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THE IMPLICATIONS OF HOW SOCIAL WORKERS
CONCEPTUALISE CHILDHOOD, FOR DEVELOPING
CHILD-DIRECTED PRACTICE

AN ACTION RESEARCH STUDY IN ICELAND

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A thesis submitted in partial fulfilment of the requirements for the degree of
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DECLARATION

This thesis is my own work and has not been submitted for a degree at another university.

Material from the thesis has been used in papers to the following conferences:

FORSA (Nordic Societies for Social Work Research) Conference, Aarhus, Denmark, 2008

Paper and PowerPoint presentation, *Participation in action research: supporting progressive practice with children and young people* based on material in Chapters VI, VII and VIII. Available online <http://www.konference2008.forsa.dk/>

The Fifth Nordic Congress on Child Abuse and Neglect, Reykjavík, Iceland, 2008

Paper and PowerPoint presentation, *Conceptualising childhood in social work: An action research study in Iceland* based on material in Chapters VI and VII.

23rd Nordic Sociological Conference, Turku/Abo, Finland, 2006

Paper and PowerPoint presentation, *The minority report: Children as consultants in social work research* based on material in Chapters II, III, IV and V.

FORSA Conference, Helsinki, Finland, 2006

Paper and PowerPoint presentation, *Social Workers constructing childhoods: A study of social workers' perspectives and the implications for children* based on material in Chapters I, II and V.

ABSTRACT

This thesis explores the ways in which social workers conceptualise childhood, and the significance of those conceptualisations in the development of child-directed practice. The research described in the thesis was primarily carried out in Iceland working directly with Icelandic social work practitioners. The methodology adopted used an action research approach in which young people, who had interacted with social services, were engaged as research consultants. The thesis evaluates such an approach paying particular attention to the approach as a method for generating new knowledge, and its usefulness for the development of social work practice.

The concept of child-directed practice brings together theoretical debates within the sociology of childhood with practical insights from the action based research findings to develop an approach to social work practice that is directed by children in their interests and by principles of social justice and equality. A constructionist grounded theory perspective was taken in the data gathering and analysis.

The action research approach involved three key elements. First, the conceptualisations of childhood of the social work practitioners, and how this affected their practice, were ascertained through qualitative semi-structured interviews and group discussions. Secondly, the young people, acting as a group, were engaged to ascertain their views on how they would like to see social workers treat them. Their knowledge and perspectives were central to the data gathering and intervention with practitioners. Thus, in the third and final element, social work practitioners attempted to develop their practice so that it became more child-directed. Changes in their conceptualisations of children caused shifts in power and control, making their working relationships with children more reciprocal and equal. Evaluation of the action based research approach showed that it can act as a catalyst to changes in social work practice that are beneficial to children.

CHAPTER I

Introduction

I. Overview

This thesis explores the ways in which social workers conceptualise childhood and the significance of this for developing child-directed practice. Existing research has highlighted the importance of social workers' attitudes towards childhood in influencing the development of their practice (Mayall, 1994; Cloke and Davies, 1995; Trinder, 1997; Adams and Welsby, 1998; Roche, 1999; Sandbæk, 1999; Thomas and O'Kane, 1999a; Shemmings, 2000). This thesis builds on this research in three key ways. First, it examines in detail the nature and significance of social work practitioners' conceptualisations of childhood, for developing more child-directed practice; exploring how these conceptualisations may be linked to theoretical frameworks and discourses, and produced and reproduced in the context of social work organisational roles and settings. Secondly, the thesis embodies an action research methodology to encourage practitioners to incorporate the findings on the benefits of a more child-directed approach into an agenda for practice development. Thirdly, consistent with a focus on developing child-directed practice, the thesis evaluates the potential of an action research approach, informed by young people as consultants, for contributing to this. This research acknowledged both the capacity of practitioners to shape their professional intervention and the capacity of young people to collaborate in research into services that affect their lives. A key concern was to develop and evaluate a participative methodology with both groups.

The choice of Iceland as a site for the research facilitated exploration of the issues the thesis addresses because Nordic understandings and approaches to children and childhood have made significant contributions to international debates. These highlight the tensions in policy, perceptions of childhood and practice (Brembrek et al., 2004). Thus, although Eydal and Satka suggest that ‘Nordic welfare policies for children, with their particular universal constructions of childhood, are not as well developed and stable as many Nordic people and experts of childhood want to believe’ (Eydal and Satka, 2006, p.317), nevertheless, Iceland, among other Nordic countries is recognised as taking a lead in recognising children’s autonomy and promoting their individual rights (Brembeck et al., 2004).

2. Exploring the concept of child-directed practice

A crucial focus throughout this thesis is the exploration and development of the concept of child-directed practice. This concept was developed from previous research and refined through analysis of data in this study; the aim was to bring together theoretical debates with practical insights in order to develop a concept that promotes social work practice directed by children in their interests and by principles of social justice and equality.

Researchers have developed a range of concepts to support social work practice in promoting children’s interests. These include child-focused, child-centred, and participatory practice. These concepts are sometimes used interchangeably and sometimes viewed as a progression; they have all been debated in the literature, but remain difficult to define and translate into practice. Child-focused practice can be distinguished as where the child’s situation is the main concern for the social worker (Kristinsdóttir, 1991, 2004; Aldgate and Statham, 2001; Nybom, 2005). The concept of

child-centred practice includes a more progressive feature: undertaking direct work with children to ascertain their wishes and feelings (Department of Health, 2000). However, Taylor (2004) has criticised child-centred approaches for employing a ‘deficit model’ of childhood development that views children as lacking reason and understanding, and needing to be protected from difficult situations and decisions. From this perspective, the level of children’s participation afforded to them depends on assumptions about their vulnerability and inferior competence, which tends to exclude children in spite of their ability to have their say (Thomas, 2000; Christensen and Prout, 2002). The concept of participatory practice has been discussed as an element or manifestation of child-centredness in planning for children, and adds an emphasis on children’s involvement in decision-making (Voice for the Child in Care, 2004). Child liberationists in the UK and Nordic countries have employed concepts of children’s rights and ‘children as citizens’ to promote children’s inclusion in decision-making at individual and societal levels (Archard, 1993; James and James, 2004). However, depending on adults’ attitudes towards children’s participation, while in theory this opens up opportunities to affect agendas, influence decisions and bring about change, in practice it tends to result in tokenism (Arnstein, 1969; Hart, 1992; Cashmore, 2002).

The concept of child-directed practice also emphasises children’s rights to be heard directly and included in decision-making, but it goes further in a number of important ways. Above all, child-directed practice involves a shift in power relations towards greater equality between practitioners and children in how practice is conceptualised and carried out. The way that children are conceptualised by practitioners is seen as pivotal to the power relations that follow between practitioners and children (Mayall, 2002; Sinclair, 2004; McLeod, 2007). To develop more child-

directed practice, recognising children as having the knowledge, strengths and ability to be actively involved in defining their situations and contributing to decision-making, is significant in moving away from ascribing passive, subordinate roles that are against children's interests (Smith, Taylor and Tapp, 2003). Moreover, in child-directed practice, the child is viewed as working alongside adults in a more equal position, assisting practitioners in the direction of practice, and drawing from their own experience. This promotes more equal sharing of knowledge and power with children in setting the agenda and making decisions (Bell, 2002; Burke and Dalrymple, 2002; McLeod, 2007).

The focus on fostering more egalitarian power relations in child-directed practice is congruent with the imperatives of anti-oppressive practice more generally. Parallels are drawn between addressing children's subordination with that associated with race, gender, and disability; this highlights the profound effect of oppressive value judgements and the impact of unequal power on relationships with children. It also raises awareness of multiple dimensions of oppression experienced by children, for example, generational disadvantage intersecting with racism. Consistent with a strengths perspective (Mullender et al., 2002), it is nevertheless crucial that adult conceptualisations of children experiencing multifaceted oppression also focus positively on children's capacities and their resilience in coping with adverse experiences; together with an understanding of how adverse power relations between children and institutions, in the wider context, affect their lives (Thomas and O'Kane, 1999b; Graham, 2007).

3. Defining terms: ‘child’ and ‘young person’

Understanding and use of the terms ‘child’ and ‘young person’ are not self-evident. There are theoretical, legal and institutional differences in the conceptualisation and use of these terms or categories (Archard, 1993; Mayall, 2002; Stainton-Rogers, 2003). Furthermore, there are sub-divisions of the concept of childhood with different terms used to describe the different ages of individuals in this category, for example, baby, toddler, child, and adolescent. This section explains the use of different terms in context within this thesis.

Icelandic child protection legislation and the law on legal competence define a child to be an individual under the age of 18 years (Child Protection Act, 2002; Act on Legal Competence, 1997). The terms child or children will therefore be used in the thesis when referring in general terms to an individual or individuals under the age of eighteen. These terms will also be used when referring to kinship, for example, mother’s child. Exceptionally, when legal or institutional terms differentiate children on the basis of age or stage, such as adolescent or youth, arise, these will be noted as such.

However, when referring to actual individuals, the preferences of those individuals need to be taken into account. Mayall (2002) notes from her discussions with ‘young people’ that they offered many definitions of ‘child’ and often distinguished between the stages as introduced above, i.e. baby, toddler, child and teenager. Mayall used the term ‘young people’, therefore, when referring to respondents in her findings, in order to indicate that they would not necessarily locate themselves within the category ‘child’. Kirby (2004) also uses the term ‘young people’, respecting the preferences of those involved in her research. I will, therefore, also use

this term to refer to the consultants in this study and when referring to the young people that practitioners talked about in their interviews.

4. Rationale

Social workers across a number of countries work with children who are experiencing a range of problems and worries in their lives from concerns about school and family, to severe emotional and physical abuse and neglect (Sandbæk, 1999; Featherstone and Evans, 2004). Previous research with children indicates that children see social workers as powerful and say how important their relationship with a social worker can be in helping them with their problems (Morris, 2003a; Munro, 2001). At the same time, children identify significant concerns about the nature of power relations between themselves and social workers. These concerns include how social workers have the power: to decide how their situation is defined and described (Munro, 2001; Bell, 2002); to decide how information about them is recorded in files and in reports without their knowledge (Munro, 2001); to determine how much information and choice they have about services (Kristinsdóttir, 2004); and to determine how much control they have over what happens to them (Butler and Williamson, 1994; Thomas, 2000; Bell, 2002; Featherstone and Evans 2004; Kristinsdóttir, 2004).

Whilst the importance of children's wishes and feelings has become increasingly accepted over the last fifteen years, research findings in Denmark (Egelund, 1996), Australia (Scott, 1998), Finland (Kähkönen, 1999), and England (Holland, 2001) indicate that it is not routine to ask children's opinions. Relevant studies of social work practice in Iceland are few, but reports from earlier research on professional practice, and more recently on perspectives of young people who have been in foster care,

indicate that children have experienced social workers as distant and untrustworthy, and failing to consult them on their wishes (Kristinsdóttir, 1991, 2004; Jónsdóttir, 1993). Research on how children are portrayed in assessment reports in England suggests that social workers are unsure of how much weight to attach to children's views and have difficulty presenting their views in an unbiased way. They tend to present the views through a developmental 'gaze', in that children's behaviour is understood through the workers' knowledge of developmental stages and charts, rather than on the basis of discussions with the child (Holland, 2001).

In international literature children's rights to express their views and influence decisions that affect them are often discussed in relation to their competence to exercise these rights. Adults hold different opinions about this and act differently in their interactions with children, depending on whether they view children as rational, resourceful and having minds of their own, or irrational, incapable of acting on the world, and malleable. Hence, David Archard (1993, p.68) contends, when he is considering children's competence:

'It is pertinent that how we think of children will affect how we act towards them and how we act will tend to confirm our thinking.'

This quotation, together with existing research, inspired the author to develop an action research study to explore this circular pattern of thought and action with social workers. There are few international studies published in English of social workers' conceptualisations of childhood and how these affect their working relationships with children, either from within the sociology of childhood or in the social work research literature. Referring to the Nordic countries, Icelandic and Finnish researchers, Eydal and Satka (2006) argue that 'in most cases the profession's contribution to the

construction of childhood through daily practices is less obvious and still invisible in the literature.’ The ombudsperson in Iceland reported to the United Nations Committee in 2003, ‘No research has been done here in Iceland on the weight of the child’s view in the decision-making process where their interests are at stake ... Children generally feel that their opinion does not matter at all’ (Líndal, 2003). This thesis makes a contribution to filling this gap and to making social workers’ conceptualisations of children and childhood more obvious and visible.

5. Cross-cultural research: challenges and opportunities

This section explains why Iceland was chosen as the site for the research and introduces the challenges and opportunities that this choice presented in exploring the research questions. My personal background includes over twenty years experience as a social worker and manager in local authority social services in England, until a move to Iceland in 2001. Here, I began to compare my observations of parent and child interactions in the local community with my previous experience in England, and to look into how social work was practised in Iceland. These informal comparisons led to the opportunity to develop a formal research proposal and obtain funding to carry out the research in Iceland.

The cross-cultural context opened up an important research opportunity, but also raised some particular challenges. These challenges included gaining a good understanding of the Icelandic context and conducting collaborative research with limited skills in the Icelandic language. These were handled in a number of ways that were all facilitated by the bilingual skills of academics, managers, practitioners, and young people in Iceland. Research relationships and understanding of the context were built through discussions with academic colleagues, in particular with the

Icelandic academic who was to become the research consultant¹, and with key people in social services departments. During the fieldwork, communications with practitioners were conducted in English, and work with the young people as consultants was conducted in both Icelandic and English. The emphasis on self-selection and collaboration helped to ensure that participants were willing to take part on this basis. Potential difficulties and possible limitations still remained in exploring the research questions, but these also forced me to take particular care in reaching a shared understanding of context, ideas and concepts.

As well as presenting particular challenges, the cross-cultural context also presented potential benefits that are well documented in the comparative research literature. Bringing together experiences and ideas from two different cultures can lead to fresh and exciting insights and deeper understanding (Hantrais and Steen, 1996). This can be linked to my 'insider/outsider' status. As an experienced social worker, I shared many common experiences through work in child welfare and child protection in the UK, and used that experience to explore similarities and differences in ideas, approaches and context. Introducing these discussions in interviews and workshops encouraged a deeper reflection on practice, and my efforts to understand practitioners' accounts of their experiences encouraged them to describe it in more concrete terms (Fook, 2002a).

In terms of its value-base, social work research and practice has to take account of specific challenges and problems in the local context, but also be aware of common problems internationally. The international definition of social work, adopted by the

¹ Professor Guðrún Kristinsdóttir from the University of Iceland acted as research consultant to the fieldwork. As an experienced social work practitioner, manager, academic and researcher, Guðrún provided advice and helped to facilitate access at all stages of the fieldwork. She also co-facilitated the group work with the young people.

International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW), provided an overarching ethical framework for undertaking this cross-cultural social work research. The framework emphasises common principles as characteristic of action research, namely, promotion of social change in the interests of those most affected and in the interests of social justice:

‘The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.’ (IFSW and IASSW, 2004).

6. Icelandic socio-political and organisational context

Preliminary discussions held by the author with senior managers in Reykjavík—the capital city of Iceland with the largest social services department—indicated that their strategic aims and current activities to increase service user involvement in social work service delivery were consistent with the aims of this research. Senior practitioners also described their difficulties in working with children disadvantaged by such factors as poverty, gender, disability and neglect, and their dilemmas in knowing how to act in the child’s best interests and promote the child’s right to self-determination. This congruence between the research aims and the practice context presented a good opportunity to study the complexities of changing ideas and practices with children, in a setting where these had been highlighted as a priority for change.

The Icelandic context is rarely discussed in the international literature. Some description and comparison is essential, therefore, to understand the ways in which the Icelandic context has its specific characteristics but also reflects common problems faced

internationally. Iceland is a modern Nordic² welfare state; in the welfare literature the Nordic countries are categorised as employing the Social Democratic or the Scandinavian welfare model. The main features of this model are extensive welfare provision and strong egalitarian aims driven and supported by strong social democratic politics (Esping-Anderson, 1990). However, along with Finland, Iceland is often identified as having distinctively different features to the Nordic model (Eydal and Satka, 2006). Iceland is the most sparsely populated country in Europe. Almost four-fifths of the country is uninhabited, the population of about 313,000 being confined to the coastal areas, with over half the population concentrated in the south west, forming a conurbation around the capital city of Reykjavík (Statistics Iceland, 2007).

Linguistically, Icelandic is a North Germanic language but differs from Swedish, Danish and Norwegian which are mutually comprehensible. In terms of welfare provision, whilst the Icelandic state has modelled its health, education and welfare provision closely on the Scandinavian model, the provision of services and benefits, especially in family policy measures, has been more limited (Eydal and Ólafsson, 2003). Two main reasons have been identified in the research literature to explain this. One is the political aim to restrict public expenditure and support the self-help and work ethic in an economy with low unemployment (Ólafsson, 2003). The second is the assumption in Icelandic child care policies that care for children is more of a private matter for parents than is assumed by the other Nordic countries' policies (Eydal and Ólafsson, 2003).

² Geographically, the Nordic countries or Norden (as used later) are Scandinavia (Denmark, Norway and Sweden) plus Finland and Iceland.

Practising child care social work in the Icelandic context

The combination of these political aims and assumptions, together with a drive towards cost-saving in the context of a demographic profile in which under fifteen-year-olds are proportionally a much larger group in Iceland (21%) compared to the other Nordic countries (Statistics Iceland, 2008), has resulted in a significantly lower expenditure on services and benefits for families with children (Eydal and Ólafsson, 2003). The burden of this restriction on public expenditure falls on those who are structurally the most disadvantaged in the capitalist economy: single parents, especially women; disabled people and/or those experiencing long term illness; and of course, children (Save the Children, 2002). Although the percentage of births to mothers under twenty-years-old in Iceland has declined significantly in recent years (from 15.3% in 1977 to 6.3% of all live births in 1998), the birth rate to young women is still much higher than in the other Nordic countries (Statistics Iceland, 1999; Bender et al., 2004). Combined with high rates of single mothers (26%) and lower expenditure on services the relative youth of mothers in Iceland means that children are particularly vulnerable if extended family support breaks down (Kristjánsson, 2006). Njál's (2002) work on poverty in Iceland indicated that 10% of children were living in poverty, this being defined as living on an income level below the minimum standard set by the State to cover the cost of living. This compared favourably with the UK child poverty level of about 30% (HM Treasury, 2008). However, Njál highlighted the impact on children, emphasising that living in poverty means that they cannot participate in the activities that are accepted and expected by Icelandic people, leading some to feel a sense of hopelessness, and to become either depressed or rebellious.

The role of non-governmental organisations (NGOs) is important in welfare provision in Iceland (Ólafsson, 2003). Save the Children collated information from NGOs to provide a supplementary report to the United Nations Committee on the Rights of the Child in 2002 and this not only provides a good critical summary of the issues facing Icelandic children and families but also highlights the relative importance attached to different social issues (Save the Children, 2002). Despite restrictive approaches to the sale of alcohol (alcohol is only on sale at State licensed stores to those over twenty years old) and a five year Drug free Iceland programme 1997-2002, based on zero tolerance for illegal drugs and restriction of use of tobacco and alcohol, problems of drug and alcohol abuse were increasing. The report concluded that this is probably the most serious problem facing young people in Iceland (Save the Children, 2002; Public Health Institute Iceland, 2007).

Save the Children also highlighted concerns about disabled children and those with long term illness, and developmental or behavioural problems. Compared with the UK, and as highlighted by the United Nations Commission on the Rights of the Child (United Nations, 2003), there is a lack of data about children's welfare in Iceland. However, two NGO's working for disabled children and children with long-term illnesses provided figures for the Save the Children report, which indicate similar growing concerns about the increase and treatment of developmental and behavioural problems as identified in the UK (James and James, 2004). These indicated that, in 1997, 310 children per 10,000 were recognised by the Social Security Institute as being in need of special care due to disability. Of these children, 120 per 10,000 were identified as having developmental or behavioural problems. A study by the Icelandic Red Cross identified that the growing number of children defined as having

developmental and/or behavioural problems were particularly vulnerable to discrimination in school and in the community. If they were not recognised as disabled, few additional resources were provided and parents received insufficient support. This is thought to be contributing to an increase in the number of children diagnosed with conditions such as Attention Deficit Disorder since the diagnosis is a means of gaining access to resources (Save the Children, 2002).

Concerns about the impact of racism on children's life chances are much more recent in Iceland than in the UK. Statistics on ethnic origin are not available in Iceland; the official statistics record figures in terms of nationality and country of origin. Until recently, Iceland had a homogenous population in terms of ethnic origin. It is only in the last decade that the number of people from other countries of origin has increased significantly, from 2.1% of the total population in 1998 to 6.5% in 2008 (Statistics Iceland, 2008). This increase has had a significant impact, particularly in Reykjavík. Lefever (2005) reported that in 2004, 630 pre-school children spoke 52 different languages as their first language. Reports indicate that children of minority ethnic backgrounds are failing in school and addressing the impact of racism has become a greater priority for practitioners (Ministry of Education, Science and Culture, 2002; Parliamentary Resolution, 2007).

There have also been increasing reports to the child protection committees of serious concerns about children's welfare (Icelandic Child Welfare Council, 2007); increasing risk to children through the internet (Ministry of Justice and Ecclesiastical Affairs, 2006); concerns about the frequency of accidents to children (Public Health Institute, 2007); and also concerns about infringements of children's rights to privacy and lack of representation in proceedings affecting them (Save the Children, 2002).

The main point is that whilst the emphasis on particular social problems may differ, Icelandic children face similar problems to children in other European, Australian and North American societies. Icelandic social workers also face a range of complex problems with limited resources to provide help. This supports the argument for wider relevance of an Icelandic based study (Freysteinsdóttir, 2005; Save the Children, 2002).

Organisational context

Child protection is more broadly defined in Iceland than in England and Wales. The objective of the Child Protection Act (2002, Section 1, Article 2) is ‘to ensure that children who are living in unacceptable circumstances or children who place their health and development at risk receive the necessary help.’ Child protection, therefore, includes not only children who are at risk of being harmed by others, but also children whose own behaviour is thought to be placing their health and development at risk. Child protection committees play a significant role in decision-making in child protection. These committees should not be confused with the former Area Child Protection Committees in England³. In Iceland, the committees comprise five members elected from the public because they are of ‘known probity’ and have a good understanding of, or are specialised in, matters regarding children (Child Protection Act, 2002, Article 11, Section III). The committees have extensive decision-making powers in overseeing the investigation of concerns raised about children in their area, and deciding what measures, if any, shall be taken (Child Protection Act, 2002). This indicates that selected members of the local community have stronger representation and involvement in decision-making in child protection of than their equivalents in the UK.

³ Area Child Protection Committees were replaced by Local Safeguarding Children Boards in the Children Act 2004.

Local Authorities are responsible for providing local social services and for work with children and families on child protection concerns. The organisational structure varies depending on the size of the district. The uneven distribution of the population in Iceland produces a stark contrast in organisation and provision of services between the heavily populated south west and the rest of the country. For example, in the smallest authorities there are no social services departments, only a social service director who is responsible for implementing social services in the district (Hrafnadóttir, 2005). In Reykjavík, on the other hand, services are provided in specialised departments, and the city has a city-wide specialist child protection team, as well as a State run assessment centre and specialist services for disabled children and children who have been sexually abused.

The title of social worker is legally protected and to qualify as a social worker in Iceland it is necessary to complete a three year undergraduate degree and then a two year masters degree provided only at the University of Iceland, or to obtain the equivalent academic and professional qualifications elsewhere. The degree structure changed in 2005 from a four year undergraduate degree programme that had been provided since 1981. Prior to that Icelanders went abroad, often to another Nordic country but also to the US, Canada and Australia to train. As is partly evident from the academic requirements, the professional status of social work is high in Iceland, however not all practitioners doing social work are qualified, especially in the rural areas where it is difficult to attract staff (Júlíusdóttir, 2000; Júlíusdóttir, 2006).

Parallels between Icelandic and international contexts

The most distinctive contrast between Icelandic society and many other societies, is its particularly small size and relative homogeneity. However, even on

these dimensions Icelandic practitioners face similar changes to practitioners in the rest of the world as increasing adversity and inequalities pose new challenges to their understanding and practice (Montgomery et al., 2003). In response to these changes, there has been a similar modernising agenda to the UK and other parts of Europe (Cree, 2002). A nationwide trend that parallels developments in the UK is the reorganisation of services into multi-agency service centres including: social services, psychological services, education and leisure (Gísladóttir, 2002). The other trend that reflects international concerns is the increasing commitment towards involving service users in the development of services. However, these changes also involve meeting the challenge of establishing structural arrangements for involving younger service users without creating rigid and unresponsive processes that increase demands on practitioners (Parton et al., 1997; Jones, 2001; Hrafnadóttir, 2005).

As indicated above, Icelandic society was, until recently, relatively homogenous. Policy makers and practitioners have begun to understand the situation of children from different ethnic minority groups in Iceland and consider how best to address the negative impact of racism on their experiences and opportunities (Ministry of Education, Science and Culture, 2002; Lefever, 2005). However, the terminology of the debates in social work practice on these issues differs between Iceland and, for example, the UK. In the UK these debates have been conducted in terms of anti-oppressive practice. In Iceland, factors such as gender, sexuality, disability, poverty and age are discussed in terms of equality of opportunity and social justice. The international definition of social work, discussed above, does provide a common ethical and value-base for consideration of these issues (Eydal and Satka, 2006; Eydal and Ólafsson, 2003; Ólafsson, 2003). The difference in terminology though, needs to be

borne in mind in reading this thesis, especially in the discussions of the findings in Chapters VI, VII and VIII.

7. Research aims and questions

The quotation from Archard earlier in this chapter (see p.6) suggests that a self-fulfilling prophecy may be operating in the way adults think and act towards children. Prout and James (1997, p.23) argue that there is a dominant theoretical framework of childhood based mainly on theories of socialisation and cognitive development that blocks or silences other constructions of childhood. Social workers are noted by Prout and James as an example of experts dependent on this dominant framework for justifying their actions to themselves and others. Furthermore, these authors argue that these dominant theoretical positions are interlocked with institutional practices to produce a framework so tightly drawn that breaching it may prove difficult. The research was designed to break into this vicious circle by exploring what practitioners said they did in everyday practice, and probing, challenging and assisting them to take forward the processes of thinking and acting involved.

Taking this as the starting point, the research aimed:

- . To explore social workers' conceptualisations of childhood and the implications for child-directed practice;
- . To develop an action research approach informed by young people as consultants, that would create a reflective space for social workers to participate in developing more child-directed practice;

- . To evaluate the potential of an action research approach, informed by young people as consultants, for generating new knowledge and incorporating findings into an agenda for child-directed practice development.

To address these aims the following research questions were devised:

- . How do Icelandic social workers conceptualise childhood?
 - . . . What theoretical frameworks do they employ?
 - . . . What current discourses do they draw upon?
- . What approaches, associated with how they conceptualise childhood, do they take in their practice?
- . What is the significance of organisational and legal frameworks for how Icelandic social workers shape their practice?
- . In what ways do Icelandic social workers consider their practice is child-directed?
- . To what extent can an action based research approach, informed by young people as consultants, contribute to practitioners developing a more child-directed approach to practice?

8. Theoretical framework

Theoretically, this research drew in part on international childhood studies and the sociology of childhood. These studies view childhood as a social construction and regard children as social actors (Qvortrup et al., 1994; Corsaro, 1997; James and Prout, 1997; James et al., 1998). As such they shift the dominant view of children from passive recipients of social work services to persons who can be partners in negotiating solutions. Thus, from a social work practice perspective, children are recognised as having the capacity to understand complex issues, and to have insights into their own

welfare needs. From the research perspective embedded in this thesis, children were involved as collaborators who can communicate their own experiences and can give reasoned opinions.

This redefined view of children was based on a critical examination of how the experience of childhood is constructed both in discourse and by social forces. Social power and social agencies can shape relationships between adults and children, and allow childhood to be viewed as a relational concept (Qvortrup et al., 1994). In other words, childhood is seen as existing in relation to adulthood and can be defined as ‘that which lacks the capacities, skills and powers of adulthood’ (Archard, 1993, p.30). This focus on generation as a site of inequality helps us explore the reality of children’s experiences from children’s standpoint and also how generation shapes practices in families, schools and welfare institutions and the ways of thinking of adults within these institutions (Alanen and Mayall, 2001).

From this starting point of the concept of generational disadvantage as a key to understanding the oppression of children as a group, it also becomes possible to appreciate complex interactions with other forms of oppression including gender, race, and disability (Pringle, 1998; Robinson, 2001). For example, Cocks (2000) draws on Jenks’s (1996) work on the link between the condition of childhood and the exercise of adult power, to reconsider the provision of respite care specifically for disabled children. She highlights that this provision meets societal needs to maintain social order, by reinforcing the societal norm that those who are both children and disabled will live separate lives from others. This understanding of the interaction of generational disadvantage with other forms of oppression is essential for social workers who are working with children who may be experiencing child abuse in their families, but

whose lives are also made difficult by further factors such as unemployment, poverty, adult drug and alcohol abuse.

9. Methodological approach

In the context of its theoretical framework, this section outlines the methodological stance informing the thesis' fieldwork and establishes the coherence between the thesis aims, the research questions, the action research methodology and a constructionist approach to grounded theory informing the analysis. Finally, it considers the significance of cross-cultural research.

Methodological stance and the implications for practice

This was a study of social workers' conceptualisations of childhood and the implications for their practice. Its first aim was to explore the thinking behind practitioners' accounts of their practice. A qualitative research approach was chosen as this is considered to be preferable when informants' experiences and values are the focus of enquiry (Silverman, 2000; D'Cruz and Jones, 2004). Practitioners' experiences were accessed through individual accounts of their practice in interviews and through group discussions in workshops. These qualitative methods facilitated exploration of the practitioners' experiences and underlying values, by eliciting descriptions of their practice in concrete rather than abstract terms (Fook, 2002a).

A further aim of the research underwriting the thesis was to develop and evaluate an approach informed by young people as consultants and to involve practitioners as active research participants in developing their practice. Action research is a term that covers a variety of types and models of research, however, key features of the approach can be distilled which, in combination with the qualitative methods employed, made action research a particularly suitable methodology for the research

underpinning this thesis. First, action research involves those who are most affected by the problem focus in a change intervention that aims to achieve social change towards increased social justice (Alston and Bowles, 1998). This is consistent with the international value-base of social work research and practice and makes strong connections between the aims of social work, the production of knowledge through action research, and the more egalitarian power relations central to the concept of child-directed practice (Alanen 1994; Gilgun and Abrams, 2002; Mayall, 2002; IFSW and IASSW, 2004). Secondly, action research is problem-focused and context-specific (Hart and Bond, 1995; Stringer, 1996). This assists in developing knowledge that is closely connected to the problems of social work practice (Shaw and Ruckdeschel, 2002; Fook, 2002). Thirdly, action research involves a cyclic process in which reflection, action and evaluation are interlinked (Hart and Bond, 1995). This cyclical process combines well with constructionist grounded theory methods that enable the researcher to develop theory from the experience of practitioners (Fook, 2002a; Charmaz, 2006). Constructionist⁴ approaches to grounded theory reflect the assumption that practitioners' experiences can be best understood and interpreted through shared communication in collaborative relationships between researcher and participants (Charmaz, 2001; D'Cruz and Jones, 2004).

Involving practitioners as participants in action research

Practitioners were involved in the research as participants, engaging with the researcher's efforts to access their experience through interviews and workshops. Their

⁴ Charmaz uses the term constructivist. Not all authors distinguish between the terms constructivist and constructionist and I judge that she is using constructivist with the same meaning as constructionist because she writes, 'Constructivist grounded theorists assume that both data and analyses are social constructions ...' I use the terms constructionism and constructionist in order to be consistent.

talk and discussions with each other and the researcher about their practice with children provided the data for the research on their conceptualisations of childhood.

Ten social workers and two psychologists participated throughout the research. Two psychologists were included in the research because, as is commonplace in Iceland, they worked closely with social workers in the same teams, often undertaking work that was consistent in focus and method with social work practice. Eight of the social workers and the two psychologists worked in the capital city of Reykjavík; three of these, one psychologist and two social workers, specialised in child protection; five practitioners, one psychologist and four social workers, were based in local authority, multi-agency service centres across the city; and two practitioners managed local authority, community based, group work services for young people. The remaining two social workers worked in local authority fieldwork in the north of Iceland.

The circular process of reflection, planning, action and evaluation informing action research (Blaxter et al., 2001) was consistently implemented across the fieldwork (See Figure 1). At the heart of this study was an action intervention phase when practitioners were working on their individual action plans. Two sets of qualitative semi-structured interviews with practitioners, which provided rich descriptions of their practice, were conducted before and after the action intervention. Young people's perspectives from the consultation meetings were communicated to practitioners in a newsletter and discussed in the reflective workshops. These perspectives made critical

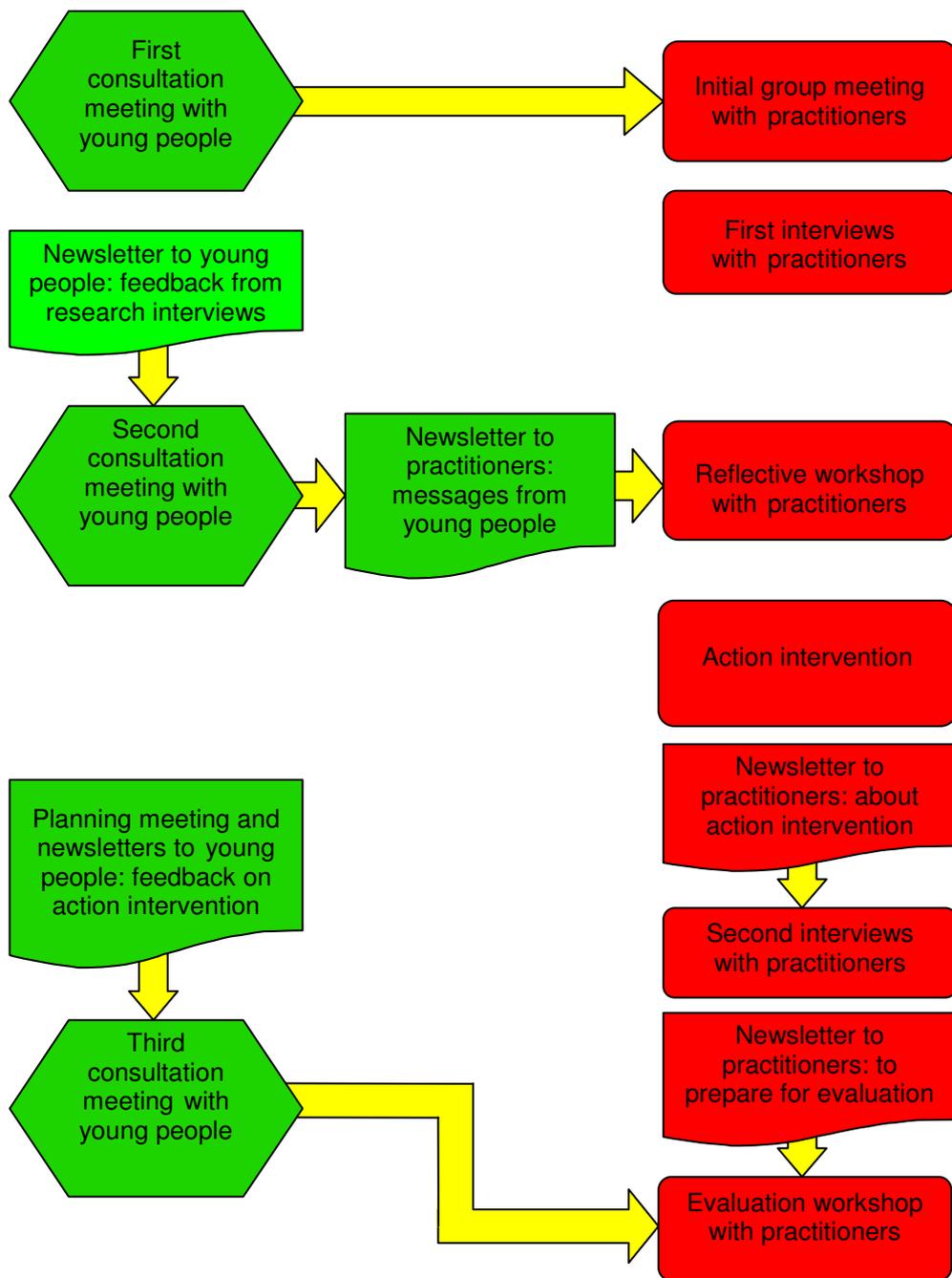


Figure 1: Action research process

points generated from a shared context of social work intervention, which helped to align the interests of practitioners and young people (Bradbury and Reason, 2003).

Involving young people as consultants in action research

To ensure coherence between the subject matter of the research, exploring the ways in which social workers conceptualise childhood, the significance of this for developing child-directed practice, and the research methodology, young people were involved as expert consultants on the research process. Ten young people in Reykjavík, with experience of contact with social workers, agreed to act as consultants.

Consultation meetings were scheduled so that young people could inform key phases of the research from developing the research questions, contributing to the framework for data analysis, through to the evaluation (Figure 1). These meetings were co-led by the author and Professor Guðrún Kristinsdóttir, and were conducted in a combination of Icelandic and English. All written communications with the young people were in Icelandic.

In addition to the meetings, newsletters were sent at important points to record the researcher's interpretation of the young people's advice, to keep them informed, and to give them the opportunity to challenge any misrepresentations of their work. The newsletters included feedback on the interviews and group meetings with practitioner participants. The young people's involvement over time meant that they had more opportunity to influence the research than through a 'one-off' consultation, and more choice about how they did this, but their position 'outside' the action research process afforded them some distance so that they could also maintain limits on their role as they wished (Smith, Monaghan and Broad, 2002). It is important to reiterate that these young people were not research subjects but consultants.

10. Structure of thesis

Following this introduction the thesis is divided into eight chapters. Chapters II, III and IV comprise a review of selected literature that provides the background to and justification for the research aims and questions concerning the significance of the conceptualisation of childhood for developing child-directed practice. The first part of Chapter II employs theorising from the sociology of childhood, to examine different conceptions of childhood that have had a major influence on social work theory, research and practice. In the second part of the chapter, current research relating to social work values and children is examined in detail. Chapter III presents a critique of the socio-legal and organisational context of social work in the light of conceptualisations of childhood discussed in Chapter II. Chapter IV focuses on social work practice with children and on research involving children and examines various concepts: child-centred, participatory, and child-directed practice and research. Chapter V sets out the methodology, explaining and accounting for the action research approach taken and the constructionist approach to the grounded theory employed. Chapters VI, VII, and VIII present the findings. Chapters VI and VII present practitioners' original views prior to the action research intervention. Chapter VI analyses the practitioners' accounts, and elucidates the conceptualisations of children and childhood that they were originally employing and the implications for child-directed practice. Chapter VII examines practitioners' original accounts of approaches to their practice with children and families, in the light of their conceptualisations of childhood explored in the previous chapter, and considers the extent to which these were child-directed. Chapter VIII examines the extent to which the action research

intervention, informed by young people as consultants, contributed to the development of child-directed practice. It draws on analysis of data from the follow-up interviews after the action research intervention. Chapter IX, in conclusion, draws the main findings together, evaluates the contribution of the research to the development of theory and practice concerning social workers' conceptualisation of childhood and the implications for developing more child-directed practice and makes suggestions for future research.

CHAPTER II

Conceptualising children and childhood: theory

I. Introduction

There is an extensive literature that lies behind the ideas and approaches adopted in this research. This chapter is the first of three which explores this literature. The aim is to provide a basis for relating the ideas and findings of this research with those of others. As already indicated, conceptualisations of children and childhood are contested (Lee, 2001; Prout, 2005). Theoretically, the thesis draws in part on international studies of childhood and sociology of childhood to examine social work research and practice, as well as the wider socio-legal context of social work. These studies consider childhood as a social construction and regard children as social actors (Qvortrup et al., 1994; Corsaro, 1997; James and Prout, 1997; James et al., 1998). This is important because different conceptions of childhood affect the way we conceptualise children and the way we behave towards them in professional practice. This chapter explores these contested conceptualisations in order to establish and advance the distinguishing features of child-directed practice and provide a rationale for the research questions.

The primary aim of this thesis is to explore social workers' conceptualisations of childhood and the resultant implications for developing more child-directed practice. It does so by using a social constructionist approach. An important point, highlighted by social constructionist studies of childhood, is that conceptualisations of childhood, developed in specific contexts and from particular standpoints have been elevated to universal *truths* and taken for granted as *reality*. These unchallenged *truths* mask

complexities and ambiguities (Jenks, 1996). Contrasting and powerful images of children and childhood have been woven into what sociologists of childhood call the *dominant framework* that conceptualises children as vulnerable, incomplete, malleable, irrational and lacking in self-control (Jenks, 1996; Lee, 2001). This *dominant framework* of knowledge about children and childhood was established principally by developmental psychology and socialisation theories (James and Prout, 1997). Professionals are said to employ these frameworks to justify their actions and a tightly drawn web of ‘truth-producing discourses’ is established that makes it difficult to view children as rational and entitled to have their say in welfare decisions (Alanen, 1994, pp.40-41).

This chapter is divided into two sections. The first examines the different conceptualisations of childhood that have had a major influence on social work theory, research and practice. It examines how academic disciplines associated with the scientific study of children’s development have produced a powerful account of childhood that portrays children as dependent, vulnerable, and incomplete (Corsaro, 1997; James and Prout, 1997; James, et al., 1998; Stainton Rogers, 2001). A contrasting account of childhood is then explored: first through a review of critical movements within psychology (Vygotsky, 1978; Burman, 1994); and then through sociological studies that focus on childhood as a structural concept, placing children’s agency at the centre of analysis (Qvortrup, 1994; Mayall, 2002). Moving on from this, the concept of generation is employed in a discussion of the complex interaction of different aspects of oppression and how these affect children. Finally, the writings of Nordic authors are examined in order to show how the analysis of conceptions of childhood applies in the Icelandic context.

In the second section, current research relating to social work values in work with children is examined. The section highlights the importance of professional attitudes towards children, for developing more child-directed practice approaches. In conclusion, it is argued that an exploration of practitioners' conceptualisations of children, grounded in accounts of their practice, is important in considering the conceptual shifts that might be required in achieving more child-directed social work practice.

2. Theorising childhood

This section examines the *dominant framework* which depicts children as incomplete and dependent, and views childhood as a stage during which children are carefully guided and contained in order to emerge as fully functioning and contributing adults. Critiques of this framework developed by social psychologists and sociologists of childhood assert that studying childhood in a more child-centred way can recognise children as:

‘active in the construction and determination of their own social lives, the lives of those around them and of the societies in which they live’.

(James and Prout, 1997, p.8).

Children as incomplete and dependent

Through studies in psychology (Piaget, 1950; Bowlby, 1969), education (Piaget, 1950) and sociology (Parsons, 1951), a dominant idea of childhood as a stage in development towards the complete status of adulthood has been established (Richards, 1974; James et al., 1998). Childhood came to be defined as ‘that which lacks the capacities, skills and powers of adulthood’ (Archard, 1993, p.30) and these ideas about children have been applied to educational, health and social welfare policies and practices affecting children (Woodhead and Montgomery, 2003).

Stainton Rogers (2001) argues that developmental theorising works against children's interests when used to concentrate on the knowledge and skills children lack, without realising that the lack is not necessarily intrinsic to childhood but due *to the balance of power in adults' favour*. This perception is crucial to the critique of developmental theorising, which portrays children as dependent, irrational, and incomplete, in contrast to adults who are portrayed as independent, rational and complete (Qvortrup et al., 1994; Corsaro, 1997; James and Prout, 1997; James et al., 1998). Furthermore, experts, including social workers, have to make decisions about individual children, and they often justify these with reference to accepted understandings of what children in general are said to need. This is where the use of the *dominant framework* reinforces power and authority over children and suppresses children's own accounts (James and Prout, 1997).

Discourses of childhood: children as innocent and dangerous

Another way of making sense of how children are portrayed is to examine the ways in which children and childhood have been positioned in apparently contradictory policy and practice discourses. *Discourse* is used here to mean a set of interconnected ideas held together by a particular view of the world and employed in making, maintaining and applying knowledge (Montgomery, 2003).

Two historical discourses of children have been especially powerful in influencing the way children are perceived and treated. According to one discourse, often labelled the *Romantic discourse of childhood*, children are inherently *good and innocent*; according to another, often referred to as the *Puritan discourse of childhood*, they are inherently *evil and sinful* (Jenks, 1996). Clearly these images of children are contradictory. Nevertheless, there is agreement among a number of authors that both

images continue to co-exist and influence contemporary policy orientations and practices towards children (Jenks, 1996; Stainton Rogers, 2001; Montgomery, 2003). Stainton Rogers (2001) argues that these historical discourses are represented in current terminology by the *discourse of control* and the *discourse of welfare*. The discourse of welfare is based on assumptions that children are entitled to a carefree childhood and that their inherent innocence should be prolonged for as long as possible through adult protection. If their innocence is corrupted by abuse, family breakdown or because their behaviour becomes violent and uncontrollable, then their childhood can be seen as lost (Kitzinger, 1997). The discourse of control is based on assumptions that children lack self-control and are potentially destructive so must be monitored and kept in check (Stainton Rogers, 2001; Montgomery, 2003).

Concerns about both protecting and controlling children have been carried through into legislation, policy and practice in welfare and education and seem to co-exist quite comfortably (Stainton Rogers, 2001). Professionals deploy and use both both discourses to support arguments about what is *best* for children and society. For example, when children are viewed as innocent they may be portrayed as victims deserving of sympathy and protection because they have been harmed through no fault of their own. However, knowledge and experience can be viewed as threatening the loss of innocence, which may lead to children being denied access to knowledge and power in ways that increase their vulnerability to abuse (Kitzinger, 1997). Images of children as evil can emerge in the way professionals portray children in referrals and reports so that they are viewed as *disordered* or *dangerous* children who present a threat to social order. Assigning children to *problematic* groups in this way not only disrespects them as individuals but also fails to take account of their situation and in doing so fails

to take account of issues of poverty, oppression and abuse that they are not responsible for (Donzelot, 1979; White, 1998; Stainton Rogers, 2001).

Children and childhood in late modernity

Sociological analysis of late modernity suggests that important technological and social changes in the latter part of the last century have created new possibilities for positioning children within the social structure (Wyness, 2006). Briefly, it has been argued that the spread of new technology, the expansion of corporate capitalism and the destabilisation of traditional conceptions of family roles, have increased uncertainty and risk but also created new choices and opportunities for work and lifestyle (Beck, 1992; Giddens, 1991; Lee, 2001). Collective influences on individual lives, including the state, community, patriarchy, and nuclear family, are said to have weakened (Beck, 1992), and challenges to scientific explanations of the world together with doubt about *expert* opinions have increased (Giddens, 1991). In this context, it could be argued that children are also freer to pursue their interests as consumers and negotiate their position in *democratised* family relationships (Beck 1998, p.65; Lee, 2001).

However, other factors operate to exclude children from these possibilities for action, as Beck (1992, p.18) argues that children remain ‘the last remaining irrevocable unexchangeable primary relationship’. Accordingly, children have become projects to be shaped, as adults try to find some stability within the new uncertainties. Thus, the modern projects of control and regulation of children still dominate policy and professional practice (Moss and Petrie, 2003). Nevertheless, new tensions have emerged between the control of children and ideas of self-realisation. The practices of control and regulation of childhood, supported by a view of adulthood as a state of independence and completion and childhood as a state of dependence and

vulnerability, now struggle with a strengthening view of children as having capacity for self-realisation and participation (Prout, 2000).

Children as social actors

Some psychologists have strengthened the view of children as social actors (Vygotsky, 1978; Burman, 1994). Equally, some sociologists have sought to replace images of children as dependent and incomplete with images of children as knowledgeable and active participants in social life (James and Prout, 1997). This has been achieved partly by drawing attention to childhood as a structural concept and placing children's agency at the centre of analysis (Qvortrup, 1994; Mayall, 2002). This section uses these understandings of children and childhood to draw out the possibilities of seeing children as full and competent members of society, but also to highlight that their status in relation to adults remains a subordinate one.

