggest that priorities in social services departments have shifted and now focus more on providing immediate material support at the expense of tackling fundamental needs (Dept. of Health, 1996, p.26).

On this issue, the children in this study may have shown a better understanding of what is in their best interest that current policy makers.

Conclusion

The concept of children's rights, including their right to participation, is one that few professionals in child care would contest. However, empowering looked after children to have a greater say in decisions made about them is a complex task. It is necessary not only to gradually increase the degree of power a child has but also to help them learn how to use that power responsibly. It is as much an issue of parenting as ethics.

This study corroborates other studies in finding that children are able and willing to articulate their views on their role in decision making. Although many of the responses were critical of their experiences, none of the children seemed irrational or even unduly optimistic about what they wanted. The areas of criticism, however, illustrate some of the difficulties that will be encountered if children are given a greater say.

Essentially, adding another voice to the decision making process adds another potential dissident. There are already a number of adults involved at the level of direct contact with the child – birth family, professionals and carers. Local authority management and, increasingly, the Department of Health are also major shapers of the options that can be discussed. To empower a child to make their voice heard in this context is a daunting task, more complicated than that facing the child growing up in the birth family without professional surveillance.

The problem is: who has the power to listen to the child's voice? The social worker may be willing and anxious to empower the child yet themselves feel restricted in the autonomy they have. Management will be setting out objectives and priorities that they are under pressure to meet. If a sixteen year old says he thinks the Action and Assessment Record is intrusive and unhelpful and he would prefer to spend the time talking to his social worker instead of completing it (as one young person in this study did), the social worker would face the dilemma of listening to the child or to the manager.

Recent changes in child care social work are all having the effect of limiting the social worker's autonomy and imposing a standardised system. While there is strong evidence of the need to improve the quality of care (Triseliotis *et al*, 1995), an unintended consequence of standardisation is that it limits freedom to respond to the child's wishes and opinions and embodies an assumption that professionals know best about what the child needs. Empowerment, however, is a developmental task that the child needs to accomplish to reach mature adulthood. There is a danger that, in trying to ensure maximum care for a looked after child, professionals may, inadvertently, overprotect them from one of the crucial stages of maturation.

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