Critical views in psychology

There are critical views in psychology, both of the concept of stages in developmental theory, and of the underestimation of children's abilities stemming from Piaget's focus on individual development away from the context of children's everyday lives (Woodhead, 2003). Russian psychologist, Vygotsky focused attention on children's social development and stressed that this resulted from collective actions taking place in social and cultural contexts of their lives at a particular point in history (Vygotsky, 1978). The difference between Piaget's and Vygotsky's approaches to human development is best illustrated by comparing their view of children's self-directed speech. Both psychologists observed that young children tend to talk aloud, directing and instructing themselves when carrying out tasks. Piaget viewed self-directed speech as egocentric and treated this egocentrism as an inability to take account of others, which confirmed his view of young children as unsocialised

(Burman, 1994). Vygotsky, on the other hand, saw self-directed speech as a form of interpersonal communication, with the child addressing herself as another. This confirmed his view of children developing through interaction with others (Burman, 1994; Corsaro, 1997). Dunn's study, based on close observation of very young children in their home setting, also portrays the developing child quite differently from portrayals in conventional theories, such as Kohlberg's stage theory of moral development. In Kohlberg's (1968) scales of moral reasoning, three-year-old children were viewed as very immature, with little practical moral sense. In Dunn's accounts, children of three years are seen as close observers of events around them; they are learning to negotiate their own interests but also demonstrate practical moral sense and empathy (Dunn, 1988).

Sociological studies

Three main approaches to opposing the *dominant framework* within sociological studies are compared in this section: qualitative research with children as subjects; structural analysis; and standpoint. Each approach opposes the *dominant framework* but differs in the way that it recognises children as *human beings* in research (Lee, 2001).

Qualitative approaches

Within qualitative approaches opposed to the dominant framework, James and Prout (1997, p.8) argue that ethnography is particularly useful because, 'It allows children a more direct voice and participation in the production of sociological data than is usually possible through experimental or survey styles of research'. There are now many examples of ethnographic research that have focused on observing the daily life of small groups of children and listening to them as individuals (Corsaro, 1997; Christensen, 2004; Munford and Sanders, 2007). One strength of ethnography is that observation of children's daily life provides the potential for new meanings to emerge.

Thus, in Munford and Sanders' (2007) work with marginalised young women aged 13-15 years, behaviours that had been labelled socially disruptive from the perspective of the dominant framework were understood as the best choices the young women could make given the wider social challenges they faced.

Considering qualitative approaches more widely, very young children, disabled children and other marginalised groups, are contributing their perspectives and experiences to research findings through approaches that are informed by social pedagogical frameworks and participatory techniques (O'Kane, 2000; Clark and Statham, 2005; Petrie, 2007). These studies challenge assumptions that these children are not able, or not mature enough, to make their views known, and cannot be taken seriously because their perspectives are unreliable (Clark and Statham, 2005).

In summary, through qualitative research, the general child of the dominant framework is replaced with actual children whose experiences and views are taken seriously (Lee, 2001). The approach is, therefore, very strong in promoting children's agency. However, qualitative research approaches have been criticised for focusing on small groups of children and for being insufficient in taking account of the social forces that either promote or constrain children's agency (Qvortrup, 1997).

Structural approaches

In structural approaches, the general child of the dominant framework is replaced with a variety of different *childhoods* that are revealed as the variable *generation* interacts with other sociological variables such as ethnicity, socio-economic class, and gender (Qvortrup, 1997). Structural approaches emphasise the influence of these factors in shaping children's lives. At the same time, taking children as a social group and childhoods as social phenomena draws attention to specific children's interests as a group, distinct from family or adult interests (Mayall, 1996). In drawing attention to

childhood as a structural concept, these approaches also make it possible to compare childhoods internationally and interculturally (James and Prout, 1997).

Standpoint approaches

Standpoint approaches extend reasoning about women's standpoint⁵ in feminist theorising to children's position, and focus on the importance of who gets to produce knowledge and how that knowledge is viewed (Alanen, 1994; Mayall, 2002). The approaches draw on Smith's (1987) argument that the more powerful a person is, the less complete their understanding of the social world is likely to be. For example, feminist theorists developed a more complete account of the connections between work and private spheres by exploring women's own experiences (Smith, 1987). As more complete accounts of the connections became available, women recognised disconnections between their own experiences and expectations of the dominant culture. Similarly, Mayall (2002) argues that children recognise a disconnection between how they experience their lives and how adults interpret their experiences. Following a feminist approach, studies undertaken from a *child standpoint* focus on how children themselves understand their own experiences and explore how these experiences are shaped by generational processes at individual, group and societal levels. For example, in their talk about their daily lives, children give their perspectives on work at home and at school, on the care they give as well as the care they receive, and on their negotiations concerning authority and responsibility. Through their participation in research, children comment on social policies and conditions shaped by adults but currently affecting children (Mayall, 2002).

⁵ The use of the term *standpoint* is contentious because it suggests a unified view from a particular position (Mayall, 2002). In using this term I am not ignoring differences in standpoint associated with ethnicity, social class, disability and sexual orientation.

Child standpoint approaches have been criticised though. To begin with, feminist research has largely been conducted by women and with women, but childhood research is mainly conducted by adults. Whilst researchers do their best to reflect different points of view, there is little opportunity for children themselves to debate differences or challenge misrepresentations (Kellet et al., 2004). Generational theorising has also been criticised (Närvänen and Näsmen, 2004) for its particular usage and conceptualisations of generation, since this term refers to a number of different phenomena within social studies, including kinship relations, cohorts, and life phases. Furthermore, unlike individuals in other structural categories such as social class and gender, children do grow up and move into the social category of adulthood. However, these critiques do not seem to detract fundamentally from the positive contribution that *child standpoint* approaches make to the study of childhood.

Child standpoint approaches are particularly useful in exploring the significance of a power dimension in developing child-directed practice. It is important to recognise that children are generally in a relatively powerless position in relation to adults, and often have only limited choices. There is a *taken-for-granted* age based distribution of power that rests on a number of assumptions about the need for adults to protect, nurture, provide for, guide and control children, both in their own interests and in the interests of social stability in the present and future. As discussed earlier in this chapter these assumptions can be seen as produced and maintained by the *dominant framework*. Furthermore, the power and status imbalance is firmly with professionals who draw upon their professional expertise and institutional position to exercise *power over* children (James and Prout, 1997; James and James, 2004).

From feminist and *child standpoint* perspectives, however, an understanding of power relationships as created and sustained by everyday social practices and activities focuses attention on *how* power is used. The idea that anyone, whatever their social status or position, exercises some form of power facilitates recognition of resistance, the ability to find ways of undermining or countering control and domination by others (Fook, 2002b).

Alanen's use of the concept of agency refers to resources of power that children have to 'influence, organize, coordinate and control events taking place in their everyday world'. These resources are seen to constitute both 'possibilities and limitations of action' within 'the social organization of generational relations' (Alanen, 2001, p.21). This helps to explore children's interactions with adult practices in the family, in schools and welfare organisations, generating knowledge of how generational relations shape both the institutions and adults' ways of thinking of within these institutions (Alanen and Mayall, 2001). For example, by exploring with children their experiences at home and at school, Mayall compares children's positioning in the two places. She concludes that at home, socialisation is experienced as negotiation, but at school it is prescriptive. At home, adult authority is experienced in the context of relationships, but at school it is experienced according to institutional norms. Adult constructions also differ: at home children are seen as actors, but in school the dominant construction is one of child as project. Correspondingly, at home children see themselves as subjects but feel they are treated as objects at school (Mayall, 1994).

Generation and complex interactions of oppression

Starting with a concept of generation as a key to understanding oppression of children as a group, it is possible to appreciate complex interactions with other forms of

oppression (Pringle, 1998; Cocks, 2000; Robinson, 2001). The psychological theories of child development and sociological theories of socialisation have been questioned on the grounds that, as Eurocentric theoretical formulations, they are oppressive when applied to children with a different cultural heritage (Robinson, 2001). For disabled children, the idea of development is also oppressive as it implies that they will never be complete and capable of participating in the world (Cocks, 2000).

The tendency to pathologise black and Asian children by referring to deficit models of children and childhood with little understanding of the social context and experience of oppression is well documented (Robinson, 2001; Graham, 2007). The individualistic approach within child development theory (Woodhead, 1999) is particularly problematic for black and Asian children. This approach encourages and rewards self-reliance and achievement and tends to devalue collectivist values of loyalty to the group, tradition and cooperation (Woodhead, 1999; Robinson, 2001; Graham, 2007). Combined with structural factors in social institutions that create disparities in resources for these children, potential conflicts of values often lead to experiences of oppression. For example, Humphreys et al. (1999) found from their study of child protection work with Asian families in the UK that difficulties and shortcomings in interpreting services and placement options, together with a narrow focus on incidents of abuse, resulted in oppressive experiences for Asian children.

Despite pressures from black researchers, research agendas have been slow to develop appropriate methodological and theoretical frameworks for race research (Maniam et al., 2004). Although black children's experiences have received relatively little attention within sociology of childhood theorising, Graham (2007) argues for the potential of applying these theories to work with black children in public care.

Challenging the use of false universality and deficit models implicit in developmental psychology helps social workers develop a ‘strength-coping’ perspective in their work with black children (Robinson, 2001; Graham 2007). Participative research with children can focus attention on social barriers that perpetuate oppression. For example, Atkin et al., (2001) describe how they overcame their difficulties in communicating with young people with little spoken or sign language by using photographs, cards and drawings to discuss complex issues relating to ethnicity, deafness and gender. They concluded:

‘the narratives of young people informed our discussions with other family members and enabled researchers to recognise that the barriers faced by the young people lay in the inability of the wider society to recognise that difference and diversity is at the heart of the problems they face’ (2001, p.44).

As discussed earlier in the chapter, the dominant idea of childhood as a stage in development towards full functioning depicts children as incomplete and dependent. These ideas have their roots in biological and medical models and this also establishes what is considered normal, abnormal and deviant in childhood. Thus, developmental and medical views of childhood combine to pathologise disabled children, and indeed many other children who are perceived to deviate from the *norm*. Social models of disability, however, reframe problems of disability outside the child, and focus on social barriers that disabled children face in gaining recognition and inclusion in society (Morris, 1991). Studies within sociology of childhood theorising go further and recognise disabled children’s capacity to affect structural barriers they encounter. For example, Davis et al. (2000) discuss benefits of an ethnographic approach to understanding children’s experiences in a special school, showing how school and local

authority policies structured their day and even bodily care, but also how children negotiated some choices in their interactions with adults.

Cocks (2000) applies a concept of oppressive generational power to understanding experiences of childhood for disabled children, and challenges normative acceptance of separation from family and neighbourhood underlying the provision of respite care. Cocks argues that the provision of respite care for disabled children meets the needs of parents, but often means that disabled children are separated from their families, friends and community and experience patterns of care which would not be accepted for other children (Marchant, 2001; Cocks, 2000).

Cross-cultural context

This literature review has so far drawn on international studies of childhood. The focus now turns specifically to the writings of Nordic authors and examines how the analysis of conceptualisations of children and childhood applies in the Icelandic context. Most of the relevant literature available in English is focused on the Nordic countries generally, with only some reference to the specific context in Iceland. However, there seems to be general agreement that, ‘Culturally, historically and in terms of the legal system, Iceland belongs primarily to the group of Nordic countries’ (Kristinsdóttir, 1991, p.17; Eydal and Satka, 2006).

Brembeck et al. (2004, p.8) claim that, ‘the idea of a robust and competent Nordic child can be traced from the beginning and throughout history’. This conceptualisation of children is linked to Nordic ideals of equality and individual freedom that were rooted in Nordic peasant society and the Nordic Protestant Ethic. The authors acknowledge that it was also influenced by Rousseau’s romantic view of children as innately innocent and good, requiring therefore, freedom to be independent and progress as individuals. The Nordic child was a competent worker, contributing to

farming and household chores; but adult-child relationships were authoritarian and children were expected to do as they were told and keep out of adults' way (Brembeck et al., 2004). These expectations remained into the 1930s as indicated by Makkonen's (2004) interviews with older people born in Finland in the early part of the 20th century.

From the 1960s, however, Nordic countries witnessed similar effects from the expansion of scientific studies of childhood as the rest of Europe. Developmental psychology and socialisation theories united researchers; universal age-specific ideas influenced welfare provision, day-care and education. There was an increasing institutionalisation of day-care, a new structuring of activity in classrooms and a governing of time, space and body for children (Kampmann, 2004). The Icelandic and Finnish researchers, Eydal and Satka, note that in the development of welfare states in Nordic countries after 1945, children were considered an essential future investment for the state, moreover the primary site of childhood was the nuclear family working in cooperation with state controlled day-care and school provision (Eydal and Satka, 2006). Thus, from the 1990s, socialisation at day-care institutions was seen as normal and demands of economic efficiency, rationalisation, and quality control impacted on public welfare provision (Brembeck et al., 2004). In addition, Eydal and Satka (2006) argue that since the 1980s, the rationale and consensus behind Nordic welfare policies has been increasingly challenged by global pressures and new discourses of risk and uncertainty.

By the beginning of the 21st century, there had emerged particular expectations and worries attached to this idea of the robust and competent Nordic child. Brembeck et al. (2004, p.20) argue that the 'widespread presupposition of the child being

competent enough to interact with adults on equal terms, the child being able to take part in and negotiate the family's purchases, as well as putting up with a working day at school' was causing changes in relations between adults and children that were confusing and perhaps even alarming to adults. Teachers said they felt powerless to stop children disturbing their peers in the classroom, and felt uncertain how to respond when children were disrespectful towards adults. Concerns were growing that it was too much responsibility for children to make certain decisions, for example, who they should live with when parents separated.

It is only in the last few decades that Nordic countries have changed from being relatively homogenous in language and ethnicity to become much more multicultural and multilingual (Guðmundsdóttir, 2004; Lefever, 2005). This change has presented challenges in developing new knowledge and skills to respond to diversity (Eydal and Satka, 2006). For example, Gitz-Johansen takes the idea of the competent Nordic child and examines how teachers in Danish schools have produced a discourse of *bilingual children* which represents their conceptualisation of children who have a non-Danish family heritage, even though most were born in Denmark. His analysis of teachers' accounts indicated that these children were represented as *cultural others* in contrast to *Danish* children. Their ability to speak two languages was rarely seen as a resource, but rather as a problem both academically and socially. They were seen as lacking the linguistic, academic and social competencies necessary to do well in school. Culturally they were perceived to be in a gap between their home culture and Danish culture and this was also represented as a cause of incompetence. The author concludes that:

'the idea of the 'competent child' as it appears in school, is not a value-neutral description of children as such but it seems to include an inbuilt though largely unrecognised ethnocentrism, which may describe children in general as

competent but which also facilitates a stigmatisation of the children who do not fit into this ideal' (Gitz-Johansen, 2004, p.223).

3. Social work values and work with children

This section critically reviews research findings that have focused on social workers' values, attitudes and approaches to practice derived from conceptualisations of children and childhood. It refers to an international context, which is also of relevance to Iceland, and explores how perceptions of children have been considered in social work training and social work research. In so doing, it lays the groundwork for considering the implications of these perceptions of children for developing more child-directed practice.

As highlighted earlier in this chapter, sociologists of childhood have argued that experts, such as social workers, are often dependent on the *dominant* theoretical framework for justifying their actions to themselves and others (James and Prout, 1997). Alanen argues that professionals draw upon discourses to validate their thinking and their approaches, and suggests that this makes it difficult for alternative ways of thinking about children to impact on institutional realities:

'Because [of] notions such as socialisation — the institutional ways of thinking produce self conscious subjects (teachers, parents, care takers, children) who think and feel about themselves in terms of those ways of thinking. The 'truth' ... about themselves, their activities, situation, and relations with others is self-validating; and the more tightly the truth-producing discourses intersect and penetrate each other, the more difficult it is for alternative 'truths' about children and childhood to break into the contemporary institutional realities in which children live' (Alanen, 1994, pp.40-1).

This claim is examined below through a critical review of research studies that have focused on social work values in training practitioners and in social work practice with children.

Social work practice and training

Recent studies have explored understandings of children and childhood underpinning professional education for social workers. Luckock et al. (2007) surveyed 43 training courses (28 undergraduate and 15 post-graduate) in England and found that despite official concern to enhance social workers' communication skills with children, there was still no guarantee that any student will be taught such skills. Clare and Mevik (2008, p.28) interviewed 31 academics — twenty in Australia, teaching on generic social work degree programmes and eleven in Norway, teaching on specialised professional degree in social work with children and families programmes — and concluded that in both countries, 'equipping students to understand and work with children in their own right is a low priority'.

Clare and Mevik's findings indicated that Australian social work education was generalist and focused on abstract principles of social justice and critical analysis. However, these principles did not seem to be extended to work with children. The academics interviewed appeared to view children as existing through adults:

'Children don't exist in a vacuum; their lives are actualised through other people, parents, foster parents, etc',

'Focusing on parenting is focusing on children'.

A deficit-model of childhood was frequently used in teaching, which focused predominantly on children's circumstances of isolation, loneliness and trauma,

emphasising their vulnerability rather than their resilience in responding to circumstances (Clare and Mevik, 2008, p.34).

Despite this, the authors found that academics in Norway were well informed about current understandings of children as competent beings. However, the academics acknowledged that their teaching still focused on abstract and universal conceptualisations of children, rather than being grounded in child observation or focused on children as active in their daily lives. This was partly explained by teachers' preferences for teaching material they were familiar with and also by students' preferences for 'proper' psychology. Furthermore, from academics' comments on student experiences in placement, the authors found that a deficit-model of childhood was reinforced in placements. The consensus was that students were ill-equipped to work with children. Indeed, students saw direct work with children as a specialist activity carried out in specialist settings rather than an integral part of their work with families (Clare and Mevik, 2008).

Richards et al. (2005) argue that a skill gap has emerged in the UK; social work practice as therapeutic work with children and work involved in ascertaining and representing children's views have become detached from mainstream social work practice and displaced to those in specialist roles, such as psychologists. Social workers are therefore left with diminishing skill in direct work with children and their contacts with children have become characterised by distanced proceduralism. Other authors see a struggle with reconciling traditional casework views of helping children and rights perspectives. Traditional casework emphasises helping children to overcome adverse experiences, which calls for skills in exploring feelings and emotional containment. Rights perspectives emphasise methods for keeping children informed, seeking their

views and maximising their power to make choices (Bannister, 2000; Luckock et al., 2007). This echoes Shemmings's (2000) findings that social work attitudes towards children's participation were polarised between positions of child *rescue* and child *rights*.

Luckock et al. (2007) go on to claim that the positioning of children as 'service users' which has come to the fore in recent UK government policy and guidance (HM Government, 2006) is even more restricted and offers neither a therapeutic relationship nor a commitment to rights. The social work role here is more administrative: fitting children into services that 'put children right' like broken cars taken to a garage for repair. Social workers become case managers who are knowledgeable about resources and skilled in coordinating but not in direct work with children. Moss and Petrie (2003) see this process as an instrumental one of producing specific and predetermined outcomes for children. Adults are the 'customers' who require problems of children's delinquency and drug use to be resolved so that children's future functioning as contributing adults is secured. Thus, three dominant discourses in policy and practice — welfare, rights and control — are once again linked to what Moss and Petrie call 'the child as incomplete adult or futurity' (2003, p.58). These discourses not only construct children in particular ways but also construct practitioners as family workers, advocates or technicians. Moss and Petrie (2003) argue for a re-conceptualisation of the role of practitioners with children and their methods of working based upon a critical analysis of how they see and understand the child.

Social work practice

Researchers in the UK have highlighted how power relationships between practitioners and children are affected by conceptualisations of children. In their introduction to an edited collection of papers on participation and empowerment in child protection, Cloke and Davies (1995, p.xxii) wrote, 'This approach does require a

change in adult attitudes, with adults having to give up power in the decision-making process'. Mayall (1994, p.116) also suggests that 'the level of [children's] powerlessness varies according to how the adults in specific social settings conceptualize children and childhood'. Sinclair (1996) observed that professionals' failure to keep children informed and take their priorities into account might be related to conflicting views on whether children are vulnerable and need protection, or are competent and have the right to express their views and influence decisions.

However, few researchers have explored this in any detail with social workers, and even fewer have sought to examine how attitudes might be changed. One good example of change intervention though, was conducted by Adams and Welsby (1998), who employed an action research approach to change children's planning in residential care. Nevertheless, the researchers did not involve participants in the conceptualisation stage of developing the planning model. Although they, and other studies reviewed below, make important points relevant to this thesis, these studies were UK based and focused rather narrowly on children's participation in specific procedural processes and contexts, such as child protection conferences and reviews of care plans for children in public care in England and Wales.

Shemmings (2000, p.235) reviewed relevant literature and concluded that, 'Precisely what professionals think about increasing children's participation in decision-making remains uncharted territory.' He notes two relevant sources: Trinder's research into professionals' competing constructions of childhood in the area of divorce (Trinder, 1997) and research findings on professional attitudes to participation in child protection and child care processes (Schofield and Thoburn, 1995; Shemmings and Thoburn, 1990). In his review, Shemmings found that whilst practitioners tended to

say they agreed with principles of participation and empowerment, diverse attitudes, complicated by loose definition of the terms *participation* and *empowerment*, meant that they provided little guide to real possibilities for action.

Trinder (1997) interviewed child welfare officers in England and from her findings developed a typology of childhood constructions within family proceedings. The four constructions were: the *advocate's child*; the *mother's child*; the *parents' child*; and the *worker's child*. Considering her findings in relation to developing more child-directed practice, key points emerge. In two constructions, *mother's child* and *parents' child*, children's views were seen as indivisible from the mother's or family's interests. Furthermore, in both *parents' child* and *worker's child*, children were seen as vulnerable and dependent. The *worker's child* was more likely to be asked for her view but this was based on needs rather than rights, and suggested that the views may only be taken seriously if they accorded with the worker's view of the child's 'best interests'. Finally, in all four constructions, children's views seemed to be mediated by adults. Trinder concluded that all four constructions were too simplistic, deterministic, and 'based on normative assumptions about the proper role of children' (p.291). She argues for a much more individualised approach that provides more support and choice for children in how they are involved in decision-making (Trinder, 1997).

Shemmings's empirical work in England (2000) was based on a questionnaire study with 88 professionals (42 social workers and 46 non-social workers) attending training seminars on children's participation, followed by data gathered in facilitated discussions between small groups of social workers. His findings indicated that professional constructions of childhood amongst the groups were dichotomised. Children were seen as either competent or incompetent and attitudinal positions of

rights and *rescue* taken accordingly. Shemmings agrees with Trinder that these polarised views are a problem. Holding a fixed attitude leaves practitioners unable to take account of multiple perspectives. Furthermore, fixed attitudes make it difficult for practitioners to respond to situations in a flexible way that individualises children's preferences (Shemmings, 2000).

Thomas and O'Kane (1999a) drew on Adams and Welsby's (1998) work in developing their typology of adult attitudes to children's involvement. The typology was based on a study of children's participation in decisions when they were in residential care and foster homes in England and Wales. The authors classified adult approaches into four types: *cynical*, *clinical*, *bureaucratic* and *value-based*. The *cynical* approach offered very little scope for children's participation as these adults asserted that children had too much say already, did not know what was best for them and wanted power without responsibility. The *clinical* approach was associated with sensitive work in engaging children, but discussions about involving them in decision-making usually focused on questions of emotional capacity and vulnerability to distress. This focus often lead to children's exclusion on grounds that they lacked the necessary understanding or might make a decision that they would regret. *Bureaucratic* approaches focused on meeting organisational and procedural requirements in decision-making. These approaches were only partially successful in supporting children's participation. Some workers found the procedural requirements encouraged them in involving children, but others found the procedures were too time-consuming or rigid. The most supportive attitude of children's participation was a *value-based* approach, which recognised children's involvement as a good thing, either because it was their right to be involved or because it led to better decisions and outcomes.

The same study revealed that the practitioners' who held positive attitudes towards disabled children's capacity, and believed in their own skills, were determined to do what they could to include disabled children. Similarly, when practitioners perceived children to have gained strength and resilience from coping with adverse experiences, they were more likely to involve children actively in decision-making. In contrast, practitioners who viewed children as *damaged* by their experiences, focused on children's vulnerability and were less likely to include children in decision-making (Thomas and O'Kane, 1999a).

Adams and Welsby (1998) used an action research approach to introduce a new child care planning model into a residential home in England. The model placed young people's wishes and feelings at the centre of decision-making, and demanded flexibility from practitioners in responding to their wishes. The action research intervention had some initial success in creating more opportunities for young people to make their own decisions. However, practitioners felt threatened by the changes. They resented the disruption of their routine decision-making on behalf of young people and felt threatened by the change in relationship norms. They attempted to retrieve their sense of being in control:

'It is perceived that young people's words are giving them more influence than staff believe they possess. The manager is supposed to restore order. Order depends on the protection of staff from encountering young people in situations of staff vulnerability which have originated with the planning group intervention' (1998, p.239).

The research group had to change the focus of the action research intervention to facilitate 'a second-order level of learning by staff: one that requires staff to change

practice values, beliefs, and behaviour' (1998, p.242). The authors argue that practitioners had to change their view of themselves as experts making decisions for young people and make their skills and resources available to young people to assist them in making their own decisions (Adams and Welsby, 1998).

The exception to the studies reviewed above, in terms of location and focus, is a relevant and timely study in progress in Australia. D'Cruz and Stagnitti (2008) recently reported their methodology for exploring participatory and child-centred practice with children, carers and professionals. Their approach shares similar concerns to that taken in the research underpinning this thesis; they conceptualise children as active subjects who can speak for themselves, and claim to draw on action research principles in their involvement of social workers and psychologists as participants. However, their approach is comparatively less developed in that their ideas of child-centred and participatory practice were not derived from work with children as consultants, or from work with professionals. They do not appear to be exploring professional conceptualisations of children and childhood; rather they employ pre-defined conceptions of child-centred and participatory practice, informed by the concepts of 'child-liberation' and 'children as citizens'. The work is ongoing and groups of children, parents and professionals will be asked to evaluate and refine these concepts, which will then be developed to form the basis of a professional education programme. Professionals will be trained through the programme, and involved in implementing and evaluating the conceptual approach.

In a number of ways the methodology appears to be more professionally driven than directed towards social justice. The action research intervention is pre-determined and has not emerged from work with children or professionals. It also appears that

different professionals and children will be involved at different stages; and in the *action intervention* phase children will be involved as research subjects. It seems likely that this has limited the scope for children and professionals to influence the direction of the research. Whilst the researchers highlight the contentious nature of the concepts of child-centred and participatory practice, and aim to make these concepts more meaningful through their research, they do not appear to be aiming to develop a new conceptual framework such as that of child-directed practice explored and developed within this thesis.

3. Conclusion

The rapidly growing body of work within sociology of childhood studies has developed new knowledge about children as social actors (James and James, 2004). This work has highlighted the way that adult perceptions about childhood influence the nature of relationships between adults and children, and raised concerns about how power and knowledge employed by experts constrain children's ability to be self-directing (James and Prout, 1997; Smith et al., 2003). In the Nordic context, Eydal and Satka (2006) argue that a critical look at adult-centred practices and a shift in conceptualisations of childhood are needed if challenges of social change and impact on conditions of children's lives are to be met.

Research findings reviewed in the first section of this chapter, indicate key features of more child-directed practice that are essential in combating multifaceted oppression and promoting social justice for children. Above all, an understanding of how power relations in children's interactions with adult practices in the family, in schools and welfare organisations, affect children's lives is crucial to developing more child-directed practice (Cocks, 2000; Mayall, 2002). Challenging the use of deficit

models of childhood in understanding children's circumstances assists in developing adult conceptualisations of children that focus positively on children's capacities and their resilience in coping with adverse experiences (Robinson, 2001; Graham, 2007). From this perspective, children's accounts of their experiences provide practitioners with a fuller understanding of the social barriers children face in gaining recognition and inclusion (Humphreys et al., 1999; Atkin et al., 2001). Correspondingly, a more equal sharing of knowledge and power with children involves practitioners in making their skills and resources available to children. This opposes barriers to inclusion and assists children in making their own decisions (Adams and Welsby, 1998; Davis et al., 2000).

The review of studies on practitioners' values and attitudes suggests that 'truth-producing discourses' may not be so tightly restricting as Alanen (1994) and Prout and James (1997) suggest. Additional key characteristics of a more child-directed approach can be distilled from these studies. A conceptualisation of childhood focusing on children as active in their daily lives is essential if children are to be treated as though their lives are actualised through their own actions and not just through parents and other adults (Thomas and O'Kane, 1999a; Clare and Mevik, 2008). The values-based approach identified by Thomas and O'Kane (1999a) indicates an alternative view of children, one which viewed their involvement in decision-making as a good thing as it led to better practice and decisions. Some workers were also very positive about the capacity of disabled children to contribute to decision-making and about children's resilience in the face of adverse circumstances.

Principles of child-centred and participatory practice embedded in procedures appear, on balance, to be feeding into fixed and polarised attitudes towards children's

participation and provide only adult-defined pathways for their involvement (Shemmings, 2000; Richards et al., 2005; Luckock et al., 2007). Social work practice that individualises children's preferences and provides pathways for participation that respect children's agendas and choices in how they contribute to decision-making, would form a more child-directed approach (Trinder, 1997; Shemmings, 2000; Thomas, 2000). Direct work with children as an integral part of work with families is also an important feature of more child-directed practice; this ties in with the importance of practitioners' having a positive attitude towards their skills and having the resources to carry out this work (Humphreys et al., 1999; Thomas and O'Kane, 1999a; Luckock et al., 2007).

This thesis makes a significant additional contribution to previous research through an exploration of practitioners' conceptualisations of childhood that is grounded in their accounts of practice with children. The thesis also contributes to research involving young people, by developing and evaluating an action research approach informed at all stages by a group of young service users as consultants. The theoretical context of this is discussed in more detail in Chapter IV. This dual focus on a collaborative approach to exploring practitioners' conceptualisation of childhood, which has been informed by young people's knowledge and experience, is central to exploring and developing social work practice that is more child-directed.

CHAPTER III

Socio-legal and organisational context of social work

1. Introduction

This chapter presents a critique of the socio-legal and organisational context of social work in the light of conceptualisations of childhood discussed in the previous chapter. Social work practice has increasingly been affected by the international development of human rights legislative changes, by national legislative changes, and by increased regulation and standard setting in the organisational context (Munby, 2008). It is, therefore, important to consider the significance of legal and organisational frameworks for how Icelandic social workers shape their practice. Concepts informing the socio-legal context of Icelandic social work, particularly those of provision, protection and participation within the United Nations Convention on the Rights of the Child (United Nations, 1989), (hereafter referred to as the Convention) are discussed and the significance for developing child-directed practice is explored.

The chapter is divided into three main sections. The first section focuses on children's rights discourses. Freeman (1998) has argued for the merging of sociology of childhood and children's rights theories on the grounds that they intersect in accepting children as subjects, not objects of social concern and control: as participants in social processes and not as social problems. These overlapping interests and congruent understandings of childhood are important in taking forward the concept of child-directed practice. However, as the first main section of the chapter shows, the concept of rights is based on an abstraction of the autonomous, liberal individual that can devalue the importance of children's views based on their daily experiences, just as the

emphasis on the needy, vulnerable child in the protectionist arguments ignores or downplays the serious contribution of children to decision-making (McGillivray, 1994; Neale, 2002).

The second section of the chapter considers the Nordic and Icelandic socio-legal contexts by examining legislation governing children's welfare in Iceland and discussing the degree to which children's international rights have been incorporated into Icelandic legislative frameworks.

The third section examines the organisational contexts of social work in Iceland. It begins with an historical perspective on the development of Nordic child welfare policies (Eydal and Satka, 2006), showing how different conceptions of childhood have been woven into legislation and policy. The section closes with a discussion of trends in Icelandic organisational issues, highlighting opportunities in the development of services but also commenting on the constraints of increasing demands on practitioners and the lack of formal structural arrangements to support them in promoting children's participation.

2. Children's rights discourses

During the last century, alongside a general growth in the concept of universal human rights, a new conceptualisation of children as rights-bearing individuals has emerged. For children, this growth culminated in the Convention, which contains 54 articles concerning the treatment of children. The Convention has been ratified by every government in the world, except the USA and Somalia, indicating a near global consensus on children's rights (Franklin, 2002). In contrast to the conceptualisations of children in protectionist discourses of welfare and control discussed in the previous

chapter, rights discourses conceptualise children as independent and autonomous beings, with rights to express their views in relation to matters that affect their lives.

The Convention specifies three broad areas of rights in order to promote children's interests; all these are to be enjoyed without discrimination of any kind:

- **Provision** rights to goods, services and resources;
- **Protection** rights from neglect, abuse, exploitation, discrimination, and interference with privacy;
- **Participation** rights to express their views freely on all matters and the right to be heard in any proceedings that affect them.

The strongest statement supporting a child's right to self-determination is Article 12.

This article requires adults to 'assure to the child who is capable of forming his or her own views the right to express those views freely, on all matters affecting the child, the views of the child being given due consideration in accordance with the age and maturity of the child'. This *participation rights* article marks a clear departure from earlier international documents relating to children (Eekelaar, 1994; Thomas, 1998; Kelly, 2005).

However, there are numerous obstacles facing children in the realisation of their rights. Furthermore, the Convention has been critiqued as a means of ensuring children's rights, particularly ensuring their rights to be heard (Lücker-Babel, 1995; Sclater and Piper, 2001). All human rights have to be considered together, balanced, and applied in proportion to individual circumstances and context. There are some key differences in scope, content and application of rights for adults and children, however. Children's rights are not complete, because they do not include, for example,

economic rights, the right to vote, or the right to make contracts (Foley et al., 2001).

There are three key principles that have to be taken into account in applying their rights:

- The best interests of the child is the primary consideration (Article 3);
- The pre-eminence of the family through respect for responsibilities, rights and duties of parents and members of extended family (Article 5) and the right of the child not to be separated from their family, except where judicial review indicates that this is necessary to protect the child (Article 9);
- The evolving capacity of the child to exercise rights (Article 9 and 12) (Lücker-Babel, 1995).

A number of authors have argued that the ways in which these principles have been applied in practice mean that participation rights vary with the age and maturity of the child. In deciding what is in a child's best interests and in deciding to what extent a child's views should determine decisions, professionals and courts have used developmental models of childhood and employed protectionist arguments to avoid transferring too much power and responsibility to children (Lücker-Babel, 1995; White, 1998). The right to participation in decision-making is made contingent on children's developmental readiness to hold and express a view. This has led to debates about children's capacity and competence and adult presumptions of these. On the one hand, there is a 'caretaker thesis' that children's rights should be granted only by proof of capacity. Until that capacity is demonstrated, adults may choose what is best for children (Archard, 1993, p.51). On the other hand, others argue that it is not the granting of rights which must be justified but limitations on the exercise of rights.

Therefore, there must be a presumption that children can and will exercise their rights (McGillivray, 1994; Smith et al., 2003).

Opposition to the conceptualisation of children as rights-bearing individuals has also come from feminist theorising. First, it is argued that the concept of rights is based on an abstraction of the rational, autonomous, liberal individual and this devalues the importance of children's daily experience and context. Secondly, in over-emphasising the autonomy of individuals, the importance of networks of relationships that support and nurture children are down-played (McGillivray, 1994; Neale, 2002). Thirdly, the focus on the autonomous individual in the Convention, together with the conviction that the family is, 'the fundamental group of society' (United Nations, 1989: preamble), introduces a cultural bias that does not reflect the interests of children whose sense of identity is strongly connected to the collectivist interests within wider kinship and community networks (Robinson, 2001). Finally, there is the problem that children are constrained by lack of power and status in exercising their rights. This means that they often have to be exercised by adults on their behalf, creating a danger of appropriation and abuse by adults (Smart and Neale, 1999).

These arguments do not necessarily mean that feminist theorising opposes rights altogether; alternative suggestions are that rights can be re-conceptualised to focus on protecting human relationships (Kelly, 2005). Smart et al. (2001) in the UK, and also Sevenhuijsen (1998) in the Netherlands argue for an ethic of care together with the 'principle of actuality' (Smart and Neale, 1999, p.192) in order to check the application of universal assumptions, from protectionist or rights discourses, to decisions about what is in children's best interests. In developmental models, children's relationships with adults tend to be treated as a stage in the process towards maturity, suggesting that

in adulthood the importance of relationships diminishes. An ethic of care recognises relationships as important throughout our lives. The ‘principle of actuality’ means that decision-making focuses on the actual circumstances of children’s lives, *as reported by children themselves*, rather than on abstract ideas about what is best for children in general (Sevenhuijsen, 1998; Smart and Neale, 1999; Smart et al., 2001; Kelly, 2005).

In summary, traditional welfare perspectives have been challenged by the recognition of children as subjects who have rights (Lansdown, 2001). Through the Convention and national legislation, rights of provision, protection and participation are conferred on children. On the other hand, legal systems are supported by dominant discourses and structural forces in categorising the individual status of children as not-yet-adult which means they cannot enjoy the rights and responsibilities of adults. Hence, as Lee argues, there is an inherently contradictory approach to children, who as “bearers of childhood” cut an ambiguous figure within adult institutions’ (Lee, 1999, p.455). A re-conceptualisation of children’s rights through the ‘principle of actuality’ offers a way of resolving, in part, this ambiguity by recognising that children have knowledge and understanding of their situations through their experiences. As already indicated in Chapter II, an important aspect of more child-directed practice involves practitioners stepping back from their position as experts on children and listening to what children have to say.

3. Nordic and Icelandic socio-legal context

This section examines the legislation governing children’s welfare in Iceland and discusses the degree to which children’s international rights have been incorporated into the Icelandic legislative framework. The analysis indicates that children in the Nordic countries are conceptualised as dependent family members (Eydal and Satka,

2004). There is a strong focus in the Icelandic legislation on providing services to support parents, and little emphasis on providing services to children in their own right. The discourses of welfare and protection are evident and although it is clear that children over fifteen years of age are to be treated as active parties in decision-making, at least in child protection, younger children's rights to express their views are subject to judgements about their age and maturity. In considering what is in children's best interests, therefore, it is quite possible that decision-makers could rely upon adults' views and fail to take account of children's perspectives. Disabled children are conceptualised through a medical model of disability (where the problem is seen as within the child, as opposed to recognising that society is disabling, not the child) (Lewis and Kellett, 2004) and there is no reference in any of the legislation to the diversity of children's background and experiences or to the principle of non-discrimination.

Brembeck et al. (2004) argue that there was a strong political will to incorporate children's rights into Nordic welfare agendas. Accordingly, the Nordic countries have attained an international reputation for attending to the individual rights of children, which pre-dated the ratification of the Convention in the late 1980s. The extent of national measures varied, but 'The child as an autonomous subject was recognised and the understanding of childhood changed in every Nordic country' (Eydal and Satka, 2004, p.53). The Icelandic Government adopted the Convention in 1992 and the first Ombudsperson for Children was appointed in January 1995. The Ombudsperson has played an important role in promoting children's rights to participation (Tryggvadóttir and Ingadóttir, 2007; Althing Ombudsman, 2008).

Conceptions of children and childhood in Icelandic legislation

Relevant Icelandic legislation governing social work with children in Iceland includes: the Local Authority Social Services Act (1991); the Act on the Affairs of People with Disabilities (1992); the Child Protection Act (2002); and the Act in Respect of Children (2003). All these have subsequent amendments and the latter two Acts in particular, revised previous legislation to take account of the Convention.

Local Authority Social Services Act and Act on the Affairs of People with Disabilities: adult-centred legislation

The Local Authority Social Services Act makes provision for people of all ages; for children their welfare is to be promoted by ‘securing positive developmental circumstances’ (1991, Article 1). In the implementation of the Act, workers are required to encourage ‘each individual to be responsible for himself and others, to respect his right to self-determination, and support him in his efforts at self-help’ (1991, Article 1). There are also strong statements in the Act on the importance of working in cooperation with people requesting assistance; collecting information about them is to be done in cooperation and with their approval if possible, and all decisions are to be taken in consultation. However, these statements are not in the sections about the welfare and provision for children and it is not clear that they are intended to include children. In fact the first paragraph in these sections indicates that cooperation is between adults: ‘It shall be the duty of the social services committee, in cooperation with parents, guardians and other parties responsible for the upbringing, education and health care of children and young persons, to secure their well-being and protect their interests in every respect’ (1991, Section VIII, Article 30). The sections on children and adolescents do not contain any mention of children’s rights to services, or rights to have their views taken into account, even though the Act has been amended four times since

1991, most recently in 2006. The language is consistent with discourses of welfare and focuses more on needs of adults, with emphasis on supporting parents through assistance and day care provision. In summary, the main focus of the legislation is on the family and not children. This focus on the family was strengthened later in the 1990s with the formation of an official family policy based on the premise that the ‘family is the cornerstone of Icelandic society and the source of human values’ (Parliamentary Resolution, 1997).

The Act on the Affairs of People with Disabilities (1992) also makes provision for people of all ages. The Act makes general statements about respecting disabled people’s rights, but the main focus is on safeguarding the rights of disabled people living in care homes. The section on children focuses mainly on monitoring children for ‘symptoms’ of disability, diagnosis and treatment (1992, Section IX, Article 17). The medical model of disability (Lewis and Kellett, 2004) is dominant, along with support to parents through the provision of support families and foster homes for relief care.

Child protection legislation: strengthening children’s rights

Child protection is more broadly defined in Iceland than in the UK. The objective of the Child Protection Act, 2002 is ‘to ensure that children who are living in unacceptable circumstances or children who place their health and development at risk receive the necessary help’ (2002, Section I, Article 2). The Act focuses on children and represents a significant shift from previous legislation of 1993. The Act introduced the concept of the ‘best interests’ of the child and the duty to take account of the child’s views and wishes. In addition, children’s rights to have a say in decision-making by the child protection committee and in court proceedings were strengthened, especially for children over the age of fifteen (2002, Section I, Article 4).

As explained in the introduction to the thesis, child protection committees have a responsibility for child protection duties at local level in Iceland. The committees have extensive decision-making powers including initiating and overseeing investigation of concerns raised about children in their area, and deciding what measures, if any, shall be taken. Reports must be made and plans agreed with the consent of parents and children over the age of fifteen, if possible. There is a wide range of actions that can be taken without consent. The committee can order placement of a child away from home for up to two months. Monitoring of the home and other measures such as school attendance, tests, treatment or therapy can also be taken without consent (2002, Section III).

Only children over the age of fifteen years are considered to be party to child protection committee proceedings. This gives them the opportunity to participate in formulating plans, the opportunity to put their views if they disagree with certain measures, and the right to become a party and have a spokesperson in legal proceedings. Children under the age of fifteen have fewer rights. Essentially, the child under fifteen is 'given the opportunity of expressing his/her views in cases affecting him/her, in accord with the child's age and maturity, and the child's views shall be fairly taken into account in resolution of the case' (2002, Section VIII, Article 46). Nevertheless, a distinction is made for children over the age of twelve, who are *always* to be given the opportunity to express their views. In other words, children over the age of twelve are assumed to be of sufficient age and maturity to express their views. For children under twelve years, however, this assumption is not made, and their right to express their views is dependent on the assessment of the practitioner. The Act also provides for the child of any age to be assisted by a spokesperson in putting her view to

the child protection committee. When the committee decides to begin an investigation it must also decide whether a spokesperson should be appointed. The grounds for the appointment and the role of the spokesperson are not specified in the legislation (2002, Section VIII).

The changes introduced by the new Child Protection Act (2002) were partly in response to the Convention and broadly speaking children's rights were strengthened in the new Act. However, it is clear that these rights are set within a developmental framework where different rights to participation are afforded according to age, with the rights of under children under fifteen to participate in decision-making being very weak.

The Act in Respect of Children (2003) deals with family law including parental duties, custody issues (*residence* in UK terminology) and rights of access (*contact* in UK terminology). The Act stipulates that parents shall consult their child before making decisions concerning their personal affairs and in line with the Convention (United Nations, 1989, Article 9) they must give more importance to the child's views as the child grows older and matures. Children's rights to the care of, and contact with, both parents are emphasised, with all decisions made according to what is deemed to be in the child's best interests. The child has the right to comment on decisions made when custody or access is in dispute, but only if the child has reached 'sufficient maturity' and provided this will not 'have a detrimental effect for the child or is pointless for the outcome of the case' (Chapter VI, Article 43). A judge can hear a child's views without the parents being present and can appoint an expert to ascertain the child's views. Parents must be notified of the child's view, but may not have full information or see the report. Children may, therefore, be afforded the right to give their views in

confidence, although they are dependent on the judge to decide how far their views are subsequently shared with parents. Clearly adults are the main actors in any proceedings and any child is largely in a passive position, allowed to comment, providing he or she is mature enough. It is hard to think of circumstances in which a child's comment is pointless or how the outcome of a case can be predicted with such certainty without hearing the child's views.

Achieving the objectives of the Convention: evaluation of Iceland

Recent reports by the United Nations Committee on the Rights of the Child (CRC) have welcomed the initiatives that the Icelandic State has made in the last decade to promote children's rights to protection, services and participation (CRC, 2003, 2006). In particular, the CRC welcomed the new child protection legislation of 2002, the ratification of the Optional Protocols concerning children in armed conflict, the sale of children, child prostitution and child pornography (sic), and the development of specialist services to meet young people's health needs. However, the CRC (2003, 2006) has also made specific recommendations that the Icelandic State:

- Address issues of racism proactively and study the situation of immigrant children in the school system;
- Strengthen opportunities for children to express their views and to input directly into policies that affect them;
- Strengthen its efforts to cover the needs of disabled children and analyse data on the extent to which their rights are being met;
- Expand adolescents' access to health services and, with their full participation, study health problems and formulate programmes to address these;

- Act on its admission of the need to collect and analyse data on children, including immigrant children;
- Review its legislation with a view to ensuring that children engaged in prostitution are not criminalised, but rather seen as victims.

These concerns were reflected, to some extent, in a four year action plan to improve the situation of children in Iceland (Parliamentary Resolution, 2007). The plan focused on:

- Financial measures to alleviate poverty;
- Support to parents through counselling and training in parenting skills;
- Preventive measures to combat illegal drug and alcohol use by providing information and preventing access;
- Developing the services to children with mental health problems, developmental disorders and chronic illness by improving collaboration both in primary health services and the specialist arrangements for diagnosis and remedial treatment;
- Measures to benefit children with behavioural problems and drug-abuse problems by expanding the variety of remedies ‘outside the institutional framework [and] provided in the context of the family and the child’s immediate environment’;
- Measures to protect children against sexual offences with special emphasis on children who are greater risk because they are disabled or living in institutions, as well as the threat posed by child abuse images and use of the internet to groom children;
- Measures for the benefit of children of immigrants by combating prejudicial attitudes; making it easier to participate in Icelandic society but also maintain their

own cultural identity; and support for children and their parents in learning Icelandic.

These were all important responses to concerns raised by CRC reports about the application of children's rights to services and protection in Iceland. However, it is noticeable that there was no mention of children's participation rights and in particular, no indication of the importance of ascertaining their views on these measures, nor of their collaboration with the implementation of action plans.

Analysis

The preceding descriptions have shown that legislators and policy-makers in the international and Icelandic socio-legal context employ developmental models of childhood that provide a conditional context for children's agency (White, 1998; Taylor, 2004). There is no automatic right for children to participate in decision-making as children's rights to be heard are worded in terms of capabilities and competence (Wyness, 2006). An important step in developing more child-directed practice, therefore, is the questioning of assumptions and general ideas about children in the universal models of childhood that underpin the socio-legal context of social work practice (Taylor, 2004). This involves stepping back from expert positions based on these assumptions and taking children seriously, as experts with knowledge and experience of their own circumstances (Sevenhuijsen, 1998; Smart and Neale, 1999; Smart et al., 2001; Kelly, 2005).

The next section examines the organisational context of social work practice in Iceland, highlighting key opportunities and constraints for developing more child-directed practice. Two current trends are particularly important: the bringing together of services provided by different agencies into unified centres, and the increasing

commitment to involving service users in the development of services. However, these trends involve meeting the challenge of establishing structural arrangements, without creating rigid and routinised processes that increase demands on practitioners and remain unresponsive to young people's preferences. A crucial factor in meeting this challenge is that changes are planned and implemented in collaboration with practitioners and young people, so that systems and services are informed by young people's and practitioners' knowledge and experiences.

4. Organisational context of social work in Iceland

This final section begins by connecting an historical overview of the development of Nordic child welfare policies (Eydal and Satka, 2004) with the images of childhood prevalent at particular times and discussing the degree to which participation initiatives are benefiting children. The main point here is that, although the historical trajectory towards increasing children's participation rights is presented as positive, it has proved problematic to the extent that children continue to be conceptualised as either innocent or deviant. These oppressive views of children contribute to participation initiatives serving adult agendas rather than changing institutional practices for the benefit of children (Kjørholt, 2002).

Development of Nordic child welfare policies: discourses and definitions

The Icelandic and Finnish authors, Eydal and Satka (2004) distinguish three stages in the development of Nordic welfare policies for children, stages that characterise a shift in emphasis from punishment and discipline to protection in the originating phase in the early part of the last century; through to protection and provision once welfare states were established; and adding an emphasis on participation in the post-industrial welfare state. They indicate that children's perspectives within

these policies are partial and vague, mainly because children have been conceptualised as dependent family members and because childhood has been seen as a transition period towards adulthood and citizenship. However, it is possible to make connections between their analysis of policy development and images of childhood prevalent at particular times.

The authors note that the first stage of the welfare state in the early 1900s emphasised protection of children instead of ‘strict discipline combined with punishment which was the main theme of earlier legislation’ (2004, p.55). Whilst the authors do not refer directly to discourses of welfare and control, this suggests that prior to the development of the Nordic welfare state, thinking about children was primarily influenced by ideas that children had to be controlled and disciplined. This is emphasised in their account of the development of early preventive criminal and penal laws. The authors argue that the importance of these early laws were that they defined Nordic children as too young to be responsible for their actions. It is reasonable to argue that ideas of children as innately evil and needing to be controlled and disciplined have been much weaker in Nordic countries than, for example, in England and Wales (Newell, 2002). The legal age of criminal responsibility is much higher (fifteen years); children’s corporal punishment has been banned in all Nordic schools (since 1957 in Sweden with other countries following), and between the years 1972 and 1985 all the Nordic states, except Iceland, passed legislation to remove the right of parents to hit their children, even in ways that might have been considered *reasonable chastisement*⁶ in Britain. Iceland has not passed legislation on this but the dominant Icelandic attitude

⁶ The most recent legislation in England and Wales, the Children Act 2004, updates previous legislation on physical punishment, making it an offence to hit a child if it causes mental harm or leaves a mark on the skin (Section 58), repealing the section of the Children and Young Persons Act 1933, which provided parents with the defence of ‘reasonable chastisement’.

towards corporal punishment is in line with the other Nordic countries (Eydal and Satka, 2004; Freysteinsdóttir, 2005).

The co-existing themes of innocence and deviance discussed in the previous chapter are still reflected in the way children are conceptualised in child protection definitions. As already stated above, the objective of child protection work in Iceland is to assist children who are living in unacceptable circumstances and help children who place their own health and development at risk. Thus, as Freysteinsdóttir makes clear, the legal definition of child protection in Iceland includes and distinguishes between, ‘children as victims’ and ‘children as perpetrators’ (Freysteinsdóttir 2005, p.16). The sub-divisions of these two categories give a picture of the range and type of problems defined as child protection concerns and an indication of how these concerns are conceptualised. The category of child as ‘victim’ includes: neglect/indisposition; emotional abuse; physical abuse; sexual abuse; and parental alcohol and/or substance abuse. The category of child as ‘perpetrator’ includes: the child’s alcohol and/or substance abuse; the child breaks the law, is guilty of vandalism or is overly aggressive; the child has significant problems in school and/or poor attendance; and the child abuses another child (Icelandic Child Welfare Council, 2000).

Freysteinsdóttir describes these definitions of child abuse in Iceland as ‘rather broad and unclear’⁷ (2005, p.16) and uses definitions from the US in her study of risk factors in repeated child maltreatment in Iceland. Using these definitions, she compares reported incidence of maltreatment in Iceland with reported incidence in the US, noting similarities and differences, and sets this in the context of comparative social and cultural factors. Total incidence of maltreatment was similar in the two countries:

⁷ A new classification system has subsequently been piloted in some local authorities in Iceland.

1.39% in the US and 1.37% in Iceland.⁸ Neglect was the most common form of maltreatment in both countries, although at 68% in Iceland, the proportion was higher than in the US which was about 50%. The proportion of reported sexual abuse was also similar: 10% in Iceland and 12% in the US. The main difference was in the reported incidence of physical abuse which in Iceland was only 3%, while in the US it formed 25% of reported incidence of maltreatment.

The high incidence of reported neglect in Iceland and the comparatively low incidence of reported physical abuse can be related to different cultural attitudes towards children (Freysteinsdóttir, 2005). The permissive attitude towards physical force in the US, which is also prevalent in the UK (Phillips and Alderson, 2003), can be contrasted with a study in Iceland showing that nearly all parents say they do not use physical force on their children (Júlíusdóttir et al., 1994). On the other hand, parents in Iceland are said to emphasise children's independence more than in other countries (Newman, 1999). Freysteinsdóttir (2005) found that it was fairly common for children as young as six or seven to be left at home alone and also for fairly young children to babysit others, perhaps contributing to high child accident rates in Iceland (Stefánsdóttir and Mogensen, 1997) and increased reports of failure to protect. This may account, in part, for the significantly higher neglect rate in Iceland, compared to the US (Freysteinsdóttir, 2005).

In discussing children's participation rights, Eydal and Satka (2006) maintain that although the Nordic countries have been seen as providing a lead in the development of children's participation (Prout, 2000), this perception has to be questioned in the light of the difficulties of new challenges. These new and unexpected challenges in

⁸ Total number of cases reported as a percentage of the total number of children under eighteen.

implementing children's participation rights include: increasing poverty (despite high investments by Nordic states in maintaining equality) increasing ethnic and linguistic diversity, and new discourses of risk (Satka and Harrikari, 2008). The discursive marginalisation of bilingual children in Denmark was discussed in the previous chapter (Gitz-Johansen, 2004). In terms of new discourses of risk, Harrikari (2004) analyses the discursive changes in Finnish national policy since the 1980s, showing a shift towards ideas of risk and individualised understanding of social problems, similar to developments in the UK (Prout, 2003). The knowledge base also shifted as models of risk and crime prevention were incorporated from the United States and England and Wales. The previous emphasis on prevention changed to one of early intervention which, combined with low thresholds (i.e. *zero tolerance*) for *disturbing behaviour*, extended intervention to large groups of young people who were being increasingly marginalised (Harrikari, 2004).

Norway is often viewed as being in the forefront of developments of children's rights, while Finland and Iceland have followed, sometimes decades behind (Eydal and Satka, 2006). Nevertheless, even in Norway, initiatives for involving children seem to be affected by the mixed motives of the adults involved. For example, Kjørholt's (2002, p.65) survey of participatory projects confirmed 'that the idea of children's participation is widespread in Norway'. However, the author draws attention to the mixed motives of adults initiating the projects, indicating that these are influenced by different constructions of children: as future citizens; as resources in protecting the environment and developing local communities; and, drawing on romantic images, children as innocent and childhood as endangered. Kjørholt suggests that in Norway, and

internationally, participation initiatives could be serving adult agendas rather than changing institutional practices for the benefit of children.

Governance and administrative structures in Iceland

This section examines organisational contexts of social work in Iceland. The first part analyses the governance and administrative structures, drawing attention to extreme differences in size of population, and therefore of organisational provision, between the capital city and its surrounding conurbation and the rest of Iceland. The second part discusses trends in Icelandic organisational contexts, highlighting the opportunities and constraints for developing more child-directed practice.

Central government responsibility for social services and child protection is with the Ministry of Social Affairs. The Ministry is responsible for policy formulation and issuing regulations but management of child protection in Iceland is the responsibility of the Government Agency for Child Protection. The Agency is responsible for the direct provision and supervision of foster care services and treatment homes for children. It has monitoring, support, training and development responsibilities towards local child protection committees. Local authorities are required by law to appoint and maintain child protection committees which have responsibility for child protection at local level as described above. Local authorities are also responsible for providing local social services and for work with children and families on child protection concerns.

The present structure and administration of local authority social services is based on the Local Authorities Social Services Act (1991). The legislation emphasises the autonomy of each local authority in how it should attain the goals of the legislation. The structure of departments varies mainly according to the size of the authority. Larger authorities can separate work into departmental divisions but in the smallest

authorities there may only be a social service director implementing all the work in the district (Hrafnisdóttir, 2004). Services in the capital city, Reykjavík, have recently been reorganised into multi-agency service centres (education, social services and leisure) delivering social services to local areas. Child protection services, however, are provided by a city-wide specialist team. Social workers and psychologists work closely together in both the service centres and in the child protection team. Local authorities develop and fund local services, but purchase foster care services provided by the State. Nearly all residential services are provided by the State and access to these resources is controlled by the Government Child Protection Agency.

An important aspect of organisational contexts are the extreme differences in size of population, and therefore of organisational provision, between Reykjavík and its surrounding conurbation and the rest of Iceland. Population figures and distribution were explained in the introduction to the thesis. To give an idea of workload and distribution, the child protection figures⁹ between 1999 and 2002 more than doubled. In 2002, the committees across the country were dealing with 4,443 cases, just over half of which were new reports and the rest being outstanding reports from the previous year. The biggest proportion of the work was handled in Reykjavík (38%), and if the conurbation surrounding Reykjavík is added the proportion rises to 80%. In terms of numbers, therefore, the burden of work falls heavily in the city conurbation. The corresponding staffing figures illustrate the difference between work contexts in Reykjavík and the rest of Iceland. In Reykjavík there were 18.5 specialised child protection workers in 2002, whilst in the whole of the northern region there were 10 specialised workers across six different offices (Icelandic Child Welfare Council, 2003).

⁹ Reports of concern about individual children made to child protection committees.

From an individual practitioner perspective, social work in rural districts therefore involves coping with isolation, high visibility in local communities, and long travelling distances (Bergström and Fog, 1996). From an organisational perspective it is difficult to ensure consistency of service provision and development of practice (Hrafnisdóttir, 2005).

Trends in organisational context: opportunities and constraints

The organisation of services in Iceland is becoming increasingly integrated, so that different services provided by different agencies are being brought together. The development of service centres in Reykjavík, explained above, is part of this trend. This trend is similar to moves towards integration of services under the Children Act 2004 in the UK. Thus, for example, in a large rural region in the north of Iceland, school, psychological and social services have been merged into a single service. The school services provide language and speech support, general study support, as well as counselling for social and emotional problems (Gísladóttir, 2002).

In contrast to the UK, where social work has become heavily proceduralised and focused on the assessment of risk, with assistance being provided to only a small number of children referred (Parton et al., 1997), in Iceland there seems to be a greater emphasis on children's general welfare and wider provision of services to support this. A range of community based services are available for children including: personal counsellors, support workers, mentors, support families¹⁰, adventure pedagogy¹¹ and community group work services. The services focus particularly on building social

¹⁰ Support families in Iceland care for children at weekends and holidays by agreement with parents or guardians. A register is maintained by social services and placements must be administered by social workers. This is similar to respite care in the UK, but carers are not subject to equivalent assessments of their suitability to care.

¹¹ This refers to a service that works with groups of young people and aims to promote their strengths, support networks and life opportunities through group work that includes a trip into the highlands of Iceland.

skills, reducing social isolation, building positive self-image, and combating alcohol and substance abuse and depression (Reykjavík City, 2008). Evaluation of the impact of these initiatives indicates mixed results; young people reported that the intervention provided new insights and hope, but when these services ended they often returned to the same circumstances with little follow-up support (Júlíusdóttir, 2008).

The service centre workers in Reykjavík have a brief to develop services that are more responsive to service user preferences. This brief also offers the opportunity to involve children in these developments. Munday (2004) argues that while there has not been a culture of user participation generally in society in Iceland, this is changing. In his review of user involvement in personal social services in Europe, he identified a definite trend in Iceland towards user involvement. In support of this he notes the tradition of non-governmental organisations that advocate for children's rights, including the right to participation (Ólafsson, 2003; Save the Children, 2003). In addition he points to the 'clear and enforceable provisions for participation' in the Child Protection Act (2002), although he also notes that implementation of the latter is uneven across local authorities and that more detailed and directive legislation is needed to achieve participation in practice throughout the country. Social services directors in Iceland, who were consulted for the review, indicated that one barrier to user involvement was 'limited awareness of newer, more innovative approaches ... that are needed to enable particularly disadvantaged users to participate' (Munday, 2004, p.20). This background highlights the significance of the current study. The fieldwork underpinning this thesis, which involved young people as expert consultants, was an innovative approach in the Icelandic context. It aimed to make a contribution to

increasing awareness and potential for further developing young people's participation in Iceland.

Social work time is a scarce resource; sustaining relationships with children in order to reach a proper understanding of their circumstances and to enable them to influence decisions that affect them, takes time (Searing, 2003; Ruch, 2005; Cashmore, 2002). Social workers feel that large caseloads and competing priorities make it difficult for them to find time and be sufficiently reliable to form constructive relationships (Munro, 2001; McLeod, 2007). The reasons for lack of time and continuity form a complex picture. The international literature indicates that contributory factors include cutbacks in resources; lack of stability in the staff groups due to high turnover, sickness, and low morale; and changes of social worker caused by reorganisation and functional divisions that separate services (Jones, 2001). Hrafnisdóttir (2005) notes similar pressures in Iceland, for example, changes in legislation since the early 1990s have created more demands on practitioners and managers to follow administrative procedures, such as professional case processing, report writing, and expectations that files are accessible to service users. Also major restructuring of departments to achieve new managerial imperatives for decentralised, effective and efficient services have increased work pressure.

The degree to which systems and procedures support or constrain practitioners in working with children seems to be an important factor to consider, especially as Iceland may be at a crisis point in terms of the development of these systems. In other words, Iceland has fairly recently embarked on similar developments in ideology and practice that have been developing in the UK for a much longer period (Walker, 2001). Shier (2001, p.110) argues for a three stage model of commitment by individuals and

organisations towards involving children in decision-making. The first stage is at an individual level, when the practitioner must make a personal commitment to take children's views seriously. This commitment provides an *opening*, but to support this commitment, and provide an *opportunity* to involve children actively, the practitioner's need for resources and skills must be met at an organisational level. Finally, an *obligation* to involve children in practice is built into the system through agreed policies and procedures. In Norway, Willumsen and Skivenes (2005) examined the conditions for achieving collaborative relationships in review groups for children in residential care. Their findings suggest opportunities existed to achieve collaboration but there was a need to establish formal structural arrangements in order to reduce imbalances of power and include children's views fully (Willumsen and Skivenes, 2005). In the Icelandic context, the position seems to be similar. Björnsdóttir (1999) predicted that service users will play an increasingly active role in developing services in the future. An initiative in Reykjavík has led to a series of training workshops for practitioners to develop their skills in communicating with children (Samtöl við börn, 2005). However, as yet, there are no formal structural arrangements for including children in decision-making forums and, as already noted, the implication in legislation is that children under fifteen are not considered to be of sufficient maturity to contribute to decision-making.

On the other hand, an over-emphasis on procedures can create a proliferation of documentation and routinised practice with little time for interpersonal relationships or even professional expertise. In other words, procedures become an end in themselves rather than a means to achieving a focus on children (Richards et al., 2005; Winter, 2006). This is linked to increasing managerialism, with an emphasis on

financial and performance management (Richards et al., 2005; Hrafnisdóttir, 2005).

Richards et al. (2005) argue that this emphasis on understanding people and problems through bureaucratic procedures undermines interpersonal communication. This is supported by studies that have involved children in the research. Bell (2002, p.2) concludes that in the UK, 'the dominant value base of Social Services Departments today is business efficiency rather than the human rights of children.' Similarly, Munro (2001) argues that, whilst standardising systems have been created to improve the quality of care, these systems have embodied an assumption that professionals know best what children need and have undermined their ability to respond to children's individual preferences. It seems, therefore, that it is very difficult to create opportunities and obligations that support practitioners, without constraining their ability to relate to children as individuals. This suggests that as Icelandic policy-makers and managers of services continue the trend of developing systems and procedures, it will be important to do so in collaboration with social workers, and children as service users, so that systems remain responsive to children's knowledge and experiences. It is anticipated that the evaluation of the action research approach employed in the research supporting this thesis will assist in these developments.

5. Conclusion

This chapter has shown that practitioners in Iceland are not well assisted by national policy and legislation in developing child-directed practice. The legislation remains ambiguous and ambivalent about children's participatory rights, and fails to elaborate clearly an obligation to provide opportunities for all children to contribute to decisions made in all administrative proceedings affecting them.

The rights discourse is an extremely important development as it recognises children as individuals who have the right to a say in all matters that affect their lives (Munro, 2001; Bell, 2002). However, the rights discourse also presumes that individual interests can be treated as isolated and separable from others (Burman, 1994). In this respect, the children's rights discourse fails to take account of the impact of intersecting oppressions associated with generation, social class, gender, race, and disability and the power relations between those parties whose rights conflict.

Social workers work with children who have often developed resilience and coping strategies to deal with their adverse circumstances. Research with children indicates that their relationships with, and responsibilities towards, others are more meaningful than abstract, universal principles (Smart et al., 2001; Mayall, 2002). This is not to suggest that all relationships are positive, as many children in contact with social workers have experienced serious harm within familial, social and institutional relationships. However, it is only through children's accounts of their daily experiences that their circumstances can be understood. A more child-directed approach, therefore, takes children's own accounts and interpretation of their circumstances seriously and relates these to the impact of pervasive oppressions and adverse circumstances that structure their lives (Bernard, 2002; Burke and Dalrymple, 2002; Graham, 2007). This theorising is consistent with the *child standpoint* approach discussed in the previous chapter which takes account of the diversity of childhoods, and children's positioning in status and generational terms (Alanen, 1994; Foley, 2001; Mayall, 2002).

CHAPTER IV

The case for child-directed research and practice

I. Introduction

Focusing on evidence from children's perspectives, this chapter explores the extent to which social work practice and research is child-directed and suggests that both of these would benefit from a more child-directed approach. Researchers have developed a range of concepts to support social work practice in promoting children's interests. These include child-focused, child-centred, and participatory practice. Examination of the key principles underpinning these concepts indicates that there are differences in value-base and priorities from children's and practitioners' perspectives that affect the interpretation of these principles, which account, in part, for gaps between children's expectations and their actual experiences of professional intervention. The main contention is that child-centred approaches have not respected children's active role in defining their circumstances and making decisions, because they are not based on a body of theory that takes the power differences between practitioners and children fully into account (Foley, 2001; Roy et al., 2002). By drawing on adult assumptions of what children are and need, as opposed to being influenced by what children say, child-centred approaches continue to position children as passive recipients of practice (Woodhead, 1997).

Following on from this analysis, the merits of developing the concept of child-directed practice are explored. This concept is derived from the *child standpoint* stance towards practice and research elaborated in Chapter II. This theoretical stance takes

account of children's positioning in status and generational terms, with a focus on children as knowledgeable actors in their family, community, and welfare institutions (Alanen, 1994; Foley, 2001; Mayall 2002). The exploration of the concept of child-directed practice also draws on the critique of children's rights in Chapter III, especially the debates around the extent to which the exercise of their rights should be made contingent on their capacity.

The chapter is organised into four main sections. The first two sections examine research findings on children's perspectives of social work involvement and consider the extent to which, on this basis, social work practice can be said to be child-centred and to involve children in a participatory way. The third section examines the merits of the concept of child-directed practice compared with child-centred practice. The final section examines adult researchers' conceptualisations of children and childhood and investigates the direct application of knowledge from child-directed research to child-directed practice.

The analysis draws predominantly on the literature relating to the UK, but it also includes studies conducted in Norway, Iceland, Germany and New Zealand and evidence from one cross-national comparative study.

2. Children's views on social work involvement

Research studies in the UK indicate that children prefer not to seek professional help for their problems (Neale, 2002; Featherstone and Evans, 2004; Murray, 2005). Murray's study (2005) showed that because children were viewed as lacking in personal and social power, it was difficult for them to demonstrate that their problems were legitimate. This meant that when they asked for help they often found their worries were not taken seriously. This deterred them from asking again. Neale's research (2002)

with 117 children living in post-divorce/separation arrangements indicated that receiving professional help was seen as a last resort. They turned first to their immediate family, or failing that, to friends whom they saw as offering non-judgemental support, often on a mutual basis. They also felt that friends could be relied upon to maintain confidentiality. Approximately 20% of those interviewed had had experience of therapeutic and legal services. Research findings showed that the children felt they had no choice about seeing the professional concerned and had not found the services helpful due to lack of privacy and confidentiality; furthermore they felt that their views had been discounted. On the other hand, peer support schemes and services like Childline in the UK, which offer independent access and confidentiality, are valued by children. These services give them the opportunity to think about their predicaments and work out what to do at their own pace (Neale, 2002). Such services recognise that children wish to maintain control over what happens to them and have the capacity and resilience to seek advice and manage some problems for themselves.

Research findings from the UK, Norway and Iceland indicate that children's concerns about professional involvement are connected to the nature of the power relations between themselves and practitioners. Practitioners have the power to decide whether children's worries are to be taken seriously and then how these will be discussed with others (Sandbæk, 1999; Clark and Statham, 2005). Concerns about confidentiality also include the children's discovery that information that they thought would be kept private had been recorded in files, which were then read by others without their knowledge (Munro, 2001). Children have also reported feeling that they have little control over what happens to them (Bell, 2002; Thomas, 2000; Kristinsdóttir, 2004). Children with experience of the child protection systems in

England have reported that this fear of losing control over what happens makes them reluctant to report abuse (Featherstone and Evans, 2004).

Nevertheless, children have high expectations of their social workers and when these are met, they are full of praise (Munro, 2001; Bell, 2002; Morris, 2003a; McLeod, 2007). Children highlight both personal and professional qualities that they value in social workers. They value social workers who are easy to talk to and explain things well, who are kind and non-judgemental, have a sense of humour and do not get angry when things are not going well. Generally, studies in the UK (Thomas, 2000; Munro, 2001; Bell, 2002) and Norway (Sandbæk, 1999) confirm Butler and Williamson's findings (1994, p.84) that children are seeking a 'more emotional, empathetic level of interaction' which contrasts with the more bureaucratic and impersonal interventions many children reported they had received. In addition to this personal level of interaction, children appreciate professional qualities such as reliability, continuity and confidentiality. Moreover, children expect social workers to take actions that improve their situations (Thomas, 2000; Bell, 2002; McLeod, 2007). Reliability refers to practical matters such as keeping appointments, responding when requested, and being respectful of children's own wishes in the use of time and space (Sandbæk, 1999; Munro, 2001; Bell, 2002). Sandbæk (1999) found that children's own priorities were not respected when practitioners decided all aspects of contacts, including venue, timing and agenda. This misuse of power reflected assumptions that childhood is a period when time and activities are less important or even trivial compared to adulthood (Mayall, 1994; Sandbæk, 1999; Clark and Statham, 2005). Continuity is often lacking; children describe frequent changes of social worker as making them feel, 'bereft, forgotten and confused' (Munro, 2001; Bell, 2002, p.4; McLeod, 2007).

Children's concerns about the way information about them is recorded have serious implications for whether they feel they can trust practitioners with their problems. In a study of children's views on services from school and welfare agencies in the UK, Aubrey and Dahl (2006) found that some children were unwilling to discuss their problems with welfare professionals because they were worried that information would be used in ways that they could not influence. Grover, drawing upon a Norwegian study by Donnerstad and Sanner (2001) quotes the following young person's view:

'My feeling is that the Child Welfare Services think I'm a pile of documents ... I never get the chance to show who I really am, no matter what I do. When they pull out the documents – which supposedly is me – they always focus on the negative aspects (boy, aged 17)' (Grover, 2004, p.86).

As already indicated, children expect social workers to take actions that improve their situations. When interviewing children involved in formal child protection procedures in England, Bell (2002) found that provision of emotional support without achieving improvements in their home situation was not viewed as helpful intervention. The children in Thomas's (2000, p.150) study, conducted in England and Wales, described their ideal social worker as someone who would 'sort things out' and 'get good foster parents' for them. Whilst children value the opportunity to clarify their thoughts and feelings with someone, 'help' for them means improvements in their situation. McLeod concluded from interviews with eight 'matched pairs' of young people (aged between nine and seventeen) and social workers, that social workers' and young people's understandings of the term, 'listening' were different. Social workers thought listening, hearing children, and acting on what they said were three different

activities. For the young people, however, ‘they were one: if a social worker did not act on what they said, they had not listened’ (McLeod, 2006, p.45). Furthermore, it seemed that the young people and the social workers held a different value-base. The young people were seeking autonomy and self-determination and dismissed the idea that social workers knew what was best for them. The social workers, on the other hand, emphasised communication and consultation, and gave a higher priority to helping children come to terms with their underlying feelings. They felt they were right to overrule young people’s wishes when they could justify this on welfare grounds (McLeod, 2006; McLeod, 2007).

3. Child-centred and participatory practice

To recap, research from children’s perspectives, examined above, indicates that there are significant differences between children’s expectations and their actual experiences of professional intervention. There are also indications of differences in the value-base and priorities between children and social workers affecting their views of what was best for children and how this should be determined (Sandbæk, 1999; Bell, 2003; McLeod, 2007). Moving on, the concepts of child-centred and participatory practice were developed to guide practitioners towards taking children’s interests and views fully into account in decisions about what was in children’s best *interests* (Roy et al., 2002).

In Chapter III, I showed that the weight given to children’s own views of their best interests was often made contingent upon children’s developmental readiness to hold and express these views (White, 1998). In the discussion below, the implications of this for children are taken further by examining the outcomes of differences in status

and power and differences in value-base and priorities between children and social workers.

Best interests and views and wishes of children: value-laden principles

As shown in Chapter III, the principles of *best interests* of the child and the duty to take account of children's *views and wishes* are primary considerations in all actions taken in respect of children in both international and national legislation (UN, 1989; Child Protection Act, 2000). However problems of interpretation arise due to children's lack of status and power. A central feature of children's minority status is that adults have the legal power to make decisions on behalf of a child, based on their assessment of what is in the child's best interests. Sclater and Piper argue, in the context of decision-making during divorce and separation in the UK, that the meaning of best interests 'is fluid, indeterminate and value-laden and can, potentially, provide a convenient cloak for 'bias, paternalism and capricious decision-making' ' (2001, p.411). Thomas and O'Kane (1998a, p.151) compared what social workers and children said about conflicts in decision-making¹². They found that children were ready to accept adults' decisions when they were supported by clear explanations. However, children were less ready to accept decisions that were based on vague ideas of their best interests. In discussions with social workers, the researchers found that social workers made assumptions that when children disagreed with them or used different criteria for making choices, children's reasoning was flawed. Social workers then justified overriding children's views by reference to children's best interests and assessments of children's lack of capacity. Similar findings have been evidenced by other researchers (Mason and Steadman, 1996; Piper, 2000; Sclater and Piper, 2001; Neale, 2002; Smith et al., 2003; McLeod, 2007).

¹² 119 decisions were examined.

As already discussed above, research findings also indicate that conflicts about decision-making are due, in part, to differences in value-base and priorities between children and social workers. Children expect respect for their own opinions of what is best for them, and reject the idea that social workers know what is in their best interests (Munro, 2001; McLeod, 2007). Social workers, meanwhile, feel responsible for deciding whether children's views are meaningful and in their best interests; on this basis social workers retain their power to decide the degree to which children's views will be heard and taken seriously (Thomas, 2000; Roy et al., 2002; McLeod, 2006). Despite the emphasis on the importance of the child's view and *child-friendly* techniques to ascertain this view (Thomas, 2000; Bannister, 2001), therefore, the concept of child-centred practice is limited when it draws upon assumptions that, as experts, practitioners know what is best for children and can justify overriding children's views based on assessments of children's incompetence (Foley, 2001; Roy et al., 2002).

Participatory practice

The concept of participatory practice has been discussed as an element or manifestation of child-centredness in planning for children, which emphasises children's involvement in decision-making (Sinclair, 2004; Voice for the Child in Care, 2004). Research in the UK, however, indicates that many children have experienced the decision-making systems for planning their care as adult-led both in content and process, and have not felt respected or valued (Thomas, 2000; Cashmore, 2002). As discussed in Chapter II, practitioners' attitudes and their personal commitment towards children's participation are crucial in determining the level of participation that children experience (Adams and Welsby, 1998; Shemmings, 2000; Thomas, 2000).

There are many different interpretations of the meaning of *participation*. Even in a child-centred approach, it can mean simply being asked to give a view with no guarantee about how much weight that view will carry, and it may not include being present in decision-making forums. In this sense, participation is passive and participants may have no real influence on decisions. Alternatively, in moves towards more child-directed practice, participation means full involvement in decision-making, including opportunities to affect agendas, influence decisions and bring about change (Hart, 1992; Shier, 2001; Sinclair, 2004). In this sense, participation involves a sharing of power by all those involved, with processes of information sharing, discussion and negotiation to reach decisions (Cashmore, 2002; Sinclair, 2004). A number of models of participation have been designed to reflect this range of interpretation and distinguish the features that support children's full participation.

Models of participation

Hart's ladder model, which was derived from Arnstein's (1969), has been very influential, especially in helping practitioners recognise and eliminate manipulative and tokenistic types of children's participation (Shier, 2001). The ladder shows a range of involvement of children, from passive or even manipulative, to child initiated and directed, with the steps on the ladder describing a gradual increase in power and control afforded to, or claimed by children (Hart, 1992). Shier's model emphasises the importance of commitment, both from practitioners and the organisation, to provide the resources, knowledge, skill and obligation, through policy, training and systems, to promote this increase in children's power and control over decision-making (Shier, 2001). Both models show that there is a minimum point that must be reached before the participation afforded to children can be considered real. At a minimum, children's

views must be sought and taken into account, and they must be kept informed (Hart, 1992; Shier, 2001).

Evidence from UK studies suggests that social workers tend to be more cautious than necessary in extending children's control over decisions (Thomas, 2000; Munro, 2001; Bell, 2002; McLeod, 2007). Multi-dimensional models of participation, such as Lardner's model (Figure 2) provide a more nuanced picture of the elements of decision-making (Lardner, 2001). The colour shading on the diagram represents gradations on a continuum between the extremes of adult-led and child-led decision-making. This more nuanced model prompts practitioners to consider the different elements of decision-making such as deciding the agenda, making decisions and taking actions. Thus prompted, practitioners can consider how to shift their practice towards the child-led end of the continuum on each element of the decision-making. This consideration raises awareness of how practitioners think about children and encourages them to consider the basis upon which they support or limit children's autonomy. Furthermore, it identifies more clearly the parameters of power and control, and raises questions about the extent to which practitioners either retain and exercise their power and control, or allow their power to be restricted.

Children's involvement in decision-making

This sub-section focuses on research findings revealing the circumstances in which children's participation in decision-making has been limited. This limiting of children's involvement devalues children's own appraisals of their circumstances and increases their vulnerability (Kitzinger, 1997; Kaltenborn, 2001).

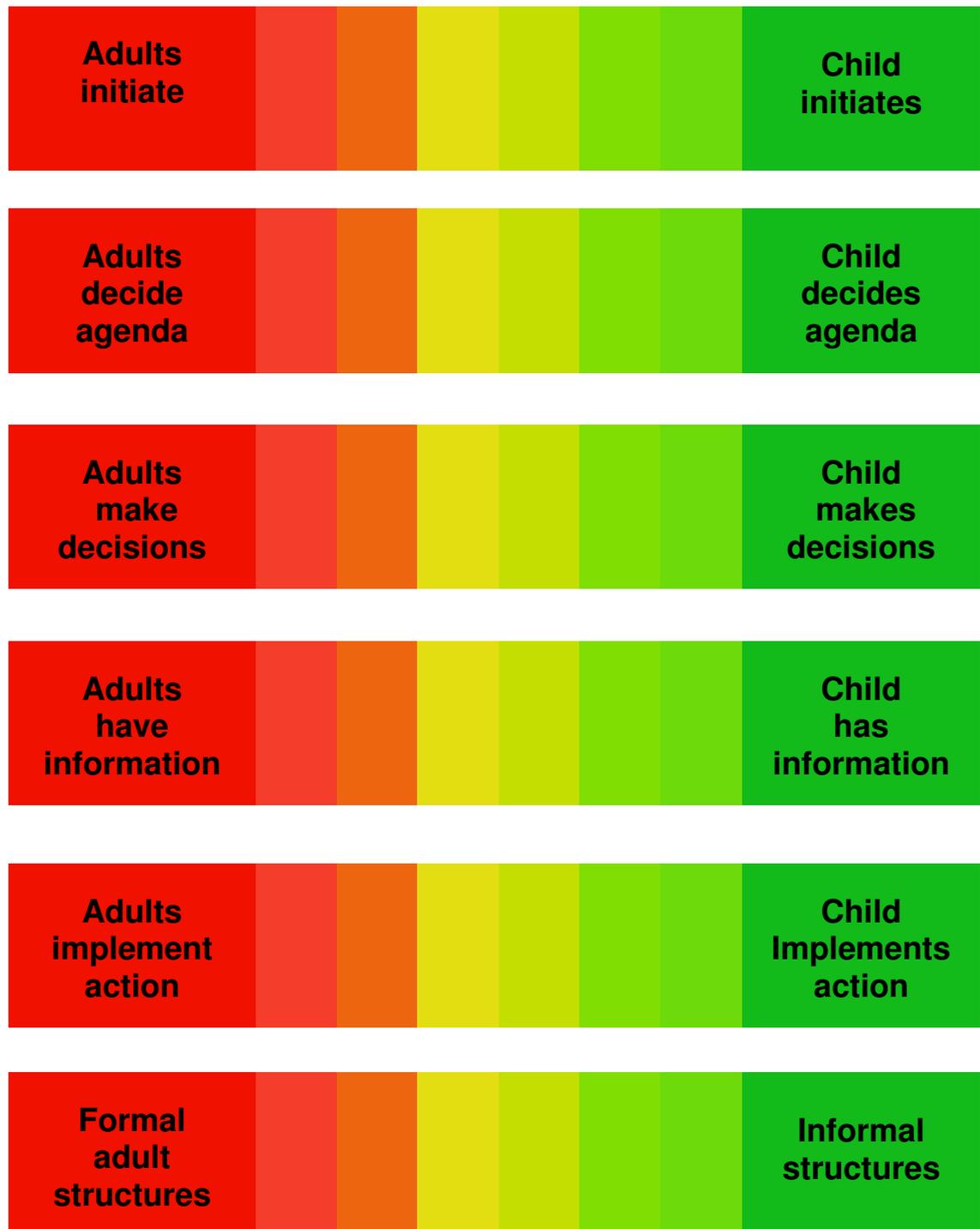


Figure 2: Participation model (adapted from Lardner, 2001)

In a comparative study of social work practice in Denmark, Germany, Sweden, England and Wales, and Texas¹³, Nybom found social workers in all the countries

¹³ Texas is a state and not a country. The term country is used for the sake of brevity.

expressed little intention to see or speak to the younger child (aged four), but the majority said they would speak with the older child (aged eleven), when responding to two vignettes. Thus, the author concludes that age was a significant factor in whether children were given the opportunity to express their views. The findings also suggest that where younger children are concerned social workers were preoccupied with assessing parenting (Nybom, 2005). Other authors have reached similar conclusions (Thomas, 2000; Clark and Statham, 2005; Winter, 2006).

Studies in England and Wales (Thomas, 2000) and Norway (Sandbæk, 1999) have shown that practitioners do not always prioritise the decisions that matter to children, partly because adult-led agendas dominate and partly because children's own concerns are devalued. In child-directed practice children must have opportunities to raise matters that concern them. Such concerns, often related to wider relationships and experiences at school, can help social workers revise narrowly defined situations of risk (Christie and Mittler, 1999) and make decision-making better informed (Kaltenborn, 2001). Kaltenborn (2001) argues, based on findings of a longitudinal study of decisions about parental custody and child residence decisions conducted in Germany, that the wish of the child 'represents an integrative appraisal of his or her whole social matrix ... the integrative appraisal includes past experience with these people, the availability of these people in everyday life, problems and benefits resulting from these relationships, aspirations and hopes about the future as well as other dimensions ...' Yet he found that children's own appraisal was generally not taken seriously enough by adults involved and argues that this was due to children's minority status together with social values that do not appreciate children's rights to follow their own relationship preferences (Kaltenborn, 2001, p.484).

Exclusion of children from involvement in discussion and decision-making is often rationalised by reference to their increased vulnerability (Mason and Steadman, 1996). To address this point, the nature of children's vulnerability needs to be discussed more fully. All children are accorded a special status of being vulnerable to abuse and exploitation by adults, hence the special protection rights within the United Nations Convention on the Rights of the Child. As discussed in Chapter II, within the dominant frameworks of theorising about children, this vulnerability is associated with inherent characteristics of children as immature, malleable, and lacking in experience (James and Prout, 1997; James et al., 1998). However, alternative theorising from feminist and generational perspectives argues that it is the status of children as economically and politically powerless, and not inherent vulnerability, that promotes exploitation and abuse (Kitzinger, 1997; Olsen, 1992; Mason and Steadman, 1996; Mayall, 2002). Protecting children, therefore, is not about shielding them from painful discussions and difficult decisions. This shielding tends to increase their powerlessness as they are excluded from gaining information and opportunity to influence what happens to them. Protection would be better secured by talking openly with them and providing opportunities to increase their autonomy within the context of supportive and egalitarian relationships (Olsen, 1992; Smith et al., 2003).

Children's involvement in meetings

Meetings in social work practice constitute a key arena for decisions that have major effects on children's lives. Such meetings are held to consider children's care and protection, ostensibly focussing on the children and their best interests. Yet the children's experiences are quite different. They report that, even when encouraged and supported, they have found the meetings to be daunting, isolating, humiliating, or

simply boring. They see the meetings as adult initiated, orientated and structured (Sinclair, 1998; Thomas and O’Kane, 1999b; Bell, 2002; Cashmore, 2002). During the last ten years, gradual improvements in facilitating children’s participation have been made. The importance of providing information to children prior to meetings has been emphasised. Children have been better prepared, so they know what to expect and have time to choose how they want to be involved and what they want to be taken into account (Thomas and O’Kane, 1999b; Thomas, 2005). In other words, participatory practice has been seen as a process, rather than isolated moments when the involvement of children is considered (Thomas and O’Kane, 1999; Willumsen and Skivenes, 2005).

Child-directed practice requires a more fundamental shift. Myers’s (2002) discussion of the meaning of a child-centred approach raises important considerations for achieving a more empowering approach with children. This discussion explores the way discourses and theoretical positions are employed. In discussing a project for children in the UK, Myers notes that a pathologising discourse, which labelled children as abusers and concentrated on their deficits as individuals, led to practice approaches that were controlling and confronting. In discussion of the meaning of a child-centred approach, workers in the project explored their concerns that dominant discourses, and the resultant approaches adopted, were suppressing their individual responses to children. Workers began to employ social constructionist approaches, particularly narrative work, and found that these helped children find more positive ways of conceptualising themselves and allowed them to take responsibility for their lives and actions. The style and structure of meetings was changed to become more egalitarian. This was achieved not only through preparation and by identifying their ‘helping

team', but also by using games and exercises in a more collaborative process, and by increasing children's responsibility for agendas (Myers, 2002).

Social divisions: undermining effects

Social workers work with children who are among the most disadvantaged in society. As discussed in Chapter II, a focus on fostering more egalitarian power relations in child-directed practice is congruent with the conceptualisation of anti-oppressive practice more generally. Parallels have been drawn between addressing children's subordination with that associated with race, gender, and disability; this highlights the profound effect of oppressive value judgements and the impact of unequal power on relationships with children (Pringle, 1998; White, 1998). A crucial aspect of child-directed practice involves practising in ways that avoid oppressive value judgements and counteracts the effects.

This is particularly important given that the most marginalised children are often in the paradoxical position of being rendered invisible due to their lack of economic and social status, and more likely to be subject to pathologising discourses that reframe social problems as individual pathology (Cocks, 2000; Marchant, 2001; Graham, 2007; Owusu-Bempah, 2008). White argues that some children are on the margins of the category of 'child' because professionals find it difficult to fit them into social welfare categorisations concerning children and childhood. She refers to this as the 'phenomenon of the marginal child' and includes in this conceptual category disabled children and children whose behaviour has been 'psychiatrised', that is, children who have been diagnosed with behavioural disorders such as Attention Deficit Hyperactivity Disorder (ADHD) (White, 1998, pp.286-7).

Social constructionist perspectives in childhood studies question some of the powerful images and dominant theoretical constructions of childhood that imply particular courses of action generated by the need to control or protect children. Examples include Glauser's analysis regarding *street children* (1997) and Kitzinger's (1997) work on images of *the sexually abused child*. Within the organisational context of local authority social work, from a social constructionist perspective, referrals about children can be seen as devices used to make a claim for help or for a service. The aim of these referrals is to convince those receiving them to take the depicted situation seriously. Situations have to be presented as problems, that is, conditions perceived as wrong or troublesome but changeable (Spector and Kitsuse, 1997). In this way personal troubles can be presented as public issues worthy of attention in a particular society at a particular time. The powerful images of children as innocent or evil, discussed in Chapter II, can emerge in the way children are portrayed in referrals so that they are seen either as victims deserving of sympathy and protection because they have been harmed through no fault of their own; or they may be implicitly or explicitly portrayed as in some ways at fault (Donzelot, 1979; White, 1998; Stainton Rogers, 2001).

An important dimension of child-directed practice, therefore, is finding ways to counteract the 'blaming' of children for problematic social conditions, by focusing on these children's strengths, resilience and coping strategies developed and employed in the face of adversity (Robinson, 2001; Mullender et al., 2002). Munford and Sanders (2008) found, from their study with young women (aged thirteen-fifteen years) excluded from education, that key to identifying the young women's strengths and capacities was a realisation that acting out behaviour was often caused by tensions faced by these young women as they coped with their troubling circumstances. On the other

hand, their findings indicated that these strengths are likely to be overlooked if practitioners attended only to young people's surface behaviours and focused only on problems.

Morris (2003b) distils lessons from four projects involving disabled children, lessons that identify key aspects of child-directed practice. The primary lesson was to assume that all children have something important to communicate and have the skills to do so. Some lessons were very practical, for example, the importance of preparation and attention to detail in order to minimise barriers to children's control over decision-making. Other lessons were more conceptual; the importance of distinguishing between *impairment* and *disability* is crucial for disabled children. This means recognising that *disability* arises through social barriers of prejudice, discrimination and social exclusion; these barriers restrict potential and do not necessarily reflect actual needs due to impairment. Attitudinal barriers maintained by gatekeepers (parents and other workers) to children giving their views directly to social workers or researchers also reflected views of children's incapacity. Persistence in making direct contact and hearing directly from the child in the face of institutional and attitudinal barriers is, therefore, another essential aspect of child-directed practice.

4. Child-directed practice

This section examines the merits of the concept of child-directed practice compared with child-centred practice by developing the points made in the section on child-centred and participatory practice above. The concept of child-directed practice shares with child-centred and participatory practice the emphasis on children's rights to be heard and included in decision-making (Roche, 1999; Munro, 2001). However, the concept of child-directed practice can be differentiated by the conceptualisations of

children and childhood employed and by the emphasis placed on establishing greater equality in relationships between practitioners and children.

The evidence from the research on children's perspectives, presented in the first part of this chapter, indicates that child-centred approaches have not respected children's active role in defining their circumstances and making decisions, because they are not based on a body of theory that takes social status and power into account (Foley, 2001; Roy et al., 2002). Child-centred and participatory practice has continued to draw upon adult assumptions of what children are and need, as opposed to being influenced by what children say about their experiences (Sandbæk, 1999; Neale, 2002; McLeod, 2006, 2007). From this perspective, the level of participation afforded to children depends on assumptions about their vulnerability and competence, which tends to exclude children who are quite able to have their say (Thomas, 2000; Christensen and Prout, 2002).

Child-directed practice, on the other hand, involves a shift in power relations towards greater equality between practitioners and children in how practice is conceptualised and carried out. The way that children are conceptualised by practitioners is seen as pivotal to the power relations that follow between practitioners and children (Mayall, 2002; Sinclair, 2004; McLeod, 2007). To develop more child-directed practice, conceptualising children as having the knowledge, strengths and ability to be actively involved in defining their situations and contributing to decision-making, is significant in moving away from ascribing subordinate and dependent roles (Thomas, 2000; McLeod, 2006). Accessing children's knowledge of their circumstances is seen as essential to understanding their individual situation and the social context (Smith et al., 2003). This involves a shift away from treating children as vulnerable and

incomplete, towards treating them as capable and active in coping with difficult situations (Sevenhuijsen, 1998). For example, children have shown their capacity to give consent for surgery (Alderson, 1993). Mayall's research (1996, 2002) has shown children making difficult moral decisions about how to act in troubling family circumstances, such as supporting mothers with post-natal depression, or coping with contact and new relationships following parental separation. To ensure that practice is informed by children, the qualification of the value of children's views by age and maturity needs to be removed. This qualification is disrespectful in view of their right to be consulted (Lansdown, 1994; Smith et al., 2003).

Child-directed practice focuses on achieving benefits to children that are consistent with the interests that children identify as important in their circumstances. Questioning of adult assumptions and careful discussion with children is needed in order to understand their interpretations of their interests. For example, Mason (2008) found in participatory research with children placed in foster homes in Australia that adults and children all talked about the importance of the continuity of relationships. However, findings of the study from children's perspectives indicated that practitioners tended to conflate continuity of relationships with stability of placement as a means of overcoming children's perceived deficiencies in development caused by adverse circumstances. This meant that children's need for continuity of relationships with those familiar to them was overlooked by a concern with permanence of placement as an outcome.

Children are rarely free to decide for themselves whether they wish to be involved with practitioners and for their part practitioners often face dilemmas in involving children. Parents and other professionals often act as gatekeepers to

children's participation. This gatekeeping role has a positive function in acting as a barrier to potentially damaging practice, but gatekeepers can also use their power to censor children (Morris, 2003b; Masson, 2004). In child-directed practice, the practitioner persists in attempts to overcome the barriers and provide opportunities for the child to decide (Morris, 2003b). It was clear from children's views on social work involvement outlined in the first section of this chapter, that children were seeking much more control over the impact of practitioners' interventions. The implication is that children's agreement to the purpose and nature of intervention has to be obtained rather than assumed and that such an agreement can only be given in the context of full information provided at points when it is needed and useful (Alderson, 1995; Morrow and Richards, 1996; Masson, 2004).

The issue of confidentiality is another dilemma for practitioners. The concept of confidentiality has a particular meaning in social work practice with children; absolute confidentiality can rarely be assured. In Iceland, the Child Protection Act (2002, Section IV, Article 17) stipulates that those working with children have an obligation to report any concerns to the child protection committee. The idea of confidentiality is therefore a relative one that can be understood differently depending on context. In child welfare work, there are many limitations on confidentiality: children's situations are discussed with parents, teachers, with managers, within teams and so forth; and written about in records, reports and applications for services. It is important, therefore, that practitioners explain from the start of contact that they will be talking and writing about children's personal situations. In child-directed practice, practitioners supply clear explanations of limits on confidentiality before children agree to get involved and as part of the process of involvement. This includes, for example,

how information provided is recorded, both in terms of content and method, how it will be stored, who is going to see it, and how it will be used. This can then lead to discussion of how practitioners will account for what they say and write, how practitioners will incorporate children's views and how children can be satisfied that their situations are not being misrepresented (Swain, 2006).

Conceptually, in more child-directed practice, the child is viewed as working alongside adults in a more equal position, assisting practitioners in the direction of practice, drawing from their own experience. This promotes greater sharing of knowledge and power with children to set the agenda and make decisions in practice (Bell, 2002; Burke and Dalrymple, 2002; McLeod, 2007). As discussed earlier in this chapter and in Chapter II, the focus on fostering more egalitarian relations in child-directed practice is congruent with the imperatives of anti-oppressive practice more generally. Consistent with a strengths perspective (Mullender et al., 2002) it is therefore crucial that adult conceptualisations of children experiencing multifaceted oppression also focus positively on children's capacities and resilience in coping with adverse experiences; together with an understanding of how adverse power relations between children and institutions, in the wider context, affect their lives (Thomas and O'Kane, 1999a; Graham, 2007).

5. Child-directed social work research

This chapter is addressing children's perspectives on social work practice and social work research. Those perspectives are driven by the conceptual grounding of child-directed research and the subsequent approaches of the researchers. The perspectives are made real through the expression of children's views. As a matter of

methodological coherence this conceptual grounding and the views expressed by the children must be applicable not only to the research itself, but also subsequent practice.

One can see, by definition, that child-directed research and child-directed practice are closely related. In this section work from previous research is examined to see what lessons can be brought to bear on practice. The section has two subsections: the first looks at the conceptualisations of children and childhood held by adult researchers, while the second investigates the direct application of knowledge from child-directed research to child-directed practice.

Adult researchers' conceptualisations of children and childhood

Adult researchers' conceptualisations of children and childhood are pivotal to the way that children are treated when they are involved in research. These conceptions underlie, and have an effect on, the power relations between the adult researchers and the children. A traditional approach is to see the child as a passive object of study, rather than as a person capable of understanding and influencing research.

In this traditional approach consent for involving a child in research is usually sought from the adult carers, without necessarily consulting the child. Thus on the one hand the carers are seen as guaranteeing the child's welfare while on the other the children are perceived as dependant and incapable of dealing with the proposed research. Such an approach can be viewed as child-focused in that the child is seen as the locus of the research but it is not child-directed, nor even strictly speaking child-centred. The children have no opportunity to influence how they are involved. The only action left to them is resistance. Moreover, since they are deprived of more informed methods of objecting or influencing the work they are more vulnerable to exploitation (Christensen and Prout, 2002, Masson, 2004).

In a more child-centred approach to research, the adult researcher sees children as the subject of the research. The children's experiences are valued and placed at the forefront of the research. However, much research that is called child-centred often imposes preconceived theoretical frameworks. Such frameworks often make predictions about the children's competence to be involved and circumscribe the roles they can play (Fraser, 2004). For example, if the researcher views the children as being at certain 'stages' derived from developmental psychology, or uses a medical model of disability that only recognises the children's impairments, then either of these frameworks can result in a child being excluded from participation. Age and disability are thus used to exclude children due to a lack of perceived competency. Yet research is just as relevant to these children, indeed it can be enriched from their views (Morris, 2003b). From the child's perspective they may thus be excluded altogether or find that they are assigned passive roles in the research. Even if participatory and child-friendly methods are employed, the asymmetrical power relationships between child and researcher – which are always present – are reinforced since the researcher maintains the belief that she has superior knowledge (Mayall, 2000).

In child-directed research, the conceptualisations of children and childhood are derived from psychological and sociological theoretical frameworks which view children as competent social actors in their own right (James et al., 1998; Woodhead and Faulkner, 2000; Mayall, 2002). Factors such as age and disability are no longer seen as markers of maturity or competence. Rather the direct social experience of the children in areas directly related to the research becomes the main criterion for inclusion. Other factors for inclusion take into account the children's own expressed views on their interest and willingness. Thus, in child-directed research the children are

viewed as capable of giving consent; and hence to make such a decision they are given full information about the research (Christensen and Prout, 2002; Robinson and Kellet, 2004).

Far from reducing adult responsibilities, the conceptualisation of children as competent social actors in child-directed research, introduces new ones; and these new responsibilities are reflected in the growing debates about the ethical dilemmas of involving children in research (Christensen and Prout, 2000; Woodhead and Faulkner, 2000). These debates centre on a number of issues. The first is how to overcome paternalistic attitudes in adult gatekeepers and gatekeeping systems (Balen et al., 2006). Williamson et al. (2005) have highlighted issues relating to confidentiality and protection. Finally, some authors have addressed the obvious power imbalances between adults and children (Morrow and Richards, 1996; Mishna et al., 2004). From the children's point of view what is emerging from these debates, and what is crucial to child-directed research, are the ethical frameworks that afford children the same rights to participate in research, and to be protected from exploitation that are afforded to adult participants in participative research (Christensen and Prout, 2000).

Lessons for child-directed practice from child-directed research

Both research and practice are essentially intrusive into the lives of the children involved. It is hardly surprising then to find that some of the lessons coming out of the research, and in particular the research methods used, can have a direct application to social work practice. This sub-section takes some of the conceptual issues raised above and considers how children have viewed their participation in research and how those views might be incorporated into practice. This consideration represents not only an

attempt to align research and practice, but also addresses the need for a coherent methodological approach between both child-directed research and practice.

The motivations behind a child's wish to participate in research are varied. She might find the subject matter interesting. She may feel that she will learn from discussions. Or quite simply, she might welcome the opportunity to talk to others (Edwards and Alldred, 1999; Punch, 2002). Whilst all these are important Hill et al. (2004) argue that children are mainly interested in outcomes from their involvement in research. They want to know if there will be benefits, and not necessarily just for themselves.

Children who participate in research expect to be kept informed; they expect things to be explained to them and they want to know how their views have been used. More importantly they are realistic about the extent of change that is likely (Stafford et al., 2003) It is more painful for children to have their hopes raised unrealistically, or to have solutions promised that cannot be fulfilled (Bell, 2002).

Furthermore, in child-directed research, participatory methods are employed as part of a strategy to reduce power asymmetries between the adult researchers and children (Mason, 2008). This means that children must be engaged in the organisation and operation of the research itself, rather than just providing data for the researcher (Coad and Evans, 2007). This engagement can include participation or control in any (or possibly all) of the stages of the research, depending on what is agreed with the children at the outset (Kellet et al., 2004; Kirby, 2004). There now exists a growing body of knowledge and techniques in social work research for engaging children in ways that give them more control over communication and process (Coad and Evans, 2007).

Two approaches that have worked well in social work research are ‘Participatory Rural Appraisal’ (PRA) (O’Kane, 2000) and the ‘Mosaic’ approach, which is particularly successful with younger and disabled children (Clark and Statham, 2005). PRA methodology has its origins in rural development work which assumes that local people have knowledge and experience of their conditions, and uses interactive methods which pay attention to issues of power and control in the research process (Chambers, 1994). The Mosaic approach draws on PRA methodology in combination with pedagogical frameworks developed within the Reggio Emilia early childhood settings in northern Italy. These frameworks emphasise children’s abilities and the richness of their experiences. Both approaches, therefore, employ a combination of methods designed to harness creativity and maximise active participation (Clark and Statham, 2005). For example, stories and photographs are used while wider forms of visual techniques use mappings and diagrams. Through these methods children can gain greater control over the research agenda. They are not limited to the researcher’s questions; rather the techniques open out the child-researcher interaction to bring out new information and explore the complexities of the child’s experience.

O’Kane (2000) highlights that methods should not be employed mechanistically: flexible combinations of techniques are required. Most importantly researchers must employ self-reflective practices to monitor their personal and professional attitudes towards children. This is particularly necessary to avoid privileging adult views about the direction of the research (Mason, 2008).

A final point on what can be learnt from children’s views from their involvement in research concerns the importance of being receptive to children’s feedback in child-directed practice. A strong theme that emerged from young people in

research within health settings in the UK was that young people wanted staff to develop a listening culture. By this, they meant that they preferred staff to make it clear that they wanted to hear constructive criticism. They also expected their concerns to be taken seriously and acted upon (Lightfoot and Sloper, 2003). This is an important point both at an organisational and individual level. In child-directed practice, being serious about consulting children and listening to their views, does not mean being prepared to do so only on the practitioner's terms. Children rarely have the opportunity to criticise professional practice, and when they are given such opportunities they are both pleased and serious about giving their opinions (Kirby and Gibbs, 2006). Creating the conditions within which children feel that they can raise their concerns, or alternatively provide positive feedback, is an effective way of reducing their relative powerlessness and dependency. Turning this around, such conditions create a more equal relationship.

The transference of these research findings to practice is not difficult to understand. Social work research involving children is a form of social work practice. Methodologically it is important to ensure that the techniques employed in that research are coherent not only with the theoretical grounding of the research but also with the subsequent suggested practice. Child-directed research makes new demands on both the researchers and children, these self-same demands reappear in child-directed practice.

6. Conclusion

Social workers work with children who are experiencing extensive and serious oppression. These children are often within the most marginalised groups in society, whose views are frequently not heard or taken seriously. Social work practice with

children and families is underpinned by knowledge of psychology, particularly child development and attachment theories (Taylor, 2004). Understanding children's development and the impact of abuse and neglect on children's view of self and behaviour is an important part of working with children (Schofield, 2005). However, as has been highlighted, the developmental model underpinning welfare and control discourses conceptualises childhood as a period of dependency, requiring protection. These conceptualisations often mean that children's own interpretations of their experience and their views about what should happen are ignored, despite growing evidence that almost all children are capable of expressing what is important to them if accorded support and respect (Butler et al., 2002; Smith, et al., 2003). Lack of information and opportunities to influence decisions can mean that children's vulnerability to abuse is increased (Mason and Steadman, 1996; Kitzinger, 1997).

Legislation, policy, guidance and procedures, together with the children's rights framework have played a significant part in ensuring that the principle of involving children in decision-making is accepted generally. But there are problems associated with standardising systems that embody assumptions that adults know what is best for children; these systems limit practitioners' creativity and constrain their ability to respond to individual children's preferences (Shemmings, 2000; Luckock et al., 2007). Concepts of child-centred practice and participatory practice have been developed to guide practitioners towards taking children's interests and views fully into account. However, these concepts are limited when they draw upon adult assumptions of children's vulnerability and incompetence (Foley, 2001; Roy et al., 2002).

The concept of child-directed practice has been distilled from theoretical frameworks in the sociology of childhood (Alanen, 1994; Mayall, 2002) and from

research literature on social work practice and childhood (Sandbæk, 1999; Thomas and O’Kane, 2000; McLeod, 2007). Child-directed practice takes a child standpoint position on children and childhood, which views children as knowledgeable actors in their family, community, and welfare institutions and is directed towards redressing the asymmetrical power relationships between children and practitioners (Alanen 1994; Foley, 2001; Mayall 2002). In this thesis, I examine the benefits of developing child-directed practice and the extent to which this approach assists in promoting practice that affords children a more equal position in working alongside practitioners. Furthermore, I examine to what extent the development of this concept can be achieved by collaborative, child-directed research with practitioners as participants and young people as consultants in action-based research.

CHAPTER V

Methodology and methods

1. Introduction

The thesis explores social workers' conceptualisations of childhood and the implications for developing more child-directed practice with children, through an action research approach informed by young people as consultants. This chapter outlines the theoretical and methodological stance taken in achieving this and establishes the coherence between the aims and research questions, the action research approach adopted in this study and the constructionist approach to grounded theory.

The chapter has five main sections. It begins by delineating the theoretical underpinnings and assumptions informing the research design. The second section explains how young people were recruited as consultants, and practitioners as participants in the research, discussing the dilemmas and decisions involved in this. The third section discusses the ethical considerations associated with involving young people and practitioners. The fourth section deals with the cycles of the action research process; explaining how the design and techniques employed facilitated the young people's contribution and the practitioners' active involvement. Finally, conclusions are drawn concerning the validity of the research.

2. Theoretical stance

A number of authors stress that selection of research design, data generation and analysis is based on a researcher's assumptions about reality and how knowledge is produced about that reality (D'Cruz and Jones, 2004; Denzin and Lincoln, 2004; Blaxter et al., 2001). These assumptions also affect the type of action research approach

taken, so it is important to make them clear in order to justify the methodology and methods used (Hart and Bond, 1995). D’Cruz and Jones (2004) emphasise that it is important for researchers to engage in a reflective process to learn how to explore personal positioning and subjectivity. I will begin this account of the methodological stance, therefore, by drawing from an extract written in my research diary in August 2004:

Reading Silverman’s (2001) section on interview data analysis, I realised that although I have been immersed in thinking about the social construction of childhood, I was still hankering for a positivist methodology that would give me access to the ‘facts’. I was worried that I had no way of knowing how far social workers’ accounts in interviews would reflect reality.

I found it helpful to read that according to social constructionism, interviewees’ answers can be viewed not as “reality reports delivered from a fixed repository” but rather as “aspects of reality” pieced together “in collaboration with the interviewer” (Holstein and Gubrium, 2004, p.156) with the interviewee “invoking a sense of social structure to assemble recognizably ‘sensible’ accounts for the purpose at hand” (Silverman, 2001, p.110).

In other words the content (what) of the interview accounts from social workers can be analysed and compared to gain an understanding of the similarities and differences in general perspectives and their portrayal of children. Furthermore the form (how) of their accounts can be analysed and compared to see what is revealed about how social workers make their actions explicable and understandable (Holstein and Gubrium, 2004).

I think that this approach is particularly powerful when considering the nature of social work. First, social workers treat ‘talk’ as a non-trivial matter (Silverman, 2000, p.97). Second, social workers are constantly engaged in pulling together accounts of the reality of

their client's lives with a view to how this might be understood and what outcome is desired
(Silverman, 2001).

These reflections helped me to clarify how I intended to produce knowledge about social workers' conceptualisations of childhood. I was able to locate the aims and research questions more firmly in a social constructionist paradigm. In Chapters II and III, I argued that the ways that social workers conceptualise children affects how they behave towards them in their professional practice. Those chapters explained the contested conceptualisations of children in order to establish and advance the distinguishing features of child-directed practice and provide a rationale for the research questions.

The examination of the case for more child-directed research and practice in Chapter IV indicated that there are distinct benefits to children for developing such practice and for evaluating a child-directed research approach. Accordingly, the research aimed:

- . To explore social workers' conceptualisations of childhood and the implications for practice;
- . To develop an action research approach informed by young people as consultants, that would create a reflective space for social workers to participate in developing more child-directed practice;
- . To evaluate the potential of the action research approach for generating new knowledge and incorporating findings into an agenda for developing child-directed practice for the benefit of children.

As discussed earlier in the thesis, social workers are noted as an example of experts dependent on certain theoretical frameworks and discourses for justifying their

actions to themselves and others (James and Prout, 1997). As explained in the introduction, I designed research questions to explore what practitioners said they did in everyday practice, and to probe, challenge and assist them to take forward the processes of thinking and acting involved:

1. How do Icelandic social workers conceptualise childhood?
 - . What theoretical frameworks do they employ?
 - . What current discourses do they draw upon?
 - . What approaches, associated with how they conceptualise childhood, do they take in their practice?
 - . What is the significance of organisational and legal frameworks for how Icelandic social workers shape their practice?
 - . In what ways do Icelandic social workers consider their practice is child-directed?

My remaining major question — to what extent can an action based research approach, informed by young people as consultants, contribute to a more child-directed approach to practice? — relates to a further aim of the research: to develop an approach informed by young people as consultants and to involve practitioners as active research participants in developing their practice. Here, emphasis was not only on research as a means of generating knowledge but also as a way of achieving social change (Alston and Bowles, 1998). Berger and Luckman's (1967) thesis in the *Social Construction of Reality* emphasises the process by which individuals interact with others to give meaning to their experience, thereby creating a reality that is constantly changing through action and producing both limitations and opportunities for further

action. Parton and O’Byrne (2000) add that social processes involved are worth investigating from the perspectives of the actors to understand how processes are operating and can be changed.

Constructionist grounded theory

The data gathering and analysis took a constructionist¹⁴ approach to grounded theory (Charmaz, 2006). The assumptions of this approach are consistent with the theoretical and methodological stance taken in this thesis: that many different views of reality exist; that the researcher, in attempting to explore understandings from the ‘inside’, becomes part of and is affected by the participants’ world; and that the data and analysis is rooted in these shared experiences and relationships (Charmaz, 2001). The focus in a constructionist approach to grounded theory is on how participants create their understandings and how their experiences relate to other positions, situations and relationships. The use of the word *participant* indicates their contribution to the research with data and analysis seen as produced through collaboration.

Grounded theory entails collection, reflection and interpretation of data in an iterative process in order to generate concepts for the purpose of building theory. This iterative process fits in well with the cycles of planning, research, action, and reflection in action research. During the fieldwork underpinning this thesis, initial thematic coding and sorting of the data from the interviews was performed to define and describe what seemed most significant so that it could be discussed with both consultants and participants in order to inform the subsequent stages of the research.

¹⁴ Some authors use the term constructivist and not all authors distinguish between the terms constructivist and constructionist. For example, Charmaz uses the term constructivist but seems to be using it with the same meaning as constructionist because she writes, ‘Constructivist grounded theorists assume that both data and analyses are social constructions ...’ (Charmaz, 2006, p.131). I use the terms constructionism and constructionist in order to be consistent.

In the analysis after completion of the fieldwork, I used QSR NVivo7, a computer software system designed for the analysis of qualitative data (Seale, 2000), to manage and code the data from the interviews. I continued with the grounded theory process, using full transcripts to perform initial coding, sticking closely to the data and coding with words that reflected action (Charmaz, 2006). I used two methods for creating conceptual codes within NVivo7: creating nodes (holders for conceptual codes) ‘bottom up’ from the data and creating and naming nodes ‘in vivo’ from line-by-line reading of the interview transcript (Lewins et al., 2006). These methods assisted me in keeping close to the data, often by using respondents’ language verbatim. I also used the NVivo system to link the nodes to larger sections of the transcribed text so that I could return to the original data during analysis. I found the hierarchical tree structure useful for organising emerging concepts with similar meanings into more abstract or higher categories, using constant comparisons between data and concepts to identify similarities and differences in the data. This was followed by axial and theoretical coding to bring the data back together and analyse the relationships between the codes (Strauss and Corbin, 1990).

Action research

Action research focuses on solving problems that are relevant to particular situations and involves intervention in a social situation in order to bring about an improvement for those who are most affected by the research issues (Alston and Bowles, 1998; Bowling, 2002; Kemmis and McTaggart, 2000). This makes action research attractive to participants because it recognises the issues they are dealing with and involves them in a process of change (Stringer, 1996; Alston and Bowles, 1998; Fleming, 2002). Action research is said to be a particularly appropriate and effective

means of conducting research in practice settings (Hart and Bond, 1995; Blaxter et al., 2001; Löfman et al., 2004; Corbett et al., 2007).

Action research covers a variety of research models which come from its history in various fields (Hart and Bond, 1995). It is best described as an *approach* to research, an approach which has a number of key features. These key features, in combination with the qualitative methods employed, made action research a particularly suitable methodology for the research underpinning this thesis. First, action research is problem-focused and context-specific (Hart and Bond, 1995; Stringer, 1996). A number of authors have argued the case for generating theory close to the context of social work practice in order to access 'knowledge that is implicit in action'. This assists in developing knowledge that is connected to the problems of social work practice (Shaw and Ruckdeschel, 2002; Fook, 2002a, p.93). Secondly, action research involves a *change intervention* with the aim of achieving social change and social justice (Alston and Bowles, 1998). This is consistent with the international values of social work research and practice and makes strong connections between the aims of social work, the production of knowledge through the research, and the child standpoint value position central to the concept of child-directed practice discussed earlier in the thesis (Alanen, 1994; Gilgun and Abrams, 2002; Mayall 2002; IFSW and IASSW, 2004). Thirdly, action research involves a cyclic process in which reflection, action, and evaluation are interlinked (Hart and Bond, 1995). The cyclic steps of reflection, analysis and action mirror the processes professionals use in working with people in problematic situations. Thus, many practitioners find the approach familiar and it supports the current ideology of reform and improvement of social care services through practitioner participation and development (Alston and Bowles, 1998).

Finally, action research involves those who are most affected by the problem focus and outcomes of the research. This last point is particularly significant; the nature of the research relationships with those involved and the individuals or groups involved have been identified as the major difference between action research, participatory action research (PAR) and emancipatory or empowering action research (Hart and Bond, 1995; Corbett et al., 2007). Very briefly, whereas action research may only involve those who have considerable power and control, and may be characterised by research relationships directed with a top-down approach, PAR has developed to emphasise more democratic ways of involving participants (Hart and Bond, 1995; Corbett et al., 2007). Critical approaches to the development of the PAR methodology, particularly from feminist perspectives, have enhanced the analysis of power relations in PAR by questioning the use of general categories, such as the *poor* and *oppressed*, and highlighting the impact of multifaceted oppressions associated with other influences on experience, including gender, race, disability and age. This has led to a greater recognition of the complexity of power relations in research relationships, which, even in PAR, are acknowledged as inherently unequal (Corbett et al., 2007).

Hart and Bond's (1995) typology of action research types identifies participatory and empowering action research types with social constructionist and qualitative methodology. There is a high level of congruence here, in the connections made between knowledge and power and the challenges, through inclusive and collaborative research, to the way professional knowledge is traditionally generated (Fook, 2002b).

Action research in this study

The two groups most affected by the research underpinning this thesis were practitioners and children, both in the sense of being directly involved and being the

general groups who might benefit from the research. My reasons for deciding to involve these two groups and the nature of their involvement were different, however.

Involvement of practitioners

I felt that I was more likely to gain a good understanding of practitioners' thinking and action if they were involved in a participatory research process, providing opportunities to explore research questions through their accounts of practice over time. Qualitative methods were chosen as these are considered to be preferable when informants' experiences and values are the focus of enquiry (Silverman, 2000; D'Cruz and Jones, 2004). Practitioners' experiences were accessed through individual accounts of their practice in semi-structured interviews and through group discussions in workshops. These qualitative methods facilitated exploration of practitioners' experiences and underlying values, by eliciting descriptions of their practice in concrete rather than abstract terms (Fook, 2002a). Through the collaborative processes of exploring their experiences and learning from young people's perspectives on social work practice, I aimed to engage practitioners' cooperation in developing more child-directed ways of working with children.

Involvement of young people

A core aim of improving practice from a children's standpoint linked into my concerns that the research should benefit children, not just in the longer term when the findings were disseminated, but also, if possible, during the research itself. To maximise the potential benefit and reduce the risk of the research becoming diverted, it was important that the research efforts aimed to be directed by the interests of children and young people. A critical-emancipatory action research approach provided the means to involve young people as a critical reference group. The thinking behind this was

informed by feminist approaches and by generational issues in the sociology of childhood discussed earlier in the thesis (Maguire, 2001; Alanen and Mayall, 2001). Alston and Bowles (1998) assert that action research approaches have been especially valuable for feminist researchers who are committed to research that is linked to wider concerns for social justice and achieving social change (Corbett et al., 2007). Wadsworth (1998) notes that feminist research has had reasonable success in working with women as a critical reference group in participatory action research. She defines a critical reference group as a group who may be directly disadvantaged by the existing problem, and argues for their role as a critical party to the research process.

The literature review also drew on writings of Alanen and Mayall to show that comparisons can be made between women's and children's oppression, leading to a focus on generation. These authors show this is a useful key to understanding the oppression of children as a group (Alanen, 1994; Alanen and Mayall, 2001). There is a parallel here between theoretical positions in the sociology of childhood and the methodological stance on the role of young people as consultants in this research; a stance that is also supported by the growing body of research literature on researching with children (Robinson and Kellett, 2004). Mayall (2000) argues that adult researchers wanting to research with children must face up to the generational issues and the accompanying asymmetrical power relations between children and adults (Mayall, 2000). Researcher's views about children are an important factor in sustaining unequal adult-child power relations. As discussed in Chapter IV, Christensen and Prout (2002) outline four ways that children and childhood have been viewed in research: as object, subject, social actor and participant or co-researcher. In this research children were viewed as social actors and as having an active role in the research as consultants; as

such they were treated as experts with regard to their current experience of being a child and their recent or current experience of using social services (Mayall, 2000).

3. Gaining access, recruiting and retaining consultants and participants

This section describes the process of recruitment of young people as consultants and of practitioners as participants in the study. The process was informed by an ethical protocol, with an emphasis on providing full information and ensuring a self-selecting process. In accordance with the participatory approach the processes of recruitment and design of the research were flexible in order to include new participants well into the middle phases of data collection and action planning.

Negotiations for access to practitioners in local authorities began early in 2005. I facilitated two groups of social workers, one in the north and one in the south of Iceland, as part of a European Union funded project. The focus of the project was to produce case studies for an eLearning social work module based on a comparative study of practice in seven European countries. Practitioners' experiences were accessed through group work, to develop reality-based case studies and ensure that teaching material was directly relevant to practice (Mehan and Fern, 2006). The project did not influence the research for this thesis, and the funding arrangements were entirely separate, but it did provide opportunities for informal discussion of my plans for a doctoral study. The groups contained two Directors of Social Services, and because I had negotiated access for the EU project through the Social Services Directors group originally, this helped to establish my credentials as a facilitator and researcher.

During the first six months of 2005, I discussed the research for this thesis with a group of managers and psychologists and with the Head of Research and Development at Reykjavík Social Services (Appendix A). These preliminary discussions confirmed

that the focus on social workers' conceptualisations of children and the influence of these on practice, were of immediate interest to practitioners and of relevance to young people in Iceland. Access negotiations were relatively smooth with few barriers to negotiate. Reykjavík Social Services were in the middle of a reorganisation when I had originally planned to start the fieldwork. I therefore delayed the start of recruitment for a few months to allow time for people to settle into their new roles.

The research was funded by Rannís Rannsóknarnámssjóður (Icelandic National Postgraduate Research Fund); Rannsóknasjóður Háskólans á Akureyri (Research fund of the University of Akureyri, Iceland); and KEA/HA research fund (Joint KEA¹⁵ and University of Akureyri research fund). These fund holders placed few requirements and no restrictions on the way the research was conducted, beyond a requirement that the research should be of potential benefit to the community and complied with ethical standards.

The work with practitioners in the study was led by the author and conducted in English. The work with consultants was co-led by the author and an Icelandic research consultant and conducted in a combination of Icelandic and English.¹⁶ The potential difficulties for participatory research in this cross-cultural context are acknowledged, 'Research in pragmatics and sociolinguistics has shown that various forms of communicative trouble may arise where the linguistic and socio-cultural resources of the participants are not shared' (Silverman, 2000, p.44). Rather than view these asymmetries as a 'trouble' I worked at viewing them as a resource through which

¹⁵ KEA is the Eyjafjörður Co-operative Society. It owns hotels and travel companies and invests in development of fishing and agriculture. It provides funding for projects and research that benefit the local communities in the north of Iceland.

¹⁶ Professor Guðrún Kristinsdóttir from the University of Iceland acted as research consultant to the fieldwork. As an experienced social work practitioner, manager, academic and researcher, Guðrún provided advice and helped to facilitate access at all stages of the fieldwork. She also co-facilitated the group work with the young people.

ideas and concepts held by both parties could be explicitly examined in detail and clarified.

An outline of the action research phases, with time running from top to bottom, is provided in Figure 3 below. These phases and the processes of the action research are discussed in detail in the rest of this chapter. Briefly, the order of steps in the research process was as follows:

1. November 2005: First consultation meeting with young people;
2. January 2006: Initial group meeting with practitioners;
3. February and March 2006: First interviews with practitioners;
4. March 2006: Newsletter to young people providing feedback from research interviews;
5. March 2006: Second consultation meeting with young people;
6. May 2006: Newsletter to practitioners with messages from young people;
7. May 2006: Reflective workshops with practitioners;
8. May to October 2006: Action intervention;
9. September 2006: Newsletter to practitioners about action intervention;
10. October 2006: Newsletter to young people with feedback on action intervention;
11. October 2006: Planning meeting with young people;
12. October to December 2006: Second interviews with practitioners;
13. November 2006: Newsletter to young people in preparation for evaluation of research process and outcomes;
14. November 2006: Third consultation meeting with young people;

15. December 2006: Newsletter to practitioners in preparation for evaluation of research process and outcome;

16. December 2006: Evaluation workshop with practitioners.

Recruitment of young people as consultants

It was important to establish the consultation group at the beginning of the process so that they could contribute to the research as early as possible. As already indicated above, the role of young people as consultants was based on the recognition that they are experts, both on childhood in general and users of social work services in particular. With such experience, these young people had particularly relevant knowledge for taking a critical view of the research study. Working with a group of young people was the preferred option mainly because previous research on the advantages of group work suggested that young people enjoy the company of peers, gain confidence in a group and find the stimulus of others generates more ideas and helps to look at things from different points of view (Mauthner, 1997; Punch, 2002).

An obvious group of young service users was children in residential or foster care and this option was considered. However, children's homes and foster homes are managed by the State and not Local Authorities. Recruiting children in care to the consultancy group would have meant adding another layer of potentially complex negotiations with the Government Child Protection Agency. Following advice

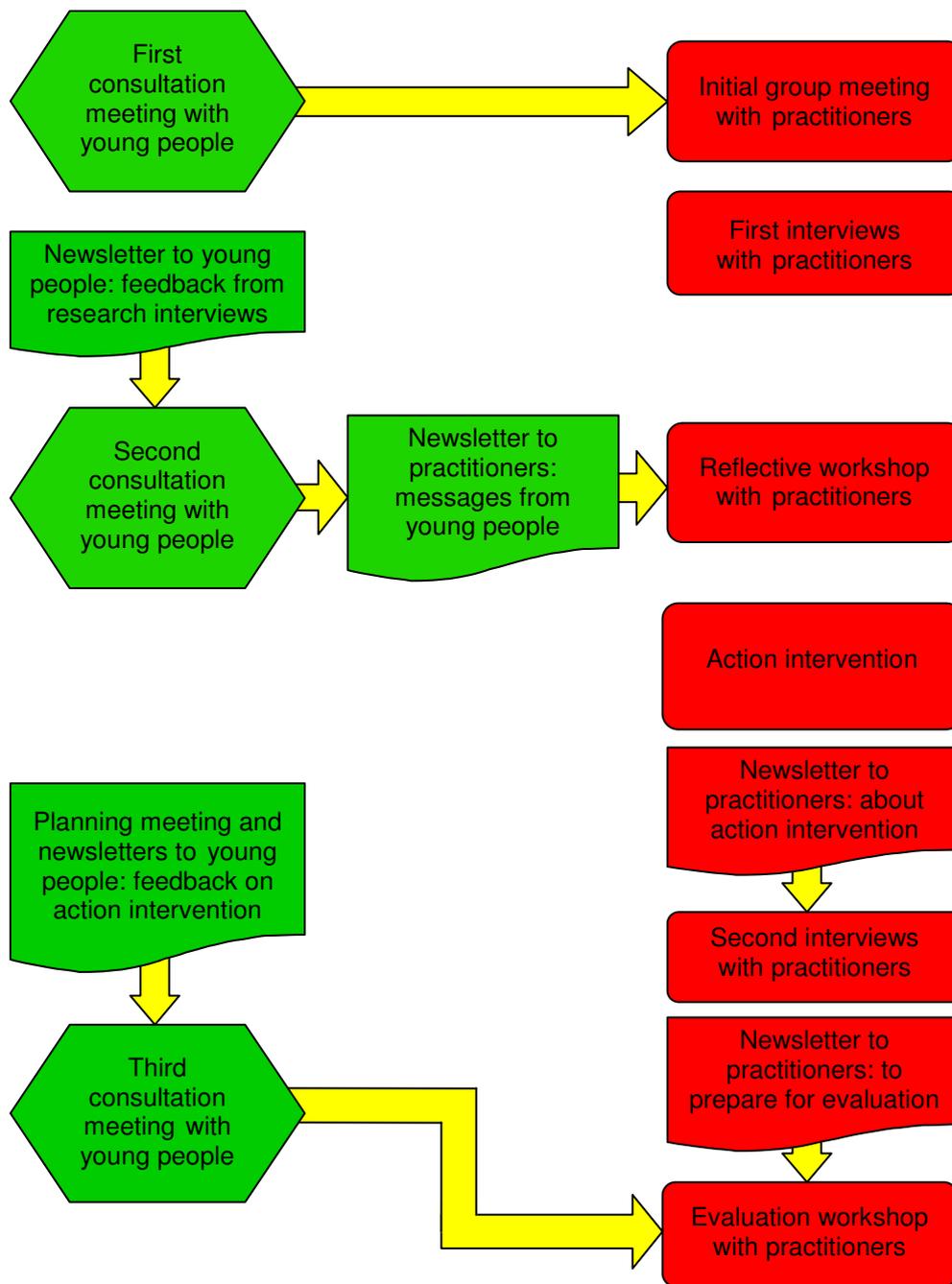


Figure 3: Action research outline

from the Icelandic research consultant and discussions with managers in Reykjavík

Social Services, I decided that the best option for recruiting consultants for the research

would be to approach a centre providing group work services to young people aged

between thirteen and eighteen years. The centre was funded and managed by

Reykjavík Social Services and the young people were referred by social workers. Two groups of eight young people (divided into age groups: thirteen to fifteen-years-old and sixteen to eighteen-years-old) met regularly each week and usually participated for between one and two years. The aims of their work with young people included: building social skills, reducing social isolation, building a positive self-image, and combating alcohol and substance abuse and depression. This choice had the advantages that positive relationships with young people were already in place and support could be made available if involvement in the research raised any difficult personal issues for consultants (Smith et al., 2002).

The initial meeting with the manager of the centre was positive; she was very interested in the research and confident that enough young people would be interested to form a group of consultants. (For the written information about the research provided to the manager, see Appendix B). An important decision was whether to give the opportunity to all the young people to get involved, or whether to be selective. This decision also had to take into account the preferred size of group. Douglas (1976) argues that this is difficult to determine in isolation from other factors, including whether group members know each other, the focus of discussion, and practical considerations. At the outset, the aim was to recruit about eight young people, which, allowing for non-attendance and attrition, would give a working group of about five each time we met. Punch (2002) suggests that this is an appropriate number to generate discussion and give everyone a chance to be heard. A case for selection could have been made on a number of grounds. A decision to work with the older group would have been easier to organise. On the other hand, there were some grounds for selecting individuals from both groups, on the basis of language skills and

other social competencies. Separate gender groups were considered but rejected because the subject-matter and purpose did not indicate this was necessary (Punch, 2002). Moreover, the literature indicated that mixed gender groups work well (Pattman and Kehily, 2004). However, I decided that it was more important to give young people the opportunity to decide for themselves if they felt they could contribute and wished to take part. This decision was influenced by previous research findings on young people's views that decisions about who to involve should be inclusive rather than at the discretion of adults (Stafford et al., 2003).

I was aware that there could be concerns from parents and carers about the involvement of the young people and accepted that this concern could prevent some from taking part; but I wanted all the young people to have an opportunity to hear about the research and consider for themselves whether they wished to contribute. When considering the issue of consent and freedom of choice it is also necessary to consider the implications for young people exercising a choice to dissent. This is especially important where research is carried out in places where children are, to an extent, *captive* participants (Robinson and Kellett, 2004). In this setting, unlike a school, young people's attendance was not compulsory, however, the group work was a service that they may rely upon and look forward to. Fortunately, the manager shared this concern with how the consequences of young people's choices could be managed; she and her staff were willing to work around the consultancy meetings, providing space and time for those who wished to work with the research and, at the same time, make alternative and attractive provision for those who did not wish to do so.

The manager of the centre also assisted by contacting parents, providing them with the written information about the research (Appendix C) and then discussing

questions and concerns at a meeting that she had already arranged with them. At the same time she gave brief information about the research and an invitation to the young people to meet with researchers. Some parents did express concerns, especially about confidentiality. A few were worried that the involvement of their child in the research might lead to another referral to social services. Additional written information was provided about confidentiality (Appendix D) and all the young people attended initial information meetings, held in October 2005, to hear about the research (see Appendix E for the plan for this meeting). Interestingly, from an organisational perspective, there was no requirement to contact the social workers for the young people. This was helpful to us because it increased the young people's confidence about maintaining their anonymity as consultants.

Ten of the sixteen young people agreed to get involved. The ten were a mixture of the two age groups in the service. This was a larger group than originally planned but it was considered manageable, especially as the young people were used to meeting in this size of group already. The gender composition of the groups was evenly balanced. All the members were white, which reflects the racial and ethnic homogeneity of Icelandic society. There was one black young person attending the centre at the time, but he chose not to take part. No further details about the young people were sought, either from the centre manager or from the young people themselves. However, two young people talked about their mixed national and linguistic identity (Icelandic/American and Icelandic/Swedish) and three young people talked about taking medication for neurological syndromes.

Once these consultants had been recruited, a further consideration was how to retain them, especially as the research was conducted over a period of a year. Young

people attend this service for one to two years, which was helpful for retention. The time commitment involved was three meetings of about one and half hours duration. In previous research young people have indicated that trips and meals out make them feel just as valued as payment (Lightfoot and Sloper, 2002). Since I was concerned that payment for activity taking place within the centre could be divisive, I decided not to offer this unless their consultation role was extended beyond the time they would usually spend at the centre. Recognition and reward was, therefore, provided through feedback throughout the research and then by a testimonial recognising their contribution and a celebratory outing of their choice at the end. Of the ten young people who decided to get involved, nine attended the first consultation meeting in November 2005. Involvement was maintained, with eight young people attending the second meeting held in May 2006, nine at a planning meeting in September 2006, six at the final consultation in November 2006, and nine joining in the meal and movie in December 2006.

Recruitment of research participants

Social workers and psychologists were involved as research participants. The original plan was to recruit social workers from within one locality but this plan was revised in the light of experience of the early stages and the reasons for changes are outlined below. The aim was to recruit enough people to retain at least twelve participants throughout, allowing for some attrition. The timing and organisation of group meetings and individual interviews was flexible, both in order to reduce the likelihood of participants leaving the study and to make it possible for people to join later. Whilst twelve is a relatively small number of participants, it was considered a sufficient and manageable number given the design of the study as a whole. The

opportunities for data collection included two in-depth, semi-structured interviews and two semi-structured workshop discussions, taking place over a period of one year. Detailed descriptions of participants' actions were gathered during these contacts and the data was sufficient to reveal changes over time (Charmaz, 2006).

As already stated, I began by recruiting social work participants from one locality in Iceland, in order to bring together people who shared an organisational context and facilitate working together. Consistent with requirements of qualitative methodologies where the aim is to produce an *information rich* sample rather than a random sample, three types of non-probability sampling techniques were used: voluntary, availability, and snowball (Alston and Bowles, 1998; Blaxter et al., 2001; D'Cruz and Jones, 2004). Initial access to practitioners was through managers, who were requested to circulate information about the research (Appendix F), together with an invitation for volunteers who met the selection criteria to attend a group meeting for information and discussion of the issues involved. The criteria for inclusion were that participants were self-selecting practitioners with recent and significant experience of doing social work with children and families. Participants could therefore be working in any setting and unqualified workers were also included. There is a shortage of licensed qualified social workers in Iceland so there were a number of practitioners doing social work, whose qualifications fell short of the requirements for the legally protected title of 'social worker'. This inclusive approach was taken in order to maximise the participation of those who were willing to engage in action research (D'Cruz and Jones, 2004).

Shortly after this invitation I realised that managers were controlling recruitment by asking teams to nominate representatives. This might be interpreted as

management wishing to select in order to include certain participants and exclude others. However, it later became clear through discussion with a senior manager that the motivation was mainly to ensure that I had enough people participating in the research. The initial group meeting (for the plan see Appendix G) resulted in six people signing the research agreement (for a copy of the agreement see Appendix H). All but one person in this initial group maintained full participation until the end of the fieldwork.

After this meeting, I decided to widen the criteria to include social workers from other localities and to include psychologists. This was partly pragmatic as I realised that I was not going to recruit enough social workers from one locality. But it also made sense, in view of the demography and the stark difference in conditions in the urban and rural areas outlined in Chapter III, to widen inclusion to rural areas. Initial informal discussions with team managers early in the research and discussions with young people in the first consultation meeting indicated that psychologists worked very closely with social workers in Iceland. The psychologists were employed by social services, and based in teams alongside social workers. They often worked jointly with social workers, doing the direct work with children while the social worker focused primarily on working with the adults. The psychologists' interventions with children were consistent in focus and method with social work practice. The two psychologists who were involved in the research were also running workshops for social workers on communicating with children; this added another argument for their inclusion in the research. Taking a more multidisciplinary approach to inclusion also connected with current thinking about the importance of an interdisciplinary approach to working with children, evidenced, for example, by the development of Children's Centres in the UK

(Boddy et al., 2007). A third change was to switch from recruiting through management structures, to a snowball sampling technique, utilising existing contacts to get directly in touch with other potential participants.

Pursuing these changes in criteria and technique, I recruited two psychologists and five further social workers in the original locality, and two in the northern region. This brought the total of participants involved at the first interview to fifteen. Participants were all white/Icelandic, aged from thirty to fifty-six, one was disabled. The majority (ten) were women reflecting the workforce gender balance. There were some very experienced practitioners; six with over twenty years experience. The remaining nine had one to sixteen years experience. The two psychologists were qualified; of the remaining thirteen social work practitioners, two were unqualified. Five trained in Iceland, the others in Nordic countries (four), Australia (one) and Canada (one). Seven worked in service centres in the capital. Three specialised in child protection work. Two ran group work programmes for young people. One also worked freelance. One psychologist worked in child protection, the other specialised in working with children in schools. Considering Iceland is a relatively homogeneous society, this group provided a diverse and extensive range of experience.

4. Ethical issues

Ethical approval for the study was obtained from the University of Warwick, School of Health and Social Studies before fieldwork began. The study was conducted in accordance with the university's guidelines. Permission to conduct the research was also obtained from the Icelandic Data Protection Authority (see Appendix J) and the research was consistent with the law and guidance for ethical practice of research in Iceland (Icelandic Data Protection Agency).

Ethics are intrinsic to the design of qualitative research; they are not confined to negotiating access but are part of an ongoing process (D’Cruz and Jones, 2004). It is important to acknowledge that formal power and control tends to remain with the researcher and it is hard for participants in the research to challenge the agenda (Burman, 1994). However, power and knowledge do not reside only with the researcher and an important aim of the approach in this study was to make sure that the research benefited from the influence of consultants and participants on processes and outcomes (D’Cruz and Jones, 2004).

Informed consent and research agreements

With practitioners as participants

A research agreement for potential participants (Appendix H) provided full information on the research aims and process, data access and storage, privacy and confidentiality, and publication intentions. The potential benefits and risks for participants were outlined with assurances that support would be offered, especially during the action plan stage, but that participants were free to withdraw at any stage without detriment. Potential participants were asked to sign and return the research agreement if they were willing to take part. The agreement was produced in English only and explained that all the fieldwork with participants would be conducted in English. All the interviews and group discussions were audio recorded and transcribed; recordings and transcriptions were stored electronically. This was explained to participants in the research agreement, but consent was verbally renewed for each individual recording.

Six participants attended the initial group meeting where the research aims, process and agreement were discussed. Participants recruited after this had

opportunities for an informal discussion either before and/or at the beginning of the first interview.

With young people as consultants

The ethical protocols for research with the young people drew on existing relevant research (Punch, 2002; Christensen and Prout, 2002; Alderson, 1995; Thomas and O’Kane, 1998b). Children have the same rights as adults with regard to informed consent and have rights to have their voices heard, including the right to participate in research (United Nations, 1989). However, they also have the right to protection from exploitation which means that the issue of consent from responsible adults has to be addressed.

Differences in power and status between adults and children are particularly acute, therefore an important ethical consideration was how best to redress the power imbalances (Morrow and Richards, 1996). Making arrangements to do research with children obviously involves engaging the trust and confidence of adults who act as gatekeepers between researchers and children. These are adults who have responsibilities for the children and may be concerned about any adverse effects that the research may have. On the other hand, viewing children as social actors means recognising their right and competence to make their own decisions about whether to participate, so it was important to overcome any barriers to the young people having the opportunity to hear about and become involved in the research (Thomas and O’Kane, 1998b).

Following the principle, expounded by Thomas and O’Kane (1998b), of active consent on the part of the young people and passive consent on the part of adults, written information about the research was sent to parents (Appendix C), and then

arrangements were made to meet with the young people to explain the research. At the meeting, young people were given a consultancy agreement incorporated in an information leaflet (see Appendix K for the agreement in Icelandic and Appendix L for the translation into English).

The young people were encouraged to read the leaflet carefully, discuss it with parents or other trusted adults or friends, and to sign the agreement and return it to the researcher if they decided to become involved. The agreement made it clear that they could withdraw from the consultation group at any point without penalty.

Privacy, confidentiality and child protection

With practitioners as participants

The names of research participants were kept separate from the data in the study and were not used within any documentation (Hart and Bond, 1995). In order to protect the anonymity of participating practitioners, pseudonyms have been used when referring to them in the data analysis chapters (see Appendix M for details of pseudonyms, role and qualifications). No names were used when practitioners talked about young people during the interviews and group discussions. In the data analysis chapters these young people are referred to by age and gender (altered to protect anonymity where it does not affect the data). This method of ensuring anonymity was chosen in preference to assigning pseudonyms. This may seem impersonal, but because Icelandic society is small and there are relatively few Icelandic names, there was a risk that chosen pseudonyms would match the young person's real name.

Feedback to organisations has been thematically based and no information about identified individuals' practice was given at any stage. Confidentiality for research participants and for any clients discussed required special attention because Icelandic

society is small and relationships are close, so research participants were given the opportunity to check documentation and suggest further changes if they thought it was identifiable (Blaxter et al., 2001). As already stated the written agreements explained how the data would be used and how the findings would be reported and disseminated (Alston and Bowles, 1998).

With young people as consultants

The work with consultants was co-led by the author and the Icelandic research consultant to the study. This meant it was necessary to clarify who was responsible for making decisions. All decisions were discussed and agreed; however, I will use the first person where primary responsibility was with the author (as necessitated by the fact that this was part of a doctoral study). Where this distinction is not necessary, I will use the first person plural 'we'. To reiterate, the young people provided consultancy to this study and not data. Their status as young people using social work services was sufficient to qualify them as experts. Accordingly, I asked for no more information about them than their names. As already stated, I made it clear that they did not have to talk about any of their personal experiences unless they wished to. I was aware, of course, that they might wish to draw on these experiences in order to make their points, so gave guarantees about their privacy and anonymity. However, confidentiality had to be limited by the child protection protocol in Iceland which stipulates mandatory reporting of abuse (Child Protection Act 2002, Section IV). Assurances were given that no one else would be told about what young people said, unless they said that they or someone else was being or might be seriously hurt. It was explained that this would have to be reported but with their agreement if possible. (There were no cases where concerns had to be reported.)

Doing good and minimising risk of harm

With practitioners as participants

The literature on action research has highlighted both benefits and risks for participants (Löfman et al., 2004; Boser, 2006). When participants become closely involved in research, they may benefit from a sense of empowerment and ‘diffusion’ of learning (Hart and Bond, 1995; Humphreys and Metcalfe, 2002, p.5). On the other hand, participation in change may mean that the research is more intrusive and makes greater demands emotionally and practically (Löfman, et al., 2004; Boser, 2006). To maximise benefits and minimise risks, efforts were made to ensure that the aims and conduct of the research were relevant and practical in the context of participants’ working lives. The design was structured to allow for participants to shift focus or suggest different ways forward. Research relationships were reciprocal; participants were not just providing data, but were engaged in discussions about their work that provided opportunities for reflection and learning. Newsletters provided summaries of their contribution and informal communication via email and telephone stimulated dialogue and provided continuity, information and support.

With young people as consultants

Similar points can be made for the involvement of the young people as consultants. Previous research with young people indicated that the research aims were likely to be relevant to these young people and to children generally in Iceland (Butler, and Williamson, 1994; Thomas, 2000; Munro, 2001; Bell, 2002; Featherstone and Evans 2004; Kristinsdóttir, 2004). The action research design, with an emphasis on action and change, maximised the potential for influencing practice in the interests of children. The consultation meetings were planned to give young people a choice in the process and activities (Thomas and O’Kane, 1998b). Newsletters summarised what

they had said in the meetings and provided feedback on action with practitioners. This kept young people involved throughout and afforded opportunities to correct any misrepresentations. A detailed testimonial (Appendix N) for each consultant recognised the value of their contribution to the research and added to their personal portfolios.

5. Cycles of action research

Action research is usually conceptualised as a spiral of cycles, with reflecting, planning, acting, and evaluating, proceeding in as many cycles as necessary. In practice, these different strands (reflecting, planning, acting and evaluating) are taking place nearly all the time. For example, in an interview, the process of relating and discussing the interviewee's experiences is a reflection on action and forms part of the planning for action.

The basic outline of the fieldwork was planned in advance and explained to consultants and participants, although the newsletters were added after the process started once it became apparent that a written communication of key features of what was happening was an essential addition to verbal communications. It is important to emphasise that the young people as consultants were positioned both inside and outside the action research phases. They stood outside the research as a critical reference group; they did not provide data and were not directly involved in the action. As service users, they had inside knowledge of what practitioners did, and contributed their knowledge to inform and shape each phase of the research (Smith et al., 2002). Figure 4 highlights how this was achieved and shows the stages of young people's influence on the research.

Working with young people as consultants: influence on the research

As shown in Figure 4 below, three consultation meetings and one planning meeting were held during the fieldwork from October 2005 to December 2006. The overall purpose of the consultation was for the young people to act as a critical reference group to the research in order to:

- Improve the relevance of the inquiry to the user group (children),
- Increase the effectiveness of the research design and implementation,
- Improve the meaningfulness of the information gained (Wadsworth, 1998).

Participatory techniques were used, and drawing on the experience of other research with children and young people, a variety of techniques including video clips, picture cards, display boards, and stories were developed (O’Kane, 2000; Punch, 2002). As O’Kane (2000) emphasises, participation is not achieved by a mechanical and detached use of techniques, but rather by creating a relaxed but purposeful atmosphere that gives young people time and space to bring in the issues that concern them and some choice over how they express their views on these issues. All the sessions took place in a setting that was comfortable and familiar to the young people: a house, with no institutional features, and with a relaxed and informal atmosphere. We began each session with some food and drink, always negotiated what we would do, and we suggested or responded to their suggestions when we needed a new stimulus or particular groupings to work on a task. The meetings were audio recorded using a digital recorder; consent was requested and given by all present at each meeting. All the sessions began by linking back to previous work and providing information about what had been happening in the research since we last met. After each meeting newsletters were sent from the researcher to the young people,

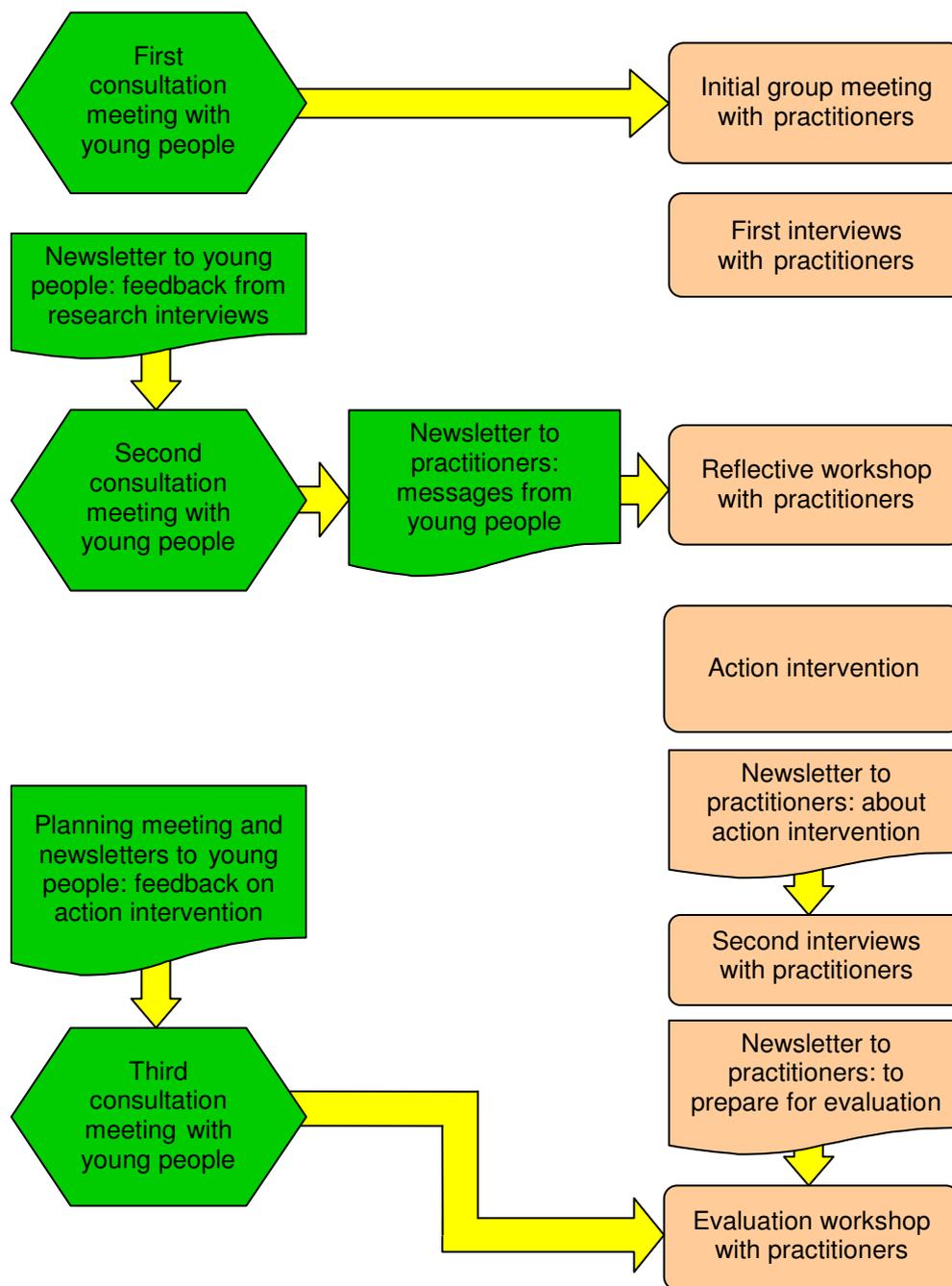


Figure 4: Young people’s consultations and influence: green boxes

summarising the work completed in the previous meeting and updating on the progress of the work with the practitioners (Appendices O, P and Q). This gave consultants the opportunity to question any misrepresentations of their work, kept them up to date and helped to prepare for the next meeting. We ended each session by explaining how

their advice would influence the next stage and also what would be happening in the research before the next meeting. In this way we provided opportunities for information sharing, reflection, and dialogue, but also maintained our focus on action (Smith et al., 2002).

The use of the participatory techniques outlined above aimed to reduce the power imbalance by providing a context in which the young people could engage in a critical manner with the research practice (Morrow and Richards, 1996). The approach followed Mayall (2000) in that it took account of children's knowledge rather than just their perspectives or opinions, because knowledge is built through experience, reflection and understanding. The action research approach recognised young people's knowledge and provided a framework for them to have a direct input into the research. The gender split in the group was well balanced, but there was a tendency for the young men to dominate large group discussions. We found this was counteracted by offering the group the opportunity of dividing into smaller groups of their choice. The decisions were then made by the young women, who either chose separate gender groups or divided the group to afford quieter members (both young men and women) more chance to contribute (Pattman and Kehily, 2004).

Influence on data collection

The primary objective of the first consultation was to draw upon the young people's knowledge in refining the research questions and designing the interview guide used in the first interviews with research participants (see Appendix R for the plan). Nine young people, five male and four female, attended the meeting. After an initial ice-breaking discussion about which adults children turn to for assistance and

helpful or unhelpful responses, we asked the consultants to formulate the questions they would ask practitioners to decide whether they were likely to be helpful to them.

The young people placed some emphasis on the importance of education and experience and framed questions including:

How long have you been in this job?

What is your education?

What is your experience?

In discussion they indicated that qualifications and experience provided some confidence that the practitioner is likely to be professional in their approach, particularly regarding confidentiality, and that they may have the necessary skill to 'get to the root of the problem and figure out ways to fix it'. However, they also indicated that qualifications were not absolutely necessary and were not sufficient. As the next set of questions indicates, they viewed qualities of empathy, ability to form relationships and achieve positive results as key determinants and would look for evidence of effectiveness from past practice:

Ask whether the social worker himself/herself has gone through something like this; issues like the one he/she is helping with now.

Have you had a good relationship with him/her who is seeking help?

Have you been able to help children or others who have sought your help?

Have you had positive results in your experience?

How do you make people feel good?

In addition, the young people indicated they would be looking for practitioners who would take children seriously, take an interest in solving their problems, and not get angry if they made no progress. They showed particular concern that disabled children as well as children with 'ordinary' problems might be ignored:

How do you feel about kids, e.g. autistic ones and the like, also just kids with ordinary problems?

Do you ignore them, or do you listen to them and take an interest in solving their problems?

Do you become angry if patients achieve no success?

If you were given a shy patient, how would you approach him/her?

In formulating these questions, the consultants drew on experiences of discussing their worries, for example, about relationships at school, and finding that these worries had been reinterpreted by adults, with themselves defined as having a problem and being sent to see someone else to be helped. They suggested that practitioners could work on:

'Keeping an open mind and getting a fuller picture before deciding what was best to do ... and not forcing children to see people if they don't want to, even if they think it will help'.

The consultants told us that the experience of 'being sent' or taken to see someone with little or no say in the matter was bewildering for children because they

had no real idea why they were seeing this person and how it was supposed to help. This made it difficult to feel they had any control over what happened and led to considerable resentment about the way in which their situation had been defined.

Consultants further indicated that, especially in the early stages of contact, children needed to know that if they did confide about any of their problems, whether and how other people would be told about what they had said. They proposed these questions:

What do you do if the person tells you her/his problems and does not want others to know about them?

How can I be sure that you won't tell anybody else?

How can I trust you?

At one level these questions suggested that they may be expecting absolute confidentiality. Alternatively, they could be seen as a strategy for provoking social workers into being more honest about their actual practice and into explaining how they were going to manage any talking about them without abusing their trust. Certainly in the discussion, the young people recognised that it was necessary for social workers to talk to others about them. They said this was acceptable, provided it was about something significant, and was only shared with someone who may be able to help and for the purpose of obtaining that help. It was also very important how children were talked about; children should not be described as being a problem and it was important to avoid giving unnecessary details. This advice confirms adult service users' views that disclosure and trust are not matters that can be taken for granted but

are conditional upon the respect that practitioners afford to service users and upon the transparency in the confiding relationship (Evans, 2007).

The questions formulated by the consultants constituted clear statements of what they expected from social workers and provided a very good basis for developing the interview guide in the interviews with practitioners before the action intervention.

Influence on data analysis and action intervention

The objective of the second consultation meeting (see Appendix S for the plan) was to draw on the consultants' knowledge to contribute to the data analysis and to influence the action intervention stage. Eight young people, four male and four female, attended the meeting. I explained that I would write a newsletter to go from the group to the research participants and that this would be discussed at the workshops where the action plans would be made. To achieve this, I fed back to the young people the main themes from my initial analysis of the interview data, using photographs and stories as described below. After discussion of these stories, I supplied some written ideas on additional expectations that the young people might wish to include in the newsletter to practitioners. These ideas were based on the interview data and on previous research with children. The young people discussed these ideas in small groups, suggested amendments and agreed on the additional expectations that they wanted to be included in the newsletter.

I used photographs of children, young people and adults (from the internet and clip art) to tell stories illustrating what research participants had said in interviews about:

- How they made contact and formed relationships with young people,
- How they worked with young people when other professionals were involved,
- What child-centred practice meant to them.

Through these stories we explored the child's position in the interrelationships of parents, social workers, psychologists, teachers and other workers involved. The young people added their own ideas by drawing on their own stories or adding more fictional stories to illustrate their ideas.

As already indicated, by the end of this consultation meeting the young people agreed on some further expectations that they felt children could have of practitioners involved with them. These placed greater emphasis on the importance of enabling children to participate in deciding what might help them and how. For example, in order to take part in decisions, children needed information and they needed to know what their choices were and the implications of different choices. They needed to be involved in plans made and given the opportunity to be involved in decision-making meetings. These expectations were added to the work produced from the first consultation meeting and consolidated in a newsletter sent from the consultation group to research participants and discussed in the reflective workshops (Appendix T).

Influence on evaluation

We met with the consultants for a planning meeting in October 2006 to bring them up to date on the work that the research participants had been doing in their action plans and to discuss how to use the time in the last consultation meeting (see newsletter in Appendix Q). Ideally, this extra meeting would have been scheduled earlier, allowing for discussion of practitioners' action plans during the time that they were working on them. However, this was not possible because the young people were on their summer break. As shown in Chapter IV, previous research on children's views about their involvement in research indicates that it is important to them that something happens as a result of their work (Stafford et al., 2003). A primary objective

for the final meeting, therefore, was to get the consultants' input into the evaluation of the research, not only in terms of reviewing what had been done, but also what difference they thought it had made and how it could be continued in the future

An important aspect of action research is that, if successful, the work continues in the agency after the research study has ended. One of the aims of this study was that the research would be incorporated into the existing agency work on involving service users in developing practice with children and families. At that time there were no existing structures for young people to participate in this; the evaluation provided an opportunity to begin this participation by inviting a participating practitioner and a social services manager to the evaluation meeting. This was one of the main items to be discussed with the young people, especially as they had been very concerned about preserving their anonymity.

In the event, the young people were quite sanguine about meeting with these people. Their permission had already been sought for their work to be used in teaching social workers in the UK and social pedagogues in Iceland. Furthermore, they had agreed to their work being incorporated into a poster for display in service centres in Reykjavík. The young people were encouraged by the fact that their work was having a wider impact beyond the small group of practitioners involved in the study.

The evaluation meeting with the consultants took place in November 2006, before the evaluation meeting with participants held in December. A social worker who had participated in the research attended to talk about what had happened in her action plan and a manager attended to listen to the consultants' views on future involvement of children and young people. The meeting had a very full agenda and I was aware that the opportunity to focus on evaluating the research approach and

methods would be limited, but decided that the opportunity for face-to-face discussion of future collaboration with young service users was a more important aspect of the evaluation (see Appendix U for the plan).

Six young people, four male and two female, attended the meeting. The discussion was wide-ranging, with the young people wishing to discuss topics that were concerning them, such as proposals to raise the age at which they could begin to learn to drive, with the two guests. Nevertheless, they listened attentively to the practitioner's account of sharing her written records with a young person, and asked questions for clarification. Opinion was divided on whether they would want to see their own records but most felt it was good to have this option. There was a lively discussion of how young people could be involved in developing services in the future. Their advice was that young people's own views of what will help them and whether it is working were essential in evaluating the impact of practitioners' involvement in their lives. They indicated that they had appreciated being involved in discussions during the research process rather than being asked to complete questionnaires. They wanted to debate the issues and negotiate directly over how things could be done and recommended that this should be the basis of future involvement. As they said:

'Just talk with us.'

Working with practitioners as participants

The action research process with practitioners ran alongside the consultation meetings. The two processes, of consultation and participatory action research, were separate but linked by input and feedback as outlined above on the work with consultants. The research outline is reproduced again in Figure 5 below, to highlight the stages of collaborative research with practitioners. In an action research

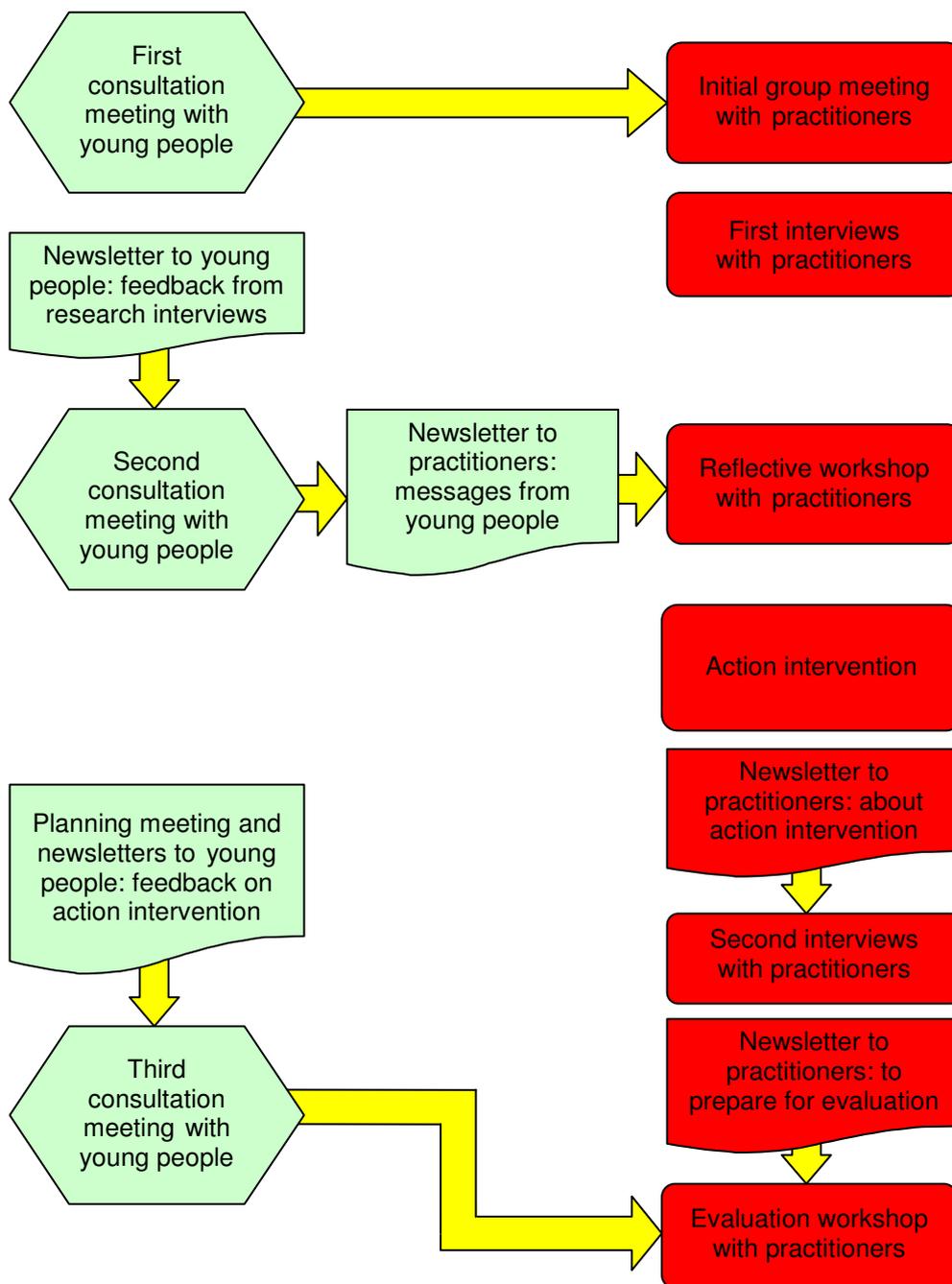


Figure 5: Stages of collaborative research with practitioners: red boxes

methodology the generation of data is intertwined with gaining access, analysing initial findings, planning subsequent phases, and developing and supporting collaboration

(Hart and Bond, 1995). There is also a complex interplay between generating data for research and the focus on improving practice (D’Cruz and Jones, 2004).

As argued earlier in this chapter, both action research and qualitative interviewing methods fit grounded theory methods well as they are ‘open-ended but directed, shaped yet emergent, and paced yet flexible’ (Fleming, 2000; Charmaz, 2006, p.28). At the heart of this study was a change intervention phase when practitioners were working on their individual action plans. Before and after this phase, were two sets of semi-structured interviews with practitioners, which provided the richest source of data. The first set of interviews focused on practitioners’ accounts of their practice before the change intervention and the second set of interviews gathered data on what they said had happened in their action plans. To make it clear how the research was carried out, the following sections begin with the initial group meeting which marked the start of the recruitment of practitioners into the research. The subsequent sections deal with the two sets of semi-structured interviews with practitioners; the development of action in the reflective workshops; and the evaluation with practitioners.

Initial group meeting with potential participants

A meeting held in January 2006 for potential research participants had four aims:

- To provide information about the research,
- To discuss the aims and research questions from practitioners’ perspectives,
- To gather contextual information about practice in the locality,
- To recruit participants (see the more detailed plan in Appendix G).

With hindsight, this was a big agenda, but time and financial resources were limited, which precluded a series of meetings at this stage. In fact, the meeting served

its purposes reasonably well, with six participants recruited, five of whom participated fully throughout. Ten practitioners (all women) attended from different teams and settings, including workers from a local children's home, family workers providing support in family homes, and managers of youth work services, as well as social workers from the new service centres, and from the child protection team. After the introductory phase, information about the research aims and questions was presented, followed by a discussion using a case study as a trigger. The case study, which focused on a thirteen-year-old hinting at sexual abuse by her step-father and a four-year-old reported to be violent in playgroup, was based on one used by Hetherington et al. (1997, p.46). It had been designed to be as free of specific organisational and national features as possible and used successfully in international research. This case study worked well with the cross-section of present workers. It provoked an interesting discussion which provided useful contextual information.

Data gathering: interviews

Two sets of semi-structured interviews were conducted with practitioners. As indicated above, the framework for the first set of interviews was based on the work with the consultants. The second set of interviews focused on practitioners' accounts of what had happened in their individual action plans and were supported by an action research diary. The first interviews lasted between one and one and half hours; the second interviews were slightly shorter at between 45 minutes and one and quarter hours. All the interviews were audio recorded with the practitioner's consent and fully transcribed. All communications with the practitioners were conducted in English apart from the newsletter from the consultants which was in Icelandic. This section justifies

the choice of interviews as the main method of data collection and considers the status of the data generated.

The purpose of the interviews was to examine in depth what practitioners said they did in everyday practice, probing the processes of thinking and acting involved. There are different understandings of the relationship between the interviewer and interviewee and the nature of the knowledge generated from the data collected from interviews. Holstein and Gubrium (2004, p.144) argue that researchers always have a 'model of the research *subject* behind persons placed in interview roles' in their minds. In conventional approaches interviewees are seen as passive subjects who can be managed in order to produce accurate information. In contrast, it was more consistent with the participatory approach in this research to view interviewees as active participants who drew upon their substantial experience and insight to produce relevant accounts of their practice. I took the position that the interviews were interactive processes between researcher and interviewee and the data generated was a constructed outcome between the participants (Holstein and Gubrium, 2004; D'Cruz and Jones, 2004). My aim was to understand their interpretations of their experience so that I could then 'describe it with depth and detail', representing what we talked about fairly and as consistently as possible with their own meanings (Charmaz, 1995, p.54).

I acknowledge that the research findings relied upon practitioners' own accounts and that these may have been influenced by other factors, for example, by practitioners saying what they thought I wanted to hear, or by a wish to defend themselves against an unfavourable evaluation of their practice. The chances of this happening were minimised by my approach from an insider perspective, as someone with a sympathetic understanding of their practice context (Fook, 2002a). Confidence

in the authenticity of the data was increased through the care taken in the interviews to elicit descriptions that were as concrete as possible and rich in detail about practitioners' thoughts and actions (Fook, 2002a; Gilgun and Abrams, 2002). The same material was discussed again in workshops that included peer discussions. This gave another perspective on the data, one that was influenced by the consultants' views, as evidenced in practitioners' reflections. Finally, the action interventions emanated from the practitioners' own contexts and were sensitive to the micro-processes of practice (Shaw and Ruckdeschel, 2002).

The interview guide for the first interviews (Appendix V) was piloted with two volunteers in the north of Iceland. These pilot interviews went well and no changes were made. The questions were explored by asking practitioners to describe their work with just one or two children, then, as the interview developed, practitioners were encouraged to draw on other examples of work and to generalise. The practitioner's view of the nature of the relationship formed with the child was explored, with particular attention paid to how the practitioner described the child's involvement in assessing the situation and in decision-making about what should happen. We discussed how they interpreted the concept of confidentiality and how this was handled with the child. Practitioners were asked to comment on their own effectiveness and to compare this with what the child might say about it, identifying possible areas of agreement and divergence. Finally, practitioners were asked to identify what they drew on in terms of knowledge base, experience and values to guide them in their work. Altogether, they talked about thirty-four individual young people ranging in age from six years to seventeen. The biggest proportion were aged thirteen and over (21), with significantly more boys (22) than girls. There were just three

young people of mixed racial/national and linguistic/cultural heritage. All the other young people were said to be White/Icelandic. Eight young people were said to have been diagnosed with a learning disability or ADHD or related conditions. Some groups of young people were talked about in the accounts, but as no further information about individuals was provided, these are not included in the figures.

My aims in the first interviews were to gather rich descriptions of practice and to form collaborative relationships with practitioners as a basis for developing more child-directed practice (Fook, 2002a; D’Cruz and Jones, 2004). The interviews took the form of guided, intensive conversations (Charmaz, 2006). The interview guide was not followed rigidly; additional questions were asked and responses followed up in order to explore practitioners’ thoughts and actions in more depth. As I was interviewing practitioners in English, I frequently restated their account to check for the accuracy of my understanding. I sometimes referred to my own experience or in other ways used comparison with practice in other countries, to clarify or encourage deeper reflection on the topic. I paid attention to the usual aspects of comfort and process during the interview: the comfort of the venue, refreshments, establishing rapport, asking for detail and exploring statements but avoiding an interrogation, validating participants’ perspectives and actions, and ending the interview on a positive note and planning for the next stage. Most interviews took place in an office but two were conducted in participants’ homes because this was more convenient for them. There were no interruptions of more than a few minutes to any of the interviews (Charmaz, 2006; D’Cruz and Jones, 2004). As already stated, all the interviews were audio recorded with the practitioners’ consent. There were just two occasions when participants wanted to say something off the record and the audio equipment was switched off for a

short time. I transcribed the recordings myself and copies were made available to those participants who wished to see them. Fifteen interviews were completed between February and April 2006.

The second set of interviews followed the action intervention phase. Nine semi-structured second interviews were completed in October and a further two completed before the evaluation workshop in December, with the final interview delayed until May 2007 for practical reasons. Thus a total of twelve second interviews were conducted, three participants having withdrawn from the study at the reflective workshop stage because they had taken on additional study commitments.

The second interviews were structured to discuss what had happened in the participants' action plans and their reflections on this. (For detailed discussion of the workshop process and action plans see the sections below.) I also asked them what they would like to say to the consultants about the impact of the study on their practice, explaining that these comments and summaries of what happened in their action would be included in a newsletter to the consultants in preparation for the last consultation meeting.

Reflective workshops and action intervention

The purpose of the reflective workshops held in May 2006 was to consider the initial analysis of data from the first set of interviews and formulate individual action plans. A presentation summarising the initial themes from the interviews (Appendix Y), together with the newsletter from consultants to practitioners (Appendix T), formed the basis of discussions at three workshops (two in the south and one in the north). The workshops were relaxed and participatory in style. Lunch and refreshments were provided and I gave participants the opportunity to discuss the material without me

present for part of the time so that they could share ideas in their first language. The discussions in English were audio recorded with the participants' agreement and were transcribed.

Collaborative review of the data at this stage was important to ensure there was a level of consensus between those involved in the research and that the themes generated were generally agreed upon as a good basis for the action plan phase of the study. In reaching this consensus it was also important to identify any 'dis-confirming' features, for example, instances where the researcher's ideas were in conflict with the experiences of the participants, so that these could be explored (Heale, 2003).

Fourteen practitioners attended the workshops and twelve agreed to produce plans for developing their practice. I presented ideas for developing more child-directed practice and advised on keeping the focus specific and manageable, but it was left to individuals to decide exactly what they wanted to do. I emphasised the importance of obtaining feedback on their work, especially from the young people concerned. This generated relevant discussions about how practitioners currently evaluate their practice and concerns about asking for feedback from children.

A semi-structured action research diary incorporating an action plan record was supplied to practitioners to use during the action phase (Appendix W). Practitioners agreed to produce a written action plan identifying how they planned to develop more child-directed practice, what support they needed and how they were going to evaluate what they were doing (for an example of an action plan, see Appendix X). The diary format was offered as a means of recording their actions and reflections during the four months before the second interview. I asked for copies of their action plans in English but the diaries were for their own personal use and it was up to them if they wished to

show me anything they had written. The diaries were not, therefore, used as data collection tools, but to encourage participants to reflect and record what had happened as they worked at developing their practice and as an aid to memory during the second interview. Eleven practitioners decided what they planned to do at the workshops and these plans were recorded, transcribed and sent to individuals after the workshops. Three of these practitioners subsequently developed their plans more fully and sent a copy to the researcher. One practitioner did not formulate an action plan but remained in the research study and agreed to be interviewed again.

The eleven action plans produced were all consistent with the framework of expectations set out by the consultants to the research. They focused on taking young people's views on their situation and on practitioner intervention seriously, a number included providing more information and explanation, and all provided additional opportunities for young people to express their views and be involved in decision-making.

Supporting the work on action plans

This phase was originally scheduled between April and August with the offer of support seminars during the summer months and the second individual interviews taking place in September. However, I delayed and rearranged the workshops to accommodate work and training commitments of some participants. The offer of support seminars during the summer proved unattractive to the participants because it coincided with the holiday period. The timing of this phase was therefore shifted and lengthened from May to October with support meetings taking place in September. Email contact and a newsletter to practitioners over the summer, provided support and feedback on what was happening (a copy of the newsletter is in Appendix Z). I met

with small groups of participants during September and October to review what had been happening in their plans. Two participants told me they had not done what they had hoped in their action plans and thought they should withdraw from the study. Another two indicated that they were in the same position regarding their action plans and asked if that meant they were no longer 'in'. I encouraged all four to remain involved in the research, explaining that their experience was equally important data in relation to the research questions and all four agreed to be interviewed again.

It was important that I was able to maintain combined roles of supporter, facilitator and critical commentator throughout this phase. I provided articles and feedback on action plans to encourage reflection and critical thinking and encouraged participants to persevere or review and change their plans when they got stuck. In return the practitioners remained committed to the research, both to assist me and to develop more child-directed practice for the benefit of children. Hart and Bond (1995) emphasise that this sense that all parties are gaining from the process, and negotiating the 'research bargain' at the start and later key points, is an essential part of collaborative action research.

Evaluation

The evaluation phase began, as described above, with a meeting with consultants in November 2006, and was completed by meeting with practitioners in December. The aim of action research is that it has an impact upon those involved beyond the original planned initiative. The final evaluation therefore focused on three simple questions:

- **What?** Has the study done what we hoped and what have we learned?
- **So what?** What difference does it make that we did this work?
- **Now what?** What's the future for this work?

A newsletter was sent to practitioners in December, which highlighted the constraints on action and developments towards more child-directed practice achieved through the action intervention (Appendix AA). This brought practitioners up to date with each other's work and served as a useful starting point in the evaluation meeting.

The evaluation meeting was held in the south and was attended by six practitioners. We worked in a collaborative way using participatory methods (small buzz groups and informal plenary sessions) and discussed answers to the questions outlined above. Working in small groups meant practitioners learnt from each other and could work in their first language. The plenary discussions were conducted in English and were recorded and transcribed with the practitioners' agreement.

It was disappointing that only half the group attended; but since two of them lived a five hour drive away in the north and it was getting near Christmas, I felt that the lower attendance was explained by these practical reasons rather than any loss of interest. This view was supported by informal conversations subsequent to the meeting, but the timing of the evaluation and the limits on my own resources at this time meant that I could not arrange any further evaluation workshops. This is an important aspect of action research; it is difficult to sustain the motivation and involvement over an extended period without a break or additional catalyst for change. By this stage the practitioners had been involved for nearly a year and the young people had been involved for fifteen months and were moving on in their own lives.

Dissemination

Shortly after the evaluation workshop with practitioners, a presentation based on the evaluation of the action research and preliminary research findings was made to Reykjavík Social Services as the main agency supporting the research. The dissemination event was well attended by managers and practitioners. It was an important formal step in ensuring that the research contributed to the agency's agenda to develop young people's involvement in decision-making and service delivery (for a copy of the presentation slides, see Appendix BB).

6. Criteria for validity

When considering the validity of qualitative research it is important to consider the aim of the inquiry and the theoretical orientation. Guba and Lincoln (see D'Cruz and Jones, 2004, pp.72-76) suggest the criteria of *credibility*, *transferability*, *dependability* and *confirmability* as more appropriate for qualitative research than the conventional terms informed by the positivist paradigm: internal and external validity, reliability and objectivity.

For the research to be credible, the researcher must show that the data does represent the phenomena that the research set out to explore (D'Cruz and Jones, 2004). As outlined in the introduction, the aims of this thesis were to explore social workers' conceptualisations of childhood and develop more child-directed practice through an action research approach situated in a social constructionist research tradition and informed by young people as consultants (Hart and Bond, 1995). Essentially, the credibility of the thesis rests on establishing the links between thinking and action and the possibility for change in the interests of children. As already discussed above in the section on data gathering with practitioners, the findings were

based on practitioners' accounts with no independent verification of what they did. Credibility has to be established, therefore, by showing that sensitivity of the methods was appropriate to the nature of the research questions (Silverman, 2001).

Two important ways of ensuring the credibility of findings from qualitative research within a constructionist tradition is through prolonged engagement and checking of findings with participants to ensure the researcher has gained a sensitive understanding of the context (D'Cruz and Jones, 2004; Alston and Bowles, 1998). In the approach taken in this study, the researcher engaged with participants for nearly a year. Contact was regular, took a variety of forms, including interviews, workshops and informal discussions, email exchanges and telephone conversations, and was of sufficient intensity to develop a meaningful understanding of their approaches to practice. This level of participation also provided opportunities to discuss different perspectives and check on interpretations of the findings.

The role of young people as consultants was also a vital check on whether more child-directed practice was being developed. As detailed in this chapter, the young people's advice had an important influence on data gathering and the development of the concept of child-directed practice. The congruence of the action research approach including young people as consultants, with the action intervention to develop more child-directed practice, was an essential factor in ensuring that the methods were sensitive to the research questions. The action intervention provided a check on the credibility of emerging findings as these had to be sufficiently well informed and understood for participants to formulate their action plans.

An obvious limitation in this research was the small number of participants. However, the length and depth of engagement with participants produced rich data,

leading to a nuanced picture of practitioners' understandings of children and childhood, and their original and revised approaches to practice. The analysis of the data in Chapters VI, VII and VIII has been supported by quotations from full transcriptions and the strengths and limitations of the findings presented as honestly and openly as possible.

Transferability relates to whether the findings can be applied to other settings and how the applicability of the findings to another context can be determined. Action research is very closely embedded in local context and transferability of knowledge beyond the context in which the understandings were generated is bound to be limited (D'Cruz and Jones, 2004). Within Iceland, transferability is high since the thesis drew upon the experience of practitioners in rural and city contexts with broad and extensive experience in a range of organisational settings. Outside Iceland, transferability would have to be approached with more caution as the legal and organisational contexts are significantly different. However, the findings presented are set both in the context of the local conditions and in the context of international research findings. Sufficient detail of the conditions in which the knowledge claims are made is provided in the thesis in order to assist with comparison (D'Cruz and Jones, 2004).

The criterion of transferability is closely linked to those of dependability and confirmability. Dependability focuses on how well the research has been carried out and whether the findings would be repeated consistently if the research was replicated. The idea that an action research study can be replicated is rejected since the design is responsive to input from participants and other stakeholders; but nevertheless, the process of the inquiry should be traceable, and documented (Hart and Bond, 1995).

The research process has been rendered transparent in the thesis; the reader can trace the decisions and phases of planning, data gathering, reflection and action.

Confirmability focuses on the question of how to establish that the findings are based on participants' input and what happened in the research, and not just on the interests and perspectives of the researcher. It was not possible for the researcher to remain neutral and objective in an action research approach that took a collaborative stance and commitment to developing practice outlined above (Hart and Bond, 1995). However, strategies for achieving confirmability, such as asking participants, and overt expression of researcher values and assumptions are recommended (D'Cruz and Jones, 2004). The action research process facilitated these strategies and assisted me in making my values and assumptions more explicit. Throughout the process my interpretations of input from consultants and findings from interviews with practitioners were documented and made available for comment through newsletters, action plans and presentations.

7. Conclusion

In this chapter an action based research approach to developing child-directed practice has been elaborated. The approach employed qualitative research methods from a social constructionist perspective to examine the thinking and acting underlying practitioners' accounts of their everyday practice. Practitioners were involved through collaborative methods in an action intervention to develop their practice. Young people's active input as consultants was engaged to ensure that this examination and the action intervention were informed by their knowledge and directed by their interests. This approach is consistent with the aims of social work practice and research to

promote social change in the interests of social justice and the focus on fostering more egalitarian power relations in child-directed practice and research.

CHAPTER VI

Conceptualising children and childhood: practice

1. Introduction

This chapter analyses practitioners' accounts, to elucidate the conceptualisations of children and childhood that they were employing. As demonstrated earlier, studies within the sociology of childhood paradigm have highlighted how it is critical to examine adult-centred conceptualisations of childhood and practice. Adult perceptions of childhood influence the nature of relationships between adults and children. Within these relationships, experts, such as social workers, can either use their power to constrain children's active participation in matters that affect their interests, or be willing to share their power, in order to practice in more child-directed ways (James and Prout, 1997; Mayall, 1994; Eydal and Satka, 2006).

This analysis of practitioners' conceptualisations represents their original views prior to the action research intervention. It draws upon the practitioners' own accounts of their actions in the first interviews and in early group discussions. Although there were no direct accounts of the young people's experiences of the practice concerned, examination of interview data is related to previous research findings on young people's experiences of social work intervention.

It is important to note practitioners did not make their conceptualisations of childhood explicit. These were deduced, following constructionist grounded theory methods (Charmaz, 2006), from the practitioners' descriptions of young people and their situations, and the practitioners' accounts of intervention in young people's lives. Equally, practitioners seldom gave any specific theoretical justification for their views;

therefore, when references are made in the text to a theoretical base, this was inferred from an analysis of their accounts.

The chapter is divided into two main parts which reflect the contradictory tendencies concerning facilitating child-directed practice that appeared to inform practitioners' standpoints. The first part examines two broad conceptualisations: of *children as problems* and *children as incompetent* that were discernible from practitioners' accounts. Within the conceptualisation of *children as problems*, I explore how practitioners employed discourses of welfare and control that portrayed young people mainly as disordered and asocial. These conceptions of children combined either to focus attention on young people's problem behaviour, or push them aside whilst attention was focused on the family. Within practitioners' conceptualisations of *children as incompetent*, the findings showed how, across the accounts, practitioners viewed young people as incompetent in influencing decisions. Existing research discussed in Chapter II, highlighted that practice approaches underpinned by such conceptualisations of children undermined their ability to present their own concerns and maintain some control over what happens to them (Butler and Williamson, 1994; Featherstone and Evans, 2004).

The second part of the chapter discusses how, in contrast, practitioner concerns about welfare and control were also combined with conceptualisations of childhood that appeared to assist in their being prepared to promote young people's active involvement in defining problems and finding solutions. These conceptualisations were characterised broadly into: *children active in defining problems*; and *children participating on a more equal footing*. Within these two broad characterisations, young people were conceptualised in practitioners' accounts as active individuals in their family and wider

relationships, who were contributing their views from a rational basis, as well as on the basis of how they felt. An important aspect here was the practitioners' apparent willingness to acknowledge, either explicitly or implicitly, that practice that excluded young people from contributing their knowledge and experience was missing an essential ingredient.

These contradictory tendencies concerning facilitating child-directed practice discussed in the two parts of the chapter were evident in the accounts of all practitioners. In other words, the analysis indicated that practitioners held contradictory conceptualisations of children and childhood that were both adult and child-directed. However, there were some practitioners whose overall perspectives on children were more child-directed than others.

2. Conceptualising children as problems

In the analysis of practitioners' accounts presented below, the findings indicate that practitioners had relied upon parents' and other professionals' information in forming an understanding of young people's circumstances. Often young people's interests were subsumed by family interests focused on problem behaviour, with relatively little attention to individual strengths and concerns or wider social context and constraints. As a result, the young people did not appear to have been afforded the opportunity to discuss what was most important to them or to contribute their ideas on what might help improve matters from their point of view.

Social workers' conceptualisations of young people at referral

As discussed in Chapter IV, the institutionalised criteria and processes for defining problems can dominate relationships with young people and define them in disempowering ways (Holland, 2001; Fook, 2002b).

Seven practitioners in service centres and two in child protection teams summarised referral information on their case files that had originated from parents, schools, and police in order to explain how this had influenced their first contacts with young people and parents. Nearly all practitioners' descriptions indicated that the information was about young people's behaviour problems, concerns about welfare, and about young people 'getting into trouble'. Practitioners' accounts of information from referrals contained little about the young person's history, personality, or strengths and no information on young people's views about the problems, the referral or what they wanted to happen. For example, Anna said that in general, schools and police make reports about behaviour:

'That's what they report – the young person's attendance is very bad, or the young person's behaviour is not good in school ...'

Referrals taken from parents also focused primarily on descriptions of problem behaviour as Benedikt described:

'Her mother contacted me first. She was in 9th grade (fifteen years). She had some problems; she was not going to school. She was with older boys and some drugs were used'.

And Hanna explained that in one case:

'The referral said the boy was a problem in school. He was rude to teachers, so they asked parents' permission to take a drug test on him and it had shown that he had been smoking hash or pot'.

Concerns about welfare were implicit in the accounts of referral information, as Hanna explained when she described how drug use was said to be affecting the young person:

‘Yes, well his mood and he was not really attending school that much, skipping classes and sleeping late. He had had problems with learning but that was nothing new, but that had not become better. So that is why they referred it to us’.

In general, practitioners made no comment, when discussing their accounts of information from referrals, about the lack of information from young people about their concerns, and the lack of young people’s involvement in the process of making the referral. For example, Hanna did not know whether the young person had given consent to the drug test, and appeared to accept uncritically what she described as routine practice to do random drug testing with parents’ general consent. From analysis of the interview data it seemed it was routine to accept these referrals or reports of perceived problem behaviour, as Anna explained:

Interviewer: ‘So what sort of picture do you think you get of the young person and their situation at that point?’

Anna: ‘Very little — I just know that I need to look into it.’

In their accounts of their first contact with families, practitioners seemed confident that parents had been informed about the referral, but did not comment on whether the young person had been involved:

Hanna: ‘I contacted them and asked them if they wanted to come for an interview with me — the parents and the kid. The school had probably told the parents already that they had referred and social worker would call them’.

From a rights perspective, this practice neglected young people’s rights to be involved in actions that affected them directly, and the passing on of information about them, without their involvement, or without good reason, was a breach of their personal privacy. The uncritical acceptance of these referrals suggested that most

practitioners, when receiving referrals about young people, were accepting and perpetuating a view of young people as not capable, too vulnerable, or without rights to be involved in this process.

Focus on problem behaviour

Data showed that five social workers' definitions of young people's situations described in the two sections below were affected by strong policy discourses on drug and alcohol abuse and by the increasing acceptance of Attention Deficit Hyperactivity Disorder (ADHD) diagnoses to explain young people's behaviour and difficulties (Prout, 2005). The analysis demonstrated that ideas about these young people could be understood using White's 'phenomenon of the "marginal child"', as discussed in Chapter IV. White argues that these young people are discursively on the margins of the category *child* and thus a dominant conception of *children as victims* is suspended in favour of *parent as victim* narrative (White, 1998, pp.286-7). Similarly, young people who are using drugs may be viewed as *dangerous children* and a threat to society (Donzelot, 1979).

Drug use

This section explores the views of children evident in two practitioners' accounts of working with young people who were identified as 'drug users'. Iceland has a zero tolerance policy towards drug use; practitioners' accounts reflected a dominant concern to stop drug use:

Hanna: 'And of course here in Iceland we have zero tolerance and that has to be my focus point. It is not acceptable, not even once'.

This dominant concern was combined in both practitioners' accounts with perceptions of young people as limited in their cognitive and moral capacities. Hanna's

understanding of a fourteen-year-old was based on general assumptions of young people's lack of cognitive ability and impulse control:

'I think when he says he wants to stop [drug use] it maybe is with hindsight: "Oh no, I shouldn't have done it," more like that ... I think for many adolescents it is not easy for them to see when they are in the situation to stop and think "Oh — what I am doing now?" I don't think he does that. I think it is just because of that age — the brain is just overwhelmed with emotions and such. So, sometimes it is hard for them to take rational decisions'.

Íris emphasised a young person's (also aged fourteen years) lack of moral capacity, based on feedback from his interaction in group work:

'Yes, he was very much liked in the group but I found, though he wanted his parents to be relaxed, he could not see other people's view very much ... he did not have much insight into his problems. ... He took advantage of the girls in the group, he was not giving very much — he was not helping or not taking part unless for his good'.

These perceptions appeared to focus practitioners' attention on negative aspects of the young people's behaviour. Analysis of the practitioners' accounts showed a lack of attention to the young people's capacity to cope with difficult situations, consistent with more child-directed conceptualisations of children delineated in Chapter IV. For example, Íris was perplexed because the young person saw his drug taking as a positive and exciting part of his life. She could not understand this view, especially as she felt his older brother's drug use had affected the family so badly:

'I wanted to see how he could see this drug so positive. I tried to talk about his family life because of all the crying and his mother was very depressed but he didn't see it [his use of drugs] as serious as it was with his brother'.

Existing research, in the UK, indicates that a more child-directed focus on young people's strengths in coping with the impact of these family difficulties, with an exploration of the benefits they are getting from continued drug use, creates more opportunities for open and honest discussion of concerns, which is less threatening and less likely to push young people into defensive positions (Galvani, 2008).

These perceptions were also associated with approaches that were primarily focused on control, evidenced in the accounts by acceptance of testing for drug use, not as part of a positive plan for the young people to demonstrate they were *clean*, but for the adults to detect when they were using.

Hanna: 'He was again tested and I think this showed he had used drugs again'.

Iris: 'The parents — they themselves tested him for drugs ...'

Through practitioners' accounts these two young people appeared to have been defined in disempowering ways. They were assigned to a problematic group whose actions as *drug users* were viewed in Iceland with *zero tolerance* and were labelled through control discourses with a label of potential 'drug addicts' (Fook, 2002b). This was evident in Hanna's account. Here, Hanna is talking about how well the young person engaged in a recent 'adventure pedagogy'¹⁷ intervention, but because he tested positive again, he is still seen as a potential drug addict:

'He did really well on the trip — and they were so pleased with him — oh he is a great kid. He is very positive and wants to be better and wants to learn and is so enthusiastic. But again he started smoking. One of the counsellors from the group called a meeting with the parents and the kid and we talked about what

¹⁷ This refers to a service that works with groups of young people and aims to promote their strengths, support networks and life opportunities through a group work that includes a trip into the highlands of Iceland.

can we do ... and we decided that maybe he would need to go to rehabilitation’.

Young people pushed aside

Analysis of data revealed three accounts of work with families that focused mainly on supporting mothers, with the young people viewed as part of the family system. Analysis of these accounts demonstrated that these young people’s interests were not viewed separately from the mothers’ interests and they were given little or no opportunity to participate on an equal footing with the adults. In terms of discourses of childhood outlined in Chapter II, practitioners were employing a combination of views of children as vulnerable and dependent, but also as in need of control (Jenks, 1996; Trinder, 1997; Stainton Rogers, 2001). This reflected previous findings from research in Iceland, where ‘the child was pushed off the scene’ and ‘the mother controlled’ by the practitioner (Kristinsdóttir, 1991, p.231).

Sylvía’s account indicated that she had not involved a fourteen-year-old, diagnosed with Tourette’s syndrome, in her practice, and had relied on the mother to understand the young person’s situation and views:

‘According to mother she should not have any reason to be afraid.’

‘In this case I don’t think I met the girl specifically about the support family. Her mother just talked to her about it’.

The young person also seemed to be constructed as the problem in the family; correspondingly, practice was more focused on the impact of her behaviour on her mother and younger sister. This was evident in the way the practitioner described the younger sister’s situation:

‘Her problem is that she is the sister of a very disturbed — no — difficult — no not disturbed not difficult but very ...’

Sylvia explained that she had provided a personal assistant to work with the mother on setting rules in the home. However, this was resisted by the fourteen-year-old daughter:

‘The teenage daughter said “no” right from the beginning. She wanted to set rules but did not want to follow the rules of others’.

Even though the practitioner had identified communication problems in the home she did not seem to explore why the young person was resisting this work; consequently the focus shifted to assisting the mother and younger daughter in coping with the fourteen-year-old’s behaviour:

‘So they stopped that and focused on trying to support the mother, and the sister and how they can react and so on’.

The practitioner’s concern for control of the young person emerged when she spoke of the community group work service that the young person attended:

‘The daughter also has two evenings a week at [the group work service], where she meets children of her own age under very strict guidance from adults’.

Agnes saw a twelve-year-old young person as too much in control of the family situation and was worried that if the young person was brought into the decision-making then she would sabotage the fragile cooperation that the practitioner felt she had gained from the young person’s mother. She also described the twelve-year-old as angry, vulnerable and neglected but also potentially destructive and in need of greater control and boundaries set by her mother. She said that this information had been

gathered from the files and from teachers' accounts. Despite these concerns the practitioner decided not to see the young person on her own:

'I haven't actually talked to her in private. I have just seen her in the school and with her teacher'.

'Mum is now trusting me, she has allowed someone into the home for the first time and I am afraid that if the twelve-year-old says, "I don't want that" mum will say — "No — I don't want it because my daughter doesn't like it"'.

The analysis indicated that the main practice focus in both these accounts was on enhancing the mothers' ability to care for their children and manage the children's behavioural problems. The dominant theoretical perspectives employed were mainly behavioural, with a focus on developing parenting skills and shaping young people's behaviour through reinforcement and modelling:

Agnes: 'I am working with mother to help her to make her wear it [hearing aid]. I was talking about using some reward system'.

There was little evidence in practitioners' accounts that they had explored the situation fully from the young people's point of view. This lack of attention to the young people's own priorities and the dominance of adult agendas may reflect the practitioners' unwillingness to respond to resistance and challenge from young people and practitioners' lack of confidence in allowing their assumptions to be questioned (McLeod, 2007). Correspondingly, the young people were controlled by being pushed aside whilst practitioners relied upon the views of professionals and young people's mothers (Trinder, 1997). This is not to suggest that the mothers did not have a good understanding of their own and their children's situations, but to acknowledge both

that their view is subjective and there will always be some competing interests and different perspectives.

3. Conceptualising children as incompetent

The findings showed that across the accounts, practitioners viewed childhood as a period when incompetence could be presumed (Smith et al., 2003). For example, none of the practitioners had asked young people for feedback on his or her practice, which suggested that they were not used to thinking of young people as having the capacity to evaluate the interventions. Analysis of most accounts of how confidentiality was handled also indicated that young people were viewed as having insufficient interest or grasp of the concept to participate actively in how information would be used and shared with others (Swain, 2006).

The psychologists in the study talked about valuing what young people said about their feelings and immediate situation, but were more doubtful about how much weight to attach to young people's views when it came to decisions about the future. Analysis of one psychologist's account of his experiences as a spokesperson¹⁸ in court proceedings brought out the tensions in the legal and social discourse about young people's involvement. These tensions emerged when views of young people as vulnerable to influence, and lacking capacity for rational decision-making, were set against views of young people as having the right to be heard (Graham and Fitzgerald, 2006). For example, in his account, the psychologist spoke of feeling that both he and the children were often powerless in situations in which those making decisions in court or committee proceedings paid lip service to listening to children's views, even

¹⁸ As explained in Chapter III, children have the right under child protection legislation to have their views presented to a committee or court by a spokesperson. The spokesperson's role has been interpreted as ascertaining and communicating the child's views rather than conducting an independent assessment of the child's situation.

when they had already determined on a course of action that did not accord with the child's wishes.

Magnús: 'We are asking the child to believe it is worth something to [give their view] ... we tell someone else and we hope that they will take notice. But somehow, those who are talking to kids don't have power, as I see it ... That's the hard thing in these situations when everyone knows the answer and you are trying to be friendly and listen to the child and go into their lives and why? It's somehow like an abuse for child and for the psychologist because the child is telling the same thing over again and for what reason?'

This is discussed more fully below in the analysis of the status of children's wishes and feelings in decision-making.

Presuming incompetence

A number of authors have argued that, instead of drawing on Article 13 of the United Nations Convention on the Rights of the Child to be creative in finding ways to maximise children's participation, children are often presumed to be incompetent. As discussed in Chapter IV, this means they have to prove their competence before they are taken seriously; often their participation is conditional upon proving this competence through tests of outcome and function that are actually higher than those applied to adults' capacity (Sclater and Piper, 2001; Smith et al., 2003; Paul, 2004).

Practitioners were asked what the young person they had been talking about had said about their intervention, and if they did not know this, to consider what they might say if asked. The responses suggested that practitioners were not used to considering their involvement from the young person's perspective. No practitioner had asked young people for feedback and they were taken aback by the request to give the young person's view:

Hanna: ‘Oh – I don’t know, I am not sure if they see it the same way’.

Anna: ‘God, um I, ... what would they say? This is very tricky; you are asking me to tell you how they value me?’

Presumptions of young people’s incompetence were also evident in other ways. For example, Anna suggested that children’s loyalty to their parents, and fears of being taken away meant they were not rational in their views. When talking about two young people aged twelve and ten-years-old who had been living with domestic violence for some time, she presented their wish to remain in a situation, which she considered unacceptable, as irrational:

‘Sometimes kids of course have a lot of loyalty to their parents and sometimes they are just used to this kind of situation and sometimes they just don’t want to go’.

Tómas, a psychologist, made similar comments about the unreliability of the views of two young people aged nine and eleven years. He argued a clinical view that even if children are unable to focus on important things, even if they are unrealistic in their hopes, are living for the moment and unable to focus on important things, and do not, therefore, know what is best for them, it was important to know how they felt because it directed the work:

‘Yes, of course you have this tendency with children which is, I think normal, that they are children, they don’t always know what is best and in some cases, like this one, maybe you don’t disregard what they say, it is important that you know how they feel because it directs you in your work, but it does not have any influence on the decisions made’.

Analysis of data, therefore, revealed views of young people as being incompetent in influencing decisions. This is in contrast to young people’s own view of

themselves in previous research as active and contributing family members who emphasise reciprocal relationships, want a say in defining their situation, and have views on what might help because they are seeking improvements in their own and their families' situation (Bell, 2002; Mayall, 2002).

Presuming incapacity to grasp complex concepts

Previous research, as evaluated in Chapter IV, indicates that young people place a high value on confidentiality and feel betrayed if information is shared without their involvement. The same studies also indicate that young people have a good understanding of the meaning of the concept, though the *relative* nature of professionals' ability to provide absolute confidentiality rarely seems to have been explained to them well (Butler and Williamson, 1994; Munro, 2001; Neale, 2002).

Petr (2003) and Evans (2007) both indicate that it is better to involve young people in discussions on how information might be shared. Five examples in my research of how practitioners said they explained the limits of confidentiality, suggested that young people were unlikely to have gained a good understanding of how information about them would be used, because practitioners had viewed young people as lacking the capacity to understand the complexities of the concept.

Tómas, a psychologist, related his handling of this to young people's age and ability to understand the professional relationship:

'It depends on the age of course ... with older children I talk about confidentiality, but my experience is that they are not that occupied with that issue. I have the feeling maybe some of them don't really believe me when I am explaining to them the confidentiality, which is a bit complex because they might tell me things that I cannot keep silent about ... But this professional relationship, as a grown up person most people can make a distinction between

a personal relationship and a professional one ... but of course, children, especially the younger ones have difficulty with this’.

However, when it came to sharing reports with young people, Tómas did not see it as part of his job to show the young person the report once it was written, whatever their age:

‘Some of them would see the report, but it is not a part of my job in these cases to show them the report’.

Other practitioners described making general statements about the limits of confidentiality during their initial contacts with young people, giving little specific information about how they shared information during the course of their work:

Anna: ‘I explain that sometimes if something is very serious then I will have to tell someone else.’

Hanna: ‘I tell him that what he says to me is confidential, and I don’t tell his parents what he tells me — unless it is dangerous for him and so on’.

These explanations suggested that practitioners were adopting a bureaucratic approach. They also suggested a view of young people as not being able to handle more detailed discussions, through lack of intellectual ability, experience, or understanding of the moral issues involved:

Kristín: ‘I usually do this more when they are adolescents ... depending on the kids — what they are like and what kind of contact you can make, how much they can understand and take in and how concerned they are about discussing’.

This conflicts with research findings about children’s capacity for moral reasoning and the importance of discussing issues in context (Mayall, 1994; Such and Walker, 2004). Most of the explanations of how limits to confidentiality were explained and handled

with young people appeared inadequate: few young people appeared to have been afforded the opportunity to discuss the information that was passed on and how it had been interpreted. That this was linked to a difference in the respect accorded to children's and adults' rights to be kept informed and share in decision-making was recognised in the discussion at one of the first workshops:

Kristín: 'I was thinking about letters we are sending about them – they should know about these all the time'.

Íris: 'We do it with adults'.

Kristín: 'This is saying something about children that we don't do [share information] with them'.

These findings must also be considered in the legal and organisational context. Two practitioners explained that work with children and families conducted within the remit of the Local Authority Social Services Act, was recorded in files under a parent's name. Psychologists' work and child protection work (conducted within the remit of the child protection committee and child protection legislation) was recorded in files in the child's name. Parents had right of access to files, but children did not gain these rights until they were eighteen.

The way information is held, therefore, reflects and reinforces the primary focus of legislation and practitioners' roles. That is, work with the child and family under the Local Authority Social Services Act is primarily family-focused, which in practice means adult-focused. When child protection concerns are identified the work becomes more child-focused and if the case is transferred to child protection a file is created in the child's name. Until the child becomes an adult, however, he or she has no legal right to see the information held, but the primary care-takers do. Legally and

organisationally therefore, children's rights to privacy and access to personal information held in written records are not facilitated. And this was reflected in the discussions with the practitioners.

Decision-making: the status of the young people's wishes and feelings at committee and court hearings

As indicated earlier in the thesis, Icelandic child protection legislation provides for young people's views to be taken into account in decision-making by the child protection committee and in court proceedings. The legislation also provides for young people to be assisted by a spokesperson in putting their views. However, as discussed in Chapter III, in considering what is in children's best interests, decision-makers often prioritise adults' views and place little weight on children's perspectives. These considerations are frequently supported by drawing on developmental models of childhood and protectionist arguments in order to avoid transferring too much power and responsibility to children (Lücker-Babel, 1995; White, 1998)

The two psychologists taking part in the research said that they were frequently asked to make an expert assessment of what was best for the young person and were also appointed as spokespersons for young people in proceedings. Their conceptualisations of young people and their experiences as spokespersons were therefore very important. As already indicated above, they stressed the importance of listening to young people but were more doubtful about how much weight to attach to young people's views when it came to decisions about the future. For example, Magnús drew on developmental theorising to explain the dominant view that adults define what is in children's best interests:

'We say that the young person doesn't know the whole picture because they cannot imagine the future and may be adversely influenced by a strong and

unhealthy bond with a carer. So you don't trust the judgement of the young person and young person doesn't know what's best — we say'.

Analysis of Magnús's account of his experience as a spokesperson revealed the contradictory approaches to children discussed earlier in the thesis. Magnús indicated that his representations of young people's views were too easily set aside in favour of parent's rights:

'You can often see it in court. If the parents decide something is OK they want to do this, then the judge will go into it and say OK — the case will go on like this'.

Failure to resolve the ambivalent views of children as rights-bearers and dependents meant that young people were oppressed rather than assisted by the services of a spokesperson:

'I am told by child protection — please talk to the young person. I ask the young person and then I tell the committee and nothing happens. Four months later I am asked again and I say the same thing and this happens over and over again and nothing changes ... The children say, "We have already told you what we want, why are you asking again?" They are in a trouble with it — they are not smiling'.

The psychologist confirmed that this was not an isolated case and said there were many similar cases where the young people's situation did not change for years.

4. Towards equalising power relations: conceptualising children as actively involved

So far, these findings have suggested that in their descriptions of young people's situations and in accounts of their intervention, practitioners were predominantly conceptualising young people in disempowering ways, drawing on discourses of control

and welfare, with a focus on young people's problem behaviour. Furthermore, ambivalent conceptualisations of children and childhood within the decision-making processes in child protection committee and court hearings meant that the right to be represented by a spokesperson did not seem to be working to young people's benefit.

Nevertheless, there were different conceptualisations that emerged from the analysis of practitioners' accounts that portrayed young people as actively involved in practice in ways that made power relations between practitioners and young people more even. This second part of the chapter examines the extent to which these more empowering conceptualisations were evidenced in practitioners' accounts and the implications for more child-directed practice. In broad terms, these more empowering conceptualisations emerged to varying extents in all practitioners' accounts, thus all practitioners moved between the different discourses that ascribe passive and active roles to children. However, there were differences in the strength of evidence of more child-directed conceptualisations, with eight practitioners¹⁹ evidencing more child-directed conceptualisations and the rest²⁰ evidencing elements of child-directed conceptualisations, but only slightly. This difference may be partly accounted for by differences in role within the organisational context. On balance, practitioners working in child protection, together with practitioners doing group work with young people in community social services settings, held more child-directed perspectives. Practitioners working in the service centres within the capital city were less child-directed in their perspectives on children. These differences may be linked to the legislative and policy frameworks underpinning practice. As outlined in Chapter II, the

¹⁹ Anna, Benedikt, Díana, Elísabet, Jónas, Magnús, Margrét, and Stefán.

²⁰ Agnes, Björk, Hanna, Íris, Kristín, Sýlvía, and Tómas.

legislation underpinning work in the service centres is family and adult-focused and not child-focused (Local Authority Social Services Act, 1991). In contrast, child protection legislation is child-focused, incorporating the concept of the child's best interests and the duty to take account of the child's views (Child Protection Act, 2002).

Conceptualising problems: young people active in defining problems

The sub-sections below examine conceptualisations that emerged from the analysis of practitioners' accounts, which portrayed young people as more active participants in defining their problems. In these accounts practitioners:

- were questioning the way young people were portrayed in referrals;
- seemed to recognise the importance of young people's evaluation of their situations and their ability to find solutions;
- were actively involving young people in deciding what information was shared.

Self-referrals from young people and problem behaviour placed in context: alternative discourses emerging from referrals

Three practitioners described handling self-referrals from young people. They said self-referrals were unusual, but their descriptions highlighted that, in making self-referrals, young people were giving first-person accounts of their problems, unfiltered by carers or other professionals. Analysis of the accounts indicated that hearing these requests for advice directly, shifted practitioners focus towards acknowledging young people's perspectives more centrally. As Magnús explained:

'I can see the difference when it's the kid who wants to meet me. They want to talk to someone who is not involved in their life in other ways and get some advice, like seeing a doctor. When they come to you that way, they have a problem for you and, at least in the beginning, they want to be there'.

The accounts of what flowed from the self-referrals suggested that when practitioners heard young people's accounts directly, without being overlaid by adults' interpretation, they were more likely to treat young people as active agents and listen to their ideas for solutions to these problems.

One self-referral, for example, was described as being made direct to the child protection team by a young person who wished to be placed away from home for a time. The social worker, Anna, said she did not agree with his request at first, taking the general view that it was best for young people to remain at home and work through these sorts of problems together as a family. The young person was diagnosed with ADHD, but whilst this was mentioned in the context of explaining communication problems in the home, it did not seem to affect the practitioner's focus on working directly with the young person to agree the best way forward:

Anna: 'We did not quite agree. I think just to leave home because of communication problems is not good. I wanted him to try and deal with the situation first before he ran away from it. But he did not quite agree with me on that one. He had a very distinct vision on his problem and what he wanted'.

Interviewer: 'And did that not match what you thought was best for him?'

Anna: 'Yes — in the end it did. So I worked with him; he went to another family and while he was there we had meetings and tried to solve the problems that were going on in the house and in the end it went very well and he went home'.

This discussion about the best course of action included consultation with the parents, but analysis of the practitioner's account indicated that she had already formed a basis for work in which the young person was viewed as active and competent in defining

the problem and the solution, which facilitated a discussion in which his perspective was accepted as a ‘working truth’ (Stainton Rogers, 2001).

Stefán described taking a referral from a young person’s father who wanted a social worker to see his son because of problems in school:

‘The father was mainly asking me to take the boy and interview him and counsel him. He suggested that the boy needed some correction’.

As the social worker drew out the detail of the referral, the young person’s behaviour was set in the context of what was happening in school; the way that teachers and other young people were reacting to him were highlighted as well as the difficulties experienced by the young person himself:

‘He was getting in fights and conflicts with other children in school. He was in conflict with teachers. All the descriptions were that he was not functioning socially ... But there was also bullying; parents say he was bullied and the child says that the teachers were bullying him. He was approached by teachers in a negative way and he was upset because of how people and students were behaving towards him’.

By contextualising the referral in what was said to be happening at school, Stefán resisted a conceptualisation of the young person as the problem and in need of counselling or control, and was open to different accounts.

Questioning the conceptions of young people as problems: alternative discourses in practitioners’ reading of referrals

As indicated at the beginning of the chapter, most practitioners did not question the way young people were portrayed, as they gave their accounts of referrals they had received. However, two practitioners working directly with young people in group and community work settings did comment that referrals and reports often portrayed

young people in negative ways, with an overemphasis on problems and little information about strengths and possibilities. These included referrals from field social workers. Their observations indicated that they viewed young people as having strengths and potential for actions that were being undermined by the way they were portrayed.

Margrét commented that the referrals varied, with some providing very full information, including information that the social worker had gathered directly from the young person, but she said most seemed to rely on information provided by others without any discussion with the young person about their perspective:

‘Sometimes the written referrals try to sell the kid to us by emphasising the problems.

I was thinking why do we never get to know about the strengths that the kid has? Sometimes the social worker has met the kid so can put some information from their own experience, but more often they are just gathering information and sending it on its way. I am not saying the description on the paper is wrong; it is just one side of the coin’.

Margrét explained that this made it difficult to engage young people’s participation on the basis that young people had agreed to be there, because often they were simply complying with the expectations of their parents or professionals. This was emphasised by an example from Jónas, who described a group of young people who were referred to him by the police and a social worker and were given no choice about cooperating. This made it difficult to engage them, and as the work progressed he found that there were system failures as well as personal issues that had contributed to their difficulties:

‘They were told, “You have to be in this group”. It is very difficult to work with people who are told they have to do something. It was because the bill for the city for what they had destroyed and taken was so high that they had to do something about it. But I found out that it was the social system not doing its job and I was trying to get them to all these places where they needed help’.

These examples suggest that workers may have been under organisational pressure to secure resources for young people, or pressurised by the imperative to *do something*. Social workers in the new Service Centres had a remit to develop and secure resources for families and this seemed to be high priority for them. This was often mentioned as something they had achieved for families:

‘I was able to secure the services’, (Björk)

‘I had the resource’. (Agnes)

Young people contributing to problem definition

As discussed earlier in the thesis, in more child-directed practice practitioners recognise children as experts on their own circumstances; correspondingly practitioners develop appropriate ways of engaging with children so that their practice is informed by this expertise (Clark and Statham, 2005). In this way, children gain more control over how they and their circumstances are assessed by the practitioners involved. Linked to this is the value of reliable practice concerning confidentiality; more child-directed practice concerning confidentiality is associated with recognition of children as more equal participants in practice (Butler and Williamson, 1994; Evans, 2007).

Ten social workers working in child protection and service centres emphasised the importance of seeing young people alone. For some practitioners, this was an important opportunity for them to gain insight into the young people’s situation

and see them as people and not just names on records. For example, Björk met individually with four children between the ages of six and fifteen years in their home:

‘I met with the children right away ... I gained seeing them as people — there was a face there — a personality. If you don’t meet them — that is easy to do if you have a lot of work to do there is just a name on paper’.

Analysis of the data indicated that these young people were seen as individuals who had the right to meet a professional intervening in their lives, and that their faces were an important reminder of how her work may affect them. The accounts indicated that this practice was child-focused and child-centred as it seemed to provide opportunities for young people to give their views. A shift from this position towards child-directed practice involves seeing children as having the knowledge, strengths and ability to be actively involved in defining their circumstances and contributing to decision-making. This was evident to some extent in seven accounts where practitioners used the opportunity of seeing young people alone to learn from their perspectives and increase young people’s influence over their intervention.

For example, the same practitioner, Björk, explained that she attempted to discuss with four young people, who were living in poverty and cramped accommodation, how this situation was affecting them.

‘I went to see the boys and how they were doing and how the poverty was affecting them. I asked, “Does it make you feel different, sad that you cannot do some of things others can do.” They said, “No — we are just fine” ’.

There were no particular concerns about their progress, but Björk discussed their situation in the context of growing disparity in incomes in Iceland and her understanding of compounding effects of multifaceted oppression (one young person was disabled) on young people’s experiences and opportunities. Björk said she felt she

had not got very far in her attempts to understand their situation better from the young people's perspectives because they did not discuss how they felt, but her account did demonstrate that she believed their perspectives were an important contribution to her practice.

Agnes explained what happened when she asked a thirteen-year-old, referred because of behaviour problems and suspected alcohol use, to complete a genogram. The practitioner stressed that this helped her, as a practitioner, to understand the young person's situation and show that she understood:

'She drew the picture herself and when I discussed it with her I could see that her mother was an alcoholic, her grandmother and her mother ... and she was thinking, "Why shouldn't I? They could do it?" We discussed why she thought that.

I think it helped me to see what she was thinking about. I understood then, we could discuss this and what we could do to stop it if we don't want to the pattern to continue'.

Diana emphasised that seeing an eleven-year-old on his own and focusing on the young person's wishes, wants and needs, marked a departure from the way previous workers had worked with the family. She explained when the case was transferred to her the social work role was to advise the mother:

'It was also a case here when I came, but only through the mother. The mother was coming to get counselling about how to raise her boy'.

However, despite continued efforts advising his mum on parenting, and direct work with the young person by a psychologist and school counsellor, the social worker said there were no improvements in his situation and she felt she had to see the young

person herself. She described being quite honest with him about her perceptions and recognising his evaluation of his situation:

‘Even though he was just a kid, I told him that I didn’t see any progress going on, even though he was talking to those people. He agreed with me, and said “I am still arguing with my mum, everybody knows we are arguing, it doesn’t stop anyway”. And he said, sometimes it even feels like nobody is listening to me’.

This indicated the practitioner’s recognition of the importance of this young person’s evaluation of his situation.

Benedikt’s descriptions of his practice emphasised his view of young people as active agents in working collaboratively to find their own solutions and the importance of not pre-judging young people from the written records:

‘I try to put myself in the young person’s situation ... I think it is very important to try to help them to find the solutions not to bring them the solutions. Try to find some goals that they can aim at — OK we want to go there and how can you do it. I try to be open-minded when I meet people at first and not to — some people have a lot of records’.

In the section on confidentiality earlier in this chapter, I argued that descriptions of the way this was handled indicated that practitioners viewed young people as passive recipients of information with insufficient grasp of the concept to participate actively in how information would be shared. Here, examples are presented in which young people seemed to have been more actively involved in both the content and process of information sharing. This indicated respect and recognition of young people’s rights to be kept informed and ability to share actively in decision-making.

The two psychologists participating in the study explained that when writing reports for committee or court, they told young people that they were writing a report, and discussed with them what they are going to write:

Tómas: ‘I explain that I have to agree with the child what goes in the report. And sometimes they say, “No don’t put that”. So then you say, “Is it OK to put it this way and then?” “Yes, that’s OK” ’.

Elísabet, a social worker in a service centre, described being very explicit about the limits on confidentiality, and giving young people the chance to change how they were talked about:

‘It normally comes up, “Are you going to say it somewhere else?” I always say to teenagers, “I am going to talk about your case here in small groups” and try to say, “Is it OK for you if I say this — how I read it?” Normally they say “Yes”, maybe they suggest put this in other words or something’.

Both Tómas and Elísabet described giving young people the chance to alter what was said and written. This indicated a degree of equality in the relationship because the practitioners acknowledged that they did not always get things right and recognised the young people as sufficiently expert on their own circumstances to make corrections.

Recognising and supporting young people’s ability to communicate directly in difficult situations is an important aspect of child-directed practice. Jónas described work with groups of young people and explained that at the end of the group work young people were assisted in making their own reports to the referring social worker.

‘In last days of trip we help them get messages to their social worker. They have to think it through ... We help them to put it in words, “What kind of help do I need?” ’

These findings showed important features of more child-directed practice, which included practitioners' recognition of young people's competence to influence how their problems were defined and communicated to others involved. This indicated possibilities for developing increased equality in practice, for example, through providing opportunities for young people to read reports in full, discuss the contents, add their own opinions in their own words, or find other ways for their views to be directly represented in decision-making. However, these aspects were not evident in practitioners' accounts at this stage of the research.

Deciding forms of intervention: enabling young people to participate on a more equal footing

This section focuses on the extent to which practitioners' accounts evidenced young people assisting practitioners in making decisions about what should happen. Examples are presented from two of the most developed accounts, in terms of the elements of child-directed practice, at this stage in the research. Analysis of data indicated that in these accounts young people's resilience and strengths were recognised and their perspectives were viewed as rational and valuable in deciding what to do. This involved the practitioners recognising that the *grown-ups* did not have all the answers and that it was alright for young people to know this. The practitioners acknowledged that, when viewed from the young person's perspective, what had been done to help in the past had not been as helpful as assumed by the adults involved.

Negotiating the problem focus

Practitioners in child protection understandably focused on the welfare and protection aspects of young people's situations. For example, Anna drew on protection

and welfare discourses in describing her work with a twelve-year-old and a younger sibling whose father was mentally ill and violent towards their mother:

‘It was obviously unsafe for them to stay there’.

She referred to the children’s loyalty to their mother and the older sibling’s feelings that he must watch over her and his brother, even though he was scared of his father. So at first, the practitioner seemed to portray this young person as in denial of the seriousness of the situation and emotionally resistant to leaving a home where he was scared, based on what might be considered an irrational loyalty and wish to protect his mother. From within the sociology of childhood paradigm (Lee, 2001), this underlying conceptualisation of children as deficient in reason makes it easier for adults to override their views.

However, Anna’s account from the welfare and protection perspective was interwoven with a portrayal of the young person as having a rational and reasonable assessment of previous social work intervention. From his perspective, he and his brother had been removed from home and then returned, but the father’s cycle of drinking, mental illness and violence had resumed. The practitioner compared this account with the departmental records and confirmed that this view was rational and understandable:

Anna: ‘I could understand his view because when everything failed again we were not around because we thought maybe that everything was OK ... I called the service centre workers that had been involved and they said things had been going well for a while, but ... then the father started to drink again and stopped taking his medication ... and it escalated ...’

A critical point is that the young person's knowledge and understanding of his family situation was validated. His position as a close observer of the events in his family, someone who was negotiating his own interests on a daily basis, as well as taking responsibility for the protection of others, was respected. It also led to a change in intervention as Anna said that she agreed to the brothers remaining in the home, with additional safeguards in place.

Anna's account was a good example of the tensions inherent in developing more child-directed practice, as she talked about her careful weighing of the young people's views and her concerns about protecting their welfare. She also highlighted these tensions in more general discussion:

'You try to respect their views when they say, "I can handle this" but when you can see they don't have a handle on their life, and if they are danger, you try to get their cooperation but I sometimes have to put pressure on them ...'

Focus on the process and involvement of young person

Analysis of Díana's account of her recent experience as a newly arrived social worker to a rural area indicated that her conceptualisation of children had altered towards viewing their involvement in practice as more central to her casework. When a case involving a sixteen-year-old was transferred to her, Díana was asked to continue providing personal counselling:

'To help her to get control of her way of being towards other people, help her to realise that the way she acted made other people react to her. So she would understand that some things happened because she let them, and others she could not control at all like the molesting'.

Meanwhile, two other social workers dealt with all the communications between separated parents; communications that were described as fraught with difficulty because the parents refused to talk to one another. The focus of the work was characterised as counselling to promote self-awareness and self-respect combined with protection from problematic family relationships.

However, D ana explained that she had realised that this was not working. Analysis of D ana’s account showed that the assumption of responsibility for sorting the communication problems and the division of roles designed to protect the young person, were disempowering. The young person had little opportunity to influence decisions about what she wanted to do in relation to her family, and was not developing her skills in negotiating her interests within these relationships. D ana outlined a new way of working that was explicitly aimed at assisting this young person, in gaining control. A joint meeting with all those involved, including the young person was the first step. This meeting helped her to see that the adults were struggling with the situation as well. This was not a cause for anxiety, but relief:

‘And her hearing how complicated it looked from the grown-ups side helped her a lot. She realised, OK it isn’t only me that is confused in all of this and she gained self esteem. She was realising, OK if they don’t know what to do, why am I relying on them, why don’t I just count on my own instinct? And that’s what we have been trying to build up since then. And it has been going so much better’.

From her descriptions of her work with an eleven-year-old, it seemed that D ana had also picked up on an important aspect of young people’s expectation of what it means for them to be listened to. As discussed in Chapter IV, in contrast to social workers’ perception of simply listening as demonstrating understanding, for young

people listening and being heard is demonstrated by the actions that practitioners take in response to what the young person had said (McLeod, 2006). Díana's role as social worker was to work with the young person's mother on parenting issues, whilst a school counsellor and psychologist worked directly with the young person. However, from Díana's account it was evident that the work was not producing any appreciable benefits for the young person. Díana decided she had to talk to the young person directly and find out from him how he saw his own situation. He told her that no-one was listening because nothing was happening:

‘He said there wasn't anything happening. He kept on talking, but he knew it wouldn't change anything. That's why I think it is so important to have those kids involved in the casework. They expect something to happen’.

On the basis of this she decided to change the approach by bringing the young person in to contribute to the direction of the work. She emphasised the importance for her, as the social worker, of understanding young people's views directly, and the potential for these views to influence the direction of the work:

‘I had to make my own decisions, make my own picture of him ... They have their individual needs and meanings, even though they are just kids ... Actually, the law says you have to talk to them and when they turn twelve, you actually have to listen to them carefully, the things they say can affect the case work’.

5. Conclusion

The findings in relation to the first research question concerning practitioners' original conceptualisations of children and childhood indicated that there were co-existing and contrasting conceptualisations that had different implications for children and for the development of child-directed practice. As indicated in the introduction, these contradictory views of children discussed in the two parts of the chapter were

evident in the accounts of all practitioners. In other words, the analysis indicated that practitioners held contradictory conceptualisations of children and childhood that were both adult and child-directed. This suggests that their views were somewhat less polarised and fixed than indicated in previous research (Trinder, 1997; Shemmings, 2000).

The young people who were the focus of the descriptions analysed in the first half of the chapter were not portrayed as full and active human beings. Their perceptions of their own situations, and their strengths and abilities within the context of the practitioners' interventions, were either missing entirely, or portrayed only in relation to certain adult-defined problem behaviours. Because their parents were struggling to cope with their behaviour and because they were perceived to present a threat due to disorder or addiction, they emerged through discourses of control and welfare as 'problems'. Through the practitioners' accounts, these young people appeared to have little influence over determining how their situations were defined and little input into finding solutions or influencing the direction of practice. Where justification was offered it was on the basis that direct involvement of the young person might jeopardise the work with the family, or because attempts to engage the young person had failed. It was also implicit that focusing on work with parents was equivalent to focusing on and helping young people.

In contrast, the descriptions analysed in the second half of the chapter revealed that practitioners, in part, conceptualised young people as self-directing persons who were active in contributing to definitions of their situations both from a rational basis as well as on the basis of how they felt. They emphasised the importance of working closely with young people on issues of importance to them and spoke confidently

about achieving positive results which they believed matched the young people's own interests. Practitioners' accounts provided evidence of young people beginning to influence the direction of the work and gain greater control over their lives.

Using the information presented in this chapter, the question naturally arises as to the practice approaches that were associated with the contradictory and co-existing conceptualisations of children revealed in this analysis of practitioners' accounts. This question is addressed in the next chapter, which presents a further analysis of the same accounts, but this time the examination considers the extent to which the practice approaches described by practitioners were child-directed.

CHAPTER VII

Social workers' perspectives: tensions and dilemmas

1. Introduction

Social workers approach their work with children using a combination of values and aims, methods and actions. Using information derived from interviews held with practitioners before the action intervention, this chapter explores these approaches. This exploration is itself informed by the practitioners' conceptualisations of childhood which were examined in the previous chapter.

Two broad approaches, emerging from the data, and characterised as *adult-directed* and *child-directed*, are presented. The first part of the chapter explores practice described by practitioners that appeared to be primarily adult-directed. This comprised five main forms: *reliance on dominant professional assessments; reliance on parent's accounts; supporting and controlling mothers, while ignoring fathers and marginalising children; service-led practice; and excluding children from decision-making forums*. The second part of the chapter explores practice described by practitioners that seemed more child-directed: *child-directed relationships; children's active role in problem-definition; and children's active role in directing the work*.

It is important to stress that these characterisations of approaches are not mutually exclusive since the analysis of practitioners' accounts indicated that all the practitioners combined elements of more than one approach. However, the characterisation does reflect distinctive differences in approach with implications for children and possibilities for developing practice. The contradictory nature of practitioners' thinking as they articulated their actions seemed to reflect the tensions

and dilemmas that practitioners were struggling with as they sought to promote children's interests in organisational and legal contexts dominated by adult-centred perspectives and practices.

As the chapter will show, the main implications of the practice approaches characterised as adult-directed are that since family situations were defined by adults, both in terms of where the problems lay and what the response should be, young people were excluded from contributing their knowledge and views to practitioners' understandings of their circumstances. This is extremely important in the context of previous research findings indicating that adults and adult institutions cannot be relied upon to understand young people's needs and pursue their best interests (Lee, 1999; Munro, 2001). Gaps in consideration of the implications of young people's dual national heritage, bilingual linguistic status, and identity, also suggest that experiences of marginalisation of these young people remained unexplored. Whilst this applied to only a small number of children, previous comparative research and research in the Nordic context, as discussed in Chapter II, suggests that it is very important to take account of these factors in understanding interactions of different forms of oppression (Pringle, 1998; Gitz-Johansen, 2004).

The main implications of the more child-directed practice described in the accounts were that, when viewed as active agents in their relationships with practitioners, young people seemed to have been afforded a more active role in defining their problems; and through more inclusive practice practitioners were taking note of, and acting on, what they said. As highlighted before, recognising young people's agency and capacity to make sense of their own context, and to be capable of having a view based on previous experience of what might help, is a very important

step for practitioners in sharing the power with young people in practice (Stainton-Rogers, 2004; Walkerdine, 2004; Murray, 2005).

2. Adult-directed practice

The themes presented in this first part of the chapter emerged as significant because young people's needs and interests seemed to be subsumed by adult interests. From the analysis of the practitioners' accounts, this meant that young people were excluded from contributing their knowledge and views to each practitioner's understanding of their circumstances. This was an important finding in the context of previous research. For example, as discussed in Chapter IV, Sandbæk (1999) found that children's contacts with child welfare services in Norway were defined by adults both in terms of whether there was a problem and what the response should be. Children's own initiatives or even their perceptions were rarely asked for.

A number of factors that have already been identified in the analysis of existing research seemed to be at work in combinations across the practitioners' accounts. When parents' needs and problems are seen as the main focus of the social work role, children's problems and views are not heard (Nybom, 2005). This approach has been associated with particular conceptualisations of childhood, such as *mother's or parents' child* identified by Trinder (1997), which view children's interests as subsumed by adults' interests. The use of dominant developmental and medical models of childhood can pathologise children who do not meet universal standards for development and behaviour. Focusing on these children as problems often means that they are assigned passive and subsidiary roles in decision-making processes dominated by expert professionals (Davis et al., 2000). In addition, presumptions that young people might

be harmed by involvement in decision-making increase the likelihood that they will be excluded from having a say (Mason and Steadman, 1996; Trinder, 1997).

Reliance on dominant professional assessments

Accounts from a number of practitioners reflected how influential professional standpoints shaped the parameters of their interventions. For example, Björk's description of her work with a mother of four (aged six to sixteen) all diagnosed with neurological and behavioural disorders, suggested that she felt she had to suppress her own ideas and ally herself with the psychiatric services in order to obtain support for the *children's mother*.

The work involved in achieving this support for the children's mother seemed, from Björk's account, to be dominated by the need to resolve the conflict between the hospital-based professionals and community-based managers over whether any services should be provided to support the mother and which agency should pay for them. When asked to evaluate her work with the family, she explained that her main achievement was to develop a good working relationship with the mother:

'I have succeeded in developing a trust with the mother and I was working with her and not about her and she was very pleased with me ...'

The difficulties of negotiating boundaries and accessing resources within multi-agency and interdisciplinary working are well documented (Payne, 2002), which suggests that this was an important achievement, both in terms of the difficult negotiations involved and the relationship Björk felt she had established with the children's mother. However, Björk was less confident about her work with the children. With reference to previous research informed by sociology of childhood theoretical perspectives, and discussed in Chapter IV, the approach could be described

as clinical in its focus on the children's diagnosed problem behaviour, and bureaucratic because of the organisational conflicts that dominated the work (Thomas and O'Kane, 1999a). Whilst provision of support and services to the children's mother may have relieved pressure and tension in the home, in deciding not to question the dominant medical and psychiatric frame Björk was implicitly supporting an approach that focused on control of the children's behaviour:

'I decided just to work with the child psychiatric department ... and we did see progress, especially with the eldest boy and the girl too, in their behaviour, it was more balanced, not so many outbursts in school'.

Björk explained that the four young people were all diagnosed with ADHD, autism and other related conditions. Whilst it is contentious to define children diagnosed with these conditions as disabled (Baron-Cohen, 2000), useful parallels can be drawn with how disabled young people are conceptualised. As highlighted in Chapter II, disabled children are easily seen as 'the problem', and in terms of service systems, professionals have to demonstrate disabled children's deficiency in order to provide services. It has been argued that this leads to disempowerment because children's expert knowledge of their own situation is not recognised (Cocks, 2000).

Influenced by experience as a social worker in London, Björk stressed the importance of seeing the young people individually in their own home at the start of her work with the family. But analysis of how this influenced the approach suggested that whilst she was able to individualise the young people following these meetings, Björk used her insight mainly to understand their mother's situation and strengthen her arguments for the provision of support services rather than to understand the young people's point of view:

‘I gained a lot more insight into ... what the mother was experiencing. I could see just from watching their behaviours what was wrong with them ...’

Björk said that she was unable to develop her work with the young people due to lack of time, but she also seemed to be presupposing that the young people’s positions could be determined through the accounts of the other workers involved because this was how social work was practised in Iceland:

‘I think that is the difference in Iceland — social workers don’t talk with children enough. They rely on outside support, like the support families and the mentors’.

Gathering information about children from other professionals is an important part of building a good understanding of their circumstances (Adcock, 2001). However, existing research emphasises the importance of discussing this information with children (or for very young children using techniques that do not rely upon verbal fluency) so that they can provide their own perspective on the information (Davie et al., 1996). Some important information seemed to be incorporated in practitioners’ understanding without any direct discussion of the implications with the young people.

In a further example, the practitioner Sýlvía, talked about communication difficulties in the home, but focused most of her description on the problems the older daughter caused her mother and younger sister. The communication problems were linked with diagnosed conditions rather than grounded in a fuller assessment of relationships from all points of view:

‘Their mother has a short attention span and is very tense and her daughter also has this problem and [another diagnosed condition] ... So the communications in the home have been very difficult, both because the daughter ... turns her mother in her head round and round’.

The response described by the practitioner was to delegate the work to personal assistants without learning directly from the young people what their experiences and views of these communication problems were.

A strong theme that emerged in the analysis, particularly in accounts from social workers in city service centres, was one of routine responses that relied upon other professionals to identify children's problems, followed by referral to specialist services to respond to the problems, with little exploration of these with the children concerned. Previous research reviewed earlier in this thesis, indicates that this can lead to children being assigned to a 'problematic' group without taking account of their situation, which may result in failure to take account of issues of poverty, oppression and abuse that they are not responsible for (Donzelot, 1979; White, 1998; Stainton Rogers, 2001). For example, Agnes was told by a school about a young person's problems in hearing, concentration and relationships with peers, but saw this as being dealt with by the school, and did not meet with the young person individually to discuss the impact of this for her:

'No, the school is working a lot with the girl in the school. The counsellor, the teacher and the head are all around the girl, trying to engage her more with the group'.

Furthermore, Margrét, a social worker managing a community groupwork service, said that she received many referrals from field social workers that were compilations of other professional assessments, which had not been discussed with the young people concerned. One of Margrét's main concerns, as evidenced in her account, was that these referrals often failed to provide view of a young person as an individual with strengths as well as difficulties:

‘We got two referrals, and both had those diagnoses. The boy had Tourette’s Syndrome and ADHD. They said he couldn’t communicate, he couldn’t relate to a group ... The girl was said to be very low in IQ, gets very obsessed, was very isolated, had no friends or communication skills ... They were totally different from their description in their referrals. They certainly have their problems, but they were able to work with our group and with us’.

Reliance on mothers’ accounts

As discussed earlier in the thesis, normative assumptions of children’s roles as dependent and subordinate members of the family underpin legislation, policy and organisational systems (White, 1998). As shown in Chapter III, there is a strong focus in parts of the Icelandic legislation on supporting parents, with little emphasis on children’s views. Accounts from four practitioners working in city service centres, whose work was governed by these parts of the legislation, unsurprisingly appeared to reflect these norms and legislative focus in assumptions that children’s interests and views can be represented by their parents (Trinder, 1997).

For example, Sýlvía’s account of her understanding of a fourteen-year-old young person’s problems drew on discussions with the young person’s mother:

‘Other kids ask her to join them after school but she makes excuses, at least that is what her mother says, because she is afraid she might show these involuntary movements. But they have talked about it at school and it is not a problem, everybody is aware of it — that’s not a factor according to mother ...’

Despite the acknowledged difference of view between the mother and daughter as to whether the daughter had reason to be afraid and how best to deal with this, Sýlvía did not talk about the value of forming her own relationship with the young person in

order to understand her viewpoint. Sylvía indicated that she had been relying too much on parents' views:

'I can see that this is something I have been doing far too little of — involving the children more. I think we rely on the decisions of the parents far too much'.

Agnes's description of her work with a twelve-year-old's mother also indicated that her approach was based on the mother's accounts of the young person's difficulties. Agnes explained that the young person's mother was angry about her daughter's circumstances in school:

'She was quite angry — said "this isn't working in the school" because the eldest daughter did not have any friends; no-one wanted to be with her and she was isolated from the other students — so mother said'.

Subsequent meetings at the school and office interviews with mother added further concern and speculation, but from the practitioner's responses, it was clear that these concerns were not informed by direct observation or discussion with the young person herself:

Interviewer: 'What do you know about the child care at home? You talk about lack of frames, but what about loving and caring and emotional needs?'

Agnes: 'I don't know, I'm afraid they try to have no emotional needs. I think the mother and oldest girl are more like friends than a girl and her mother. No matter what mother says if the girl did not agree with her she would not do it ...'

Agnes's description showed that her understanding of the home situation was based on office interviews with mother, and her understanding of the young person

was based on the mother's and teachers' accounts. The implication, therefore, was that Agnes had no information from the young person about her views or feelings and the young person had no direct avenue to make her views known to her social worker.

Nevertheless, Agnes's account did indicate that she was concerned about the young person's welfare because, as she explained, she had been told about problems in peer relationships in school and lack of progress in school work, both possibly associated with hearing difficulties. On this basis, Agnes had begun to consider talking with the young person. But her account indicated that the focus was on the young person's welfare needs and the possibility of developing her social skills, rather than on understanding the young person's own perceptions:

'I think maybe I should meet the girl and try to ... I think ... because her social skills are so poor.'

In summary, analysis of these two examples indicates an assumption that the young people's situations could be adequately understood through their mothers' views. This assumption was also indicated in two further accounts.

Supporting and controlling mothers, ignoring fathers, and marginalising children

As discussed in the previous chapter, in research on social work practice in Iceland in the 1980s, Kristinsdóttir (1991, pp.95-96) found certain trends in practice which she characterised as a 'child welfare trap' in which mothers were focused on and controlled, fathers ignored and children pushed aside. Analysis of data in this study evidenced continuity of these trends in current practice.

In accounts from four practitioners working in city service centres, there was a strong focus on supporting mothers, three of whom were single parents. The importance of providing effective help and support to women and the likely benefits to

children that flow from this, is not in question here (Burke and Dalrymple, 2002; Mullender, 2002); the issue highlighted is that direct work with children to ascertain whether the intervention was meeting their needs as well, seemed to be marginal in practitioners' considerations.

For example, Íris's reflections in her account were that she had focused more on the adults' concerns than on the young person's view of his situation:

'Yes — and I have been thinking about that because I sided too much maybe with his parents'.

Her account indicated that it was mostly the mother who took up the support offered:

'I think she [mother] was very used to it, he [father] was a closed person ... he could not express himself much'.

Some aspects of the approach described suggested that it was child-focused and child-centred, in that Íris had met the young person on a regular basis in her office, where she said he was quite willing to come, and was easy to talk with. However, Íris's account indicated that the work lacked important elements of child-directed practice because it was dominated by the practitioner's identification with the mother's fears that her fourteen-year-old son might become like his older brother. Preoccupied with what had happened in the brother's past, and concerned about what might happen to the fourteen-year-old in the future, Íris's description of her conversations with the young person indicated that she paid relatively little attention to the young person's current concerns. Most of her attempts to engage him seemed to be focused on her difficulty in understanding why he was unable to learn from past events that had upset his mother:

‘His mother was crying and depressed ... I don’t understand why he was not learning more from the terrible things that were going on his life when he was very young ...’

As Íris acknowledged, this meant that she did not explore the meaning and current use of drugs with the young person from his perspective, only the implications for the family. Accordingly, the practitioner explained, the young person agreed to a plan that was designed primarily to ease his mother’s anxieties; it included his mother giving him regular drug tests and searching his room when she wished. Íris expressed some reservation with this plan but did not describe taking any action to change it:

‘He wanted them to be relaxed, but I am not so sure he was ready to take the steps that he agreed on in the plan’.

The use of the word *agreed* suggested a process of negotiation and a degree of equality between the parties. However, Íris’s account indicated that the young person was relatively powerless in the process and became subject to an oppressive plan of action. As already highlighted, existing research draws attention to the imbalance of power when adults interview children; it is important to consider the ways in which this imbalance can be experienced and managed by both adults and children (Lansdown, 1994; McLeod, 2007). Holloway (2005) emphasises the importance of reaching a more constructive agreement that includes a process of clarifying expectations and exploring alternatives to find a more equal basis for the plans. There was no information in the practitioner’s account to suggest that this process had taken place. Also, whilst the plan was explicit about expectations, it lacked the positive focus

on the young person's goals that helps to promote a more positive and democratic approach to problem solving.

Sylvia's description of her work also showed a lack of significant child-directed elements as it focused strongly on supporting the mother, ignored opportunities to explore fathers' significance in young people's lives and marginalised the young people. A close, supportive working relationship with the children's mother was evident in the account:

'My part was also to help the mother communicate with the doctor. I went with her to meetings with the doctor to discuss medications for the daughter and so on.'

Sylvia explained that she had contacted the father of the younger of the two daughters in this family, but reported that he wanted nothing to do with her. The older daughter, aged fourteen years, was said to have made a recent visit to her father in Denmark, which had re-established contact after a long gap. From Sylvia's account it was evident that she had not discussed the significance of these relationships with either young person. Furthermore, Sylvia's account did not show any consideration of the implications of dual national heritage, language skills, and identity for young people living in a relatively homogenous context.

In Agnes's description of her work with a twelve-year-old's mother the approach seemed to combine support with control through a focus on the mother's perceived inadequacies in parenting skills:

"Yes, I feel that the mother trusts me now ... and because she trusts me she is willing to work along. She has never been willing to take support except money before and I think now she is ready to look at the things that are missing

here, for example, lack of control, confusing home. I will be getting her to classes to learn some parenting skills ...”

From her account, Agnes had not considered the young person’s views and potential reaction to a support worker in the home working with the young person’s mother on establishing some routines and control. She had not discussed this with the twelve-year-old, but during the interview began to consider doing this:

‘I think before I organise the work with the lady who is going to go in the home, I may go myself one or two times to see’.

Again there was no mention of exploring the role that the young person’s father played in her life. Agnes thought that the younger children’s father was Spanish, but appeared to reject the idea that he could be important to them:

Agnes: ‘The younger children have a Spanish father, I think, or some foreigner. He doesn’t live here and there is no contact.’

Interviewer: ‘So they were not seeing their father when they were in Spain?’

Agnes: ‘I don’t know, I don’t think so, she doesn’t say so and I don’t want to know’.

The assumptions here seemed to be that focusing on parenting with the children’s mother was going to benefit the children without considering the possibility of asking their opinion or actively engaging their cooperation. Their needs seem to be subsumed with their mother’s needs. Other significant elements of more child-directed practice, such as the importance of their wider family context, and the dual national identity of the younger children did not seem to be considered in the practitioner’s account.

In Björk's account of the divorced mother with four children, the approach taken by the child psychiatric professionals seemed potentially disempowering. Homecare workers were supported by the professionals in using a behavioural approach to assist the mother in coping with the children's behaviour:

'The homecare workers were getting teaching from the social worker at the psychiatric department about children with attention deficit and putting up a programme — bed now — dinner now — and if the child does this then should respond like this — to maintain a routine'.

Björk said she felt that the mother worked well with the programme. But when reflecting on the young people's responses, which were described as resistance from the fifteen-year-old and withdrawal by the thirteen-year-old, Björk's comments suggested that her approach had neither been supportive of the young people, nor had it been informed by their understanding of the family situation:

'It was probably hell to be there ... maybe I should have spent more time talking to the children. Maybe they could have told me about things that were happening that I didn't know about'.

The young people's father was said to be living in the United States and having contact with them, but the practitioner gave no account of exploring this with the young people directly.

Service-led practice

In five accounts by practitioners in service centres, the organisation and nature of the services appeared, in part, to be leading the work. The practice descriptions lacked important elements of child-directed practice, including taking account of young people's experiences and views of their circumstances, their rights to information and choice, and their active participation in decision-making. Practitioners described a

range of community-based services for children. These included personalised services such as personal counsellors and mentors. These types of services, with their focus on advice, advocacy, and practical help, are more likely to be preferred by young people than traditional institutionalised services. However, it is also important that young people have information about the services available and have as much flexibility and choice as restricted availability and resources will allow (Beresford and Croft, 2001).

Practitioners' accounts indicated that organisational factors contributed to these service-led approaches. First, practitioners pointed to lack of time to work with young people, partly due to large caseloads and competing priorities. But the approaches taken also seemed to be influenced by how practitioners perceived their role.

Practitioners in service centres were working within legislation that was primarily focused on service provision to adults or families. They described their roles as identifying and accessing services in order to ensure they 'had the resource' to meet families' needs. In other words, their accounts suggested that recent trends in developing social worker roles as resource coordinators and case managers was making it more difficult for them to incorporate direct work with children as part of their role. As discussed in Chapter II, Moss and Petrie (2003) argue that this produces an instrumental process whereby adults are defined as the 'customers' who require the problems of protecting children and preventing future problems to be resolved. This causes significant problems from a more child-directed perspective when service provision is not informed by children's knowledge of their circumstances. Furthermore, work with the family may fail to reach a full understanding of relationships and interests, and may fail to distinguish the different and sometimes competing needs and rights of children (Roche, 1999).

Hanna identified her role as the case manager, arguing for funding in order to refer to a service provider and then making the arrangements for parents and young person to agree to a contract that committed them to use the service:

‘My role is to get the psychologist and the three of them to meet and sign a contract that he [young person] is going to attend this and that’s kind of being the case manager’.

Analysis of descriptions of how this was handled with young people suggested that they were passive recipients of services, rather than active participants in discussions about alternatives. For example, Íris explained that a fourteen-year-old agreed to see a psychologist to please his parents, even though she recognised this was not a good motivation:

‘Yes, he is going because his parents wanted him to. I am not sure it helps if he does so for this reason’.

Hanna also expressed doubts about whether she had really understood one young person’s situation. The young person had agreed to several interventions, but in her account there was little information from him about his experiences at home, in school or in the wider community. Throughout the account there was a pervading sense that he was under some pressure to agree because he was being tested on a regular basis for evidence of drug use and had to demonstrate that he was trying to stop:

‘I think maybe he is always very keen and positive and wants to do everything ... “Yes, I want to quit, yes, I can see this is a problem.” But, maybe there is something else he is just not saying’.

Björk spoke of a range of services provided for four young people in one family: weekend visits to a support family once a month, and mentors for the two older young people; but she had little feedback from them about their experiences beyond a comment from one that he enjoyed the weekend visits to the support family. Similarly, in her account, Sylvía talked about processing applications for services, but she did not know how the young people viewed their situation:

‘She [young person] came with her mother to my office and they were just signing the application and she [young person] just said “the support family is OK” ’.

As discussed in Chapter II, Luckock et al. (2007, p.199) point to the increasing tendency of social workers in the UK context to ‘delegate and disperse’ direct work with children to others, which ‘undermines the core communicative relationship between the child and the social worker’. Delegation and dispersal of the work with children to others seemed to be a feature in five of the accounts. Íris and Hanna explained that they delegated the direct work around drug use to psychologists, indicating that the psychologist would get to know the young people well and may find out from them whether there was anything happening at home that was troubling them.

Agnes described delegating quite complex work to personal assistants to work in the family home on parenting and modifying young people’s behaviour. But, through her account, it was apparent that delegation had not been informed by the young people’s experiences and views of the problems. Agnes explained, when asked to expand on her reasons for working through the adults in one case:

Interviewer: ‘So you are working through other adults in her life, primarily mum but also the people in school. And you say that talking to the young person yourself would be too much for this young person’.

Agnes: ‘Yes, I think so because I am thinking of putting another worker in the house who will work with mum and the girl to help set up some rules ...’

Exclusion from decision-making forums

It was clear from the analysis of the accounts provided above that much of the work by practitioners in the city service centres was dominated by adult-directed approaches and did not include young people in decision-making. Analysis of data from accounts of work in child protection also indicated that there was little organisational or professional expectation that young people would be given the opportunity to be included in decision-making forums or to decide how their views would be represented. As shown in the analysis of child protection legislation in Iceland in Chapter III, only young people aged fifteen years and over are considered to be parties to child protection committee and court hearings. There was very little talk in the interviews about young people’s inclusion in the structured decision-making processes that dominate social work practice in the UK and have developed in Norway (Sinclair, 1998; Willumsen and Skivenes, 2005).

When asked about the process of decision-making in child protection, Anna described separate discussions: family meetings with parents (sometimes just mothers), with children sometimes included; and meetings between herself and her managers where decisions were taken:

Interviewer: ‘Tell me where these decisions are made and who is involved. In Britain a lot of these decisions are made in big meetings with everybody present — a case conference — is that the sort of setup you are in?’

Anna: ‘No, I go to the house and talk to the mother there. I have also seen the kids there, but I have also seen them in the office and the mother has come to the office too. The father has never come because he doesn’t want child protection ... to be in his life’.

When Anna wanted to recommend legal action, she explained that this decision would be taken at a meeting involving:

‘Just the administration — my bosses.’

Even in the examples that will be presented in the second half of the chapter, in which young people were described as influencing decisions and the direction of the work, the practitioners made no reference to children’s participation in decision-making meetings and when asked about this, drew on ideas of the vulnerability of children and the need for adults to have the opportunity to discuss difficult situations without the child being present.

For example, in her work with a twelve-year-old and his younger brother who were living with domestic violence, Anna had several long discussions with the young people and accepted the logical arguments made by the twelve-year-old, that intervention by child protection and family support had failed to achieve a long term solution. On the basis of the young people’s views she negotiated a family based placement as an alternative to care. However, when it came to involving the young people in formal meetings Anna took a much more protective stance, emphasising their vulnerability rather than their experience:

‘It just depends on what we are discussing ... if we are discussing the well-being of the children and things are going very badly, it is not good maybe for the children to sit around ...’

She drew on the legislation to distinguish between the importance of consultation with children over twelve and the greater opportunity for those over fifteen to be involved in actually making a decision:

‘The law says every kid at fifteen is a participant in his own case, twelve-years-old they have a big say, and by the law you should always seek their opinion and discuss things with them, that is the law and it is a good guideline.’.

Similarly, Díana spoke about involving an eleven-year-old in the casework, giving him the opportunity to contribute his view of what could make the situation better. Whilst her account indicated that he had avenues for his views to be considered if he was dissatisfied, he was not actually invited to attend the decision-making meetings:

‘He knows the meetings take place. I go with his mum and support her ... He has to come with some suggestions, to me, or his mum, if he is unsatisfied with the way things are — so we can discuss these things at the meetings’.

As discussed earlier in the thesis, age is considered a significant factor in determining young people’s participation in decision-making (Thomas, 2000; Clark and Statham, 2005; Nybom, 2005; Winter, 2006). Díana’s explanation for handling her work in this way was age and experience related. At eleven-years-old, and with his experience of the family difficulties, she felt he had to contribute actively to the work to make it effective, but not to the meetings because his experience of this sort of meeting was too limited. Also the worker explained that she would be unlikely to include a child below the age of ten years in the casework:

‘I am not so sure about it if the kid is — say — below the age of ten. Then we are in the dilemma of does this kid understand, will they be able to relate to the areas each different professional is covering, that’s my feeling’.

Stefán outlined how he had included a thirteen-year-old fully in his assessment and advocated from the young person’s perspective when plans concerning him were discussed at a meeting at the school. However, Stefán explained that he had decided not to invite the young person to attend the meeting because he felt that the young person would have been confused by a discussion in which the adults were not yet agreed:

‘This would only have confused him because that is a meeting where you are trying to get people together to focus on the same issue and get the same picture ... then you can start discussing this with the child I think’.

These accounts seemed to be based on paternalistic perceptions of young people as requiring protection from difficult discussions, especially where adults were not in agreement. On these grounds, young people were excluded from direct involvement in decision-making forums (Sinclair, 1996; Smith et al., 2003).

3. Child-directed practice

The rest of this chapter examines aspects of practitioners’ accounts that showed elements of child-directed practice. As discussed fully in Chapter IV, central to the concept of child-directed practice is practitioners’ focus on power relations between adults and children and, flowing from this, practice that promotes a greater sharing of knowledge and power with children to set the agenda and make decisions (Bell, 2002; Burke and Dalrymple, 2002; McLeod, 2007). Child-directed practice views children’s expert knowledge of their circumstances as essential to understanding their individual

situations and their social context (Mayall, 2002; Smith et al., 2003). Practitioners working from this perspective acknowledge children's resilience and actions in coping with difficult situations and ensure that their intervention is directed by the children's definitions of their interests (Sevenhuijsen, 1998). Child-directed practice also demands that clear explanations of limits on confidentiality are explained both before children agree to get involved and as part of the process of involvement (Swain, 2006).

Nearly all the accounts showed some aspect of child-directed practice by taking young people's views seriously and affording them the opportunity to influence their practice. However, there were eight accounts, mostly from practitioners working in child protection and community group work, but also one from a practitioner in a city service centre, that showed particularly strong child-directed practice.

Child-directed relationships

This section focuses on accounts of practice that seemed to combine a greater sharing of knowledge and power with the children and the more therapeutic aspects of social work: listening, empathy and support (Bell, 2002; Burke and Dalrymple, 2002; McLeod, 2007). In these accounts young people were featured by practitioners as active participants in the development of relationships that were more reciprocal and egalitarian. Dilemmas and decisions concerning confidentiality were discussed more openly with the young people, thereby providing opportunities for disagreements to be discussed and resolved.

Reciprocal helping relationships

Three practitioners doing group work with children emphasised not only the importance of providing reliable adult relationships, but also of recognising and developing the potential of supportive relationships between the young people. This recognition came across in two accounts:

Margrét: ‘Well, I think the feeling of belonging means a lot to them and the feeling that somebody likes them and that they are able to make friends. We are helping them of course, but their interaction is very important’.

Hanna: ‘I think that helped them because some of them were children of clients – and maybe no-one had been talking to them and we got to know them’.

Jónas’s account provided examples of tackling something practical together and using this later to highlight young people’s contribution and strengths:

‘It is about getting to know them. We do something together and then we sit down and talk about it, how did it feel, what was the most difficult thing, the fun thing, did you help each other, then I sum it up with OK, the way we did it was to help each other’.

These findings are important in the context of research showing that children derive support from others who have experienced similar problems (Mullender et al., 2002). Other research also highlights the importance of valuing children’s contributions as help-givers within the family (Aldridge and Becker, 2002; Murray, 2005).

Handling confidentiality in context

Here practitioners described handling the dilemmas and complexities of the right to confidentiality more openly with young people, thereby providing opportunities for disagreements to be discussed and resolved. In the context of previous research, this is very important because young people value confidentiality and report that they have frequently felt let down (Butler and Williamson, 1994; Munro, 2001; Neale, 2002).

Three practitioners described explaining in detail to young people who they planned to talk to about them and what they were going to say. Furthermore, young people seemed to be given the opportunity to influence how their situation was

described. Elísabet, working from a service centre, said that she explained to young people that she would be talking about them to colleagues from different disciplines:

‘I am always trying to say what I am going to say to other people, but take account of how they understand’.

When it came to talking with parents about what young people had told her, Elísabet said:

‘I explain that some things I will need to tell their parents and I give some examples, but I will always tell you first. Then, when I need to speak to parents, I say — now I need to contact your parents — do you want to be with me? It is better. I always explain that I cannot promise to keep secrets’.

Her account indicated that by talking in detail and openly with young people about how she planned to share information and by giving them some say in how their situation was described, she gained young people’s confidence that she would handle information about them in a respectful way.

Benedikt went further and explained what he did when young people did not want him to tell parents or other people. He said that obviously the first thing he did was explain why it was important and exactly what he was planning to say. Usually, once they had this explanation, young people agreed. But if they did not, the next strategy was to buy some time and give the young person the opportunity to work with a plan:

‘Sometimes I will say — OK you can think about it for a week, how we are going to do it and that’s worked quite well when they have to find some solution in what way they want to do it. I try to use very often that I am not making the decision all alone. I ask them to help me find what is best to do. It

doesn't always work, so you need some frame, how long, how far you are going to go ... But I think the trust is very important'.

This quotation illustrates that negotiation was central to the process and the young person was contributing to finding solutions and influencing how things would go. Of course, as Benedikt indicates, the balance of power still remained with the practitioner, who controlled the time frame and may have to act without agreement if things went 'too far'.

It is these moral difficulties of how to balance respect for confidentiality and self-determination with getting help for those we care about that was the focus of some of the work done by practitioners working with groups of young people. For example, Jónas described his work with a group of boys who had been committing burglaries together; they were discussing whether 'squealing', which meant 'telling on someone', was always a bad thing:

'We talk about some dilemma — what do we do if and why. For example, squealing, that is the biggest fear that they have. I ask them: What is it? Are you a squealer? Is it a bad thing if you tell someone? My friend is addicted to drugs, is it a bad thing if I tell? So all these dilemmas — I get them to tell me why it is a good or bad thing'.

Later, in working with another group, the practitioner related this to working with social workers:

'Yes, and we talk about examples. When kids talk about squealing it is more when you go behind their backs. You can say something, but only if you tell them to their face. For example if you tell the social worker something and you don't tell the kid that you are going to — this is the worst thing that you can do. You must explain why you have to tell them ...'

The worker went on to give an example of how he handled the situation when a young person in the group told him that she had been sexually abused. He explained that he wanted to give the young person some sense of control over how this would be done:

‘We told her we have to say something. But you are going to be with us *all* the way through because it’s your life and it is a very big thing for you ... We have to tell but how and when — we gave her time to think about it. Do you want us to come with you? Do you want to do it alone? How do you want to do it? I think this is a better way than — you are just an item — I choose that you are going to do this’.

Children’s active role in problem definition

The following accounts indicate that practice that encourages a young person’s active role in defining his or her own situation is an essential aspect of sharing the power to influence practice interventions (Stainton Rogers, 2004; Walkerdine, 2004; Murray, 2005). Sandbaek found in her research on children’s experiences of child welfare services in Norway that children make ‘unique contributions to issues presented to them, in terms of experiences and reflections that nobody else could have made on their behalf’ (1999, p.116).

In his account of work with a young person who was described by his teachers and parents as bad-tempered, Magnús, a psychologist, seemed to draw on social constructionist approaches of externalising problems and recognised a child’s ability to be honest and formulate their difficulties:

‘The teachers or parents say the child is always bad-tempered. When I meet the child — he is in the position of trying to defend himself. He is having some trouble ... feeling criticised and not liked ... I try to find some name for it so

we can talk about it — not the same word as the teachers use. The child said, “It’s my temper”. “OK — it’s your temper — so you have to learn to control your temper. That is not a problem really, not a critical thing — it is more like a task” ’.

Benedikt’s account drew attention to the importance of giving young people the opportunity to talk about difficulties that were not on the practitioner’s original agenda. For example, he described helping a young person with boyfriend difficulties:

‘She was not happy with how he was ... he was always threatening to kill himself if she left him ... She talked to me about what he was asking her to do. I asked, “Are you happy with it?” She was seeing how unhealthy it was ... and how bad she felt ...’

Analysis of Anna’s account of child protection work with two young people aged ten and twelve years showed that her initial definition of their problems changed as she began to understand the twelve-year-old’s perceptions of their situation. Her initial assessment drew on welfare and protection discourses, emphasising that it was unacceptable for the children to remain in the home, living with a mentally ill father who was violent towards their mother:

‘It was not acceptable and they should not be bound to live with this kind of situation’.

On this basis, Anna indicated that her initial intention had been to remove the children from their parents’ home:

‘The situation is very serious. I have to watch if the kids are alright. I need her [mother’s] cooperation; if I don’t get it then I have to start thinking about other actions to secure the children’s security’.

At this stage, taking this action would have meant overruling the older brother's wishes. Anna described how, through direct work with both young people, separately and together, she learnt that the older brother did not want to leave home and seemed determined to keep secret the extent of the recent violence:

'I can see straight away that the older boy is trying to hold the other one back because as soon as the small boy starts to talk about, "My dad beats my mum" — the older boy is like "Shhh" — very quick to tell him that this is not something you should be discussing ...'

In the context of previous research, this could be seen as a tension in practice between the adult responsibility to act in the 'best interests' of the child and the child's wishes (Thomas and O'Kane, 1998a; Eekelaar, 1994). Analysis of the account suggested that initially Anna drew on psychological insights, such as emotional resistance and irrational loyalty to his mother, to explain the young person's views and actions:

'He was scared of his father but he had a lot of loyalty to the mother ... he felt he had to stand by his mother and watch over her'.

Thomas and O'Kane's (1998a) work in the UK suggests that professionals often use these concepts to support an argument that the child is not capable because their view seems contrary to their interests. However, through Anna's account, it was evident that she provided daily monitoring to ensure the young people's safety, whilst she continued direct work, including them as active contributors to defining their situation and deciding what would help. In this way she learnt from the older brother that from his perspective he had been living with this situation for some time and has handled it:

‘As he said, “I have been living with this situation for four years. It is nothing new to me, I can handle it” ’.

Anna explained that the young person did not want to be placed in a children’s home again, only to return to his family and have the whole cycle repeated once more:

‘Child protection had been in his life before, everything was very good for a while and then he went into the same situation as before so he didn’t understand what we thought we could do now that we didn’t do then. You know it was just his view on things ... and he didn’t want to go into a children’s home. He had been there before and he didn’t like it’.

Here, the practitioner has presented the young person’s perspective as a rational and well argued position. From his perspective, it was important to protect himself and his brother from going back into care and then returning home for the cycle to begin all over again. It seemed better to live with the situation, do his best to protect himself, his brother and his mother from violence, and make sure that the secrecy was maintained. However, through discussions about the seriousness of the situation, Anna explained that the young person agreed that it was not good:

‘We had to sit down and talk to him, even if he could handle it, even if it was a situation that he was used to, it was not acceptable and he should not be bound to live with this kind of situation ... and he agreed in the end ... He didn’t feel good in the environment — and he was scared of his parents’.

These findings indicate that by acknowledging the young person’s resilience in handling the situation over the years and not confronting him with denial of the seriousness of the situation, the practitioner made it easier for the young person to agree that the situation was unacceptable without being drawn into agreeing on what should happen. She conveyed that she understood his view and regarded it as a rational one in

view of the history. Once his views were accepted and appreciated, they reached an agreement that the brothers would live with a family member whilst Anna completed her investigation and worked on the longer term plans. Researchers have argued that it is not a matter of balancing children's wishes and feelings with professional's definitions of what is in their best interests, but more a matter of bringing these two together (Eekelaar, 1994; Schofield and Thoburn 1996; Thomas and O'Kane, 1998a). It could be argued that in this situation the children's knowledge about their experiences influenced the understanding of what was in their best interests.

Children's active role in the direction of practice

In this section, two accounts of practice are explored which showed important aspects of child-directed practice that facilitated a more active role for children in influencing the direction of practice.

Stefán, working in child protection in a rural area, employed a strengths perspective (Mullender et al., 2002) to change the focus on a thirteen-year-old young person being a problem by identifying his strengths and viewing his behaviour in the context of what was happening at his school. This seemed, from the practitioner's account, to create an opportunity for the young person's resources to be utilised in working towards solutions (Parton and O'Byrne, 2000; Milner and O'Byrne, 2002).

Analysis of the data showed that Stefán resisted being drawn into intervention based on the parents' and teachers' accounts of the young person's behaviour, and used scaled questions to draw in the young person's knowledge of his situation:

'I wanted to get a closer look at what was going on ... I asked the parents and the boy to fill in a questionnaire [separately] and then arranged to see the boy and talk to him about the results from the questionnaire and get the picture

from him and get his view ... about the things that he thought were wrong and the positives ... get names of important persons ... ’

Scale sheets have been used successfully in social constructionist approaches based on strengths-focused work to co-construct a new story that balances needs and strengths and draws on the client’s own knowledge as experts in their situation to focus on possible solutions (Parton and O’Byrne, 2000). Trained in Norway in strengths-focused work, Stefn indicated, through his account that he had taken a similar approach and that this had been successful in working towards solutions informed by the young person’s knowledge and views:

‘Yes he enjoyed talking about his capabilities, about what he could do ... And I used some of it later on when it came to discussing solutions’.

Furthermore, the findings indicated that, through a more child-directed approach with the young person, the practitioner had shifted the focus from the young person as dysfunctional and causing problems, to one where the young person, parents and the school had a more positive problem-solving role in an agreed plan:

‘All parts, school, family and the boy did get the chance to express their views and difficulties ... I used the questionnaire to get the focus on the child. The teacher needed more time to use with the child instead of just being irritated by his behaviour ... and focus on his strengths and use some of those strengths’.

Díana described her approach as ‘bringing the child into the casework’.

After several months of working closely with other professionals on two child protection cases, it became apparent, according to Díana’s account, that the work was not benefiting the young people concerned, even though the other professionals involved were working directly with the young people on their difficulties. Working

on parenting problems with the mother of an eleven-year-old seemed to be having no appreciable impact on his situation. Personal counselling with the sixteen-year-old had improved her self-esteem and achievement in school but her confidence and ability to pursue her goals in her personal life were constantly undermined by serious communication problems between her separated parents.

Analysis of the data showed that through active involvement of the young people in the decision-making, Díana created working processes that were not only more inclusive, but also more directed towards the young people's interests.

For the sixteen-year-old, Díana's account indicated that this meant positioning her alongside the adults in a more equal place, from which she could gain more control over decision-making:

'One of the first jobs was to get all of those people together and make them talk. Including the girl, she had to be there, she had to be heard. She was being used as a ping-pong ball ... and she didn't know where to go, what to do. That's why I said she had to gain control over her life and not rely on all those grown-ups that didn't know what to do themselves'.

Díana's account of her work with the eleven-year-old showed an important feature of child-directed practice — willingness to share knowledge and power to change the way things were going:

'We sat down and talked about my purpose by being there and that he was actually allowed to use my knowledge and placement in all of this working process ...'

Since Díana and a number of other social workers said that they relied upon other professionals, such as psychologists and counsellors to do the direct work with the children, it was important to explore why this did not seem to have been working

effectively in the two cases described above. D ana explained her thoughts at the beginning of work with the family and why she reached the conclusion that social workers have to take more responsibility for ensuring that young people’s views direct practice:

‘It surprised me because I thought — I’ve got all these specialised co-workers all around me working with the kids — I relied that if we had to make some changes, they would let me know, because we were meeting regularly ... But in the end we found we weren’t communicating about the needs of the boy. It could have been going on like this for a long time without anybody realising that nothing was happening here ... But I decided, OK I *have* to see this boy, I can’t keep on working without. This was like a circle with a gap for me’.

These findings, based on this practitioner’s account and comparison with the others provided in the first half of the chapter, suggested that work with children and families can have the appearance of being child-focused yet remain ineffective in achieving any positive progress. D ana certainly viewed her decision to ‘bring these children into the casework’ as a turning point in the way things went from there.

4. Conclusion

Accounts of practice presented in the second part of this chapter as more child-directed contrasted with accounts in the first part which were characterised as adult-directed. In adult-directed practice, children’s interests were subsumed by the adults’ interests, thereby excluding young people from contributing their knowledge to the practitioner’s understanding of their circumstances. In more child-directed practice, practitioners recognised the children’s resilience and actions in coping with difficult situations. Consequently practitioners ensured that their intervention was directed more by the children’s definitions of their interests. Through relationships that were

characterised by greater reciprocity and equality, practitioners seemed to gain an understanding of the young people’s perceptions and increased the young people’s involvement in the work.

To help crystallise the analysis of the practitioners’ accounts of their practice, two diagrams were created and used later used in a presentation to the practitioners who had been interviewed.

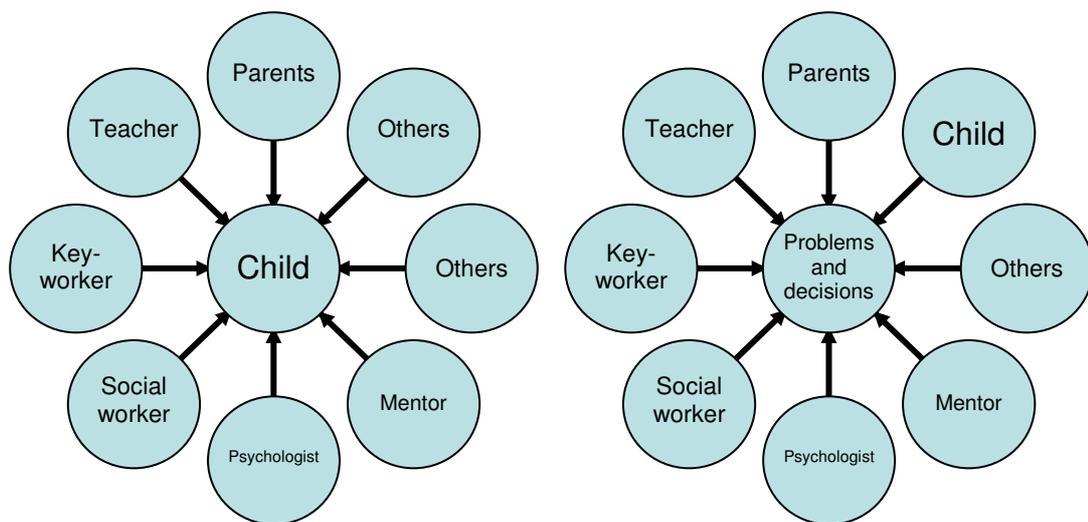


Figure 6: Child-centred practice **Figure 7: Child-directed practice**

From a professional adult’s perspective, the conceptual map of parents and professionals focusing their attention on the child as shown in Figure 6 appears to be consistent with the principles of child-centred practice, which ensures that the child is always kept in focus (Horwath, 2001). However, the indications from the findings presented in this chapter were that unless the social worker was active in forming a relationship with the child directly, and through this relationship has facilitated an active role for the child in the work, there were no obvious avenues available to children to have their say and influence decision-making. This was the case even if a number of other professionals were working directly with the child and believed that

the focus of the work was on the child. Furthermore, some accounts suggested that work with a child and family can have the appearance of being child-focused but be ineffective in achieving any positive progress from the child's point of view. Reflecting on arguments put forward by Foley (2001) and Roy et al. (2002), a child-centred approach, therefore, advances children's influence only to a limited extent when it draws upon adult assumptions of what children need.

In Figure 7 the child has moved to a position alongside the adults in addressing the problem. This approach can be aligned theoretically with a 'child standpoint' that brings out children's resources and possibilities for action (Mayall, 2001; Foley, 2001). This conceptual map is consistent with the more child-directed approaches evident in practitioners' accounts; practice that viewed the children as working alongside adults in a more equal position, assisting practitioners in the direction of practice, drawing from their own experience. Here, practitioners combined their concern with welfare and protection issues with efforts to generate possibilities for collaborative working. Practitioners described enlisting the children's contributions to solving problems and presented them as individuals who were active in judging their own situations.

In summary, therefore, the findings demonstrated a number of important elements of child-directed approaches to practice including:

- A positive focus on children's capacities and their resilience in coping with adverse experiences;
- Being influenced by what children say, rather than drawing only on adult assumptions of what children are or need;
- Respect for children's active role in defining their circumstances and making decisions; and

- Greater equality in power relationships between children and practitioners.

However, taking the findings from the previous chapter and this chapter together, there seemed to be scope for further shifts in power relations towards greater equality between practitioners and children in how practice is conceptualised and carried out. First, practitioners spoke mainly about older young people, which may indicate that their conceptualisations of young people as active participants did not include those who are younger. Secondly, children's inclusion in formal decision-making was limited, which suggested that practitioners did not recognise fully children's strengths and capacity to contribute to decision-making meetings and gain greater control over decisions made. Thirdly, practitioners did not ask children for feedback which indicated scope for increasing their recognition of children's capacity to evaluate practice interventions and assist in the direction of practice. There were important indications, therefore, that action interventions directed towards a further shift in power relations would benefit young people's welfare and interests. The next chapter considers the extent to which the action research intervention, informed by young people as consultants, contributed to the development of child-directed practice.

CHAPTER VIII

From research into action: developing more child-directed practice

1. Introduction

This research adopted an action based, participatory methodology in order to develop more child-directed practice that would benefit children. This approach facilitated the involvement of young service users who, acting as consultants throughout the research, formulated questions pertinent to data collection and analysis, and influenced the action intervention. Their views on what practitioners must consider in their action plans, in order to achieve greater equality in working relationships with children, were reported in a newsletter to practitioners and discussed in the reflective workshops. This chapter examines the extent to which this action research based approach, informed by young people as consultants, contributed to the development of child-directed practice. It draws on analysis of data from follow-up interviews with twelve practitioners and from workshop discussions.

Chapters VI and VII examined practitioners' accounts to understand how they conceptualised childhood and how this informed their approaches to practice with children. Chapter VII concluded that in planning practice, a conceptual shift towards viewing children as working alongside adults in a more equal position, assisting practitioners in the direction of practice, was helpful in developing more child-directed practice. It was argued that this conceptual shift is important because it fosters changes in the nature of the relationship between the practitioner and the child. As explained earlier in the thesis and in Chapters VI and VII, child-directed practice represents a shift in power relations towards greater equality.

The findings from the interviews before the action intervention, examined in the previous two chapters, were dichotomised in two opposing themes: adult-centred and child-centred conceptualisations and approaches. The findings from the follow-up interviews, examined in this chapter, are similarly dichotomised into *the factors constraining development of more child-directed practice* and *the changes supporting the development of more child-directed practice*. These opposing influences were evident in most of the accounts of practice; for example, development of more child-directed practice in including children in decision-making forums was constrained by age-related ideas of children's vulnerability. The picture emerging here is that before the action intervention each practitioner held contradictory conceptualisations of children and childhood that were both more and less child-directed. Furthermore, and connected to these contradictory conceptualisations, practitioners' accounts showed elements of both adult-centred and child-directed approaches. Nevertheless, after the action intervention there were significant shifts towards more child-directed practice despite the persistence of these contradictory tensions.

The chapter is divided into two main sections. The first section explores the factors that seemed to limit practitioners in their efforts to develop more child-directed practice. Practitioners' definitions of children's vulnerability as incorporating the need to be protected from active involvement in decision-making, together with practitioners' need to remain in control, featured prominently. The second section examines the shift in power relations that occurred when practitioners implemented more child-directed approaches, notably when they asked children for feedback on their practice, shared their records, increased children's influence over how their

situations were defined, and promoted children's participation in decision-making forums.

2. Factors limiting development of child-directed practice

The factors that appeared to limit development of child-directed practice and justify children's non-participation are presented in four thematic sections: *maintaining a service-led approach*; *marginalising 'difficult' children*; *reliance on age-related ideas and guidelines*; and an *emphasis on vulnerability and protection*. Underlying the themes that emerged were practitioners' conceptualisations of children's vulnerability as including the need to be protected from involvement in decision-making, together with a professional need to remain in control.

Maintaining a service-led approach

Chapter VII highlighted some service-led approaches in which practitioners seemed to slot children into available services without getting to know the children and appreciate their views. These service-led approaches seemed difficult to change, even when practitioners had intended to work more closely with children and gain a better understanding of children's perceptions of their situation.

Two practitioners described situations where young people were the focus of attention from a number of professionals but the social worker role seemed, from their accounts, to be confined to coordination and provision of services. For example, Agnes spoke of her general assumption that when other professionals were already working directly with a child, she would be putting this child under too much pressure to engage directly with this child herself:

‘I know the kids are seeing the counsellor in school and maybe the psychologist and doctor too. Sometimes it would be worse if I talk to the kid too because it is about matters that hurt and it would put too much pressure on the child’.

In one specific case, Agnes explained that she had met a young person’s mother briefly but had not met the young person, who was fifteen-years-old. Agnes described her role in the case as:

‘... holding the strings and hearing how they are doing from the doctor and the psychologist’.

She explained that she drew on the psychologist’s account to describe her understanding of the young person’s feelings in reports and to refer her to a community group work service; but there was no indication in the practitioner’s account that anyone was taking responsibility for involving the young person in this process:

‘She is not happy and feels that there is nothing anybody can do to help her. That is what she told the psychologist ... So we got her into [the group work service] ... Now we are arranging a meeting in school where there will be parents, teachers and someone from the health team and of course me’.

Similarly, in Björk’s account of her work with a fifteen-year-old she suggested that her role was simply to arrange the services as indicated by the psychiatric unit’s assessment and then explain to the young person what would be provided to support him on his return home:

Björk: ‘The Unit usually give us an assessment of what they think is needed and we plan in that meeting what we can do ... He is on the waiting list for a new personal assistant and on the waiting list to go into a community group work service.’

Interviewer: ‘Will you be his social worker? And have you talked to him about this?’

Björk: ‘Yes — he knows what will be provided — I called him here especially to explain’.

Again, there was no indication that the young person had been given information and choice about the options available or involved in the decision-making process. The practitioner attributed this partly to lack of organisational support for working directly with children and partly to a difficulty in changing routine ways of doing things:

‘The present environment in social services doesn’t lend itself to working directly with children, but sometimes we get too used to the bureaucratic way things are done’.

This was reinforced in the evaluation workshop when one of the psychologists remarked:

‘The bureaucracy takes so much energy and the tendency is that it becomes disturbing to have to use so much time to talk to users, especially as they are prone to bring up new issues and complicate matters. We all agreed that our participation in the project has made us more conscious of this’.

Marginalising ‘difficult’ children

As discussed in Chapter IV, White (1998, pp.286-7) argues that some children are on the margins of the category of *child* and that professionals find it difficult to fit them into social welfare categorisations. The marginalisation of children conceptualised as *dangerous* or *difficult* was highlighted in the analysis in Chapter VI. These marginalising perceptions persisted in three accounts after the action intervention.

Concerns about aggressive behaviour from children diagnosed with behavioural disorders seemed to make it more difficult for practitioners to work alongside them on a more equal basis. For example, Margrét, explained how the workers' anxiety about a new group of young people to her service created a tense atmosphere from the start:

‘We have been talking about our reaction to the new group and trying to reflect on it ... We knew beforehand that these boys have diagnoses of different kinds and were said to be aggressive. We were very reluctant to accept them because we are better with shy kids with emotional turmoil. But all the applications describe the boys like that now. We can't say we can't help them because we can — up to a point at least. Anyway, the staff were kind of on guard and were not as relaxed, I think, as we usually are, and that makes tension between the kids and the grownups and the grownups were very quick to say — don't do that. We heard right from the start — from the boys — “This is a prison. You are not allowed to do anything. The rules are very harsh and unfair and you can't make me stay” ’.

In Björk's account she explained that she had planned to develop her practice by involving a fifteen-year-old diagnosed with a behavioural disorder in discussions that promoted mutual understanding of problems and what she as a social worker could do to help. This young person faced difficult challenges as she was due to leave school and was in conflict with adults over future choices; teachers believed her expectations were too high. Her new teacher was said to find her behaviour intimidating and her mother was said to be disinterested and tired of coping.

Drawing on research findings in the UK (Marchant, 2001), this young person's situation was similar to that of disabled children who were more likely to be perceived as having challenging behaviour even when there were other obvious factors in their situation that were aggravating their difficulties. Before she could start on her plan,

Björk explained that an escalation in what was described as anti-social behaviour in these stressed circumstances led to the young person's 24 hour hospitalisation in a child psychiatric centre. Björk's account indicated that a medical model continued to dominate thinking and practice, and she said she found she was unable to pursue her plans to develop her understanding of the situation from the young person's perspective:

'I found I just couldn't get to it ... things weren't going well and they hospitalised her at the child psychiatric Centre. They are re-evaluating her and her medication and the diagnosis. The next step is having a meeting where they go over her case — and arrange for when she leaves hospital. There will be a meeting of everyone involved, the school, her mum, me ... but she won't be involved in that meeting, which is interesting'.

Björk's account indicated that she recognised that this meeting could have provided her with the opportunity to involve the young person in decision-making. However, analysis of the account indicated that Björk was unable to overcome entrenched views that adults make the decisions, as shown in the reaction to questioning the young person's exclusion from another meeting two months later, when plans were being made for her discharge:

'I asked them [other professionals] — will the child be involved — will she also be at the meeting — because she is fifteen. They said not now but the next one, after we the grown-ups have decided'.

Reliance on age related ideas and guidelines

As highlighted in Chapter II, the dominance of age as a marker comes partly from developmental perspectives of childhood proceeding through stages, with norms and milestones that can be used as guidelines to children's abilities at different stages

(Woodhead and Montgomery, 2003). A number of authors, working within a social constructionist framework, discuss how these age-related constructions are devised. Solberg (1998), drawing on a study of children's work in Norway, argued that it is important to set aside age based assumptions in order to explore the significance of age in different contexts and situations.

A reliance on age related ideas and guidelines was evident in two practitioners' accounts after the action intervention. In one instance the fact that legislation only affords over fifteen-year-olds the right to participate in their child protection plans was applied to exclude the possibility of a twelve-year-old having a copy of his plan and taking part in review discussions. In the other instance, the threshold in the legislation that affords the right to be consulted to children over the age of twelve years was used as a marker to exclude younger children in the new practice of involving children in meetings. The implications here were that for young people below the age that automatically afforded them their rights to participate, their competence to take part in any decision had to be determined by the practitioner according to an assessment of maturity. But the practitioners seemed to be employing the guidelines to avoid resolving the uncertainty.

When discussing the involvement of a twelve-year-old in reviewing a child protection plan, Dána was unequivocal in practising according to the legal and procedural requirements even though she had been talking about the importance of developing the young person's ability to feel in control of his own life:

Dána: 'I think in that way, you get them on the path to self help and you stimulate them as individuals to take control of their own life ... it is in the end their decision ...'

Interviewer: 'Does he sign the plan and get a copy?'

Díana: 'No, it is not until they are fifteen that they can do that.'

Interviewer: 'But he sits down at a meeting with you and talks about what should be in this plan and has a copy of it?'

Díana: 'No, just his mother'.

The second example came from Benedikt, who was working on preparing children for participation in decision-making meetings. Benedikt explained that in one case, he felt he had made a mistake in involving the young person because he was too young and went on to explain that in discussion with the child protection team, it had been decided to set a minimum age limit to children's participation:

'My mistake was that the boy was perhaps too young. He was twelve and we think that this is the youngest we should take in this process. It is difficult for so young a child to sit while the teachers and we are there and talking'.

Thomas (2000) found that age is a strong predictor of children's involvement in meetings because adults make assumptions about children based on age but do not make these explicit. These assumptions limit children's involvement and are difficult to shift because they are implicit. Here the explicit assumption seemed to be that it was the format of the meeting that was too difficult for younger children.

Emphasis on vulnerability and protection

Mason and Steadman (1996) argue that the emphasis on children's vulnerability in the policy and practice of child protection systems frequently increases children's powerlessness by restricting their opportunities to take part in decision-making. Smith et al. (2003) argue that professionals' presumption of protection of children gradually giving way to self-determination (Lansdown, 1994) produces an *opt-in* model of

participation that makes it difficult for children to demonstrate that they have the competency to take part. The authors recommend an *opt-out* model that means that children enjoy the same rights of participation as adults: a model that places the onus on professionals to develop their competence in providing the context for children's participation to take place.

Two practitioners' accounts suggested that a change in thinking from protection towards a presumption of involvement was a difficult one to make. Stefán's account concerned a twelve-year-old placed with relatives as foster carers. The family history included mental illness and drug and alcohol related problems with frequent interventions by social services. Stefán spoke of two decisions in his work: the decision about sharing his assessment with the young person and the decision about including him in a particular meeting at the school. In discussions about both decisions, during the follow-up interview and in the workshop, he seemed to be both questioning and clarifying his assumptions. Studies have highlighted that involving service users in assessment is one way of reducing power imbalances between practitioners and service users (Coulshed and Orme, 2006).

In this case, however, Stefán's perception of the young person's vulnerability seemed to influence a change from his usual practice of involving young people:

'I didn't include him in this case because I felt he needed more space and shelter ... because he has been going through a difficult time ... But I am not sure ... I can see that things could be done differently'.

Analysis suggested that Stefán was trying to protect the young person, by excluding him from a meeting where the school representatives were arguing that the young person needed a psychiatric assessment. According to Stefán's account, he opposed this

view in the meeting. However, it is likely that the young person was experiencing the teachers' responses towards him every day, and hearing his social worker argue against this may have been encouraging. In trying to protect the young person, Stefán may have missed the opportunity to help him understand his situation differently. In researching children's experiences of attending family group conferences, for example, Holland and O'Neill (2006) found that most young people expressed surprise and pleasure to hear something good said about them, especially when they had previously felt criticised.

Stefán's account also emphasised the young person's vulnerability and worked from an *opt-in* model of participation when he considered whether he would include the young person in forthcoming meetings involving foster carers, social workers and teachers:

'My first reaction would be to say "no". But if I have the sense that there will be a positive discussion at the meeting then I think it will be very worthwhile having the child present ... I would not like him at a meeting where the foster parents and the school are going to disagree a lot. But I can see that if he were present that would probably lead to a more positive discussion'.

Again, the practitioner was trying to protect the young person from adult disagreements, but it was likely that the young person was experiencing this conflict in day-to-day interactions. He might have benefited from hearing his social worker and his foster parents advocating on his behalf, as suggested by the literature on the benefits of advocacy (Payne, 2005; Oliver et al., 2006). Research with children attending child protection meetings and family group conferences in the UK also indicates that whilst children often find these meetings extremely difficult, on balance the majority prefer to be there than to be excluded (Thoburn et al., 1995; Holland and O'Neill, 2006).

The second account concerned a twelve-year-old young person who had been placed in a children's home after he complained that his mother had hit him. As discussed in Chapter IV, Featherstone and Evans (2004) have highlighted that a key factor in discouraging children from asking for help from agencies is their fear of what may happen, especially the fear that they may be separated from their family against their wishes. When children have experienced an adverse situation that has gone out of their control this makes them less likely to ask for help in the future (Murray, 2005). A consideration of the account of what happened as a result of this young person's complaint, in the context of these previous research findings, revealed the importance of the impact on the child.

Tómas, a psychologist, explained that he had been asked by the social worker to assess a young person's relationship with his mother. Tómas's account suggested that decision-making in the case had been influenced by a number of concerns but had not taken the young person's perspectives into account. The main concerns were about risk to the young person, partly based on perceptions about lack of parental cooperation and culturally biased assumptions about parenting practice. One outcome was that the young person was placed in the children's home without any consideration of his views:

'We talked to his mother and she accepted that he would go into the children's home'.

One of the precipitating factors in this placement was the social worker's difficulties in engaging the mother in the work. According to Tómas's account, these difficulties were equated with lack of commitment to the child and seen as a negative indicator for the future:

‘The social worker had been unable to see the mother for more than a year I think. The mother was not hostile but did not keep appointments and they did not know what was happening ... There were these ideas that maybe they were not that attached and he was complaining about her hitting him and we had this working hypothesis that it was possible that he was better off somewhere else’.

Research in the UK has shown that these considerations sometimes dominate at the expense of including the child’s perspective (Holland, 2000, 2001).

Furthermore, the account indicated that general assumptions about parenting patterns had been made without direct evidence in this particular case and without hearing from the young person’s perspectives on his experiences:

‘His mother comes from the Philippines and they are more prone to discipline their kids by smacking and things like that than here’.

Whilst this general comparison may be valid, especially as Icelandic culture does not support physical punishment of children as an appropriate method of discipline (Freysteinsdóttir, 2005), it was still an over-generalisation based on ethnic origin. Again this has been a feature of social work practice in Britain that has been well documented in research to have adverse effects on black children (Owusu-Bempah, 2001).

Tómas’s account indicated that the young person’s views did not emerge until he was in the residential home:

‘He was not too happy staying there. He said he missed his friends and there was nobody to talk to, there were no kids he knew ... He said he was just waiting to go home’.

The decision to place him in the home appeared to have been influenced by the convenience of having the placement available and by routine practices:

‘Perhaps we could have contacted the school, but we are not used to doing things this way and we had a place available at the children’s home and had mother’s consent — so we could get access to the boy and see what was going on’.

This suggests that the young person’s knowledge of his circumstances or his views on what might help did not seem to have been considered as important. Otherwise, it was not clear why the young person was not contacted and involved as, according to Tomas, he spent some weekends with a support family²¹.

Fortunately, Tómas worked intensively with the young person following admission to the home and quickly reached the view that he should be with his mother:

‘I am quite confident that there is an important relationship there with his mother. There is an attachment, they do things together’.

However, it seemed unlikely, according to Tómas’s account, that the young person will be confident to ask for help in the future:

‘What has happened in my relation[ship] with him is that he doesn’t want to discuss these things. He has made his decision ... “I am going to be good so they don’t bother me”’.

These findings reflected entrenched perspectives on the appropriateness of young people not being directly involved in decision-making. The perspectives meshed with organisational routines and policy decisions working against serious consideration of young people’s interests expressed directly and as a regular feature of

²¹ Support families in Iceland care for children at weekends and holidays by agreement with parents or guardians. A register is maintained by Social Services and placements must be administered by social workers. This is similar to respite care in the UK, but carers are not subject to equivalent assessments of their suitability to care.

all decision-making. Furthermore, this was evidenced across all the different roles and contexts.

3. Shifts towards child-directed practice

Earlier in the thesis it has been argued that child-directed practice involves a change in the way that children are conceptualised by practitioners from seeing them as passive, immature and incomplete recipients of services, towards acknowledging their capacity and actions in coping with difficult situations. This change in how children are conceptualised makes a difference to how they are treated in practice. Most importantly, this difference involves a shift in power relations towards greater equality that promotes children's interests.

This part of the chapter explores how changes in conceptualisations of children and shifts in power relations could be discerned when practitioners disrupted their routine practices by asking young people for feedback on their practice and increasing their involvement as decision-makers.

Equalising power relations: asking for feedback

Five practitioners said that they explained to young people that they were developing their practice within a research study and asked their permission to use their knowledge and to ask for feedback. This represented a very significant change in practitioner's thinking and acting towards young people. Several practitioners said they were pleased and surprised by how much information they were given and how open young people were about their experiences, which suggested that expectations about young people's ability to contribute was changing (Smith et al., 2003). Working with a group, Jónas noted:

‘It was not that different to what I do in the group meetings but all of a sudden because I laid it out that it was part of the research and it is *something that we would like to learn from* — it surprised me how open they were’.

This conceptual shift in the practitioner’s mind was important. As shown in Chapter II, Adams and Welsby (1998) highlighted how difficult it can be for professionals to relinquish their role as experts. Kirby and Gibbs (2006) argue that initiating a genuine dialogue with children requires a re-think of entrenched attitudes and practices in working with children. The authors note that it is rare that children are given an opportunity to express criticism about professional practice, partly because it is risky for adults to invite possible criticism. But the children told researchers that they were delighted when they could say what they liked and disliked about the way adults interacted with them.

Five practitioners also reported that young people were pleased to be able to give something for a change. Furthermore, when Anna showed a young person the newsletter from the consultants, Anna’s account showed that the young person felt validated in her opinions:

‘I told her about this study and I wanted to get her views on things and she was happy that somebody was seeking her opinions on something because usually it’s the other way around. I also showed her, after I had talked to her, what had come from the other young people, because she wanted to know if she was talking rubbish. She was very happy that it was very similar, how she would like to see things being done and what the other young people were saying’.

Tómas asked whether the counselling sessions he was providing for a young carer were being helpful and, from the account, it did seem that the practitioner was making his knowledge and skill available to the young person in a way that was helpful:

‘I asked him directly when I saw him last and although he didn’t elaborate, he thought it was OK — it was interesting to hear my views on things and he was learning from my advice’.

Benedikt asked for feedback about the effectiveness of his preparation of a fifteen-year-old to participate in a meeting:

‘I asked the boy afterwards and he was really impressed, he said it made a lot of difference and how it was easier to go into the meeting’.

These findings suggested an important shift in how practitioners practiced. The changes included: giving information to young people about the research and the practitioner’s efforts to develop practice; gaining young people’s agreement to participation; and asking for feedback on practice and services. These approaches seemed to change the nature of relationships between young people and practitioners, involving a shift in power and control. The evidence from practitioners’ accounts suggested that relationships became more reciprocal, equal and interdependent.

Shifts in power and control also include revisions of responsibility held by children and this is something that social workers are often concerned about when increasing children’s participation in decision-making (Thomas, 2000; Smith et al., 2003). However, as shown earlier in the thesis, there is now a growing body of evidence that children are able and willing to make difficult decisions (Mayall, 2002; Neale, 2002). Furthermore, as Such and Walker (2004, p.240) have shown from research on children’s perspectives, ‘Doing things responsibly and doing responsible things are avenues to power and autonomy’.

Jónas asked for feedback from two groups who had used the community group work services that he ran. In the discussions with young people that flowed from this,

Jónas indicated through his account that he had realised that he and the other workers had been retaining all the control over choosing and organising the activities. Analysis of the data showed that the practitioners' assumptions about young people's capacity to take responsibility had changed:

‘We realised we are keeping something away from them actually ... We were always focusing on the skills of communicating emotionally and socially but we forgot this part’.

On realising this, Jónas explained that workers reorganised the way they did things and gave some responsibility to the group to make the arrangements:

‘After this feedback now, two times in a month, they decide themselves the programme. And they have to organise it and do everything’.

The findings showed that this change in thinking and action had further unexpected outcomes. For example, through his account, it was evident that Jónas had revised his assumptions about the capacity of one young person, diagnosed with autism:

‘It was an eye-opener for us because he was autistic — he was the one in his group who made all the telephone calls. So it was very positive for him because in these two years he has been struggling and we didn't know he was capable of this’.

The request for feedback also seemed to give one young person the confidence to ask for help for problems that she had mentioned before:

‘Yes, it came out when I talked to her afterwards. She was talking about what she was dealing with ... and I am helping her with this now. So this meeting was very helpful in the work with her because she trusted me more. What I learned from this was — we have to do this more. The main thing we are going to change is getting them more involved’.

The findings showed that being asked for feedback meant that the young people felt their opinions and experiences were being taken seriously. When their feedback was acted upon and brought about changes in the way things were done, they were being treated as self-directing and their capacity for self-direction was also increased.

Equalising knowledge and power through sharing information and sharing written records

In the two accounts explored in this section, both practitioners were responding to questions raised, by young people in the consultancy group, about whether social workers could be trusted to maintain confidentiality of information. As shown in the newsletter sent to practitioners in April 2006, the consultants asked:

‘How can I be sure that you won’t tell anyone else?’

‘How can I trust you?’ (Appendix O)

Sharing information

In her action plan, Anna said she wanted to increase her understanding of what confidentiality meant to children; how aware they were of the information that is shared about them and what their own preferences were for how confidential information is used. Anna asked one young person to give her views on these questions from her experience of child protection service intervention from early childhood. In doing so, Anna recognised this young person as an active participant in practice. Evans (2007) found in research with mental health service users, that when service users felt they were respected and treated as partners, they worked with the practitioner, sharing information as part of shared decision-making. When service users felt they were not being treated with respect, they avoided disclosure or ‘played the game’, knowing from experience what answers to give. Analysis of Anna’s account

suggested that hearing the young person's experiences had stimulated an important change in Anna's understanding of young people's perspectives; an understanding that reflected Evans's research findings.

Anna's account indicated that she understood how disrespectfully the young person felt she had been treated when she had been ignored and not given explanations about what was happening and why:

'People were talking to her mum and nobody ever told her anything. Nobody sat down and told her — you have to go away from home and you will stay away for this long and then we will do something else ...

When she was a teenager and on drugs she said it was the same thing; it was always what her mother wanted. Her mum wants to put her into rehab and lock her up, and nobody asked her what she wanted ... No-one explained the choices'.

Furthermore, analysis of Anna's account showed that she had understood why the young person had withheld information unless she felt she could trust the practitioner involved to treat her with respect:

'She also said (she has gone through a lot of social workers), if they don't seem to understand what I am going through, I won't tell them anything. If I have the feeling that I am just one case of many ... then I won't talk to you...I am asking for basic information ... if you deny me that then why should I work with you'.

Anna said that more recently, responses from the child protection team had made this young person feel that she could trust the members of the team with information about herself and her feelings. Here the practitioner felt she was given positive feedback on her own practice:

‘She gave me a lot of compliments. She said that now is the first time she fully trusts child protection. She feels that I have tried to get to know her and to help her on the basis of trying to get her to go through life’.

Moreover, Anna emphasised that practice in her team could be developed further by working alongside young people, rather than taking over:

‘Not we are going to do this and that and you have to, but we will help you do that thing’.

Sharing written records

The findings from interviews prior to the action intervention presented in Chapter VI, indicated that few practitioners explained to children what was written about them. Two practitioners described discussions with children about what they were going to say to others and what they were going to write in records and reports. However, none of the practitioners describe sharing the records or reports with the child. Research studies in the UK have highlighted the benefits of more open sharing of written records with service users (Thoburn et al., 1995). These indicate that it helps to strengthen collaborative working as different perceptions of events can be discussed and clarified; this leads to a better understanding of children’s situations. Practitioners reported that their records became more focused, and judgments were more likely to be explained and supported with facts (Walker et al., 2003). In Sinclair’s review of involving children in planning their care, she argues that sharing the written record is an expression of partnership and increases children’s sense of control over what is happening (Sinclair, 1998).

One practitioner, Hanna, decided to increase children’s involvement in her practice by sharing written records with them and asking if they agreed with what she

had written (see Appendix X for a copy of this plan). For example, with a young person aged seventeen, Hanna began by explaining about the research and getting her agreement to participate. They met five times prior to the follow-up research interview and each time, and according to the practitioner's account, she showed her the record, read out what she had written down at the last session, and asked if she agreed with what had been written. Hanna then asked for feedback on this new practice.

The practitioner felt that the first time, as she was writing the record that would be shown, it 'felt a bit weird' because, instead of making quick notes that were for her own purposes, she was

'more aware that I was going to read this to her next time'.

When asked if this meant that she had found herself writing different things, Hanna said that in this case the young person was doing really well, and it was easy to write about positive things, however, she said:

'I found myself writing it more clearly for her to understand'.

Even in this quite straightforward and positive case the practitioner found her usual automatic way of recording was interrupted and she thought more carefully about creating a record that would be understood by the reader. This seemed to have been an important change as the record was now seen as for the benefit of the service user as well as for the practitioner and the organisation.

Furthermore, Hanna's account showed that feedback from the young person had helped her think more carefully about the anxieties young people may have about what practitioners write about them, as the young person said that it was:

‘really nice to know what she had been talking about in the last session ... and that there were no secrets ... that I was writing down stuff that she was telling me, not like she looks like this or whatever’.

The first point was interesting because, as professionals, we may assume that we are the only ones who need reminding and need to prepare for the next contact. The findings suggested that the experience of going through the record together at the beginning of each contact also helped to create a shared starting point and a more equal beginning to the session:

‘Afterwards I thought, of course, it is maybe three weeks since I saw her and things have happened and she is like — “so where was I when I saw you last” and take it from there. So that was good for both of us. Yes — because we were starting from the same beginning’.

The second point was a reminder of how much practitioners write about children without their knowledge and that children are likely to have concerns about knowledge that is withheld and to fear that information about them may be judgemental. The practitioner commented that sharing the record

‘might give me extra trust with the young person because she can see what is written and where it is kept ... she is pleased with the change ... I think she is more comfortable and more trusting maybe after this’.

This change in practice was an important departure from the usual routine of writing records as if they were only for the benefit of the worker and the organisation. Opening her records for scrutiny and risking disagreement was an important first step. However, the involvement at that stage remained limited; for example, it did not involve sharing the writing up or the option of producing independent versions. The practitioner indicated that she planned to share the records with other young people.

She was aware that it could be more difficult with younger age groups and in situations where things were not going so well, but also commented that:

‘Maybe for kids that find it hard to come here and have issues about what do you tell my parents — like trust issues. I think that would be a good way to get to them’.

Increasing children’s influence over how their situation is defined

In Chapters VI and VII, analyses of practitioners’ descriptions of their work with young people suggested practitioners were relying upon professional assessments and parents’ accounts which drew on discourses of dysfunction and deficit in defining young people as ‘the problem’. It seemed young people’s own experience and knowledge of their circumstances was marginalised, leaving them without assistance in coping with communication problems and unhappy relationships at home. This section presents findings that indicated changes in practitioners’ conceptualisations and practice had occurred following the action intervention that transferred to young people the scope to define their circumstances in ways that were more positive and empowering.

For example, Sylvía indicated that she had been inspired by her involvement in the research to engage much more directly with children:

‘It has awoken an interest in me to talk much more to children’.

And in her action plan, Sylvía showed that she had responded to the advice from young people in the consultation group to:

‘Listen to my story and my views on the situation’ (Appendix O).

Analysis of data from the interview prior to the action intervention indicated that Sylvía had understood the situation and views of two daughters in a family

primarily through their mother's accounts. Moreover, her account suggested that she saw her role as mainly one of arranging services to meet the mother's requests, whilst referring to other more specialised workers to work directly with young people. In findings from the follow-up interview, however, Sylvia's account of the same family situation was quite different and was informed by the fourteen-year-old's view:

'She [the young person] felt that she was *the problem* because her mother perceives the situation that way. Her mother wants help for her daughter — she wants us to fix her daughter. And the daughter perceived this view of the situation, that she was the problem, and that is why she didn't want any help or any intervention because she didn't think that was the case — she didn't think that she was the only problem'.

There seems to have been a shift here from the young person being viewed as a problem because of her diagnosed disorder and perceived deficits, to being seen as rational and reasonable in her position. Analysis of the account indicated that this made a difference to the young person who, feeling she was no longer seen as the problem, was willing to take part in family work focused on communication difficulties at home.

The practitioner explained how she felt her practice had changed since her involvement in the research. Her explanation indicated a shift away from a service-led approach and towards an approach that took young people's perceptions of their situation more seriously:

'I have been involving children more, not just if there is a service going on but I've been more focused on hearing what the situation is from them at home and school'.

Sylvia gave further examples to support this statement. In one she described work with a mother being treated for serious depression, who asked her to refer her eight-year-old

daughter to a psychologist because she thought she might also be depressed as she was crying a lot. Previously, Sylvia said she would have just done as requested, which would have led to the young person's name going on a waiting list for a first appointment. Instead, she decided to talk with the young person to hear her views and assess the situation. After seeing the young person twice, the practitioner concluded that she was not depressed, but was upset and worried about her mother. Sylvia's account indicated that she had successfully engaged the young person in talking about what had been happening and how it was affecting her:

'She wasn't depressed, and ... she has good self-esteem ... But she was worried about her mother ... because her mother often lay on the couch crying and she felt responsible for cheering her mother up and being there for her mother ...'

Analysis of the data showed that this change in approach, inspired by involvement in action research, had benefited the young person. Informed by the young person's experience of her circumstances, Sylvia arranged services in the home to support the mother emotionally and practically, which worked well and helped to relieve both daughters of their feelings of worry and sadness. The practitioner concluded:

'I would not have come to this conclusion without meeting the children also. I would not have understood the connection between the mother and the daughter well enough ... This has shown me how important it is to hear from the children in evaluating the situation'.

These examples reinforce contentions made earlier in the thesis that, in more child-directed practice, practitioners address the dominance of adult definitions of problems and the relative powerlessness of children in defining their situations. In both these cases, once the young person was no longer identified as the focus of the

problem, the intervention provided practical and emotional support directed towards improving relationships and communication to the benefit of the young people concerned.

Both psychologists emphasised the importance of listening more and talking less in their work with children, if adult dominated perceptions were to be modified in their interests:

‘I was trying to do more of listening and less of questioning kids.’

‘It is very important to have feedback from young people so we know in which direction to go. The talking tends to be too much one way with adults doing most of it. To be really useful it needs to be more two way’.

Tómas talked about his work with a fifteen-year-old young person whose social worker had referred him for counselling. The young person was living temporarily with his uncle, but usually lived alone with his mother who had a history of drinking and schizophrenia. The psychologist did not use the term ‘young carer’, but the information about the young person’s situation suggested that he had had caring responsibilities from a young age. UK based research indicates that young carers may experience isolation and need support for problems including stress-related and peer relationship problems. However, they are often deterred from talking about these concerns by fears that professionals’ lack understanding of their caring role may lead to unhelpful intervention (Deardon and Becker, 2001; Aldridge and Becker, 2002).

In his account of his work with the fifteen-year-old, Tómas was aware of the concerns about the young person’s situation with his mother, but he placed most of his emphasis on what the young person thought about it:

‘We discussed this openly — would he like to stay with his uncle and he thought about it, “it might not be a bad idea, but I think I would like to move back with my mum. I have been expecting to do that and I want to go on with that plan” ’.

Analysis of the data indicated that Tómas was concerned to support this young person in making his own decisions about the limits on his caring role, rather than impose his own judgements:

‘He wanted to talk about his mother, tell me about the things she was doing, things he didn’t understand ... He was going to move back to her, so he was worried that she was making demands — he wanted to guard himself a bit ... You live with someone who is ill and you have to take care of her ... but still you have to take care of your own needs too’.

Within these interviews, it also seemed, from the psychologist’s account, that the young person had the opportunity to talk about whatever was bothering him, including ‘strange sensations’, worries about his body and the demands made by his mother. The importance of young people being able to take the initiative and bring their own perceptions to sessions with professionals has been emphasised by a number of researchers (Sandbaek, 1999; Wilson, 1995; Butler and Williamson, 1994). This young person seemed to be able to raise his concerns without finding that matters were taken out of his hands:

‘Yes, he has been telling me some of his worries. There were things he needed advice about and would like to discuss. He was telling me about some strange sensations of his ... seeing coloured spots ... feeling dizzy and he couldn’t tell anyone ... but now he has a psychologist and he could ... ask me for explanations’.

Promoting children's participation in meetings

Sinclair (1998) reviewed research studies which included children's views on their involvement in planning, and found that lack of preparation was one of the main themes that emerged from all the studies. One practitioner, Benedikt, decided to work on preparing young people to take part in child protection referral meetings held at schools. The formulation of Benedikt's plan reflected a change in thinking about the significance of young people's participation in these meetings. The workshop discussion about Benedikt's plan indicated that he and colleagues in the workshop had realised that involvement of children in these meetings had been given very little thought, thus, children's attendance was largely dependent on their parents' willingness to bring them, and children were unlikely to be in a good position to take part if they did attend:

Benedikt: 'We seldom ask the child whether he or she wants to be involved in these meetings. We write to the parent and ask them to bring the child but there is no discussion about what is going to happen — no preparation to help them work out what to say or what is going to be discussed'.

Researcher: 'Sometimes parents will be in a good position to support the child in attending but I agree you can't assume that'.

Björk: 'They could be saying — you are misbehaving so much and that's why we are having this meeting'.

Anna: 'Sometimes parents don't even bring the child along, perhaps because the child does not want to go'.

Sylvía: 'But perhaps we do not know it is the child not wanting to come — perhaps the parents don't want the child to be there?'

Benedikt: ‘I will be informing children about the meeting and talking about how they want to have their say’.

Here, Benedikt was responding directly to the advice in the newsletter from young people, when they said:

‘Tell me about the meetings you have and ask me if I want to attend or how I want my views to be taken into account’ (Appendix O).

The workshop discussion evidenced some resolution of previous ambivalence in practitioners’ conceptualisations of childhood. Inviting the parents to bring their child to this meeting without any preparation suggested that children were viewed as dependents in the family and as passive objects that could be simply brought along. However, the request to parents to bring the child suggested that the child had a right to attend and that the child, the meeting, and the subsequent work would benefit from their presence. Deciding to prepare the child for the meeting indicated a new understanding that context is an important aspect of children’s ability to deal with new situations and that providing information and support about a new situation can increase the child’s competence to deal with it. It also suggested that practitioners were working on the assumption that children are rational, entitled to have a say, and able to participate in making decisions and plans (Smith et al., 2003).

In practice, the tensions between opposing conceptualisations of children, and difficulties in involving children in mainly adult-directed meetings (Shemmings, 2000), remained evident in Benedikt’s account of what happened in carrying out his plan. It is important to set his account in the Icelandic context. As already indicated in earlier chapters, children’s involvement in meetings was not supported by any regulatory framework or practice guidance in Iceland. There was also very little research in

Icelandic that this practitioner could draw upon, so he was trying this out within a relatively unsupportive environment. Nevertheless, his account indicated some success in preparing one young person for participation in the process of the meeting:

‘I said who I was; that I would chair the meeting and another child protection officer would take notes of key points on a flip chart, so that everyone could see what was being written. I explained that the school representative would speak first, saying why they had contacted child protection. Then it would be his turn ... to say what he wanted and ask questions’.

Analysis of Benedikt’s reflections on his practice, however, revealed his ambivalence about whether the difficulties he had experienced could be resolved by development in practice or lay in children’s inherent incapacity due to age and lack of maturity. On the one hand, Benedikt was critical of his first attempt and determined to improve his practice for the next meeting:

‘It was rather rushed; I did not manage to get a very good contact with the boy, who was rather shy’.

On the other hand, in discussions with the rest of the child protection team, it was decided that at twelve years this young person had been too young to attend the meeting. It was significant that in the context of trying out a new way of working, the practitioner and the team fell back on using an age threshold rather than developing a more flexible and participative approach that would have involved children in deciding how they wished to be included. Increased understanding of the importance of preparation seemed to have resulted in a partial retreat from the presumption of children’s participation. The criteria set for participation also reflected the dominant

perception of childhood as an age-related pathway towards rationality (James and Prout, 1997; Mayall, 2002).

Despite this, through the practitioner's account, it was evident that he had learnt from this first experience and had plans to improve his practice in involving all young people over the age of twelve years in future meetings. These included sending a copy of the notes on the flip chart to all family members and developing alternative means of participation that provide more choice for young people in how their views can influence decision making before, during and after meetings. These plans reflected the lessons that are now well documented in UK based research, that children's attendance at meetings is part of a process that includes providing information, preparation, consultation, and receiving a record of the decisions (Sinclair, 1998; Thomas, 2000).

At the evaluation workshop, Benedikt reported that he had continued to develop this work and had asked for feedback from a fifteen-year-old young person:

'I asked him afterwards and he was really impressed, he said it made a lot of difference — how it was easier to go into the meeting ... He spoke out at the meeting, I was very proud of him ... it made a difference to the plans we made ... it is a very good way of working'.

The change in practice has gone beyond just one individual and has been incorporated into the team approach:

'I think I have made a lot of difference in what we are doing ... we are going to change our way of doing things — we are going to meet the children and parents before the meeting is going on. We have agreed in team that we will do it this way'.

4. Conclusion

This chapter has examined the extent to which an action based research approach, informed by young people as consultants, contributed to shifting practitioners' conceptualisations of children and childhood and the development of child-directed practice. The findings show that through direct involvement of practitioners, significant factors that limit the development of practice have also been highlighted. For two practitioners moving away from a service-led approach was difficult, partly due to organisational pressures to arrange services to meet requests from other agencies. This was combined in some instances with entrenched attitudes and responses towards young people that seemed to make it more difficult for practitioners to work alongside them on a more equal basis. Young people's involvement in planning was also limited when practitioners fell back on age-related guidelines in order to avoid uncertainty. Underlying these other factors, and shown quite clearly in two accounts, was an emphasis on children's vulnerability and protection that seemed to work against young people's active involvement. In these situations the findings indicated that exclusion from decision-making increased young people's powerlessness and left them less well supported (Mason and Steadman, 1996; Thomas and O'Kane, 1999b). These factors were not evident across all accounts; indeed, only two accounts showed each factor and they were not evident at all in five accounts. However, they add to knowledge from existing research that has identified constraints on developing more progressive practice (White, 1998; Thomas, 2000; Smith et al., 2003).

The second half of the chapter focused on the nature of the changes in conceptualisations of children, and shifts in practice, evident in accounts that indicated more child-directed practice following the action intervention. The findings indicated

that there was a change in practitioners' expectations and assumptions about children from viewing children's role as passive and seeing adults as the experts at knowing what was in their 'best interests' towards a view of children as active participants in practice with expert knowledge of their own circumstances. Through analysis of practitioners' accounts, the findings showed more child-directed thinking and action made a difference to the level of young people's involvement and to the plans made with them. In the follow-up interviews, nearly half the group indicated that they had actively engaged young people in their action plans, asked for feedback on their practice and acted upon the feedback provided. This indicated that practitioners' expectations about young people's capacity to contribute to practice had increased. Aligned with this conceptual shift, changes in the exercise of power relations in day-to-day practice between practitioners and young people were evident from the analysis of the accounts; this was essential in achieving greater equality in children's interests (Thomas, 2000; Roy et al., 2002; McLeod, 2006).

There were increases in each participant's awareness of new ways of thinking and acting in relation to their practice with children, and there was no evidence, from the accounts, that practice had become less child-directed through involvement in the research. On the contrary, it was evident that two child protection specialists had strengthened aspects of their child-directed conceptualisations and approaches, evident before the action intervention, by developing their practice in relation to handling confidentiality and participation of children in meetings. The psychologists' accounts of individual counselling with children showed modified adult-centred perceptions of children towards greater focus on children defining their interests and working towards their own solutions. The biggest changes in practice, evidenced through accounts

before and after the action intervention, were by two practitioners working in service centres, whose conceptualisations and approaches shifted from predominantly adult-directed to strongly child-directed.

Furthermore, the findings showed that the action research intervention provided a catalyst and direction for change. Three practitioners withdrew after the first stage, but the twelve practitioners who remained were committed to change in the interests of social justice for children. There was evidence that practitioners took the feedback from the young service users in the consultancy group seriously and worked on developing their practice in ways that were consistent with the more child-directed expectations developed in consultation with the young people. The action research approach was geared to developing practice in practitioners' immediate situation and within their particular setting (Shaw and Ruckdeschel, 2002). As the findings of more child-directed practice showed, practitioners identified realistic possibilities for change in areas that were for the benefit of the young people they were working with.

Discussions in the evaluation workshop indicated that there were longer term benefits accruing from the research, as practitioners commented on their commitment to continued development:

Tómas: 'Like almost everybody else, I had too little time for this [the research], but still it made a lot of difference in the way I am thinking about these things. The importance of feedback [from children] for example, now I have started to ask and this has made a difference'.

It is important not to overstate the claims, especially in view of the small numbers participating, the reliance on practitioners' own accounts, and the limits on change outlined in the first section of this chapter. Nevertheless, there were important indications that changes in conceptualisations of children fed into shifts in power and

control: towards working relationships with children, which were more reciprocal and equal. These findings are important for informing both future research and organisational strategic agendas.

CHAPTER IX

Conclusion

1. Introduction

This thesis has presented the findings of complex action based research undertaken in a cross-cultural context. This research was informed by young people as consultants, and explored social workers' conceptualisations of childhood and the implications for child-directed practice. The cross-cultural context provides an important international perspective to the findings. The contribution to knowledge is grounded in international studies of childhood, and aligned with the overarching value framework of the UN Convention on the Rights of the Child and the international definition of social work, which emphasise the promotion of social change in the interests of social justice and for the benefit of children.

The thesis has keyed into debates about rethinking of children's status within social work practice and research that have been taking place internationally for several decades. A wealth of research has been produced on the importance of promoting children's involvement in decision-making through partnership with families (Shemmings and Thoburn, 1990); a new kind of advocacy (Kristinsdóttir, 1991); participation and empowerment (Cloke and Davies, 1995); and by listening to and hearing children's voices (Hallett and Prout, 2003). Yet accounts from children still indicate that they feel social workers do not fully understand their predicaments and routinely discount their views (Butler and Williamson, 1994; Munro, 2001; Bell, 2002; Featherstone and Evans, 2004; McLeod, 2007).

Deriving theoretical frameworks from the sociology of childhood (Alanen, 1994; Mayall, 2002); feminism (Smith, 1987; Sevenhuijsen, 1998); action research (Hart and Bond, 1995) and qualitative research on social work values and children (Adams and Welsby, 1998; Shemmings, 2000); the thesis explored the imperatives of a more child-directed approach to practice. This approach emphasises that a conceptual shift towards the presumption that children have the knowledge, strengths and ability to be actively involved in defining their situations and contributing to decision-making, is significant in positioning children as mediators of their own interests, rather than as subordinate to adult determinations of what is best for them (Mason and Steadman, 1996; Smith et al., 2003). Aligned with this conceptual shift, the approach involves an alteration in the exercise of power in day-to-day practice that is essential in achieving greater equality in children's interests (Mayall, 1994; Burke and Dalrymple, 2002; McLeod, 2007).

The focus on power relations in child-directed practice is congruent with anti-oppressive practice. Finding ways of highlighting social injustice and eradicating the ways that it is reproduced through social work practice is an important role of anti-oppressive practice (Ahmed, 1990). This involves a redefinition of what it means to be an expert, from one that views the practitioner as holding knowledge and providing services for children, to one that views expertise as being the ability to share knowledge and resources, thereby increasing children's control within the social work intervention (Dominelli, 2002). It is crucial to child-directed practice, therefore, that practitioners focus positively on children's capacities and their resilience in coping with adverse experiences; and understand how power relations between children and institutions, in the wider social context, affect their lives (Thomas and O'Kane, 1999a; Graham, 2007).

As discussed in detail within the thesis, child-directed practice can be defined briefly as practice with the child, *directed in the interests of, and by, the child*. In a child-directed approach, practitioners believe that children's knowledge of themselves, their experiences, and their relationships with those important to them, is essential to understanding their situation. Furthermore, practitioners expect children to have an influence on the nature and direction of professional intervention. Conceptually, in child-directed practice, the child is viewed as working alongside adults in a more equal position, and the practitioner is directed by children's experience and communication in determining support for maximising children's control over decisions.

The rest of this chapter presents the conclusions of the thesis, organised in relation to its overall aims and research questions. The first section, *Conceptualising children in social work*, presents key findings on how Icelandic social workers conceptualised children, and the approaches, associated with these conceptualisations that they adopted in their practice before the action research intervention in the study. It then evaluates the nature and extent of changes in conceptualisations of children and shifts towards more child-directed practice, evident in practitioners' accounts after the action research intervention. Conclusions about the significance of the organisational and legal frameworks for how Icelandic social workers shape their practice are also reached. The second section, *Evaluation of the action based research approach*, provides evidence on the extent to which the methodology contributed to practitioners developing a more child-directed approach to their practice. The chapter ends with suggestions for further research, building on the conclusions of the thesis.

2. Conceptualising children in social work

Previous research has shown that practitioners make little explicit use of formal theory in their practice; rather they employ tacit assumptions and knowledge in order to deal quickly with a high volume of work in complex conditions (Sheppard, 1995; Fook, 2002a; Taylor, 2004). As expected, therefore, practitioners involved in the research underpinning this thesis did not make their conceptualisations of children and childhood explicit in their accounts, and they rarely drew explicitly on any theoretical justification for their interpretations or actions. However, analysis of practitioners' accounts from the first interviews, and therefore prior to work done later in the action research cycles, made available a reading of practitioners' tacit conceptualisations of children and childhood and an elucidation of how these conceptualisations seemed to have influenced their interventions with children.

Findings prior to the action intervention

The findings indicated that there were co-existing and contrasting conceptualisations of childhood underlying practitioners' accounts, that had distinctive and different implications for children and for developing child-directed practice. On the one hand, two broad conceptualisations of *children as problems* and *children as incompetent* were discernible in practitioners' accounts of their work. These conceptualisations focused attention on children's problem behaviour and indicated views of children as dependent family members, passive recipients of services and not competent to influence decisions. Practice approaches associated with these conceptualisations in practitioners' accounts tended to be *adult-directed*.

The main implications of adult-directed approaches were that the power to define family situations lay mainly with adults, both in terms of perceived problems and

appropriate responses. Analysis of practitioners' accounts indicated that children's knowledge of their circumstances was marginalised, leaving them little option but to resist or comply with the adults' definitions of their circumstances. Contributing factors to this marginalisation of children's knowledge included practitioners' reliance on dominant professional assessments — for example, diagnoses of oppositional or unacceptable behaviour as a disorder or drug related. This was combined with reliance on parents' accounts of children's behaviour and a focus on parents' difficulties in coping with it. In addition, children were often excluded from decision-making forums on grounds of protection from difficulties they might experience at meetings and protection from the responsibility for decision-making.

An important point is that from a professional adult's perspective, these approaches appeared to be consistent with principles of child-centred practice in that children were ostensibly the focus of concern and professionals were working to achieve positive changes in children's behaviour and future welfare (Horwath, 2001). However, indications from the findings were that unless a social worker was active in including the child in the work there were no obvious avenues available to the child to have their say and contribute to decision-making. Furthermore, analysis of practitioners' accounts indicated disparities between practices that appeared to be child-centred, but through a more child-directed approach were revealed as ineffective in achieving any positive progress from the child's point of view. These findings supported contentions by Foley (2001) and Roy et al. (2002) that a child-centred approach advances children's influence only to a limited extent when it draws upon adult assumptions of what children need.

In the context of the literature on powerful influences of discourse on policy and practice, these findings were consistent with Stainton Rogers's (2001) argument that discourses of control and welfare can be deployed together quite comfortably by professionals, and used to support what they think is best for children. The perceptions of children within these discourses as inherently innocent and therefore needing protection, or lacking self-control and therefore needing to be kept in check, also correspond with the distinction in the legal definition of child protection in Iceland between 'children as victims' and 'children as perpetrators' (Freysteinsdóttir, 2005, p.16). As this study showed, an interlocking framework of discourses and institutional practices was operating, as argued by Alanen (1994) and Prout and James (1997).

Comparison between the findings of the study and the analysis of Icelandic legislative and organisational frameworks in Chapter III, suggested there were powerful constraints, operating both before and after the action intervention, on practitioners taking a more child-directed approach. The construction of children's participatory rights in the Icelandic legislation was a limiting factor, particularly on younger children's involvement. The relevance of younger children's views was subject to adult determination, both in terms of children's competence to form a view and the likelihood of this being relevant to decision-making (Child Protection Act, 2002; Act in Respect of Children, 2003). In addition, the emphasis in service provision was on the needs of adults, with children in a subordinate position (Local Authority Social Services Act, 1991). This last point was a particular factor in conceptualisations of children in the accounts of practitioners working in service centres as this framed their orientation towards adult definitions of the situation.

Despite these constraints, however, findings from these first interviews also indicated that practitioners' concerns about welfare and control were combined to varying degrees with distinctively different conceptualisations of children. These conceptualisations appeared to assist in promoting young people's active involvement in defining problems and finding solutions and were characterised broadly as *children active in defining problems*; and *children participating on a more equal footing*. Within these two broad characterisations, young people were conceptualised through practitioner accounts as active agents in their family and wider relationships. The accounts indicated that practitioners' attempts to enable participation of young people in decision-making on a more equal footing were influencing the direction of social work practice with them. An important aspect here was practitioners' willingness to acknowledge that practices that excluded young people from contributing their knowledge and experience were missing an essential ingredient.

The analysis of practitioners' conceptualisations of childhood and suggested influence on their practice with children led to three conclusions from the first part of the action research. First, the findings suggested that practitioners' views about children were less polarised and fixed than indicated in some of the previous research (Trinder, 1997; Shemmings, 2000). Secondly, that whilst it may be difficult 'for alternative 'truths' about children and childhood to break into the contemporary institutional realities in which children live' (Alanen, 1994, pp.40-1), it is an important area of enquiry and focus for learning and change. Thirdly, that to develop practice further towards a child-directed model, a conceptual shift towards seeing children as having the capacity to be actively involved in defining their situations and contributing to

decision-making, is significant in moving away from ascribing a more passive, subordinate role to children.

Child-directed practice after the action intervention

The action research intervention aimed to develop more child-directed practice. The findings from data analysis after this intervention, therefore, focused on the nature of change in practitioners' views of children, associated with changes towards more child-directed practice.

Practitioners' plans for developing their practice had been influenced by the input from the consultancy group. To maintain this impetus for change, emphasis was placed on practitioners obtaining feedback on their practice from the young people they had worked with when developing their practice. Nearly half the participants (five out of twelve) indicated that they had done this and that it had altered their perceptions of young people. First, asking for feedback meant that practitioners were open to the possibility that young people, as experts on their own experiences, had valuable knowledge about practice intervention. When young people provided insightful and constructive feedback, practitioners took their feedback seriously, were stimulated to continue their practice development, and in some cases responded directly to feedback by changing the way they had been doing things. These accounts indicated a shift towards greater equality in working relationships between practitioners and young people. This mirroring of research and practice with corresponding positive changes in the direction of child-directed practice are an important contribution to knowledge concerning the development of social work practice.

Practitioners' accounts also demonstrated other changes in the balance of power towards greater equality. For example, through better preparation and provision of

information before meetings, one practitioner's account indicated that young people had been more confident in contributing to the meeting and that this had affected the outcome of the meeting. In response to the reflective workshops, there were changes away from adult-focused and service-led positions. The perceptions of two young people aged six and eight were viewed as essential in forming a reliable assessment of their circumstances. This meant that the young people were not identified as 'problems' and passed to another professional for diagnosis, but received practical and emotional support that relieved their family difficulties. Key features involved in these changes were that practitioners shifted away from perceiving their role as making decisions for young people, and towards making their knowledge, skill and resources available to young people to assist them in making and carrying out decisions.

Engaging practitioners' participation in the research also contributed important information about factors that appeared to constrain their efforts to develop more child-directed practice after the action research intervention. At one level the findings from their perspectives at this stage of the research indicated that organisational pressures were important factors in limiting practitioners in implementation of their plans for involving children more in their practice. These pressures included: shortage of time; expectations to arrange services to meet requests from parents, and other agencies (Roy et al., 2002; Hrafnisdóttir, 2005); together with difficulty in overcoming inertia produced by routinised and bureaucratic responses (Richards et al., 2005). At another level, however, it seemed that the practitioners found it difficult to alter perspectives that conceptualised children's vulnerability as a need to be protected from involvement in decision-making. This anxiety about children's vulnerability also seemed to combine at times with their professional need to remain in control of practice with

children, and this dual constraint appeared to work against children having a say in important decision-making meetings. One way of dealing with this uncertainty about how to protect children from difficult decision-making was to fall back on age-related guidelines, derived from legislation and organisational norms, and supported by appeal to a deficit model of child development (Archard, 1993; Lee, 2001). These factors, in varying degrees affected all participants.

As discussed earlier in the thesis, it must be acknowledged that the findings were based on practitioners' own accounts; nevertheless these did indicate that there were discernable, substantive benefits for children's welfare that came from some of the practitioners implementing a more child-directed approach. The most significant benefits were:

- Four individual young people and two groups of young people had opportunities to say what they thought about practitioners' interventions. Existing research indicates that practitioners rarely provide this opportunity, even though it is welcomed by young people as it makes the relationship with the practitioner feel more reciprocal (Kirby and Gibbs, 2006).
- In one specific community group work setting, one practitioners' account indicated that young people were afforded more say in agendas and activity planning, with regular opportunities to provide feedback on practice.
- Regular access to written records was afforded by one practitioner to one young person, providing the opportunity to influence what had been written about her. The practitioners' intention to extend this practice to other young people indicated potential for further practice development.

- In child protection meetings arising from school referrals, two young people were afforded a more child-directed model of participation, which affected the outcome of the meeting. The practitioners' account indicated that this practice was to be implemented by all practitioners in the city-wide child protection team.

The findings support a contention that young people over twelve years had their participation rights extended through practitioners' work in the action research intervention. However, in the last example above, the new model of participation was limited following discussion in the child protection team to young people over twelve years. Furthermore, only two young people under twelve years were included by practitioners in their practice development, the rest were over twelve. The research findings were, therefore, more limited in their contribution to knowledge about extending inclusion to young children and other children who might have presented practitioners with particular communication problems. These are areas that could be usefully explored and developed through further research.

3. Evaluation of the action based research approach

The previous section focused on the conceptualisations of children and corresponding practice approaches before and after the action research intervention in the research underpinning this thesis. The nature and extent of the outcomes towards implementing more child-directed practice were evaluated.

This next section draws conclusions on the extent to which the action research based methodology contributed to the development of more child-directed practice. It does so by considering how the qualitative methods employed meant that the views of young people acting as consultants informed the research, and practitioners were able to

collaborate in interventions that promoted practice development in the interests of children. The section closes with key findings on the extent to which the location of the study in Iceland was an advantage, and on the generalisability of an Icelandic based action research study.

Involving young people as consultants in action research

The involvement of children in research has developed in recent years from them being regarded as objects of study to sharing their own insights and undertaking research themselves (Christensen and James, 2000; Fraser et al., 2004). Within these new developments, the young people's consultative role in this study was a relatively innovative one and the positive outcomes could encourage further developments in future research. A distinctive feature was that the young people were not providing data; this made it clear that they were not objects of study. Admittedly, they were not involved as researchers per se. However, since, as here, this is not always possible, due to funding criteria or timescales that restrict the role of children (Jones, 2004), or because young people wish to limit their commitment and the amount of work involved (Kirby, 2004), the model of consultant developed in this study offers an alternative way of facilitating young people's contributions.

The young people's consultation group had an important influence on the research. By employing participatory techniques in the first consultation meeting, young people provided advice on how their most important concerns were to be explored with practitioners (O'Kane, 2000). They formulated questions that constituted clear statements of what they expected from social workers. These questions provided a very good basis for developing the interview guide used in the individual data gathering interviews with the practitioners. Stories and visual techniques were used to

enable the young people to discuss and develop the concept of child-directed practice. Their ideas had an important impact on discussions in the reflective workshops with practitioners, motivating and helping practitioners to identify a focus for developing their practice. Their work has also had an impact beyond the research study: their material has been used by Reykjavík Social Services to create a poster for display in service centres and some of their material has been used in teaching social pedagogues in Iceland and social workers in the UK.

Young people were kept informed about research actions and outcomes; a distinctive feature of this work was the use of regular newsletters to the young people. Thus, the researcher and the practitioners became more accountable to the young people through regular feedback. The newsletters summarised their output from meetings and gave them opportunities to correct any omissions or misrepresentations of what they had said (Smith et al., 2002). They also provided young people a greater measure of control over how their knowledge was used. This accountability shifted the balance of power towards the young people by enabling them to have more control over the research questions, process and construction of the framework for data analysis (Coad and Evans, 2007).

Involving practitioners in action research

The involvement of young people as consultants to the study was crucial to the credibility of the research; it demonstrated a commitment to the principles of action research and child-directedness, that is, the involvement of those most affected with the aim of achieving social change in the interests of social justice (Alston and Bowles, 1998).

A similar commitment to collaboration with practitioners was demonstrated by taking care throughout the research process to focus on areas of their practice that were relevant to practitioners in their day-to-day work. Action research plans and diaries for self-completion by participants were used to encourage practice development that was practical, specific and focused on outcomes. The outcomes were evaluated through feedback from young people as well as through self-reflection. The findings were, therefore, generated in context, and the knowledge, particularly the concept of child-directed practice, was informed by the dialogue between researcher, consultants and practitioners (Fook, 2002a; Shaw and Ruckdeschel, 2002).

Hart and Bond (1995, p.121) assert that ‘attention to process helps generate participation and to create the conditions for change’. Informal and formal methods were employed to maximise participation and create challenging but supportive conditions for the practitioners’ interventions aiming at more child-directed practice. The workshops were an important means of offering participants alternative ways of viewing their practice without imposing the researcher’s views. Feedback on themes developed directly from the data analysis raised questions about developing practice. Similarly, the consultants’ perspectives were presented in the workshops. Their critical perspectives from their experience of childhood in general, and from their experience of social welfare interventions in particular, helped to align better the interests of young people and practitioners (Bradbury and Reason, 2003). Furthermore, practitioners benefited from the stimulus of each other’s comments and ideas. Informal methods of support from the researcher included emails, the provision of relevant articles, and meetings to discuss problems with developing more child-directed intervention.

The small number of practitioners participating was a limiting feature of this study because some of the factors that were identified as constraining and supporting child-directed practice, whilst qualitatively significant, could only be supported by one or two examples. However, the findings have credibility in the context of the research process as a whole. The length and depth of engagement with participants produced rich data, leading to a nuanced picture of practitioners' understandings of children and childhood. The analysis of the data in the findings chapters has been supported by quotations from full transcriptions facilitating a fuller understanding of the findings in the practice context (Silverman, 2000; D'Cruz and Jones, 2004). The role of young people as consultants was also a vital check on whether we were 'getting it right' (Wadsworth, 1998).

Action research in Iceland: advantages and transferability

A number of authors have identified that whilst there are many divergences in conditions and in welfare trends and provision between different countries, children as a social group are the least powerful and worst affected by adverse circumstances, and for most children who come into contact with social workers, extensive and severe oppression is integral to their lives (Qvortrup et al., 1994; Pringle, 1998; Wyness, 2006). The findings will, therefore, be of interest to all social workers and other practitioners working with children who are interested in promoting social justice in the interests of children. The findings are particularly relevant to practitioners working within organisational structures common to industrialised²² countries as these share comparable trajectories, constraints and opportunities (Pringle, 1998; Brembeck, 2004).

²² Iceland is not, strictly speaking, an industrialised country, as it has very little industry. However, it shares similar organisational structures and social problems to other Nordic, European and the English speaking countries.

The disadvantage of the relatively small research base in Iceland and the omission of Iceland from most comparative studies was turned to an advantage by making connections between the findings of a study in Iceland and the international literature, albeit only that available in English, and much of it UK based. This has advantages because the dilemmas and debates about developing more child-directed practice are cross-cultural and international debates, as highlighted in Chapters II, III and IV of this thesis (Qvortrup et al., 1994; Kristinsdóttir, 2004; Willumsen and Skivenes, 2005).

The readiness of Icelandic practitioners and service users to collaborate on this research has ensured that this thesis keys into a distinct paradigm shift in social work research that repositions the ‘researched’ as active agents who can expect to be treated as more equal partners in the research process and see benefits from their involvement through the link to practice (Christensen and James, 2000; Dominelli, 2002).

4. Future research

This research in Iceland, similar to elsewhere, has highlighted difficulties and potentials for moving further in the direction of child-directed practice. The conclusions from this thesis highlight four areas for further research:

- Education and training,
- Organisational,
- Developing the power and influence of service user groups,
- Engaging practitioners in research and action.

Education and training

Chapter II of this thesis included a review of selected literature on the extent to which social work training equips social workers to understand and work with children in their own right. Two recent studies of social work training in England, Australia and Norway, suggested that, in institutions included in the studies, deficit-models of childhood were employed in teaching approaches, and current understandings of children as competent beings were neglected (Luckock et al., 2007; Clare and Mevik, 2008). Thus it is clearly an important area for further work.

Involvement of social work students and recent graduates in research, which focuses on their conceptualisations of children and the implications for working in more child-directed ways, would be a fruitful way to take the work from this thesis further and to add to knowledge for social work practice and training.

Organisational

The findings of the thesis have raised some socio-legal issues in Iceland that reflect the ambiguity in children's participatory rights in the international Convention that were evaluated in Chapter III. Furthermore, the organisational constraints on practitioners in developing more child-directed practice, distilled earlier in this conclusion, reflect some of the competing priorities identified in the international literature. As examined in Chapter III, these include the conflict between managing large caseloads together with rapid processing of need through welfare systems, and forming constructive, participatory relationships with children.

This suggests that as policy makers and managers continue the trend of developing systems and procedures, it will be important to do so in collaboration with children and social workers so that systems become more responsive to children's knowledge and experiences. The evaluation of the research underpinning this thesis

and the findings relating to changes towards more child-directed practice indicate that further work, employing an action based research approach directed towards the outcome of achieving such responsive systems, would be very valuable.

Developing the power and influence of service user groups

Social Services Directors in Iceland who were consulted for a review of service user involvement in practice and service development, indicated that one barrier to user involvement was ‘limited awareness of newer, more innovative approaches ... that are needed to enable particularly disadvantaged users to participate’ (Munday, 2004, p.20). The research underpinning this thesis took a relatively innovative approach to involving young people as expert consultants. In so doing, it has made a contribution to developing young people’s participation in Iceland. This suggests benefits for further development and evaluation of action research methods involving other groups of young people. Work on this thesis suggested that priority groups could include young people using drug and alcohol treatment services; child psychiatric services; and those in residential and foster care.

Engaging practitioners in research and action

A number of studies in different countries have shown that ‘the interaction between practitioners and researchers seldom seems to be partnership with a shared agenda for the production of knowledge’ (Kjørstad, 2008, p.143). Drawing on the model employed here, collaborative research with practitioners or practitioner-led research could focus on further development of child-directed principles both theoretically and in practice. Employing a similar approach based on practitioner participation and drawing on knowledge of young people through consultation and

collaboration, further research could also examine child-directed practice with younger children, disabled children and children from minority ethnic communities.

5. Final words

‘When talking with children ... the social worker should be listening to what is happening in what the child is describing ... not speaking against the kid. Analyse the problem and don’t judge the kid’ (Young person speaking in a consultation meeting).

‘It is always in the back of my mind, how can I, what can I do, so that I make better contact with the kids?’ (Practitioner speaking in the evaluation meeting).

‘The young service users and the older researcher and practitioners have maintained a sustained involvement that is constructive and focused on doing things better. I think we have made a difference’ (The author — notes in research diary).

This thesis has drawn on theoretical frameworks from the sociology of childhood, previous research on social work values and children, and qualitative action research that was based in Iceland, but is also of international relevance. The thesis has shown that conceptualising children and childhood and working in ways that are more consistent with child-directed practice has significant benefits for children. This has been achieved through an empowering action based research approach employing participatory methods. The research acknowledged the capacity of practitioners to shape their professional intervention and the capacity of children and young people to collaborate in research into services that affect their lives.

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